The Inspire2Live Scientific Vision

At Inspire2Live we constantly look for ways to take science to new levels in terms of patient motivation, cooperation and results. We believe that better health care for everyone in the world is an option and to achieve this we work with a vision and a mission. A lot of scientific research is done in rich countries and should be made available to low- and middle-income countries as well, with full respect for the local situation, means and cultures.

The 4 Ps!

We are inclusive!

We fight the battle by being the patient's voice in cancer. We do this by focusing on the patient's priorities with respect for the local financial situation and possibilities. As soon as a new treatment has been proven, we will make this known and ensure it becomes available for all patients across the world. Not only for the rich. We work for 7.8 billion global citizens and not only for the 1.6 billion people in Europe and North America.

Controlling Cancer has a multitude of aspects, some concerning advanced scientific research and complex treatments that reach only rich patients or rich countries. In the cases where a very promising avenue of research or treatment is not actively pursued, we try to improve that.

There are however three aspects that are relevant to patients in all countries and that are also within reach of many patients with low or middle incomes, we call these the 4 Ps, and we prioritize those in the focus of the World Campus where patient advocates and scholar activists from more than 40 countries across all continents come together and help each other based on the principle of reciprocity. Subject matter experts introduce and share new methods and techniques during in-depth sessions leading to, amongst other things, collaborative projects on topics such as early detection, pain management, cancer registration and analysis and the optimisation of cervical cancer vaccination.

The 4 Ps are:

- Prevention! Firstly, make sure you don't get cancer. 50% of all cancer-related illnesses can be prevented free of charge.
- Pre-empt tumour growth and spreading. Take care that cancer is detected as early as possible. Also, in low- and middle-income countries are often good opportunities to deal with cancer in an early stage.
- Performance = quality of life! Secondly, if you have cancer, make sure you can live your life the way you're used to as long as possible.
- Pain/Palliation! Finally, if you have cancer, make sure you suffer as little pain as possible. There are safe, effective and affordable medicines for treating pain in cancer (e.g., Lidocaine).

Our scientific vision – Fellowship for life

In 2011, we launched our Understanding Life! Program which embraced the view that cancer is a life-threatening disease and a systemic problem. Cancer is among the leading causes of death worldwide with about 12 million people newly diagnosed with the disease and more than 10 million people dying from it every year.

The problem is systemic because it results from the interaction of a complex set of biological, social and life history influences. Our genes are very important, but so are our cells, organs and our environment. The way we eat, drink, what we inhale and how we move around are critical. Smoking, for example, causes cancers in the lung and in many countries about 20%-30% of cancers diagnosed are due to smoking.

We also have to look at life historically because we are endowed with a body and a set of genes which evolves over time: our body is the result of generations of genes combined into new sets of genes, one group derived from our mother and the other from our father. Our individual life begins with two merging cells before we grow up, become adults, have children ourselves and get older. Understanding life means understanding the phases and mutations of life.

Improvement of disease and drug response models

We want to take full advantage of new technologies, analysis of data and the ability to draw clear conclusions from the large and complex 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. This is hard and high science, but its results are of immediate and lifesaving importance to the individual patient. Results should be presented in a clear and concise manner to all stakeholders, patients, clinicians and decision-makers alike, for their understanding and use.

Improvement of clinical practice

We want to expedite and optimize the selection of patients that are likely to benefit from cancer treatments. We aim to change the mindset of both clinicians and researchers, to take quality of life, patient preferences and possible harmful treatment effects into account. What is the best treatment for me and why? How do I decide? What alternatives are there? We want the best testing and diagnosis methods that are available to result in Personalized Medicine i.e. 'This patient with this defect at this moment needs this individual treatment.' This is not a dream. This is possible right now. It is a great innovation, not yet integrated in current clinical practice, which brings 2 immediate benefits:

The first is preventing so-called "overtreatment", the application of a medicine that is sometimes only effective in a small percentage of patients, but that may cause severe side-effects for all patients. Genetic analysis makes it possible to better predict if the medicine has a high or low probability of working for a given patient.

The second is using medicines outside the usual repertoire. One example is drug repurposing or repositioning where, in certain cases, medication for migraine or rheumatoid arthritis can have a reducing effect on a tumor: This is an application that is literally in its infancy and large databases will have to be gathered before systematic use becomes practical which will require early adapters among researchers, clinicians and patients!

Drug repurposing is of great importance for the low- and middle-income countries because it will make the use of off-patent drugs possible meaning that safe, cheap and effective medicines will become available.

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

Biobanks should function as an open-source work environment for researchers and clinicians. Bio-banking includes storing data and sharing data and knowledge with all stakeholders. We aim to get patients involved in accelerating 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 both the patients and the beneficiaries and, as such, they should demand a faster and better outcome of cancer R&D. This can be accomplished because patients should own and maintain the data whilst making it available for research and developing treatments.

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 whilst fostering a problem-solving attitude. Awareness and health education are key. We demand a government policy that focusses on prevention rather than targeting quality of life after the disease has been contracted. The government should forbid sales of products which are harmful to public health, starting with tobacco.

Execution of plans for changes and improvements

All that it may require is keen knowledge on what can be done better and how to activate people’s will to get it done.

We aim to identify the knowledge gaps, determining how this knowledge will benefit the patient and setting up permanent trials to increasingly close the gap between new insights regarding treatments and knowledge on a global level.

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