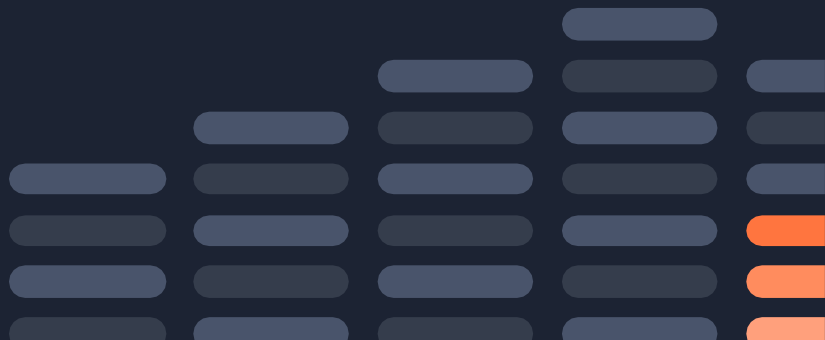


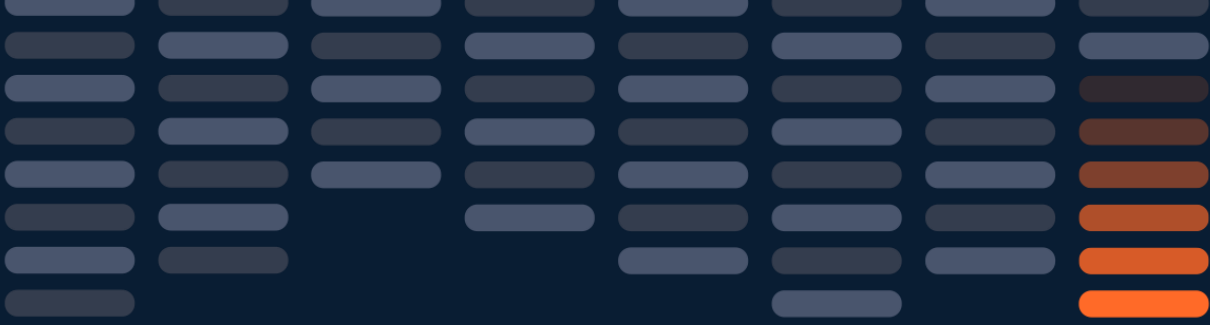


Executive Report

2026

In collaboration with:  **forma**





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1.000

Participants



23

Speakers



300+

Companies



60+

Partner & Sponsor



4.000+ m2

Expo Area



9

Lunches & Private Events



5.700€

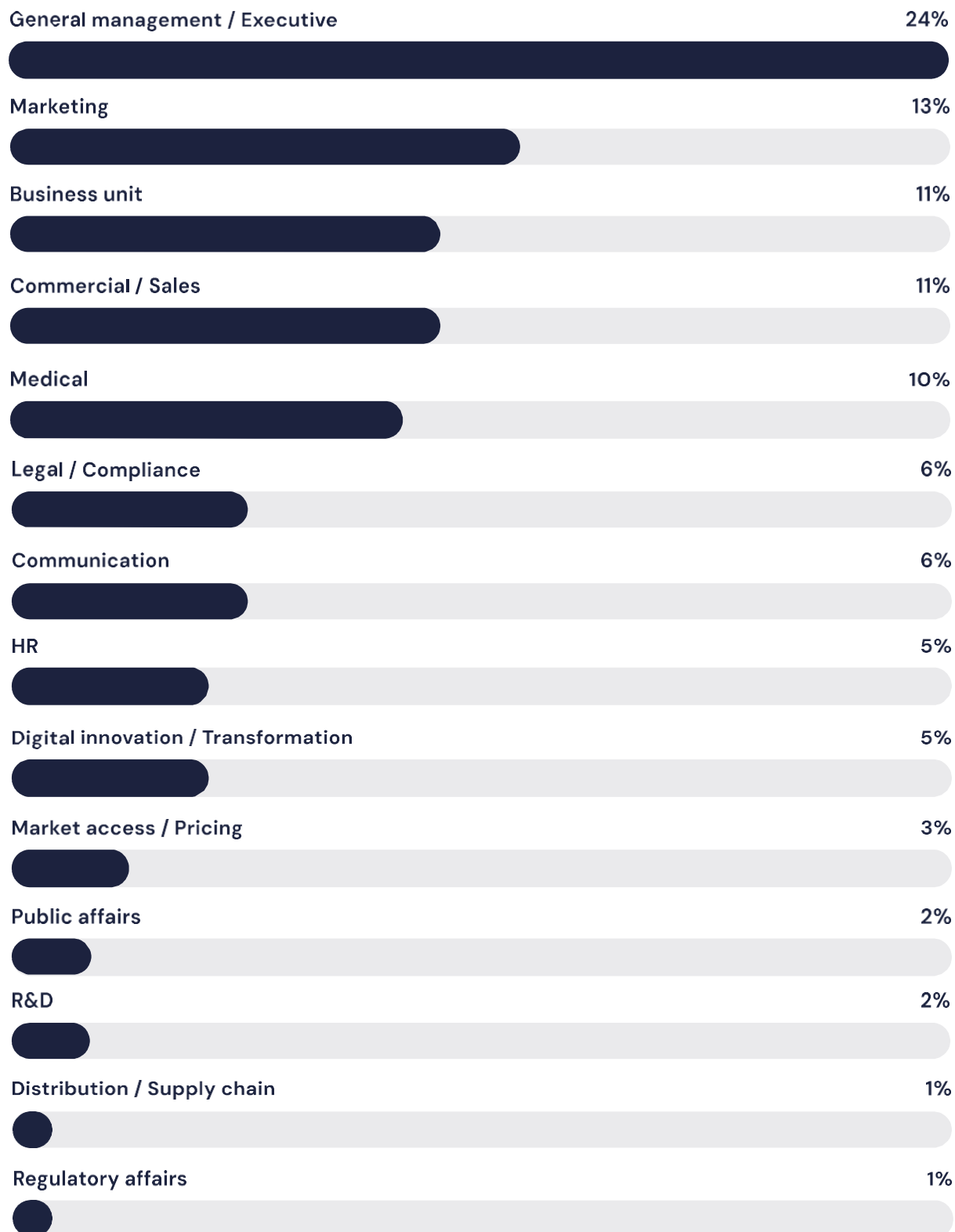
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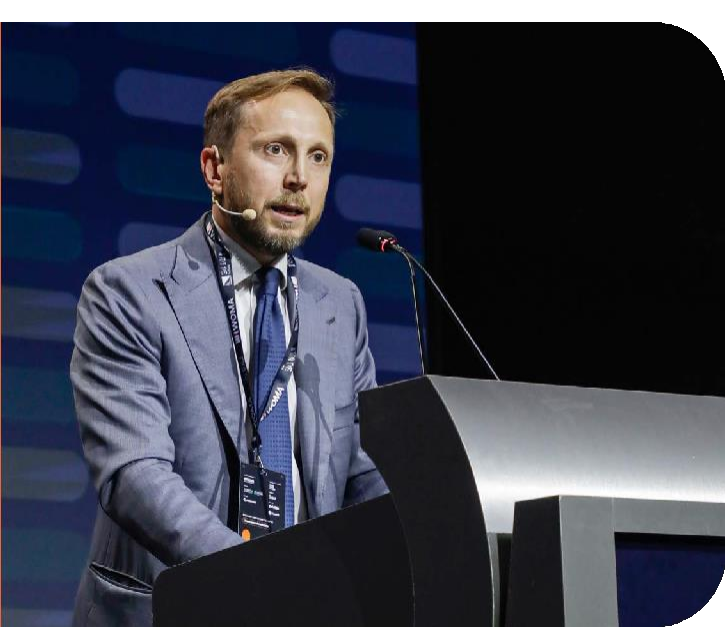


19

Media covering the Event

Audience





Executive Introduction: From Forum to Platform

WOMA Forum 2026 positioned life sciences as a strategic arena where science, capital, institutions, technology and leadership now have to move together.

WOMA Forum 2026 opened in Milan as the first edition of an international platform dedicated to pharma, med tech, healthcare and life sciences, promoted by Biofarma Network, Associazione Manager del Farmaceutico and 24 Ore Salute. Across two days, the forum was less a sequence of speeches than an attempt to define the conditions under which health innovation can become durable progress: scientifically credible, industrially scalable, institutionally supported, economically sustainable and human enough to earn trust.

The central message was that life sciences can no longer be read through one lens. Research funding, clinical-trial attractiveness, access to innovation, data governance, AI adoption, longevity, regional competitiveness, public-private partnership and leadership culture now form one operating environment. That was the significance of moving from Milan's institutional history and AIRC's research mission to Jose Manuel Durao Barroso's geopolitical call for European scale, from AIFA's regulatory lens to Jennifer Doudna's account of CRISPR, from digital health and agentic AI to patient listening and leadership trust. The forum treated health not only as a care system, but as economic infrastructure, social responsibility and strategic sovereignty.

For investors, the two days mapped a sector whose defensive qualities are increasingly tied to transformation. Life sciences remain anchored in essential demand, but the sources of value are changing: patient intelligence, AI-enabled clinical research, data quality, digital therapeutics, longevity biotech, manufacturing resilience, platform companies and regional innovation ecosystems. The strongest investment logic was not technology alone. It was the capacity to combine technology with validated science, regulatory dialogue, organizational readiness, capital discipline and access models that can reach patients sustainably.

For senior industry and institutional leaders, WOMA surfaced a parallel challenge: execution. Europe has science, talent, industrial capability and public-health values, but fragmentation, slow access, weak scale and uneven data infrastructure can turn potential into delay. The forum repeatedly returned to this practical tension, and treated it as solvable. Innovation is valuable only when it moves beyond pilots, beyond laboratories, beyond conference language and into therapies, services, prevention models, patient pathways and organizational behaviours that can be adopted at scale.

