



## Medical Innovation Day Challenge

### Challenge: Personalized Medicine

#### What is the background of the Challenge?

The Danish Government (Ministry of Health) and Danish Regions have recently launched a national strategy for personalized medicine. 100 m. DKR have been allocated to the strategy on the state budget, a National Genome Centre has been established and a governing structure with a board and a number of committees is being appointed.

#### Why is there a challenge?

It has been decided that the industry is not going to be a formal part of the strategy for personalized medicine in Denmark. There is no industry representation in the governing structure besides perhaps a foreign company person in an international advisory board for the initiative. Besides this, there is no industry representation in neither the board nor any of the committees of the initiative. In the Research and Infrastructure Committee for instance, the industry has just been invited as an observer.

This more or less systematic exclusion of industry from the initiative is a challenge. Personalized medicine is ultimately 100% dependent on pharmaceutical companies' ability to research and develop new more tailor-made medicines to the many new biological variants of diseases that are being discovered through genomics and proteomics research these years. Personalized medicine is not just about more advanced diagnostic methods in the healthcare system and a more personalized utilization/prescription of existing drugs on top of that. Personalized medicine is also about investing in more basic disease oriented research to understand the biologics of diseases better and about the development of new precision medicines on basis such knowledge.

Excluding the industry from the Danish personalized medicines strategy – especially in relation to strategic decisions about public research investments – poses the risk that public research in this area in Denmark will not be linked constructively and collaboratively to the massive private research that are also being conducted in this area these years. The question is whether this potential delink between public and private research in the area of personalized medicine will be beneficial for Danish patients in the long run and what can possibly be done about it?

Challenges to be solved: Describe an ideal public private partnership in this area. What would be an ideal prioritisation of public research investments from state and regions into this area? Should focus in research investments right now be on the rolling out of clinical capacity to practice personalized medicine? Should focus rather be on investments in more basic disease oriented research? Or should focus be on both perspectives and what would then be the most optimal balance? Describe the right balance.

#### What values and effect goals can be imagined by solving the challenge?

A more collaborative approach to personalized medicine in Denmark between public and private research could help attract more private research investments to Denmark. It could

help strengthening the quality and impact of both public and private research. It could lead to important new discoveries in the basic understanding of diseases that could lead to the development by private companies of new personalized drugs. It could lead to more clinical trials in Denmark with new precision drugs and through such trials to earlier access to new personalized medicines for Danish patients. It could turn Denmark into a leading research hot spot in the area of personalized medicines.

### Details about the challenge

[Link til national strategi for personlig medicin](#)

Personalized medicine is not just about finding the right patient to the right pill, but also about developing completely new medicines. Figure below is from the new Danish research catalogue: FORSK2025

