

The “Plan France Medecine Génomique 2025”

A first step towards digital medicine in France

What means “Digital Medicine”?

Medicine which uses algorithms :

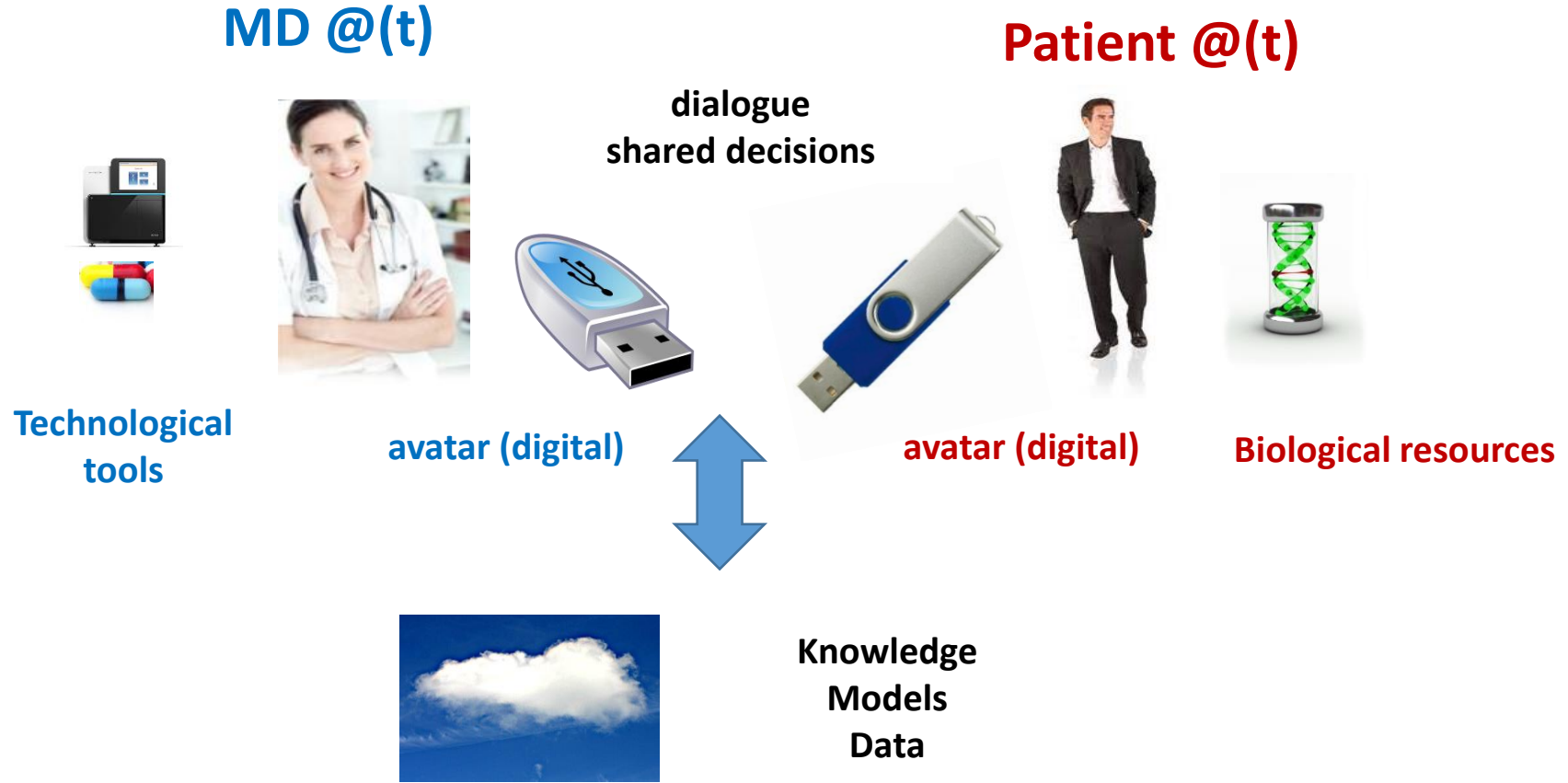
to

interpret digital patients

in order

to make diagnoses and help to treat real patients

What means “Digital Medicine”?



How to build the digital patient?



avatar (digital)



LIFE

Living systems to digital converters



e.g. Imaging
Genomics
Connected devices



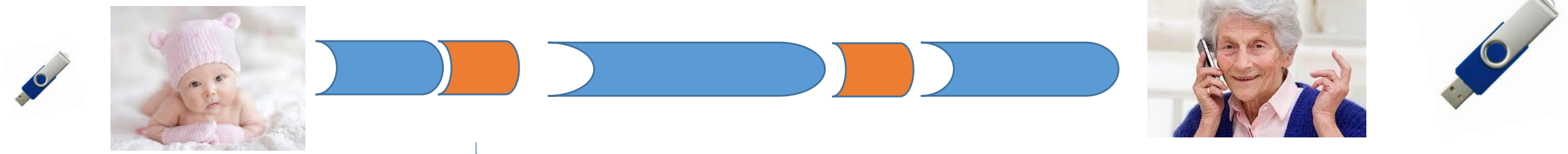
DATA



the digital patient and the health system



Connected devices



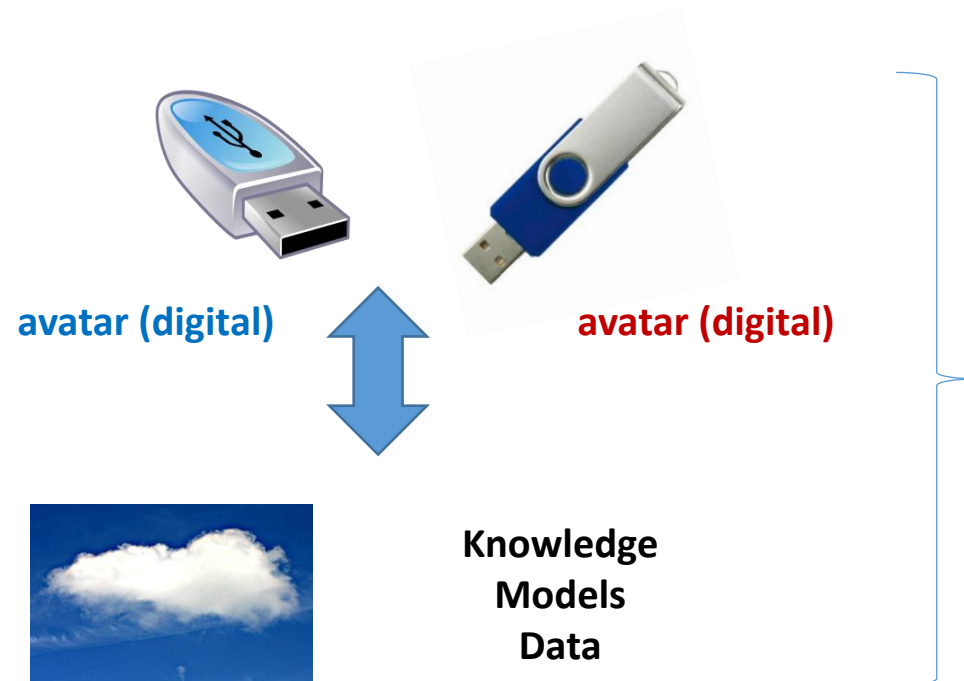
How to build the digital MD?



avatar (digital)

The digital MD can be viewed

- 1) as an interpreter of the digital patient
- 2) as help to optimize medical decisions



