High Level Symposium:
Health Policy & Personalised Medicine for Cancer –
projecting the EU-China collaboration on the global arena

Main Outcomes & Key lessons

Integrating China into the International Consortium for Personalised Medicine (IC2PerMed) project aims to foster collaboration between the European Union (EU) and China in the field of Personalised Medicine (PM – also defined as precision medicine depending on the country/setting) research, innovations, and policies. The project is part of the ICPPerMed initiative, which seeks to provide individuals with access to personalised, intelligent, and inclusive healthcare solutions in the near future. IC2PerMed, a Coordination and Support Action under the Horizon 2020 funding programme, strives to offer policymakers key solutions for harmonising the approach to PM for the benefit of global citizens.

The IC2PerMed project is reaching its final phase successfully, and a High-Level Symposium on Personalised Medicine was organised by the World Federation of Public Health Associations (WFPHA) in Geneva on May 26, 2023. The symposium focused on presenting the project's main outcomes, discussing its implementation at the national and international levels, and addressing the application of PM in cancer and beyond, with a particular emphasis on China and Europe. The symposium also explored the potential adoption of PM in other countries. IC2PerMed is part of a broader family of projects on the same subject, and its main deliverable is the Roadmap (Annex I).

Currently, cancer patients require access to more accurate and timely diagnostic testing and treatment. Digital health and artificial intelligence hold immense potential for improving the health of those people. While significant progress has been made in the field of PM over the past six years, only a small percentage of cancer patients receive individualised care. The healthcare system is under mounting pressure and needs optimisation to offer PM opportunities, along with new treatments and diagnostic tools.
“Putting together politicians, researchers, managers, patients, and citizens. We need to hear each other in order to implement a successful health program for personalized medicine” - Walter Ricciardi, President of Mission Board for Cancer of European Commission

To bring innovation to healthcare systems, both the public and private health sectors play crucial roles. Healthcare workers are already making tremendous efforts, but the process is often slow due to political factors. The development of regulations and policies is a key aspect that influences innovation. Technological progress may be rapid, but the legislative process tends to be slow. The initial idea behind IC2PerMed was to facilitate coordination among various research agencies to avoid duplication. However, in the European Union, there is insufficient allocation of resources to support the implementation of PM, and politicians sometimes tend to exclude the private sector. This lack of support hinders innovation in healthcare systems. Europe is falling behind in this regard because it fails to involve the industry adequately. Although health technology is necessary, it requires a framework that promotes more extensive implementation at the EU level.

“The law should be written in a way to foster health developments” - Ricardo Baptista Leite, former member of Portuguese Parliament and CEO of I-DAIR

Nevertheless, the goal is to achieve the most effective treatments using the latest medical advances, ensuring equitable access for all populations worldwide and reducing inequalities between countries. Equity should be the primary consideration in offering PM, aiming to narrow the gap between rich and poor.

“We have to reduce the world's asymmetry by using new technologies” - Carlos Gadelha, Secretary of science, technology and innovation of the Brazilian Ministry of Health

Collaboration between the local governments and public health systems is key and the introduction of PM should be read in the context of prevention and as a means of saving money and lowering government and public health expenses. China recognises the challenges posed by industrialisation, urbanisation, an aging population, and new diseases and aims to address long-term health issues comprehensively. The National Health Commission (NHC) and the Ministry of Science and Technology (MOST) have led major PM projects at the national level. These initiatives focus on establishing a holistic and inclusive healthcare system, ranging from disease prevention to treatment and rehabilitation. The goal is to enhance health standards and equity across the country. Under the 13th Five-Year Plan, precision medicine was included as a strategic priority. The MOST launched a national research and development program with a significant investment of 600 billion yuan to support technological innovation and scientific advancements. The program encompasses five key areas: advancing clinical biomics technologies to analyse and apply genomics data effectively; creating large-scale population cohorts to study major diseases and develop personalised health risk assessments; establishing a comprehensive platform for big data in precision medicine to integrate, store, and utilise resources and knowledge; developing precise disease prevention and treatment plans and clinical
decision-making guidance; and building an integrated application demonstration system for precision medicine across regions and hospitals.

