Inserm scientists and the medical community improve human health.
ORGANIZING AND EVALUATING RESEARCH

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Inserm ensures the continuum from basic research to medicine and public health. In order to do so, the Institute has developed a coherent strategy covering a “transfer line” along which, from upstream to downstream, a coordinated set of actions and programs have been deployed in liaison with all the partners. Biomedical research and public health are primarily the work of the thousands of men and women whose vocations lie in that field. Ensuring an optimal working environment is one of Inserm’s essential missions. Three axes orient the Institute’s actions in that field: career attractiveness, diversity and mobility. Optimally exploiting the best medical students (Inserm School) or doctoral and post-doctoral student career opportunities (junior research contracts, 3 to 5 years) are to be seen as components of the process consisting in accompanying individuals toward attractive positions. The follow-up of each specific case is also a priority, both with regard to incoming junior researchers and senior researchers. The initiatives deployed through 2006 (temporary work contracts, interface contracts, the Avenir program, etc.) are to be seen in the context of strengthening the links between Inserm’s partners: associations, foundations, hospitals, universities, industrial partners and public authorities. Upstream, Inserm is expanding scientific monitoring and expert review operations and those targeting public health. The conclusions of the monitoring and expert reviews together with those of the health research partnerships enable definition of major basic and clinical research programs – concerted thematic actions (ATC) and national research programs (PNR) – that the Institute supports, manages and coordinates. With a strong multidisciplinary basic research potential, the Institute contributes in its fields of expertise to promoting knowledge: in that context, the Institute has, in terms of the quality of its publications, a position similar to that of the UK Medical Research Council (MRC) and US National Institutes of Health (NIH) (intramuros).

Downstream, Inserm is promoting strong clinical and public health institutional research. In parallel, in order to ensure the durability of its programs, the Institute is setting up and supporting research infrastructures in life sciences and clinical research and encouraging the structuring of operational networks. The clinical investigation centers (CIC), biological resource centers (biobanks), clinical research networks and clinical trial cohorts and registries are in line with that commitment to consistency and effectiveness. Inserm also implements a quality program indispensable to project management in compliance with good laboratory practices and good clinical practice, and with rigorous evaluation of research projects. Inserm’s policy is to be viewed in the context of a regional, national and European dynamic: ESPRI contracts (team supported by the region and by Inserm), the emergence of regional skill networks (oncology centers, neurological centers, competitiveness centers), the European Young Investigator award (EURYI) program giving support to young researchers, the European Associated Laboratories (LEA), bilateral exchanges, and contribution to the successive Framework Programs for Research and Technological Development (FP). Outside of Europe, the Institute’s international visibility is growing with the continuous strengthening of the Institute’s presence in Asia and North America. Thus, Inserm mobilizes all the partners involved in biomedical and health research. At each stage, the Institute conducts reflection and coordinates action with the support of its partners: regulatory organizations, hospitals, universities, cancer centers, health and regulatory agencies, other research organizations, local and regional collective institutions, charitable foundations and associations, patients’ associations, medical specialization societies, social protection organizations, pharmaceutical and biotechnology companies, the European Commission and European laboratories, universities and international foundations and associations.
DEPARTMENT OF HUMAN RESOURCES (DRH)

The Department of Human Resources (DRH) proposes and implements the Institute’s national policy for human resources management. The DRH organizes the system assigning value to the positions and personnel skills and the optimization of working conditions. The DRH draws on regional human resources managers who ensure proximity management. The DRH’s missions are oriented towards counseling, assessment and development of major national projects.

Principal missions

The DRH fulfills five principal missions:

• design of the establishment’s human resources steering system and organization of the administrative and financial management of personnel (headcounts, salaries, etc.), setup of competitive examinations for recruitment and career management, design and implementation of national actions targeting training, social policy, preventive medicine, hygiene and safety;

• chairing the network of regional human resources managers who ensure the everyday personnel management, accompanying them through their careers and advising laboratory directors with respect to human resources;

• circulation of statutory regulations and harmonization of the associated practices;

• proposal of innovative approaches to promoting ‘good practices’ and ensuring progress for all the human resources players;

• steering the human resources IT system.

Annual report, 2006

In the context of renovation of the national research and innovation system, Inserm formulated proposals with the aim of adapting recruitment, career planning and assessment conditions for research personnel and modernizing the operations of the scientific institutions.

The modernization of the human resources IT system continued. A new version of the Sirène software came on stream in early October 2006 following a migration which necessitated complete rewriting of the functions and processes in the fields of human resources management. The Inserm personnel’s salaries have been managed using the new version since that date. The new version is based on an entirely renovated technology and architecture enabling more efficient responses to the establishment’s strategic and organizational issues and, in the short term, Sirène deployment in all of Inserm’s research laboratories.

The quality system was strengthened to enable career monitoring and budgetary control:

• Computerization of the career monitoring procedures: in order to offer enhanced service quality to candidates for the Inserm competitive examinations, the DRH has added a specific secure module to the web-based GAIA system (www.gaia.inserm.fr). The new module is dedicated to information on the competitive examination campaign, candidacy application filing, review by the judging panels and circulation of the results in real time. The 2006 campaign was completely implemented using the new system and over 500 application files were processed.

• Budgetary control: beginning a little over a year ago, the a priori and systematic financial control applicable to EPST has become an a posteriori non-systematic control. In consequence, the DRH set up an in-house budgetary control system for all the administrative operations relating to personnel management (recruitment, detachment, promotion, termination, etc.). The initiative is to be viewed in the context of the ‘management quality’ system which associates the DRH and the human resources poles of the Regional Delegate Administrations (ADR).

The follow-up of junior researchers and the training of physicians constitute the subject of special attention:

• Junior researcher follow-up: the researcher mission began in 2006 with personalized follow-up of the researchers recruited on 3- to 5-year fixed-term employment contracts. In compliance with the follow-up of the Avenir program, the mission generates quantitative indicators on the researchers during their contract and takes note of their fate at the end of the contract. The data enable enhanced assessment of the impact of the system on the integration or reintegration of excellent researchers. The researchers recruited on 1-year contracts will also be covered by the researcher mission in 2007.
• Physician training: in 2006, the cooperation between Inserm and the Harvard Medical School enabled two students from the Inserm School, with a research master’s degree, to attend Harvard’s summer school in Boston for 2 months. The summer school is intended for US medical students who wish to obtain a PhD in addition to their MD.

**Partnerships in 2006**

The *Interface* Contracts and *Avenir* Program reflect the vitality of the partnerships with respect to human resources:

- *Interface* Contracts*: the pursuit of the interface contract program strengthens the partnership links with hospitals or high education. Since the setup of the system, 41 agreements have been signed with hospitals, cancer centers and health agencies and 23 with universities and *Grandes Écoles*. In 2006, the partnership was also extended to a national veterinary school.

- *Avenir* Program: the program enabled development of the partnership between Inserm and hospitals, the Directorate of Hospitalization and Care Organization (DHOS), the Directorate General of Health (DGS), industrial partners, charitable associations and foundations. Since the *Avenir* Program was initiated in 2001, 48 teams have benefited from the partnership. Initially, support was given to the non-statutory *Avenir* awardees in order to ensure their salary (fixed-duration employment contract of 3 years). In 2006, the partnership was expanded in the form of team support (a post-doc salary or complement to the operating budget).
DEPARTMENT OF SCIENTIFIC POLICY AND PARTNERING (DAPS)

The DAPS implements Inserm’s scientific management policy with the following objectives:
- pursuing dynamic support by project in the major fields of biomedical research and public health research;
- strengthening the partnerships with regard to public health issues;
- promoting the national and European visibility of the pooled technological resources constituted by the research facilities and platforms.

Principal missions
The DAPS addresses 7 principal development orientations:
- organizing and managing concerted thematic actions (ATC), and national research programs (PNR), with partners, in particular patient associations (in cooperation with DISC) and manufacturers (in cooperation with Inserm Transfert);
- preparing support operations for junior researchers and emergent teams with the PNR coordinators and steering and strategic orientation committees;
- chairing the interface committees with specialized medical societies;
- managing the calls for projects;
- generating assessments of, and follow-up indicators for, the action implemented;
- ensuring, in the context of the interorganization meeting (RIO), the follow-up of the research platforms and accompanying them in implementation of charter components, in particular the quality system, in cooperation with the quality unit;
- ensuring the scientific management of the thematic programs initiated by the ANR in the context of the Inserm-ANR unit.

Annual report, 2006
Three national research programs (programs associating researchers and specialist physicians in a field together with representatives of civil society) addressing the themes of hepatology-gastroenterology, reproduction-endocrinology and dermatology were organized in 2006 with the diabetes PNR and cardiovascular disease PNR. Support was given to junior researchers. The projects of 41 junior researchers were financed in the amount of €1,116 K, of which €982.5 K for Inserm laboratories. Fresh impetus was given to the Alcohol ATC in 2006. The partnership with the National Institute on Alcoholism and Alcohol Abuse (NIAAA), launched in 2005, was intensified:
- invitation of a French researcher to the Extramural advisory board meeting of the IAAA: Mechanisms of Alcohol Addiction in June 2006;
- a Franco-American seminar was held in January 2007;
- Inserm’s commitment to contributing to an international clinical study sponsored by the US Veterans Administration;
- involvement of the ATC in the ELFE cohort for which the ATC initiated a project entitled “Gene-Environment Interaction in the Emergence, Development and Morbidity of Addictive Behaviors”.

