

# Research evaluation

# FINAL RESUME ON THE RESEARCH UNIT:

Institut de Recherche en Cancérologie de Montpellier, IRCM

# UNDER THE SUPERVISION OF THE FOLLOWING INSTITUTIONS AND RESEARCH BODIES:

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

Université de Montpellier Institut régional du Cancer de Montpellier - ICM

**EVALUATION CAMPAIGN 2019-2020**GROUP A

Report published on July, 27 2020



# In the name of Hcéres<sup>1</sup>:

Nelly Dupin, Acting President

In the name of the experts committee<sup>2</sup>:

Alex Duval, 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 experts 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 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: Institut de recherche en cancérologie de Montpellier

Unit acronym:

Current label and N°: UMR 1194

ID RNSR: 201119661C

Application type:

Renewal

Head of the unit (2019-

2020):

Mr Claude SARDET

Project leader (2021-2025): Mr Claude SARDET

Number of teams and/or

themes:

16

#### **EXPERTS COMMITEE MEMBERS**

Chair: Mr Alex DuvaL, Assistance publique - Hôpitaux de Paris

Mr Olivier de Wever, Ghent University, Belguim

Ms Sophie Duchez, CNRS Paris (supporting personnel)

Ms Estelle Duprez, CNRS Marseille

Mr Sébastien Faure, Université d'Angers (representative of CNU)

Experts: Mr Jacques MEDIONI, Assistance publique - Hôpitaux de Paris

Ms Macha Nikolski, CNRS Bordeaux Mr Guillaume Robert, Inserm Nice

Ms Valérie TALY, Université Paris Descartes (representative of Inserm CSS)

Mr François VALLETTE, Inserm Nantes (representative of Inserm CSS)

# **HCÉRES REPRESENTATIVE**

Mr Thierry Capiod

## REPRESENTATIVES OF SUPERVISING BODIES

Mr Jacques Cavaille, Inserm

Mr Philippe Auge, Université Montpellier

Mr David Azria, Institut de Cancérologie de Montpellier Mr Marc Ychou, Institut de Cancérologie de Montpellier

Mr Alain Eychêne, Inserm



### INTRODUCTION

#### HISTORY AND GEOGRAPHICAL LOCATION OF THE UNIT

The institut de Recherche en Cancerologie de Montpellier (IRCM) derives from the Val d'Aurelle Research Centre created in 1997 within the Montpellier Cancer Hospital Campus (CRLC Val d'Aurelle / renamed ICM, Unicancer federation). The IRCM per se was born out of an initiative launched in 2004 to regroup three additional INSERM and CNRS cancer research units at the CRLC Val d'Aurelle/ICM, with the aim of bringing together the best fundamental, translational, and clinical expertise in oncology in Montpellier. This development led to the opening of the IRCM as a research institute in 2007. In the following year (2008), the IRCM was officially established as an INSERM Research Centre, and this INSERM label was renewed in 2011 and 2015. Presently, the IRCM is co-supervised and co-funded by the INSERM, the University of Montpellier, and the ICM.

The IRCM's group leader calls have resulted in a highly dynamic growth of the institute from seven teams and 110 people in 2011 to 16 teams and 215 people today. Under the advice of the IRCM international Scientific Advisory Board (SAB), established and junior group leaders have been selected to be part of the actual IRCM Stratprofile (2021-2025). This continuous expansion was possible due to the construction of new adjacent buildings (construction of a third IRCM building opened since 2014, complete renovation/expansion of the animal and preclinical facilities in 2016-2018). These state-of-the-art buildings of the IRCM also host the translational research (URT) and clinical biometrics platform/units of the ICM Cancer Hospital. The development of new technical platforms over recent years dedicated to research in oncology was another contributing factor to the expansion of the IRCM, e.g. new recent platforms for the development of human recombinant antibodies and for tumour pre-clinical and cellular assays that are are equipped with advanced technical systems and imaging techniques, including CYTOF –Helios /Hyperion (2019) and micro-TEP (2018).

#### Management team

The Board of Directors comprises acting director C. Sardet and deputy-directors P. Martineau and N. Bonnefoy.

# HCÉRES NOMENCLATURE

SVE5, SVE2

#### **THEMATICS**

Under the broad research theme 'Molecular Targets and Cancer Therapeutics, Discovery, Biology and Clinical Applications', the IRCM research activity is mainly focused on solid tumors and concerns complementary areas of cancerology, including the discovery of new intrinsic or micro-environmental parameters involved in carcinogenesis or resistance to therapy, the identification of new tumor biomarkers, the design of new bio-drugs, synthetic lethal strategies and pre-clinical models, as well as research aiming at improving radiotherapy, personalized chemotherapies and immunotherapies. The present 2021-25 project includes & central theme, "Cancer research: from concepts to biomarkers and innovations in precision medicine", and 3 Flagship programs, defined as strengths, namlely (i) "Therapeutic antibodies & onco-immunology."; (ii) "Radiobiology and Radiation Oncology."; and (iii) "Tumor Cell Plasticity and Microenvironment: Treatment Escape and Vulnerabilities."

#### **UNIT WORKFORCE**

Institut de Recherche en Cancérologie de Montpellier		
Active staff	Number 06/30/2019	Number 01/01/2021
Full professors and similar positions	19	19
Assistant professors and similar positions	10	10
Full time research directors (Directeurs de recherche) and similar positions	15	14



Full time research associates (Chargés de recherche) and similar positions	32	35
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)	55	62
Permanent staff	131	140
Non-permanent professors and associate professors, including emeritus	0	
Non-permanent full time scientists, including emeritus, post-docs (except PhD students)	6	
PhD Students	48	
Non-permanent supporting personnel	33	
Non-permanent staff	87	
Total	218	140

## **GLOBAL ASSESSMENT OF THE UNIT**

The IRCM has grown rapidly in size, over the 2011-2019 period. The different teams are quite heterogeneous at several levels (themes, notoriety, production and implication in clinic research) but it is clear that IRCM has an extraordinary potential in this present configuration. Noteworthy, the direction of the ICRM is prepared to take major steps in the future to keep the institute competitive and to strengthen the synergies between fundamental and clinical cancer research. Issues in gender parity, ethics and integrity, data tracability, animal wellness, open access publications... are challenges that the IRCM has already begun to actively consider and with which it will need to continue to adapt and progress in the near future.

The IRCM general aim of research is however facing strong national and international competitions. Another specificity and asset of IRCM are the programs on radiobiology and radiation oncology. The IRCM and its close collaboration with the Cancer Hospital ICM, is great opportunity and has contributed to the overall visibility and attractiveness of the participating teams in cancer field in France and abroad. The proposed organization aims at creating new synergies between basic and clinical researches and to facilitate the emergence of new teams more opened to the international community. The proposed project appears to be adequate in order to consolidate the IRCM as an internationally recognized Institute leader in its field. One challenge for the IRCM will be to maintain its facilities (Preclinical Models of Cancer, Small animal *in vivo* imaging, experimental histology, proteomic Imaging and molecular Interactions,...) at the top level and to develop new ones (Bioinformatics, organoids/3D cellular models, ...). One of the major assets of the IRCM is its active participation in 3 national highly competitive programs, *i.e.*, e-SITE MUSE, Labex Mabimprove and SIRIC Montpellier Cancer. Overall, IRCM has a very strong capacity to raising funds.

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