



EATRIS-ERIC



European Infrastructure for Translational Medicine

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EU-LAC HEALTH has received funding from the European Union `s Seventh Framework Programme (FP7/2007-2013) under grant agreement n° 281459.



ERIC European Research Infrastructure Consortium



- Legal form - directly applicable across EU
- Independent & non-commercial
- Long term commitment of member governments



EATRIS members



Participating countries :
CZ, DK, ES, FI, FR, IT, NO,
EE, NL (Host)

Negotiations ongoing
with: BE, DE, PT, SI, SE,
TR, UK

70+ Academic & non-profit
research institutions of
excellence in translational
medicine



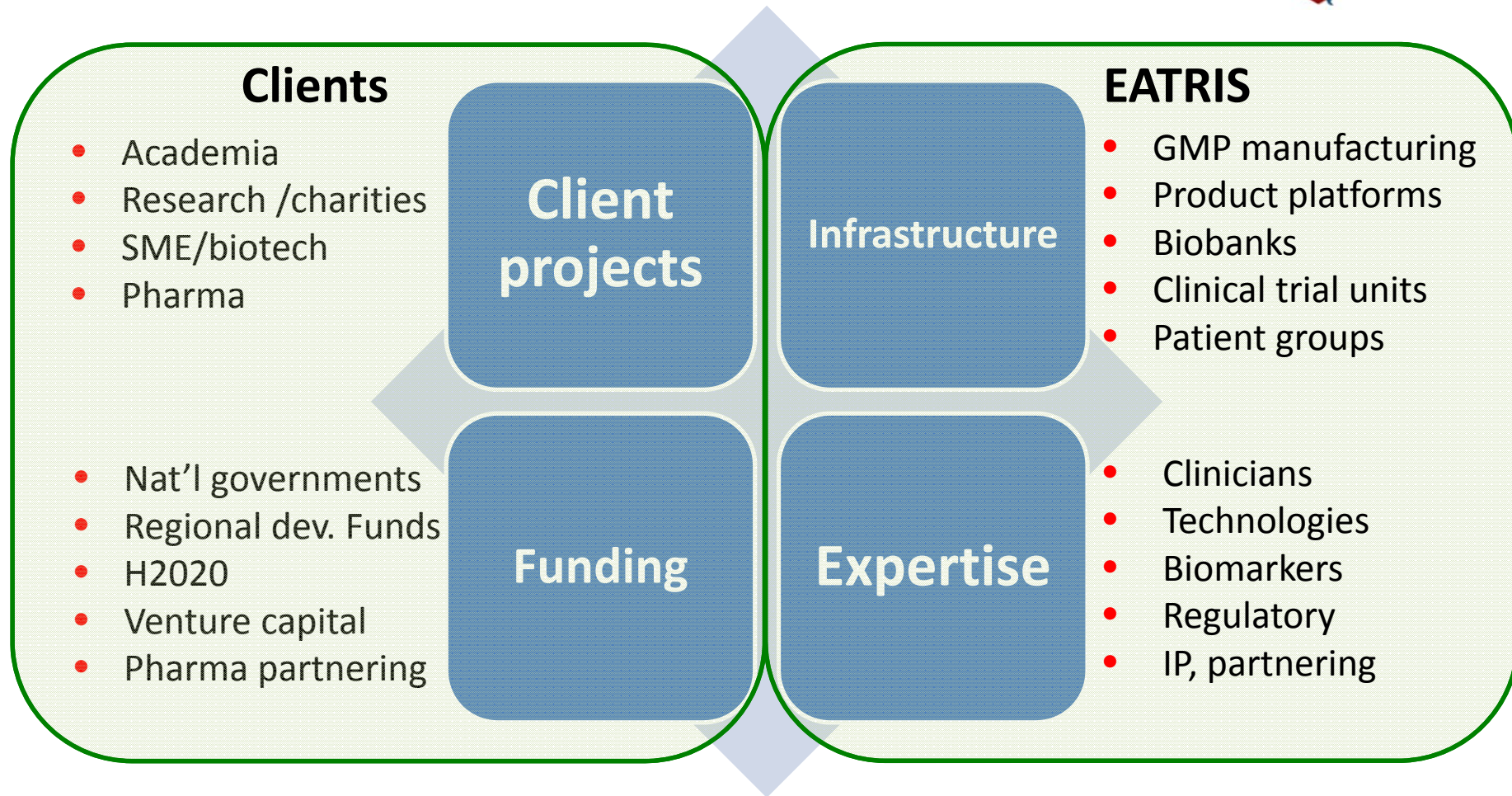
EATRIS Positioning



- **Vision**
- Making translation of scientific discoveries into medical products more effective to improve human health and quality of life.
- **Mission**
- To support our clients in developing their biomedical discoveries for novel preventive, diagnostic or therapeutic products up to clinical proof of concept.
- **Supporting academia, funders, SME & biotech/pharma**



Components of the translational pathway



Infrastructure: Product Platforms



- EATRIS is organized following the pharmaceutical industry pipeline model:
- Medicinal products
 - Small Chemical Entities,
 - Vaccines
 - Advanced Therapy Medicinal Product (Biologicals)
- Supporting Technologies and Medical Devices
 - Imaging and Tracers
 - Biomarkers



Project initiation and implementation



1. Translational Assessment

- Core C&S activity
- Involve expert reviewers as needed
- Involve P.I. & his/her TTO

2. Matchmaking

- Database identifies relevant infrastructure, disease knowledge and patient cohorts
- P.I. has lead in selecting partners



3. Exploration

- Institutes explore project with P.I.
- Project team assembled, including experts
- Product Development Plan created



4. Initiation

- Define steps, milestones, budgets
- Draw up bilateral contracts - from template
- Start multi-step, multi-party international project





Why a Research Infrastructure in Translational Medicine ?

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The need and the challenge



The role of the Industry

- Successful. In the last 60 year an increase of the average human lifespan from 35 to 75 years.

The need for Academic Science

- Innovative and impartial, pushing the boundaries of knowledge for the sake of knowledge.



The Innovation Gap



- Biopharmaceutical R&D today
- Pipeline productivity stalling
- Industry early R&D moving to acquisition
- Funds for research drying up
- High fundamental output – little innovation
- Substantial expertise – severely fragmented
- Variable collaboration experience