In the context of the operation implemented by RIO (Inserm, CNRS, INRA and CEA) and the National Gene Pole Network (RNG), a new phase of coordinated support of the platforms was initiated with a view to evaluating the infrastructures in the light of the criteria defined by the charter compiled in 2002. About a hundred platforms, all subjects taken together, were thus inventoried and assessed in 2006. Particular importance was accorded to the criteria of availability to the scientific community and setup of a quality system. National networking of the platforms remains a priority. The 2006 evaluation thus enabled indispensable assistance and follow-up taking into account a strong European context and demand from manufacturers.

Since 2004, the European Strategy Forum on Research Infrastructures (ESFRI), with various European countries, has been compiling a roadmap on the priorities for developmental support for new research infrastructures or existing infrastructures in the context of the 7th Framework Program for Research and Technological Development (FP7) (2007-2013). Six priorities for life science infrastructures were defined in the roadmap presented to the EC in October 2006:
- clinical and biotherapeutic research centers
- biobanks,
- bio-informatics,
- functional genomics of murine models
- structural biology,
- translational clinical research: EATRIS.
The department has been working on the networking of platforms, particularly important in the European context, in order to present a coordinated national map that will enable application for infrastructure support at European level. In the context of the Inserm-ANR unit, the DAPS ensured the scientific management of three ANR programs: neurosciences and psychiatry; microbiology, immunology and emergent diseases; pathophysiology of human diseases. The electronic project management system (GEP), developed by Inserm in 2005, will enable coverage of all the stages from the call for projects through application submission to return of the evaluations made by foreign experts. The GEP was thus able to manage the almost 900 dossiers submitted and over 1,000 evaluations implemented. The GEP constitutes a very rich base of emergent projects which will enable scientific monitoring in the program fields. The project database has been associated with an expert database mainly consisting of European experts. The experts number almost 1,000.

Since 2002, Inserm has been supporting the creation of clinical and population health research networks with respect to projects involving cooperation between clinicians and researchers. The operation is complementary to the thematic research and care centers (CTRS) and the thematic advanced research networks (RTRA). An initial call for projects was launched in 2002 and resulted in the financing of 13 networks. A second call launched in 2006 enabled financing of 5 networks, including 3 renewals and 2 new networks. In addition, 6 networks were accredited and financed in 2005-2006. The active file was thus 11 networks in 2006.

**Partners in 2006**

Patient associations are partners of the PNR and their representatives are members of the strategic orientation committees. Since 2004, the associations have been strongly involved in PRO-A (PNR on osteoarticular diseases). During 2006, a meeting and debate between the associations, PRO-A coordinator, DAPS and the Inserm-Patient Associations Mission was held. A review of research in the osteoarticular disease field was presented on the basis of questions prepared by 15 partner associations.

The Association for Research on Diabetes (ARD) has been a partner of the diabetes mellitus PNR (PNRD) since 2005. The partnership has enabled launch of support operations for junior researchers. The financing contributed by the ARD supported 7 research projects in 2005 and 12 further research projects in 2006. A follow-up colloquium on the projects financed by the PNRD and ARD was held on October 12, 2006, in the presence of John Alahouzos (the President of the US Association for Research on Diabetes) and Bénédicte Saxe Sers (Director of the French ARD). The partnership with the ARD is to be extended over coming years.

**Networks selected for financing in 2007 (2006 call for projects)**

<table>
<thead>
<tr>
<th>Project title</th>
<th>Scientific coordinator</th>
</tr>
</thead>
<tbody>
<tr>
<td>French-speaking Huntington’s disease network (RHLF)</td>
<td>Anne-Catherine Bachoud-Levi, Inserm Unit 421, Créteil</td>
</tr>
<tr>
<td>Far West network for clinical research on melanoma biotherapies</td>
<td>Brigitte Dreno, Inserm Unit 601, Nantes</td>
</tr>
<tr>
<td>Infections complications and lymphomas in patients treated immunomodulators (anti-TNF, etc.)</td>
<td>Dominique Salmon, Hôpital Cochin, Paris</td>
</tr>
<tr>
<td>Dystonia: network for genetic, epidemiologic, pathophysiologic and therapeutic studies</td>
<td>Marie Vidalhiet, Inserm Unit 679, Paris</td>
</tr>
<tr>
<td>Genetics of hepatic tumors emerging in healthy livers</td>
<td>Jessica Zucman-Rossi, Inserm Unit 674, Paris</td>
</tr>
</tbody>
</table>

**Networks accredited and financed in 2005–2006**

<table>
<thead>
<tr>
<th>Project title</th>
<th>Scientific coordinator</th>
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<tbody>
<tr>
<td>Pain</td>
<td>Rachouane Dallel, E0216, Clermont-Ferrand</td>
</tr>
<tr>
<td>Network for pediatric investigation of healthcare products (RIPPS)</td>
<td>Gérard Pons, Cochin-St-Vincent-de-Paul, Paris</td>
</tr>
<tr>
<td>Genetic psychiatry</td>
<td>Marion Leboyer, Inserm Unit 513, Paris</td>
</tr>
<tr>
<td>Mitochondria</td>
<td>Thierry Letellier, Inserm Unit 688, Bordeaux</td>
</tr>
<tr>
<td>Herpes-Cancer</td>
<td>Irène Joab, Inserm Unit E0334, Paris</td>
</tr>
<tr>
<td>Diabetes</td>
<td>Pierre Bougnères, Inserm Unit 561, Paris</td>
</tr>
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DEPARTMENT OF CLINICAL AND THERAPEUTIC RESEARCH (DRCT)

The DRCT is responsible for strengthening the continuum between basic research and clinical research. The DRCT plays an institutional promoting role, supports clinical research through infrastructures, and assists researchers with clinical research projects with a high strategic potential for Inserm.

Principal missions

Clinical Research Mission

- The pre-selection unit of the DRCT orients the projects in accordance with an accelerated procedure to reduce the time interval for clinical trial setup.
- The DRCT chairs the Committee for Strategic Orientation and Monitoring of Clinical Trials (Cossec) with 4 subject-based committees. Cossec evaluates and follows up translational research projects in order to ensure the continuum with upstream research, validate the target drugs (proof of concept) and set up phase I/II studies.
- The DRCT ensures the administrative stages of promotion and application management with respect to the National Commission for Information Technology and Freedom (CNIL). The Institutional Qualification Committee formulates ethical opinions.

Clinical Research Infrastructure: the DRCT ensures the operational follow-up of several infrastructures:

- Clinical Investigation Centers (CIC): 23 CIC-P (pluri-thematic) 7 CIC-EC (clinical epidemiology) and 11 CIC-BT (biotherapies),
- biobanks (biological resource centers),
- clinical research networks,
- cohorts,
- clinical trial registries,
- medicinal product ATC (pharmacogenetic platform and networks).

Therapeutic Innovation Mission: the DRCT ensures the emergence of innovative therapies:

- the biotherapy ATC supports network research programs on cell and gene therapy.

Annual report, 2006

In the biotherapy field, the DRCT supported clinical trials in immune, degenerative and cardiac diseases. An example consists in gene therapy for X-linked adrenoleukodystrophy (ALD). In 2006, a phase I/II clinical trial was initiated. Therapy consisted in \textit{ex vivo} transfer of the ALD gene. Two children presenting with cerebral ALD and candidates for an allogeneic graft but with no HLA-compatible donor were included (Inserm Unit 745, CIC-BT, Necker Enfants malades – Hôpital Européen Georges-Pompidou). In 2006, the DRCT also hosted the Executive Committee of the International Stem Cell Forum and held a seminar entitled "Stem Cell Research (progress and objectives from basic to translational research)" in France.

The CIC active file consisted in over 800 clinical research protocols in 2006 comprising equal numbers of therapeutic and pathophysiological studies. Two thirds of the protocols were for national or international multicenter studies. The CIC national network has developed inter-CIC protocols for the primary axes supported by Inserm. CIC is a member of the European Clinical Research Infrastructure Network (ECRIN) created in 2004 (6th Framework Programme for Research and Technological Development (FP6)) and spanning six European countries. In 2006, ECRIN set up transnational working groups on ethics, regulations, adverse effect and data management, monitoring and quality assurance.

The Inserm biobank network, in cooperation with the public hospitals, Ministry of Research and National Agency for Research, is an indispensable stage in the development of biotechnologies in Europe. Its objectives are to facilitate partnerships with respect to biological specimen collections and to make the increasing number of collections available to biomedical research and the pharmaceutical industry. The network set up a national office. The network currently consists in 300 collections and covers 500 research programs. In 2006, Inserm was the supporting institution for the ANR call for projects on human biological specimen collections: 29 biobanks were selected.
Partnerships in 2006

In 2006, Inserm developed a partnership with the DHOS, EFS, AFM and Biomedicine Agency through the creation of 11 CIC-BT. A joint Inserm/DHOS evaluation process will assess the biotherapeutic projects proposed for the next campaign of the national PHRC.

Inserm cooperated with the ANR for the call for projects aiming at setting up a quality system for collections. The objective is to develop a national reference system for biobanks and promote the upgrading of the collections linked to research projects. The ANR contributed to financing 9 clinical research protocols promoted by Inserm.

