

# Invitation for Commitments to the Strategic Implementation Plan of the European Innovation Partnership on Active and Healthy Ageing (EIP AHA) - Action A3

## Your details

Please give details about you and your organisation.

Your first name <sup>\*</sup> (compulsory) (maximum 50 characters; count: 0)

TYSSIER  
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Your last name <sup>\*</sup> (compulsory) (maximum 50 characters; count: 0)

ERICK  
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Your address (Please indicate full address, city and postal code) <sup>\*</sup> (compulsory)  
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Your e-mail address <sup>\*</sup> (compulsory) (maximum 50 characters; count: 0)

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Country <sup>\*</sup> (compulsory)



EU Member State



Other European Country



Non-European Country



Please specify the Member States <sup>\*</sup> (compulsory)

France

Organisation name <sup>\*</sup> (compulsory) (maximum 100 characters; count: 0)

SANOFI

Type of organisation (only 1 choice possible) <sup>\*</sup> (compulsory)

- Health provider
- Industry - SME
- Research/academia
- Care provider
- Advocacy organisations
- Transport
- Industry - large
- Public authority
- Other

Organisation field (only one choice possible) \* (compulsory)

Fields > Health

- Fields > Social
- Fields > Housing
- Fields > Pharma
- Fields > ICT

Organisation scope \* (compulsory)

- International
- National
- Regional

Please describe your organisation and core activities. \* (compulsory) (maximum 1000 characters; count: 0)

SANOFI is a diversified global healthcare leader, focused on patients' needs. Its global headquarters are based in the EU (France) and its Affiliates are implanted in all EU Member States.

Group strategy is based on three key principles in order to deliver long-term sustainable growth:

- Increasing innovation in Research & Development,
- Seizing external growth opportunities,
- Adapt to future challenges and opportunities.

SANOFI profile:

- A global healthcare leader
- A diversified offering of medicines, consumer healthcare products, generics and animal health
- A world leader in human vaccines
- A broad and balanced presence on both traditional and emerging markets
- More than 110,000 employees in 100 countries
- 2011 net sales: €33.4 billion, growth of 3.2% (on a reported basis)

## Your commitment (part 1)

Initiative name \* (compulsory) (maximum 100 characters; count: 0)

**Integrated Intervention against physical Frailty: a European Study in the Community**

Initiative acronym (if known) (optional) (maximum 20 characters; count: 0)

I<sup>2</sup> - FRESCO

Please provide a brief description of your proposed commitment

(project/action) \* (compulsory) (maximum 1500 characters; count: 0)

In the next two years (2013-2014), design & conduct a program to demonstrate the effectiveness of early identification of pre-frail older citizens living in the Community, and of the implementation of a multimodal, home based integrated intervention, tailored to improve their physical function, decrease the occurrence of negative health-related outcomes and preserve their independent living.

This program will be deployed across several European Regions, by an EU Public-Private Physical Frailty Partnership.

It will consist in 6 interdependent Work Streams (WS) addressing the hurdles hampering the implementation of an integrated intervention to prevent frailty:

**WS1: Health Literacy & Education:** importance of identifying functional decline and treating components of physical frailty;

**WS2: Integrated intervention encompassing - Standardized Geriatric Assessment/ Follow-up; Nutritional evaluation** (food intake adequacy to nutritional targets) and corrective supplementation and counselling; **personalized physical activity;**

**WS3: Enabling inclusive home-based information communication technologies (ICT)**

**WS4: Scientific & Regulatory** validity, monitoring and evaluation;

**WS5: Health Economics/Business model** definition and sustainability

**WS6: Project Information Dissemination.**

The whole program will be steered by a committee of experts with competencies cutting across all work streams. Program implementation is contingent upon dedicated and available EU funding mechanisms (e.g. current EU programs).

Scope of implementation \* (compulsory)

- Multinational level
- National level
- Regional level
- Local level

## Your commitment (part 2)

Please explain in which way your proposed commitment meets the principles and criteria of the EIP. Please refer to the "Guide to Invitation for Commitment" for details.

*Engagement: underwriting the EIP and its criteria (part 1): Contribution to the activities and the objectives of the EIP on AHA. Please describe a clear link towards the headline indicator (HLY) and the three general objectives (quality of life/health, sustainable care systems, industrial*

*competitiveness) of the EIP. \* (compulsory) (maximum 1000 characters; count: 0)*

The proposed I<sup>2</sup>-FRESCO program will contribute to identified priority action area **A3 (prevention and early diagnosis of functional decline in older people)** with potential benefits on areas A2 (personalised health management) and C2 (development of interoperable independent living solutions, including guidelines for business model).

