Alexis Genin – CEO, Brain & Mind

Our mission is to close the 'trustability gap' and bring reliable science into clinical reality.

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Alexis Genin, CEO of Brain & Mind, discusses the strategic vision behind France's first national hub for neuroscience product development. Established to overcome the fragmented landscape in neuroscience innovation, Brain & Mind unites over 40 partners across industry, research, and investment. Under Genin's leadership, the organization has focused on closing the "trustability gap" in early-stage data, investing in six cutting-edge technologies, and streamlining clinical trial readiness. Emphasising a unified view of neuroscience and a practical, tool-based approach to innovation, Brain & Mind is positioning France as a key European player in accelerating translational neuroscience with global relevance.

What fundamental challenge was Brain & Mind established to address within the neuroscience sector?

Brain & Mind represents France's inaugural national hub for neuroscience product development, aggregating approximately 40 strategic partners encompassing major industry groups, preventive healthcare organisations, hospitals, research institutes, and venture capital firms. This collaborative framework has been established over the past several years to address the fragmentation that previously characterised these organisations' approach to neuroscience innovation.

The imperative for consolidating these entities under a unified structure stems from several strategic considerations. Primarily, we seek to mutualise technological resources across sectors, founded on our fundamental belief that neuroscience constitutes a singular, integrated field rather than disparate disciplines. Our approach positions neurology, psychiatry, and sensory disorders under one operational framework when developing accelerated product development methodologies. This aggregation enables us to achieve critical mass in terms of expertise, existing technological platforms, and patient populations, facilitating streamlined operations supported by substantial public investment.

Following your appointment as the organisation's inaugural CEO, what key achievements have been realised, and how do these contribute to the strategic 2030 objectives?

We commenced operations precisely one year ago, during which I established the organisational structure and assembled a team of 15 professionals exclusively drawn from start-up and venture capital sectors—all from private sector backgrounds. Our overarching objective centres on bridging the critical gap between emerging scientific and clinical results and their successful implementation in clinical environments.

Our initial phase involved scouting approximately 50 emerging technologies incorporated within start-up ventures, from which we selected six for investment. Our primary focus addresses what we term the "trustability gap" in data packages, essentially reinforcing data integrity to demonstrate robust evidence readiness for clinical development progression. This initiative has necessitated engaging a community of approximately 50 venture capitalists, both French and international, including several US-based firms, to quantify deal flow and identify strategic investment opportunities where our funding can mitigate risk in early-stage investments.

Concurrently, we have addressed clinical development efficiency gaps, particularly regarding first-in-patient studies encompassing both trial design and field implementation. We are developing and investing in advanced tools for enhanced patient certification and more efficient patient recruitment in clinical trials.

Regarding the six selected technologies, what categories do these encompass?

We maintain a technology-agnostic approach whilst focusing our initial investment round—designated S1 2025—on four medical technology devices and two technology-biology platforms. The TechBio investments target enhanced relevance and predictability in preclinical research, addressing a critical need in the central nervous system field, where preclinical research predictability requires substantial improvement.

In the medical technology sector, our investments emphasise neural modulation techniques whilst extending beyond this scope. We are strong advocates for combination approaches integrating pharmaceutical and technological solutions to bridge efficacy gaps in drug development. One portfolio company is developing innovative tools to enhance blood-brain barrier penetration for large biomolecules, including monoclonal antibodies. Another focuses on non-invasive neuromodulation technology designed to synergise with existing compounds in Alzheimer’s disease treatment, exemplifying our combination therapy approach.

How do you perceive the current momentum in central nervous system research, particularly given the recent optimism following Alzheimer’s disease-modifying drug approvals?

This represents the beginning of a significant reinvestment wave, following massive disinvestment in the early 2010s. From the aftermath of pharmaceutical R&D retrenchment emerged numerous exciting biotechnology and diverse start-ups encompassing not only biotech but also medical technology ventures. As technologies have matured, we observe renewed interest from major pharmaceutical groups, creating optimal conditions for strategic investment.

Our role focuses on investing in efficiency-enhancing tools: improved predictability of preclinical results, enhanced certification and efficacy readouts in patients, including primary and secondary outcomes, and optimised clinical networks and methodologies enabling rapid hypothesis testing. We maintain two core beliefs: first, the combination approach encompassing drug-device integration, multiple drug combinations, and multiple device combinations, extending across the preventive-to-curative continuum. Second, we view neuroscience as a unified field, recognising the massive comorbidities between neurological disorders, psychiatric disorders, and sensory disorders. Hearing loss serves as a strong predictor of Alzheimer’s disease; Parkinson’s disease presents with both movement and olfactory disorders; psychiatric diseases involve sensory alterations; and neurological diseases typically present psychotic comorbidities.

We advocate strongly for enhanced clinical research methodologies. Rather than viewing research and clinical development as distinct phases, we believe in expanding what we term “clinical research”—a crucial intermediate layer that facilitates understanding of patient diversity and appropriate populations for drug development before clinical development commences.

How do you position France’s neuroscience expertise within the broader European and global landscape?

Claiming that any single country can independently drive transformational change would be both arrogant and unrealistic. Exceptional expertise and initiatives exist globally. What we potentially offer as a distinctive French approach is our culture of in-depth clinical phenotyping, and as for Brain&Mind, a focus not on what appears exciting, but on what could prove genuinely useful for efficient clinical trials.

