Fifth Annual Presidency Conference

'Innovation, Guidelines and Screening: The Case of Lung Cancer'

EAPM Conference
Brussels, Belgium
27-28 March, 2017
Introduction

The over-arching theme for this fifth EAPM conference, under the auspices of the Maltese Presidency of the European Union, is lung cancer screening.

Figures show that lung cancer causes almost 1.4 million deaths each year worldwide, representing almost one-fifth of all cancer deaths.

Within the EU, meanwhile, lung cancer is also the biggest killer of all cancers, responsible for almost 270,000 annual deaths (some 21%).

From a preventative point of view it is, at the very least, surprising that the biggest cancer killer of all does not have a solid set of screening guidelines across Europe.

This conference looks to address that substantial issue.

Doctors need to quickly identify high quality, trustworthy clinical practice guidelines, in order to improve decision making for the benefit of their patients.

And from a preventative point of view, patients are overwhelmingly in favour of the use of cutting-edge companion diagnostics that can tell them what diseases they have and may get in the future, and the best way to treat them.

Research has shown that patient-centred care models are cost-effective and lead to better outcomes and patient satisfaction.

Generally speaking, preventative measures need to be boosted across Europe, whether through better information for patients, bigger screening programmes and improved diagnostic tools that are available to all citizens regardless of where they live and their financial status.

There is therefore a need for more guidelines in screening for lung cancer. There is also a need for agreement and coordination across the European Union’s Member States.

Unfortunately, co-chairs David Byrne and Gordon McVie will not be at this conference, but they look forward to welcoming you to our Congress in Belfast this November.

As you know, one-time Attorney General of Ireland, David was, from 1999-2004, the European Commissioner for Health and Consumer Protection.

During his time in the Berlaymont, he was a major driving force behind tobacco control legislation, including directives banning tobacco advertising and regulating tobacco products.

David worked hard at the highest level to lay the foundations for getting rid of his country’s (and Europe’s) culture of smoking in pubs, restaurants and more.

Smoking in workplaces in the Emerald Isle was banned in March 2004, and this made Ireland the first country in the world to institute an outright ban in that regard.

There is, of course, more work to be done with regards to battling lung cancer, and this conference is geared towards further progress. Welcome!

David Byrne, EAPM Co-chair
Gordon McVie, EAPM Co-chair
Denis Horgan, EAPM Executive Director

Innovation, Guidelines and Screening: The Case of Lung Cancer
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Monday 27 March

18:00 Drinks reception and EAPM Conference launch

Mary Baker, Past President European Brain Council
Dubravka Suica, Member of the European Parliament
Adina-Ioana Valean, Chair ENVI Committee, Member of the European Parliament
Paul Rubig, Member of the European Parliament

19:15 Dinner for Maltese Presidency of the EU, speakers and sponsors

Tuesday 28 March

08.00-09.00 Registration

Session chair: Alastair Kent, Genetic Alliance UK

Setting the scene - objectives of the conference: Denis Horgan, Executive Director, EAPM

09.00 Welcome

Mary Baker, Past President European Brain Council
Peter Kapitein, Inspire2Live
Lambert Van Nistelrooij, Member of the European Parliament

09.20 Keynote address

Christopher Fearne, Maltese Minister for Health
Maggie de Block, Belgian Minister of Health

Panel with Mary Baker and Peter Kapitein plus questions and answers

09.40 Innovation to patient: A Call to Action

Antoni Montserrat, Senior Expert on Cancer and Rare Diseases, DG Public Health, European Commission
Stefania Vallone, LUCE (Lung Cancer Europe)
Deepak Khanna, Senior Vice President and Regional President (EMEAC), MSD Oncology

Questions and answers

10.25 National screening programmes - the promise for future generations

John Field, Professor of Molecular Oncology, University of Liverpool
Prof. Aad Van der Lugt, Erasmus MC, Rotterdam, representative European Society of Radiology
Giovanni La Via, Member of the European Parliament
Walter Märzendorfer, President Diagnostic Imaging, Siemens Healthineers