It will address gaps hampering the **deployment of an integrated intervention to prevent Physical Frailty**, which, if undetected and untreated, increases the risk of falls, disability and dependency, causes delayed and incomplete recovery and increases hospitalization rate leading to significant cost and resource burden to healthcare systems.

**The main objective is proving cost-effectiveness of an integrated-case-management approach that by reducing number of falls decreases hospitalizations and institutionalization in older pre-frail citizens over 75 years.**

This **innovative approach requires combined coordinated efforts from several stakeholders**, having specific complementary expertise. Once proven sustainable it could be up-scaled, providing foundations for **innovative industrial integrated solutions**.

*Engagement: underwriting the EIP and its criteria (part 2): Key bottlenecks and barriers to overcome. Please identify key barriers and demonstrate your contribution to overcoming them.*

★ (compulsory) (maximum 1000 characters; count: 0)

Today, an integrated approach to physical frailty is not yet put in place as several gaps still need to be addressed to ensure an efficacious deployment. The following issues need to be addressed:

- The lack of patients, caregivers and physicians **health literacy regarding the prevention of physical frailty**
- The lack of **integrated multimodal interventions** (Vitamin D supplementation and other nutritional measures, physical activity counselling, etc...)
- The lack of **adapted screening, monitoring and coaching tools**
- The lack of **scientific consensus and regulatory pathway** to evaluate physical frailty related integrated interventions,
- The lack of **medico-economic/business model** for multimodal integrated intervention to address physical frailty,

**I<sup>2</sup>-FRESCO** is a multi-stakeholder project aimed at raising the understanding/awareness of Physical Frailty and its consequences while **enabling a shift from a disease management to integrated case management**. The project will also **define the sustainability** of the medico-economic / business model and value-chain of an early integrated, multimodal set of interventions **to prevent pre-frail to frail transition**.

*Engagement: underwriting the EIP and its criteria (part 3): Innovative element.*

*Please explain clearly the element of innovation, in all its forms (e.g. innovation in products, tools, services, process and social innovation). \* (compulsory) (maximum 1000 characters; count: 0)*

**Innovation in products:** the programme consists of a multi-modal set of integrated interventions:

- 1) standardized geriatric assessment;
- 2) nutritional education in practice;
- 3) physical activity coaching in practice;
- 4) patient-centred intervention monitoring, including remote data capture and event detection;

**Tools:** Home-based interactive ICT system (electronic-“carnet de liaison” linked to other devices), including falls and quasi-falls detection/communication device.

**Services:** Home-centred management of Older Person prevention/therapeutic needs.

**Process and social innovation:** Addressing physical frailty will meaningfully contribute to personalized care; facilitate coordination among care givers, reducing unnecessary utilization of healthcare resources.

Beyond setting the foundation of innovative healthcare management process, the I<sup>2</sup>-FRESCO project will require innovative ICT tools, and enable the deployment of new services for the benefit of the citizens and the community.

*Inclusiveness and Partnership: widely involving all relevant actors and constituencies (part 1): Please identify areas in which you are already cooperating with other parties to implement the action; identify these other parties e.g. sector; describe the complementarity among all parties.*

\* (compulsory) (maximum 1000 characters; count: 0)

To implement **I-FRESCO** project, 6 Work Streams (WS) will be in place to **allow contribution of stakeholders** with highly complementary expertise:

- **HealthCare Providers** (e.g. Reference Geriatric centres, General Practitioners, Orthopaedic Surgeons and Clinical Geriatrics Associations) will bring their field experience and knowledge to operationally define prevention and therapeutic needs contributing to the study preparedness of and rolling out;
- **Academia** (e.g. EU Universities) and **EU Advocacies** will ensure sound scientific base decisions and overall orientations to all WSs, contribute to the design of the study, its safety and effectiveness evaluation on a continuous basis and its intermediate and final results discussion and dissemination.
- **ICT Sector** (e.g. SME) be in charge of deploying an inclusive home based ICT system based on the integration of already field-proven modules and devices.
- **Health Economists** will choose appropriate indicators, define and perform economic evaluation of the overall intervention and its deployment on the field, providing conclusions about appropriateness, reproducibility and up-scaling of the business model.

