

September sees a change in [Biopharmaceutiques](#), your tool for information and assistance in decision-making in the European biopharmaceuticals sector.

The [Biopharmaceutiques](#) newsletter will now be published twice-monthly and will bring more in-depth analysis and articles. You will also find more complete tables and you will be able to identify updates instantly thanks to red asterisks.

The next issue (N° 126) will be out on 25 February.

Enjoy!

Hungary

[Hungary, a leader among young European biotech players](#)  
[Erno Duda \(Hungarian Biotechnology Association\): "We need to build more international teams"](#)

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## Industry and partners

### Biosquare focuses on bioconvergence

The key theme of the 10th Biosquare congress, held in Geneva on 1 and 2 February, was bioconvergence. In an environment in which a key question is the identification of better vectors to encourage potential innovation both in academic research and in pharma or biotech, genomics, proteomics, bioinformatics, biochips and biosensors provide an illustration of the new developments created by teaming together seemingly disparate or even mutually exclusive disciplines. But at a time when bridges are increasingly being built between the biotechnology, microelectronics, nanotechnologies, computing and medtech sectors and the pharmaceutical industry, the question facing manufacturers is how to best combine and associate these technologies. What developments may be expected to emerge from such bioconvergence in terms of both research and the pharmaceutical industry? These were the questions tackled by the expert panel chaired by Pierre Hessler (Capgemini) and made up of Patrick Aebischer, president of the Ecole Polytechnique of Lausanne, Steve Burrill, CEO of Burrill & Company, Elmar Schnee, CEO of Merck-Serono, Paul Stoffels, Pharmaceuticals R&D director with Johnson&Johnson, and Christophe Viehbacher, CEO of Sanofi-Aventis.

#### The end of one-size-fits-all thinking

The terrain for the debate was quickly established by the preamble of Steve Burrill. According to this consultant recognised as one of the leading biotech specialists, we have moved on from a healthcare system in which practitioners react to accidental episodes and acute disease phenomena towards an increasingly personalised system aimed at prevention, and which will impose radical change on our healthcare systems over the coming decade. In a context in which chronic diseases closely associated with lifestyle choices become predominant, simple disease management will no longer suffice and bases must be created for a veritable health and welfare management system in which increasingly personalised diagnostics and therapy will become the touchstone. In the face of such evolving diseases, it will also be essential to have relevant and adequate information concerning their progression in order to achieve better control over them. The idea will be to encourage patients - or rather potential patients - to adjust their diet and lifestyle in accordance with the information collected about them. With regard to extensive diseases, therapeutic costs will clearly be a key issue. Steve Burrill emphasised the need for access to inexpensive technologies at a time when the majority of technologies developed, particularly in the biotechnology sector, are extremely risky and expensive, and thus divorced from real needs.

## The need for successful alliances

While it was unanimously agreed that bioconvergence should not be limited to its purely technological aspects, the panel members called for progress in all of the systems associated with healthcare (regulation, reimbursement systems, cooperation between industry and academia). Taking the example of diabetes therapy, in which current technology allows patients to manage their insulin dosage and treatment themselves after measuring their own blood glucose levels, Chris Viehbacher insisted that convergence between electronics, diagnostics and therapy is already a reality. However, according to the Sanofi-Aventis CEO, we must not overlook the key factor in future developments, namely benefits to patients. This criterion will become increasingly crucial as payors insist that the industry provide ever more information on targets, modes of action, populations in which a given drug is effective, and methods of monitoring therapeutic efficacy.

Although for Paul Stoffels of J&J, bioconvergence must also involve regulatory intervention in the development stages of drugs and biomarkers, the term suggests networks and sharing for Merck Serono CEO Elmar Schnee, who emphasises the need for change within the pharmaceutical industry and its cooperation with academic research, stating that it is not necessarily the business of the pharmaceutical industry to discover new targets but rather to use such targets in order to discover and validate new drugs. These new alliances will require new ways of interacting and working together, particularly between extremely divergent disciplines and professions. For Paul Aebischer, precompetitive research, particularly in the electronics sector, must be capable of incorporating such convergence at an extremely early stage and this will require the building of new bridges between pharma, biotech and academic research. Thanks to its tradition and experience in operating networks, academic research should play a major role in the development of relations between these players, with the challenge for convergence being to determine the form of collaboration that best serves the interests of patients.