



## NEWSLETTER 8

July 2022

*Austria, Belgium, Canada, Croatia, Denmark, Estonia, Finland, France, Germany, Hungary, Ireland, Israel, Italy, Latvia, Luxembourg, Norway, Poland, Romania, Slovenia, Spain, Sweden, The Netherlands, Turkey*

ERA PerMed:

### News, Updates, Achievements and Future Plans

#### Announcements

##### COMING UP

ICPerMed Conference  
**Prelude to the  
Future of Medicine**

**5-6 Oct 2022, Paris**  
*More information  
and registration*

EC & STANDS4PM Webinar  
**Towards broadly  
applicable standards for  
in- silico approaches in  
personalised medicine**

**14 Sep 2022, 14:30 CEST**  
*More information  
and registration*

EULAC-PerMed  
4<sup>th</sup> Summer School  
**Clinical Studies on  
Personalised Medicine**

**15-16 Nov 2022,**  
**Panama City** (hybrid format)  
**Application deadline: 1.9.22**  
*More information  
and registration*

Technical Workshop  
**Clinical Trials in  
Personalised Medicine**

**17-18 Nov 2022,**  
**Panama City**  
**Application deadline: 5.9.22**  
*More information  
and registration*

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## INTRODUCTION

ERA PerMed is welcoming the summer and would like to share with you some of our activities and achievements, as well as related initiatives in personalised medicine.

In this issue 8 of the ERA PerMed newsletter, you can find some interesting statistics on the JTC2021 ([pg. 3](#)) and the projects funded under that call.

Furthermore, thanks to a one-year no-cost prolongation that ERA PerMed received from the European Commission (EC), we are currently in the midst of the final evaluation of the proposals in our unforeseen call for proposals – **JTC2022 on Prevention in Personalised Medicine**. The final evaluation meeting for these proposals will take place in September 2022.

In the framework of our joint transnational calls funding scheme, we monitor and follow up on our funded projects as a matter of transparency for the use of public funds, and also in order to interact with the researchers and hear about the outcomes from their project, the collaborations that forged and about any obstacles they encountered in the framework of this funding scheme. On October 25-26th, we will have a virtual midterm monitoring meeting for the JTC2019 funded projects, in which funders, researchers, scientific experts and patient representatives will be brought together to hear about the progress being made and discuss the research and other aspects of these projects on personalised medicine.

Finally, ERA PerMed has been actively participating in discussions and working groups on the elaboration and development of the European Partnership for Personalised Medicine (EP PerMed) – more on this on [pg. 7](#).

Meanwhile, we carry on, working around the globe, to promote ERA PerMed's activities and actions and we hope you enjoy reading about some of them in this issue.

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### News

In May, ERA-PerMed held its virtual Call Steering Committee meeting and a Network Steering Committee meeting. We would like to congratulate Dr. Monika Frenzel and Dr. Katja Kuhlmann for their unanimous re-election as chair and vice-chair, respectively, of ERA PerMed's Network Steering Committee.

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## UPDATES AND ACHIEVEMENTS

### JTC2021

The topic of the fourth ERA PerMed Call, JTC2021, was “Multidisciplinary Research Projects on Personalised Medicine – Development of Clinical Support Tools for Personalised Medicine Implementation”. Under this call, 217 eligible pre-proposals were submitted and 59 were invited to submit full-proposals. From the full-proposals submitted, 22 projects were selected for funding, taking into account the regional/national budget available, with a total funding volume of 26.776.871€. From 31 funding organisations (FOs) participating initially in the JTC2021, 27 are involved in the funding of the 22 projects. At the end of the process, only three FOs were not able to fund any project. Along this line, we would like to highlight that the Widening process that ERA-PerMed puts in place to enhance the participation of underrepresented regions and countries, involved 17 Proposals from 6 different FOs. The distribution by country and FO were: VIAA, Latvia (5 proposals); SMWK, Saxony (3); MSE, Croatia (5); TUBITAK, Turkey (2); ASRT, Egypt (1) and ANID, Chile (1).

