

## Detailed description of the projects and its objectives

Project	Call	Contribution	Duration	Grant number	Objectives
					(1) Identify and
					characterize
					markers associated
					to diabetic
					nephropathy,
					diabetic
					retinopathy,
		IMI Funding			and Lower
SUMMIT:		(14 654 559)			Extremity Arterial
Surrogate		(1+ 05+ 557)			Disease in both
markers for		EFPIA in kind			type 1 and type 2
micro- and	IMI 1 – Call 1 (15	(15 252 050)	01/11/200		diabetes as well as
macro-vascular			9 to	115006	on cardiovascular
hard endpoints		Other	31/10/201		disease in type 2
for innovative			5		diabetes, to predict
diabetes tools		(4 905 472)			risks of developing
		Total Cost:			the complications
(closed)					and monitor the
		34 812 081€			effects of
					therapeutic
					interventions.
					(2) Develop
					knowledge,
					procedures,
					technologies and
					tools to make

## $Table \ 1-Brief \ Description \ of \ IMI-funded \ projects \ in \ diabetes$

DIRECT: Diabetes research on patient stratification (closed)	IMI 1 – Call 3	IMI Funding (21 388 643) EFPIA in kind (18 816 527) Other (6 278 957) Total Cost: 46 484 127€	01/02/201 2 to 31/07/201 9	115317	that control beta- cell life and death as well as mass and function. (1) Identify the subtypes of type 2 diabetes patients. (2) Identify and validate biomarkers associated with different subtypes of type 2 diabetes and different rates of disease progression. (3) Determine the most appropriate treatments for each subtype of type 2 diabetes patients.
StemBANCC: Stem cells for biological assays of novel drugs and predictive toxicology (closed)	IMI 1 – Call 4	IMI Funding (26 000 000) EFPIA in kind (20 761 386) Other (8 249 094) Total Cost:	01/10/201 2 to 31/03/201 8	115439	<ul> <li>(1) Generate</li> <li>high-quality human</li> <li>induced pluripotent</li> <li>stem cell lines to</li> <li>study a range of</li> <li>chronic diseases</li> <li>(peripheral</li> <li>neuropathies,</li> <li>neurodegenerative</li> <li>disorders,</li> <li>neurodysfunctional</li> <li>disorders, diabetes)</li> </ul>

## Supplementary Material

EMIF: European Medical Information Framework (closed)	IMI 1 – Call 4	55 010 480€ IMI Funding (24 356 096) EFPIA in kind (24 354 503) Other (7 073 712)	01/01/201 3 to 30/06/201 8	115372	and test for drugefficacy and safety.(2) Characterize iPS cell lines interms of theirgenetic, protein,and metabolicprofiles.(1) Develop acommoninformationframework ofpatient-level datathat will link upand facilitateaccess to diversemedical andresearch datasource.(2) Identifypredictors ofmetabolic
Framework		Other	30/06/201	115372	(2) Identify predictors of
EBiSC: European Bank for induced	IMI 1 – Call 8	IMI Funding (21 840 380)	01/01/201 4 to	115582	<ul><li>(1) Establish a</li><li>European iPS cell</li><li>bank that will be</li></ul>

pluripotent Stem		EFPIA in kind	31/12/201		the 'go-to' resource
Cells (closed)		(7 167 072) Other	7		for the characterisation, storage and distribution of
		(5 320 406) Total Cost: 34 327 858€			high-quality iPS cells.
INNODIA: Translational approaches to disease modifying therapy of type 1 diabetes: an innovative approach towards understanding and arresting type 1 diabetes. (ongoing)	IMI 2 – Call 1	IMI Funding (17 630 000) EFPIA in kind (12 745 192) Associated Partners (9 164 968) Other (633 000) Total Cost: 40 173 160€	01/11/201 5 to 31/10/202 2	115797	(1) Advance the understanding of type 1 diabetes and address the lack of tools and technologies that will allow clinicians to predict, evaluate and prevent the onset and progression of type 1 diabetes. (2) Perform clinical intervention studies leading to novel therapies for preventing and curing type 1 diabetes.
RHAPSODY: Assessing risk	IMI 2 – Call 3	IMI Funding	01/04/201 6 to	115881	<ul><li>(1) Understand</li><li>the factors that</li><li>drive the</li></ul>