Whilst global initiatives in biomarker discovery, large-scale cohort studies, pan-genomic analysis, and high-throughput proteomics are valuable, we have identified opportunities for differentiated impact. Rather than pursuing massive cohorts and extensive omics studies, we focus on analysing the most powerful existing markers and developing platforms for systematic implementation. Our approach involves identifying the 200 most robust markers for clinical trial deployment rather than pursuing 5,000 additional research markers.

This philosophy characterises our entire approach: focusing on proven, powerful tools and developing systematic toolkits for clinical trial dissemination. The more glamorous research pursuits continue through institutions like the Paris Brain Institute under Stephanie DeBette and Bruno Dubois, representing exciting five-to-ten-year ventures. However, Brain & Mind operates with urgency, concentrating on tools deployable within approximately two years across all programmes.

Given the significant government funding supporting this initiative, how do you advocate for continued investment in a field where outcomes may be more incremental than in other therapeutic areas?

The current reinvestment wave illustrates that once stakeholders observe achievable success, broader investment follows. Investment risk management has fundamentally improved beyond the previous approach of essentially random probability-based decisions. We now possess tools for

comprehensive, objective patient phenotyping and can understand, based on biological mechanisms, which patient populations can successfully receive specific drug or device applications.

Predictive capability should transform neuroscience into a more attractive investment field. Public advocacy remains important—central nervous system diseases represent the number one perceived threat to dignity among the general population. The stigma around these diseases may, however, sometimes translate into investment hesitancy. However, demonstrating achievable success significantly outweighs advocacy requirements..

How have you managed the complex dynamics of bringing together stakeholders with seemingly divergent objectives?

The coordination has proceeded effectively because all stakeholders ultimately desire efficient new health products, albeit through different approaches. We have created an environment where patient associations from neurology and psychiatry participate not merely for symbolic representation but because they contribute valuable ideas and facilitate patient mobilisation for clinical trial participation. These associations prioritise treatment efficacy over pharmaceutical industry profitability concerns.

Basic scientists, whilst sometimes not interested in direct product development, appreciate access to substantial shared data resources, which we provide through our biomarker platforms encompassing digital and wet biomarkers. Pharmaceutical companies recognise extensive pre-competitive collaboration opportunities beyond their competitive domains—standardised frameworks for efficient trial design, adaptive trial methodologies for Phase 1B studies, and regulatory-approved standardised digital biomarker development frameworks.

Our success in convening major pharmaceutical groups and research institutes has not revealed significant cultural gaps or conflicts.

How does Brain & Mind collaborate internationally, particularly given its English nomenclature and international orientation?

Our initial international focus addresses rare disease networks where single-country patient populations prove insufficient. We participate through the European Infrastructure for Translational

Medicine (EITM), which bridges innovation hubs across Europe. Our national networks connect with international rare disease networks as our primary international expansion step.

Our three-year strategy emphasises European collaboration with a continued focus on French clinical network efficiency. We have launched investments in practical efficiency tools —optimising recruitment curves across dozens of clinical sites, bridging connections with general practitioners and regional patients to improve clinical research accessibility. These logistical efficiency improvements represent the fundamental infrastructure development we will prioritise.

Regarding talent development, how are you building the ecosystem of neuroscientist-entrepreneurs required for this initiative?

France’s position as the leading European start-up investment destination, with approximately 2.5 billion USD invested in local start-ups last year, provides a robust ecosystem of well-funded entrepreneurs seeking integration with potential buyers, major pharmaceutical groups, and prescribers from academic institutions. We leverage this existing talent pool by aggregating start-ups into functional clusters: patient recruitment, trial certification, and digital biomarkers. We then develop collaborative programmes focusing on two-year deliverables rather than five-year projects, with each participant contributing technological components and receiving collective results.

Given Europe’s position between China’s clinical trial speed and US funding advantages, how can European neuroscience start-ups realistically compete?

European competitiveness requires enhanced patient recruitment efficiency. Our competitive advantage should lie in early-phase clinical trials requiring deep phenotyping and comprehensive semiology to understand patient diversity, enabling early product termination or repositioning decisions. Whilst funding concentrates in the US, European expertise in early clinical development thinking provides strategic advantages.

Looking toward 2030, what developments do you anticipate, and what challenges require resolution?

We are addressing the “trustability” gap affecting preclinical results across all fields; approximately 50% of laboratory results fail to reproduce. Our assessment engine exclusively evaluates data

strength robustness. The challenge involves scaling proof-of-concept demonstrations and validating our hypothesis that demonstrating data strength will facilitate investment flow.

We are developing frameworks for sophisticated methodological support in early-stage trials, moving beyond traditional approaches where initial indications receive substantial investment without comprehensive target product profile understanding. Our framework emphasises biomarker-informed and adaptive trials utilising early clinical data rather than purely clinical outcomes.

Digital biomarkers represent our third scalability challenge. The scientific consensus supports their revolutionary potential in introducing objectivity to partially objective fields, reducing inter-site investigation variability, and capturing patient data beyond “artificial” hospital environments to better understand drug and device performance in real-world settings. However, current digital biomarker development lacks unification, with numerous start-ups developing independent frameworks, creating regulatory uncertainty.

We are constructing a plug-and-play framework where academics and start-ups can integrate technologies and concepts onto our platform, providing a unified European framework for digital biomarker development using focused, clean data rather than comprehensive but unwieldy datasets.

What key messages would you convey to the international audience regarding Brain & Mind’s approach?

Our distinctive focus emphasises tool robustness for industry application in clinical trials rather than purely academic usage. We strongly advocate for enhanced agility, enabling combination intervention testing and adaptive trial methodologies. This practical, implementation-focused approach, I hope, distinguishes Brain & Mind’s contribution to global neuroscience product development advancement.

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