

00:31:57 Thomas Seoh: Testing chat for everyone  
00:39:17 Josiane Broussard: Colorado!  
00:39:20 Ted Kilroy: Hi from Iowa City, IA!  
00:39:23 Brian Lundstrom: Nevada  
00:39:24 Ben Pope | MelliCell: Hi from Boston, MA, USA  
00:39:32 adri: hello from NJ  
00:39:34 Elin Hasper - Health Promotion AHS: Grande Prairie, AB. Canada  
00:39:35 Monica Feldman - Longevity Ruler: Hello from Arizona  
00:39:35 Neil Clegg: Neil Clegg from Vancouver, BC  
00:39:36 Sonia Belgrave: Hi from Barbados  
00:39:36 Zohrab Bostanian: Hello from Los Angeles, CA  
00:39:38 philip home: Good afternoon!  
00:39:39 Ryan Connors: Hello Everyone, I am from Huntsville, AL, USA  
00:39:42 Susan Yake: Hi, Washington State  
00:39:44 MalindaSund: Gainesville, Georgia  
00:39:45 Maurizio Danieli: Hi from Toronto!  
00:39:50 Leana Silverberg: Hi from Palo Alto!  
00:39:54 Jack Moorman: Jack Moorman, Los Gatos, ca Japan Society of Northern Calif  
00:39:59 Maria Nagel: Good morning from Denver, CO  
00:40:00 Dr Ajay Kaduskar: Nagpur,India  
00:40:03 Tovah Wolf: Hi All, and thank you for this event. Hello from Columbus, Ohio.  
00:40:08 Sylvia Sylos (she, her, hers): Good morning, I'm Sylvia from Fairfield, California  
00:40:24 Kyusuk Chung: Good morning from LA, CA  
00:40:33 Anja Leist: Good evening from Luxembourg!  
00:40:51 M S: and from island near Santorini, greece  
00:40:52 Amy Ranes: Good morning from Dillon, Montana  
00:40:55 Conrad Clyburn: Good morning, Conrad Clyburn, Silver Spring, Maryland  
00:40:56 Rima CHATILA: Good Afternoon from Paris  
00:41:00 ting p: Hi from Palo Alto CA  
00:41:00 Doug Kawahara, Ethicann Pharmaceuticals: Hi from Portland, OR  
00:41:14 Maria Bebiana Barbosa: Good afternoon from Portugal!  
00:41:15 Patrick Noonan: Hi from Boston, MA  
00:41:16 Sutha Satkunarajah: Hi from London  
00:41:19 Doris muinde: Hi everyone. From Doris Muinde - Houston, TX  
00:41:23 Heather Beaudin: Good afternoon from Ontario, Canada  
00:41:37 Nancy- Garden Kitchen, Tucson: Tucson Az checking in  
00:41:45 Kristen Boyle: Colorado!  
00:42:10 Shmuel Yerushalmi: Hello from Israel!  
00:42:13 Glenda Canaca: Good morning from New Mexico, US  
00:42:36 Peter F. Kador: Peter Kador to everyone, greetings from New Hampshire  
00:43:05 Dr Adeyemi Adelugba: Good afternoon from Newcastle upon Tyne, UK.  
00:43:28 Amanda Aguirre: Good morning from Yuma Arizona Amanda Aguirre ,Regional Center for Border Health, Inc.  
00:44:04 Alexander Fleming: Great to see this global audience. Many thanks for attending!  
00:44:23 Amanda Adler: Hello Zan, June and Sam  
00:44:31 Baybars Turel: Hi from Bursa Turkey  
00:44:45 Carrie Browne: Hello from Florida, Carrie Browne, Palm Health Foundation  
00:45:22 Dr. Lardinois: Kona, Hawaii  
00:45:41 Jared: Hello all, The Zoom link to this meeting is grayed out for many people on desktops/laptops

00:45:51 Sam Roberts: Hello Amanda. Zan and I were just talking about the incomparable Amanda Adler! Great to have you join this event.

00:46:19 Thomas Seoh: @Jared, we will look into this, sorry

00:47:34 BEN WIEGAND: Would encourage us to think about health, not just when the baby is born, but thinking about engaging both during the pregnancy and pre-conception which have profound effects on the health of the born infant.

00:48:59 Sam Roberts: Agreed Ben Wiegand. Thank you

00:49:25 John Parton: Hi From Toronto

00:50:47 Mark Pugh: Why is medicine taught as an intervention not prevention?

00:56:40 Josiane Broussard: Could someone repeat the statistic about rising healthcare costs over the next 30 years?

00:56:56 Tom Kibasi: Great intro, thanks Lord Darzi!

00:57:01 Josiane Broussard: In the chat, I mean please!