Knowledge, models and data



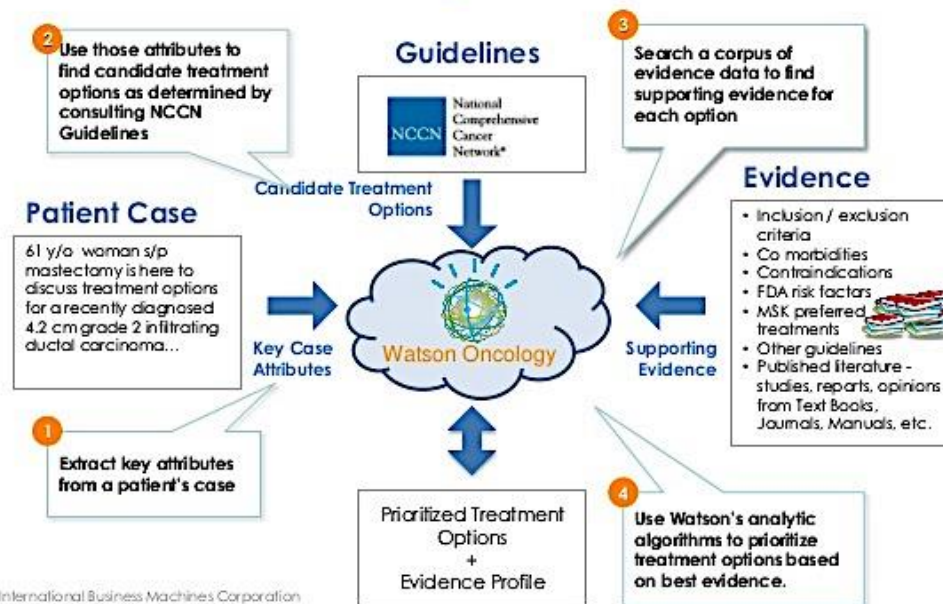
avatar (digital)

Knowledge: e.g. clinical results, pharmacology, biological annotations

IBM Watson

IBM

Watson Oncology helps medical oncologists and their care teams address these challenges



Knowledge, models and data



avatar (digital)

Biological modeling

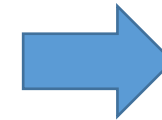
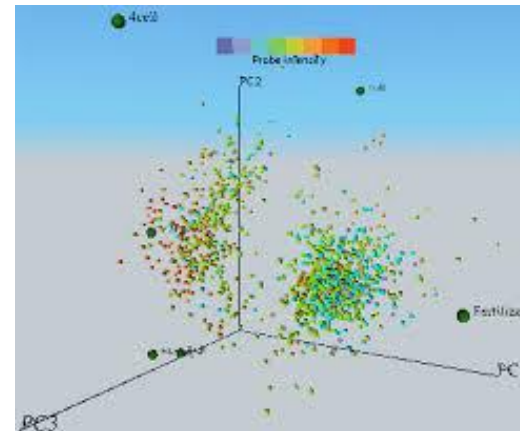
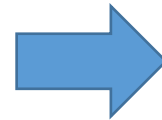
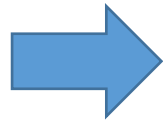


Knowledge, models and data



avatar (digital)

Finding digital twins



Prediction

Genomics as a privileged source of data to build a digital patient



- ❑ **Critical data for prevention, prediction, diagnosis and treatment in many medical fields**
 - **To date, genetics disease and cancers**
Next topics, multifactorial diseases, microbiome and others....
- ❑ **Mature technologies (but quickly evolving)**
 - **To date, NGS (short reads, parallel sequencing)**
 - **Comming soon single molecule sequencing**
- ❑ **Relatively low cost (and cost decreasing)**
- ❑ **Data strongly structured and (relatively) easy to store and compare**

The Cancer Plan as a “trial run” for the France 2025 Genomic Medicine Plan



Oncology: a major opportunity for personalized (precision) medicine

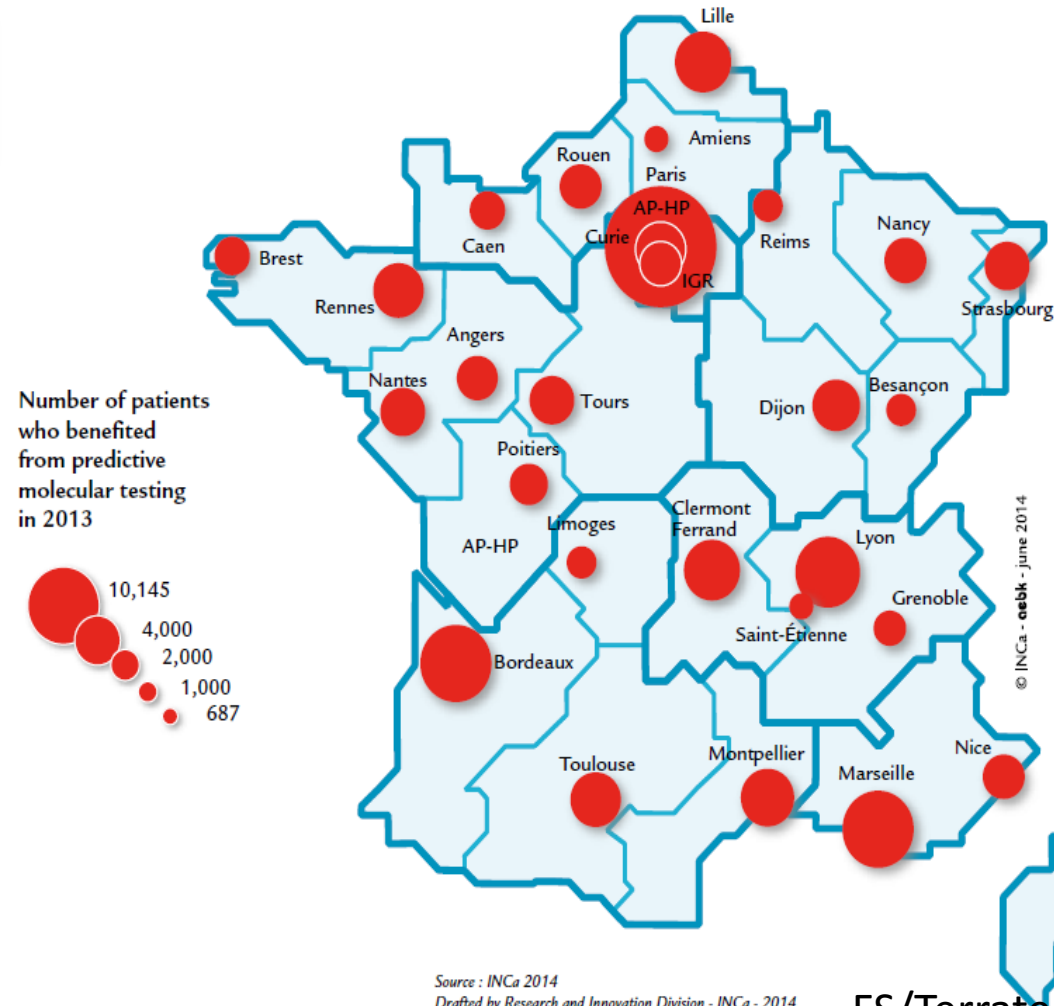
Tumors include stroma (peri-tumoral conjonctive tissue) and tumors cells

- Tumor cell targeting
 - Cancers are due to somatic (acquired) mutations
 - Tumors are addicted to the products of certain mutated genes
 - Drugs interfering with mutated proteins (or certain pathways) can kill tumor cells
- Stroma targeting
 - Anti-angiogenic drugs
 - Immunotherapy (immunologic checkpoints)

The molecular genetics platforms

A key programme

- 28 molecular genetics centres;
- 65,000 patients benefited from molecular testing in 2013;
- 85,000 molecular predictive tests;
- Tests free of charge.

