FACTSHEET SPAIN

REVOLUTIONISING THE UPTAKE OF HEALTHDATA THE SITUATION IN SPAIN

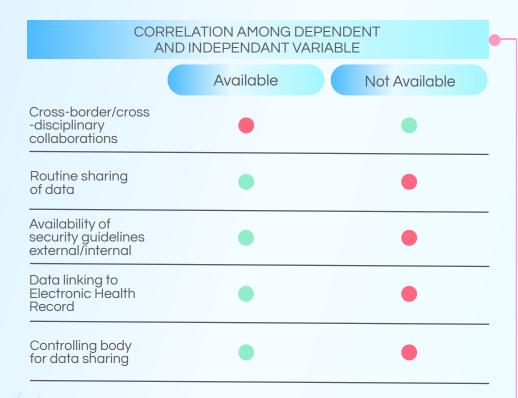
In Spain, cross-border and cross-disciplinary collaborations may be limited, indicating a potential need for more collaborative efforts between different regions or disciplines. However, routine sharing of data is practiced, suggesting an established system for sharing data among relevant stakeholders. Spain has a relatively high level of confidence in their data infrastructure for NGS implementation.

CORE PILLARS	Well Implemented	Implemented	Not Implemented
Data sharing and linking		\circ	0
Screening and Early diagnosis		\circ	\bigcirc
Data infrastructure	\bigcirc		0
Linking data from sequenced genomes to clinical data (Electronic HealthRecords) or other types of data		0	\circ
Information provided to patients/citizens after involving them in NGS testing	\circ		\circ
Sharing genomic data with other institutions in the same country or cross- border			0
The purpose of genomic data in cancer centers	\bigcirc		\bigcirc



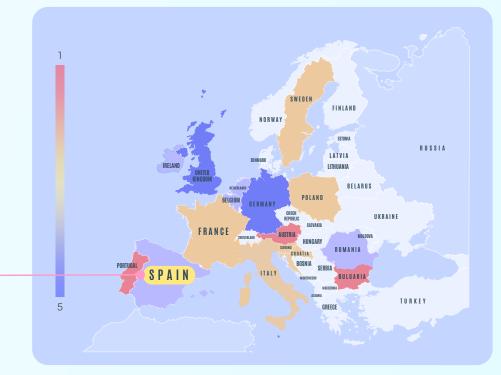


DATA SHARING AND LINKING



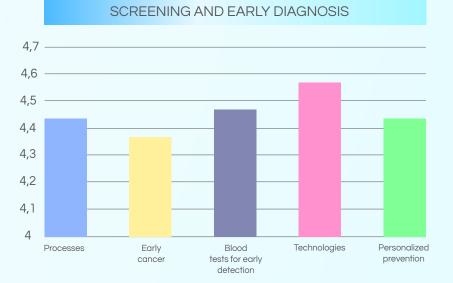
In Spain, cross-border and cross-disciplinary collaborations may be limited, indicating a potential need for more collaborative efforts between different regions or disciplines. There is also the availability of security guidelines, both external and internal, indicating measures in place to ensure the protection and confidentiality of data. Additionally, there is a controlling body for data sharing, suggesting the presence of an authority responsible for overseeing and regulating the sharing of data in Spain.

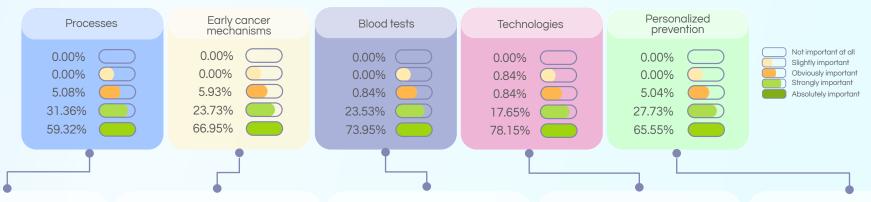




SCREENING AND EARLY DIAGNOSIS

In Spain, cancer screening is carried out in accordance with national and international recommendations. The advent of liquid biopsy tests that could screen for dozens of cancers holds promise for identifying more cancers early.





Processes occurring before tumor development: The development of cancer is a multistep process in which normal cells gradually become malignant through progressive accumulation of molecular alterations.

