

# **Our Scientific Vision**

#### Discovery@Inspire2Live

Many, including health professionals and their patients, journalists and politicians do not adequately understand and internalize health information. This fact pertains to how many reason about, conceptualize and interpret health information and questions. As a result it is hard for patients to know what the information regarding their illness means for them personally. For example, evidence is often hard to interpret or difficult to explain. What does a screening result mean for you? How to judge whether the benefits of a treatment are substantial enough to risk the harms?

At Inspire2Live we constantly look for ways to take science to new levels in terms of patient motivation, cooperation and results. Better health care is an option!

#### Our scientific vision - Fellowship for life

In 2011 we launched our Understanding Life program. The program embraced the view that cancer is a life threatening disease and a systemic problem. It is among the leading causes of death worldwide. About 12 million people are newly diagnosed with the disease and more than 8 million people die from it every year. The problem is systemic because it results from the interaction of a complex set of influences: biological, social and life histories. Our genes are very important, but so are our cells and organs. The way we eat, drink, what we inhale, move around is critical. Smoking, for example, causes cancers in the lung, and in many countries about 20%-30% of the cancers is due to smoking. And we also have to look at life historically. We are endowed with a body and a set of genes that grows over time: your body is the result of generations of genes combined into new sets of genes, one group derived from your mother and the other derived from your father. Our personal life begins with two merging cells. We grow up, become adults, get children ourselves and get old. This is life and do we understand life? Because if we do, we do understand the mutations of life.

#### Improvement of disease and drug response models

We want to take full advantage of novel technologies, analysis of data, and the ability to assess clear conclusions from the complex and large genomic, structural, and clinical databases that are available. We expect to learn how individual genetic profiles can lead to different treatment responses and the development of preventive approaches. Results should be presented in a clear and concise manner for all stakeholders – patients, clinicians and decision makers alike – to understand.

#### Improvement of clinical practice

We want to expedite and optimize the selection of patients that are likely to benefit from cancer drugs. We aim to change the mindset of both clinicians and researchers, to take into account quality of life issues, patient's particular preferences and possible harms of a treatment. What is the best treatment for me, and why? How do I decide? What alternatives are there?

#### Improvement of storage, retrieval and exchange of disease-related patient data

Biobanks should function as an open source work environment for researchers and clinicians. Biobanking includes storing data and the sharing of data and knowledge with all stakeholders. We aim to get patients

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involved in speeding the cancer R&D process "from the bench to the bed and back again" and to get them to work with us to close the gaps within that same project chain. They are the patients, they are the beneficiaries and they should demand a sooner and better outcome of cancer R&D.

### Reducing the incidence of cancer -

We aim to adopt a bottom up approach, with a focus on the experience, activities and values of actual people to increase personal control over the disease in its more chronic forms, and fostering a problem-solving attitude. Awareness and health education are key.

#### Execution of plans for changes and improvements

All that it may require is keen knowledge on what can be done better anyway, and to activate the will of the people to get it done. We aim to identify the knowledge gaps, to determine how this knowledge will benefit the patient, and to set up permanent trials in which the gap between new insights regarding treatments and application of the knowledge is increasingly shortened.

Read more in our program plan: Inspire2Live Program Plan Understanding Life