

CIC - Centre d'investigation clinique hôpital Européen Georges Pompidou HEGP

Rapport Hcéres

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Research evaluation

REPORT ON THE CIC:

Centre d'Investigation Clinique Hôpital
Européen Georges-Pompidou
(CIC 1418)

UNDER THE SUPERVISION OF THE FOLLOWING INSTITUTIONS AND RESEARCH BODIES:

Institut National de la Santé et de la Recherche
Médicale – INSERM
Université Paris Descartes

EVALUATION CAMPAIGN 2017-2018
GROUP D



In the name of Hcéres¹:

Michel Cosnard, President

In the name of the expert committee²:

Jean-Claude Daubert, Chairman of the
committee

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

¹ The president of Hcéres "countersigns the evaluation reports set up by the expert 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).

This report is the sole result of the CIC's 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.

CIC PRESENTATION

name:	CIC Hôpital Européen Georges-Pompidou
number:	1418
Requested label:	
Application type:	Renewal
Head of the CIC (2017-2018):	Mr Michel AZIZI
Project leader (2019-2023):	Mr Michel AZIZI
Number of modules or themes:	2

COMMITTEE MEMBERS

Chair:	Mr Jean-Claude DAUBERT, CHU Rennes
Experts:	Mr Philippe CASSIER, CLCC Léon Berard Lyon Ms Anne MOES, CHU Nantes Mr Fred PACCAUD, IUMSP Lausanne
HCERES scientific officer:	Mr Serge BRIANÇON
Representatives of supervising institutions and bodies:	Ms Stéphanie DECOOPMAN, GH HUPO Ms Hélène ESPÉROU, INSERM Mr Xavier JEUNEMAITRE, Université Paris 5 Ms Marie-Pascale MARTEL, INSERM Ms Anne MOAS, APHP Mr ÉRIC THERVET, CMEL GH HUPO

INTRODUCTION

HISTORY AND GEOGRAPHICAL LOCATION OF THE CIC

CIC 1418 is located in Hôpital Européen Georges Pompidou in Paris. It is the direct successor of the first CIC created in France in 1992, in Hôpital Broussais. Initially cardiovascular oriented, hypertension in particular, it has diversified by opening up to other research fields: rare diseases, nephrology, endocrinology, digestive pathologies, cancer... Since 2004, it combines two complementary modules, the multi-thematic CIC-P and the CIC-EC.

MANAGEMENT UNIT

During the 2012-2017 period, the CIC was chaired by Prof. M Azizi who was also responsible for the CIC-P. Prof. G Chatellier was responsible for the CIC-EC module.

During the future contract, the CIC-P module will be led by Prof. JS Hulot (UPMC) and the CIC-EC module by Prof. S Katashian.

HCERES NOMENCLATURE

SVE6 Santé Publique, Épidémiologie, Recherche Clinique.

SCIENTIFIC DOMAIN

- The CIC covers:
- clinical research of pathophysiology and therapeutic evaluation in the cardiovascular, renal and endocrine domains;
- clinical investigation of medical devices;
- clinical epidemiology;
- medical informatics, big data;
- biostatistics;
- evaluation of practices.

CIC WORKFORCE

CIC workforce	Number 30/06/2017	Number 01/01/2019
Permanent staff		
Full professors, assistant professors and similar positions	6	6
Clinicians (PH)	1	1
Full time research directors (Directeurs de recherche) or Research associates (chargés de recherché) EPST , EPIC and similar positions	1	1
Full professors, associate professors and clinicians (PH) affiliated to a CNRS, INSERM or EA research CIC	5	4
Other permanent staff involved in research: health professionals, supporting personnel etc.	18	16
TOTAL permanent staff	26	24

Non-permanent staff		
Non-permanent professors and associate professors, including emeritus,)	0	
Non-permanent full time scientists, including emeritus, post-docs	2	
Non-permanent supporting personnel	32	
PhD Students	3	
TOTAL non-permanent staff	34	
TOTAL CIC	60	

GLOBAL ASSESSMENT OF THE CIC

The CIC is a well-known research centre at both national and international levels. Since inception, the CIC was developed with close links with highly performing research centres in biomedical and clinical medicine. This multi-disciplinary integration explains the success of the CIC reflected by high-level publications, funding by important institutional, private and industrial grants, and, especially by the emblematic project DENER-HTN, a clinical trial performed through the collaboration of the two modules. Managing the extension of the themes of interest (from cardiovascular disease to nephrology, endocrinology, cancer, etc.) has been and still is an important challenge for the CIC, if its performance has to be maintained at a high level. Fortunately, the perspectives are reasonably good.

The management of the complex structure of the CIC has been smooth when considering the volume and the diversity of activities conducted by the various teams. Another signal of good management is the apparently smoothness of the ongoing changes of the chairpersons.

Like many research centres in medicine, the most important challenge is to identify the niches for current and future development of research. All current themes in the CIC are relevant for medical care and public health. They are however numerous. Perhaps the Centre should re-assess the most promising themes for the future, taking into account the budget constraints and the funding perspectives. New research themes should not jeopardize the continuation of already existing excellent projects.

The global CIC strategy is in line with the hospital group "Hôpital Universitaire Paris Ouest" (HUPO) research strategy.

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