Early cancer mechanisms:
Cancer is a disease caused when cells divide uncontrollably and cooperate with other cells in their local environment which fosters tumor progression.

Blood tests for Early Detection:
Specific blood tests are
designed to identify tumor
(bio)markers that may be found
in the blood when some cancers
are present before showing
symptoms or being detected
through conventional imaging
approaches.

Technologies for Early Diagnosis:
Numerous cancer-associated
deaths occur from cancers for
which we do not screen. To
overcome this, new scalable and
cost-effective technologies are
developed to allow for the
detection and diagnosis of
cancers at an earlier stage when
these are more responsive to
treatments.

Personalized prevention and early screening: Everybody does not have the same risk of developing a cancer. Careful analysis of individual risk factors to adapt prevention and systematic screening to the risk level would increase the rate of early diagnosis

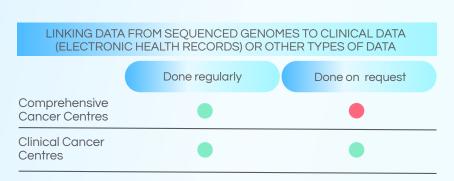
DATA INFRASTRUCTURE

Spain has a relatively high level of confidence in their data infrastructure for NGS implementation. Population-based cancer registries, in Spain, record all new cancer cases diagnosed in a specific location and are essential information systems to monitor the evolution of cancer and to plan and evaluate cancer control policies.



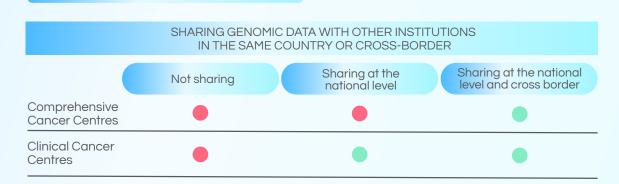
Confidence Level (95.0%) Belgium Croatia SPAIN Italy France Germany United Kindgom Ireland Slovenia Poland Sweden Low O Very Low Medium

LINKING DATA FROM SEQUENCED GENOMES TO CLINICAL DATA (ELECTRONIC HEALTHRECORDS) OR OTHER TYPES OF DATA



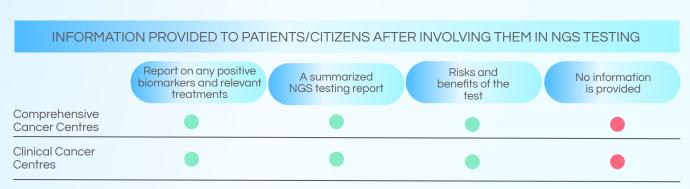
Linking data from sequenced genomes to clinical data (Electronic Health Records) or other types of data is mostly done regularly. Data linking to Electronic Health Records is implemented, enabling the integration and utilization of data from electronic health records for various purposes.

SHARING GENOMIC DATA WITH OTHER INSTITUTIONS IN THE SAME COUNTRY OR CROSS- BORDER



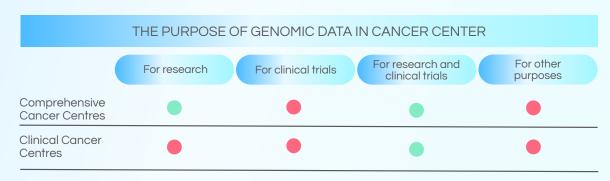
Sharing genomic data with other institutions in the same country or cross-border is done at the national level and cross-border both in Comprehensive Cancer Centers and Clinical Cancer Centers. Routine sharing of data is practiced, suggesting an established system for sharing data among relevant stakeholders.

INFORMATION PROVIDED TO PATIENTS/CITIZENS AFTER INVOLVING THEM IN NGS TESTING



In Spain, Comprehensive Cancer Centers and Clinical Cancer Centers are often offering complete information to patients/citizens after involving them in NGS testing. Real-world outcomes after NGS testing provide evidence of the benefit of clinical judgment in patients with either advanced cancers that routinely need multiple genetic markers, patients with advanced rare cancers, or patients that are screened for molecular clinical trials.

THE PURPOSE OF GENOMIC DATA IN CANCER CENTER



Genomic data are often used for both clinical trials and research purposes. Large-scale generating of genomic data could prove a powerful tool for improving population health through a better understanding of genomic contributions to health and disease.



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