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## CRCM - Centre de recherche en cancérologie de Marseille

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:

Centre de Recherche en Cancérologie de Marseille

CRCM

under the supervision of  
the following institutions  
and research bodies:

Institut National de la Santé et de la Recherche  
Médicale – INSERM

Centre National de la Recherche Scientifique – CNRS

Aix-Marseille Université

Centre Régional de Lutte Contre le Cancer PACA –  
Institut Paoli-Calmettes – IPC

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,<sup>1</sup>*

Michel Cosnard, president

*In the name of the experts committee,<sup>2</sup>*

René Medema, chairman of the committee

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Under the decree No.2014-1365 dated 14 november 2014,

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

<sup>2</sup> 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:** Centre de Recherche en Cancérologie de Marseille

**Unit acronym:** CRCM

**Label requested:** UMR

**Current number:** UMR INSERM 1068, UMR CNRS 7258, AMU U105

**Name of Director  
(2016-2017):** Mr Jean-Paul BORG

**Name of Project Leader  
(2018-2022):** Mr Jean-Paul BORG

## Expert committee members

**Chair:** Mr René MEDEMA, Netherlands Cancer Institute

**Experts:**

- Mr Angelos CONSTANTINOU, Institut de Génétique Humaine
- Mr Charles DUMONTET, Centre de Recherche en Cancérologie de Lyon (representative of the INSERM)
- Mr Roland KANAAR, Erasmus Medical Center, Rotterdam
- Ms Damarys LOEW, Institut Curie, Paris (representative of supporting personnel)
- Ms Sylvie NEGRIER, Centre Léon Bérard, Lyon (representative of the CNU)
- Mr Stéphane PYRONNET, Centre de PhysioPathologie de Toulouse
- Ms Carole PEYSSONNAUX, Institut Cochin, Paris (representative of the CoNRS)
- Mr Raphael RODRIGUEZ, Institut Curie, Paris
- Mr Salvatore VALITUTTI, Centre de PhysioPathologie de Toulouse
- Mr Maarten VAN LOHUIZEN, Netherlands Cancer Institute

**Scientific delegate representing the HCERES:**

Ms Urszula HIBNER

Representatives of supervising institutions and bodies:

Mr Pierre CHIAPPETTA, AMU

Mr Alain EYCHENE, CNRS, INSB

Mr Younis HERMES, CNRS

Ms Marie-Josée LEROY-ZAMIA, INSERM

Mr Jean-Louis MEGE, AMU

Mr Dominique NOBILE, INSERM

Mr Patrick ROBERT, INSERM

Mr Patrice VIENS, CLCC - IPC

Head of Doctoral School:

Mr Philippe NAQUET, Doctoral School n° 62, « Sciences de la vie et de la Santé »

## 1 • Introduction

### History and geographical location of the unit

The CRCM is a cancer research unit hosted by Institut Paoli-Calmettes (IPC) that was established over 20 years ago. In 2008 it was recognized as a Centre de Recherche INSERM, at which time it encompassed 8 research teams and a total of 120 people. The center was reorganized in 2012 to facilitate interactions between scientists and clinicians. In the new configuration, the center encompassed 16 research teams, bringing the total number of researchers, teachers-researchers, engineers and technicians to 250. For the 2018-2022 period, 14 teams are applying for renewal, and 4 new teams will apply for their creation, potentially bringing the total to 18 research teams. The activities of the CRCM are spread over 3 locations. Most activities take place on the site of IPC, where the regional Cancer Center Hospital is located. Part of the activities take place on the scientific campus of Marseille-Luminy (2 teams) and the health campus of the Aix-Marseille University (AMU) at Hospital La Timone (part of 2 teams).

### Management team

The CRCM is directed by Mr Jean-Paul BORG. Mr Vincent GELY and Mr Juan LOVANNA are deputy directors.

### HCERES nomenclature

SVE 2.1 Biologie moléculaire et structurale, biochimie

SVE 2.2 Génétique, génomique, bioinformatique, biologie systémique

SVE 2.3 Biologie cellulaire, biologie du développement animal

SVE 3.4 Immunologie

SVE 5.4 Cancer

### Scientific domains

The CRCM is a multidisciplinary institute with a strong focus on cancer research. The research topics range from very fundamental, mainly centered on genome dynamics, recombination and repair and using model organisms through cancer cell biology using mammalian models to strongly translational projects that particularly benefit from the geographical location of the centre, adjacent to the Institut Paoli Calmette, which is a medical centre dedicated to cancer treatment. A large number of state-of-the art technologies are operational in different groups and within core facilities, making the scientific environment particularly fecund for the development of novel conceptual approaches and their rapid implementation in the medical setting.