Within the field of medicine and oncology, there is significant waste of resources and inefficient organisation in many countries, as well as notable variations in the quality of care within the same region. The healthcare sector urgently needs to invest in personnel and workforce development. Several organisations in Europe are actively addressing these issues, with a focus on advancing precision medicine, such as through the implementation of new generation sequencing (NGS) and collaborative efforts in cancer research.

However, the availability of funds from European governments for PM is still subject to debate, with varying opinions among experts regarding the sustainability of PM. China experts believe that the investment would actually fund itself to make the savings to the healthcare system, with enough data to convince policymakers that more money should be spent on prevention through PM.

"The health care system should be designed in such a way that we can use the full potential of the Personalised Medicine" - Ejner Moltzen, ICPeMed coordinator

The overall problem of health economics and equity is far more complex that deciding where to invest. PM does not fit the current health system model. We need to create a sustainable health system to accommodate PM, and also provide the industry with the right setting to offer PM treatments. We have all the research-based opportunities, but not all countries or regions are able to present them to the general public. PM must be tailored to specific requirements of the nations and the individual so it can be accessible to as many people as possible. PM should be shaped as a top-down initiative from our decision-makers and an essential component of our future health care systems.

"Implementing Personalised Medicine becomes overly complicated, despite the fact that it should be straightforward" - Denis Horgan, Director, European Alliance for Personalized Medicine

Data collection management and privacy remain another key issue. The International Agency for Research on Cancer/World Health Organization (IARC/WHO) has been working closely with China, consistently using high volumes of data to inform the general global cancer overview. When it comes to implementation questions, we frequently encounter resistance because new technology takes too long to integrate into the regular operations of the health care systems. There are not enough incentives to make it possible to apply those innovations to health care practices. Technology is fine, and data is not a problem; it is more about framing the solution new technologies offer so that the implementation runs smoothly. A significant achievement in data security regulations for healthcare institutions has been achieved. In China, the Measures for the Administration of Cybersecurity of Healthcare Institutions and the Data Exit Security Assessment Measures ensure the secure management and transfer of personal information and data. Beijing Friendship Hospital's collaboration with the
University of Amsterdam Medical Center became the first approved case for data exit security assessment, promoting compliant cross-border data exchange and utilisation. However, many challenges, including data sharing and utilisation, regulatory pathways for personalised genetic testing, ethical considerations, training, and innovative payment systems for high-value drugs, remain to be addressed. To overcome these challenges, it is of utmost importance to increase the supply of health insurance, fostering international scientific and technological cooperation, and supporting the establishment of scientific research funds and scientist exchange programs. Overall, China is committed to advancing precision medicine to significantly improve public health, reducing ineffective and excessive treatments, mitigating harmful healthcare practices, and curbing rising healthcare costs.

In the private and research sectors, innovation and speed are crucial factors. The prevalence of non-communicable diseases (NCDs) worldwide, especially in low-income countries (LIC), poses a significant challenge. While a substantial amount of money is allocated to treating NCDs, governments often neglect investing in screening and prevention programs. The global population is aging, while unhealthy lifestyles are on the rise. Unfortunately, there is currently limited focus on innovative approaches for NCD prevention. In this global context, there is room for improving PM, particularly through the utilisation of pharmacogenomics and polygenic risk scores which assess the likelihood of developing a disease based on an individual's genetic makeup.

“When properly implemented, personalised medicine can be a powerful tool” - Kirsten Tief-Kuery, Vice President Commercial EMEA, Genetic Analyses Solutions, Thermo Fisher Scientific

Although the IC2PerMed roadmap for PM implementation remains very relevant, it still presents challenges. Indeed, to achieve effective implementation, we must consider the "users." Patient-centered care differs from PM, but both approaches share the same underlying principles that could be considered as precision medicine. Our world is primarily driven by economic factors, raising the question of what can be done to address this issue. The determination of medical needs is often overshadowed by financial considerations. When examining public health perspectives, PM is not prominently mentioned in the WHO's papers listing the top 16 barriers in public health and prevention.

