





# Bridging Borders: Advancing Translational Oncology Research through

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Stefan Milosevic, University of Cambridge | BIO4 Campus Belgrade



## Why Borders Still Exist in Cancer Research

Cancer doesn't care about borders. So why do our research systems?

### Translational oncology today is fragmented:

National borders limit clinical collaborations

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Institutional silos slow down data integration

Underlining:
Result: Up to 70%
of patients fail firstline therapies. Over
85% of clinical
trials miss their
endpoints

Regulatory systems aren't built for Al

Source: NIH, IQVIA

From Bench to Bedside: The Translational Oncology Challenge

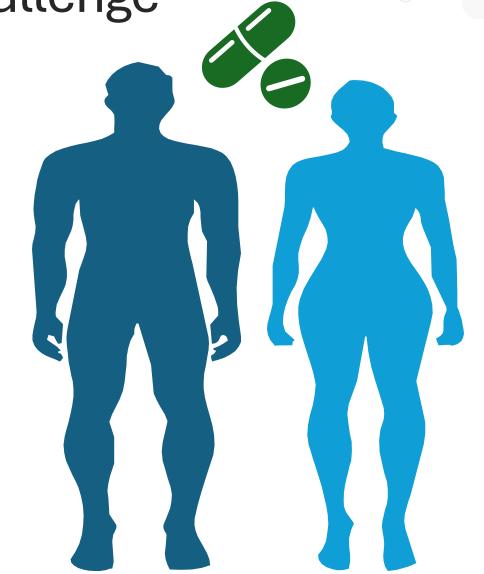
Translational oncology means converting lab breakthroughs into clinical treatments

But there's a "data chasm" between discovery and real-world deployment

Genomics ≠ Clinical trials ≠ Imaging

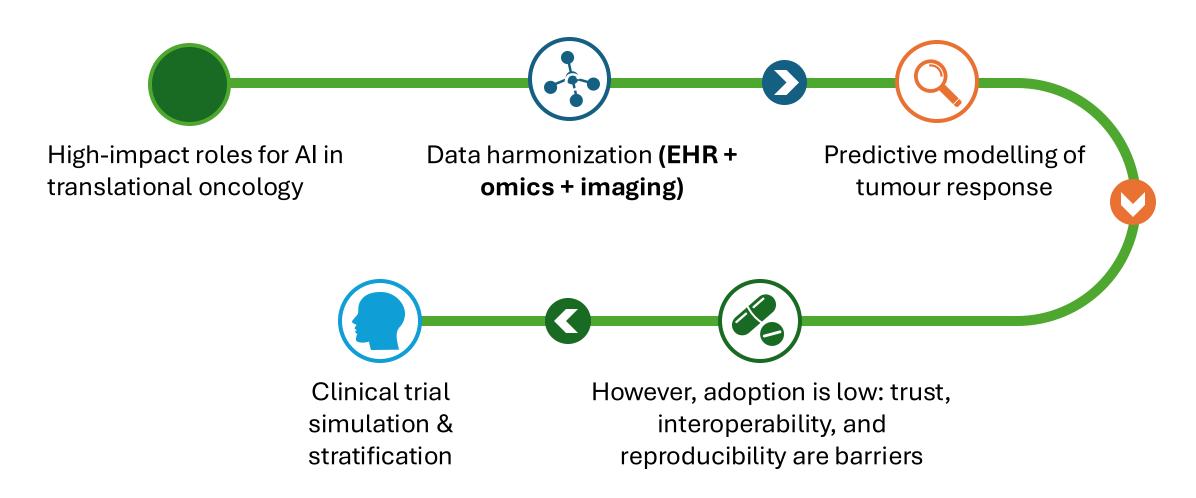
≠ Real-world outcomes

Solution: What's missing? A common computational language across modalities and institutions



#### Al as the Bridge: Not a Silver Bullet, but a Shared Protocol

Al helps navigate complexity, **not replace** clinicians or researchers







# **scMultiGraph**: single-cell Multiomic Modelling with Message Passing Graph Neural Networks

#### Problem?

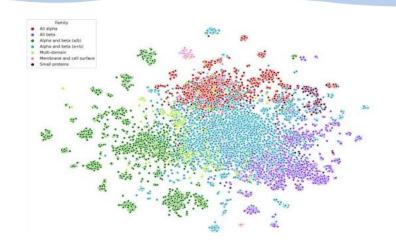
 Genomics data are often analyzed in silos-chromatin accessibility and gene expression separately

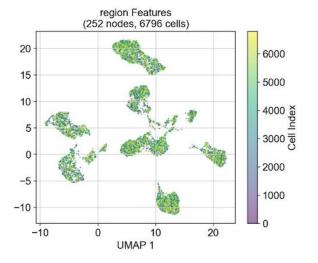
#### Result:

- Amongst the first of the graph neural network models to connect multiomic data at single-cell resolution
- Achieved high predictive accuracy across a set of variable genes

#### **Broader implication:**

 Modelling regulatory gene networks dynamically- essential for understanding therapy response and disease mechanisms





# From scMultiGraph to Real-World AI Barriers

STANDARDIZATION

My thesis clarified:

Lack of **standardized architectures** for multiomic data integration



Limited access to highquality, diverse training data



Disconnection between academic modelling and clinical validation

Next... How do we deploy this in real-world cancer settings-ethically and scale it properly?

УНИВЕРЗИТЕТ У БЕОГРАДУ

МЕДИЦИНСКИ

ФАКУЛТЕТ

UNIVERSITY OF BELGRADE

FACULTY OF

MEDICINE

BRaIn-MOD (Brain Response and Infiltration Modeling

through Omics and Dynamics): Digital Twin Modeling of



Glioma Evolution and Therapy Response





#### Oncology Across BIO4 - A Shared Domain

Oncology is not a separate pillar at BIO4; rather, it's a cross-cutting domain worked on across multiple tenant institutions

#### **Key Projects & BIO4 Tenants**

- IMGGE
  - DNA repair and genome stability (BRCA2-related) Targeting vulnerabilities in HR-deficient cancers
- Faculty of Medicine + IORS (Institute for Oncology and Radiology of Serbia)
  - Biomarker discovery in rectal cancer Personalized treatment pathways through EU collaboration
- IMI
  - Anti-inflammatory diets during breast cancer therapy Linking nutrition, clinical outcomes, and ML models
- IBISS + Faculty of Chemistry
   Novel hybrid anticancer compounds
   Designed to reduce toxicity and overcome drug resistance

BIO4 enables these projects to intersect through AI and

infrastructure, without

creating artificial silos



# ASCO 2025 -Serbia's Presence in Oncology & AI

I will represent BIO4 Campus at this year's ASCO Annual Meeting 2025

Oncology projects from our BIO4 tenants

Al use cases in immunology, rare disease modelling, and drug delivery

Objective:
Position Serbia
not just as a
consumer of
oncology AI, but
as a co-developer
and global partner



# Final Message - Research Without Borders

We don't need more data. We need more connection.

#### **Translational oncology requires:**

- -Shared purpose across institutions
- -Al tools that are co-designed for use-case purposes, not copy-pasted
- -Platforms that respect institutional differences but enable common learning

Let's move from bordered science to bridged ecosystems