



## Hands on P4 "*Digital Medicine*"

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## P4 Medicine needs P4 Education

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ness (1-3). The effective development of Predictive, Preventive, Personalized and Participatory (P4) Systems Medicine requires harmonization of experimental and computational methods for data, information and knowledge collection, storage, mining, integration, modelling and sharing. Our prediction is that in 10 years each patient will be surrounded by a virtual data-cloud of billions of data-points and that we will have the computational tools to reduce this enormous data dimensionality to simple hypotheses about how to optimize wellness and avoid disease for each individual patient.

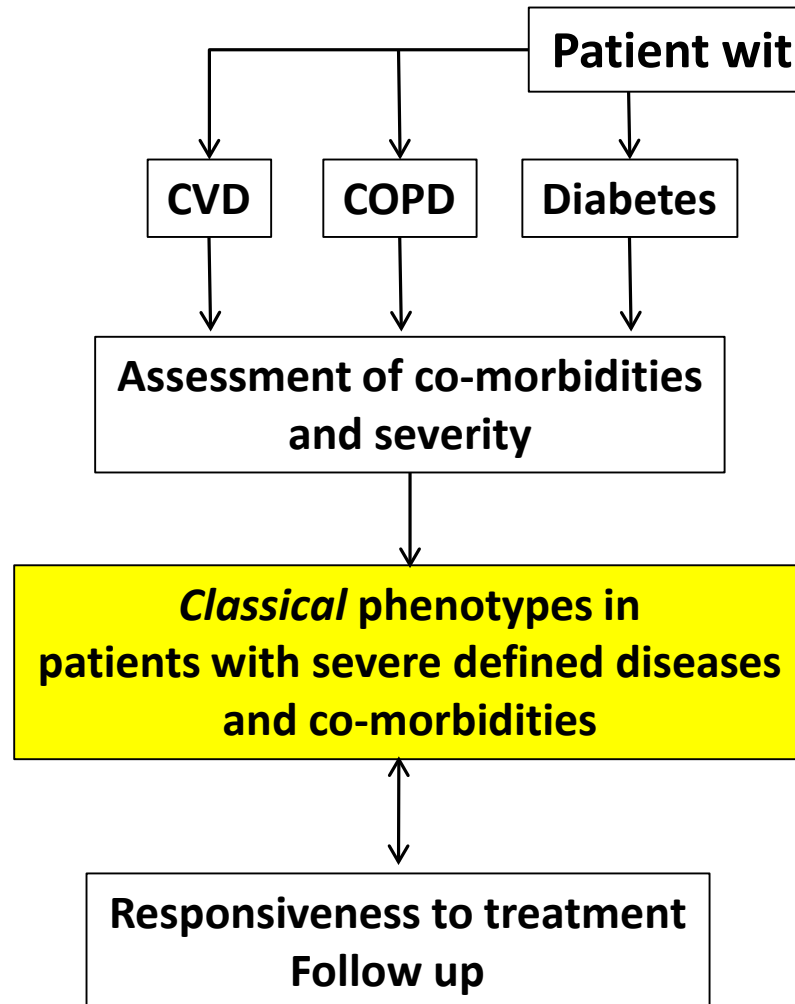
For the socio-economical system to be ready to welcome this paradigm change we believe that a process of education for the Patients, the Public at large, the Professionals involved in medicine as well as the Politicians concerned with healthcare, as to the technological, medical and societal issues of P4 Systems Medicine, is essential.