*Inclusiveness and Partnership: widely involving all relevant actors and constituencies (part 2): Describe your partners: type of organisation (you can select as many as necessary)*

\* (compulsory)

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Health provider              | <input checked="" type="checkbox"/> Care provider          | <input checked="" type="checkbox"/> Industry - large |
| <input checked="" type="checkbox"/> Industry - SME    | <input checked="" type="checkbox"/> Advocacy organisations | <input checked="" type="checkbox"/> Public authority |
| <input checked="" type="checkbox"/> Research/academia | <input type="checkbox"/> Transport                         | <input type="checkbox"/> Other                       |

Please specify the Care provider \* (compulsory)

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> Public care provider | <input checked="" type="checkbox"/> Private care provide |
|--|--|

Please specify the advocacy organisations \* (compulsory)

- For healthcare professionals
- For the elderly
- For patients
- For the users
- For informal care givers

*Inclusiveness and Partnership: widely involving all relevant actors and constituencies (part 3): Are additional partners (or sectors) missing with whom you consider it necessary to cooperate in order to implement the action? \** (compulsory)

Yes/ no

Please identify the categories of additional partners with whom you consider it necessary to cooperate in order to implement the action. \* (compulsory) (between 1 and 12 answers)

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Health provider   | <input type="checkbox"/> Care provider                     | <input type="checkbox"/> Industry - large            |
| <input type="checkbox"/> Industry - SME    | <input checked="" type="checkbox"/> Advocacy organisations | <input checked="" type="checkbox"/> Public authority |
| <input type="checkbox"/> Research/academia | <input type="checkbox"/> Transport                         | <input type="checkbox"/> Other                       |

Please specify the advocacy organisations \* (compulsory) (between 1 and 5 answers)

- For healthcare professionals
- For the elderly
- For patients
- For the users
- For informal care givers

Please specify the Public authority \* (compulsory)

- |   |   |   |
|---|---|---|
| <input checked="" type="checkbox"/> European Commission     | <input type="checkbox"/> Other international organisation | <input type="checkbox"/> National public administration |
| <input checked="" type="checkbox"/> Regional administration | <input type="checkbox"/> Local administration             | <input type="checkbox"/> Public health provider         |
| <input type="checkbox"/> Public care provider               |   |   |

*Please identify the sectors of additional partners with whom you consider it necessary to cooperate in order to implement the action. (more than 1 choice possible) \** (compulsory)

- |  |  |                                  |
|--|--|----------------------------------|
| <input checked="" type="checkbox"/> Health | <input checked="" type="checkbox"/> Social | <input type="checkbox"/> Housing |
| <input type="checkbox"/> Pharma            | <input type="checkbox"/> ICT               |                                  |

*Inclusiveness and Partnership: widely involving all relevant actors and constituencies (part 4): please identify the countries and regions of the partners you are already cooperating with.* \* (compulsory)

EU Member States     Other European Countries     Non-European Countries

Please specify the Member States/Regions (Hold down the control (ctrl) button to select multiple options) \* (compulsory)

FRANCE: Auvergne / Midi Pyrénées / Champagne Ardenne  
ITALY: Marche / Lazio  
GERMANY: Bavaria / Nieder-Sachsen  
BELGIUM : Flanders

*Inclusiveness and Partnership: including all relevant actors and constituencies, working together with other parties in the action (part 5): the cities involved* (optional)  
(maximum 100 characters; count: 0)

*Delivery: delivering according to planning and agreed outcomes (part 1): Please describe how you can make a substantial contribution, direct or indirect, towards the overall deliverable target of the Specific Action.*

*- If the contribution is direct, please indicate to how many (and which) care providers and to what proportion of their target population you expect to deliver validated programmes for prevention of functional decline and frailty among older people..*

*- If the contribution is indirect, please describe clearly in this section the causal link with the respective target. In addition, please describe in the "Inclusiveness and Partnership" section: with which other stakeholders you are already partnering as well as with whom else you need/wish to partner in order to deliver your contribution.*

\* (compulsory) (maximum 1000 characters; count: 0)

This programme will contribute to the A3 priority action, via implementation of integrated interventions for early identification & diagnosis, secondary prevention, & management of physical frailty. This will tentatively reach 3 000 at-risk citizens aged more than 75 y.o., their healthcare professionals & informal carers. These numbers are considered meaningful with respect to the participating regions: prevalence of pre-frailty & frailty in European citizens aged over 65 y.o. : 42.3% & 17.0% respectively, (SHARE), increasing with age.