10.50 Session conclusions:

Peter Kapitein, Inspire2Live
Mary Baker, Past President European Brain Council

11.00 Coffee break
11.15-13.00 Plenary session I
Generating alignment in the area of diagnosis: Development of guidelines

Session chair: Ian Banks, European Men's Health Forum

11.15 State of the Art and the Future

Dr Giulia Veronesi, Humanitas Research Hospital, Milan
Bronwyn Brophy, VP Early Technologies, EMEA, Medtronic
Prof. Jesper Holst Pedersen, University of Copenhagen, Denmark

Questions and answers

12.00 Structured cooperation between health systems: The role of guidelines

Tit Albrecht, Institute of Public Health, Slovenia
Josep Borras, Spanish Cancer Strategy
Ortwin Schulte, Head of the Healthcare Unit, German Permanent Representation

Questions and answers

13:00 - 14.00 Lunch

14.00-15.30 Plenary session II
Securing patient access to better care through screening guidelines

Session chair: Peter Kapitein, Inspire2Live

14.00-14.50 The supporting role of politicians and policy makers

Javier Zulueta Frances, Head of Pneumology Department, Co-director of Lung Cancer Area, Clínica Universidad de Navarra
Prof Tony Ng, King's College London, London
Mina Gaga, President Elect, European Respiratory Society

Questions and answers

15.00-15.10 How can we implement this at European Level? The voice of Parliament

Marian Harkin, Member of the European Parliament
Cristian Busoi, Member of the European Parliament

Questions and answers

Session conclusions:

James N'Dow, Chairman Guidelines Office Board European Association of Urology

15.30 Coffee break

16:00-17:15 Plenary session III
Screening and mapping from other disease areas: Learning and sharing

Session chair: Alastair Kent, Genetic Alliance UK

Alojz Peterle, Member of the European Parliament
Karim Berkouk, Deputy Head of Unit for Non Communicable Diseases and the Challenge of Healthy Ageing, European Commission
Questions and answers

17.15 Closing remarks

Denis Horgan, EAPM Executive Director

17.30 Close of conference
Overview

The argument has raged for some time and shows no sign of abating any time soon: screening for diseases, yes or no?

One argument against is that over-testing can very easily lead to over-treatment, for example unnecessary invasive surgery to remove the prostate gland.

The counter-arguments - and they are very strong ones - is that our ‘social contract’ has obligations to ensure to the highest standards possible regarding the health of citizens and that, fiscally, forewarned is forearmed and can save a great deal of money down the line.

Without doubt, all screening programmes have to be based on gathered evidence of efficacy, cost effectiveness and risk. Any new screening initiative should also factor in education, testing and programme management, as well as other aspects such as quality-assurance measures.

Two vital bottom-lines are that access to such screening programmes should be equitable amongst the targeted population, and that benefit can be clearly shown to outweigh any harm.

This conference will take a close look at lung-cancer screening, although its subject matter will be broader.

Experts from all stakeholder groups in healthcare will be examining the need for more recommendations and guidelines on health and preventative measures, while taking into account the counter arguments with respect of population-based screening programmes.

Interestingly, as long ago as December 2003, EU health ministers unanimously adopted a Recommendation on cancer screening, which acknowledged both the significance of the burden of cancer and the evidence for effectiveness of breast, cervical and colorectal cancer screening in reducing the burden of disease.

More than 13 years on and incidence and mortality rates of cancers still vary widely across the EU, reflecting a major health burden in various Member States, often splitting large and smaller countries along with richer and poorer nations.

EAPM believes there needs to be concrete actions at the EU and Member State levels, not least because less-than-half of examinations performed as part of screening programmes actually meet with all the stipulations of that now-ageing Recommendation.

Organisation-wise, Member States and the EU should look to improve all aspects of screening going forward. Therefore, consistent monitoring of population-based programmes should lead to feedback and modification of methods where the latter is necessary.