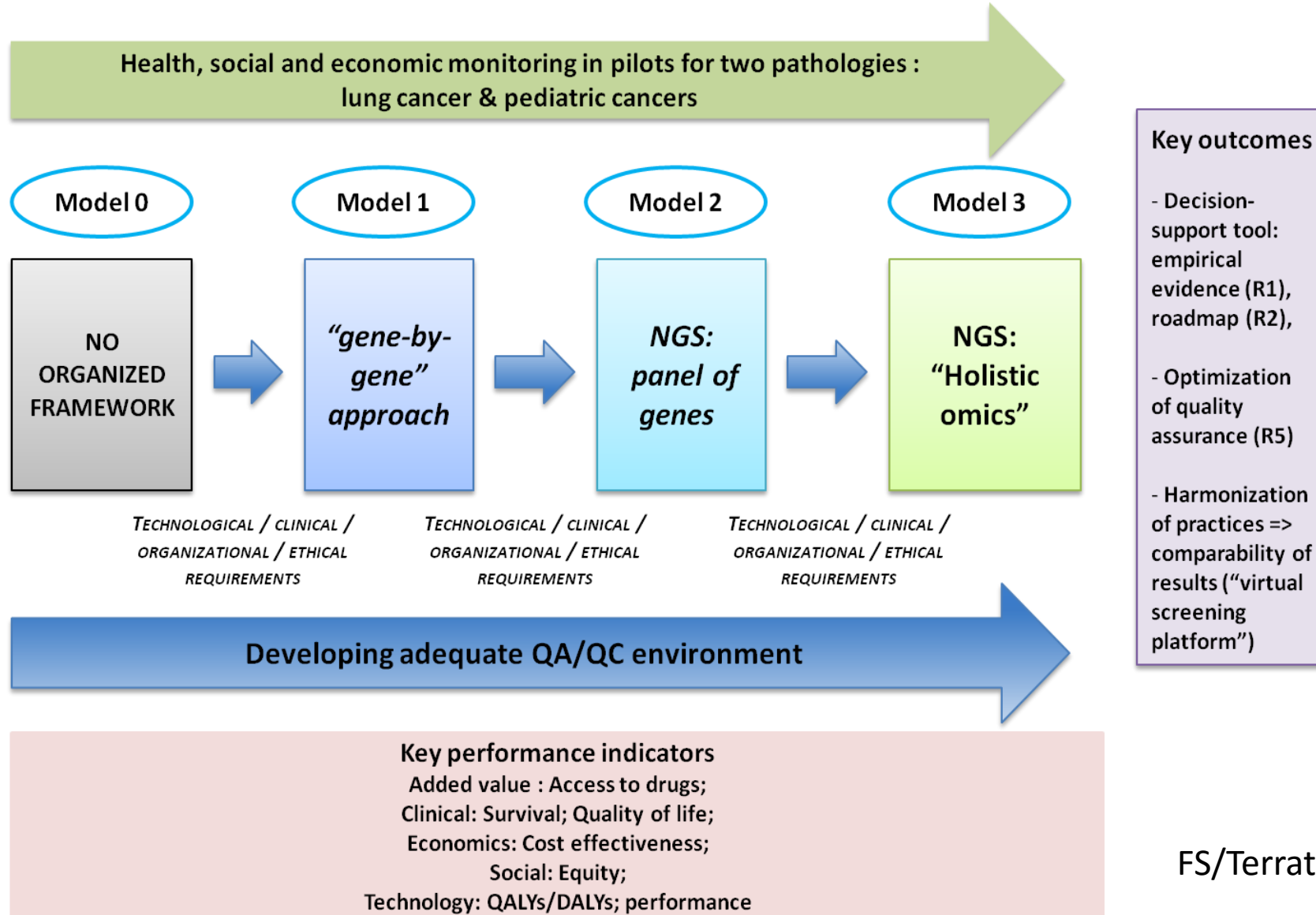


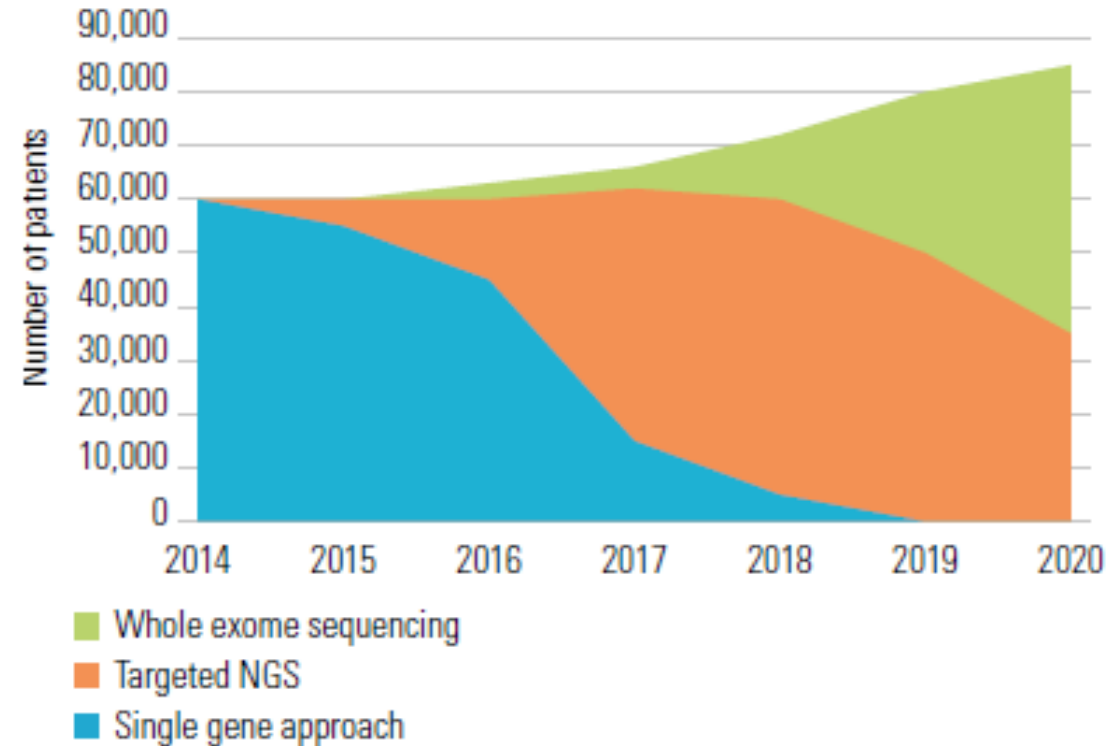
Source : INCa 2014
Drafted by Research and Innovation Division - INCa - 2014

FS/Terratec/2016

The French molecular genetics platforms: analyzed targets

Pathology	Biomarker	Nb of tests
Breast cancer	<i>HER2</i> amplification	8,924
Stomach cancer	<i>HER2</i> amplification	709
Colorectal cancer	<i>KRAS</i> mutations	19,347
	<i>NRAS</i> mutations	3,330
GIST	<i>KIT</i> mutations	1,105
	<i>PDGFRA</i> mutations	1,005
Lung cancer	EGFR mutations	23,336
	ALK translocation	18,861
Melanoma	BRAF V600 mutation	5,026
	BCR-ABL detection	6,750
Leukemia	ABL mutations	861
TOTAL		89,254





Increased number of pathologies involved in molecular testing

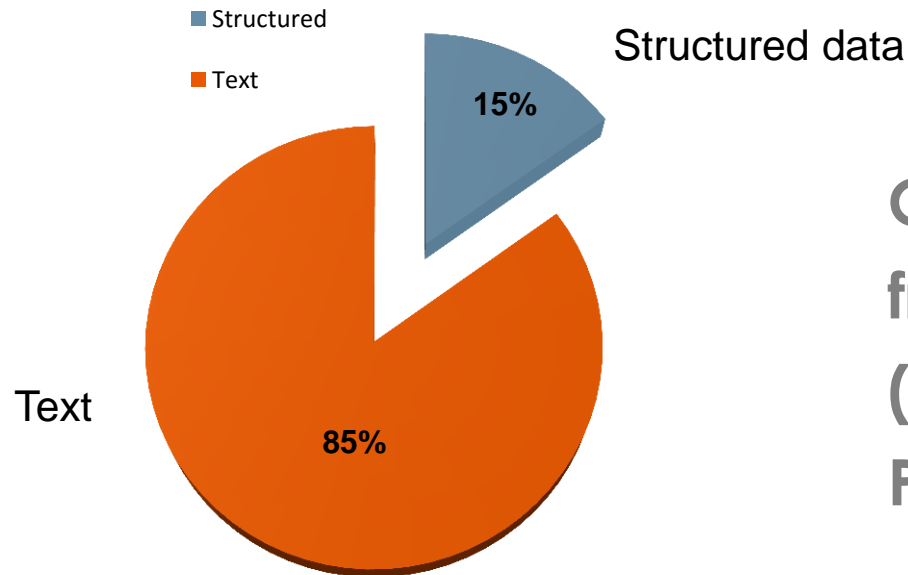
Progressive substitution of **single gene approach to targeted NGS**

