



Little Victories Roadmap 2032

Unterstützt durch:



WHY A ROADMAP? WHY NOW?

We are convinced that the time has come for Parkinson patients to take the lead, to join forces with the global leaders in Parkinson's Research, Biotech, Big Pharma, Politics, Sports and Media.

Let us initiate a multidisciplinary, multinational research and development project with the goal to enable a

cure

for various forms of PD

by **2032**.

We want to be loud and create urgency.

THE PARKINSON'S ROADMAP 2032 FOCUSES ON 10 MAIN AREAS OF CHANGE.

IT IS NEITHER COMPLETE NOR
PERFECT.

WE ALSO DO NOT CLAIM THAT
ANYTHING IN THIS ROADMAP
IS COMPLETELY NEW OR
REVOLUTIONARY.

BUT WE BELIEVE THAT RE-
THINKING THESE AREAS OF
ACTION AND ENGAGING IN A
FORCEFUL DEBATE AND
SUBSEQUENT CHANGE
PROCESS WILL LEAD TO A CURE
FOR PARKINSON'S WITHIN THE
NEXT DECADE.

WE ARE PROPOSING FIRST
CONCRETE STEPS TOWARDS
IMPLEMENTING THE CHANGES
AT A LEADERS' WORKSHOP IN
BERLIN ON 29 AUGUST

THE PARKINSON'S ROADMAP 2032

Change #1 Strategy - a Team of Teams Approach

Change #2 Commitment - We put Patients first at all times and into the centre of research

Change #3 Resources - we request the best

Change #4 Financing - We must revolutionize public and private funding and investment into a cure for PD

Change #5 Legal and Regulatory Framework - needs to be more efficient and adapted to new technological developments

THE PARKINSON'S ROADMAP 2032

Change #6 Root Cause Research - We need to figure out the root causes of the various forms of PD

Change #7 Comprehensive Integration of Artificial Intelligence (AI) and Digital Twins

Change #8 Significantly improve and re-think conventional therapies

Change #9 Vigorously support the development of innovative therapies and expand the repurposing of therapies

Change #10 Coherently assess the use of alternative therapies as complementary or stand-alone therapy for a cure

CHANGE #1

Strategy - a Team of Teams Approach

The existing and future university, pharma, biotech, patient initiative or governmental project teams dealing with PD remain well settled in their home base, but strive to co-operate with other teams to create - where appropriate - multi-disciplinary, multi-national, decentralized and inclusive project Teams for any given project.

These Teams match up their work plans in order to avoid unintended (expensive) replication of experiments or initiatives.

Standardized resources/materials/conditions will be developed to ensure comparability of results.

Where and as appropriate, Teams share their results/data, exchange experiences and act as a Team of Teams.

CHANGE #2

Commitment - We put patients first and at the centre of research at all times

Patients drive this initiative. Patients provide patient-derived research material and data, information (e. g. anamnesis), experience.

This wealth of information needs to be utilized effectively. In order to provide high-quality big data, we promote data communities or data cooperatives.

We are encouraged by the fact that the WHO has a declared target of 80% of countries routinely collecting and reporting on a core set of indicators for neurological disorders through their national health data and information systems at least every three years by 2031 (WHO Parkinson's Disease Technical Brief).

CHANGE #3

Resources – we request the best

We call for a joint commitment to attract and maintain best research and development talent in neurosciences as well as in related disciplines. This allows us to establish a multidisciplinary „Champions-League“ team of leading scientists which can apply and also develop cutting-edge materials and technologies e.g., best in class AI.

We call for the creation of a Resource Centre & Primary Database to ensure all participants apply standardized resources, materials and conditions to ensure the comparability of results and to share and compare their (primary) data.

We need to learn from the best, e. g. cancer research: e.g. applying cutting-edge technologies to analyze single neurons (from “Single Cell Brain-Biopsies” taken from instruments used during DBS surgery) at the molecular level. We need to rethink how we can use existing data from other disorders, e. g. cancer screening programs for the analysis of tissue for PD markers.

CHANGE #3 (cont.)