Yet there is much to be decided, then implemented, and there is a need for greater efforts, supported by collaboration between Member States and professional, organisational and scientific support for those countries seeking to implement or improve population-based screening programmes.
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SESSION NARRATIVES

Session I - Generating alignment in the area of diagnosis: Development of guidelines

Despite the now-ageing Recommendation mentioned in the overview, less-than-half of examinations performed as part of screening programmes actually meet with its stipulations. This cannot be allowed to happen with lung cancer.

There is a need for greater efforts, supported by collaboration between elected representatives in the European Parliament, Member States and professional, organisational and scientific support for those countries seeking to implement or improve population-based screening programmes.

In the end, when it comes to the biggest cause of lung cancer - smoking - not enough people are kicking the habit, although governments everywhere are constantly telling us of the dangers of smoking and the costs of treatment.

Of course, knowledge of health risk, escalating costs and peer pressure all help but it is still not enough. Lung cancer prevention is just one example of how society can work as a whole to improve Europe’s health.

This session will seek to raise awareness of the need for guidelines in lung-cancer screening, to be agreed internationally, and implemented nationally, while improving the knowledge of policymakers and world health agencies so that effective guidelines and policies can be formulated.

The above will need to work across national borders to ensure cooperation and collaboration in respect of much-needed guidelines in the fast-developing field of personalised medicine.

Currently, certainly in Europe, evidence-based best-practice recommendations are not disseminated effectively. Clearly, when knowledge is not actively transferred, variations in clinical practice will continue.

This means that not only are patients failing to receive the best care, there is potential to cause them preventable harm.

Where variations in practice occur, healthcare is unequal within individual countries and across EU member states, and health systems are likely to be inefficient.

Therefore, active implementation strategies are required, to be agreed by consensus.

Session II - Securing patient access to better care through screening guidelines

Assessing the impact of lung-cancer screening guidelines and effectively implementing them should lower the levels of unnecessary costly diagnostic and therapeutic approaches, optimise health resources and harmonise patient management.

The general result will inevitably be improved access for patients to better care and, by extension, improved patient health outcomes.

Treatments and medicine are moving from health professional-led decision making to evidence-based shared decision making. Already, a number of European guidelines have been developed in specific disease areas, such as in the areas of urology, respiratory medicine, gastroenterology and cardiology. Yet lung cancer remains a key area not yet adequately covered.

It will be important to address the major gap in engagement between the scientific community and key stakeholders as users/beneficiaries of guidelines. Not to mention legislators.

Well-informed healthcare professionals and unified guidelines will play a key role in harmonising care and ensuring better care for patients and their families. This requires awareness building and training.

In this session, Members of the European Parliament will explore how to implement consensus-based guidelines on lung-cancer screening at the pan-European level.

There is a need for greater efforts, supported by collaboration between our elected representatives in the European Parliament, Member States and professional, organisational and scientific support for those countries seeking to implement or improve population-based screening programmes.

The key here is that we need to stop viewing patients and potential patients as the theoretical ‘man on the Clapham omnibus’, or Everyman, and begin to realise that the right treatment for the right patient at the right time will improve quality of life for many and save the lives of countless others, now and long into the future.

Parliament and other legislative bodies have a key role to play in this regard.
Session III - Screening and mapping from other disease areas: Learning and sharing

In the United States, certain kinds of annual screening have been associated with a 15%-20% decrease in lung cancer mortality (compared with chest radiography screening) and, roughly, a 7% reduction in overall mortality.

Overall, findings in both Europe and the US strongly suggest that lung-cancer screening works. There is hard evidence, although debate continues about the best way to implement screening of this kind.

Guidelines could help to tether costs, by bringing in improvements to the efficiency of screening methodologies and, thus, programmes themselves.

Key to such a situation would be making the best use of efficient risk-assessment methods, top-of-the-range imaging technology, and guidelines that encourage the minimisation of invasive procedures and risk to the patient.

The EU should put guidelines in place that will allow Member States to set-up quality assured early detection programmes for lung cancer, possibly through increased public-private partnerships.

Granted, the largest European trial (known as NELSON), has yet to make results available. However, there are clearly potential harms to population-based screening, which include false-positive results, complications from invasive follow-up, plus over-diagnosis and connected over-treatment. The above potential harms are yet one more reason why lung-cancer screening needs to come with consensus-agreed guidelines.

