Personalised medicine – a patient's perspective

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Personalised interventions in HIV

Current treatment decisions rely on 2 biomarkers, VL & CD4 count. Additional tests help personalising care & improve treatment outcomes

- Hypersensitivity testing pre-abacavir use (HLA B*5701 genetic test)
- TDM widely used in Switzerland
- Resistance testing at baseline
- •Kidney function at baseline
- Studies show genetic factors influence plasma concentrations in NNRTI (983T>C genotypes)
- Tropism testing pre-maraviroc use

Challenges

Not comprehensive

- Formal pharmaco-genetic clinical trials difficult to finance
- Major reimbursement challenges to overcome
 - Who pays for a sensitivity test before using drug X?
 - Pricing models if large indications turn orphan & require a multitude of personalised interventions
- •Data protection if blood samples are collected, stored & shared nationally / globally
- •Complex evaluation of new tests, in particular those without binary read out
- ■Time consuming processes to update treatment guidelines, labels & reimbursement adaptive models required
- •How to keep patients informed & trust the system?

Reflections on solutions

- Health expenses considered as cost, not an investment. No or insufficient instruments to model cost & QoL effectiveness for new interventions
- Narrow focus on cost containment but little concern about system robustness & stability
- Price setting system laid out for medicines with daily intake new models needed for interventions taken once or short term & providing long lasting effect
- Transparent & adaptive regulatory & reimbursement decisions
- Digitalisation in health care Scandinavian disease registries show the future (SWEDEHEART). Disease registries require strong public funding & long term strategy
- Authorise collection rather than use of data
- Citizen controlled data storage & sharing. My data should benefit society, not Google & Co.
- Philosophical question: More regulation or more dialogue?
- Have the priorities right & muddle through wisely