



agence d'évaluation de la recherche  
et de l'enseignement supérieur

Section des Unités de recherche

AERES report on the canceropole

Canceropole GE

From the

Institut du Cancer

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Le Président  
de l'AERES

Jean-François Dhainaut

Section des unités  
de recherche

Le Directeur

Pierre Glorieux

February 2011



# Canceropole

Name of the research unit: Cancéropole GE

Name of the director: M. Pierre OUDET

## Members of the review committee

### Committee chairman :

M. François FUKS, Laboratoire d'Epigénétique du Cancer, Bruxelles, Belgique

### Other committee members :

M. Carlo LA VECCHIA, Istituto di Ricerche Farmacologiche Mario Negri, Italy

M. Darius RAZAVI, Faculté Sciences Psychologiques et de l'Education, Bruxelles, Belgique

M. Yong-Jie LU, Barts Cancer Institute, Queen Mary University of London, Great Britain

## Observers

### AERES scientific advisor :

M. Nicolas GLAICHENHAUS

### INCa representatives :

M. Fabien CALVO

Ms. Véronique ATGER



# Report

## 1 • Introduction

- **History and geographical localization of the canceropole, and brief presentation of its field and scientific activities**

The canceropole GE gathers a total of 1000 researchers, clinicians and industrials, 5 University Hospitals, 4 Comprehensive Cancer Centers, 6 research units, 3 biomedical competitiveness poles and over 20 biopharma and biotech companies. It has developed 3 platforms with a federative character, i.e. a clinical proteomics platform, a transfected cell array platform, and an epidemiology platform.

- **Management team**

It appears that the start of the CGE was not easy, due notably to difficulties of the driving forces in the regions to find common interest to combine fundamental and clinical researchs under one entity such as a Canceropole. Nevertheless, actions have been taken so as to move forward and eventually be able to integrate these 2 activities in the CGE Canceropole.

## 2 • Overall appreciation on the Canceropole

- **Summary**

It is difficult to assess the added value of the Canceropole because of the very prominent position of the IGBMC. It seems to the committee, although there are imbalance of research activity among the 5 regions, Excellent work has been done in networking and coordinating the research (transdisciplinarily rather than geographically). Many detailed information was presented in the report showing good coordination of biological resources and sharing technical platforms. Where all the canceropole money goes has been punctationally described and used wisely.

- **Strengths and opportunities**

- The quality of the management;
- The presence of the IGBMC in Strasbourg;
- The IGBMC decision to move towards more cancer-related clinically oriented projects;
- The strong collaboration with Heidelberg and neighbour countries and integration within european research networks (participating in many EU programmes);
- Supportive policy from local government.

- **Weaknesses and threats**

- Lack of cancer-related clinical projects at the present time;
- Unbalanced numbers of funded projects between Alsace and the other areas;



- Too many projects in each axis resulting in lack of focus;
- Unbalanced weight/quality of the different axis ;
- Limited inter-regional collaboration.

- **Recommendations to the head of the Canceropole**

- Clarify the IGBMC position within the Canceropole;
- Take action to balance the accessibility to Canceropole-funded resources among the 5 regions;
- Identify the national/ international leading research areas to strengthen it, aiming for EU programme leadership.

### 3 • Specific comments

In terms of relevance of the Canceropole's communication policy, the communication strategy is very good as highlighted by many activities, including an electronic brochure, a useful website. The relevance of the initiatives aiming at the scientific animation is also excellent as many interesting meetings have been set up and future ones are planned.

The tumour banks, established in 2004, are very well organized. The working group composed of biobank managers and that meet biannually is a clear asset. The virtual tumour bank launched in 2009 is a very nice initiative and should be consolidated.

Regarding platforms, the 3 platforms supported by INCa are certainly interesting ones. The TCA platform for example is extremely useful and possibly, it would be nice to open it as much as possible to other Canceropoles as well.

The creation by IGBMC of the Cancer Biology Department will be a key asset to the growing role played by CGE in cancer research.

Disparities are noted between the different axes and the reasons behind these differences are not fully understood. This should be clarified. Axis 1 and 4 for example accommodate 44 out of 67 INCa projects, though other axes are very interesting as well.