This report follows the agenda of the first edition while drawing out the strategic implications of each session. The sections are modular by design, but their combined argument is clear: the future of health will be built by ecosystems able to translate scientific discovery into accessible care, industrial competitiveness into public value, and technological acceleration into human progress. WOMA's first edition did not claim to settle these questions. It did something more valuable: it created a platform where the right actors could begin asking them together, and demonstrated that the ecosystem is ready to answer.

Key takeaways

- Life sciences now operate as one environment: science, capital, institutions, technology and leadership have to move together, and WOMA was built to be the room where they do.
- The sources of value are shifting toward patient intelligence, AI-enabled research, data quality, longevity and platform companies; value is realized only when technology is paired with validated science and execution.
- Technical capability will determine what health systems can do; trust, empathy and accountable leadership will determine whether it becomes progress.

Opening Ceremony: Building an International Platform for Pharma and Health

WOMA opened not as a conventional conference, but as the debut of an international platform for the world of pharma, med tech, healthcare and life sciences. Raffaella Cesaroni, Sky TG24 journalist, set the frame immediately: WOMA was designed to bring together authoritative voices from science, innovation, research, leadership, institutions, companies and associations, with networking and exchange treated as part of the work rather than a social add-on.

Michele Barletta, President of WOMA's Scientific Committee, gave the opening its strategic axis. For Biofarma Network, the value of WOMA lies in looking beyond the immediate agenda of the sector and translating macro-trends back into companies, associations and managerial practice. His formulation was deliberately practical: the forum should help the industry understand "what to do today for tomorrow." The agenda he outlined already contained the architecture of the two days: geopolitics and competitiveness, the fusion of technology and care, AI, biotechnology, future investment priorities, people and leadership.

“What to do today for tomorrow”

From a first welcome to a convening platform for science, industry, institutions and future health.



Florencia Bechara, CEO of WOMA Forum, then grounded the ambition in experience. Her wish was not that participants leave with a polished slogan, but with answers, better questions, useful encounters and tools to bring back into their work. That gave the opening a distinctive tone: high-level, but not abstract; international, but rooted in the room and in the network of promoters, partners, sponsors, institutions, companies and speakers that made the first edition possible.

The AIRC fundraising initiative added a further layer of purpose. The charity dinner and QR-code appeal linked the event's future-facing language to concrete support for cancer research and young oncology researchers. For investors and attendees, the opening made clear that WOMA aims to become more than an annual stage: it is being positioned as an ecosystem builder, able to connect scientific credibility, managerial capability, social responsibility and institutional momentum.

Key takeaways

- WOMA debuts not as a one-off conference but as an international convening platform, where networking and exchange are part of the work itself.
- The compass question of the two days, set by Michele Barletta: "what to do today for tomorrow."
- Purpose is built in from day one: the AIRC initiative ties the platform directly to cancer research and young researchers.

Institutional Opening: Milan as a European Life-Sciences Hub



Conte, speaking on behalf of the City of Milan, treated the choice of venue as a statement in itself. Milan, he argued, recognizes WOMA's underlying logic: bringing companies, researchers, public institutions and the wider ecosystem into the same conversation so that innovation "becomes concrete benefit for people." Life sciences were framed not only as an economic sector, but as political and social infrastructure with local, Italian and European impact.

Conte's intervention gave the forum historical depth. He recalled two moments in Milan's identity: the postwar creation of a free penicillin fund in 1946, when the city was rebuilding materially and morally, and the recognition, 50 years later, of Milan and Italian oncology research by the New England Journal of Medicine. The point was not nostalgia. It was continuity. Milan's strength, in his reading, has long been the ability to hold together beauty, ambition and care.

That same logic reappears today in MIND, the Milano Innovation District, which Conte presented as urban regeneration directed

Key takeaways

- Milan claims its role as a European life-sciences hub, with MIND as the flagship of a knowledge-driven urban model.
- Competitiveness requires territorial systems and public-private alliances, not isolated excellence.
- A civic continuity runs from the 1946 free penicillin fund to today's innovation districts: beauty, ambition and care held together.

Emmanuel Conte, City of Milan councillor, placed WOMA inside Milan's civic history of ambition, care and knowledge infrastructure.

toward a knowledge ecosystem. Research institutions, universities, startups and scientific infrastructure are not separate from the city's development model; they are part of how Milan competes, attracts talent and builds public value.

For a senior audience, the institutional message was clear, and confident. Competitiveness in life sciences cannot rely on isolated excellence, whether a single company or a single research center. It requires territorial systems, public-private alliances and a public sector willing to create the conditions in which science, industry, care, mobility, housing and urban quality can reinforce each other. Conte's closing wish for WOMA was therefore also a policy statement: the forum should grow internationally by creating alliances across public and private actors in life sciences.

Data highlights

1946

Milan creates a free penicillin fund while rebuilding after the war

50 years later

Milan and Italian oncology research recognized by the New England Journal of Medicine

Today

MIND, the Milano Innovation District, urban regeneration as a knowledge ecosystem

“
Innovation
benefit for people,
becomes concrete

Science, Innovation, Skills and Information as System Assets

The first panel translated the language of ecosystem into numbers, policy priorities and public trust.