Deliverables of the Work Streams encompass:

- Definition of the value-chain & sustainable medico-economic business model of the preventive integrated intervention
- Operationalised regulatory definition of physical frailty
- Guidelines for multidimensional intervention, including nutritional aspects & promotion of physical activity
- Appropriate endpoints for protocols of clinical trials
- Launch of nutrition and physical activity programs
- Implementation of an inclusive ICT home-based hub enabling the integrated intervention

*Delivery: delivering according to planning and agreed outcomes (part 2): Please identify key milestones and indicators to measure progress of your commitment. Describe your indicators. Include the baseline and target value and the data source as well and provide the timeline and schedule of the related activities* <sup>\*</sup> (compulsory) (maximum 1000 characters; count: 0)

**WS1- Health Literacy:** start 2Q 2013; **KEY milestone: 4Q 2013;** Update: 2Q 2014.

**WS2 - Integrated Intervention Committee:** 1) enrolment: start 4Q 2013; **Key milestone 3Q 2014;** 1Q 2015; 2) intervention implementation: start 4Q 2013; milestones 3Q 2014; 3Q 2015; 1Q 2016; 3) deployment results: **KEY milestone 3Q 2014;** updates 3Q 2015; 3Q 2016;

**WS4 - Scientific Regulatory Steering Committee and WS3 - Enabling ICT Committee:**

1) Technical Protocols delivery start 4Q 2012; **KEY milestone 2Q 2013;** update 2Q 2014; as needed;

2) Effectiveness & Safety data monitoring start 1Q 2013; milestones 3Q 2013; 1Q 2014; 3Q 2013; etc.

3) Analyses: milestones 3Q 2014; 3Q 2015; 3Q 2016

**WS5 - Business model definition:** start 1Q 2013; **KEY milestone: 4Q 2013;** Updates: 2Q 2014, 2Q 2015, 2Q 2016.

**WS6 - Results dissemination;** **KEY milestone 3Q 2014;** 3Q 2015; 3Q 2016; 2Q 2017

These timelines are provisional, contingent on dedicated EU funding availability.

*Critical mass: mobilising sufficient resources*

*Please describe and quantify what resources are committed to the implementation of the Specific Action, e.g.:*

- financial and human resources

- know-how and in-kind contributions

- availability/access to infrastructure, materials or research results

- organisation of meetings, engagement of relevant constituencies through networking, advocacy and leadership, pledges

<sup>\*</sup>

(compulsory) (maximum 1000 characters; count: 0)

**Academia and Learned Societies** (Catholic of Rome, Erlangen-Nürnberg, Gerontotechnology of Nice, Ancona, Troyes Universities, EUGMS, etc.) will provide strong scientific basis to achieve the medical goals of the projects.

**Public Institutes and Health Care providers** are working in specific infrastructures which enable the identification and the enrolment of older people in the project. Interactive way will be used to ease the organization of meetings Italia Longeva and INRCA, Toulouse Gerontopôle, CPME etc.

**Health Economists** (IRDES, Un Paris-Descartes) will help define appropriate value chain & business models, ensuring sustainability & up-scaling of the intervention in the field.

**SANOFI** will provide resources for project steering, workstreams coordination and follow-up and multinational deployment, as in-kind contributions to move the project forward.

**Consoft Torino (SME)** will provide in-house expertise in integrated ICT systems implementation and data capture including physical event detection, communication and recording.

**Advocacy: inspiration and political support**

Please describe how you intend to motivate other relevant parties and/or constituencies to be involved in the action, how you plan to make information about the action and its results open and what media campaigns and public presentations you intend to support.

★ (compulsory) (maximum 1000 characters; count: 0)

**Advocacy** is an important part of the project. A **horizontal workstream (WS6) dedicated to communication, dissemination of the project development and results, and advocacy** will be set up.

This group will be in charge of assessing best advocacy tools such as a **website** with different access for specific stakeholders to easily share and disseminate relevant information, including detail about program deployment across EU Regions and progress of the implementation of the 5 workstreams.

For example, minutes of the project board will be made available online together with the outcomes of relevant working groups with different access for specific stakeholder to respect adequate health literacy.

Finally latest **update on the project status will be presented at various public events** such as conferences both European and International. Finally brochure highlighting the latest information of the project will be prepared and updated on a regularly basis and send to relevant stakeholders (e.g. Regions, Ministries, etc.).