Resources – we request the best data

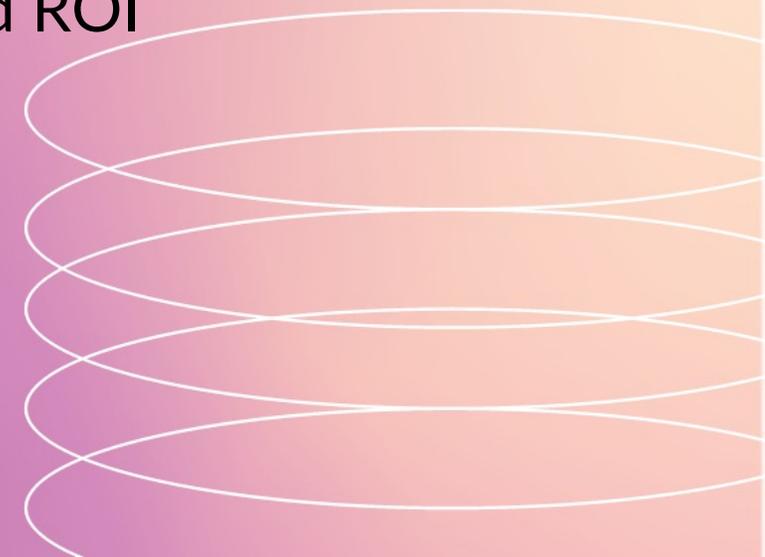
We suggest building a world-wide Parkinson's Patient Data Community. Patient data is so important. We need it at our fingertips. It must be carefully and thoughtfully curated but made very widely available for research. PwP could have a data passport stating what data they have contributed and who has it, so that other researchers can apply for the data – however making this easy across lots of different data protection territories will be key. PwP would need to simply say yes, and share. A global effort would stop data being unintentionally duplicated, siloed or worst of all collected again and again, as that is simply inefficient and expensive.



CHANGE #4

Financing - We must revolutionize public and private funding and investment into a cure for PD

Determined and focused public involvement is necessary, as is the simplification of new financing models such as co-financed venture capital funds with the participation of private investors. We must increase resources in collaboration with private investors, public funding institutions & governments, (private) health insurance. We call for the creation of a business plan with attractive investment options and an unprecedented ROI (Patents, Products/Services, Spin-offs).



CHANGE #5

Legal and Regulatory Framework – needs to be more efficient and adapted to new technological developments

We must pave the way to cure many if not all forms of PD by creating the most efficient legal and regulatory framework possible. This means streamlining the Regulatory Framework i. e. public and regulatory laws, patent law, admission procedures in close collaboration with WHO, international and national patent offices, governments. Data protection requirements for medical research must be clear, unambiguous and consistent across Europe.

Data protection must enable research in the interest of patients and at the same time ensure sufficient protection. We need effective measures to remove any restrictions on competition and to create compelling incentives for research into (causal) therapies. For example, privileging causal therapies in patenting could provide important incentives to achieve massive cost savings in the long term.

CHANGE #6

Root Cause Research - We need to figure out the root causes of the various forms of PD

Put simply, there is no cure without a cause. And since Parkinson's is not one singular disease, but there are likely 5, 10 or 20 different types of PD, we need to finally identify the cause for all these types of PD. We hence call for a coordinated international effort into this targeted Root Cause Research.

Reliable bio-markers for measurements of disease progression have to be identified.

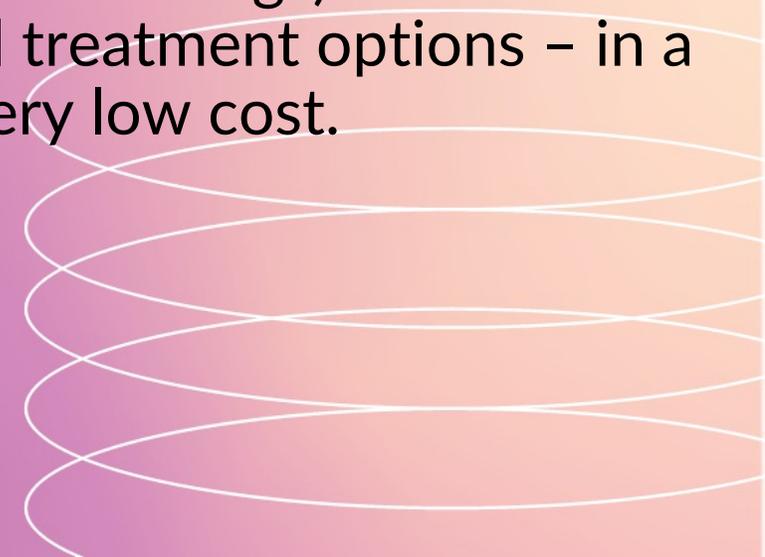


CHANGE #7

Comprehensive Integration of Artificial Intelligence (AI) and Digital Twins

AI offers the opportunity to process unprecedented amounts of research data and generate multidimensional knowledge maps. This enables the identification of disease mechanisms and treatment/drug targets as well as suitable drugs better and faster than any other approach.

