

FINAL RESUME ON THE RESEARCH UNIT

Hypoxie physiopathologie - HP2

UNDER THE SUPERVISION OF THE FOLLOWING INSTITUTIONS AND RESEARCH BODIES:

Université Grenoble-Alpes - UGA

Institut national de la santé et de la recherche
médicale - Inserm

EVALUATION CAMPAIGN 2019-2020 GROUP A

Report published on April, 15 2020



In the name of Hcéres¹:

Nelly Dupin, Acting
President

In the name of the experts committee²:

Ferran Barbé Illa, 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 document were filled with data submitted by the supervising body on behalf the unit.

UNIT PRESENTATION

Unit name:	Hypoxie physiopathologie
Unit acronym:	HP2
Current label and N°:	UMR 1042
ID RNSR:	201119418N
Application type:	Renewal
Head of the unit (2019-2020):	Mr Jean-Louis PÉPIN
Project leader (2021-2025):	Mr Jean-Louis PÉPIN
Number of teams and/or themes:	1

EXPERTS COMMITTEE MEMBERS

Chair:	Mr Ferran BARBE ILLA, UdL Université de Lleida, Spain
Experts:	Mr Bruno CHENUÉL, CHRU Nancy (representative of CNU) Ms Elisabeth MARCOS-BEIS, Université Paris-Est Créteil Val de Marne (supporting personnel) Ms Carole PLANES, Assistance publique - Hôpitaux de Paris (representative of Inserm CSS)

HCÉRES REPRESENTATIVE

Mr Jorge BOCZKOWSKI

REPRESENTATIVES OF SUPERVISING BODIES

Mr Hervé COURTOIS, University Grenoble-Alpes

Mr Joël FAYOLLE, Inserm

Partners representatives

Ms Jocelyn DUTIL, Grenoble University Hospital

Mr Patrice MORAND, University Grenoble-Alpes

Mr Hervé PELLOUX, Grenoble University Hospital

INTRODUCTION

HISTORY AND GEOGRAPHICAL LOCATION OF THE UNIT

The Inserm, University Grenoble-Alpes (UGA), Hypoxia and Physiopathology (HP2) joint unit, since its foundation in 2011, shows a progressive growth both in the areas of research and in the multidisciplinary profile of the research team. HP2 laboratory occupies three locations (~1,200 m² in total) at the core of Grenoble University Hospital (Hôpital Michallon and Hôpital Sud) and Grenoble Health Campus (6th floor of Jean Roget Building).

MANAGEMENT TEAM

The director is Mr Jean-Louis PÉPIN.

HCÉRES NOMENCLATURE

SVE2 Biologie cellulaire, imagerie, biochimie moléculaire, biochimie, génomique, biologie systémique, développement, biologie structurale.

SVE5 Physiologie, physiopathologie, cardiologie, pharmacologie, endocrinologie, cancer, technologie médicale.

THEMATICS

Initially, the unit was centered on the insight the effects of hypoxia (intermittent or chronic) in the cardiovascular and metabolic system. Later, they centered the research on the effect of intermittent hypoxia on different organs and tissues. Also, the HP2 unit has incorporated innovative projects focus in the management and attention to chronicity and aging as well as in the analysis of large databases mainly from the French Public Health Service.

UNIT WORKFORCE

Hypoxie et Physiopathologies cardiovasculaires et respiratoires		
Active staff	Number 06/30/2019	Number 01/01/2021
Full professors and similar positions	17	19
Assistant professors and similar positions	12	12
Full time research directors (Directeurs de recherche) and similar positions	0	0
Full time research associates (Chargés de recherche) and similar positions	3	3
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)	16	16
Permanent staff	48	50
Non-permanent professors and associate professors, including emeritus	6	
Non-permanent full time scientists, including emeritus, post-docs (except PhD students)	3	
PhD Students	22	
Non-permanent supporting personnel	9	
Non-permanent staff	40	
Total	88	50

GLOBAL ASSESSMENT OF THE UNIT

The main research topic of the unit HP2 is pathophysiology of obstructive sleep apnea syndrome (OSA) and the consequences of chronic intermittent hypoxia (CIH) exposure. The recommendations of the previous AERES report (2014) were fulfilled by increasing the number of full-time researchers and technical staff and by increasing exponentially the number of publications in biomarkers. The scientific output of HP2 is outstanding in the field of respiratory physiology and pathophysiology. This unit has a long-standing and internationally-renown expertise in translational research and is the leader and the most relevant European team in its field of expertise. The close and fruitful collaboration between basic scientists, physiologists and clinicians is impressive and one of the major strengths of the unit. This is accompanied by outstanding Interactions with the non-academic world. The high expertise in the unit, the impressive scientific output and the lively and supportive atmosphere makes the unit very attractive not only for established scientists, but also for students. The number of senior teacher-researchers is large and the ratio HDR/PhD is exemplary. The Unit's scientific strategy is excellent, including outstanding research topics whose expected results may greatly improve our understanding and care of patients with OSA.

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