Interview: Philippe Held – Founder, DermoSafe, Switzerland



"The idea is not to cut out or remove the dermatologist from the equation because they should be part of the concept."

28.09.2017

Tags: Switzerland, DermoSafe, Medtech, Dermatology, Cancer, Innovation, Funding, Digitalization

Philippe Held, founder of the innovative Swiss medtech Dermosafe, discusses the origins behind the company's game-changing digitalized solutions for detecting skin cancer at an early stage, how the rollout of the technology is progressing, and the importance of patient and physician education.

You founded DermoSafe around five years ago with the idea of detecting skin cancer at an early stage thanks to your very innovative digital health web service, and the fully integrated solution that you provide by connected dermoscopy. Why did you choose this particular niche?

I had been dealing with the issue of people seeing something on their skin and not knowing what to do. Some people go online and follow an ABCDE rule which is very subjective. Others will get the issue checked out in person, but the problem in Switzerland is that you first have to go to a general practitioner, depending on your insurance, and they are not always very accurate when checking skin lesions or moles, so most of the time they send you to a dermatologist, which can be a lengthy process; you have to make a few phone calls, find a dermatologist which is able to take on new patients, and this depends on where you live. In some regions, there is only one dermatologist in the whole Canton, as in Jura for instance. In other cantons, there are many dermatologists such as Geneva, but quite a few tend to focus more on areas like aesthetics, and the truth of the matter is that it is difficult to find a dermatologist. That is unless you go to a GP and the GP refers you to a dermatologist.

Despite this lengthy process and in most cases, it will take a specialist only 5 to 10 minutes to determine that the problem is benign. I personally had a benign case in the past, and found the process quite demanding before being ensure that all was safe. A few years later – and this turned out to be the beginning of DermoSafe – my daughter had something on her neck, and we were checking on the internet and again facing the same issues. At that time, there were a couple of websites where you could send images to be examined, but I'm a photographer, and I know how difficult it can be to take a good picture with correct lighting and so on. I therefore felt there was a gap, and I started to visit some dermatologists and key opinion leaders (KOLs) to discuss developing a better detection product.

The first KOL feedback I received was that the first step was using dermoscopy, and then making sure that the patient is not focusing on just one particular lesion. Too often, people look at the ugliest lesion, which is not necessarily malignant. I then started to dig into the world of dermoscopy, and I found it is actually an old technique but has only been used by dermatologists since the late 90s. In the US, I think only around 50% of dermatologists use dermoscopy. It is a rather simple technique, but requires a lot of training to be efficient. Therefore, on average, you get 30% better specificity and sensitivity. It is non-invasive and easy to use. But today it is still only used by dermatologists, which means its use is quite limited. We wanted to know how we could democratise the use of dermoscopy to different channels and still benefit from specialists' expertise.

We therefore launched the device DermoClic – whether it be you, me or my daughter taking the picture, the result is the same. Basically, it is just "point and click". Its design allows the user to take a picture of all lesions and not just one. This device is directly connected to a web platform, in a secure data centre with ISO certifications for medical data and one of our specialists then evaluates every single image. On the long run, the challenge will be to handle a large volume of data, hence we are now working on combining artificial intelligence with specialists' expertise to make sure that they spend a limited amount of time per patient and maximize the volume of images received.

Where are your specialists located? Here in Switzerland?

Today we are working with Professor Argenziano who is one of the fathers of dermoscopy use for skin cancer screening. We started with someone from his team, and our goal is now to use experts from whichever location. Tomorrow it could be France or Switzerland. We want to build up a virtual expertise centre. The more images and cases we accumulate, the more efficient the system will be.

In what ways is this technology revolutionary?

When I started, there were some other companies starting to pop up with different solutions for smartphones, but DermoSafe stands out with its integration from A to Z; we want to provide a complete service, meaning we are not just selling to general practitioners by saying look, this is the device, you can connect to the platform and you will see who is online to perform your analysis. We want to say, this is a DermoSafe specialist, you don't need to know who exactly is going to analyse your images, it is our system. We also want to provide pamphlets in the waiting room because it is very important to have direct communication with the patients. People are not necessarily aware that if they go to a GP equipped with DermoSafe, they can get an initial skin or mole check.

[Featured_in]

The idea is not to cut out or remove the dermatologist from the equation because they should be part of the concept. We want to build on local dermatologists' relationships with patients. If someone goes to a medical centre or a pharmacy equipped with DermoSafe and something is suspicious, then we want to be able to give the patient options on where to go. In that way, the dermatologist already has the information and images, and he can then make his own decision. He can then assess, based on that picture, if he should see that patient tomorrow or in two weeks' time. This is the challenge, building this sort of network.

Over the last five years, what key achievements or developments are you most proud of?

The first achievement was the AXA Innovation Award; without it I probably would not have begun. This helped us to set up the company. Different people joined the company as partners, with different expertise. I for example have one partner who is quite high up in a pharmaceutical company. We also have people who have expertise in regulation and compliance, we have an entrepreneur who simply wants to invest, and the team here, which is another company, put a little money in to be part of the overall team. They also have some shares.

So you have now gathered all these different experts and partners to have all the necessary competences and skills… how are you funding this whole initiative?