The involvement of CGE in EU projects is good, i.e. 6 EU FP6/7 projects. Note that 4 out of 6 come from IGBMC. Teams located in other places should be more involved.

Concerning the appreciation on the number of projects that have been submitted and funded by INCa and on the evolution of these numbers with time, there is overall a very good progression and success rate, namely:

- Axis 1: 22 projects submitted between 2004-2006 and 11 funded. 11 projects submitted between 2004-2006 and 17 funded.

- Axis 2: 5 projects submitted between 2004-2006 and 2 funded. 23 projects submitted between 2007-2010 and 7 funded.

- Axis 3: 12 projects submitted between 2004-2006 and 4 funded. 22 projects submitted between 2007-2010 and 5 funded.

- Axis 4: 31 projects submitted between 2004-2006 and 15 funded. 95 projects submitted between 2007-2010 and 27 funded.



- Axis 5: 22 projects submitted between 2004-2006 and 9 funded. 68 projects submitted between 2007-2010 and 18 funded.

- Axis 6: 5 projects submitted between 2004-2006 and 3 funded. 23 projects submitted between 2007-2010 and 3 funded.

The platform of « Quality of Life and Cancer » should be continued and reinforced. Related to Axis 1, effort need to done to train young scientists, as this will be key to the continued success of this platform.

Different additional platforms are available in the Canceropole (imaging, omics, xenografts). These can be used by external users through collaborations or service. It is actually not clear how easy such important platforms are accessible to external users. This should be clarified and actions taken to promote and encourage accessibility as much as possible.

The CGE-DKFZ is clearly a key and unique asset of this Canceropole. This collaboration should be strengthen. It would be nice to seek at some stage to exploit such fruitful collaboration in the frame of EU projects.

In future plans, 5 interesting and promising thematic core (A-E) are proposed. It is however not always clear the transition sought between the past Axis 1-6 and the planned thematic core A-E. In other words, what is the link between the past and future thematics (for some it isobvious but for others much less) ? On which basis where thematics A-E chosen ?



ALSACE  
BOURGOGNE  
CHAMPAGNE-ARDENNE  
FRANCHE-COMTE  
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**Monsieur le Directeur, Cher Collègue,**

Nous tenons à remercier très sincèrement le comité d'experts pour la reconnaissance du travail de coordination et d'animation scientifique qui nous a permis d'accentuer la dynamique de mobilisation au sein du Grand-Est, ce malgré un financement modeste sur la période précédente mais avec le soutien de nos Régions. La pertinence de l'affectation des moyens alloués est d'ailleurs relevée.

Notre orientation transfrontalière et la collaboration avec nos partenaires allemands du DKFZ sont soulignées, et cela demeurera une priorité. Il en va de même de la plate-forme qualité de vie, qui récompense une initiative originale en France.

Nous sommes par contre déçus de ne pas avoir convaincu des progrès réalisés en termes de recherche clinique, comme en attestent cependant les indicateurs présentés dans le dossier (nombre de PHRC, taux d'inclusion, labellisation d'un centre de phases précoces). Le rapport d'expertise et ce constat nous encouragent à poursuivre et consolider les efforts du COCLIN.

Nous prenons bonne note des recommandations visant à intégrer l'ensemble du potentiel de recherche de notre interrégion. Ceci est bien au cœur de nos missions et le plan d'action que nous avons proposé s'appuie à la fois sur des centres de recherche de premier plan et des réseaux d'investigateurs interrégionaux. Nous comptons par ailleurs renforcer nos animateurs d'axes par le recrutement d'adjoints de coordination scientifique qui auront un rôle de terrain.

Si la richesse et le dynamisme de la recherche menée au sein de notre Cancéropôle demandait à être largement illustrée, notre projet cible des plate-formes mutualisées, ouvertes à l'inter-région, au service de nos thématiques prioritaires, avec un effort particulier consenti sur les bio-banques. Notre demande budgétaire est bien en accord avec les conclusions du comité d'experts sur les secteurs à renforcer, notamment l'axe épidémiologie et SHS d'une part, et la recherche clinique et translationnelle d'autre part.

Nous vous prions de croire, **Monsieur le Directeur, Cher Collègue, en l'assurance de nos sentiments les meilleurs.**



**Professeur Pierre Oudet**

**Directeur Scientifique du Cancéropôle du Grand-Est**