In line with the actions implemented with the DHOS and Ministry of Health and Solidarity for the creation of CIC (mixed Inserm-CHU structures), the DRCT has set up, in partnership with the university hospitals (CHU), a clinical research commission which contributed to the CIC evaluation in 2006. Inserm is also working with the MGEN on the support for clinical and/or clinical epidemiological studies. The DRCT also acts as a partner with Inserm Transfert in a strategy designed to support clinical trials implemented in the CIC and organize technology transfer.
DEPARTMENT OF FRENCH REGIONAL AND EUROPEAN STRATEGIC POLICIES (DPRE)

The DPRE consists of 2 poles whose actions are closely articulated: site policy and European affairs. The DPRE’s mission is to implement the orientations of the Directorate General with regard to the structure of research in France and Europe, in synergy with Inserm’s partners.

Principal missions

Three major activities are implemented by the DPRE:

• implementation and coordination of site policy: emergence programs, research centers, encouragement of or participation in regional skill networks (oncology poles, neuroscience poles, competitiveness poles) in close liaison with the Regional Delegate Administrations (ADR) and regional scientific correspondents, and in liaison with Inserm’s partners (universities, hospitals, research organizations) and the support of the territorial collective institutions;

• integration of overture to Europe in Inserm research training; contribution to Community programs, strengthening the European research area; optimization of the aid to European project setup by Inserm teams in partnership with Inserm Transfert and, in consequence, management of the inter-departmental Europe unit;

• the development of bilateral European cooperation, particularly support for European researcher mobility and for the constitution of European associated laboratories or mixed units outside France.

Annual report, 2006

In 2006, Inserm continued, in liaison with its partners, a selective policy to set up research centers, associating, on the same site, research teams addressing an integrated scientific program, pooling the resources contributed by each researcher thanks to strong governance and thus strengthening the visibility and attractiveness of the scientific poles. At the start of 2007, there were 19 research centers vs. 2 in 2001.

The committed approaches designed to attract talented young researchers and research teams were pursued. Six calls for candidates were supported by Inserm in 2006 in partnership with the universities and university-hospitals (CHU) involved. Four calls concerned research teams: Institute of Sight, Inserm Unit 592, José Sahel; Fer-à-Moulin research center, Inserm Unit 536, Jean-Antoine Girault; research building, Hôpital Tenon; Mediterranean center for molecular medicine (C3M), center project, labeling pending, managed by Yannick Le Marchand-Brustel and Jean-Paul Ortonne; and two for research center directors (Hôpital Européen Georges-Pompidou and Institut de Recherche en Biothérapies).

Inserm’s contribution to the European Young Investigator awards program (EURYI) continued. The prestigious award is managed by the European Heads Of Research Councils (EUROHORCs) and coordinated by the European Science Foundation (ESF). The objective is to support the research projects of postdoctoral junior researchers of the highest scientific quality by affording them the opportunity of forming a team with high international visibility. In 2006, two new

![Time course of research units and centers (CDR), 2001-2007](image-url)
awards were granted (Deborah Bourc’his, Inserm Unit 741, molecular genetics, and Frédéric Geissmann, Inserm Unit 808, immunology). In all six awards have been granted since 2004. In 2006, the fourth and last call for candidatures for the program in 2007 was launched with a list of 19 pre-selected candidates. Following the last call, the EURYI program will be taken over by the European research council (ERC) of the 7th framework program for research and technological development (FP7).

Under the impetus of the Ile-de-France Regional Council, in 2006, Inserm coordinated the Neuropôle de Recherche Francilien (NERF). The 15 partners involved in Ile-de-France neuroscience research thus defined a pluri-annual scientific program in neuroscience. Implementation will draw on a scientific group managed by Inserm. This will facilitate coordination of the actions. The actions concern the financing of doctoral and post-doctoral scholarships and the financing of equipment or real-estate operations for neuroscience projects. The reflection greatly contributed to recognition of the advanced research thematic network (RTRA), the Paris Neurosciences School (ENP), accredited by the Ministry of Research as one of the three RTRA in the field of biology and health recognized at national level in October 2006. Inserm is involved as a founder. The national plan for brain and nervous system diseases promotes Neuroscience pole structures in the other six inter-regions involved.

The other two RTRA consist in the Life Science Transdisciplinary Research Foundation (Paris) and the Infectious Disease Therapeutic Innovations (ITI, Lyon). Inserm’s investment in the competitiveness poles continued in 2006 with labeling and financing of nine new research projects involving about 20 Inserm units. A competitiveness pole unit, coordinated by the DPRE, was set up. The objective is to harmonize the procedures specific to each pole in liaison with the industrial partners and small- and medium-size companies. In Réunion, Inserm and its CIC-EC played a major role with respect to chikungunya virus in the assessment of the epidemiological and public health aspects.
Partnerships in 2006

At the end of 2006, Inserm had 340 mixed units with a university, of which 67 mixed units with another research establishment or cancer center.

Derived from the ESPRI contract (team supported by the Region and Inserm), the first joint Inserm and Inria research team, the VisAGes unit (Sight, Action and Information Management in Healthcare) was inaugurated in March 2006. Directed by Christian Barillot, the unit was set up within Irisa-Inria-CNRS Rennes. The objective was to develop new algorithms for the processing of medical images and computer-guided surgery assistance systems for diseases of the head and neck.

Throughout 2006, Inserm and the CNRS reflected on the conditions for scientific cooperation and management of human resources. The reflection resulted in a joint statement by Christian Bréchot, Catherine Bréchignac (President of the CNRS), Arnold Migus (Director General of the CNRS) and Michel van der Rest (Director of the Life Science Department of the CNRS).

In 2006, Inserm coordinated evaluation of the call for proposals for the Thematic Research and Care Centers (CTRS) launched by the ministries responsible for research and health. Five CTRS were accredited:
- Integrative Center for Epidemiological, Genetic, Therapeutic and Basic research on IBD (Pierre Desrumaux, Lille);
- Institute of the thorax (Denis Escande, Nantes);
- Institute of genetic diseases/IMAGINE (Alain Fischer and Arnold Munnich, Paris);
- South Paris Pulmonary Hypertension Center for Research and Clinical Care/SPACE (Marc Humbert, Paris);
- Institut for Childhood and Adolescence Epilepsy/IDEE (Philippe Ryvlin, Grenoble).

In the context of the new university-hospital (CHU) governance and the comprehensive review of the relationships between hospitals and universities, Inserm played a key role, representing the EPST for biomedical research. French decree No. 2006-1355 dated November 7, 2006, made Inserm’s role in the CCR official. The CCR are now called Committees for Biomedical Research and Public Health.

ESPRI (teams supported by the Region and by Inserm) is an Inserm emergent program. The program is to be viewed in the context of an elitist policy for national development with high-level support at local and regional level. In the program, Inserm and the regional councils finance, equally, a team of researchers in the context of a convention. At the end of 2006, five new ESPRI contracts had been concluded with two regions (Languedoc-Roussillon and Poitou-Charentes). Two ESPRI programs that ended in 2006 were accredited as units with creation scheduled for January 1, 2007 (Inserm Unit 835 directed by B. Felden, at Rennes, and Inserm Unit 853 directed by F. Mégraud, in Bordeaux).

Bilateral European cooperation intensified in 2006 with pursuit of a committed policy mainly oriented towards integrated and lasting scientific cooperation in the form of European associated laboratories (LEA). Those cooperation structures are based on a joint and pluri-annual scientific program based on a commitment to the field and concerted evaluation of the scientific quality and added value of the association between the scientific teams from the two partner institutions. Inserm’s support to the LEA is to be viewed in the context of promoting researcher mobility in Europe and enabling access to complementary research skills and infrastructures. The LEA contribute to increasing the potential for creation of European and international research networks. Thus, in addition to the two Inserm mixed units in Europe: Heidelberg (Inserm Unit 701 directed by J. Rommelaere) and Glasgow (Inserm Unit 609 directed by C. Doerig), and two LEA (Toulouse/Prague and Lille/Brussels) that already existed, four new LEA were created in 2006:
- Inserm Unit 589 (Director: A.-C. Prats) and the University of Dundee,
- Inserm Unit 113 (Director: A. Bikfalvi) and the Universita degli Studi in Milan,
- Inserm Unit 785 (Director: D. Samuel) and La Sapienza University in Rome,
- Inserm Unit 634 (Director: G. Meneguzzi) and the IDI-IRCCS in Rome (private dermatological institute).

The actions in favor of researcher mobility promoted by Inserm were also given a fresh impetus. On May 3, 2006, in Brussels, Christian Bréchot signed the European Charter for Researchers and the Code of Conduct for Researcher Recruitment in the presence of the European Commissioner for Science and Research, Janez Potocnik. In parallel, 2006 was also the year of preparation for opening the researcher interface contract system to Europe.
Mixed research units in Europe
- University of Glasgow / C. Doerig (unit Inserm U609)
- DKFZ / J. Rommelaere (unit Inserm U701)

European associated laboratories (LEA)
- Toulouse / Prague
  - D. Langin (unit Inserm 586) - Y. Stich (Univ. Charles)
- Lille / Brussels
  - M. Capron (unit Inserm S47) - M. Goldman (Univ. Libre de Bruxelles)
- Toulouse / Dundee
  - A.C. Prais (unit Inserm 589 - J.C. Bourdon (Univ. Dundee)
- Bordeaux / Milan
  - A. Bikfalvi (Inserm E113) - L. Bello (Univ. Degli Studi)
- Nice / Rome
  - G. Meneguzzi (unit Inserm 634) - G. Zambruno (IDI-IRCCS)
- Villejuif - Paris-Sud / Rome
  - D. Samuel (unit Inserm 634) - M. Lervero (Univ. La Sapienza)
- Montpellier / London
  - K. Ritchie (unit Inserm 888) - G. Thornicroft (King’s College of London)
- Strasbourg / Freiburg
  - T. Baumert (unit Inserm 748) - H. Blum (Univ. of Freiburg)
- Villejuif - Paris-Sud / Barcelona
  - T. Moreau (unit Inserm 780 - J. Antó (PRBB, IMI M-CREAL)
- Bordeaux / Porto
  - L. Bordenave (unit Inserm 577) - M. Barbosa (IBMC, INEB)
DEPARTMENT OF INTERNATIONAL RELATIONS (DRI)
The mission of the DRI is to set up a strong international policy for Inserm with a view to ensuring that its researchers, research and expertise hold the position they deserve in the context of global competition. The mission thus enhances the international visibility of Inserm, incites and promotes new bilateral cooperation with high-quality foreign laboratories and centers of excellence and contributes to the development of strong partnerships through the conclusion of framework agreements.