Unit workforce

Unit workforce	Number on 30/06/2016	Number on 01/01/2018
N1: Permanent professors and similar positions	39	47
N2: Permanent researchers from Institutions and similar positions	65	69
N3: Other permanent staff (technicians and administrative personnel)	40	43
N4: Other researchers (Postdoctoral students, visitors, etc.)	48	
N5: Emeritus	2	
N6: Other contractual staff (technicians and administrative personnel)	30	
N7: PhD students	60	
<b>TOTAL N1 to N7</b>	<b>284</b>	
Qualified research supervisors (HDR) or similar positions	59	

Unit record	From 01/01/2011 to 30/06/2016
PhD theses defended	56
Postdoctoral scientists having spent at least 12 months in the unit	57
Number of Research Supervisor Qualifications (HDR) obtained during the period	4

## 2 • Assessment of the unit

### Global assessment of the unit

The unit director has done an excellent job in building an attractive and vibrant research program that has established good links to the clinical research program that is ongoing at the neighbouring IPC. The unit's organisational structure appears to facilitate easy interactions between groups, and the director is perceived as very accessible and supportive. The organisation of the research platforms is rated excellent by all researchers that the committee spoke with, with easy access that is free of charge, a very good level of service and sufficient capacity. This mode of organisation should be considered exemplary for other units of a similar size.

The incorporation of the teams working on genomic instability, in which the science that is done in this area is appealing and forefront, has certainly contributed to the overall strength of the unit and has also brought the necessary depth and quality to the basic research program of the unit. This scientific depth and rigor is vital to a functional comprehensive cancer centre and should be nourished. This, combined with a very interesting and productive drug development activity, both in terms of small molecules and nanobodies, is providing the unit with strong leads for the development of new therapies that can be brought to clinical application in collaboration with the neighbouring medical departments at the IPC.

The leadership of the unit should be applauded for the fact that 8 years after its creation, the unit is well on its way to develop an effective research program that can act in good synergy with the adjacent cancer hospital. Several groups are actively working with the clinical departments at IPC to implement new therapies, and a fair number of the teams have established themselves at the (inter)national forefront. Overall, the committee of experts was very impressed with the current status of the unit, but would like to point out that the unit will face several inevitable challenges in the next 5 years, some of which it can't solve in isolation, and therefore the committee of experts would like to stress them in the public part of the report:

1. first, for the ability to recruit high-level students it is essential that the team leaders and senior scientists of the unit have sufficient opportunities to present their research to potential master students. In this respect, it was unfortunate to note that the Master program "Oncology" in Marseille was restructured and is no longer coordinated from within the CRCM. As a consequence there is a serious risk that the engagement of team leaders and senior scientists in teaching activities will diminish, and with this the influx of suitable students could subside. In addition, to be able to recruit high-level post-docs, the scientific appeal of the unit should be paralleled with good procedures to help candidates from outside Marseille to settle in the region. This would entail a regular update of the website, job postings, and standardized introductory package to assist outsiders to easily find their way in the unit and the city. Also, a certain level of proficiency with the English language is required at all levels of the institute, including the administrative department, and internal communication in English will be important to implement to facilitate the integration of the foreign employees;
2. second, the partnership of this unit with the IPC is crucial to the future success of this unit, but to bring this to the next level requires that both entities agree on a combined strategy to tighten the connections between the basic and clinical research programs. The current level of interactions are excellent, considering the short time the unit has been up and running, but much of the basic research is not yet connected to clinical activities. This is particularly true for the work done on genomic instability. Vice versa, much of the clinical research is done without attention for the underlying biology, hampering the development of precision medicine. Thus, a strategy that brings the basic and clinical research programs closer together would improve the chances that innovative therapies can be developed;
3. third, although the evaluation committee cannot be expected to recommend changes to the French labour laws, it was concerning to learn that these laws present a problem for the retention of expertise build up over the years. The unit will have to develop a strategy to prevent that crucial knowledge will disappear from the unit, because it can no longer sustain the contract of well-experienced researchers or engineers. This problem is not particular to this unit, but poses a threat to the competitiveness of the French research system as a whole.