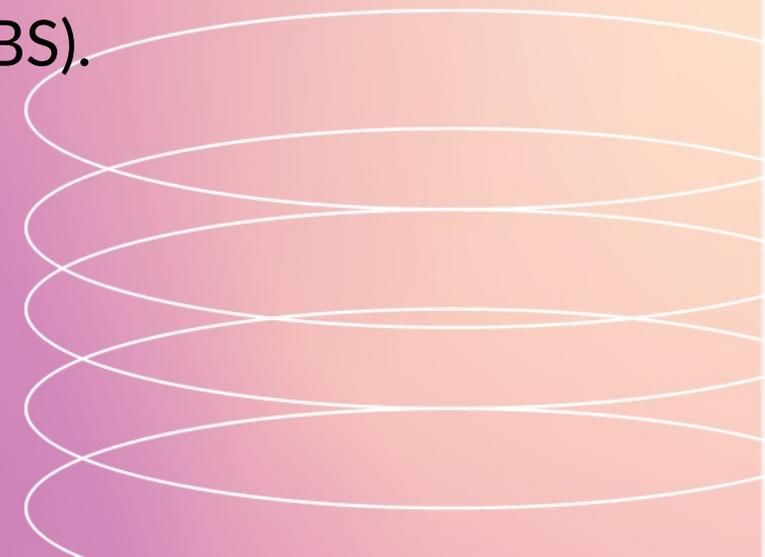
The application of Digital Twins (Digital Twins are high-resolution digital models of individual patients that are computationally treated e. g. with drugs) will allow the individualized initial validation of AI-identified potential treatment options – in a matter of months, rather than years – at very low cost.



CHANGE #8

Significantly improve and re-think Conventional Therapies

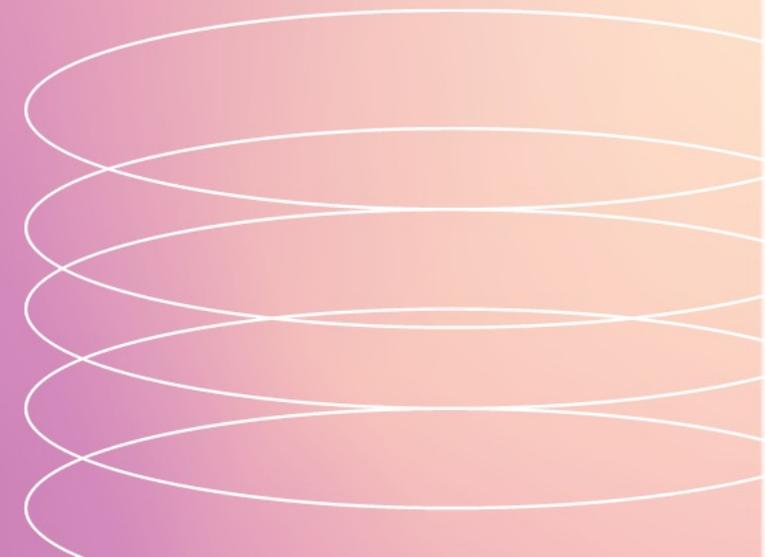
A significant number of PD patients seem to lose responsiveness to levodopa (secondary non-responders). Solutions/optimizations may include a variety of transdermal levodopa application systems, better L-dopa-agonists (combinations), different applications of focused ultrasound and other improvements (DBS with feedback-loops and focused ultrasound as a non-invasive alternative to “classic” DBS).



CHANGE #9

Vigorously support the development of innovative therapies and expand the repurposing of therapies

In addition, we must utilize existing innovations better; drug repurposing e. g. drugs against diabetes, rheumatoid arthritis, parasites... have already been trialed quite successfully. AI and Digital Twins will accelerate their identification and validation. We must pave the way for easier implementation of such repurposing both legally and economically.

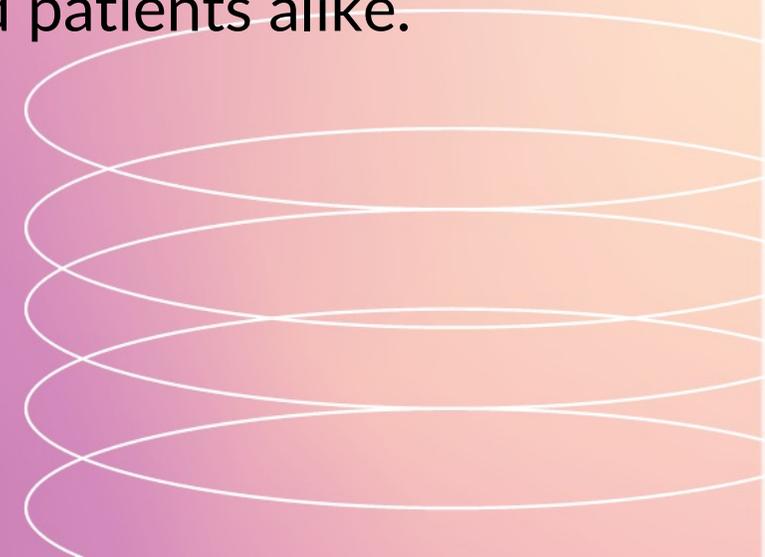


CHANGE #10

Coherently assess the use of Alternative Therapies as complementary or stand-alone therapy for a cure

Physical exercise, treatment of sleep disorders, meditation, good nutrition, fasting and ice bathing are only examples of potential alternative therapies.

We need to better assess and study these therapies and their efficacy and make their benefits better known to physicians and patients alike.



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