Learning from other screening programmes, it seems clear that designated national screening bodies should be responsible for advice on policies and decision-making.

These should work to ensure that any lung-cancer screening programme finds the best balance between benefit, harm and cost.

Clearly, agreement at EU level on screening guidelines will aid co-ordination, as will an adequate legal framework. Sharing experiences from other screening programmes is clearly necessary, as we have learned, among other things, that population-based cancer screening has infrastructure requirements that need to be verified or developed before starting to screen.

Gathering together results from relevant trials to aid evidence assessments is necessary and makes complete sense.

The benefits of the use of Big Data cannot be over-estimated (within strict ethical and legal guidelines, of course) and such sharing will prove the benefits of improved coordination and cooperation on a pan-European level.

Conclusions - Enabling quality through screening: Next steps

It is the aim of this conference on lung-cancer screening to emerge with concrete proposals.

When it comes to lung cancer, Europe is already looking at risk prediction models to identify patients for screening, plus a determination of how many annual screening rounds is enough.

Yet it is clear that any further delay to the implementation of the best form of lung cancer screening will mean many more unnecessary lives lost.

The European Respiratory Society and the European Society of Radiology have both recommended screening for lung cancer under the following circumstances: “In comprehensive, quality-assured, longitudinal programmes within a clinical trial or in routine clinical practice at certified multidisciplinary medical centres.”

Meanwhile, the International Association for the Study of Lung Cancer has developed a consensus statement of issues needing more research.

These include effective risk assessment, and integrating screening with anti-smoking information. Some experts have said that, while we wait, there is a good case for “immediate implementation of carefully designed and well targeted demonstration programmes”.

Screening can help to ensure that surgery in lung cancer’s early stages can continue to be the most effective treatment for the disease.

Modern medicine is advancing swiftly and there are many areas trying to play catch up.

Much can be achieved with consensus-based guidelines to ensure that effective screening can take place.

As previously mentioned opposite, Parliament and other legislative bodies have a major role in these processes.
Commission must bring healthcare to the fore

Given that the current European Commission has not prioritised healthcare, it looks as though it is up to the European Parliament to push the agenda.

MEPs should look to ensure that the next Commission puts a greater emphasis on health going forward, perhaps through its examination and scrutiny of the next president and his or her team.

Quite aside from the moral issue of ensuring that the basic EU tenet of the best healthcare for all citizens is achieved, it is clear that more emphasis in this area can have huge benefits for the economy.

Groundbreaking results in genomics and other sciences, and the subsequent emergence of personalised medicine means preventative and targeted methods in healthcare are now much more possible.

Europe should make no mistake about the correlation between wealth and health. Studies – at least one conducted on behalf of the EU executive – have repeatedly shown that the benefits of improved public health extend beyond simply reducing healthcare costs. The facts are that better health makes a positive contribution to the productivity of citizens.

Not only that, but incentives for research into innovative tools and medicines will mean that Europe will attract investment rather than lose out to other continents.

On the plus side, excellent progress has been made due to the foresight of previous administrations.

For example, previous Commissions worked hard in the area of smoking bans to protect the health of employees, and we had the working time directive, progress on rare diseases, and cross-border healthcare (supported by the European Parliament and backed by the European Court of Justice).

And let’s not forget the kick-starting of regulations on IVDs and clinical trials, among others. Let us also not forget that the majority of citizens across the Member States see health and healthcare as a top priority.

It is a surprise that the Juncker Commission seems to have sidelined health, as he said the following in a State of the Union speech: “No wind favours he who has no destined port – we need to know where we are headed. It is time to speak frankly about the big issues facing the European Union.”

He went on to mention the “deeply political question, (of) whether you increase VAT on medicines in a country where 30% of the population is no longer covered by the public health system...or, whether you cut military expenditure”.

The Commission president added that Europe is “reducing obstacles to activities cross-border and using the scale of our continent to stimulate innovation, connecting talents and offering a wider choice of products and services”.