The panel moderated by Raffaella Cesaroni, Sky TG24 journalist, brought together Daniele Finocchiaro, Managing Director of Fondazione AIRC, Nicoletta Luppi, Assobombarda Vice President and MSD Italia CEO, and Federico Silvestri, CEO and General Manager of Gruppo Il Sole 24 Ore. Its thesis was direct: science, innovation, skills and information are not parallel themes. They are strategic and mutually reinforcing levers for the life-sciences system.

Finocchiaro made the case for research as national infrastructure: research, in his words, as “a passport to the future.” AIRC, he noted, represents 70 percent of independent Italian oncology research and has funded EUR 2.85 billion over 60 years. In the current year alone, it allocated EUR 162 million to 800 projects involving 5,000 researchers in 100 public and private entities. But his most important point was not numerical. Research needs continuity, translation and dialogue: discoveries must move toward diagnostics and treatments, avoiding the valley in which promising projects remain trapped before reaching patients.

Luppi expanded the argument from research to industrial competitiveness, and the numbers she brought made the case that Italian pharma is one of the country's quiet success stories. The sector was described as a high-productivity engine with EUR 74 billion in production, EUR 69 billion in exports in 2025, 72,000 employees and EUR 44 billion in investments. Lombardy's role was equally significant, with life sciences accounting for 12.6 percent of regional GDP, 46 percent of clinical research and 20 percent of national exports. Her policy priorities were explicit: increase health and pharmaceutical funding, eliminate payback burdens, accelerate access to innovation and recognize prevention as investment.

Clinical research emerged as the critical test of attractiveness. Luppi cited 148 average days to patient enrollment in Italy, 36 days longer than Spain, translating into more than 10,000 patients potentially not enrolled each year and about EUR 180 million in possible Italian National Health Service investment lost. Silvestri then added the communications layer: in an environment moving from Doctor Google to Professor ChatGPT, qualified media must rebuild context, trust and awareness. The panel's implication was ultimately optimistic: Italy already has the industrial and scientific assets, and the value is there to be captured, if research funding, trial efficiency, prevention culture and trustworthy information are treated as one system.

Key takeaways

- Science, skills, information and industry are one system: strategic, mutually reinforcing levers, not parallel themes.
- Italian pharma is a high-productivity export champion; the assets are already in place, and faster trial enrollment alone could unlock significant NHS value.
- Trusted information is now infrastructure: in the shift from “Doctor Google” to “Professor ChatGPT,” qualified media rebuild context and trust.

Data highlights

- **EUR 2.85 billion:** AIRC funding for oncology research over 60 years (70% of independent Italian oncology research)
- **EUR 162 million / 800 projects / 5,000 researchers:** AIRC's allocation in the current year alone
- **EUR 74B production · EUR 69B exports · 72,000 employees:** Italian pharma, 2025
- **12.6% of regional GDP · 46% of clinical research:** life sciences in Lombardy
- **148 days:** average patient enrollment time in Italy (+36 vs Spain) -> 10,000+ patients and ~EUR 180M in NHS investment potentially lost each year

“
**Research
is a passport
to the future**
”

New Health Economy: Competitiveness, Cooperation and Scale

Alessandro Lattuada, Managing Director of Otsuka Pharmaceutical Italy, and Jose Manuel Durao Barroso, former European Commission President, reframed health as progress, geopolitical infrastructure and European execution.

The New Health Economy session began with Lattuada's distinction between development and progress. Representing Otsuka Pharmaceutical Italia, he asked what it would mean to possess science, technology and resources, yet fail to create real progress. For Lattuada, progress is not simply accelerated growth. It is the shared improvement of people's lives, and it requires access, equitable access, inclusivity and trust.

Otsuka's own evolution served as a case study. Founded in Japan 105 years ago, the company was presented as moving toward a total healthcare model shaped by social needs such as aging, women's health and sustainability. Lattuada described a broader industry shift as well: pharma companies are no longer only manufacturers of medicines, but actors inside a health ecosystem that includes diagnosis, therapeutic pathways, patients, institutions, payers, research, academia and civil society.

Barroso then widened the lens. His keynote described a world marked by volatility, fragmentation, power competition, demographic pressure, supply-chain vulnerability, wars and political polarization. COVID-19 exposed Europe's dependence on external production for critical health goods; Ukraine and other conflicts reinforced the need for strategic autonomy; China, Russia and a more unpredictable United States create an environment in which Europe cannot remain, in Barroso's phrase, a "geopolitical teenager."

The answer he returned to was direct: "we need the scale of Europe." Europe has talent, history, critical thinking and scientific capability, but fragmented capital markets, 27 national

bureaucracies and slow execution weaken its ability to compete. Public-private partnerships were presented as essential to sharing scientific and financial risk, improving equitable access, supporting local manufacturing and building resilience. Gavi, which Barroso chaired, offered a concrete and encouraging model: a public-private mechanism that helped distribute two billion vaccines across 136 countries by guaranteeing markets and lowering costs.

The session positioned competitiveness and purpose as mutually reinforcing agendas. Barroso defended the pharmaceutical sector as a contributor to healthier, longer and better lives, and argued that business success and scientific excellence can reinforce each other when patients remain at the center. For investors, that positions health not as a defensive category alone, but as a strategic arena where scale, execution, partnerships and purpose converge.