Public and patient's education is crucial. Clinics require PM, but they also need clinicians who have been educated outside of academic environments, as healthcare professionals (HCPs) often lack the necessary training, particularly in the emerging field of PM. The training of healthcare professionals will be essential to make precision medicine a routine practice. The world is experiencing a shortage of healthcare providers, particularly nurses. Adequate staffing is fundamental to enable healthcare professionals to engage in focused conversations with patients, understanding their needs and developing personalised plans that incorporate PM. The HCPs role is vital in coordinating and integrating care, as well as in building trust.
Within healthcare systems, there is resistance to paying for innovation, leading to delays in adopting new technologies, techniques, and instruments until they become more affordable for a larger patient population. Similar challenges exist in other fields, such as infectious diseases, where payers question the strength of evidence, or the high prices associated with certain treatments. Physicians and other health professionals face the consequence of insufficient resources or technology, hindering their ability to treat patients. The international code of medical ethics already require physicians to apply medical standards and to utilise a precision medicine approach in cancer treatments. The ethical foundations are in place; what is lacking is adequate investment and resources.

“Innovation is undoubtedly crucial, but we must acknowledge the diverse realities experienced by different countries. There are significant disparities between the global North and South. For many people, access to basic healthcare remains a challenge, making the question of PM irrelevant. While introducing technology is beneficial, it is insufficient without an effective healthcare system in place. When making decisions that impact a significant portion of the population, but are not adequately supported by the system, caution must be exercised. For instance, in low-income countries, access to opioids for managing cancer patients' pain in their final weeks of life is often limited. In this context, it raises questions about the direction that technology is actually taking us and whether we are bridging the care gap for global cancer treatment. While we desire innovation, we must also address equity issues worldwide. It is essential to consider the cost of delivering and maintaining technological advancements in low- and middle-income countries when focusing on advancing precision medicine. Companies developing new medicines often do not consider from the outset how to provide them in an affordable manner to LICs. As a community, we must tackle the question of how we can uplift LICs to the level of higher-income countries in terms of healthcare. Can we expect the WHO to include precision / personalised medicine on its list of recommendations in the next 5-10 years, considering affordability?

“These are challenging and exciting times, where progress is being made in privileged areas, but unfortunately, many parts of the world still lack access to these advancements” - Cary Adams, CEO, Union for International Cancer Control

From a hospital perspective, precision medicine is just one of many innovations with great potential. It has the capacity to drive a shift towards a value-based healthcare delivery system, where hospitals strive to maintain long-term patient health to reduce healthcare costs, as opposed to a volume-based system that rewards treating as many
patients as possible. Precision medicine has the potential to transform the hospital sector and prioritise public health.

“My hope is that Personalised Medicine will transfer the industry, specifically the hospital industry, toward a value-based system approach” - Ronal Lavater, CEO, International Hospital Federation

In Chinese hospitals, initiatives like Neuro-oncology tumor boards, and molecular tumor boards are implemented to support clinical treatments. Patient information is collected through Next Generation Sequencing for tumor cancer, and personalised treatment plans are discussed in Molecular Tumor Board. If the initial treatment fails, innovative therapies are explored.

“China is actively integrating personalized medicine into treatment approaches - WenYa Wang, Tsinghua University

The perspective of public health professionals is complex, as we work in various settings, ranging from low- to high-income countries. Furthermore, significant disparities exist even within the same country, where wealthier communities often receive better healthcare. Affordability encompasses more than just the price of drugs; access to treatment is another crucial factor. In consortiums like IC2PerMed, the representation of LICs is lacking, hindering our understanding of their specific obstacles and needs. For precision medicine to be approached fairly, representatives from the global South should be included in discussions from the outset. For decades, we have observed a vertical approach to health systems, with significant donors from wealthier countries investing in specific diseases. However, it is essential to prioritise investing in strong health systems first before introducing innovation. Many LICs rely heavily on external donors, which is not a sustainable way for a country to develop. True decolonisation of healthcare requires meaningful participation and representation of individuals from LICs.
Speakers & Chairs