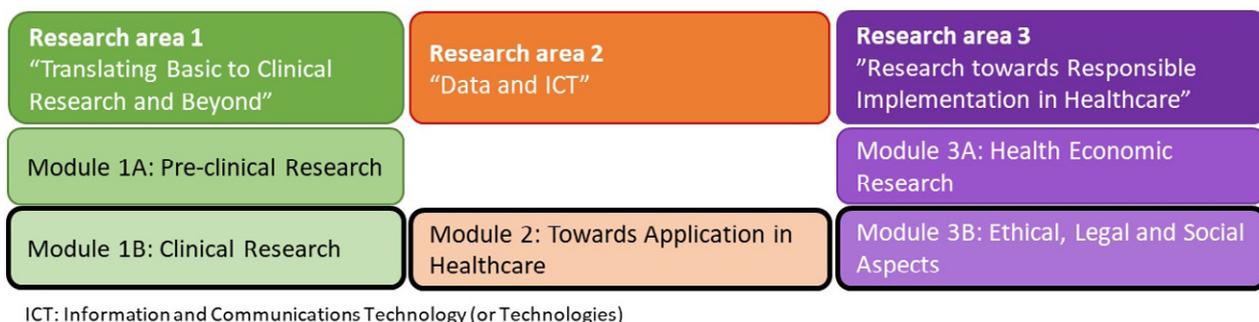


Figure 1: Structure of the JTC2021 research areas and modules

ERA PerMed supports multidisciplinary research through its annual calls. The JTC2021 included 3 research areas (RAs), each comprising of 1-2 modules, as depicted in Figure 1. Consortia funded under the JTC2021 were required to address modules 1B, 2 and 3B. Our analysis shows that 27% of the funded projects address both pre-clinical and clinical research, 32% of the projects address both health economic research and ELSI and only three projects address all five modules in their proposal.

As can be seen from the chart below (Figure 2), the disease categories covered by the funded projects are as follows: 32% of the projects work on cancer, 23% on neurological disorders, 14% on immunological disorders, 9% on kidney diseases and there are single projects on cardiovascular diseases, infectious diseases and on chronic disorders.

