

European Parliament Diabetes Working Group (EUDWG)

Subject:

Diabetes Research in the 21st Century; Where is Europe?

Date:

8 June 2010

This was the second formal meeting of the working group.

Chris J Delicata, President of the International Diabetes Federation Europe presented the multi-stakeholder platform. He stressed that it is a coalition between non-governmental bodies in Europe. He called for improvements in the prevention of diabetes and enhanced quality of life. Both EU and national policies have to be addressed and an EU strategy on diabetes should be developed. The attempt is to create momentum for action on the EU level and improve care. Since the working group last met, some questions had been tabled to the commission. Commissioner John Dalli is to attend the next meeting of the working group in September. Delicata called for a resolution on EU action on non-communicable diseases.

Sarah Ludford (ALDE, UK) emphasized that the next two years will be an important period in the context of diabetes research (many international events). She called for the EU to adopt a strategy on diabetes under the Danish Presidency in the first half of 2012. Ludford called for increased action on diabetes. She invited policy-makers along with stakeholders to become members of the working group that so far has convened on an ad hoc-basis, but would need to formalise (for now it does not have the status of an inter-group). Three meetings have been held a year to advise the diabetes community; the activities have included roundtables and discussion groups for information-sharing. She said diabetes research is a wake-up call, as there now are 30 million diabetes patients in Europe, but the figure is predicted to rise to 50 million people which is one in ten Europeans, and there is currently no cure. She saw a need for improved health and

quality of life through increased research, which ultimately would find a cure. Funding should be proportionate to the effects of the disease; the costs are high as diabetes is also related to cardiovascular disease etc., whereas the investment in research is not commensurate to the excessive costs for the economy. Diabetes care incurs costs of 50 billion euro a year, but the research budget is 300 million euro a year. The project DIAMAP is the first attempt to map and survey on-going research in Europe.

Philippe Halban (professor and coordinator of DIAMAP, co-chair of the European Coalition for Diabetes) presented the interim results of the DIAMAP project. He deplored what he referred to as the under-funding in absolute and relative terms of diabetes research and the political ignorance of the need for research. The commission has recognized the magnitude of the problem and thus increased funding in the seventh research framework programme. DIAMAP (a road map for diabetes research in Europe) is the first all-embracing European research road map in any research area, centred on the patient. The objective is to survey both private and public research on national and regional levels in Europe to establish who does what and where and for how much funding. By contrast, the United States has a national institute that oversees diabetes research. The DIAMAP database will be publicly accessible from September 22, 2010. It includes information on funding, but is based on road maps it has developed based on entry points of major advances that occurred in parts of diabetes research and proceeding via by milestones to an endpoint, while detecting overlaps along the way. Diabetes research today receives direct fast-track funding, as there are rewarding returns to investment to be expected.

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The DIAMAP approach is very broad and includes focused study groups. The first group focuses on epidemiology and genetics, i.e. research on the background of the disease in order to develop prevention strategies. Research includes health economics questions of the impact of urban planning and urban transport for the risk of developing diabetes.

A lot of research applies to both types of diabetes, although the two types do not share the same background. The pharmaceutical industry is more focused on type 2 diabetes, because it affects 90% of patients. Type 1 diabetes is also on the increase and there is no cure, although preventive trials in children strive to develop novel prevention strategies for type 1 diabetes. Concerning diabetes type 2, prevention strategies include a focus on both individual and population approaches. There is an increased focus on personalised medicine, which is very important, as the occurrence of diabetes is dictated by individual background factors. Another focus study group within the project is occupied with the protection of pancreatic beta cell functions. Many characteristics of the beta cells are unknown, including the process of their failure and how that relates to their communication with other organs.

Another focused study group researches metabolism and tissue-to-tissue communication in diabetes pathogenesis. It attempts to establish possible links between diabetes and cancer and psychiatric disease, as well as links with the metabolism in terms of energy balance and weight regulation in the body. It addresses lifestyle intervention strategies.

The fourth group under DIAMAP creates clinical research collaboration to enhance clinical research throughout Europe, which is pertinent to keep the competitive edge in research. The goal is to achieve comparable outcomes for diabetes patients regardless of their socio-economic status and diversity. Eastern European countries have a particular diabetes problem and patients must have the same chance of cure and prevention. Outcomes must also be improved for people in hospitals and institutional settings.

There are surgical approaches to treat obesity-related diabetes that can cure some patients instantly. As the rate of life-expectancy is increasing in Europe, normal ageing is to be achieved with preserved quality of life for diabetes patients. Particular attention should be paid to micro-vascular complications because of their devastating damage to eyes and kidneys, whereas the most serious macro-vascular complication is cardiovascular disease.

Professor Halban called for DIAMAP to be sustained to foster collaboration and integrate research in order to quantify European diabetes policy.

Patricia Reilly (European Commission, Member of Cabinet of Commissioner Geoghegan-Quinn) stated that the results had been very encouraging so far. She set diabetes research in the framework of the EU's cross-cutting 2020-strategy and the innovation strategy. Pilot partnerships in the coming years will probably include diabetes. Within the first half of the seventh research framework programme, 170 million had been spent on diabetes. Main policy drivers were to improve health and increase competitiveness of health-related industries and address key global health issues. Currently, there are 22 collaborative projects on diabetes under the seventh research framework programmes for a value of 102.1 million euro.

There will be another call for proposals in July for projects to kick off in 2011. It will be opened for certain areas, among them cellular dysfunction and clinical trials on diabetes complications.

She mentioned the commission joint programme named 'A Healthy Diet for a Healthy Life' that is a recommendation to encourage member states to develop a strategic research agenda and reflect the work done by DIAMAP.

She stressed the previous findings on the dangers of a sedentary lifestyle. She encouraged the parliament to contribute to success in this matter.

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Christel Schaldemose (S&D, DK) said he wants to assure everyone that diabetes will be firmly on the Danish Presidency agenda. He said Commissioner John Dalli would meet the parliament working group on diabetes in July.

Philippe Halban by way of response recognized the challenge of overlapping research, but said competition is healthy, as the topic is very important. Overlap should be synergistic, not simply destructive. When asked how fast research will deliver, he said progress is linked to

the understanding of what triggers type 1 diabetes and that there probably is an environmental trigger.

Patricia Reilly said the key to this strategy is an open attitude towards data, as researchers have to make their results available to build on each others' work. She assured there was political will in the commission to pursue supporting this research both in the European and the global context.

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