IPPRITT - Individual profiling and prevention of risks with immunosuppressive therapies and transplantation

Rapport Hcéres

HCERES

High Council for the Evaluation of Research
and Higher Education

Department of Research Evaluation

report on research unit:

Individual Profiling and Prevention of Risks with Immunosuppressive Therapies and Transplantation

IPPRITT

under the supervision of
the following institutions
and research bodies:

Institut National de la Santé Et de la Recherche Médicale - INSERM

Université de Limoges

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]

Dario Cattaneo, chairman of the committee

Under the decree No.2014-1365 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:	Individual Profiling and Prevention of Risks with Immunosuppressive Therapies and Transplantation
Unit acronym:	IPPRITT
Label requested:	UMR
Current number:	850
Name of Director (2016-2017):	Mr Pierre MARQUET
Name of Project Leader (2018-2022):	Mr Pierre MARQUET

Expert committee members

Chair:	Mr Dario CATTANEO, ASST Fatebenefratelli Sacco University Hospital, Italy
Experts:	Mr Jean-Luc CRACOWSKI, Université Joseph-Fourier, Grenoble (representative of the CNU)
	Mr Xavier DECLEVES, Université Paris-Descartes (representative of the INSERM)
	Ms Magali GIRAL, CHU de Nantes
	Ms Marlène LACROIX, École nationale vétérinaire de Toulouse (representative of supporting personnel)

Scientific delegate representing the HCERES:

Mr Jean Edouard GAIRIN

Representatives of supervising institutions and bodies:

Mr François-Jérôme AUBERT, CHU de Limoges

Mr Alain CELERIER, Université de Limoges

Ms Marie-Josèphe LEROY-ZAMIA, INSERM

Head of Doctoral School :

Mr Bertrand COURTIOUX, ED n° 524, “Doctoral School Bio-Santé”

1 • Introduction

History and geographical location of the unit

The research unit is located at the Faculty of Medicine and Pharmacy, Limoges. The "Pharmacology of ImmunoSuppressive drugs and Transplantation" (PIST) laboratory has been an INSERM unit since 2007. To emphasis the evolution of research themes of the unit, PIST will be renamed with a more relevant name IPPRITT (Individual Profiling and Prevention of Risks with Immunosuppressive Therapies and Transplantation) for the future contract. In 2014, the unit moved from the old premises located in both the school of medicine and the university hospital to a new building named CBRS (Centre de Biologie et de Recherche en Santé) hosting both the hospital clinical laboratories and the research units closely linked to some of them. PIST now occupies 2/3 of the second floor at the CBRS, doubling the available space occupied by the previous laboratory.

Management team

Mr Pierre MARQUET and Ms Marie ESSIG are the unit director and deputy director, respectively.

HCERES nomenclature

SVE5 : Physiologie, Physiopathologie, Cardiologie, Pharmacologie, Endocrinologie, Cancer, Technologies Médicales (main field); SVE6 : Santé Publique, Epidémiologie, Recherche Clinique (secondary field 1); SVE2 Biologie cellulaire, Imagerie, Biologie Moléculaire, Biochimie, Génomique, Biologie Systémique, Développement, Biologie Structurale (secondary field 2); ST4 : Chimie (secondary field 3).

Scientific domains

PIST is actively involved in the knowledge and management of immunosuppressive therapies for the improvement of acute and chronic allograft outcome after solid organ transplantation. This task is accomplished by a basic, clinical and translational research strategy, using both traditional (i.e. pharmacokinetics, therapeutic drug monitoring, pharmacodynamics) and innovative (pharmacometrics, pharmacogenetics, and immune biomarker research) approaches with the goal to improve long-term graft/patient survival and patients' quality of life. A new research program on uterus transplantation has been recently established within PIST.

Unit workforce

Unit workforce	Number on 30/06/2016	Number on 01/01/2018
N1: Permanent professors and similar positions	13	13
N2: Permanent researchers from Institutions and similar positions	8 (full-time clinicians)	9
N3: Other permanent staff (technicians and administrative personnel)	9	8
N4: Other researchers (Postdoctoral students, visitors, etc.)	2	
N5: Emeritus		
N6: Other contractual staff (technicians and administrative personnel)	2	
N7: PhD students	7	
TOTAL N1 to N7	**41**	
Qualified research supervisors (HDR) or similar positions	11	

Unit record	From 01/01/2011 to 30/06/2016
PhD theses defended	15
Postdoctoral scientists having spent at least 12 months in the unit	1
Number of Research Supervisor Qualifications (HDR) obtained during the period	2

2 • Assessment of the unit

Global assessment of the unit

The PIST unit has a very successful history in the field of organ transplantation, and the goal that has driven their research is the optimization of graft/patient outcome through the identification of pharmacokinetic, pharmacodynamic and pharmacogenetic sources of variability of immunosuppressive therapies.

Overall, the unit has demonstrated an outstanding ability to pursue the predetermined objectives, with a rational design and a rigorous assessment of both the experimental studies and the clinical trials. The results obtained in the last 5 years have been outstanding, with a lot of scientific papers published in high rank journals, giving a wide national and international visibility to the unit in their field of research.

For the future, the unit will be even more and more focused on the role of precision medicine in transplantation through the adoption of more innovative diagnostic tools (molecular medicine, proteomics, pharmacoepigenetics) and pioneering fields of study (such as uterus transplantation).

The main strengths of the unit are (1) the availability of the very competent, open-mind director with exceptional managerial abilities, able to have a long-term view on the evolution of basic and clinical research of organ transplantation; (2) the adoption of a translational research strategy allowing the PIST researchers to test their experimental hypotheses in clinics.

The potential minor weakness of the unit is the presence of a too low number of full-time researchers in the unit staff. Moreover, given the low number of transplantations performed in house, the PIST unit is dependent on active interactions with other transplant centers to test their experimental hypotheses in clinics.