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DCAC - Défaillance cardiovasculaire aigüe et chronique

Rapport Hcéres

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HCERES

High Council for the Evaluation of Research
and Higher Education

Department of Research Evaluation

report on research unit:

Acute and Chronic Cardiovascular Deficiency

DCAC

under the supervision of
the following institutions
and research bodies:

Université de Lorraine

Institut National de la Santé Et de la Recherche

Médicale - INSERM

Evaluation Campaign 2016-2017 (Group C)

HCERES

High Council for the Evaluation of Research
and Higher Education

Department of Research Evaluation

In the name of HCERES,¹

Michel Cosnard, president

In the name of the experts committee,²

Jane-Lise Samuel, chairwoman of the
committee

Under the decree N^o2014-1365 dated 14 november 2014,

¹ The president of HCERES "countersigns the evaluation reports set up by the experts committees and signed by their chairman." (Article 8, paragraph 5)

² The evaluation reports "are signed by the chairman of the expert committee". (Article 11, paragraph 2)

Evaluation report

This report is the sole result of evaluation by the expert committee, the composition of which is specified below.

The assessments contained herein are the expression of an independent and collegial reviewing by the committee.

Unit name: Acute and Chronic Cardiovascular Deficiency

Unit acronym: DCAC

Label requested: UMR Université de Lorraine-Nancy and INSERM

Current number: UMR_S 1116

Name of Director (2016-2017): Mr Patrick LACOLLEY

Name of Project Leader (2018-2022): Mr Patrick LACOLLEY

Expert committee members

Chair: Ms Jane-Lise SAMUEL, INSERM, Université Paris Diderot

Experts:

- Mr Denis DUBOC, Université Paris Descartes (representative of the CNU)
- Ms Pascale GAUSSEM, Université Paris Descartes
- Mr Frank LEZOUALC'H, INSERM, Université de Toulouse
- Mr Alexandre PERSU, Cliniques Universitaires Saint-Luc, Belgium
- Mr Pierre-Louis THARAUX, Université Paris Descartes (representative of the INSERM)

Scientific delegate representing the HCERES:

Ms Sophie EZINE

Representatives of supervising institutions and bodies:

Ms Marie-Ange LUC, INSERM

Mr Patrick NETTER, Pôle Biologie Santé médecine, Université de Lorraine

Mr Frédéric VILLIERAS, Université de Lorraine

Head of Doctoral School:

Mr Patrick MENU, doctoral school n°266, "Biologie, Santé, Environnement"

1 • Introduction

History and geographical location of the unit

The former research unit was founded in 2009 from the merging of two INSERM-UHP laboratories created in 2005, U684 “Arterial stiffness-fibrosis and cardiovascular risk” and U734 “New anti-thrombotic approaches”.

The Avenir team “Septic shock state: circulatory, metabolic and inflammatory approach. Enhancement of therapeutic strategies” has been part of to the unit since its foundation in 2007. The end of its contract term prompted members to reconsider the organisation of the research unit.

The research unit was recreated in 2013 under the direction of Mr Patrick LACOLLEY (UMR S1116) and was organized into two teams. It is located at the Medical Faculty of Nancy.

Management team

The director is Mr Patrick LACOLLEY. For the next period the director will work together with a deputy director, Mr Pierre-Yves MARIE.

HCERES nomenclature

SVE5; SVE1 LS4

Scientific domains

The research unit has developed experimental and clinical approaches in the fields of accelerated vascular ageing/cardiovascular fibrosis and atherothrombosis/acquired thrombophilia, both evolving towards acute or chronic heart failure.

Unit workforce

Unit workforce	Number on 30/06/2016	Number on 01/01/2018
N1: Permanent professors and similar positions	19	26
N2: Permanent researchers from Institutions and similar positions	3	3
N3: Other permanent staff (technicians and administrative personnel)	6	6
N4: Other researchers (Postdoctoral students, visitors, etc.)	7	
N5: Emeritus	0	
N6: Other contractual staff (technicians and administrative personnel)	2	
N7: PhD students	16	
TOTAL N1 to N7	53	
Qualified research supervisors (HDR) or similar positions	17	

Unit record	From 01/01/2011 to 30/06/2016
PhD theses defended	19
Postdoctoral scientists having spent at least 12 months in the unit	4
Number of Research Supervisor Qualifications (HDR) obtained during the period	5

2 • Assessment of the unit

Global assessment of the unit

During the last ten years, the unit has acquired very high levels of expertise and leadership in clinical and experimental cardiovascular research and, a very positive evolution allowed them to reach outstanding expertise in translational research dedicated to cardiovascular research.

This was achieved through: i) the improvement of the research questions, which appeared more focused, and more attractive than during the last evaluation; ii) the excellent quality of the results, which paved an avenue for the present research program; iii) the scientific support of excellent scientists benefiting of “interface grants” who bring their expertise to the development of new research axes; iv) the excellent structuration of research, the unit members being strongly involved locally, with the Lorraine Region and at the national level.

The unit develops excellent translational research programs leading to new treatments, some of them (aldosterone pathways, for example) being immediately used by the medical community. The research axes developed by the unit are innovative and competitive, conferring them a leader position in the context of the new big Region “Grand-Est”, including Alsace and Ardennes. Several clinical cohorts, related to the different topics of the unit are of international interest. The unit benefits of outstanding funding sources at both national and european levels. It is connected with the AGIR application, a Lorraine Region program to support innovative projects. It has access to various platforms and core facilities through the Research Federation “Bioingénierie Moléculaire Cellulaire et Thérapeutique, Université de Lorraine”.

The absence of permanent research positions to sustain the knowhow of the lab regarding animal physiological investigations, and the techniques of surgery/micro-surgery could be an important weakness, in the near future. The recruitment of full time scientists and technicians must be a lab priority.

In the present form, the lack of hierarchy in the different projects might impair their successful achievement.

Based on the quality of translational research programs supported by the very high quality of the expertise and funding, this is an excellent unit.