

FINAL RESUME OF THE EVALUATION ON THE RESEARCH UNIT:

Cancer Research Center of Toulouse (CRCT)

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

Université Toulouse 3 - Paul Sabatier - UPS

EVALUATION CAMPAIGN 2019-2020 GROUP A



In the name of Hcéres¹:

Nelly Dupin, acting
President

In the name of the experts committee²:

Jean-Paul Borg, 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 experts committees and signed by their chairman." (Article 8, paragraph 5);

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

Tables in this report were filled with data submitted by the supervising body on behalf the unit.

UNIT PRESENTATION

Unit name:	Cancer Research Center of Toulouse
Unit acronym:	CRCT
Current label and N°:	Inserm UMR 1037, CNRS ERL 5294
ID RNSR:	201119444S
Application type:	Restructuration
Head of the unit (2019-2020):	Mr Gilles FAVRE
Project leader (2021-2025):	Mr Gilles FAVRE
Number of teams and/or themes:	17

EXPERTS COMMITTEE MEMBERS

Chair:	Mr Jean-Paul BORG, Aix-Marseille Université (representative of CoNRS)
Experts:	Mr Patrick AUBERGER, Inserm Nice
	Mr Lluís FAJAS COLL, UNIL, Switzerland
	Ms Fatima GEBAUER, Centre for Genomic Regulation, Spain
	Mr Jacques HAÏECH, Université de Strasbourg (retired)
	Mr Juan IOVANNA, Inserm Marseille
	Mr Nicolas ISAMBERT, CHU Poitiers (representative of CNU)
	Ms Fathia MAMI-CHOUAIB, IGR (representative of Inserm CSS)
	Mr François PARIS, Inserm Nantes
	Mr. Olivier RENAUD, Institut Curie (supporting personnel)
	Mr Oreste SEGATTO, Istituti Fisioterapici Ospitalieri, Italy
	Mr Giorgio STASSI, University of Palermo, Italy

HCÉRES REPRESENTATIVE

Ms Urszula HIBNER

REPRESENTATIVES OF SUPERVISING INSTITUTIONS AND BODIES

Ms Armelle BARELLI, Inserm

Mr Yvan DE LAUNOIT, CNRS

Mr Alain EYCHENE, Inserm

Ms Christelle GUÉGAN, Inserm

Ms Virginie MAHDI, CNRS

Mr Alexis VALENTIN, Université Toulouse 3

INTRODUCTION

HISTORY AND GEOGRAPHICAL LOCATION OF THE UNIT

The Centre de Recherche en Cancérologie de Toulouse (CRCT, 14,000 m² owned by Inserm) is located on the Toulouse Oncopole (south west of Toulouse), which also hosts a university hospital (Institut Universitaire du Cancer de Toulouse-Oncopole, IUCT-O, comprising CHU Toulouse and Institut Claudius Regaud), pharmaceutical companies (Sanofi, Pierre Fabre, Cyclopharma), and the public ITAV (Institute of Advanced Technologies for life sciences) run by the CNRS and the University of Toulouse. The Oncopole was built on the site of the AZF chemical factory blast (2001) and is a 220 hectares site, well connected to the airport, highways, university and hospitals. The CRCT represents the major task force in cancer research in the Toulouse area.

The CRCT shares a building with the Inserm Centre Régional d'Exploration Fonctionnelle et de Ressources Expérimentales (CREFRE, dedicated to zootechnics) located on the 1st floor together with the CRCT platforms and support services, while the upper three floors of the building are occupied by the research teams. The CRCT is a joint research unit of Inserm and Toulouse III Paul Sabatier University (UMR 1037), with four of its teams also labelled by the CNRS as Équipe de Recherche Labellisées (ERL 5294). In total, the CRCT is currently composed of 21 teams (5 emergent ones), 9 platform facilities, and 12 support services. The CRCT teams also interact with two other divisions of the IUCT – IUCT-Purpan and IUCT-Rangueil Larrey – which are located on different sites in Toulouse.