I have to say it has been quite challenging to secure financing. Even if everyone understands that telemedicine is the future, it is still quite new with an adoption not as quick as investor could wish, and with potentially quite a few uncertain regulation matters. .. However, last year I received the PERL Prize, and this gave me a good bridge until I was able to find a private investor. I was lucky to

find an investor with that profile, he has a GP background, and he clearly understood the value of our system and what it would bring for patients..

Now looking at the pharmacists' side, how have you advanced in equipping them with DermoSafe?

We have four pharmacies equipped with DermoSafe. It is still new and something we still need to communicate so people know that they can go to these pharmacies. I would say with all the different pilot studies we have done, whether in pharmacies or in medical centres, where they do not have in-house dermatologists, we reached about 70-80% of the people who had never had a skin check before. People don't necessarily want to go to the dermatologist, but when you make access easier, it motivates people to have a quick check.

Switzerland has a high prevalence of skin cancer and is number two globally after Australia/New Zealand and number one in Europe. How do you explain this?

There is no clear answer, even if you ask specialists. There could be two factors. Detection, although not perfect, is probably better than some other countries. It could also be that people in Switzerland are wealthier than in other countries and we go abroad more often during Christmas for example and are more exposed to the sun. We also have a lot of mountains and skiing which again entails high exposure to the sun.

How is DermoSafe raising awareness of skin diseases and cancer?

Initially, when I first came up with the concept, I wanted to raise patient awareness directly. This is still somewhat of an objective. Then we started to get the idea validated by professionals and so when I looked at studies and statistics, I saw there were many publications about how general practitioners had difficulty during screening because they only use their eyes to try to detect skin cancer. They cannot be trained to use dermoscopy because it takes one year of training to be proficient. And although skin is the largest part of your body, they are usually only looking for something very obvious. So even for a professional it is difficult to spot something wrong. They might not admit it, but it is true. So one improvement from dermoscopy is the reduction of unnecessary excisions. With dermoscopy the skin can be better assessed and it is easier to determine if it's nothing.

[related_story]

There are some studies that show that a GP performs between 20 and 40 excisions per one malignant lesion removed. Dermatologists perform around 10-20, and key experts perform less

than 10. There are therefore huge potential cost savings, and people might start to complain if they have to get multiple lesions removed. Even though it is a minor operation, it remains a nuisance.

A lot has been achieved in these last few years. What is your grand vision moving forward?

We would like to establish a real brand, and to commercialise the product in other countries, we would seek partnerships.

We however know that insurances is not really considering to pay for prevention if the look short term.. We prefer talking of “a medical assessment or control” that can save a lot of money to the healthcare system. If you remove something malignant at the early stage it costs less than a couple thousand euros. Today treatment of melanoma can cost EUR 100-150,000 over a couple of years and there are no real medications to treat it. There are a couple of new products that extend life by up to six months, maybe up to a year or two years. But insurance companies are of course looking in priority at what their highest costs are, and the cost of melanoma treatment, although huge, is still very low compared to other illnesses.

Alfredo Garcia from SeroLab, a company specialising in anti-serums, told us that much more can be done in terms of prevention today and that it is a question of changing people’s mind-sets, from the likes of Novartis and Roche all the way down to the healthcare authorities, the insurers and the payers. Would you agree?

Yes, I definitively agree with that. It is very challenging for a small company like us to push for mind-set changes.. We started a website and a Facebook page which is dedicated to directly communicating with patients. After few months, we have reached already 10,000 followers, which is still a low number, but we want to increase this and make them increasingly aware that a check once or twice a year is beneficial. To do this, we are trying to set up partnerships with pharma and cosmetic companies, as we need these types of collaborations to expand.

Internationally, where do you see yourself expanding to? Are you going to expand all the way to Australia for example where the prevalence of skin cancer is immense?

If I find someone there, yes! But first we are looking at Europe and the US – although for the latter, regulations are quite complex given there is a “responsibility” issue.

For the pharmaceutical companies, which are selling treatments in this field, I think having our platform and a huge amount of data can be very powerful tools for clinical trials for preselecting

the right people. This can save a lot of time and money, as when these companies launch new products, the clinical trials is often the bottle neck for the go to market because it takes a long time and is extremely costly.

Thomas A. Tóth von Kiskér of Tillotts Pharma explained how, as an SME, it is difficult to grow and compete today without having a certain size and of course financing capacity. What is DermoSafe's plan to overcome this challenge and reach the next level?

We are right in the middle of this issue… DermoSafe investors are still behind, and we are all right for the next twelve months in terms of financing to set up a successful collaboration, whether it's with a chain of pharmacies or a chain of medical centres.

And you need more investors as well?

To expand abroad and achieve our vision of being a recognised international platform for skin cancer screening, we will have to prepare a next financial round of some millions.

It also depends how quick we can reach a sufficient volume of analyse to be break even.

If you compare with a colorectal cancer campaign here in Switzerland, by communicating correctly they got more than 20,000 people in six weeks to do a test. Twenty-thousand is roughly the number DermoSafe would need to reach breakeven as it stands now. To achieve it, we also need more support from insurance,.

At what point would you consider DermoSafe to be a valuable potential acquisition asset for another player?

I think it really depends on the motivation of the potential acquirer. My investor besides the return on capital expectation, considers the social impact investing as a crucial part in the equation. . I would enter discussions if I felt that the acquiring company is the right partner to bring the DermoSafe concept to a success, meaning helping international expansion and performing 100 of thousands analysis per every month.

See more interviews