### Disease categories

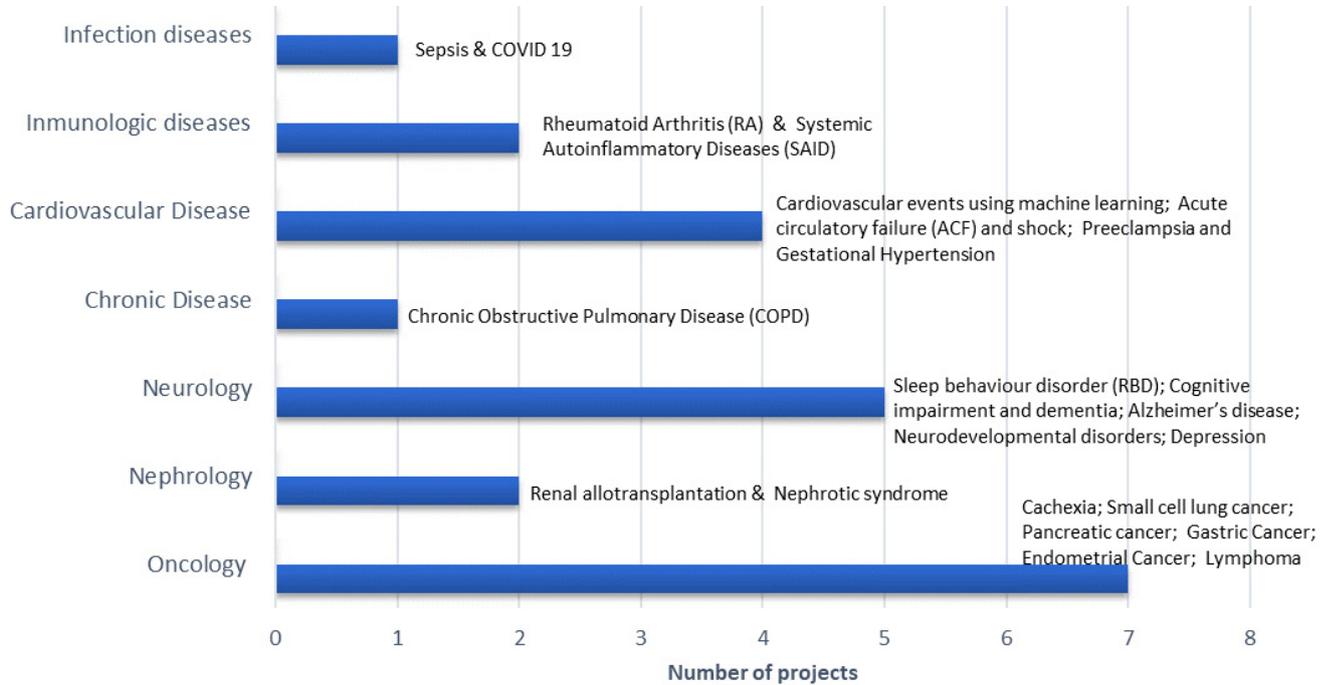


Figure 2: Disease categories covered by the JTC2021 funded projects

When looking at the consortium composition (Figure 3), it could be noted that most consortia include 6 partners (41%) and two consortium made use of the widening option and therefore consists of 7 partners. The remaining consortia include 4 partners (27%) or 5 partners (23%), with no projects with 3 partners.

### Distribution of number of partners per consortium

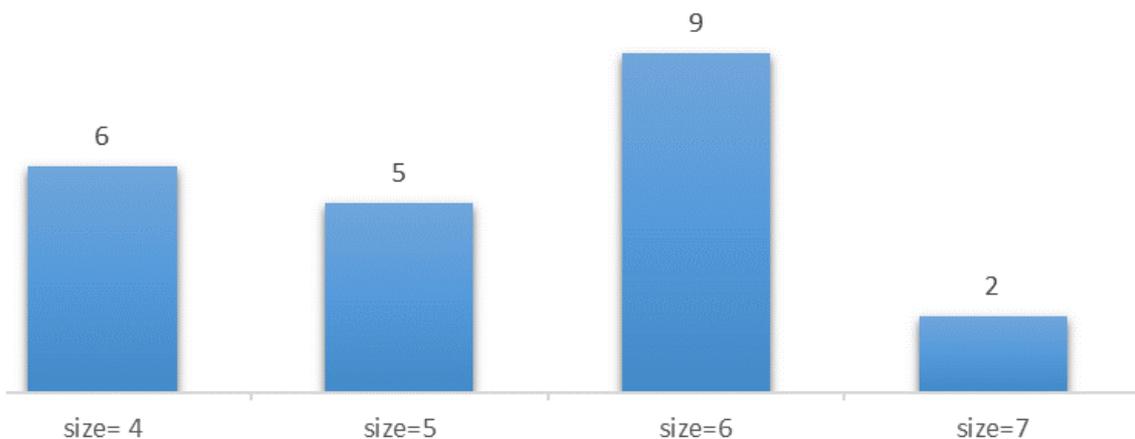


Figure 3: Number of partners in consortia funded under JTC2021. The numbers above the bars represent the number of consortia that include that specific number of partners.

Regarding trans-nationality of the consortia, as can be seen in Figure 4, all consortia include groups from 3-6 different countries (23% from 3 countries, 41% from 4 countries, 23% from 5 countries and 13% from 6 different countries).