00:57:09 Kyusuk Chung: 32% of GDP in 2050

00:57:19 Josiane Broussard: Thank you!

00:57:48 Zohrab Bostanian: Thanks Dr Darzi; Very important and helpful information

00:58:02 Sutha Satkunarajah: Thanks for your insights Lord Darzi - compelling

00:58:40 Thomas Seoh: @Jack, agreed! The needle will move when it makes or saves more money to prevent disease than treat it...and folks on this panel are at the forefront of realizing that - it is inevitable, but the extent and rate can vary wildly.

01:00:07 Shmuel Yerushalmi: Question. What according to you need be role of governments and public medicine system in prevention chronic diseases (beyond COVID-19)? Thanks! Shmuel

01:06:17 Leslie Yardeni: What about tinnitus? This is a condition which affects 25-50 million Americans and yet there seems to be no medicinal approach to it. Is there any medical research pointing to a medication to mitigate this horrible condition?

01:10:57 Tom Kibasi: Fascinating insights from Dave Ricks - the timing issue and intersection with biomarkers/diagnostics is key

01:14:03 Mark Pugh: How do you address the elephant in the room the food industry?

01:15:04 Jaishree Singh: Really interesting, Mark Pugh.

01:17:09 Tom Kibasi: Exciting to hear the enthusiasm of regulators to help make preemptive health and medicine happen

01:17:25 Enrico Repetto: Thanks Kitalys Institute and panelists for tackling the cornerstone of Preventive Medicine to change the natural history of diseases and its complication. It's time to shift gears in that direction.

01:17:36 Jared: I'm more interested on how you would sell the general public on biomarker pre-disease testing that may be prohibitively expensive? Many Americans do not see a physician unless they absolutely have to due to expense.

01:19:40 Brian Lundstrom: That is the key point, how to motivate pre-disease data gathering and awareness, it would have to be at least partially financially incentivized

01:21:29 William Yuan: Do we necessarily expect preventive interventions to save money? Presumably preventing disease/symptoms will also lead to corresponding improvements in QOL, which may be worth the cost.

01:22:26 David Klonoff: The typical goal of prevention is to be cost effective - meaning to spend less for a benefit (e.g. a QALY gained) than is typically spent for the same amount of benefit and definitely no more than about \$50,000 for a QALY gained. Prevention measures that save money for the system are extremely rare..

01:23:34 Tom Kibasi: Some really useful stats, thanks Sam

01:23:54 David Klonoff: My comment just now about QALYS was apparently anonymous, from David Klonoff , MD

01:25:17 Enrico Repetto: I think it's about increasing patient literacy first and empowering decision making about her/his own health

01:29:54 ting p: How does the non evidence based supplement market fit into this?

01:34:04 Bon Sy: Two questions:

1. To follow up on the cost effectiveness issue that Sam mentioned, and to tie that to international stage collaboration to understand the specific settings (by SDoH and other framework?), what do the panelists see about the progress on harmonizing the standard requirements (say QMS) across different countries? I heard that one effort of FDA to harmonize with ISO 13485 was postponed rather than the initial schedule for the beginning of this year.

2. I echo the engagement challenge of pre-emptive health on the patient population level to pre-emptively catch the undiagnosed or high-risk patients. I wonder any panelists may share successful use cases on integrating/on-boarding pre-emptive health with standard care services such as annual medical check-up. I heard attempts of FQHC (and some private hospital systems) but scaling the model is always an issue among community health centers that are typically low-resource entities.

01:34:33 Sam Roberts: Thanks for the comments re cost effective (ie. cost incurred for increasing length and quality of life) vs cost saving. You are absolutely right David - there is no requirement for preventative initiatives to be cost saving, we base our decisions on whether it is cost effective. My point was two fold in response to the question 'don't these interventions save health systems vast sums': 1) we shouldn't assume that preventative care is cost saving (that was only the case in 21% of NICE's historic recommendations), 2) the eligible population for these interventions is large, so if trials are designed with very complex and costly delivery mechanisms (as Dave was describing for Alzheimer's medicines), there is a risk that the total cost and operational complexity will limit their uptake (as Mark is describing)

01:36:55 Alexander Fleming: Excellent summation, Sam.

01:37:33 Maria Nagel: I am curious on thoughts on med-legal costs when individual on pre-emptive drug develops a disease and attributes to drug, leading to class action suits.

01:39:10 Alexander Fleming: Brava, Amanda

01:40:47 Dr. Lardinois: No question we have an obesity pandemic, Several studies have shown that many drugs have resulted in substantial weight loss. While that is exciting my concern is we are treating the NUMBER not the PROBLEM. If we don't address the problem not sure long term use of drugs will reduce our obesity pandemic.