Key takeaways

- Progress is not the same as development: access, equity, inclusivity and trust are what turn growth into shared improvement.
- Europe cannot remain a "geopolitical teenager": scale, unified markets and faster execution are the answer, and the raw material (talent, science, values) is already there.
- Public-private partnership is a proven mechanism, not a slogan: Gavi delivered two billion vaccines across 136 countries.

Data highlights

2 billion vaccines / 136 countries

delivered through Gavi's public-private model

27 national bureaucracies

the fragmentation Europe must overcome to compete

105 years

Otsuka's evolution from medicine manufacturer to total healthcare actor

“We need the scale of Europe”

Day 2 Opening and Institutional Remarks: **Innovation, Access and Regional Leadership**



Day 2 opened with Alice Farella Monti, Master of Ceremony, positioning WOMA as a place where inspiration, education, connection and action converge. The audience was addressed not simply as professionals developing technologies or products, but as leaders carrying responsibility for the future of healthcare. The day would move through technology, AI, biotechnology, ecosystem strategy and human leadership, with dialogue between institutions, regulators and innovators placed at the center.

Robert Giovanni Nistico, President of AIFA, the Italian Medicines Agency, gave that dialogue its regulatory anchor. His central point was that innovation has value only if it becomes medicinal products that reach patients. He described a therapeutic paradigm moving beyond symptom control toward disease-modifying and potentially etiological treatments: genome editing, gene therapy, CAR-T cells and, in future, stem-cell approaches. In this frame, sustainability cannot be reduced to short-term cost containment: “the new medicine generates savings.” If a therapy prevents hospitalizations, transfusions, lifelong complications, caregiver burden and indirect costs, it must be assessed as investment and health outcome, not merely expenditure.

Nistico also connected innovation to aging. Italy’s longevity brings polytherapy, chronicity, multimorbidity and fragility. AIFA’s OSMED

The second day moved from inspiration to the institutional challenge of getting innovation to patients sustainably.

data were cited to show that among over-65 patients, one in three takes at least ten drugs and two in three take at least five.

AI-assisted tools, deprescribing, prescriptive appropriateness and pharmacogenomics were presented as ways to put the individual at the center and use existing medicines better, not only to introduce new ones.

Emanuele Monti, Lombardy regional councillor and AIFA board member, then translated the national challenge into a regional proposition, and a confident one. Lombardy was presented as a major life-sciences platform, generating EUR 87 billion in GDP, employing 340,000 people, hosting four out of ten Italian researchers and seven of the country’s ten leading IRCCS. It was also described as Italy’s strongest arena for pharma, medtech, biotech, startups and venture capital. Monti’s conclusion was deliberately civic: Italy and Lombardy can lead globally in life sciences because they combine industrial strength with a universal public health system and a prevention agenda. The audience, he said, should not remain only a business community; it should become a community that wants to change things.

Key takeaways

- Innovation counts only when it reaches patients: advanced therapies must be assessed as investment and health outcome, not expenditure.
- Aging is the system’s stress test: polypharmacy data show why appropriateness, deprescribing and pharmacogenomics now matter as much as new drugs.
- Lombardy stakes its claim as a global life-sciences platform, pairing industrial strength with a universal health system and a civic mission.

Data highlights

- **1 in 3 over-65 patients takes at least 10 drugs;** 2 in 3 take at least 5 (AIFA OSMED)
- **EUR 87 billion in GDP and 340,000 jobs:** Lombardy’s life-sciences platform
- 4 out of 10 Italian researchers and 7 of the 10 leading IRCCS are hosted in Lombardy

“**The new medicine generates savings**”

Future of Technologies in Medicine: **The Patient From the Future**

Giovinazzi opened the session by arguing that digital health is moving from experimentation to real impact. The impact is no longer limited to the efficiency of life-sciences operations. It concerns patient outcomes, patient experience and access to therapies and solutions. Deloitte figures underscored the gap between ambition and scale, and, read another way, the size of the opportunity still open: 48 percent of executives see digital transformation affecting strategy, 38 percent are piloting agentic AI, but only 11 percent have agents in production and 22 percent have scaled applications.

Mesko then gave the session its defining image. His Mars analogy was not escapism: “Mars,” as he put it, “is a mindset.” It was a way to expose the weaknesses of healthcare on Earth. An astronaut facing a medical emergency on Mars would experience delay, distance, limited diagnostics, little personalization and scarce empathy. Mesko’s point was that many patients already experience care this way. The system he proposed instead would be accessible, personalized, preventive, augmented by AI and deeply humane.

The talk moved from metaphor to operating model. Mesko described changing stakeholder roles, passive monitoring through wearable technologies, the globalization of care, drug-plus-digital combinations and the rise of digital therapeutics. A blood-pressure cuff became an example of passive detection; a cancer-tissue sample moving from Australia to Belgium, US cloud infrastructure, a Spanish island and a Japanese pharma trial showed how healthcare access is becoming globalized. He also argued that medicines such as GLP-1s could achieve higher success if paired with evidence-based digital tools that support lifestyle change and adherence.