Principal missions
In line with the Institute’s international policy defined in agreement with the Director General and his advisors, the principal missions of the DRI consist in promoting:

• the strengthening of partnerships with countries with a high scientific potential,
• international networking of research structures by the creation of Inserm units and international associated laboratories (LIA) abroad with a view to promoting long-duration researcher mobility and the complementarity of the partnerships,
• increasing the attractiveness of the Institute in order to attract the best biomedical researchers,
• intensifying Inserm researcher participation in the major international programs.

Annual report, 2006
Based on the Director General’s and his advisors’ missions abroad, Inserm developed a committed policy oriented toward Asia in 2006:

• export of Inserm’s clinical research know-how to Japan with preparation of a cooperation agreement with the Translational Research Center of the University of Kyoto in partnership with the Paris Public Hospital Authority (AP-HP), and to China with development of Franco-Chinese cooperation in the field of clinical research;
• general cooperation agreement signed with the Korea Research Institute of Bioscience and Biotechnology enabling use of technological platforms subsequent to a Franco-Korean colloquium;
• strengthening of the links with the Institut Pasteur of Korea through signature of a cooperation agreement and creation of an Avenir structure;
• creation of the Inserm Unit 852 at the University of Kyoto for trans-ethnic studies in the field of functional genomics;
• inauguration of the Sino-French Biomedical Information Research Center (LIA) (University of Nankin);
• strengthening of the Shanghai pole: five operational Franco-Chinese teams and preparation of a new call for candidates to strengthen the French presence;
• exploratory mission to Singapore to develop new partnerships with Biopolis (immunology, neurosciences, stem cells).

A further axis for development in the year 2006 was strengthening links with North America:

• setup of a structure to assist in project setup in order to strengthen the Inserm researchers’ participation in the major internationally financed programs (NIH, foundations): 14 projects filed in 2006,
• colloquium co-organized with the NIH/NICHD and Morocco on neonatal genetic screening in all countries of the Arab world,
• creation of three LIA with Quebec: two with the University of Montreal and one, the Samuel de Champlain LIA, with the National Institute for scientific research.

The year 2006 was also a year of prospecting missions with a view to strengthening partnerships or developing new partnerships: Canada, United States (California), South Korea, Singapore, China, Japan, Israel, Tunisia, Qatar.

COOPERATION
• 164 foreign researchers have been hosted under Inserm temporary contracts over the last 4 years.
• 18 cooperation agreements with 14 countries enabled support for 80 joint research projects in 2006. In addition, 65 long-duration courses were financed in the context of the long-duration exchange programs.

Partnerships in 2006
United States: NIH
A program providing for French post-doctoral student hosting in NIH institutes and promoting their return to Inserm laboratories has been set up. Jointly, closer links have been organized between the National
Research Programs and Concerted Thematic Actions (cardiovascular diseases and alcohol) and the NIH institutes.

Quebec: University of Montreal
Inserm Unit 743 in the field of immunology and two LIA in the field of neuroscience are now operational.

Israel: Technion
The InserTech LIA in the field of stem cells was inaugurated.

Japan:
• Riken Institute: the Inserm-Riken Lipidomics Unit (IRLU) LIA was set up in the field of lipids and an agreement is ongoing for development of partnerships in the field of stem cells, immunology and neurosciences.
• University of Kyoto: Inserm Unit 852, functional genomics, will be inaugurated in 2007. The cooperation initiated in the field of translational research has enabled organization of a colloquium, which was held in Kyoto in February 2006, and development of joint clinical research projects.

China:
• Jiaotong University: the university is a partner of Institut Pasteur, the CNRS and Inserm in the Franco-Chinese research pole on life sciences and genomics in Shanghai.
• Chinese Academy of Sciences: several agreements have been concluded or are in the process of being concluded with a view to financing joint research projects and hosting young post-docs, together with development of the research activity of the Franco-Chinese Institute for Liver Diseases at Wuhan. Closer links have also been established with the INRA-CAS associated laboratory in Peking in the field of stem cells.

Inserm’s international ethical mission is mainly devoted to two bioethics projects:
• EULABOR, a European project coordinated by Inserm on the regulation systems in clinical research (Germany, Brazil, Chile, Spain, France, Mexico). This is the first European-Latin American network in the field of biomedical research ethics. It is also the only science and societal program project (FP6) coordinated by France;
• Global forum on bioethics in research, of which Inserm is a board member with, in particular, the NIH and MRC. In 2006, the international ethical mission contributed to organization of the 7th Forum which was held in Karachi (Pakistan) in February. The preparations for the Forum 2007 have already given rise to several working meetings in Brussels and Bucharest.
DEPARTMENT OF SCIENTIFIC EVALUATION (DES)

The DES is responsible for the implementation and follow-up of the evaluation of statutory or non-statutory researchers (recruitment, activity, mobility), laboratory evaluation (pre- and post-), and the evaluation of the support programs for junior researchers. The DES is responsible for monitoring progress in evaluation practices. The DES works closely with the DRH in the follow-up of researchers, with the DPRE for research units and DSI for computerization of data and management. The DES is also responsible for producing the Institute’s bibliometric indicators.

Principal missions

The DES monitors good scientific evaluation practices, which include:

- absence of conflicts of interest,
- evaluation by European and international peers known for their expertise,
- transparent evaluation,
- a priori and a posteriori evaluation,
- comparative evaluation,
- independent evaluation of the decision-making structures,
- monitoring of evaluation practices and ethics,
- follow-up of researchers and research units,
- generation of bibliometric indicators.

The responsibilities are assumed by 9 researchers on detachment and 12 engineers and technicians.

The logistics for information circulation, dossier and evaluator opinion and results are entirely computerized. Since 2001, specific electronic management software is used: EVA, designed and implemented at the DES. Software of the same type has recently been set up at the NIH.

Evaluation is based on the reasoned opinions of the scientific board, 16 specialized commissions or inter-commissions, 2 multidisciplinary commissions, the Avenir commission and the clinical research commission, and on the opinion of external experts, mainly European, whose expert reports accompany the dossier through the evaluation process.

The DES (bibliometric unit) also provides commission members and scientific board members with bibliometric data enabling documentation a posteriori of team scientific production and reputation:

- number of articles,
- impact factor (IF) of the journal for each article, position corrected IF (IF of the journal weighted by the author's position) and mean IF of all the articles (reflecting the level of the editorial barrier crossed),
- citations of each publication, position corrected citation index (number of citations weighted by author position), total citations and mean citation index for all the articles (reflecting international visibility),
- number of articles in the Top 10, 20 and 50 (also reflecting international visibility but taking into account the field and year of publication),
- excellence rate (number of articles in the Top 10 over the total number of articles),
- mean position (indicates the mean position of the researcher for the articles he/she has signed or co-signed).

Annual report, 2006

In 2006, the DES:

- markedly increased the contribution of European experts to the visit committees.

ROLE OF DETACHED RESEARCHERS, ENGINEERS AND TECHNICIANS

The detached researchers contribute to selecting the members of the visit committees, contribute to the visit committees, follow up the commission sessions and select the anonymous experts. They ensure compliance with good evaluation practices, advise candidates in dossier compilation and write a report for general management. Lastly, the detached researchers contribute to the liaison meetings between the commissions and scientific board and between the commissions and Cores (Strategic Orientation and Policy Making Committee) responsible for advising the Director General on certain decisions the latter is to take).

