József Mandl – President, Medical Research Council (ETT), Hungary



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Dr. József Mandl, President of the Medical Research Council (ETT), discusses the role of the council, the research environment in Hungary, its relationship with the European Clinical Research Infrastructure Network (ECRIN), and the strategic objectives of the research council.

Can you introduce yourself and the key activities of the Medical Research Council (ETT)?

I embarked on a typical European medical career, starting in the 1st Department of Medical Chemistry and Biochemistry at Semmelweis University and have remained at the same Institute since then as a researcher, and later professor. For 20 years I have been the director of this Institute teaching medical chemistry and biochemistry, molecular biology, producing scientific publications and am currently an emeritus professor. I founded the pato-biochemistry PhD program as well as the doctorate school of molecular medicine. Liver, drug metabolism, antioxidants and endoplasmic reticulum are my fields of expertise. In 2004, I became a member of the Hungarian Academy of Sciences. In 1989 I became the secretary of the ETT and general director, head of the department at the Ministry of Health responsible for science, as a part time job. I retired in 2013, and a year later I was asked to be the president of the ETT.

The ETT has several functions and was originally a scientific advisory board to the government. The council received licenses to vote on certain matters, the most important was the medical health grant agency function. It was the first grant system in Hungary and the Ministry of Health supported scientific research through the ETT. The council is also responsible for the fostering and nurturing of networks with different scientific communities. Over the years the council created a myriad of foreign connections such as the National Institute of Health, the Fogarty Foundation, the US-Hungarian Joint Fund and has been internationally active and connected to the research. It also founded the Hungarian European Clinical Research Infrastructure Network (HECRIN), which gave access to Hungarian researchers to non-commercial clinical research organized by the EU.

Finally, the ETT is the authority regarding ethical aspects of research conducted in the country. It is comprised of four ethical committees which are assigned a specific role in the field of research. The most important of these is the Clinical Pharmacological Ethics Committee (KFEB) which evaluates, amends, and decides whether a trial is approved or not. Ultimately, the ETT provides a network to facilitate the conduct of research and connects scientific communities locally and internationally. It operates on basic values which provides the ethical framework and guidelines in which research is conducted; published in “Codex of Bioethics. On the concepts and practice of biomedical research” by the ETT.

How does ETT’s structure facilitate the conduct of research in the country?

Each country has opinions that facilitate pharmaceutical investigations. However, on the country level, these are long processes if there are several hospitals and universities involved. Historically, Hungary has been centralized and even after the socio-political changes, the ETT remained that way. This has helped the field of research and clinical trials, as there is one body of reference (ETT) and one committee appointed for a specific facet of the research process. This has helped to guide the various research stakeholders, but also to increase collaboration with other scientific communities.

Can you explain the role of HECRIN and how it is set up?

ECRIN is a public, non-profit organization that links scientific partners and networks across Europe to facilitate multinational clinical research: it is a European organization. ECRIN organizes non-commercial activities through a consortium of hubs established in several countries. Hungary was

the first country that joined this network from Central Europe and ETT had important role with the creation of HECRIN, as an ETT committee.

Later the HECRIN committee became a consortium established in Pécs. This organization allowed them to maintain the international framework and took over activities that resided—until its creation—with the Ministry; applying for funds being one of them.

What can the ETT do to enhance the research environment in Hungary?

Without our ethical permission, clinical research cannot be done. Through treaties, collaborations, or research plans, it can circumvent issues or problems. It has rights and licenses, which grants it autonomy in enhancing the research environment. We published Ethical Codex for clinical research to support clinical trials and other clinical investigations in Hungary.

Does the ETT collaborate with local institutions and industry player?

The ETT tries to maintain good relations with the industry and governmental bodies, but it tries to avoid collaborations as not to have a conflict of interest. The ethics committee must remain independent, and it is the task of the ETT to uphold that value.

What are your priorities during your tenure?

There has been a new ethical committee formed, comprised of the chairmen of the regional research ethics committees in Hungary. These regional leaders officially became members of the Medical Research Council and allow the council to coordinate all the activities in Hungary, on a countrywide scale. The next step would be to create a register which is instrumental for data collection but also incorporate even the smallest research activities in the country. The institutional research ethics committees exercise an important right on quality control which is an area of improvement. This new ETT committee will be responsible for the accreditation of these institutional research ethics committees. Thus, it will be able to ensure a standardization on quality control and can ensure that it is exercised on the local level.

What is your final message on behalf of the ETT?

Continuity is an important concept on which the council rests upon and which drives it further. Today’s partnerships, framework, committees, and bioethical codex could not exist without building on top of predecessors. The work that this council does influences individuals beyond medical practitioners. I am proud to be able to continue this legacy and remain hopeful that the work shall continue.

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