On AI, Mesko rejected simple replacement narratives. Narrow AI can reshape dermatology, ophthalmology and radiology, but not

Nicola Giovinazzi, Deloitte partner, and Bertalan Mesko, medical futurist, turned digital health into a design brief for a more accessible, preventive and human system.



by making professionals obsolete. The better goal is to remove interfaces from the doctor-patient encounter, surrounding the relationship with invisible, evidence-based technologies that restore conversation, trust, compassion and empathy. In Q&A, he urged companies to embrace patient design, engage regulators scientifically and use large language models to ask what plans might be missing. For clinicians, prompt and context engineering are becoming critical skills in a world of 42 million medical studies. The future patient, in Mesko’s frame, is not passive; that patient sits at the medical-team table, with physicians and AI alongside.

Key takeaways

- The Mars analogy is a mirror: many patients already experience distant, impersonal, one-size-fits-all care, and that is a design brief, not a destiny.
- Digital health is moving from pilots to impact: outcomes, experience and access, not just operational efficiency.
- AI’s best role in care is invisible: remove interfaces, restore the human conversation, and seat the patient at the medical-team table.

Data highlights

48%

of executives see digital transformation affecting strategy

38%

are piloting agentic AI, but only 11% have agents in production

22%

have scaled applications (Deloitte)

42 million medical studies

why prompt and context engineering become clinical skills

“**Mars is a mindset**”

The Next RenAIssance: AI, Human Potential and Strategic Imagination

Mario Mauri, AI Solutions Officer at Vivactis Europe, and Zach Kass, formerly with OpenAI, turned AI from a technology discussion into a question of agency, policy and optimism.

Mauri introduced the AI session with a crucial constraint: without human competence, there is no useful artificial intelligence. AI can amplify knowledge and accelerate learning, but it must remain at the service of people rather than replace them. That framing prepared the ground for Kass, whose keynote treated AI not primarily as a novelty, but as an economic and cultural shift.

Kass's core concept was unmetered intelligence: intelligence behaving like an increasingly cheap, utility-like resource. The importance of AI, in his reading, is not only that models have become powerful, but that the cost of using state-of-the-art capability has fallen so sharply that it can reach ordinary people almost immediately. That creates opportunity, but also risk. Kass named child development, dehumanization, screen addiction, bad actors and job displacement as the central social challenges of the AI wave.

His treatment of job displacement was especially relevant for leaders. He did not reduce the issue to robots replacing workers. Drawing on the longshoremen example, he described work as community, identity and purpose. Automation may create broad economic benefit, but it can still produce identity displacement if people cannot understand who they are when work changes. The executive implication is that companies cannot manage AI adoption as a tool rollout alone. They must manage meaning, trust and social belonging.

Kass's optimism was equally forceful: "optimism," he insisted, "is not naive." AI can expand human potential by making experts dramatically more productive: cancer researchers, antibiotic discovery, HIV research and personalized gene therapy were all used as examples of what becomes possible when capability scales. He also argued that housing, healthcare and education are expensive because of policy failures, not because they must be. AI should therefore be treated as a policy requirement for lowering the cost of the pillars of a good life.

In Q&A, Kass sharpened the European challenge, warning that regulation without investment in chips, compute and energy could leave Europe outside the most important AI discussions. Yet the most memorable healthcare point was humanistic: as technology advances, the doctor can become more fully a care provider. In that future, bedside manner is not a feature; it is the product. The session's message for the sector was demanding but genuinely hopeful: AI should increase agency, reduce avoidable scarcity and require humans to become more intentional about what only humans can provide.

Key takeaways

- "Unmetered intelligence": state-of-the-art AI capability is becoming a cheap, utility-like resource, reaching ordinary people almost immediately.
- Job displacement is identity displacement: leaders must manage meaning, trust and belonging, not just tool rollouts.
- Optimism as policy: AI should lower the cost of housing, healthcare and education, and in medicine, bedside manner becomes the product.

“Optimism is not naive”

Inspiration in Science by Nobel Prize: CRISPR and the Future of Medicine

Jennifer Doudna, Nobel Prize-winning biochemist, showed how curiosity-driven science becomes medicine, industry, ethics and public responsibility.

“We need the whole toolbox of therapies”

The Nobel Prize session began with Giovanni Brianza, CEO of EdisonNext, reflecting that major breakthroughs rarely start with certainty. They begin with curiosity, questions and a willingness to challenge what seems possible. That frame suited Doudna's account of CRISPR, because her story repeatedly returned to basic research, collaboration and scientific courage rather than linear prediction.

Doudna described her own scientific path as requiring curiosity and a certain willingness to work outside the mainstream. CRISPR-Cas9 emerged from collaborative research into how bacteria fight infection, work conducted across labs and geographies with Emmanuelle Charpentier, her Nobel co-laureate, Chris Chylinski, Charpentier's student, Martin Jinek, a scientist in Doudna's lab, and others. What began as a question about a bacterial immune system became a programmable technology for precisely changing DNA, the code of life.