Gradual transition from targeted NGS to **whole exome, RNAseq and whole genome sequencing**

FS/Terratec/2016

4 french pilot cancer centers

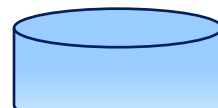
- Institut Curie (Paris / Saint-Cloud)
- Centre Léon Bérard (Lyon)
- Institut régional du Cancer Montpellier
- Centre Georges-François Leclerc (Dijon)



Creating value
from EHR data using NLP
(Natural Language
Processing)



Inter-CLCC federated requests
(Dijon, Bordeaux, Lyon)



External datawarehouses i2b2

Institut Curie



BIOMEDICS

Search & Semantic

SystemIC

Analytic

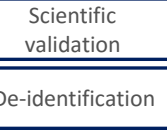
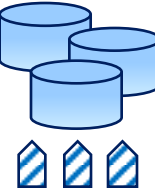


SWORD

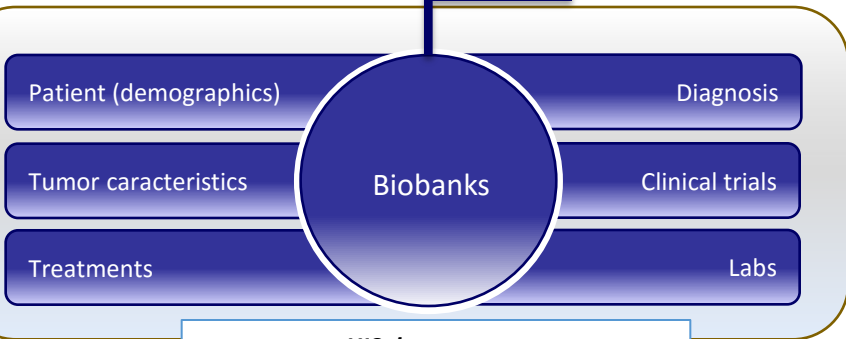
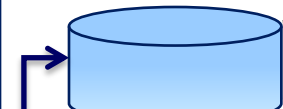
ConSoRe

Patients cohort
identification

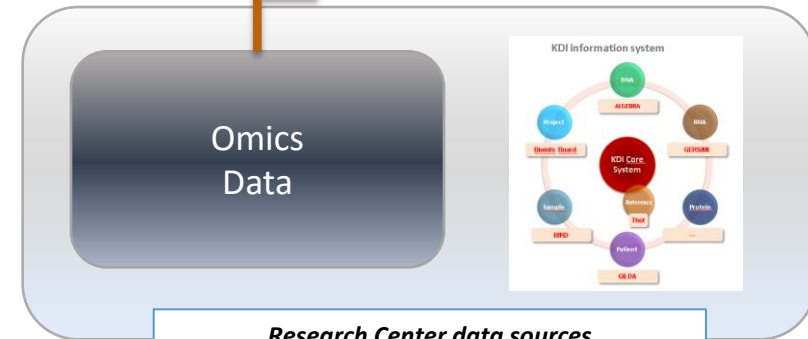
ETL processes



HIS data agregation



HIS data sources



Research Center data sources

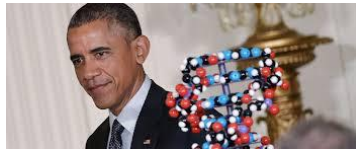


Ontologies and standards

The “Plan France Medecine Génomique 2025”

International context

USA
 >215M\$



1M genomes

China



?

100,000 Genomes Project



"It is crucial that we continue to push the boundaries and this new plan will mean we are the first country in the world to use DNA codes in the mainstream of the health service"
 The Rt Hon David Cameron MP
 The Prime Minister
 10 December 2012

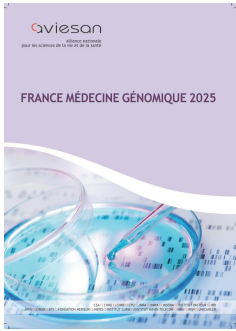
100K genomes



2M genomes

UK
 £300





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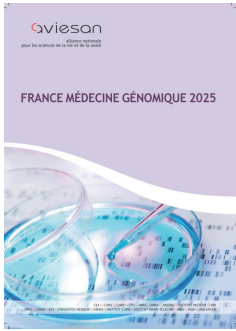


Task Force



Conseil stratégique
des Industries
de Santé





The “Plan France Medecine Génomique 2025”

More than 20 companies





The “Plan France Medecine Génomique 2025”



Key numbers and facts

- ❑ approx. 500K whole genomes (200K genomes/yr. at the end of the Plan)
- ❑ > 800 M€ (670M€ + 230M€)
- ❑ 100K patients/yr. at the end of the Plan

- ❑ Strong focusses on cancer and genetic (Mendelian) diseases > multi-factorial diseases
- ❑ 3 pilot projects (colon carcinoma, sarcomas, mental retardation, type2 diabete)

- ❑ 12 Very High Throughput sequencing Platforms (17K WG /yr eq. Xten Illumina)
- ❑ One R&D center (CREFIX  
- ❑ One “Center for data storage and analysis” (CAD)

The “Plan France Medecine Génomique 2025”



A large concertation, 3 pilars, 14 proposals

Objectif n°1 : mettre en oeuvre les instruments du parcours de soins génomique

Mesure 1 : Doter notre pays des capacités en séquenage très haut débit à la hauteur des objectifs visés

Mesure 2 : Disposer des outils nécessaires pour traiter et exploiter le volume de données générées avec la création d'un collecteur analyseur de données (CAD)

Mesure 3 : Permettre l'intégration et l'exploitation des données du patient dans le parcours de soins

The “Plan France Medecine Génomique 2025”



Objectif n°2 : Assurer le déploiement opérationnel et la montée en puissance du dispositif dans un cadre technique et éthique sécurisé

Mesure 4 : Mise en place d’un Centre de référence, d’innovation, d’expertise et de transfert (CRefIX) permettant d’assurer les développements technologiques, informatiques indispensables à la mise en oeuvre du parcours

Mesure 5 : Lever les verrous technologiques, cliniques et réglementaires rencontrés sur le parcours dans le contexte des trois grands groupes de pathologies visés

Mesure 6 : Mise en place d’un dispositif d’évaluation et de validation des nouvelles indications d’accès au diagnostic génomique.

