What are the key figures and goals for the CNCR?

Created in 2005 and structured as a GCS (healthcare cooperation group) in 2011, the CNCR represents the research of 32 French University Hospital Centres (CHUs) and 33 General and Mental Health Hospital Centres active in the field of clinical research. It acts as a conveyor belt between these centres and their intermediaries: the two line ministries (Health and Research), the medicine industry, and research organisations such as Inserm and the CNRS in particular.

The CNCR is backed by the deans of faculties of medicine, the chairmen of Medical Establishment Commissions (CMEs) and the general managers of CHUs and the directors of non-university hospital centres. The goal is to speak with one voice and promote the research of CHUs, which is assessed once every 4 years by the High Council for the assessment of research and higher education (Hcéres). This research interfaces with the work of Inserm, while also developing its own topics in the fields of epidemiology, therapeutic trials and surgery. In addition, the CNCR is looking to enhance the international appeal of French research by increasing the scientific potential and production of our establishments.



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Could you please tell us about the member public healthcare institutions

and their clinical research potential?

According to the «Web Of Science», the researchers of the 32 CHUs/CHRs contributed towards over 110,000 scientific articles for the period 2006-2015. CHUs contributed to 55% of French articles in the “Medical and Health Sciences” field and around 17% of overall French scientific production. 3% of their publications are in the world’s top 1% of most quoted publications and 17% of their publications are in the world’s top 10% of most quoted publications. Moreover, the CHUs promoted around 8,000 active clinical trials over the period 2008-2017 (around 2,500 trials and 16 inclusions per year).

Could you give us a few examples of research partnerships with the health industry?

We innovate with their help. That is the reason why CHUs and cancer centres have signed a large number of public-private research partnerships. Agreements have also been concluded with start-ups. With this in mind, the CNCR above all plays the role of catalyst by organising events that encourage networking. The CHUs are associated with virtually all Hospital-University Research (RHU) projects retained in the 4 rounds of funding. These translational research projects in the health sector bring together academic and industrial stakeholders.

By way of an example, the RHU SUCCESS, coordinated by Nantes CHU and led by Prof. B. Dréno, brings together Bionuclei, the NAOS group, the TELAP network and three Inserm units with the aim of developing a new generation healing dressing able to deal with the difficulties currently encountered with the existing systems on the market. At the same time, the framework agreement signed by Nantes CHU and Janssen seeks to optimise research and provide privileged early access to innovation for the benefit of patients.



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In your opinion, what are the main challenges facing medical research and innovation?

For a number of years now, we have been witnessing the emergence of increasingly technical medicine. This technology, which saves time for the benefit of patients, is increasingly reliant on artificial intelligence and big data. It remains to coordinate this data. After all, patients must be able to approve their collection and use in an ethical and scientifically valid context. In this spirit, the CNCR is a stakeholder in the organisation of data repositories at local and national level with the creation of the Health Data Hub, a platform for the health data collected by health insurers and public hospitals.

In addition to this first technical challenge, there is also a territorial challenge: research needs to go beyond the limits of the CHUs whilst meeting the same criteria for excellence. This means that non-university hospital centres need to be included, but also new multidisciplinary medical centres. This process will allow more patients to access the most recent innovative treatments. It will also benefit doctors who work outside the CHUs. Let’s hope that this additional attraction factor will keep the largest possible number of physicians in the fold at public hospitals!

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