The translational arc is already visible, and remarkably fast. Doudna described biotech as the bridge that can turn discovery into real-world impact when scientific insight, funding and development teams align. CRISPR is now an approved therapeutic for sickle-cell disease less than 20 years after the original work, and the Baby KJ case illustrated the potential of truly individualized genetic therapy. At the same time, Doudna resisted the idea that one modality replaces all others: “we need the whole toolbox of therapies.” Small molecules, cell therapies, gene editing and future delivery tools all remain part of that toolbox.

The conversation also widened beyond medicine. Doudna suggested that agricultural applications of CRISPR may scale globally faster than medical ones, with potential in crop resilience, nutritional value, microbiome modification and methane reduction from cattle and rice paddies. She clarified an important regulatory and public-communication point: many CRISPR-edited plants do not introduce foreign DNA, and the technology can be more targeted than traditional breeding.

Responsibility ran through the scientific discussion. Programmable CRISPR may require platform-style regulatory thinking, especially when only the guide RNA changes for individualized therapies, but safety and efficacy remain non-negotiable. Germline editing was treated as ethically profound because it could affect future generations, whereas somatic therapeutic editing raises more familiar safety and access questions. On AI, Doudna was practical rather than euphoric: current systems are useful for literature, data and mundane scientific work, but she does not yet see them generating truly innovative ideas. The next frontier is therefore not only discovery, but scaling: reducing manufacturing costs, building clinical pipelines beyond elite centers and communicating why both fundamental and targeted science matter.

Key takeaways

- Curiosity-driven science pays off, and fast: from a question about bacterial immunity to an approved therapy in under 20 years.
- No single modality wins: small molecules, cell therapies and gene editing all belong in the therapeutic toolbox.
- The next frontier is scale: manufacturing costs, pipelines beyond elite centers, and public trust in both fundamental and targeted science.

Data highlights

- **< 20 years:** from the original CRISPR work to an approved therapeutic for sickle-cell disease
- **1 patient, 1 therapy, the Baby KJ case:** a glimpse of truly individualized genetic medicine
- Beyond medicine, agriculture may scale CRISPR globally even faster: crop resilience, nutrition, methane reduction

Vision and Strategy: Evolution of the Healthcare Ecosystem

The Vision & Strategy session opened with Antonella Levante, IQVIA Senior Vice President and General Manager for Italy and Greece, who framed AI and agentic solutions as a transformation to embrace, not a problem to contain. Her starting point was the pressure on access, longevity and research productivity. Clinical-research investment costs have doubled while success probability has halved, and the time required to bring a new drug to market remains around ten years. AI's promise, in this context, is not novelty; it is productivity across design, startup, conduct, recruitment, follow-up, data analysis, pharmacovigilance and patient-burden reduction.

Levante also set the governance standard. The success of AI in clinical research will not be measured by the number of agents or applications deployed, but by data quality, validated technology, transparent processes, people on the loop and the realization of the European Data Space. That point became a bridge to the panel's broader investment logic: digital transformation creates value only when the system can trust and reuse the data it generates.

Marco Quarta, founder and Chief Scientific Officer of Rubedo Life Sciences, introduced the concept of medicine 3.0: a shift from reactive treatment of disease to intervention in the biology of aging decades before disease develops. He argued that chronic disease linked to aging is becoming a socioeconomic and emotional crisis, but also, more hopefully, that biology can now be measured and modified. Delaying the onset of chronic age-related disease by two years, he noted, has been estimated to save USD 7.2 trillion in the United States. For longevity biotech, he emphasized platform companies, validated biomarkers, dynamic patient mapping and an ecosystem that includes mental, emotional, nutritional and sexual health.

Assunta Siviero, Sales Director Italy at MFS Investment Management, brought the investor lens. Six generations now coexist, the worker-

The afternoon panel translated AI, longevity and data into investment logic and operating capability.

to-retiree ratio has moved from four to one in the 1970s to one to one today, and the oldest baby boomers are reaching an age when health spending rises sharply. For institutional investors, the question is not short-term return alone, but whether a company can create sustainable value over the next 10 or 20 years. Life sciences remain defensive because patients need care through cycles, but they are also increasingly innovation-driven through services, diagnostics, oncology, rare diseases, metabolic disease, data and technology.

Antonio Gatti, Global Pharma and Life Sciences lead at Microsoft, added the organizational challenge, and the differentiator. "Technology itself is a commodity," he argued; agentic AI can free researchers from literature search, support research planning and potentially reduce development timelines from 13-15 years to 6-7 years, but access to technology is no longer what sets companies apart. Judgment is. He noted that organizational factors count twice as much as individual skill, that only 19 percent of companies combine AI competence with reinforcing structures, and that the remaining 81 percent risk waiting for a miracle after buying tools. The strategic implication is clear: competitive advantage will belong to organizations that combine platforms, data, human capital, leadership and evaluation infrastructure.

Key takeaways

- Technology itself is a commodity": with tools commoditized, judgment, data quality and organizational readiness become the real differentiators.
- The investment case is durable: life sciences stay defensive through demographic cycles while becoming innovation-driven, a rare combination.
- Longevity is the next frontier: intervening in the biology of aging is now measurable, modifiable and economically enormous.