### Number of countries in consortia

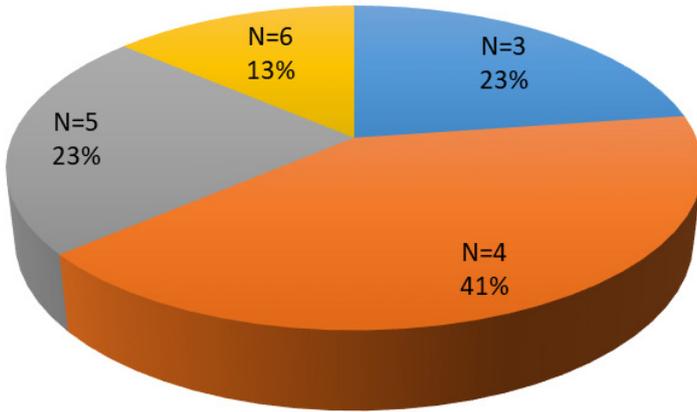
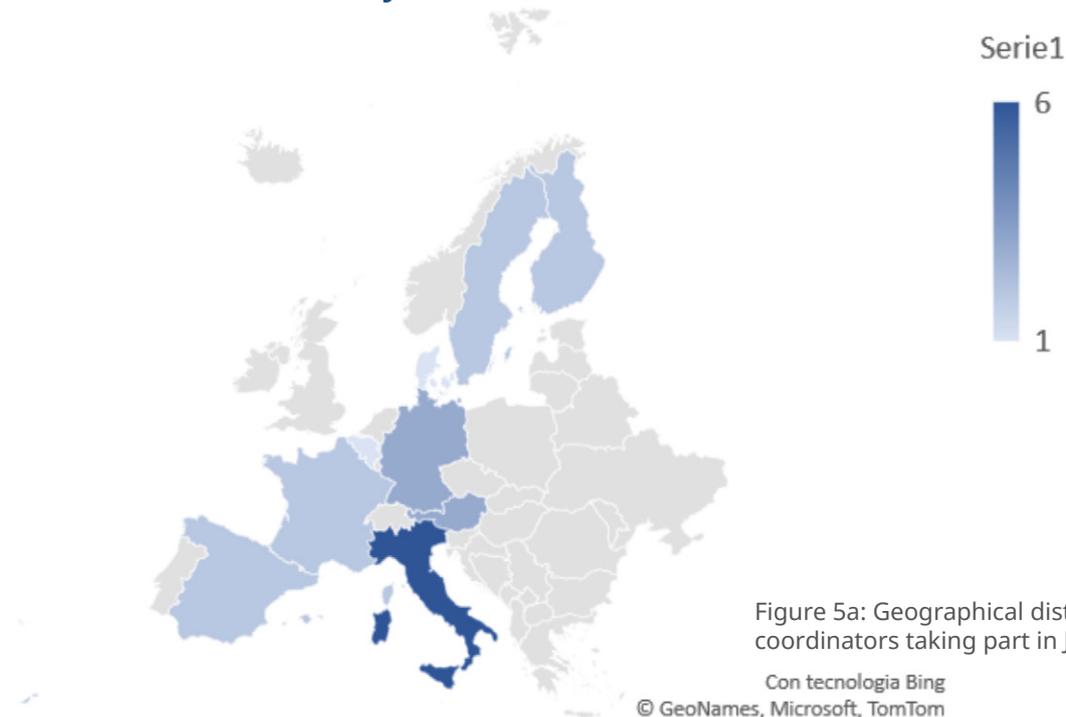


Figure 4: Transnational composition - number of countries included in consortia

The JTC2021 projects' coordinators are from 9 different countries, with the following distribution

Austria	Belgium	Denmark	Finland	France	Germany	Italy	Spain	Sweden
3	1	1	2	2	3	6	2	2

### Coordinators' Country distribution



The transnational aspect of ERA PerMed funded projects is well presented in the JTC2021 consortia. Partners from 21 different countries are collaborating on 22 personalised medicine-related research projects, as can be seen in the graph below (Figure 5b).

