



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

Section des Unités de recherche

AERES report on the canceropole

Canceropole NO

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 NO

Name of the director: M. Pierre FORMSTECHE

Members of the review committee

Committee chairman :

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

Other committee members :

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

M. Fabio EFFICACE, Università Degli Studi la Sapienza, Roma, Italy

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 activities are localized in a geographic area of about 10 millions people (15% of the French population). This area of France includes 105 teams having in their focus cancer research (clinical research, tumour banks, basic research, oncogenetic, epidemiology).

- **Management team**

The management team, under the umbrella of a General Assembly and and a Board of Directors (with representatives of, Universities, Universities Hospital Centers, Regional Cancer Centers, INSERM, CNRS, etc....), include a President, a Director, a Scientific Coordination team, a Scientific Steering Committee, an executive assistant, a communication manager, and an IT manager.

2 • Overall appreciation on the Canceropole

- **Summary**

Very good input/output ratio. The reviewers were impressed by the high quality of the scientific activities developed within Canceropole. Quality of the science and feasibility of the projects make “the whole” canceropole very valuable. Reviewers endorse the funding for Axis 1, 2 and 3 programmes. The idea to promote clinical research in non university hospitals should be more strongly supported and should be assessed for its effectiveness on a regular basis to ensure success. The project and his focus on well identified “Flagship programs” is a plus of the project and a sign of the increased maturity of the Canceropole. “Flagships programs” related to Axis 4 and 5 could benefit of some specific implementation as advised in the general suggestions to the INCA director (see the suggestions).

- **Strengths and opportunities**

- Very good management resulting in very good presentation and organization;
- Very good management resulting in the existence of a long-term strategy with clear future plans;
- Very good management resulting in a good general dynamic;
- Good launching of the social science domain in particular the neuropsychology domain;

- Overall the quality of the science performed is high with an increase number of publications in the top ranked journals during the 2005-2009 period (see the 2010 bibliometric analysis of the Inserm): a 43 % increase in total number of publications and a 130% increase in top 1% (+10%) publications.



- **Weaknesses and threats**

- Unbalanced weight of the different areas, with a strong leadership of the Lille research teams;
- Limited collaborations with the UK and the IdF Canceropole despite a geographical proximity;
- Limited high quality research in social sciences with the need to strongly support the further development of this area (see general comment on axis 4). Although the launching process of the so called « Social Sciences » Axis is certainly a strength, it should be considered as a first phase. A second phase should be launched to allow research to become truly competitive internationally.

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

- Promote collaboration with the UK and the IdF Canceropole;
- More support for stronger inter-regions and inter-national collaborations is needed (application to EU FW7 programme, participation to programmes coordinated by other regions or countries);
- Implement a lighter organization.

3 • Specific comments

- **Contribution of the Canceropole to the structuration of the research at the local level**

Appreciation on the initiatives aiming at a better use of biological resources (existence of a data base for biological resources, number of samples, quality control...) : Very positive. Integration of the research activities is evident and a dedicated strategy has been successful in integrating the research activities. The report of the Data Processing Centre in particular shows the effort done and the result obtained at this level in clinical research.

Appreciation on the quality of the partnership between the Canceropole and the scientific and industrial clusters : Positive and but need to be developed. The Canceropole has of course some partnership. The Canceropole wish to develop these and is conscious that more and stronger partnership is needed (see SWOT analysis).

Appreciation on the quality of the partnership between the Canceropole and the local funded agencies (conseil général, conseil régional, universities) : Very positive. The Canceropole has strong partnership at this level. The Canceropole is considering all other partnership at this level and is conscious of their respective contributions and of the fact that they are linked to regional policies which are susceptible to change over time.

- **Appreciation on the strategy, management and life of the Canceropole**

Relevance of the Canceropole's organization, quality of the management : Very positive. The canceropole is very actively testing different strategies.

Relevance of the Canceropole's communication policy : Very positive. The Canceropole has a Website, produce brochures and newsletters and communicate with the press.

Relevance of the initiatives aiming at the scientific animation : Very positive. The Canceropole has organized for each of the axis trainings, meetings and conferences.