Data highlights

- **Costs doubled, success halved:** clinical-research economics over the past decade; ~10 years to market
- **13-15 years -> 6-7 years:** potential development-timeline compression with agentic AI
- Only 19% of companies pair AI competence with reinforcing structures; 81% risk "waiting for a miracle"
- **USD 7.2 trillion:** estimated US savings from delaying age-related chronic disease by just two years
- 4:1 -> 1:1, worker-to-retiree ratio, 1970s vs today

“Technology itself
is a commodity”

Leadership & People: **Trust** as the Human Advantage in the AI era

Caruson opened the final substantive session by locating AI inside the patient journey. One billion people use AI every month, he said, and one in four uses it to talk about health. That means AI is becoming one of the first touchpoints patients encounter before a doctor, diagnosis or treatment conversation. For pharma, the implication is profound: if companies rely only on what physicians observe in brief visits, they miss much of what patients experience at home, before and after care.

Mama Health's model responds to that gap by listening directly to patients through AI-enabled conversations. Caruson said the company has heard more than 50,000 patient stories across countries and therapeutic areas and works with six of the top 20 pharma companies. The purpose is not only insight generation, but trust: understanding concerns, symptoms, treatment switches and the lived journey from the perspective of those walking it. Yet he identified the real bottleneck as organizational, not technological. Innovation is rarely the constraint; the constraint is whether organizations can say yes.

Cuddy then expanded that insight into a leadership framework. She began with a workplace story about people silenced before a failure, and connected it to the environments where employees cannot raise concerns, ask for help or offer creative ideas. She cited an MIT study in which workplace culture was rated 10.4 times more important than salary in explaining resignations. In the era of AI and biotech, leadership is therefore not a soft layer on top of strategy. It is a strategic capability that determines whether organizations retain talent, innovate and adapt.

Cuddy's central claim was that trust is infrastructure. Without trust, ideas cannot travel; information is filtered; organizations become rigid; and uncertainty becomes paralyzing. With trust, people can keep moving even when leaders cannot provide certainty. Her framework was practical: replace false certainty with calibrated confidence, build predictability, explain how decisions are made, update when evidence changes, make uncertainty a shared



Mattia Marco Caruson, co-founder and CEO of Mama Health, and Amy Cuddy, social psychologist and author of *Presence*, made trust operational: the condition for patient listening, innovation and leadership under uncertainty.

problem, invite perspectives early, document reasoning through decision receipts and make the first trusting move.

The Q&A sharpened the AI dimension. Cuddy distinguished emotional vulnerability with AI from genuine trust, warning against excessive anthropomorphizing even as she acknowledged that patient disclosures to AI reveal important unmet human needs. She also recommended support groups and an abundance mindset to help people carry innovation through organizations. The session's executive message was simple and demanding: in a technological era, relationship skills do not become secondary. They become the operating system through which innovation survives contact with people.

Key takeaways

- Patients are already talking to AI first: one in four AI users discusses health, a new first touchpoint pharma cannot afford to miss.
- The real bottleneck is organizational: innovation is rarely the constraint; whether an organization can say yes is.
- "Trust is infrastructure": without it ideas can't travel and uncertainty paralyzes; with it, teams keep moving even without certainty.

Data highlights

1 billion monthly AI users

1 in 4 use it to talk about health

50,000+ patient stories heard by Mama Health

works with 6 of the top 20 pharma companies

10.4x

how much more workplace culture outweighs salary in explaining resignations (MIT)

“Trust is infrastructure”



From a First Edition to a Continuing Platform

The closing returned to the emotional and strategic premise of the opening: WOMA was built from scratch as an ambitious project, without certainty that the ecosystem would respond. Bechara described the first edition as an act of trust: trust in the idea, in the need for a new space, in new conversations and in the willingness of partners, sponsors, institutions, associations and participants to join something not yet proven.

That trust became the event's proof of concept. Bechara's language was deliberately collective: the forum happened because the ecosystem "made it happen together." In a program that had repeatedly linked science, technology, leadership and human factors, the closing made the same point through the event itself: future platforms are not declared into existence; they are built through participation.

Looking ahead, Bechara did not promise certainty. She echoed Amy Cuddy's leadership theme: we cannot know exactly what will happen, but we can trust and build momentum. The commitment to meet again the following year transformed WOMA from a first edition into a continuing platform.

Her desired takeaway for attendees was concrete and human: a valuable experience, answers and new questions, inspiration, meaningful conversations, new contacts, new perspectives, innovative ideas and tools to face the future. Alice Farella

Monti closed by reminding the audience that the AIRC fundraising initiative would remain open and by naming innovation as a matter of chemistry among people and ideas. The closing works because it does not overstate. It presents WOMA's first edition as the beginning of a community with enough trust to continue, and enough momentum to grow.

Key takeaways

- The first edition was itself an act of trust, and the ecosystem's response became the proof of concept.
- Platforms are built through participation, not declared into existence: "we made it happen together."
- WOMA is now a continuing platform: the commitment to return turns a first edition into a community.

Save the date

WOMA Forum returns in 2027.

The AIRC fundraising initiative remains open, a first way for the community to keep building between editions.

“We made it happen together,”







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