### Partners' country distribution

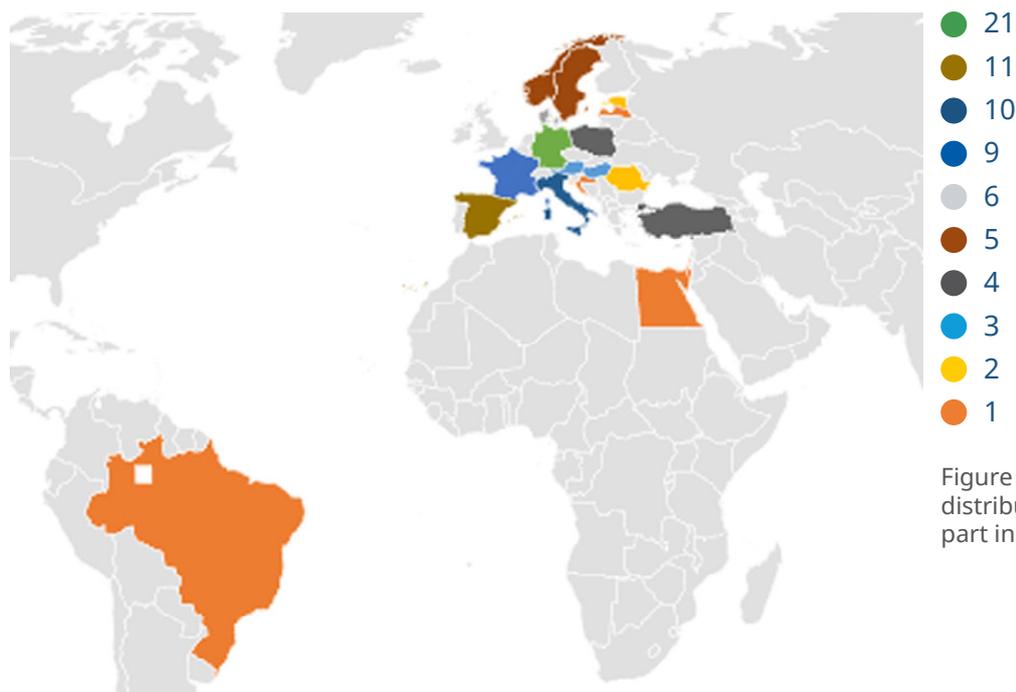


Figure 5b: Geographical distribution of partners taking part in JTC2021 consortia

The overall distribution of partners between academia, clinical/public health research sector and the private sector is as follows: 49% of the partners and 50% of coordinators are from academia, 38% of the partners and 45% of coordinators are from the clinical/ public health research sector and 8.5% and 4.5 %, respectively, are from the private for-profit sector, while there are five private non-profit partners. It should be noted that 70% of the consortia include a partner from the private sector (a higher percentage than in previous calls).

Despite the encouragement in the call text to use European infrastructures, the participation of the European Research Infrastructures/platforms per pre-proposal was very low with 2.9 % active participation (ELIXIR, EATRIS, BBMRI), and with no participation in any of the proposals selected for funding. Further analysis and thought will have to be put into this issue in order to make the best and most efficient use of resources at the European level.

With regards to patient engagement in the consortium, we noted 10% active participation (not only dissemination and communication) in the pre-proposal phase. The key activities patients are involved in were: enrolment with questionnaires and in-depth interviews, consulting during project implementation, involving people at risk in the discussion of the ethical issues and acceptability of using machine learning-based approaches for personalised evaluation of risk, tool design inputs, as well as dissemination activities and assembling a cohort of individuals at risk. When looking at the funded projects, 49% include active patient participation (not only dissemination and communication), thus we see that the funded projects demonstrate a broader contribution from the patient point of view.