- **Bettina Borisch**, WFPHA CEO
- **Carlos Gadelha**, Secretary of science, technology and innovation of the Brazilian Ministry of Health
- **Cary Adams**, CEO Union for International Cancer Control
- **Denis Horgan**, Director, European Alliance for Personalised Medicine
- **Ejner Moltzen**, ICPPerMed coordinator
- **Howard Catton**, CEO, International Council of Nurses
- **Jens K. Habermann**, Director General BBMRI-ERIC (Biobanking and BioMolecular Resources Infrastructure-European Research Infrastructure Consortium)
- **Kirsten Tief-Kuery**, Vice President Commercial EMEA, Genetic Analyses Solutions, Thermo Fisher Scientific
- **Li Ning**, Vice President for BGI Group
- **Marta Lomazzi**, WFPHA Executive Manager
- **Matti Aappro**, President, Sharing Progress in Cancer Care and UICC board member
- **Otmar Kloiber**, Secretary General, World Medical Association
- **Ricardo Baptista Leite**, former member of Portuguese Parliament and CEO of IDAIR
- **Ronal Lavater** – CEO, International Hospital Federation
- **Stefania Boccia**, Professor of Hygiene, Preventive Medicine and Public Health & PI IC2PerMed
- **Walter Ricciardi**, WFPHA Immediate Past President & President of Mission Board for Cancer of European Commission
- **WenYa Wang**, Tsinghua University
- **Zisis Kozlakidis**, Head Laboratory Support, Biobanking, and Services, IARC

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Annex I - The Roadmap

IC2PerMed Working Groups

**Working Group 1: Shaping sustainable healthcare**

This WG’s activities focus on Big Data and IT solutions and on bringing innovations to market.

**Working Group 2: Innovation and market**

Big Data refers to datasets that are unprecedented in size and complexity, made possible by recent advances in automated data collection and the rapid development and integrating new health professions. Clinical decisions should go through multidisciplinary essential. The safe, accountable and empowered understanding sources of data, public trust in institutions and citizens, there is a need to deepen digital literacy, research results required for PM should be routine in clinical practice, both...health service providers are also supported to make the most of them.

**Working Group 3: Research and clinical studies in PM**

This WG’s activities focus on translating basic clinical research and innovation ecosystem is similar to disruptive innovation in the context of Big Data, the innovation exponents is similarity to translating latest research...translation and optimised health services...understanding new health professions. Clinicians and researchers, and governments, should work closely together to support the rapid development and implementation of PM solutions. This WGs activities focused on Big Data and ICT applications. The considerable global burden of non communicable diseases and disorders...of the public. Health professional centred patient care would be autonomously...The public-health policy cycle (adapted)

This project has received funding from the European Union’s Horizon 2020 research and innovation programme under grant agreement No. 868109.
Improving health literacy is a cornerstone of personalized medicine (PM) and efforts to foster health systems’ sustainability. In particular, the implementation of PM technologies and its long-term benefits depend on effective engagement of citizens and patients. In this document, we present the outcomes of a European project that aimed to develop a roadmap for sustainable implementation of PM technologies and engagement of citizens and patients. 

**IC2PerMed actions**

**IC2PerMed Roadmap**

**FORSTERING**

**HEALTHCARE SYSTEMS’ SUSTAINABILITY**

**RESOURCES**

- Financial
- Workforce and competence
- Tools and technologies innovation
- Medical devices

**EVALUATION**

- Sustainability
- Global health
- Cross-sectoral

**NETWORKS**

- Multidisciplinary, cross-sectoral collaborations for PM can promote and support sustainability. Public trust should be fostered through continuous dialogue between all stakeholders involved in PM. 

**IC2PerMed**

The IC2PerMed project has received funding from the European Union’s Horizon 2020 research and innovation programme under grant agreement No 874694.

**PROJECT**

The IC2PerMed project aims to develop a roadmap for the sustainable implementation of PM technologies and engagement of citizens and patients. The project focuses on developing international guidelines and best practices for implementing PM in healthcare systems, ensuring public trust and collaborations between different stakeholders. The project’s objectives include:

- Developing international guidelines and best practices for implementing PM in healthcare systems
- Ensuring public trust and collaborations between different stakeholders
- Developing international guidelines and best practices for implementing PM in healthcare systems
- Ensuring public trust and collaborations between different stakeholders

**RESULTS**

The IC2PerMed project has developed a comprehensive roadmap for the sustainable implementation of PM technologies and engagement of citizens and patients. The roadmap includes a framework for developing international guidelines and best practices, as well as strategies for fostering public trust and collaborations. The project has also identified key challenges and recommendations for implementing PM in healthcare systems.

