



# The Canadian Human Proteome Project February 2011

Where do funders stand when it  
comes to large-scale initiatives ?



**Genome**Québec

*relier la science à la vie*

# What's in the air right now ?

“We have been investing massively in **Genomics!Proteomics** for years and haven't seen benefits so far...”

Canada recently invested over 2B\$ to renovate Universities and Colleges (Knowledge Infrastructure Program)

⇒ Immediate return on investments.

Political leaders wants to fund applied projects oriented toward **translational research**

⇒ Bringing the fundamental research to the clinic and/or the market

## •Genome BC initiative in Genomics and Health:

....will build on several initiatives of strategic importance to the Province that expand existing capabilities in **the translation of discovery science to everyday life.**

## •Genome Quebec translational program:

Preference will be given to projects whose **potential deliverables are likely to be converted into products, policies or services in the near future.....** and its ability to produce **tools that can be made available to clinicians and other health care practitioners or “transferred” to the private sector pharma/biotech) for commercialization**

## •Genome Canada LSGRP

**All applications must describe, with supporting evidence, the potential benefits for Canada which will be realized or initiated before the end of the project : 3 YEARS**



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# What's popular (likely to be funded) these days?

- ✓ Large scale projects...Yes (ERA-Net, NCEs, European Commission, etc)
- ✓ But...Clear and realistic deliverables|outcomes
- ✓ Benefits \$ to the Canadian
- ✓ Leverage of previous public investments
- ✓ International component
- ✓ Leadership role for Canada

**All this through...TRANSLATIONAL RESEARCH!!**



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# What's the actual Canadian S&T strategy ?

S&T priorities: 4 listed - Health and related life sciences and technologies

Sub-priorities: Regenerative medicine  
Neuroscience  
Health in an aging population  
Biomedical engineering and medical technologies

[http://www.ic.gc.ca/eic/site/ic1.nsf/eng/h\\_04709.html](http://www.ic.gc.ca/eic/site/ic1.nsf/eng/h_04709.html)

Not exclusive !



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# What the CHPP should look like from our standpoint ?

- ✓ Focused
- ✓ Clear beginning and end (3 years)
- ✓ Measurable outcomes and deliverables
- ✓ Chromosome-based but aiming to support a health problems|diseases of importance for Canada
- ✓ Involve many regions!provinces
- ✓ Integrated to an international initiative with a leadership role for Canada
- ✓ Supported by all stakeholders (industries, clinicians, population)

**DO NOT OVER PROMISE AND UNDER DELIVER !**




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# The CHPP: Where to start ?

- ✓ October, 28, 2010: First contact CNPN, GC, GQ, GBC, OGI, CIHR  
All interested to know more about the initiative !
- ✓ January, 16-17, 2011, Barbados: First meeting of the Working Group and Consensus Position Paper
- ✓ February|April 2011: Improvement of the Position Paper through workshops and consultations
- ✓ May 8-11, 2011, Banff: Presentation of the CHPP White Paper
- ✓ If the community is interested  Design and launch of a national competition
  - Peer review mandatory
  - Many consortiums|projects should apply



# Funding Large-Scale Initiative

## Example of a Canadian partnership

GC. CIHR. GQ and GBC recently partnered to fund a major initiative (child health)  
Total budget announced today App. 5.5M\$

The competition was launched in September 2010 and the money is about to flow to the consortiums.

To get the entire Canadian community on board:

- ✓ Focus on the opportunity|emergency
- ✓ Leverage of existing infrastructures|expertise
- ✓ Leadership role for Canada,
- ✓ Strong benefits at every level

WHY NOW ?  
WHY HERE ? WHY US ?  
WHAT IF WE DON'T DO IT ?  
WHY WE MUST INVEST ?

**If funds not available for a large scale initiative, consider a pilot|POP project !**

Act now...Federal budget is soon to be announced !



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