One surefire way to achieve ‘more Europe’ in terms of the improved health of citizens is much better cross-border collaborations, especially in health than the levels that the president was referring to.

Because while Europe continues to produce excellent science that provides an increasing insight into the role of biology and more in health and disease, our ability to translate these research discoveries into patient benefits are undermined by the structures and regulations currently in place at European and national levels.

A healthy Europe means a wealthy Europe, and the lack of prioritising health could be called a missed opportunity.
Juncker through the looking glass

At EAPM, we are not particularly famous for being able to see into the future, although some things are obvious to us and our stakeholders, as well as to politicians and the public.

Well, at least they should be… In an EU of 28 Member States with an ageing population, it is not too difficult to figure out that, aside from the so-called pensions ‘cliff’, there is also the likelihood that most of us will eventually find ourselves suffering from not one, but two or even more diseases towards the end of our lives.

This multiple-disease scenario means is that a great number of us will be receiving multiple treatments at the same time, which of course has a societal cost as well as a personal one for the patient involved.

While it is generally accepted that a healthy nation leads to a wealthy nation, there are still obvious added healthcare costs to soak up as a population gets older and, with the new phenomenon that is the aforementioned co-morbidity, we are in new territory when it comes to how a patient’s quality of life will be affected by being prone to several diseases.

We will all have to accept these facts, one way or another, like it or not, as well as the reality that we may spend the latter part of our lives taking several drugs and undergoing more than one treatment as time marches on. The strain on both patients and the EU’s healthcare systems could be immense, but not enough is being done to take the (very near) future into account at either EU or national level.

Europe is suffering from clearly evident inequalities when it comes to access to the best healthcare available – the right treatment for the right patient at the right time, in effect.

Let’s try a bit of more-specific crystal-ball gazing: in November 2019 European Commission President Jean-Claude Juncker could well step down (he will be coming up to 65-years-of-age). But what if this were because of ill health, a scenario that may well make him sit up (if he can) and think that perhaps he should have done more to safeguard the health of the EU citizens in his charge during the five years in which he had the opportunity to do so?

Given Juncker’s impressive career it’s probably safe to say that, compared to most of the population of Europe, the former Luxembourg PM is not exactly strapped for cash.

But – back to our crystal ball – what if his ailing health and the rare condition (or conditions) he’s suffering from in our imaginary future could possibly be best treated in, for example, Asia, because a clinical trial is ongoing there that nobody could get into in Europe? That could cost a fair bit.

Or what if bureaucracy now stood in his way as an ‘ordinary’ citizen and what if access to an all-important, perhaps life-saving, trial were being denied him on his doorstep due to bureaucracy and the unavailability of the kind of data that would have allowed the development of a trial in his native Luxembourg?

Tough one… Perhaps he can go cross-border. Even though that would be expensive and steeped in bureaucracy surrounding E112, electronic health records, and more. Remember, he doesn’t have the power to break down these barriers any longer. Theoretically, he’s just an ordinary guy aged 65 or more. It’s not looking too good for the former European Commission president in this scenario, is it?

Unfortunately, for many people across the EU’s member states it is not merely a scenario but a grim reality. Therefore, the Alliance believes that now is the time for the Commission to deal with the harsh health facts in the here-and-now, as well as down-the-line into the fast-approaching future.
“An investment in knowledge pays the best interest...”

...so said Benjamin Franklin. But in these days of the information superhighway, Big Data and even ‘fake news’ it’s very hard for most citizens to decide what actually is knowledge.

When being bombarded by TV, radio, Twitter, Facebook and so on we all sometimes wonder who or what to believe. We ask ourselves what we should share with others, and which decision paths we should follow.

It’s certainly not getting any easier, as recent stories emerging from The White House and the Brexit referendum of last summer have shown us all too well. In fact, it’s possibly getting worse.

Pretty much everyone has heard the phrase ‘a little knowledge is a dangerous thing’. This is likely to have been inspired by the words written by the celebrated poet and scribe Alexander Pope. Here are the relevant lines from his 1709 An Essay in Criticism in which he used the phrase ‘A little learning’ thus:

“A little learning is a dangerous thing; drink deep, or taste not the Pierian spring: there shallow draughts intoxicate the brain, and drinking largely sobers us again.”