## JTC2022

In December 2021, ERA PerMed launched its fifth Call, JTC2022, with the support of 33 funding organisations from 26 countries on the topic “Prevention in Personalised Medicine”. The aim of this call is to promote innovative interdisciplinary collaboration and to encourage translational research proposals on the topic of prevention in personalised medicine.

The overarching goal of the call is the development of tailor-made strategies for prevention of disease and disease progression, at three different levels:

1. Preventive measures decreasing the rate of incidence (primary prevention)
2. Early detection to increase the efficacy of a preventive therapy, even before symptoms are developed (secondary prevention)
3. Interventions preventing disease recurrence or improving patients’ care and quality of life (tertiary prevention).

We welcome the new funding agencies that joined ERA PerMed’s JTC2022: the South African Medical Research Council (SAMRC, South Africa), the Research Council of Lithuania (LMT, Lithuania), Sweden’s Innovation Agency (VINNOVA, Sweden) and the Ministry of Science and Technology (MOST, Taiwan). **The joining of these funding agencies represents ERA PerMed’s strive to promote international standards and global collaboration in the field of personalised medicine.**

In the JTC2022, 171 eligible pre-proposals, comprising of 894 participants, were submitted out of which 60 project consortia are invited to submit a full-proposal. The full-proposal final evaluation will take place in September 2022.

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## FUTURE PLANS

### The European Partnership for Personalised Medicine under Horizon Europe

The new framework programme “Horizon Europe” (2021-2027) was launched by the EC in February 2021, representing the most ambitious Research and Innovation programme of the European Union (EU) and the largest transnational programme of this kind worldwide, with a budget of 95.5 billion Euros. Several forms of European Partnerships are foreseen in Horizon Europe as key implementation tools that will address some of Europe’s most pressing challenges.

**Personalised Medicine was selected as one of the topics for a co-funded European Partnership**, expected to be launched at the end of 2023 or latest beginning of 2024. In September 2021, the EC organised the first (virtual) meeting with representatives of the European Members States and Associated Countries to start concrete preparations towards the European Partnership for Personalised Medicine - EP PerMed. A dedicated Drafting

Group was established, consisting of Member States delegates and representatives of the EC. As first outcome, an **EP PerMed draft proposal**<sup>1</sup> was developed and published on February 07, 2022, describing the context, the objectives and expected impacts as well as the planned implementation of the upcoming partnership.

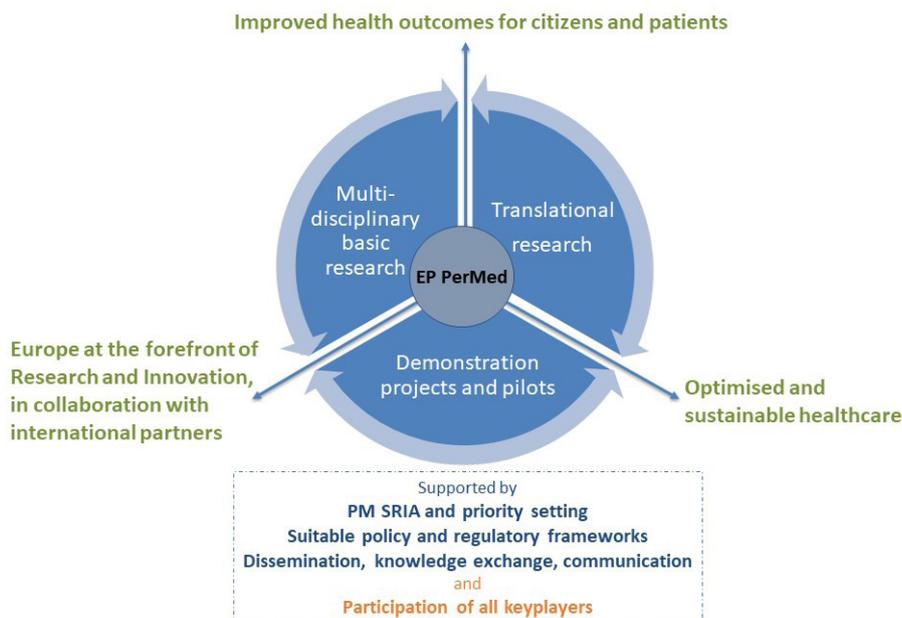


Figure 6 : The vision of the European Partnership for Personalised Medicine is: To improve health outcomes within sustainable healthcare systems through research, and the development and implementation of personalised medicine approaches for the benefit of patients, citizens and society.