and programies		(9, 120, 000)	21/02/202		progragion of are
and progression		(8 130 000)	31/03/202		progression of pre-
of prediabetes		EFPIA in kind	0		diabetes to diabetes
and type 2					and the
diabetes to		(8 371 626)			deterioration of the
enable disease					condition of people
modification.		Other			with diabetes.
(ongoing)		(2 189 500)			(2) Develop
(ongoing)					novel biomarkers
		Total Cost:			to refine diagnosis
		18 691 126€			leading to better
		10 091 1200			patient
					stratification,
					promote
					prevention, and
					support innovative
					drug discovery for
					personalized
					management of
					type 2 diabetes.
		IMI Funding			(1) Provide a
		(15 085 937)			holistic systems
					medicine view of
BEAT-DKD:		EFPIA in kind			the pathogenesis
Biomarker		(13 360 968)	01/09/201		DKD to identify
enterprise to	IMI 2 – Call 5	(12 2 00 3 00)	6 to		targetable
attack DKD		Associated	31/08/202	115974	mechanisms and
allack DKD		Partners	1		pathways
(ongoing)	ng)				underlying
		(1 850 999)			initiation and
		Total Cost:			progression of
					DKD, applying a
		30 297 904€			novel sub-

		IMI Funding			classification of diabetes. (2) Identify and validate biomarkers of disease progression and treatment responses representing the first steps towards precision medicine in the management of DKD. (1) Develop, robustly validate and advance towards regulatory qualification
LITMUS: Liver Investigation: Testing Marker Utility in Steatohepatitis (ongoing)	IMI 2 – Call 9	IMI Funding (15 797 881) EFPIA in kind (24 180 663) Other (7 302 863) Total Cost 47 281 407€	01/11/201 7 to 31/10/202 2	777377	biomarkers that diagnose, risk stratify and/or monitor NAFLD and NASH progression and fibrosis stage. (2) Develop and validate imaging techniques that will allow doctors and researchers to rapidly and easily diagnose the severity of patients'

Hypo- RESOLVE: Hypoglycaemia - REdefining SOLutions for better liVEs (ongoing)	IMI 2 – Call 10	IMI Funding (13 450 057) EFPIA in kind (10 316 000) Associated Partners (3 008 525) Total Cost: 26 774 583€	01/05/201 8 to 30/04/202 2	777460	disease and monitor changes in patients' livers. (1) Provide researchers and clinicians with more validated data about the condition by creating a sustainable clinical database, by conducting studies to better understand the underlying mechanisms of hypoglycaemia, by conducting a series of statistical analyses to define predictors and consequences of hypoglycaemia, and by calculating the financial cost in European countries.
IM2PACT: Investigating mechanisms and	IMI 2 – Call 12	IMI Funding (9 000 000)	01/01/201 9 to	807015	<ul><li>(1) Advance</li><li>the understanding</li><li>of the blood-brain</li></ul>

models		EFPIA in kind	31/12/202		barrier to facilitate
predictive of			3		the development of
accessibility of		(8 410 136)	C		more effective
therapeutics into		Total Coat			treatments for a
the brain		Total Cost:			range of
		17 410 136€			neurological and
					metabolic
					disorders;
					(2) Develop
					better models of
					the BBB so that
					researchers can
					study it more
					easily;
					(3) Investigate
					the biology of the
					BBB in both health
					and disease, and
					the transport routes
					across it;
					(4) Develops
					innovative systems
					capable of
					delivering
					medicines to the
					brain.
CARDIATEA		IMI Funding			(1) Determine
M:		0	01/03/201		how type 2
LVE •	IMI2 –	(6 700 000)	9 to	0.0.0	diabetes represents
Cardiomyopathy	Call 13	EFPIA in kind	29/02/202	821508	a central
in type 2		LTTIA III KIIIQ	4		mechanism
diabetes mellitus		(6 000 000)			contributing to the
					pathogenesis and

## Supplementary Material

(ongoing)	Other	progression of
	(102 500)	diabetic
	(182 500)	cardiomyopathy.
	Total Cost:	(2) Determine
		how distinct
	12 882 500€	diabetic
		cardiomyopathy is
		from other forms of
		heart failure.