

Interview: Marie Lang, Director and Francis Willig, in charge of the Industrial Sector, CNCR, Le Comité National de Coordination de la Recherche (National Committee for Research Co-ordination), France



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Tags: [pharma](#), [pharmaceuticals](#), [France](#), [innovation](#), [r&d](#), [Interview: Marie Lang, Director and Francis Willig, in charge of the Industrial Sector, CNCR, Le Comité National de Coordination de la Recherche \(National Committee for Research Co-ordination\), France, research, government relations, translational research, INSERM, CIC,](#)



The Director of the CNCR and the person in charge of the industrial sector, talk about the fragmented nature of French clinical research funding, why when it comes to boosting France's attractiveness as a clinical research destination, funding is the number one issue for hospitals and reveals how the number of trials conducted in France have been rising over the past few years, with a growing awareness of the need to boost clinical research in the country.

In 2015, you left your position at the CeNGEPS (The National center of industrial clinical trials' management), to become the director of the CNCR. What are your main priorities at the CNCR?

CeNGEPS was a corporate body created in 2007, and was dissolved in March 2014. It was a public private partnership funded by a tax on the pharmaceutical industry. After the Loi Bertrand (a French law aimed at increasing transparency within the healthcare sector) and the Mediator affair, various conflicts of interests arose, that led to a change in funding structures.

The CNCR was created in 2005. Originally it acted as a committee, sharing different points of views. Today, the ambition is to build a national coordination platform amongst the 30 university hospitals and two regional hospitals in France. We also have non-university hospitals that are very involved in our clinical research. Our objective is to provide one voice for clinical research taking place in hospitals. We are no longer merely a committee that shares views, but the ambition is for the CNCR to act as a spokesperson for the clinical research which is taking place in hospitals. We are a legal entity acting as a healthcare cooperation consortium (CGS).

We have three core priorities at the CNCR. Firstly, we have the industrial and commercial clinical research side, with a focus on public hospitals. Then we have a focus on scientific publications taking place in hospitals, analyzing the different levels of activity taking place across the country. Lastly, we want to be more visible, and more successful, in the achieving certain European objectives.

How does the French environment for clinical research in hospitals compare to other European countries?

The Netherlands and Germany are more successful than us when it comes to receiving European funding. French investigators are like spoiled children. The funding they receive from the Hospital Clinical Research Program (PHRC), is considerable, meaning they often lack the motivation to fight for funding at a European level. When it comes to boosting France's attractiveness as a clinical research destination, funding is the big issue for hospitals.

Tell us more about the nature of clinical research funding for hospitals in France?

The fragmented nature of clinical research funding in France is a considerable disadvantage for the country. We have many different sources of funding, from the ministry of research, the ministry of health, as well as industry funding and European level funding. It is possible to turn the fragmented nature of French clinical research funding into an advantage, allowing us to be present in all

therapeutic fields. For this to happen, however, strong coordination will be required, and with regards to hospitals, this is where the CNCR has a crucial role to play.

CNCR has an advantage in that we are not a funding agency, but purely a gather of hospitals. It allows us to be objective in our mission to act as a body that promotes coordination and collaboration.

What importance do you attach to translational research - translating findings in basic research into meaningful health outcomes?

Translational research is not such a new concept. Unfortunately industry has been shy to fully embrace translational research partnerships. Industry is very keen on clinical research, but translational research remains an area where there is still considerable potential for further partnerships. I do believe that eventually industry will understand that such partnerships are the only way to succeed.

What importance does the CNCR attach to relationships with other major players like INSERM (French Institute of Health and Medical Research)?

INSERM is a member of the CNCR, and we have a working relationship. CNCR does not work in the same field as INSERM. They conduct fundamental research whereas we only conduct clinical research in hospitals. While there are interactions in the translational field, we are not competing in the same area. We need fundamental research to produce good academic and clinical research. Once a year we work with INSERM and the CIC (clinical investigation center) on an important event (Journée commune Réseau national des CIC et du CNCR). CIC is a partnership between hospitals and INSERM, focusing in part on translational research.

Surveys show that the number of patients in France taking part in clinical trials is declining. What is behind this trend?

The LEEM (The French Pharmaceutical Companies Association) publishes a survey once every two years on the state of France's attractiveness and competitiveness within the pharmaceutical industry. Such surveys show that globally the importance of Europe is declining and France's relative importance is arguably declining faster than others. Having said that there remain a number of therapeutic areas where France is extremely strong: such as in cancer and rare disease. There are reasons to believe that a number of trials conducted in France have been rising over the past three years. There is growing awareness of the need to boost clinical research in France. The fields where we are particularly strong are fields that have been actively supported by government

with a number of national plans. CNCR should be lobbying for France to reinforce its industrial attractiveness in key therapeutic areas. We can do more to make our expertise in areas such as neuroscience, cardiovascular and rare diseases visible on an international level.

The Mediator affair had a strong impact when it came to patient recruitment in France. Given that we have good healthcare system, with effective treatments for all therapeutic areas, many patients see no incentive to enroll in a clinical trial. After the Mediator affair, the image of industrial clinical research was damaged, posing a challenge to recruitment rates. I would like to see the government run a large publicity campaign on the benefits of clinic research, in cooperation with institutions such as the CNCR, much as they run for generic products.

What is your five year vision for the future of clinical research in France?

I am very hopeful that France will still have an important role to play in clinical research, that we will still be attractive for international pharmaceutical companies. I believe France will remain a leading country for clinical research, but we will have to fight within the strong worldwide competition to ensure this remains the case. France has a number of key advantages: we have great scientists, good investigators and some of Europe's leading hospitals. We are not going through a crisis in the likes of some of our European neighbours. I would like us to be more successful when it comes to European calls by 2020.

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