The phrase is not knocking knowledge per se, it actually means that having just a few facts, rather than all of the relevant ones, can mislead people into thinking that they are more expert on a particular topic than they really are.

So, in this fast-moving world of personalised medicine, with incredible breakthroughs in genetic mapping and super-efficient diagnostic tools, broad-based screening programmes in certain disease areas, recommendations on the same, and information readily available on the internet, how much knowledge do patients want about their own conditions? And how much do some healthcare professionals (HCPs) actually believe patients can handle? And what about the patient’s close family – do they need to know all the facts, or do they need to be protected?

Is ‘dumbing-down’ permissible in the arena of health? Do HCPs of whatever nature have the right to decide that a patient may not be able to handle all the facts, say, after a prostate PSA test or a breast-cancer screening? Or even a full gene sequencing exercise that could show up genetically transferred diseases?

It’s a moral minefield, but EAPM believes that patients should be empowered, play a key role in the decision making about their condition and have all the necessary knowledge of potential treatments, clinical trial options. They should be briefed on the best drugs available while taking into account any possible or probable side-effects, their work and lifestyle, and their own perceptions of what constitutes ‘quality of life’.

There are, of course, some arguments against population-based screening programmes, as well as against letting the patient know everything there is to know.

However, a woman whose grandmother, mother or sister has developed a particular form of breast cancer, or a man whose father and uncle both suffered from prostate cancer, may very well wish to gain all the knowledge available about the likelihood of developing the diseases too.

In these circumstances the phrase ‘prevention is better than cure’ certainly rings true, quite apart from the moral issue of empowering patients and giving them the choice.

In the end, we can only arm ourselves with facts. Surely then the patient should be the one to make the necessary choices.
Charlie and the Medicine Factory

EAPM In the famous final speech from the 1940 movie The Great Dictator, Charlie Chaplin’s character says: “I’m sorry, but I don’t want to be an emperor. That’s not my business. I don’t want to rule or conquer anyone. I should like to help everyone if possible… We all want to help one another. Human beings are like that.”

He continues: “We want to live by each other’s happiness, not by each other’s misery.” Then he talks about innovation in terms of its place in the world: “More than machinery, we need humanity. More than cleverness, we need kindness and gentleness… The aeroplane and the radio have brought us closer together. The very nature of these inventions cries out for the goodness in man; cries out for universal brotherhood; for the unity of us all.”

And, very close to the climax of the speech, he says: “Let us fight to free the world! To do away with national barriers… Let us fight for a world of reason, a world where science and progress will lead to all men’s happiness.”

So, how far have we come since that movie was made some 77 years ago? Well, science has certainly progressed way beyond ‘the aeroplane and the radio’ in every sphere of life. And in parts of the EU we have even done ‘away with national barriers’ in a very real sense through Schengen. There are even occasional signs of “universal brotherhood”.

To recap: “The way of life can be free and beautiful, but we have lost the way… We think too much and feel too little… More than cleverness, we need kindness and gentleness… More than machinery, we need humanity.” In this modern-day EU we have an ageing population of some 500 million citizens. These citizens will live longer on average than ever before, adding greater burdens to already stretched healthcare systems.

Our citizens, their children and their children’s children will suffer from more than one disease at any one time, yet today’s citizens are already suffering – suffering from healthcare inequality in the face of this generational ticking time bomb. It’s sad but true that the availability of treatments and new medicines varies hugely from nation to nation across the EU, regardless of the fantastic science behind new genetic-based developments.

Progress in general healthcare terms is not quick enough. Aside from the fact that each Member State has competence for its own healthcare system, so that there is often disunity and replication, what often gets in the way of the “kindness and gentleness” and the “humanity” that could work alongside the “cleverness” and the “machinery” is a lack of cooperation, a lack of coordination, silo thinking and out-of-date regulations and processes that are no longer fit-for-purpose in the 21st century.