## Your commitment (part 3)

Please identify to which of the following activities relevant to the "Action for prevention of functional decline and frailty" you can commit (you can identify up to six). For those activities you select, please indicate whether you are either already active, or plan to start in 2012, in 2013 or in the period 2014-2015.

Create a collaborative multi-stakeholder committee grouping interested parties?

(optional)

- Active now
- Starting in 2012
- Starting in 2013
- Starting in 2014-2015

Agree on operational and regulatory definitions of pre-frailty and frailty and offer regulatory overarching guidance for frailty-related conditions? (optional)

- Active now
- Starting in 2012
- Starting in 2013
- Starting in 2014-2015

Develop and implement EU wide nutrition screening programmes to identify those within an older population who could benefit from specialised nutrition interventions e.g. a simple, validated, easy-to-implement tool to determine nutritional status associated with frailty and/or dementia? (optional)

- Active now
- Starting in 2012
- Starting in 2013
- Starting in 2014-2015

Validate the operational approach, define standards/protocols for interoperability of a screening/diagnostic tool-kit for older people presenting risk factors of frailty, including risks of sarcopenia, malnutrition and dementia? (optional)

- Active now
- Starting in 2012
- Starting in 2013
- Starting in 2014-2015

Define adequate endpoints/protocols to perform clinical trials; launch clinical trials to validate the diagnostic tool set and interventions?

(optional)

- Active now
- Starting in 2012
- Starting in 2013
- Starting in 2014-2015

Define guidelines for multidimensional interventions, including, as early as possible, nutritional aspects (i.e. nutrients, vitamins, healthy eating) and promotion of physical activity; launch nutrition and physical activity screening programmes using screening/diagnostic tool sets?

(optional)

- Active now
- Starting in 2012
- Starting in 2013
- Starting in 2014-2015

Propose to primary care providers and specialists (physicians, nurses and other health care professionals) evidence-based guidelines on interventions, which may prevent, delay or slow progression of frailty?

(optional)

- Active now
- Starting in 2012
- Starting in 2013
- Starting in 2014-2015

Any other activity contributing to the indicated deliverables? Please suggest in the box below.

(optional) (maximum 300 characters; count: 0)

Launch a real life clinical study of the integrated prevention approach to Physical Frailty tentatively covering 3000 older persons living in the community. The launch of the study depends on the availability of dedicated EU funding

Any other activity contributing to the indicated deliverables? If you have filled in the box above, please indicate the timeline (optional)

- Active now
- Starting in 2012
- Starting in 2013
- Starting in 2014-2015

Do you wish to participate in the Action Group which will be set up to implement the Action?

\*  
(compulsory)

Yes/ no

If yes:

Do you wish to play an active role in facilitating the Action Group? \* (compulsory)

Yes/ no

Add any relevant details, if appropriate, in relation to your participation in the Action Group.

(optional) (maximum 200 characters; count: 0)

With its strong expertise in clinical & regulatory development (dedicated R&D Unit) , and its regional operations to improve the treatment of age-associated diseases SANOFI can actively contribute to the Action Group.

## Your commitment (part 4)

Keywords - Please select as few/as many as necessary. \* (compulsory) (between 1 and 15 answers)

- |  |  |  |
|--|--|--|
| <input checked="" type="checkbox"/> Ageing Well at Home/Independent Living | <input type="checkbox"/> Social inclusion                    | <input checked="" type="checkbox"/> Diseases and Disorders |
| <input checked="" type="checkbox"/> Health Systems and Services            | <input checked="" type="checkbox"/> Treatment                | <input type="checkbox"/> Medical Devices                   |
| <input type="checkbox"/> Pharmaceuticals                                   | <input checked="" type="checkbox"/> Financing                | <input type="checkbox"/> Health technology Assessment      |
| <input checked="" type="checkbox"/> Regulatory conditions                  | <input checked="" type="checkbox"/> Research and development | <input type="checkbox"/> Privacy and Data Protection       |
| <input checked="" type="checkbox"/> Patient Empowerment                    | <input checked="" type="checkbox"/> Competitiveness          | <input type="checkbox"/> Ethics                            |

Keywords - you've selected "Ageing Well at Home/Independent Living", please select further: \* (compulsory)

- |   |   |
|---|---|
| <input type="checkbox"/> Technology support | <input checked="" type="checkbox"/> Community living, self management |
|---|---|