MANAGEMENT TEAM

The CRCT is headed by Gilles FAVRE, supported by the deputy director, Stéphane Pyronnet, and the administrative director Sébastien GUIBERT, forming the direction board.

HCÉRES NOMENCLATURE

SVE2; SVE5.

THEMATICS

Teams of the CRCT study the fundamental bases of tumor development and host response with a particular focus on four major research lines: oncogenic signalling and genetic instability, RNA regulatory networks in tumours, tumour microenvironment and metabolism, and oncoimmunology. The CRCT has also two integrated research programs promoting interdisciplinary collaborations and transfer to the clinic: 'Mechanisms of resistance and new targets: from molecular to clinical pharmacology' and 'Developing new interdisciplinary approaches for diagnosis, prognosis, and intervention' in collaboration with IRIT (Toulouse Institute of Computer Science Research) and LAAS (Laboratory for Analysis and Architecture of Systems).

Translational and clinical research is centered on diseases treated at IUCT-O, from solid tumors to leukemia.

UNIT WORKFORCE

Name of the unit : Cancer Research Center of Toulouse		
Active staff	Number 06/30/2019	Number 01/01/2021
Full professors and similar positions	31	36
Assistant professors and similar positions	25	27
Full time research directors (Directeurs de recherche) and similar positions	20	14
Full time research associates (Chargés de recherche) and similar positions	27	27
Other scientists ("Conservateurs, cadres scientifiques des EPIC, fondations, industries, etc.")	34	14
High school teachers	0	1
Supporting personnel (ITAs, BIATSSs and others, notably of EPICs)	63	52
Permanent staff	200	181
Non-permanent professors and associate professors, including emeritus	0	
Non-permanent full time scientists, including emeritus, post-docs (except PhD students)	35	
PhD Students	81	
Non-permanent supporting personnel	36	
Non-permanent staff	152	
Total	352	181

GLOBAL ASSESSMENT OF THE UNIT

The CRCT research unit develops an ambitious cancer research program, from basic science to translational and clinical research. A majority of the proposed projects are based on strong interactions with hospitals and companies. They use molecular and cellular approaches, genetics, animal models and biological and clinical resources from hospitals. Teams explore in a very thorough manner the complexity of solid and hematological malignancies, their interaction with the microenvironment, in particular the immune system, to discover novel diagnostics and therapeutics, and move, as much as possible, to the bedside for clinical evaluation. Teams with more clinically orientated programs also develop projects in radiotherapy and pharmacology/pharmacokinetics. The committee would like first to congratulate the unit director who has done an outstanding job in building a cancer research program that has excellent links to the neighbouring hospitals and some excellent to very good lines of research. The report produced by the unit is remarkable and the direction and the contributors have to be congratulated for their common effort.

The scientific project is excellent in terms of organization and governance and benefits from an impressive number of permanent researchers and engineers/technicians. It has shown a steep and continuous increase in attractiveness for permanent positions, post-docs and funding, during the 2012-2018 period, and regularly welcomes international students and post-docs. The direction has made an excellent effort to attract teams from Toulouse, Nantes and Bordeaux, taking advantage of the opportunity to host people in a brand new building close to hospitals. Strong effort has been made to organize many aspects of the life of the new research unit that will facilitate its success. The project benefits from very strong and effective support of all institutions, access to state-of-the art and well-organized platforms, and teams have access to excellent biological and clinical databases.

The CRCT hosts excellent teams with very good to excellent scientific production. Teams are strongly involved in teaching and are well funded, with many local and national grants. However international funding is limited. A real effort has been made to reorganize some projects through the merge of existing teams and to propose a common scientific project gathering people working previously on different topics. There is a strong willingness to cover all the clinical specialities of the neighbouring hospitals, which is excellent to promote interactions between clinicians and biologists. However, lack of focus on a limited number of cancers, especially in solid tumors, may somewhat impair the competitiveness of the CRCT, including at the national level. This may also have contributed to the difficulty in attracting outstanding team leaders from European institutes.

Overall the proposed project is very ambitious and of excellent quality, with some outstanding research lines.

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2 rue Albert Einstein
75013 Paris, France
T. 33 (0)1 55 55 60 10

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