The expected total budget for 7-10 years by the Member States and the EC will be over 300 Mio. Euros. Besides joint transnational calls (JTC) dedicated to PM research, other activities are planned, like events, strategic publications, communication platforms, demonstration pilots and/or surveys. The basis of these activities, described in the proposal and put into action during the EP PerMed runtime (~2023-2033), will be the Strategic Research and Innovation Agenda (SRIA), which is currently in preparation.

To this end, the EP PerMed Drafting Group aims to identify gaps, needs and challenges which should be addressed and overcome in the areas “research”, “innovation systems” and “implementation” to foster PM for the benefit of patients and citizens. For its development, strategic documents from various stakeholders will be consulted, experts and stakeholders active in the PM area will be interviewed and dedicated events as well as a public online consultation organised.

The next important steps in 2022 for the preparation of the EP PerMed are the development of the SRIA in the course of 2022 and the publication of the call for the partnership end

1. [https://ec.europa.eu/info/files/european-partnership-personalised-medicine\\_en](https://ec.europa.eu/info/files/european-partnership-personalised-medicine_en)  
<https://erapermed.iscii.es/draft-proposal-european-partnership-on-personalised-medicine/>

of 2022. The EP PerMed proposal submission will take place in 2023 and the partnership is supposed to be launched by the end of 2023. A first joint transnational call for research proposals could be expected in 2024.

ERA PerMed is looking forward to the future European Partnership for Personalised Medicine as an outstanding opportunity to provide further support to the personalised medicine research community. ERA PerMed will share updates on the EP PerMed preparations through the ERA PerMed website!

**Stay tuned!**

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## RELATED INITIATIVES

### **PROPHET - a PeRsOnalised Prevention roadmap for the future HEalthcare**

The role of the coordination and support action (CSA) PROPHET is to develop a Strategic Research and Innovation Agenda (SRIA) for Personalised Prevention, in order to support the implementation of innovative, sustainable and effective personalised programmes to prevent common chronic diseases. Technological biomedical advances (including omics data and digital tools) make risk stratification at the individual level possible. However, the development of Personalised Prevention approaches must be accompanied by a transition in the healthcare system, including citizen engagement, healthcare professional education and addressing organisational, social and legal issues. PROPHET will be centred on stakeholder engagement and the SRIA co-creation process in relation to three main types of activities: Mapping, Assessment, and Building. Firstly, it will summarize, evaluate and discuss with the relevant stakeholders the extent to which all these new technologies can synergise (Mapping). Secondly, a holistic framework will be designed (the PROPHET Framework) that will include all the necessary aspects to appraise Personalised Prevention approaches and their adoption by Public Health Authorities (Assessment). Thirdly, it will support the introduction of Personalised Prevention Programmes by providing guidelines for their design, engaging with healthcare professionals (especially those working with policy makers), and increasing health literacy at the population level on the benefits of Personalised Prevention (Building). PROPHET will liaise with other key current and forthcoming initiatives at EU level, such as ICPeRMed, European Partnership (EP) PerMed, the CSA Beyond 1 Million Genomes (B1MG), and the EP on Transforming Health and Care Systems. The consortium consists of 18 beneficiaries and 2 affiliated entities across 12 EU countries, and a large number of stakeholders already engaged from different Target Groups. The PROPHET CSA will begin on September 1, 2022 and the official kick-off meeting will take place in Rome on September 21-23, 2022.