**IMPROVING**

**EMPOWERED AND RESPONSIBLE CITIZENS**

**HEALTH LITERACY**

Promoting health literacy is a cornerstone of personalized medicine (PM) and efforts to foster health systems’ sustainability. In particular, the implementation of PM technologies and its long-term benefits depend on effective engagement of citizens and patients. 

**EDUCATION & ETHICS**

- Developing international guidelines and best practices for implementing PM in healthcare systems
- Ensuring public trust and collaborations between different stakeholders
- Developing international guidelines and best practices for implementing PM in healthcare systems
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**RESEARCH**

- Developing international guidelines and best practices for implementing PM in healthcare systems
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**POLICIES**

- Developing international guidelines and best practices for implementing PM in healthcare systems
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**INFRASTRUCTURES**

- Developing international guidelines and best practices for implementing PM in healthcare systems
- Ensuring public trust and collaborations between different stakeholders
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**IMPACTS & COSTS**

- Developing international guidelines and best practices for implementing PM in healthcare systems
- Ensuring public trust and collaborations between different stakeholders
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**PUBLICATIONS**

- Developing international guidelines and best practices for implementing PM in healthcare systems
- Ensuring public trust and collaborations between different stakeholders
- Developing international guidelines and best practices for implementing PM in healthcare systems
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**EDUCATION & TRAINING**

- Developing international guidelines and best practices for implementing PM in healthcare systems
- Ensuring public trust and collaborations between different stakeholders
- Developing international guidelines and best practices for implementing PM in healthcare systems
- Ensuring public trust and collaborations between different stakeholders

**PATIENT NEEDS**

- Developing international guidelines and best practices for implementing PM in healthcare systems
- Ensuring public trust and collaborations between different stakeholders
- Developing international guidelines and best practices for implementing PM in healthcare systems
- Ensuring public trust and collaborations between different stakeholders

**FORSTERING**

**RESEARCH FUNDING**

- Developing international guidelines and best practices for implementing PM in healthcare systems
- Ensuring public trust and collaborations between different stakeholders
- Developing international guidelines and best practices for implementing PM in healthcare systems
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**DATA EXCHANGE**

- Developing international guidelines and best practices for implementing PM in healthcare systems
- Ensuring public trust and collaborations between different stakeholders
- Developing international guidelines and best practices for implementing PM in healthcare systems
- Ensuring public trust and collaborations between different stakeholders

**BRINGING**

**INNOVATION TO MARKET**

- Developing international guidelines and best practices for implementing PM in healthcare systems
- Ensuring public trust and collaborations between different stakeholders
- Developing international guidelines and best practices for implementing PM in healthcare systems
- Ensuring public trust and collaborations between different stakeholders

**ADOPTING**

**BIG DATA AND ICT SOLUTIONS**

- Developing international guidelines and best practices for implementing PM in healthcare systems
- Ensuring public trust and collaborations between different stakeholders
- Developing international guidelines and best practices for implementing PM in healthcare systems
- Ensuring public trust and collaborations between different stakeholders

**STANDARDS**

- Developing international guidelines and best practices for implementing PM in healthcare systems
- Ensuring public trust and collaborations between different stakeholders
- Developing international guidelines and best practices for implementing PM in healthcare systems
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**PRINCIPLES & GUIDELINES**

- Developing international guidelines and best practices for implementing PM in healthcare systems
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**REFLECTIONS**

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**PERSPECTIVES**

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**CONCLUSIONS**

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**ACKNOWLEDGMENTS**

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**IMPLICATIONS**

- Developing international guidelines and best practices for implementing PM in healthcare systems
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**FINANCIAL SUPPORT**

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**PROJECT**

The IC2PerMed project has received funding from the Chinese MOST Intergovernmental Project of National Key R&D programme under grant agreement No 2021YFE0192400.

**IC2PerMed**

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