

Thierry Philip - President, Institut Curie, France



The most important achievement was the accreditation as a comprehensive cancer centre by the OECI

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Thierry Philip, president of Institut Curie, talks about the organization, the effect of cancer on Social Security and the need for a cohesive European plan involving all oncology research institutions and policy-makers.

One of your priorities has been the creation of a comprehensive cancer center. What does it entail and why is it needed to improve the quality of care?

The comprehensive cancer center is the Marie Curie model, that was set up here in 1909. Its three pillars are care, research and teaching, all based on strong fundamental research. The fundamental research then is transferred to translational research. Translational research is not only the experimentation of new drugs in association with pharma, but it includes an array of steps: fundamental research, animal testing, startups, proofs of concepts and clinical testing. It is everything, not only this last step. This is followed by good care and teaching. It is a question of size, of easy access to innovation and number of publications. The OECI defines comprehensive cancer centers according to determinate Key Performance Indicators, such as the budget, the objectives, the management, the number of publications and so forth. If a center does not possess all of these aspects, it is a good clinical cancer center, but it is not comprehensive.

In the first two years of your mandate, you had to deal with a major deficit and layoffs.

How is the situation today?

The most important achievement was the accreditation as a comprehensive cancer centre by the OECI (Organization of European Cancer Institutes). While both our hospital and research centre have received a lot of accreditation in the past, this was the first time that the Institute was evaluated as a unique entity including the research centre, the hospital and the foundation. This was a very important step for team building and showed that we achieved our main goal, piecing together a unique Institut Curie. Additionally, the evaluating OECI team stated the importance of fundamental research as a constitutive part of Institut Curie, and that all wasn't just about translational research.

In June 2018, as the last part of the restructuring process, we changed the statute. Institut Curie transformed from being a foundation with a board of directors to a foundation with a supervisory board and an executive board, of which I am now the president. It works exactly like a company, where the supervisory board meets four times a year for control and supervision. Regarding finances, we managed to reach a structural equilibrium: However, this balance is fragile due to the continuous reduction of budget by the Social Security; indeed, in 2017 we increased the activity of 6 percent for a revenue increase of 3 percent, while this year we will increase activities by 1.5 percent with a decrease in revenues.

The situation of France is difficult, although President Emmanuel Macron is implementing some reforms. He even came to visit our pathology department. In practice, however, the Social Security is not increasing the budget enough to keep up with the ageing population and consequent increase in activity. We would need to increase by 2 percent our budget every year, which should lead to a 4 percent increase in activity. However, the focus should not be the increase in activity, but in valorization, in money. Increasing your activity by 4 percent does not mean that you increase your revenue by 4 percent, as they reduce the budget every year. We are a private company in terms of rules, but we are de-facto a nonprofit organization: out of EUR 400 million (USD 461 million) of budget, EUR 250 million (USD 288 million) come from social security. We are able to collect EUR 50 million (USD 58 million) from our donators, but it is still not enough.

Could you tell us more about your partnerships with startups and industrial partners, like the ones with Intel or Honing Biosciences? What are the most outstanding results of your collaboration with the industry?

First, through a specific tech transfer office, we want to help our researchers create startups. Creating economy is as important as publications and it should be fundamental in the career of our researchers. We both foster startups born in the institute and offer assistance to external startups. Last but not least, we collaborate with the industry for clinical trials.

We are at the moment expanding, and the number of startups and collaborations is increasing. However, our own startups and our own drugs have not been used yet by the industry. This is the ultimate goal, but it will take time.

A hot topic within the industry is the hefty price tag of cancer treatments, such as CAR-T cell therapies. How do you think that healthcare authorities will handle this?

Looking at CAR-T, one of our startups is developing a way to simplify its production, which could be a major evolution. In the future, especially in a country like France, we could have these therapies administered not by the private but by the nonprofit sector, which might lead to substantial price cuts. On top of that, CAR-T is targeting one very specific form of leukaemia, so a very narrow segment with a small target population. In 2019, we are planning to open clinical trials in paediatrics and triple negative breast cancer.

Today in France the cost of cancer is EUR 16 billion (USD 18 billion). The CNAM (Health Insurance), which is part of the Social Security, has a budget of EUR 200 billion (USD 230 billion), so let's face it: EUR 16 billion (USD 18 billion) is not that much for the first cause of mortality of the country. However, the cost of cancer drugs in 2000 was around EUR one billion (USD 1.15 billion), in 2014 already it was EUR three billion (USD 3.45 billion), and it is currently increasing at a rate of about one billion every year. Ten years from now the situation will become unacceptable; we still have time but we need to find solutions today and anticipate the future.