Keywords - you've selected "Technology support", please select further: \* (at most 5 answers)

- |   |   |                                   |
|---|---|-----------------------------------|
| <input type="checkbox"/> Tele-health              | <input checked="" type="checkbox"/> Tele-care | <input type="checkbox"/> Robotics |
| <input checked="" type="checkbox"/> Tele-training | <input type="checkbox"/> Tele-medicine        |                                   |

Keywords - you've selected "Community living, self management", please select further:

\*

- Smart homes, e-home  Motorized mobility  Emergency response
- Community Mobility Services  Portable health monitors  Hearing aids
- Visual aids  Text-to-speech  Remote monitoring
- e-health  Intelligent transport

Keywords - you've selected "Health Systems and Services", please select further:

\*  
(compulsory)

- |   |   |   |
|---|---|---|
| <input checked="" type="checkbox"/> Community care                  | <input type="checkbox"/> Palliative care                | <input checked="" type="checkbox"/> Integrated care         |
| <input type="checkbox"/> Chronic care                               | <input type="checkbox"/> Informal care                  | <input type="checkbox"/> Alternative medicine               |
| <input checked="" type="checkbox"/> Nutrition programmes            | <input checked="" type="checkbox"/> Exercise programs   | <input checked="" type="checkbox"/> Prevention              |
| <input checked="" type="checkbox"/> Education and Lifelong learning | <input type="checkbox"/> Volunteering                   | <input checked="" type="checkbox"/> Case Management         |
| <input type="checkbox"/> Institutional care                         | <input checked="" type="checkbox"/> Screening Programme | <input checked="" type="checkbox"/> Health Professionals    |
| <input checked="" type="checkbox"/> Capacity building               | <input checked="" type="checkbox"/> Diagnosis           | <input type="checkbox"/> Therapy                            |
| <input type="checkbox"/> Surgery                                    | <input type="checkbox"/> Rehabilitation                 | <input checked="" type="checkbox"/> Personal Health Records |

Keywords - you've selected "Prevention", please select further: \*

- Primary prevention ( health promotion)
- Secondary prevention (screening, early diagnosis)
- Tertiary prevention (mitigate impact)
- Gender factors

Keywords - you've selected "Health Professionals", please select further: \*

- Managers, executives  Administrative Personnel  Doctors
- Nurses  Pharmacists  Psychologists
- Social and Community Workers  Carers  Dentists  Specialists

Keywords - you've selected "Capacity building", please select further: \*

- Education  Guidelines  Training

Keywords - you've selected "Pharmaceuticals", please select further: \*  
(compulsory)

- Prescription  Polypharmacy  Adverse effects

- Vaccinations
- Protocols
- Personalised medicine
- Pharmacovigilance

Keywords - you've selected "Regulatory conditions", please select further: \* (compulsory)

- Authorisation
- Legislation
- Data protection
- Privacy
- Standardisation

Keywords - you've selected "Social Inclusion", please select further: \* (compulsory)

- Social networks
- Activities

Keywords - you've selected "Treatment", please select further: \* (compulsory)

- Protocols
- Guidelines
- Adherence

Keywords - you've selected "Financing", please select further: \* (compulsory)

- EU funding
- Non EU funding
- Private

Keywords - you've selected "Research and development", please select further: \* (compulsory)

- Epidemiology
- Medical research
- Monitoring and Evaluation
- Gerontology

Keywords - you've selected "Gerontology", please select further: \*

- Bio gerontology
- Medical gerontology
- Social gerontology

Keywords - you've selected "Competitiveness", please select further: \* (compulsory)

- Access to markets
- Patents

Keywords - you've selected "Diseases and Disorders", please select further: \* (compulsory)

- Communicable Diseases
- Cancer
- Musculoskeletal disease
- Digestive System Diseases
- Respiratory Tract Diseases
- Neurodegenerative disorders
- Pain
- Impairments
- Cardiovascular diseases

- Diabetes
- Other Nutritional Diseases
- Injuries
- Psychiatric disorders
- Frailty/physical decline
- Arthritis
- Other diseases
- Multimorbidity
- Health determinants

Keywords - you've selected "Respiratory Tract Diseases", please select further:\*

- Asthma
- Bronchitis

Keywords - you've selected "Neurodegenerative disorders", please select further:\*