Mesure 7 : Disposer des nouvelles compétences et des personnels capables de relever le défi de l’exploitation et de l’interprétation des données

Mesure 8 : Intégrer les dimensions éthiques liées à la collecte, la conservation et le traitement des données cliniques et génomiques et garantir un parcours sécurisé et de qualité

The “Plan France Medecine Génomique 2025”



Objectif n°3 : Mettre en oeuvre des outils de suivi et de pilotage afin de réaliser les adaptations nécessaires du plan durant sa mise en oeuvre tout en s'assurant de l'adhésion du public

Mesure 9 : Mobiliser les acteurs industriels autour du projet afin de répondre aux besoins technologiques et industriels sur les différentes étapes du parcours de soin et favoriser l'émergence d'une filière « médecine génomique »

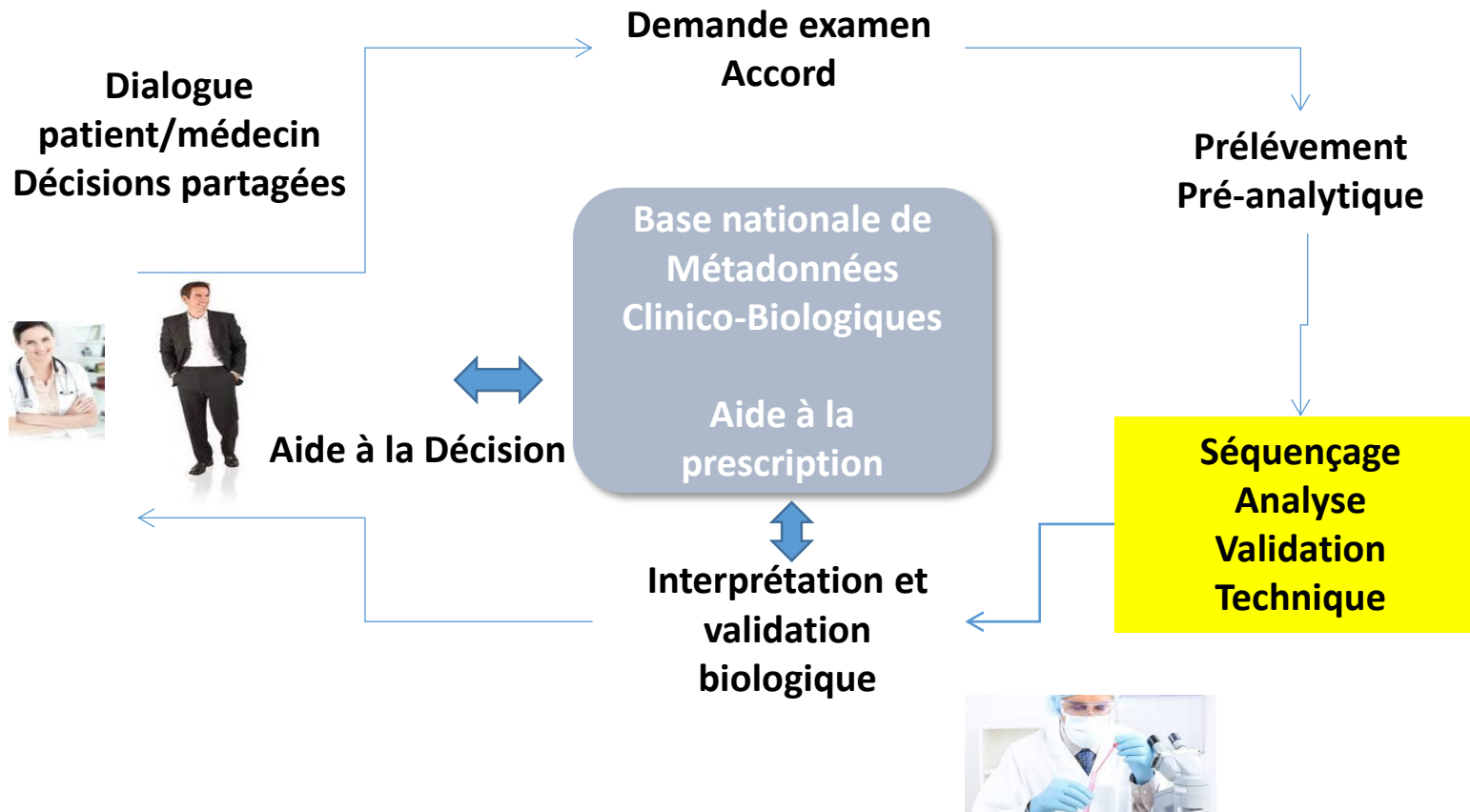
Mesure 10 : Orienter les activités des acteurs de la filière en fonction des problématiques industrielles posées dans le parcours de soin génomique

Mesure 11 : Assurer un suivi des évolutions à l'échelle internationale du champ de la médecine génomique

Mesure 12 : Mettre en oeuvre un programme de recherche dédié aux aspects médicoéconomiques liés à la mise en place du plan

Mesure 13 : Organiser l'information, la consultation et l'implication des acteurs de la société concernés

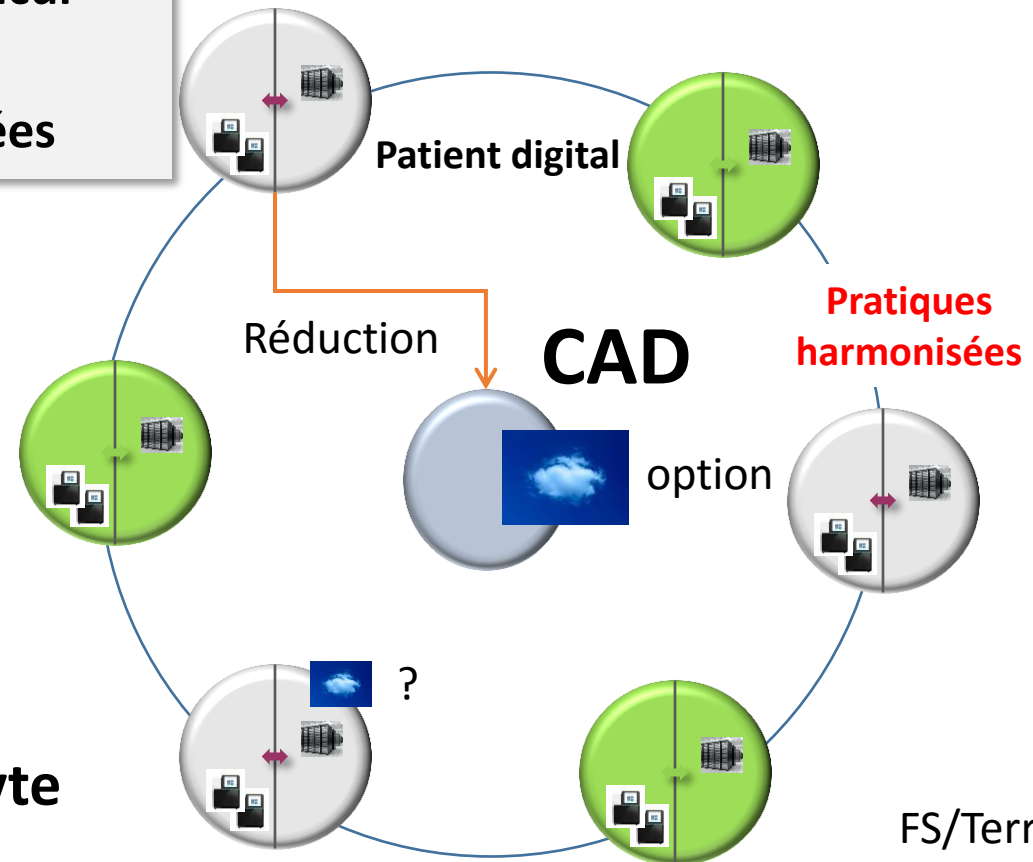
Mesure 14 : Définir la gouvernance du Plan Médecine Génomique