@innovSprint  
#iSprint

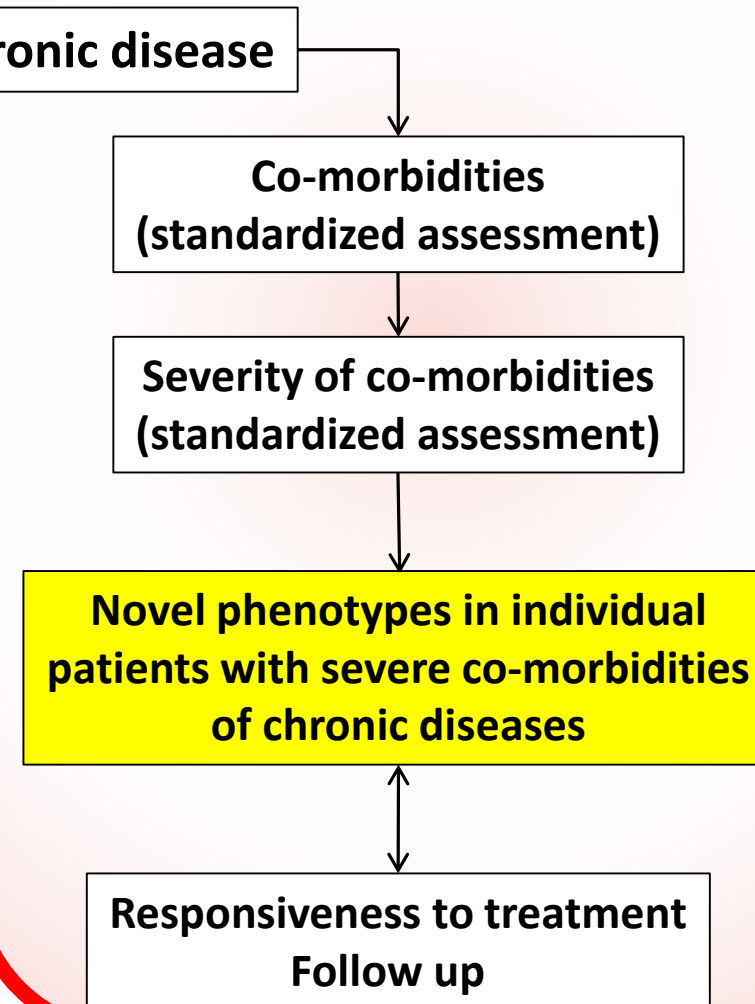
## Classical phenotypes

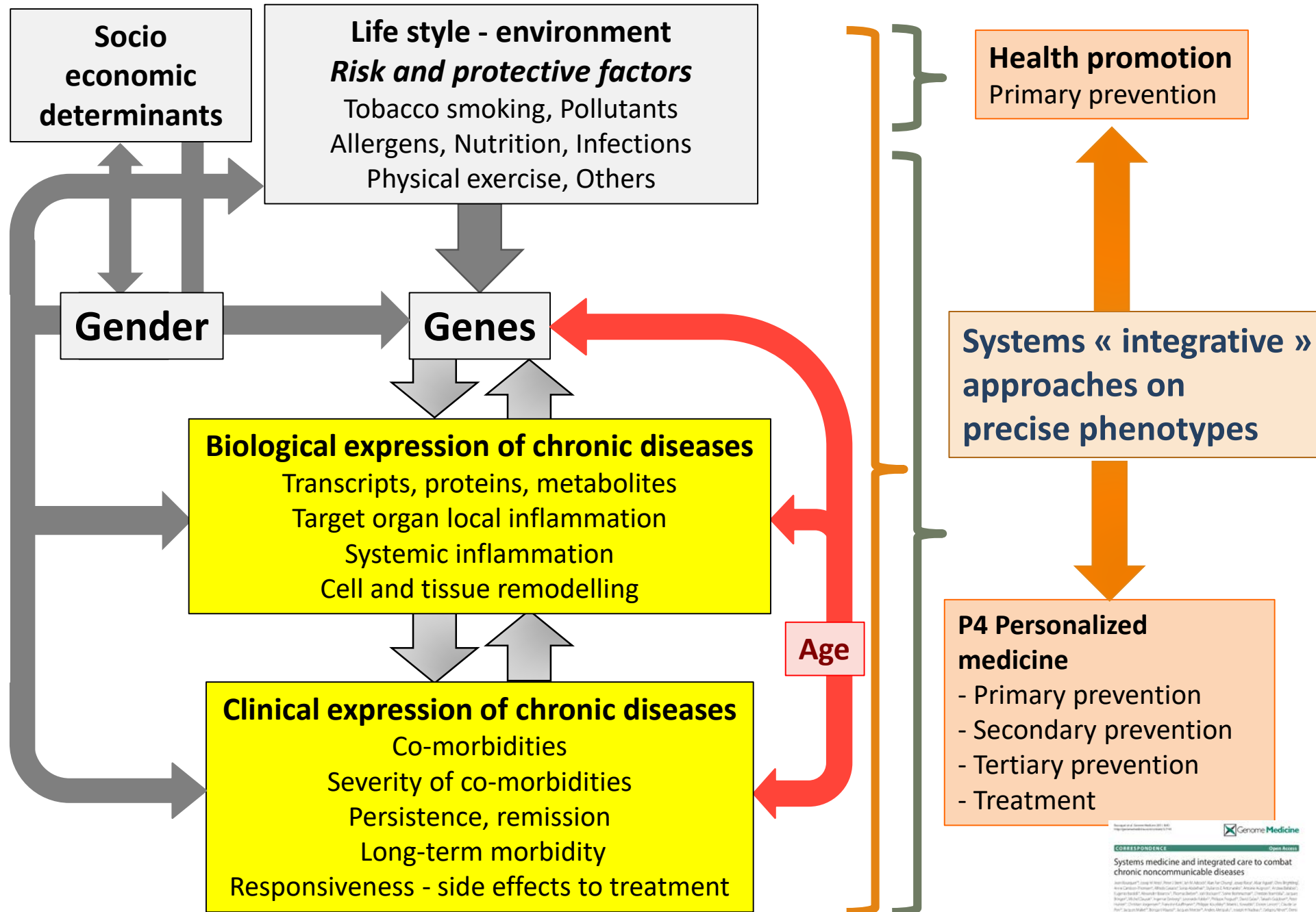
Hypothesis-driven



## Novel phenotypes

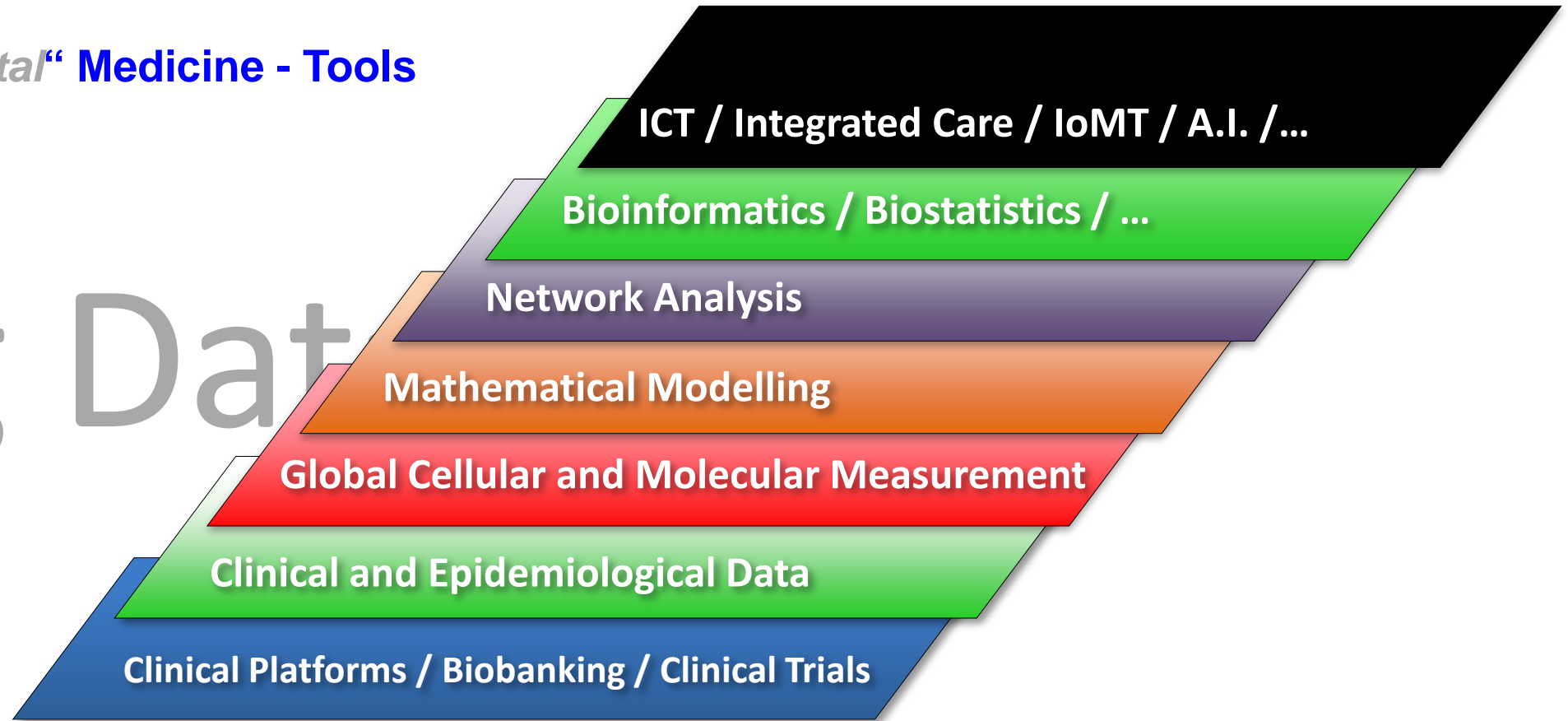
Discovery driven





## P4 “Digital” Medicine - Tools

# Big Data



- Vast clinical platforms, capable of longitudinal follow up of individuals, IoMT / A.I. supported, with central administrative coordination (highly homogeneous “Big” Data);
- *Centralised biobanking activity (uniform SOPs for biosamples handling);*
- Ethical processes & clearance obtained for a “global P4 “Digital” Medicine Approach”
- **Routine implementation of innovative “IoMT” clinical trials** (commercial and non-commercial) -> impact on Regulatory Sciences → Clinical Research legislation → Improved Outcomes → Socio-Economic layer

Thank you