How is the government reacting to this future threat?

The government has already been thinking about this for a while. In bodies such as the OECI, we are comparing the prices across countries and we have discovered significant differences between poorer and richer nations. If we assume that even in poorer countries pharmaceutical companies do not lose money, it means that, in countries like France, the profit margin is huge! We are not in a war with industry, as it remains important for innovation. We are simply advocating for a dialogue between patients, doctors, big pharma and the state. The industry has to make a profit, but at the

same time, it is not interesting to sell something that nobody can pay. An immediate solution to this could be increasing the patent term.

One of the objectives of the OECl is to build a European Cancer Mission. As President of the OECl, could you tell us what this project entails?

The European Cancer Mission is a new tool that should be as simple as the Apollo mission. We should address EU citizens and policymakers with a clear sentence like the Kennedys did at the time: “we want to send a man on the moon and return him safely to the earth in the next ten years.” The situation, however, is not simple nor clear. The Cancer Mission was introduced in the official European documents for the first time in June 2018, while the report was created two years before, and the advisors of the commissioner for research have been working on this for four years. They have been working in a small group, Cancer Core, led by Prof. Eggermont, the Director of Gustave Roussy Cancer Campus. Cancer Core is a consortium including seven comprehensive cancer centers, who took the responsibility of shaping the European Cancer Mission autonomously. While these are extremely reputable institutions, they cannot exclude other actors from the drafting of the plan in Europe. It is unacceptable not to hear the voice of Cancer Prevention Europe (ECPO), the European Cancer Organization (ECCO), the European Organization for the Research and Treatment of Cancer (EORTC), or even us, the OECl. There is no cancer mission without unity.

What are you planning to achieve in these terms?

As president of the OECl, my mission is to find this unity and negotiate with Cancer Core. To make a marriage, two people are needed however. In these negotiations, I have a number of priorities in mind. The first is prevention, which by itself could reduce the incidence of cancer by 40 percent. The second is early diagnosis and screening: curing a small cancer that is treatable with surgery requires much less money than treating it in more advanced phases. The third priority is an early screening of relapse and research of new drugs to avoid relapses. Fourth, we still need fundamental research: for example, EU-LIFE, is the alliance of the best thirteen fundamental research institutes in the world, which includes Institut Curie. Until now Cancer Core has not discussed with EU-LIFE, but it would be impossible to envisage the Cancer Mission without them. Lastly, we cannot exclude outcome research from the plan, which is what happens in real life after clinical trials.

In a time of Brexit, Euroscepticism and populist governments, this unity mission seems to go against the current...

It is a matter of convincing. Maybe I will not be able to convince Prof. Eggermont, but I might be able to convince other members of Cancer Core that we need to work together. In order to do so, it is necessary to respect everybody, not imposing a single view based on the belief that “we are the best”. I also tried to convince President Macron. At the moment, he does not plan to develop a new cancer plan for France, believing that INCa (Institut National du Cancer) is working already very well. I see his point, but I believe that now it is time to see cancer as a European matter. It has the potential to unite everybody, even the Eurosceptics, as it is the first cause of mortality in the Union and constitutes ‘a real tsunami’. 19 of the 28 European countries have a cancer plan, hence they consider cancer as a great priority. INCa is the only place where prevention, research, care and teaching under one roof are performed. Our country could hence play a major role in going beyond a traditional cancer plan, and propose something much more ambitious. Regarding Brexit, I don’t have any major comments. We need to keep the English people onboard because we need the best talents, and that’s it. So we need to find a way to do this.

Could Brexit be an opportunity for France to take a lead?

Yes, but the issue is that Macron recently announced the reform of the health system, but he did not mention cancer. Similarly, Minister of Solidarities and Health Agnes Buzyn, who is the most competent minister we have ever had in oncology given she is herself an oncologist and led the INCa for several years, has never pronounced the word “cancer” since she has taken office. It could be because she does not want to be seen as an oncologist or because she does not receive enough support from the finance ministry. We will never know, but we need Agnes Buzyn onboard. We need to create a coherent and excellent plan. We compete with many other problems, such as plastic in the ocean, global warming and many others: if we do not find unity we may not have a cancer plan at all.

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