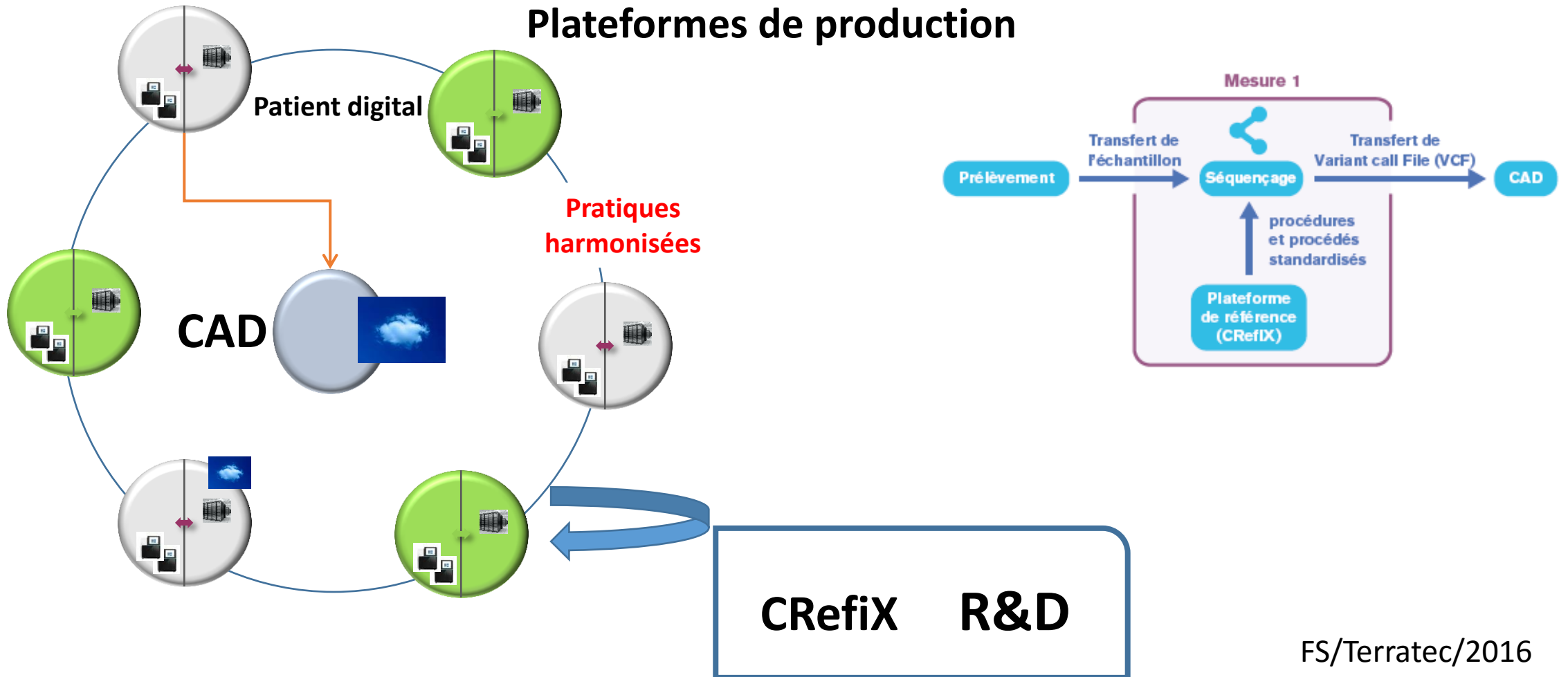


**12 plateformes de séquençage
plus
1 centre National de stockage/calcul
sur les données
Cliniques et génomiques analysées**






Données brutes: approx 1 exabyte



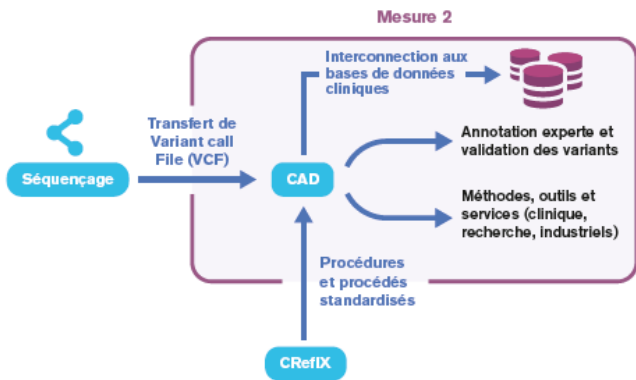


Besoins: du hardware au software

	Stockage	Calcul	Outils logiciels
	> ~70Pb/an	(2048 cœurs + 8 To)* x12	Niveau 1 : Acquisition des variants <ul style="list-style-type: none"> ▪ Gestion/ suivi ▪ Contrôles qualité ▪ Alignement des variants ▪ Appels de variants ▪ Gestion workflow
	> ~70Pb/an	2x + montée en puissance	Niveau 2 : Annotation et validation <ul style="list-style-type: none"> ▪ Stockage ▪ Annotation automatique ▪ Validation / Reporting ▪ Échanges d'informations Niveau 3 : Méthodologie <ul style="list-style-type: none"> ▪ Modèles numériques, fouille de données, statistiques MDS, visualisation
		Moyens de calculs innovants	Niveau 3 : Recherche et développement <ul style="list-style-type: none"> ▪ Support logiciel (anonymisation, chiffrement, compression, parallélisation, visualisation, certification) ▪ Modèles numériques



- Pilotage médical et économique
- Recherche en santé publique
- R&D en informatique
- R&D en IA



Analyse de données
Systèmes experts

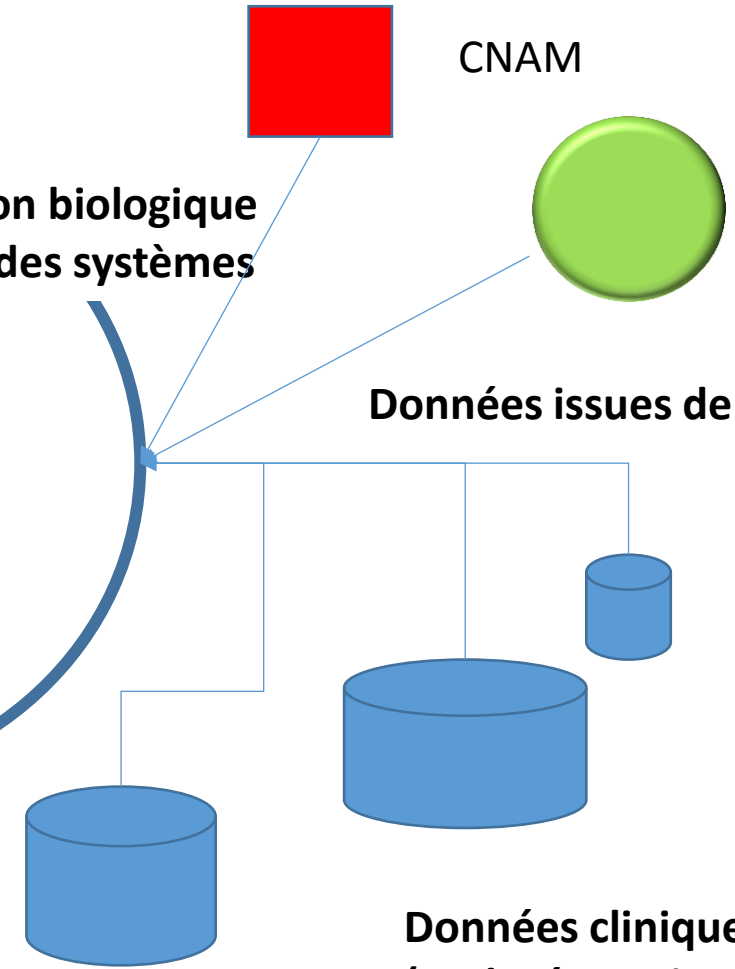
Simulation biologique
Biologie des systèmes

Données issues de la génomique

CNAM

Données cliniques
(Web sémantique)