The engineers and technicians ensure the secretariat of the scientific structures, management of the expert database, liaison with external experts, management of the 3,300 electronic files, maintenance and functional administration of the EVA (system for the scientific evaluation of researchers and structures). The engineers and technicians also provide user assistance. They take part in the literature and bibliometric searches and prepare the documentation necessary for the Direction General.
and anonymous evaluation committees (574 in all);
• set up a single rating system for all teams (teams being created and teams under 4-yearly evaluation) enabling enhanced objectivity of the grades A+, A or B allocated to each of the teams;
• strengthened the links with mixed university or research establishment partners and the contribution of those partners to the joint visit committees;
• obtained that an increasing number of evaluation reports intended for project leaders would be argued in strong points and points to be improved;
• set up, in liaison with the university hospitals (CHU), the clinical research commission responsible for evaluation of CIC, host positions, Interface contracts with hospitals and contribution to project evaluation for Avenir projects with a clinical orientation;
• actively contributed to preparation of the scientific section, “Major events, 2006”, of the annual report;
• organized calls for proposals and evaluations of the researcher and researcher-teacher support program which

<table>
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<tr>
<th>Evaluation</th>
<th>Dossiers</th>
<th>Dossiers selected</th>
<th>Success rate (%)</th>
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<tbody>
<tr>
<td>4-yearly evaluation of units</td>
<td>32</td>
<td></td>
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<tr>
<td>4-yearly evaluation of center teams or pluri-team units</td>
<td>23</td>
<td></td>
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<tr>
<td>4-yearly evaluation of research centers</td>
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<tr>
<td>Unit creation</td>
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<td>44</td>
<td>66</td>
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<tr>
<td>Creation of center teams or pluri-team units</td>
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<td></td>
<td></td>
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<tr>
<td>Creation of research centers</td>
<td>11</td>
<td>5</td>
<td>45</td>
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<tr>
<td>Team mobility</td>
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<td>Research Director (DR) competitive examination (internal and external)</td>
<td>224</td>
<td>59</td>
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<tr>
<td>Research Associate (CR) competitive examination</td>
<td>753</td>
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<td>Researchers’ activities</td>
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<td>Promotion, DR1</td>
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<td>Promotion, DR2</td>
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<td>Promotion, CR2</td>
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<td>Researcher tenures</td>
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<td>HU activity</td>
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<td>Renewal of secondments</td>
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<td>DR integration in the body</td>
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<td>CR detachment in the body</td>
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<tr>
<td>Avenir contracts (including renewals)</td>
<td>179</td>
<td>130</td>
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<tr>
<td>Hospital personnel Interface contracts</td>
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<tr>
<td>Lecturer-researcher Interface contracts</td>
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<tr>
<td>Host positions for interns and veterinarians</td>
<td>57</td>
<td>11</td>
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<tr>
<td>Junior researcher contracts</td>
<td>154</td>
<td>19</td>
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<tr>
<td>Therapeutic Research and Care Centers (CTRS)</td>
<td>45</td>
<td>5</td>
<td>11</td>
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<tr>
<td>Individual researcher mobility</td>
<td>206</td>
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<td></td>
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<tr>
<td>Total</td>
<td>3305</td>
<td></td>
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</tbody>
</table>
constitutes an increasing part of the DES’s activity.

The bibliometric unit implemented studies for the teams under creation, teams under 4-yearly evaluation, DR competitive examinations and DR1 promotions, and strategic studies for outside organizations such as the ANRS, Lyon, Auvergne and Rhône-Alpes cancer poles and the INCa.

The unit contributed to improving Inserm’s visibility and the visibility of French research organizations by working on standardization of researcher and research unit affiliations (*Nature*, 2005, 438, 7068: 559): the bibliometric unit thus corrected over 800 affiliations in response to requests from researchers and enabled the setup of charters with the various universities. The unit is involved in the working group on standardization of addresses steered by the OST. Lastly, the bibliometric unit contributed to the work of the Indicator GIPS, to which the research organizations belong.
MANAGING RESEARCH ORGANIZATION AND TECHNOLOGY TRANSFER

52 DEPARTMENT OF LEGAL AFFAIRS (DAJ)

53 DEPARTMENT OF INFORMATION SYSTEMS (DSI)

54 DEPARTMENT OF FINANCIAL AFFAIRS (DAF)

57 INSERM TRANSFERT
In an optimal framework, conducting research includes all the processes of legal, logistic and financial management. The sometimes fast change in the French or European legal and regulatory frameworks requires monitoring and effective implementation in the Institute’s practices. The same applies to creation of new legal entities or the setup of contractual provisions.

The computerization of information and high-performance access distribution requires the setup of secure and coherent architectures. The successes of the systems GAIA, EVA and SAFIr reflect the progress achieved in the field.

Financial management lies at the heart of all efforts, whether it consists in financing projects following national calls for projects and scheduled encouragement actions, non-decentralized research agreements or partnerships with the National Agency for Research (ANR).

The cost of clinical and therapeutic research has been continuously increasing for several decades. The sustained growth in the investments necessary requires, as a counterpart, continuous technology transfer of the knowledge generated, which is ensured by ongoing transfer to the economic world. That is the role of Inserm Transfert which merged with the former Department of Technology Transfer (DVTT) on January 1, 2006.

Knowledge transfer is now, more than ever, a key preoccupation for Inserm through management of the patent portfolio. The setup of new companies and the signature of research-development and technology transfer contracts with existing companies ensure value creation that in turn feeds back to the Institute’s research and public health programs.
DEPARTMENT OF LEGAL AFFAIRS (DAJ)

The DAJ has both a general and cross-sectional vocation. In consequence, its activity covers all the Institute’s departments, delegate administrations and research training courses.

Principal missions

The DAJ supplies the legal framework necessary for mission implementation, ensures the consistency of the Institute’s legal approach and defends the Institute’s interests. The DAJ ensures the secretariat of Inserm’s board of governors. The department is organized in thematic poles: donations and bequests, partnerships, structures, biomedical research law, disputes.

Annual report, 2006

In 2006, the research program act was adopted. The DAJ was associated with the bill, particularly with regard to the advanced research thematic networks (RTRA) and their structure as scientific cooperation foundations (FCS). In association with the Department of French Regional and European Strategic Policies, DAJ negotiated the standard articles of association of those foundations with the regulatory authorities.

DAJ supported DRCT for application, by Inserm, of the new and fruitful regulatory provision in the field of biomedical research and bioethics made up of over 50 decrees.

The department assisted in setting up projects to structure research. Thanks to that support, the GIP CeNGEPS (National Center for the Management of Health Product Studies) was launched in 2006.

Seven scientific interest groups (GIS) were created, including GIS CRVOI (Research and Monitoring Center for Emergent Diseases in the Indian Ocean), and three FCS (Scientific Cooperation Foundations) are already scheduled for 2007.

In addition, the department was associated
• with reflection on accredited scientific poles such as the cancer poles and competitiveness poles, in liaison with the DPRE;
• in consultation on the governance of the Carnot Institutes, in liaison with the DAPS;
• in the development and constitution of associated laboratories outside of the European Union in liaison with the DRI.

The department also manages donations and bequests. In 2006, thanks to the generosity of donors, Inserm received donations in the amount of € 159,300 and bequests in the amount of € 525,450.

In addition, conscious of the importance of activities relating to intellectual property rights, the department has strengthened its skills in that field with a new member of personnel, who interfaces with Inserm Transfert, and is now responsible for protecting Inserm’s proprietary names.

Since information circulation is an essential point, the department is pursuing its work on circulating legal information to the scientific community and general public, in particular via Inserm website pages devoted to those questions.

Lastly, the department is responsible for resolving disputes and defending Inserm’s interests.
DEPARTMENT OF INFORMATION SYSTEMS (DSI)

The DSI proposes, develops and maintains a secure and coherent architecture for the IT systems necessary for Institute information management.

**Principal missions**

The missions of the DSI are to:

- steer compilation of the IT system master plan and ensure project implementation;
- develop a quality system for information processing, and participate in management process optimization and coherent integration in the Institute’s management system;
- assume the responsibility of defining and managing the data reference systems;
- manage IT production and manage the network of regional IT system managers with the regional delegate administrators;
- ensure secure operation of the networks and applications.

**Annual report, 2006**

The progress in the major national applications has demonstrated the effectiveness of the IT system modernization implemented over the last few years. The recent reorganization enables the DSI to ensure complete control of the processes involved and, for the hundred engineers and technicians that make up the department, to offer the service expected by the Inserm administrative and scientific community.

In terms of projects, the department has focused on accompanying:

- the financial reform implemented at Inserm and undertaken by the SAFIr office of the Department of Financial Affairs;
- the progress in the human resources management system (Sirene) initiated by the Department of Human Resources. The two projects are characterized by in-depth changes, not only in the versions of the software used (Oracle e-Business Suite® for the former, the Sopra Group’s Pléiades® for the latter), but also in the operating system (switch to Linux). The processes also involved substantial investment in hardware.

In the field of human resources, the DSI has pursued its effort to extend the functions of the GAIA application for the administration of engineers’ and technicians’ careers, to upgrade web services and to the production phase of the Chimed application for the occupational physician. On the basis of a prototype implemented in 2005, the DSI also developed and deployed the Electronic Project Management (GEP) project in order to ensure the campaign of calls for projects entrusted to the Department of Scientific Policy and Partnering (DAPS), by the National Agency for Research (ANR).

A regional extension of the Institute’s institutional website has been launched with ADR Provence-Alpes-Côte d’Azur concomitantly with an upgrade in functions. In terms of infrastructures, the DSI has implemented a substantial investment program with respect to new servers and migrated the operating systems to Linux.

In addition, the operation was accompanied by inauguration of a second operating site in the Auteuil building, particularly intended for developmental applications while the Villejuif site specializes in production. The aim was enhance effectiveness and security.

For the networks, the regional delegates of the IT system particularly focused on preparing for future progress: unification of the message services and extension of the services; prospection on future active hardware and servers to be replaced shortly. The IT system security mission prepared and submitted to the Directorate General for approval a document on IT system security policy, which is complementary to the existing charter.

DSI is currently hosting the team responsible for the Research Information Bank (BIR) for training in the mission of data management.
The Department of Financial Affairs and Logistics (DPL) became the Department of Financial Affairs (DAF) on January 1, 2007. Within Inserm, the DAF steers the research financing policy. The DAF chairs the financial and asset management network of headquarters and the regional delegate administrations (ADR).

