

Better Data for Better Treatment @inpho_ventures

Dr. Iñaki Gutiérrez-Ibarluzea, Basque Office for HTA, shares his views on developments in personalized medicine

1. Where is the investment required to accelerate the transition from conventional to personalized medicine?

Three main aspects are needed to be fixed in order to increase the knowledge and provide high quality evidence to grant personalized medicine:

1. Improved data collection and data combination by which individual analysis will be possible. The recording of trustworthy data on environmental and life-style exposures that will be required to build up an individual profile is lacking
2. Improved electronic clinical records and their interoperability
3. Further subpopulation and individualized analysis will be required from clinical trials by which health technologies are tested

2. What challenges do you see in creating a system that makes big data robust and smart for healthcare providers and patients?

Among key challenges on the agenda are data protection and the level of trust citizens have in how that data will be used. Currently, it is not a matter of technology. Technologies are in place that can reliably combine data from different sources. The use and utility of the data is one of the main challenges. Ownership should be granted to the individual and data-sharing should be performed on the basis of improving individual healthcare and thus, the healthcare system and its efficiency. Obviously, there are many interests and one of those is related to making business through data sharing; nevertheless, governments might introduce mechanisms for the empowerment of citizens by means of data ownership for their benefit.

3. Can you tell us the type of previous investments you have made in this area?

We have explored various challenges relating to personalized medicine around the different aspects or domains of analysis, from clinical aspects to organizational or societal aspects (including ethical and legal issues). We have also contributed to defining the portfolio of activities at the European level in terms of making this doable in real world. Probably, Europe is in the best position to make this possible due to its cohesion, granted universal health coverage and implemented public healthcare systems. We are starting to combine data in terms of improving preventative measures already implemented in order to personalize and fine-tune them. We need to avoid the paradigm of one size fits all that most of the public health initiatives (vaccination, life-style behavioral changes and screening programs) are following.