- **Appreciation on the project**

Relevance of the project according the INCa priority 1 (structuration of the research at the local level) : Very positive. Many interdisciplinary research and collaborations are planned with precise goals around well identified



flagship programme. « Cancer and cognitive function » flagship programme should be reinforced, in particular effort need to be done to increase the number of scientists in this area, as this will be key to the future success of this axis.

Relevance of the project according the INCa priority 2 (differences and risk factors) : Very positive. An ambitious programme/project was designed to address this issue : an intervention study called PRADO). The focus on interventional studies is a real strength given the region characteristics (numerous social differences, very high cancer mortality rate, high quality medicine, ...etc).

Relevance of the project according the INCa priority 3 (valorisation) : Very positive. This canceropole has significant added value to regional cancer research and will further develop joint canceropoles project (genomics, cancer stem cells, Ma twin, radiotherapy, quality of life).

Relevance of the project according the INCa priority 4 (europe) : Very positive. The canceropole research teams have established numerous collaborations with other european countries (with Belgium for example for the CIMULCAN programme), USA, Canada, and Australia and wish to further develop them.

- **Appreciation on the quality of SWOT analysis**

Very positive. It should be meanwhile noticed that the Canceropole -like all other Canceropoles- is underestimating the appropriate support needs for launching and developing high quality level Axis 4 and 5 projects (see general comments about Axis 4 and 5).

Nicolas Glaichenhaus
Délégué Scientifique de l'AERES

Lille,
Le 28 mars 2011

Monsieur,

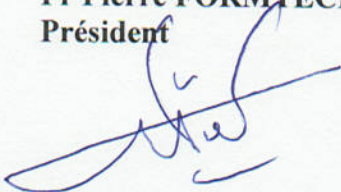
Nous vous remercions de nous avoir fait parvenir le rapport du comité d'experts qui a auditionné le Cancéropôle Nord-Ouest le 7 février 2011. Nous nous félicitons de l'appréciation globalement très positive de notre action et remercions vivement tous les membres du Comité d'évaluation présidé par M. Darius Razavi pour le travail effectué.

Nous n'avons pas de remarques factuelles sur le document et nous avons pris bonne note des recommandations du Comité. Nous allons nous employer à renforcer les collaborations avec le Royaume Uni et le Cancéropôle Ile-de-France. Les collaborations existantes de longue date avec des équipes anglaises dans le domaine de l'épidémiologie et de la Santé Publique vont s'étendre au domaine de la radiothérapie. Les collaborations avec les équipes d'Ile-de-France fortes dans le cadre de notre axe en oncohématologie seront renforcées dans le cadre de nos autres axes de recherche. Le Cancéropôle Nord-Ouest souhaite également aller plus loin dans ses partenariats nationaux et internationaux. Les collaborations avec les Cancéropôles Grand-Est et Grand-Ouest seront poursuivies et amplifiées, tandis que la participation à des projets soutenus par l'Union Européenne sera stimulée. Nous allons mobiliser nos partenaires institutionnels et en particulier les Universités, afin de renforcer la masse critique de chercheurs dans chacun des axes de recherche du Cancéropôle Nord-Ouest, notamment dans l'axe Cancer et Fonctions cognitives comme recommandé par le Comité. Les efforts de partenariats avec les industriels seront poursuivis.

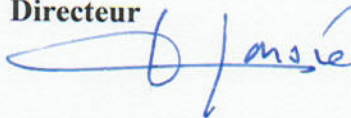
Nous sommes un peu surpris que le Comité ait recommandé une structure plus légère à la tête du Cancéropôle. Nous considérons qu'une équipe de 6 personnes à compétences et responsabilités complémentaires, représentant seulement 4 ETP est une structure légère. L'Assemblée Générale, réunie deux fois par an, et le Conseil d'Administration, réuni quatre fois par an, sont des instances consubstantielles au statut de Groupement d'Intérêt Public.

En vous renouvelant nos remerciements pour cette évaluation, nous vous prions de croire, Monsieur, en l'expression de nos sentiments les meilleurs.

Pr Pierre FORMTECHER,
Président



M. Jean-Michel HONORE,
Directeur



Mme Véronique PANCRE,
Coordination scientifique