Principal missions
The budget office compiles the establishment budget in compliance with the budgetary rules, orientations issued by the guardian authorities (Ministries of Research, Health and the Budget), and establishment management scientific and management priorities. The budget office ensures setup of the budgetary resources and controls the rate of credit consumption and income generation. The office also compiles follow-up documents for budget implementation and generates the statistics and responses to the various pertinent inquiries in that field.

The research contract office ensures the financial management of projects following national calls for projects (except those concluded with industry) and in response to Inserm programmed encouragement actions. The office negotiates and compiles the non-decentralized research conventions and, in that context, notifies the beneficiaries of the credits. The office contributes to the activity of the ANR-Inserm unit by ensuring the administrative and financial management of the programs delegated by that agency. The office compiles and consolidates the budget relating to the establishment’s own resources and conducts budget follow-up. The office coordinates the decentralized management of research contracts activity and manages the external resources management network (GRE) of the ADR. Lastly, the office offers legal support in the negotiation and compilation of contracts for research financing and provides fiscal expertise.

The SAFIr (Inserm Automated Financial System) information system office is responsible for the administration and management of the financial and accounts management system of the establishment. The office organizes user assistance and training, incorporation of functional changes in the application and relationships with outside service providers operating in the context of that application.

The Real-Estate-Purchasing Department is responsible for proposing the purchasing policy and real-estate policy, ensuring coordination and pursuing implementation with regard to the national aspects. The department is also responsible for legal affairs monitoring of changes in the regulations with regard to public markets. The department acts as an adviser and assistant to the ADR in the fields of purchasing and real estate, and circulates pertinent information on public purchasing.

2006 budget by type of expenditure

- 55% Limitative personnel expenditures
- 36% Overall operating and non-scheduled investment budget
- 7% Non-limitative personnel expenditures
- 2% Scheduled investment and other capital operations
principles and the conditions for supply optimization to the laboratories.
The animal study office checks compliance with good practices in terms of animal housing and breeding, and the use of laboratory animals. In liaison with the real-estate office, the office provides technical advice to unit directors on animal house equipment. The office is also responsible for regulatory follow-up of training and personnel, circulating the corresponding information and following up the work of the regional ethical committees.

The quality mission is responsible for compliance with the general regulations and for correct implementation of in-house instructions and procedures. The mission proposes, elicits and accompanies all modernization, simplification and rationalization actions with regard to financial management. The mission is responsible for steering, in-house control and development of the associated instruments.

**Annual report, 2006**

In addition to everyday management and implementation of the organic law relating to finance laws (LOLF) and the new budgetary and accounting framework (NCBC), the department particularly focused on regulatory and functional changes relating to discontinuation of expenditure warrants and receipt certificates in 2006. The department also ensured automation of fiscal management in order to enable application to credits, including non-deductible VAT, including for external resource contracts, as of 2007. In addition, the work was pursued on optimization of management procedures and instruments enabling:

- automatic and secure transfer of most of the units’ data managed by the ADR in Bordeaux and transferred to the new ADR in Nantes,
- a significant reduction in the unavailability of the accounting financial system related to the operations associated with a change in financial year.

In particular, the work enabled resumption of management operations as of January 8, 2007, for all structures.
Partnerships in 2006

In 2006, the department addressed expanding its partnership relationships by contributing to most of the budget coordination committees organized by the establishment. Moreover, the relationships with institutional partners (AP-HP, CEA, CNRS, Inra, ANR, Ifremer, universities, etc.) developed in several directions:

• in the context of the networks for harmonization of the procedures related to public purchasing (constitution of groups for lodging markets and access to scientific databases), for joint study of regulatory changes and for joint review of the solutions for various management constraints experienced, in particular, in the context of mixed-structure management;

• for more specific operations such as preparation for the construction of MIRCen (preclinical imaging platform) or the Hôpital Européen Georges-Pompidou research building.

Budget, 2006: receipts by resource type

- 77% R1 - Subvention for public service charges
- 21% R2 - Finalized contracts and support for research activities
- 1% R3 - Products of research activity and service supply
- 1% R4 - Other subventions and products
INSERM TRANSFERT

On January 1, 2006, Inserm delegated all activities related to its mission of technology transfer to its private subsidiary, Inserm Transfert. In collaboration with Inserm’s regional and departmental training operations, Inserm Transfert sets up all forms of cooperation between research units and industrial partners in order to promote the development of health products derived from Inserm’s discoveries.

Principal missions

In 2006, the reorganization of Inserm Transfert enabled integration of all the branches of technology transfer in a single structure:

- prospecting for and detecting research, projects with high application potential in cooperation with research training and the Departments of Scientific Management and Partnerships and Scientific Evaluation,
- management of intellectual property, particularly Inserm’s patent portfolio,
- management of maturity studies (establishment of proof of concept), particularly preclinical studies,
- technology transfer, particularly through license agreements and the development of industrial partnerships,
- accompanying entrepreneur researchers in the context of the 1999 innovation act and creation of innovative startups in health; in 2006, Inserm Transfert developed its activity with respect to financing innovative startups during the early seeding phases, through its subsidiary Inserm Transfert Initiative, a risk capital company with a capital of € 4.2 M jointly held with CDC Entreprises, Sofinnova Partners and Ventech,
- management of clinical trials, particularly phases I and II, and post-marketing phase IV, in cooperation with the DRCT,
- preparation and management of multi-partnership research projects at national (in the competitiveness poles) and international (in the context of the Framework Program for Research and Technological Development FP), in cooperation with the DPRE and DRI,
- organization of calls for institutional and industrial projects.

Annual report, 2006

For Inserm Transfert, 2006 was the year of constitution of new teams sharing a culture – scientific excellence – a passion – innovation in healthcare – and a vocation – customer service. The reorganization of Inserm Transfert reflects three principles: proximity to the research teams and industrial partners, for enhanced creation of added value from innovation, for the benefit of patients and public health.

Inserm Transfert sets up or professionalizes operating procedures, particularly with regard to management of intellectual property and technology transfer. Performance objectives are assigned, such as:

- pro-activity of the strategies in the establishment in order to optimally promote innovation in the patient service;
- rapidity and transparency in application files processing in order to provide researchers with the best service;
- flexibility and professionalism in negotiations in order to strengthen institutional and industrial partnerships.

The number of invention declarations processed in 2006 was 60% higher than that processed in 2005. Contractual activity remained stable and generated almost € 5.2 M in license revenues and € 15.4 M in cooperation revenues. The multi-partner activity of Inserm is growing as shown by the 40% increase in the number of consortium contracts processed in the year.

In addition, Inserm Transfert is reinforcing its activity with respect to development of proof of concept with 16 new preclinical studies financed: 11 by the National Agency for Research (ANR) – call for

### Inserm Transfert: key figures

<table>
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<th>Contract portfolio statement, 2006</th>
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<td>Service contracts</td>
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<td>Cooperation contracts</td>
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<tr>
<td>Technology transfer contracts</td>
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<tr>
<td>Intellectual property activity, 2006</td>
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<tr>
<td>Invention reporting in 2006</td>
</tr>
<tr>
<td>Patent applications filed in 2006</td>
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<tr>
<td>Total number of patents managed</td>
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</table>

| 117 |
| 107 |
| 546 |
| 121 |
| 59  |
| 615 |
emergence and maturation projects in biotechnology – and the other 5 by the National Institute of Cancer (INCa). In cooperation with the DRCT, Inserm Transfert is currently managing 2 preclinical proof-of-concept studies for a new therapy for an orphan disease and for a vaccine, and 3 interventional clinical trials for which Inserm is the sponsor on behalf of 3 pharmaceutical companies. Inserm Transfert is also managing 5 post-marketing observational studies conducted on behalf of 7 international pharmaceutical companies through the CIC-EC structures (Clinical Investigation and Clinical Epidemiological Centers).

At international level, Inserm Transfert is currently managing 31 projects financed in the context of FP6, of which 8 launched in 2006. The projects have a total research budget of over €200 M.

In 2006, Inserm Transfert Initiative took a holding in the capital of the Marseille biopharmaceutical company Pharmaxon, together with the investments funds Esperante, Primaveris and CAAP Création, a subsidiary of Crédit Agricole Alpes-Provence. The investment enabled Pharmaxon to procure seeding capital amounting to over half a million euros in order to accelerate the preclinical development of its candidate drugs.

Partnerships in 2006

Inserm Transfert intensified its partnerships with various life science and medical research institutions, with the pharmaceutical and biotechnology industries, and with innovation financing organizations, irrespective of whether they had public or private status. The constitution of new corporate governance bodies reflects that intensification.

Inserm Transfert is intensifying its part-

**PHARMAXON**

The drugs developed by Pharmaxon target neuroplasticity mechanisms, i.e. the ability of nerve cells to reconstitute themselves or modify their connections in the event of a lesion in order to reform new functional neuronal networks.

The first category of candidate medicinal products showed marked positive effects with regard to motor function and memory in an animal spinal lesion model and in the elderly animal. The first human studies are scheduled to start, at the latest, in 2008, in patients suffering from spinal injuries.

The second category of compound currently under development modulates cell mobility and may thus contribute to decreasing neoplastic cell migration and invasion of tissues neighboring the tumor. In an animal model, the drugs have shown a strong ability to inhibit the growth of glioblastoma, a highly invasive brain tumor.