01:40:52 Thomas Seoh: @Brooke Jennings and Everyone, the link to the recording will be sent to all Registrants within a day or two following this event.

01:43:27 Amanda Aguirre: Value Based contracts with Medicaid and Private health plans addressing key metrics of preventive care provide incentives to clinics like our rural health clinics. We monitor these metrics with our primary care/behavioral health integrated team to meet our metric goals. We are also monitoring SDoH outcomes.

01:45:30 Didier Coeurnelle: Concerning "targeting healthy longevity", how do you address the inconvenient truth / situation, the fact the life expectancy (in good health and in general ) is decreasing since the beginning in Covid-times. Maybe you spoke about this in the beginning of your intervention (that I missed, sorry).

01:51:09 Tom Kibasi: The answer is leapfrogging - many low and middle income companies in telecoms never completed a fixed line infrastructure and jumped to mobile. Preemptive health and medicine could enable countries with less health infrastructure to to similarly

01:51:13 Bon Sy: @Amanda: Thank you for sharing. I wrote down 1 in 5 in Sam's mentioning about cost effectiveness. I wonder whether the preventive care metrics (thus the data) are harmonized for shedding lights for a bigger picture on the system level (cross naitons?) Happy to chat offline.

01:51:22 Thomas Seoh: @Didier: this is in part due to a once in a century pandemic...but it's also resulted in socio-political developments such as skepticism about public health science. On the other hand,

responding to the pandemic has led to discoveries/inventions/recognitions that innovative approaches can produce amazing health gains.

01:52:19 Thomas Seoh: Yes, a link to the YouTube recording will be sent to all Registrants. A transcript and the chat log will be posted at [www.kitalys.org](http://www.kitalys.org).

01:52:33 Mark McClellan: One recent memorable example of preemptive medicine: COVID vaccines. Years of investment in promising platforms for delivering a reliable response was linked to very large scale, timely RCTs with relatively simple data collection that covered very large, diverse populations and demonstrated impact. Then population-focused vaccine procurement at scale (not "€œfee for service" per vaccine) and a concerted effort across health care, public health, business, and other public and private organizations toward the shared goal of public engagement, community-based access, and followup. One-time interventions during a major global public health emergency is still easier than many of the (ongoing?) interventions years before a health benefit! And we clearly could have done much better! But with shared motivation and collective action, we can preempt major health threats.

01:53:58 Amanda Aguirre: Bon, glad to discuss health metrics/SDoH [Amanda@rcfbh.org](mailto:Amanda@rcfbh.org)

01:55:00 Zohrab Bostanian: Thanks @Mark McClellan

01:56:55 Tom Kibasi: statins

01:58:02 Amanda Adler: Metformin in treating type 2 diabetes from the onset of diagnosis at UK prices cost saving!.

02:02:16 Anja Leist: If we think about supplements instead of drugs we may find more examples of prevention - like taking calcium to prevent osteoporosis

02:03:24 Leslie Yardeni: Yes, Zinc, Vitamin D3...all of those supplements can be given consideration

02:06:23 Zohrab Bostanian: A big thank you to all panelists for some great insights and discussions. Lots of work ahead...

02:06:48 Leslie Yardeni: Many sincere thanks!

02:08:11 Didier Coeurnelle: @last speaker: Life expectancy is NOT increasing anymore at the moment (since 2019). Maybe it will be back, but at the moment signs are bad in Belgium (my country), Denmark, USA except for 2022...

02:08:25 Bon Sy: Fascinating webinar. Big thank you to all!

02:08:31 Sonia Belgrave: Many thanks to all the panelists.

Much food for thought!

02:08:48 Heather Beaudin: Thank you all for your wonderful discussion

02:09:05 Amrit Ray: Thank you for the thought-provoking discussion! A multi-stakeholder white paper could be a valuable next step.

02:09:10 Tom Kibasi: Terrific discussion - thanks to the whole panel!

02:09:19 Didier Coeurnelle: @Thomas, Thanks I agree with your answers for a part of the reasons, but I'm afraid there is more. The decoupling between medical and scientific progress and life expectancy is depressing in my opinion.

02:09:38 Anja Leist: Thank you

02:09:47 Rima CHATILA: THANK YOU very much it was very interesting

02:10:13 Andy Franklyn-Miller: Tremendous opportunity here and thank you all

02:10:19 Tovah Wolf: Thank moderators and panelists for this! Looking forward to future events.

02:11:36 Didier Coeurnelle: Thanks. One of my passions is health data. For answers concerning decrease of life expectancy, you are welcome to write to [didier.coeurnelle@heales.org](mailto:didier.coeurnelle@heales.org)

02:15:00 DeniseBarbut: Hi Zan, great session, Michael Denise