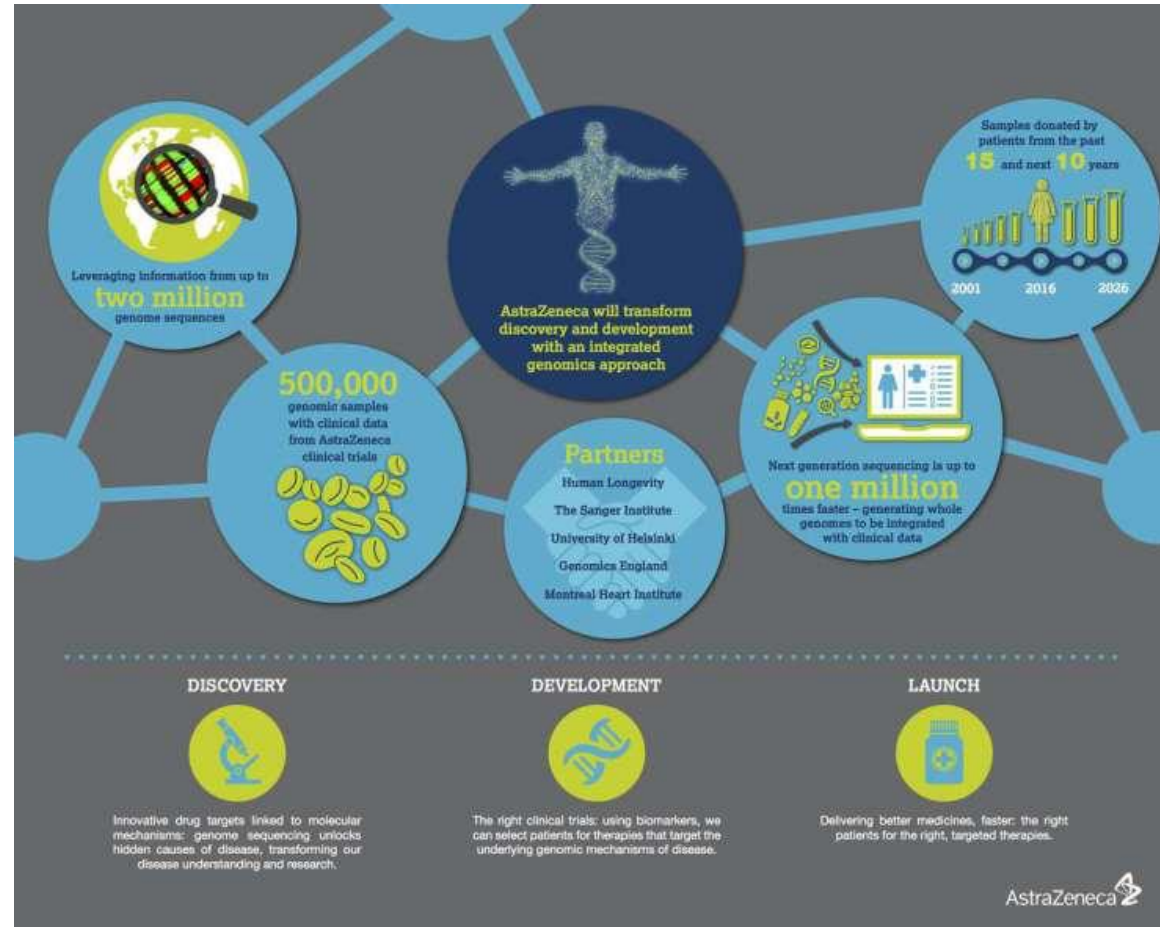
Interfaces
Homme machine



The “Plan France Medecine Génomique 2025”

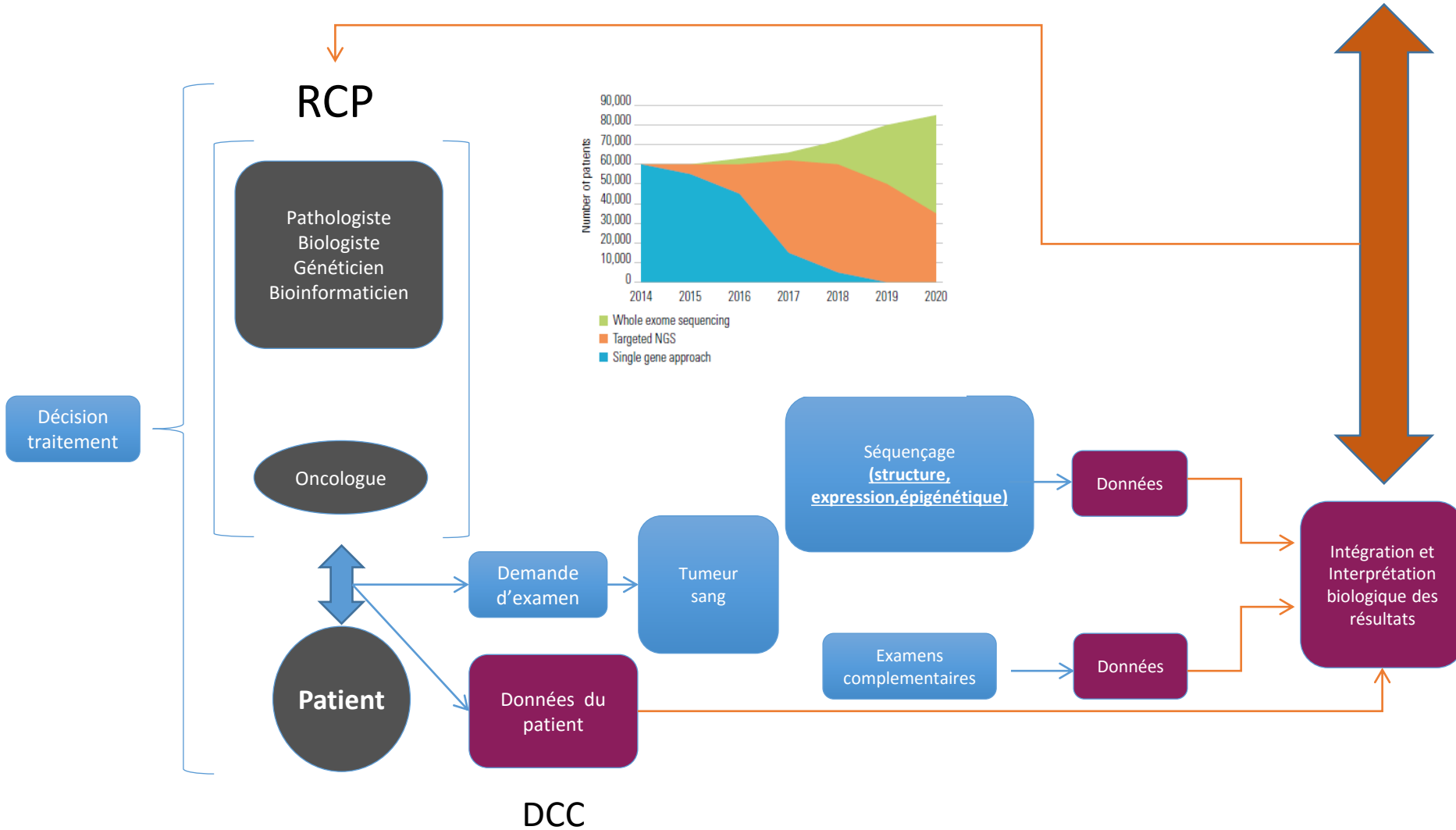


International context



Cancérologie génomique: futur court/moyen terme (1) (médecine de précision de nouvelle génération)

DCMG



The “Plan France Medecine Génomique 2025”

A large concertation, 14 proposals

- ❑ **3 Working Groups (international benchmark and ethics, PP partnership, medical indications, operational implementation)**