There is certainly no shortage of “kindness and gentleness” in the health arena, but has science and progress actually led to “all men’s happiness” and “the unity of us all”? Clearly not yet. Perhaps what we need is some strong leadership. Not in the satirical way of The Great Dictator – despite the rousing finale – but in reality, in the here and in the now.

Our political leaders need to grasp the fact that there needs to be smarter thinking, rather than ‘too much’, smarter ways of operating, ‘rather than ‘too much’, and better regulations to govern the way healthcare moves on into the future.

All stakeholders need to work hard to find better and fairer ways of using the new technologies around us – whether it be Big Data, new IVDs, breakthroughs in genetics, speedier ‘bench-to-bedside’ novel medicines, and clinical trials that take into account rare disease sub-groups. So let’s look to ourselves and our leaders to build ‘a world where science and progress will lead to all men’s happiness’.
EAPM is working towards the first ever pan-European, multidisciplinary Congress specific to this fast-moving field.

The 27-30 November, 2017, event will be held in partnership with Queen’s University Belfast and Visit Belfast and will act as a one-stop shop for everything connected with personalised medicine.

By the time of the Congress, most other major medical conferences will already have taken place in Europe, therefore the EAPM event will allow delegates to hear about any and all of the major scientific developments that are taking place in 2017 in different disease areas.

It will also allow for cross-fertilisation between the different disease and policy areas, allow delegates to gain a greater depth of knowledge into barriers in the field of personalised medicine, and offer up valuable evidence and stakeholder opinion on which policy makers can base their decision making on how better to integrate personalised medicine into the EU’s healthcare services.

There are so many voices to be heard in the personalised medicine arena and the Congress will bring together the different streams (including scientists, industry, regulators, patients and more) in order to allow decision makers to understand required changes, now and down the line.

The Congress in Northern Ireland’s capital essentially aims to broaden the reach of personalised medicine across the EU and will pick up from the, by then, five annual conferences held by the Alliance (as well as the aforementioned conferences held by other bodies in 2017).

At the event, key stakeholders will meet to discuss barriers to the integration of personalised medicine and the main actions that need to be taken. All sessions will include a keynote speech plus a panel discussion and are designed to be interactive.

Areas specifically covered will be diseases, general science issues (Big Data, genomics etc) and a focus on the view, progress and health landscape in various Member States.

It is clear that, as well as top-down regulation in important areas such as data protection, IVDs, clinical trials and more, a bottom-up process also needs to be employed to make the most of these burgeoning new healthcare opportunities for the benefit of all patients.

The Congress is intended to be a two-way street linking the European Union to Member States and Member States back to Europe. This is a vital ebb-and-flow process that will represent an important step along the road to sharing best practices and deciding actions by consensus.

As well as the takeholders who will form part of the Congress programme proper, organisations are invited to hold their own side meetings/roundtables and industry-sponsored sessions in dedicated rooms.

An exhibition hall will also be on site with a view to showcasing the latest developments in technology coming through in the personalised medicine arena.

The Congress will be held at The Belfast Waterfront (opposite page). As the name suggests, the complex is situated beside the city’s river, the Lagan.

The new, expanded Congress venue is a purpose-built conference facility. It opened its doors at the end of April 2016, on time and on budget. The Waterfront Hall is one of Belfast’s landmark buildings in its field, embracing a variety of business events. We look forward to seeing you there.
The European Alliance for Personalised Medicine (EAPM), launched in March 2012, brings together European healthcare experts and patient advocates involved with major chronic diseases.

The aim is to improve patient care by accelerating the development, delivery and uptake of personalised medicine and diagnostics, through consensus.

As the European discussion on personalised medicine gathers pace, EAPM is a response to the need for wider understanding of priorities and a more integrated approach among distinct lay and professional stakeholders.

The mix of EAPM members provides extensive scientific, clinical, caring and training expertise in personalised medicine and diagnostics, across patient groups, academia, health professionals and industry. Relevant departments of the European Commission have observer status, as does the EMA.

EAPM is funded by its members.

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