Pharmaxon: Pascal Deschaseaux (Chairman), Jean-Christien Norreel (Director of Operations) and Genevieve Rougon (Scientific Director).

**PARTNERSHIP CONTRACTS**

**Industrial partnership involving Inserm Unit 362 (W. Vainchenker), Institut Gustave-Roussy and the Paris Public Hospital Authority (AP-HP)**

Dr William Vainchenker (Inserm Unit 362) demonstrated that a large proportion of patients presenting with myeloproliferative syndromes (polycythemia vera, essential thrombocytopenia, idiopathic myelofibrosis) carry mutation V617F in kinase-like domain JH2 of gene JAK2. Mutation V617F seems to exclusively occur in malignant hematopoietic cells of the myeloid line and its detection in patients’ blood cells provides precious information enabling improvement of the diagnosis of myeloproliferative syndromes.

A licensing agreement between Ipsogen SAS, Institut Gustave-Roussy, Inserm, through its subsidiary Inserm Transfert, and the Paris Public Hospital Authority (AP-HP) has been concluded with respect to a patent on the JAK2 gene mutation with a view to developing a test for use in diagnostic laboratories in order to enhance the care given to patients.

**Industrial partnership involving Inserm Unit 422, Lille (B. Delacourte, L. Buée)**

A tripartite agreement has been concluded between Inserm Unit 422, the pharmaceutical company Sanofi-Aventis and the Belgian company Innogenetics. The agreement is subsequent to several industrial cooperation contracts concluded in 2002 and involving Unit 422 with a view to developing new diagnostic tools for Alzheimer’s disease. The results of the new cooperation agreement signed in 2006 will enable study of the role of specific forms of peptide Aβ, which is essential in the pathogenesis of Alzheimer’s disease, and the study of performance of associated technologies in order to discover new therapeutic approaches for the disease. On the basis of the technologies and products obtained in the first phase, an industrial evaluation of the various candidate products will be conducted in the context of a passive immunization program.
EXAMPLES OF HIGH-POTENTIAL PATENTS

Hope for Alzheimer’s disease

Patent filed by Dr Nicolas Sergeant, Dr Luc Buée and Dr André Delacourte (Inserm Unit 837, Lille) and Dr Patricia Melnyk (UMR 8525, Université Lille 2)

André Delacourte’s team has developed experimental models of Alzheimer’s disease, a frequent and incurable neurodegenerative disease. The models enable monitoring of the early metabolic dysfunction of amyloid precursor protein (APP). In cooperation with Prof. Patricia Melnyk’s team, pharmacological screening of a chemical library enabled identification of a new series of molecules with therapeutic potential. The results show that the series of molecules are endowed with the property of favorably rectifying the metabolism of APP at three fundamental points in its metabolism: a decrease in the secretion of its neurotoxic metabolite, peptide Aβ1-42, involved in the etiology of Alzheimer’s disease; an increase in APP fragments of the non-amyloidogenic pathway, functional metabolites whose concentration falls during Alzheimer’s disease; but no change in the “normal” maturation of APP. These results constitute an extremely promising new approach with regard to the treatment of Alzheimer’s disease.

A new treatment for atherosclerosis

Patent filed by Dr Alain Tedgui and Dr Ziad Mallat (Inserm Unit 689, Paris)

The patent application covers a new method of treatment for atherosclerosis involving continuous administration of an epitope derived from atheroma by the subcutaneous or transcutaneous routes. The preliminary results described in the patent application show that administration of a sub-immunogenic dose of a peptide derived from protein ApoB-100 enables a significant reduction (rather more than 40%) in the size of atheroma in murine models of atherosclerosis (apoE−/−). The scientific concept underlying the invention is based on inducing a regulatory T-cell immune response in order to develop “tolerance” to atheroma epitopes. The patent is being exploited by the ATEROVAX company created in 2006.

A new diagnostic method for graft immune tolerance

Patent filed by Dr Dominique Baeten, Dr Christophe Braud, Dr Magali Giral, Dr Sophie Brouard and Dr Jean-Paul Soulillou (Inserm Unit 643, Nantes)

The invention is based on evidencing a cluster of genes enabling diagnosis of a state of immune tolerance in kidney transplant recipients. The invention is based on transcriptional analysis using a dedicated oligonucleotide chip. The data obtained by that approach enabled definition of an algorithm enabling differentiation of tolerant patients from those presenting with chronic rejection, thus constituting a high-performance, personalized-medicine instrument. In other words, the method constitutes an aid in therapeutic decision-making and transplantation follow-up. The new methodological approach is additional to a prior approach using a cDNA chip, which enabled the inventors to evidence a first set of genes enabling discrimination of tolerance and chronic rejection. The invention, a further addition to the portfolio of patents held by the Unit, will be exploited through the Nantes company, TcLand, which was created in 2002 and supported in 2005 by Inserm Transfert.

A treatment for human cardiac hypertrophy

Patent filed by Dr Monique Gastineau, Dr Eric Morel, Dr Grégoire Vandecasteele and Dr Frank Lezoualc'h (Inserm Unit 769, Villejuif)

The results underlying the invention show that activation of exchange-protein directly activated by cAMP (EPAC) in cardiac myocytes induces an increase in intracellular calcium concentration and activation of protein Rac, which induces cardiac hypertrophy and dysfunction. In that context, use of an antagonist of an exchange factor for G-proteins activated by cAMP constitutes a wholly original therapeutic target for the treatment of cardiac hypertrophy.

In 2006, Inserm Transfert developed its partnerships with the healthcare industries by contributing its expertise in the fields of technology transfer and project management, to the operational setup of multi-partner research projects in the context of competitiveness poles.
In the field of startup support, Inserm Transfert has associated itself with three key biotechnology investment players (CDC Entreprise, Sofinnova Partners and Ventech) and created, in 2005, Inserm Transfert Initiative (www.it-initiative.fr). The operational launch in 2006 enabled an increase in seeding capital level, which increased to an investment of between €100 and 300 K per project. In a syndicate with other seeding capital partners, Inserm Transfert thus more effectively assists researchers in founding companies.

Thus, by positioning proximity to public researcher players and their partners in the industrial and financial sectors at the core of its strategy, Inserm Transfert has strengthened Inserm’s partnerships and contributed to accelerating the development of innovative healthcare.

**INSERM TRANSFERT GOVERNANCE BODIES**

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Pr **Martine Aiach**, Director of Research, Inserm Unit 785, “Thrombosis: epidemiology, pathophysiology and innovative therapies”, Faculté des sciences pharmaceutiques et biologiques, Université Paris 5

Dr **Sebastian Amigorena**, CNRS Research Director, member of the Academy of Sciences, Director of Inserm Unit 653, “Immunity and cancer”

M. **Marc de Garidel**, Vice President, South-West Europe, Amgen International

Pr **Benoît Deprez**, Director, Inserm Unit 761, “Biostructures and drug discovery”, Université Lille 2 – Faculté de pharmacie, corresponding member of the Académie Nationale de Pharmacie

M. **Denis Lucquin**, Associate Partner, Sofinnova Partners

M. **Gilles Nobecourt**, Director, Associate, Edmond de Rothschild Investment Partners

M. **Jean-Pierre Seta**, Operating President, Servier

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M. **Bernard Daugeras**, Chairman and Chief Executive, Auriga Partners

M. **Hervé Douchin**, Secretary General of Inserm

**POST-MARKETING STUDIES**

The evaluation of new therapies under real life conditions is an increasing preoccupation for healthcare authorities for several reasons: use and prescribing conditions; therapeutic benefit under the conditions of everyday practice and over the long term; safety; socioeconomic aspects. In that context, regulatory authorities are increasingly asking pharmaceutical companies to conduct post-marketing studies. The public research added value (scientific quality, independence, objectivity) with respect to those studies considered of public interest is recognized. Inserm has numerous skills in the field: specialized epidemiology and public health units, dedicated structures, specific instruments (databases, cohorts, methodology experts). Inserm Transfert contributes to translating Inserm’s expertise by ensuring, together with the scientists and in partnership with the pharmaceutical companies, the evaluation, setup, implementation and follow-up of such studies.
INFORMING AND COMMUNICATING

63 CENTER FOR COLLECTIVE EXPERT REVIEWS

65 ETHICAL COMMITTEE FOR MEDICAL RESEARCH AND HEALTH (ERMES)

67 DEPARTMENT OF SCIENTIFIC INFORMATION AND COMMUNICATION (DISC)
Biomedical research and public health lie at the core of social progress as political choices. Access to information and the circulation of knowledge constitute a major challenge that Inserm has taken up. For the major issues of public healthcare, the Institute offers collective expertise in the form of several annual reports ensuring a critical analysis and synthesis of the international scientific literature. This fresh light is an aid in decision-making, but also contributes to public debate. In the fields of obesity, long-term prognosis of cancer, glycol ethers or pediatric deafness, to cite a few of the analyses published in 2006, Inserm’s experts are of value to decision-makers, healthcare professionals and the general public.

In addition, Inserm is resolutely committed to developing in-depth reflection in the field of ethics. The most innovative fields of medicine and biomedical research raise new issues with regard to scientific responsibility. The research community needs to maintain a dialogue with society as a whole in order to explain the issues involved and also to question the ethical frontiers. The work of the Ermes committee (Ethical Committee for Medical Research and Health) is designed to organize that interrogation on the national, European and international scales.