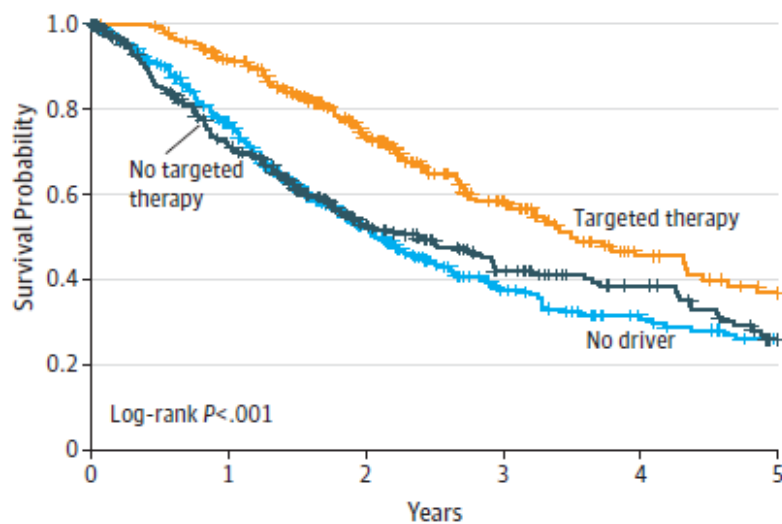
**Two ministries and their General Directions, Health professionals, patient advocacies, private companies (genomics, Health, Pharmas, IT), HAS, CNAM, CNIL, Research Agencies
And many other stakeholders**

- ❑ **Meetings and hearings**



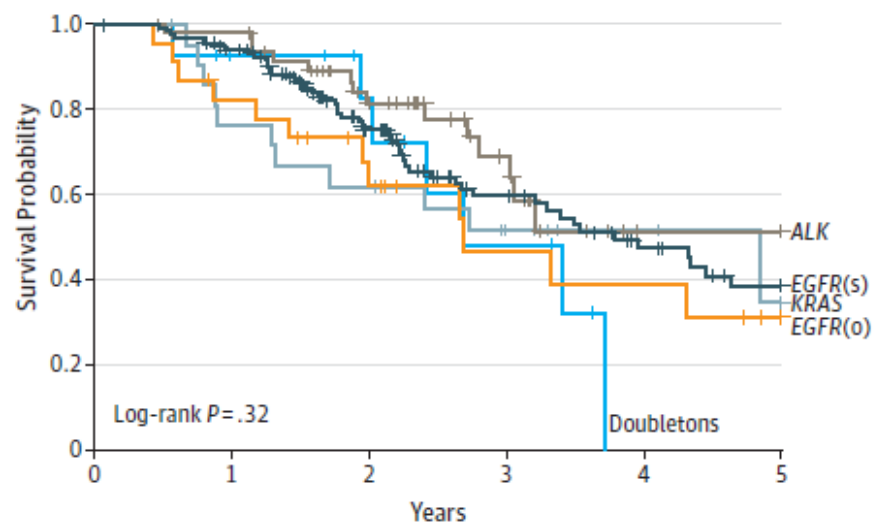
- ❑ **Proposals in the fields of education, capacity building, technology including IT, economical models, R&D**
- ❑ **Incremental implementation (10 years)**

A Patients with an oncogenic driver mutation who did and did not receive targeted therapy, and patients without an oncogenic driver



No. at risk						
	0	1	2	3	4	5
Patients with oncogenic driver						
No targeted therapy	318	205	110	64	43	20
Targeted therapy	260	225	143	72	36	23
Patients with no driver	360	250	122	59	36	23

B Patients with the 5 most frequent oncogenic driver mutations who received targeted therapy



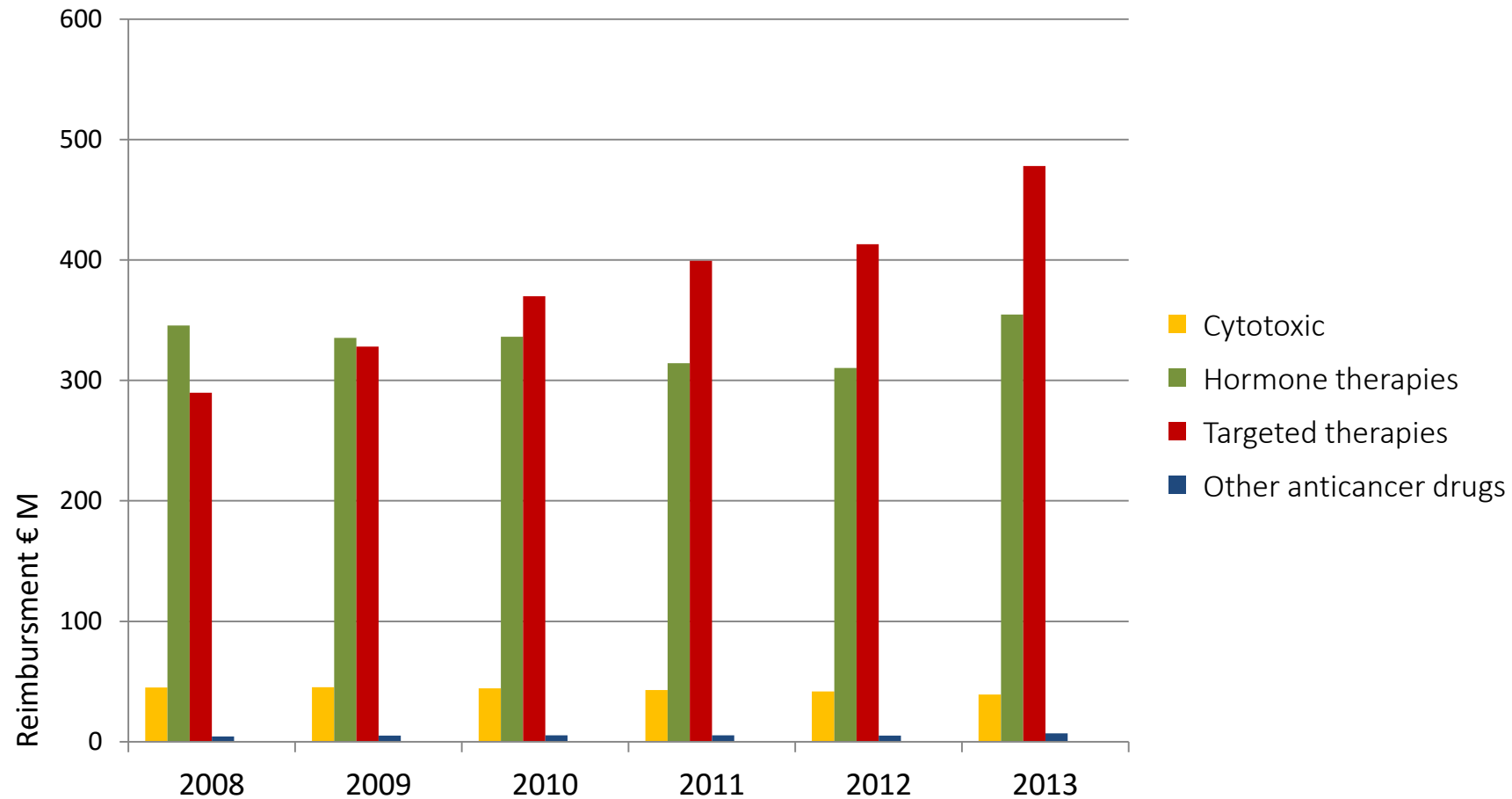
No. at risk by oncogenic driver						
	0	1	2	3	4	5
EGFR(s)	136	122	72	38	24	16
EGFR(o)	23	18	12	6	5	2
ALK	49	46	31	14	2	2
KRAS	22	16	13	8	4	2
Doubletons	14	11	8	4		

Using Multiplexed assays of oncogenetic drivers in lung cancers to select targeted drugs

Kris, Mark et al

JAMA. 311(19):1998-2006, May 21, 2014.

Part of expenses reimbursed par health insurance by rmacological classes between 2008 and 2013 (pharmacy market in France)



INCa (French NCI) as the pilot of targeted therapies in France for Cancer treatment

1. The Challenge: giving access to TT for all patients

By organizing molecular testing of tumors at a national level (27.5 €M)

By financing expert sites of early phase trials (the CLIP² Programme) (3.8 €M)

By organizing nationwide Phase 2 trials (the AcSé Programme) (0.7 €M)

2. Pushing personalized medicine by developing research

By financing research programs (a very significant part of 46 €M)

By participating to international initiative (ICGC 2.8 €M)