

# MASCOT - Cardiovascular markers in stressed conditions

Rapport Hcéres

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# Research evaluation



cardiovascular MArkers in Stressed COnditions (MASCOT)

UNDER THE SUPERVISION OF THE FOLLOWING INSTITUTIONS AND RESEARCH BODIES:

Université Paris Diderot Institut National de la Santé et de la Recherche Médicale - INSERM

**EVALUATION CAMPAIGN 2017-2018**GROUP D



# In the name of Hcéres<sup>1</sup>:

Michel Cosnard, President

In the name of the expert committee2:

Gilles De Keulenaer, Chairman of the committee

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

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

<sup>&</sup>lt;sup>2</sup> The evaluation reports "are signed by the chairman of the expert committee". (Article 11, paragraph 2).



This report is the sole result of the unit'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.

# **UNIT PRESENTATION**

**Unit name:** cardiovascular MArkers in Stressed COndiTions

Unit acronym: MASCOT

Requested label:

**Application type:** Restructuration

**Current number:** 

Head of the unit

(until 31/12/2018): Mr Alain Cohen Solal (Unit U942); Ms Anne Janin (Unit 1165)

Project leader

(2019-2023): Mr Alexandre MEBAZAA

Number of teams or themes: 2

# **COMMITTEE MEMBERS**

Chair: Mr Gilles De Keulenaer, Université d'Anvers, Belgique

**Experts:** Mr Benoit Lepage, CHU Toulouse (representative of INSERM CSS)

Ms Huguette Louis, Université de Lorraine (supporting personnel)

Mr Gilles Pages, Université de Nice

Mr Emmanuel Samain, Université de Besançon (representative of CNU)

Ms Isabelle Soubeyran, Institut Bergonié Bordeaux

**HCERES** scientific officer:

Mr Serge Briançon

#### Representatives of supervising institutions and bodies:

Ms Inès Amado, Itmo biotechnology Aviesan

Mr Jean-Luc Dumas, Faculté de médecine, Université Paris 13

Ms Bénédicte Isabey, GH Lariboisière Fernand-Widal

Ms Laurence LHOMME, INSERM

Mr Jean-Luc Tandonnet, Hôpitaux Universitaires Paris Seine-Saint-Denis

Ms Sylvie Rousset, Université Paris Diderot

Mr Philippe Ruzniewski, Faculté de médecine, Université Paris Diderot



# INTRODUCTION

### HISTORY AND GEOGRAPHICAL LOCATION OF THE UNIT

The new MASCOT research unit will be a merger of the former UMR-S 942 and UMR-S 1165. The unit will be located in Hôpital Lariboisière and in Bobigny University.

#### MANAGEMENT TEAM

The director of the unit will be Mr Alexandre Mebazaa and the deputy director Mr Alain Cohan Solal.

#### **HCERES NOMENCLATURE**

SVE6 Santé Publique, Épidémiologie, Recherche Clinique.

#### SCIENTIFIC DOMAIN

The new MASCOT Unit is a merger of two previously successful research teams, to develop an original research program aiming at identifying biotargets derived from biomarkers in cardiovascular disease, cancer and cardio-oncological medical issues. The Mascot unit will consist of 2 teams, unified around the translation of biomarkers into biotherapies.

Team 1, named "Biotargets for cardiovascular dysfunction" will investigate new targets and biotherapies in cardiovascular diseases, especially in acute cardiac diseases.

Team 2, named "Cardiovascular biotargets in oncology" will study biomarkers of toxicity and resistance to anti-cancer agents in endothelium and cancer stem cells in order develop therapies to improve anti-cancer safety and efficacy.

### **UNIT WORKFORCE**

Unit workforce	Number 30/06/2017	Number 01/01/2019	
Permanent staff			
Full professors and similar positions	23	20	
Assistant professors and similar positions	10	4	
Full time research directors (Directeurs de recherche) and similar positions	2	2	
Full time research associates (Chargés de recherche) and similar positions	4	2	
Other scientists ("Conservateurs, cadres scientifiques des EPIC, fondations, industries, etc.")	0	0	
High school teachers	0	0	
Supporting personnel (ITAs, BIATSSs and others, notably of EPICs)	28	23	
TOTAL permanent staff	67	51	



Non-permanent staff		
Non-permanent professors and associate professors, including emeritus	0	
Non-permanent full time scientists, including emeritus, post-docs	5	
Non-permanent supporting personnel	0	
PhD Students	11	
TOTAL non-permanent staff	16	
TOTAL unit	84	

# GLOBAL ASSESSMENT OF THE UNIT

Over the past 5 years, the two merging teams made independently solid scientific discoveries with regard to the metabolism of natriuretic peptides, biomarkers in acute cardiac care, biotargets of cardiovascular fibrosis, cancer heterogeneity, cancer drug resistance and brain metastasis. These research activities are exemplified by the level of publication in high impact factor journals, some of them being renowned as breakthroughs, by the number of review papers, of invited conference, of international collaboration. The PhD students are contributory to the outputs of the teams and could be more numerous regarding the number of authorised scientists. This research resulted in significant interactions with industry, showing significant translational potential of the scientific activities.

By allying both teams in the new MASCOT unit, new research opportunities are created; clinical and basic scientific expertise in two fields of medicine (with overlapping interests in biomarkers and biotargets) will be combined. The strength of the MASCOT team will be a unique intellectual and technical cross-fertilization, finding direct clinical applications in the new clinical field of cardio-oncology, and in the vascular origin of cancer drug resistance and metastasis. The research program is ambitious, involving both clinical and basic scientific approaches. The MASCOT unit may become an attraction pole for researchers with divergent scientific expertise. Its establishment is strongly supported by official representatives from INSERM, Universities and Hospital.

The challenge of MASCOT will be to realize the above projects and scientific program with a high ratio of clinicians vs permanent researchers, which may be considered as a weakness. Also, the current geographical spread of the two teams between Bobigny and Lariboisière will make the collaboration of the two teams more challenging.

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