- Dementia
- Alzheimer disease
- Parkinson's Disease

Keywords - you've selected "Impairments", please select further:\*

- Movement Disorder
- Hearing Impairment/deafness
- Vision Impairment/blindness

Keywords - you've selected "Other Nutritional Diseases", please select further:\*

- Malnutrition
- Obesity

Keywords - you've selected "Injuries", please select further:\*

- Falls
- Injuries other than falls

Keywords - you've selected "Psychiatric disorders", please select further: \*

- Depression
- Dementia
- Alzheimer disease

Keywords - you've selected "Frailty/physical decline", please select further: \*

- Muscle loss
- Osteoporosis
- Loss of orientation/balance

Keywords - you've selected "Health determinants", please select further: \*

- Tobacco
- Diet
- Active lifestyle
- Wellness

Keywords - you've selected "Health technology Assessment", please select further:

- Efficiency
- Cost-effectiveness
- Health outcomes
- QALY
- HALY
- Evidence-base
- Modelling

## Your commitment (part 5)

Working languages (Hold down the control (ctrl) button to select multiple options) (optional)

- Bulgarian
- Czech
- Danish
- Dutch
- English
- Estonian

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Finnish            | <input checked="" type="checkbox"/> French | <input checked="" type="checkbox"/> German |
| <input type="checkbox"/> Greek              | <input type="checkbox"/> Hungarian         | <input type="checkbox"/> Irish             |
| <input checked="" type="checkbox"/> Italian | <input type="checkbox"/> Latvian           | <input type="checkbox"/> Lithuanian        |
| <input type="checkbox"/> Maltese            | <input type="checkbox"/> Polish            | <input type="checkbox"/> Portuguese        |
| <input type="checkbox"/> Romanian           | <input type="checkbox"/> Slovak            | <input type="checkbox"/> Slovene           |
| <input type="checkbox"/> Spanish            | <input type="checkbox"/> Swedish           | <input type="checkbox"/> Catalan           |
| <input type="checkbox"/> Galician           | <input type="checkbox"/> Basque            | <input type="checkbox"/> Scottish Gaelic   |
| <input type="checkbox"/> Welsh              |  |  |

Please include a backup contact in addition to yours. (name, e-mail address, phone number) \* (compulsory) (maximum 50 characters; count: 0)

susanna.del-signore@sanofi.com  
philippe.guillet@sanofi.com

Please give website's url (optional) (maximum 100 characters; count: 0)

www.sanofi.com

I have read, accepted and abided by the Guide to Invitation for Commitment and I agree that all added information is correct. \* (compulsory)

Yes/no

I have read and understood the privacy notice. \* (compulsory)

Yes/no



## Declaration of Intent

CPME declares its intention to cooperate and support the integrated approach to frailty clinical study subject the following conditions are met:

1. The clinical study on an integrated approach to frailty needs to be governed by the principles upheld in the joint CPME – EFPIA declaration on the cooperation between the medical profession and the pharmaceutical industry of 2005, in particular articles 7, 8, 16-20 referring to product promotion and information, clinical research and consultancy and affiliations ([Joint Declaration of the CPME and EFPIA on the cooperation between the medical profession and the pharmaceutical industry, 2005](#)).
2. Both parties agree to the timely and transparent provision of information to enhance the good development of the project.
3. CPME expects that scientific research will be according to the highest possible standards with regard to reporting research methods and results in a transparent and complete manner.
4. The definition of physical frailty will be most evidence based and justified by scholarly peer reviewed articles.
5. The input, support and cooperation within the scope of the project will be free from any conflict of interest. CPME, as a representative of doctors will not support any particular product. All forms of cooperation are for the scope of the project and will not in any way associate the organisation or its members to any particular product, directly or indirectly.
6. Doctors must be in a position to obtain timely, objective, complete and unbiased information on issues relating to the effects of the clinical study ([Joint Statement by the CP and EFPIA, 1995](#) and [Joint Declaration of the CPME and EFPIA on the cooperation between the medical profession and the pharmaceutical industry, 2005](#)).
7. Findings from the study must be published independently of whether they are negative or positive and overall the governance of the project does not commit CPME to any obligations outside the scope of the project.
8. The professional independence must not be subjected in any way to limitations or conditions that lead to the breach of ethical or professional codes of conduct.

### Signatures:

Dr Konstanty Radziwill,  
CPME President

Mrs Birgit Beger,  
CPME Secretary General

SANOFI representative

Dr Philippe GUILLET  
Chief Geriatrician  
TSH ASing