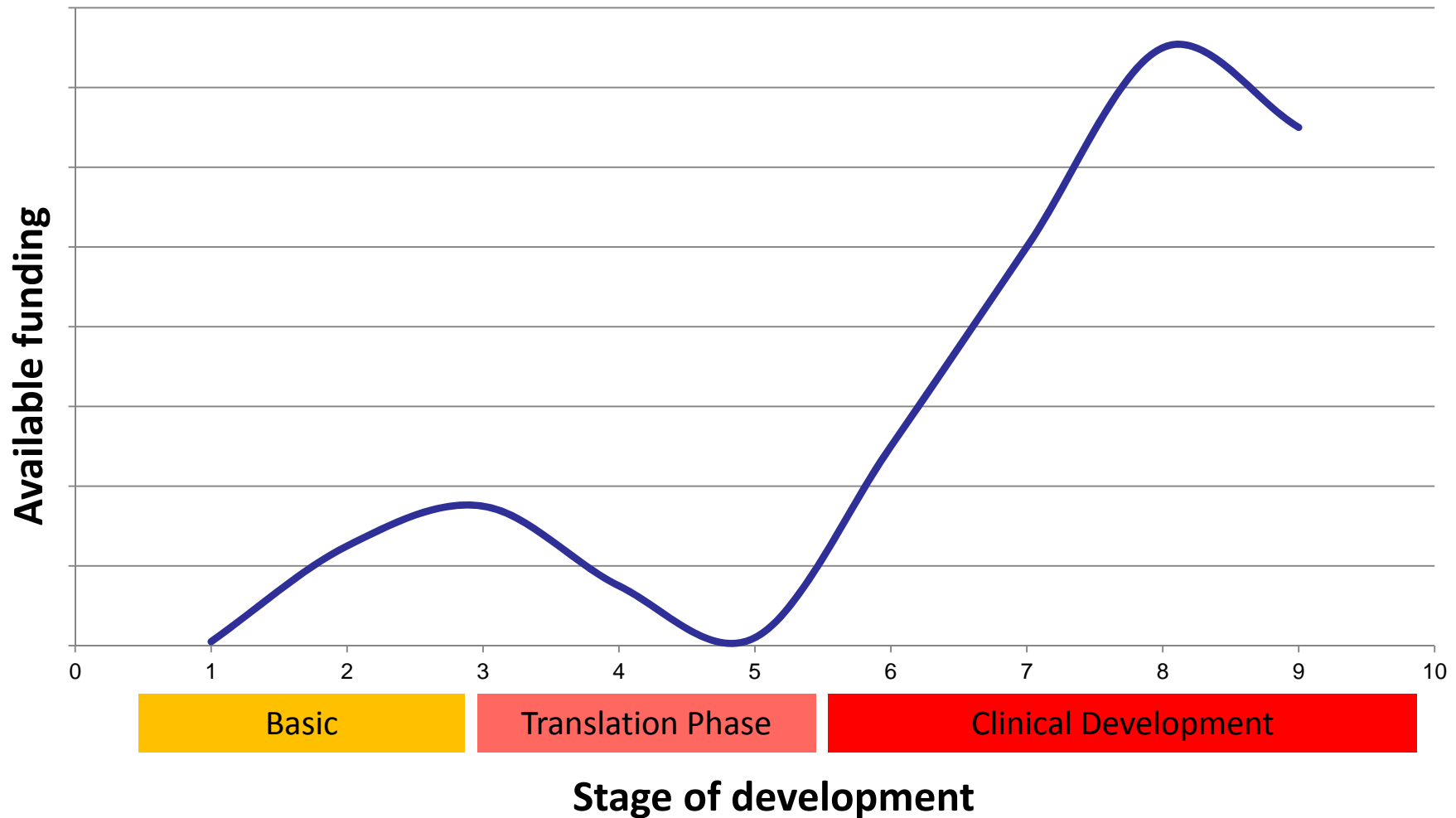


What is the main challenge for an effective Translational Medicine today?

Cost



Funding availability



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Facilitating efficient collaboration



To make collaboration faster & less risky:

- 70 translational institutes under **1 framework agreement (EATRIS Framework Agreement)**
 - Common IP policy
 - Harmonised quality framework
 - Standardised operational framework
 - Template agreements under development
- Faster time to contract, support in negotiating & IP
- One-on-one client/institute contract - no liability or IP issues
- Efficient links to complete innovation pathway, industry



Reduce Risk – increase the output



- Only high potential projects selected for development – ***reduce failure rate***
- Executed by top quality infrastructure with track record – ***reduce systemic risk***
- Optimal strategy with early imaging, biomarker, clinical, regulatory, input – ***maximise resource efficiency***
- Seamless transition to external partners/collaborators – ***Reduce transactional risk & lead times***

➤ **Higher output per research Euro**

➤ **Better medicine**





A strategy for International collaboration ?

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Collaborations between EATRIS Institutes and Latin America



- Ongoing projects between Institutes also participating to EATRIS and the LAC area
- Mainly, single scientific project often based on personal connection or exchange program for young scientist / physicians

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Worldwide challenges



- Challenges are not limited only by cost
 - Commitment to treat Poverty Related Diseases (Your diseases were, or will be, mine too)
 - Rare patients are many worldwide (potential market)
- but also by biological resources
 - Access to biological samples and data for emerging diseases



Benefits from coordination



Sharing the cost and the rewards make sense in a time of scarcity.

Health improvement is costly but healthy individuals remain productive

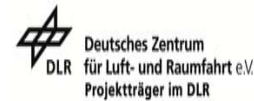
A role for common good based capitalism has to be identified



EU-LAC Health Partners



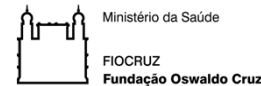
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