Information and communication are also in-house issues. Researchers and engineers need fast, secure and reliable provision of data. The Institute has thus ensured the development of electronic access to international information (BiblioInserm). It has highlighted in-house scientific production through increased circulation and enhanced visibility of publications (Hal Inserm) and the circulation of knowledge organized into key themes (knowledge banks).

Lastly, Inserm is committed to making knowledge available to society through outside communication open to the media, through the Institute’s participation in numerous scientific and medical events and through the organization of meetings with the general public and healthcare professionals.
CENTER FOR COLLECTIVE EXPERT REVIEWS

Inserm plays a key role as an independent expert in the service of the public authorities and private decision-makers: ministries, parliamentary offices, health insurance organizations, mutual insurance organizations, companies, etc. In order to do so, Inserm’s collective expert reviews shed scientific light on given subjects in the health field based on critical analysis and synthesis of the international scientific literature. The expert reviews are implemented at the request of institutions wishing for access to recent research data pertinent to their decision-making processes with respect to public policy. Proposals generated by the expert reviews guide decision-makers and assist them in defining their research, prevention and care operations. The knowledge reviews are also of value to researchers, healthcare professionals, students and a wider public.

Principal missions

The Center for Collective Expert Reviews ensures the scientific and editorial coordination of the reviews. The center organizes the various stages of collective expert review from the initial problem statement through to the communication of the report with the assistance of Inserm departments. The Center team, consisting of engineers, researchers and a secretariat implements the document searches, logistics and chairing of the expert review meetings. The team contributes to the scientific writing and to compiling the expert review products (books, synthesis fascicles).

For each collective expert review, Inserm convenes a pluri-disciplinary group of experts consisting in scientists (from Inserm or outside) and physicians with an international reputation. The scientists and physicians implement critical analysis of the international scientific literature and formulate proposals with respect to research, prevention and management program development.

At the request of a sponsor, the Inserm Collective Expert Review may be accompanied by an “operational” expert review addressing application of the knowledge taking into account contextual factors (existing programs, structures, players, training, etc.). The latter type of expert review elicits contribution from the players in the field able to respond to the feasibility aspects, representatives of the administrations or institutions responsible for promoting applications in the field involved, and representatives of patient associations. Pooling the varied cultures and experiences enables a complementary approach to the collective expert review in an operational framework.

Annual report, 2006

Expert review implementation lasts between 18 months and 2 years. In 2006, 5 expert reviews were issued and made public; 6 expert reviews were completed and will be published in 2007 and 5 expert reviews were initiated.

The subjects of the expert reviews published in 2006 are highly diverse. The subjects reflect strong societal preoccupations such as the impact of the environment on health (Glycol ethers: new toxicological data), the survival of cancer patients (Cancer: long-term prognoses) or issues for certain occupational categories (Voice disorders in teachers). The expert reviews also enable taking stock of emergent research in a given field (Deafness: emergent research and applications in children) or evaluation of public health programs (Obesity: assessment and evaluation of obesity prevention and management programs).
## Expert reviews published or initiated in 2006

<table>
<thead>
<tr>
<th>Expert review published or initiated in 2006</th>
<th>Type of expert review</th>
<th>Sponsor</th>
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<tbody>
<tr>
<td>Cancer: long-term prognoses</td>
<td>Collective</td>
<td>DGS and INCa</td>
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<tr>
<td>Glycol ethers: new toxicological data</td>
<td>Collective</td>
<td>Afsset</td>
</tr>
<tr>
<td>Hearing loss: emergent research and applications in children</td>
<td>Collective</td>
<td>Canam-RSI</td>
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<tr>
<td>Obesity: obesity assessment and the evaluation of obesity prevention and management programs</td>
<td>Collective</td>
<td>OPEPS</td>
</tr>
<tr>
<td>The voice: voice disorders in teachers</td>
<td>Collective</td>
<td>MGEN</td>
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## Expert reviews implemented in 2006 (publication: 2007)

<table>
<thead>
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<th>Sponsor</th>
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<tbody>
<tr>
<td>Dyslexia, dysorthographia and dyscalculia</td>
<td>Collective</td>
<td>Canam-RSI</td>
</tr>
<tr>
<td>Screening in children</td>
<td>Operational</td>
<td>Canam-RSI</td>
</tr>
<tr>
<td>Growth and puberty</td>
<td>Collective</td>
<td>Canam-RSI</td>
</tr>
<tr>
<td>Genetic tests</td>
<td>Collective</td>
<td>CNAMTS</td>
</tr>
<tr>
<td>Psychological autopsy: implementation and associated procedures</td>
<td>Operational</td>
<td>DGS</td>
</tr>
<tr>
<td>Alzheimer’s disease: management strategies</td>
<td>Collective</td>
<td>DGS</td>
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## Expert reviews initiated in 2006 (publication: 2007 or 2008)

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<th>Type of expert review</th>
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<tbody>
<tr>
<td>Cancer and the environment</td>
<td>Collective</td>
<td>Afsset</td>
</tr>
<tr>
<td>Physical activity and health</td>
<td>Collective</td>
<td>Ministry of Sports</td>
</tr>
<tr>
<td>Game addictions</td>
<td>Collective</td>
<td>DGS</td>
</tr>
<tr>
<td>Saturnism: screening strategies</td>
<td>Operational</td>
<td>DGS</td>
</tr>
<tr>
<td>Grafts: research key points</td>
<td>Collective</td>
<td>Biomedicine Agency</td>
</tr>
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</table>

Principal missions
The missions of the Ermes committee are to address ethical issues in the field of biomedical research; to promote the incorporation of ethical thinking into the practice of biomedical research; and to promote awareness and training in ethical questions. The Ermes committee plays a full role in the dialogue between the Inserm scientific and medical community and society as a whole.

Annual report, 2006
The committee met 8 times in 2006. The main subjects addressed were as follows:

- ethical issues in collective expert reviews,
- relationships with patient associations,
- the concept of genetic determinism (the relationships between the genes and environment) in the field of handicap and complex diseases, in particular those affecting behavior,
- the problems raised by marketing genetic tests,
- ethical issues in scientific communication,
- conflicts of interest,
- broadening the missions of Inserm’s Institutional Qualification Committee.

With regard to collective expert reviews, in 2005, the Ermes committee formulated a series of proposals. A new procedure was set up in fall 2006. The procedure provided for committee consultation in the course of implementation of expert reviews whose subjects were associated with important ethical issues. The President contributed to the organization of a colloquium on behavioral disorders in children and adolescents (November 14, 2006) during which the new procedure was announced.

In the field of communication, a portal is being designed in order to enhance the accessibility of ethical thinking and action at Inserm. Active cooperation with Inserm actualités was instituted in the form of articles and news flashes published in the ethical column. A new cooperation was instituted in 2007 with the journal Médecine/Sciences in which Inserm is a partner and whose new editor, Hervé Chneiweiss, is a member of the committee. A partnership was set up with Inserm’s training workshops with participation in the scientific committee with the aim of including ethical awareness promotion sessions reflecting the specific scientific subjects addressed by the workshops. Committee members contributed to the training dispensed through Inserm’s permanent training department, in particular with regard to clinical research and neurological imaging.

Since April 2005, a weekly dossier draws attention to recent developments in the ethical field. The very complete dossiers are compiled from the national and international press, general scientific journals such as Nature et Science, the news posted on specialized sites, and ethical committees. A dossier extract is available weekly on the Rodin ethics and health website (http://www.ethique.inserm.fr/). Since January 1, 2007, the article references have been available on the committee’s bibliographic database.

Partnerships in 2006
Ermes committee members regularly contributed to teaching the biomedical research certificate of the master’s degree in ethics,
science, health and society (Université Paris XI/AP-HP) and the ethical research master’s degree (Université Paris V/Medical ethics laboratory). Links have been forged with institutions promoting reflection on research and debates with the general public, particularly the Cité des Sciences et de l’Industrie.

The Ermes committee regularly takes part in joint meetings with the ethical committees of the other EPST (CNRS, Inra, IRD) and with other ethical institutions (the ethics area of the Paris Public Hospital Authority (AP-HP)) in the context of an informal network with a view to Concerting with respect to the approaches specific to each committee and initiating work on shared themes. A national portal is under construction.

ERMES COMMITTEE MEMBERS’ CONTRIBUTIONS IN 2006

• First national colloquium: ethics and the flu pandemic (Ministry of Health and Solidarity)
• General review of prevention (Ministry of Health and Solidarity)
• Health, knowledge and money (Annual ethics seminars of the CCNE, Université Paris V René-Descartes)
• Sciences of the brain and society/Meeting of minds, a review of the deliberations in a European citizens’ debate on the issues involved in the development of neurosciences (Cité des Sciences et de l’Industrie)
• Public hearing on nanotechnologies (National Assembly, Parliamentary Office for the Evaluation of Scientific and Technological Choices)
• Contribution to the International Stem Cell Forum (ISCF), Ethics Working Party
• Contribution to the International Expert Group, OECD/Global Science Forum Activity on Preventing Scientific Misconduct and Enhancing Scientific Integrity
• Sixth French and Canadian Expert Seminar on Nanosciences and Nanotechnologies (Institut International de Recherche en Ethique Biomédicale, IIREB)
• Conclusion and prospects, 16e Journée d’éthique médicale Maurice Rapin, on the subject of scientific sincerity: from conflict of interest to fraud?
• Contribution to the Journées Pétrarque addressing the theme of care (France Culture and Le Monde)
• Radio broadcasts (Science culture, Science frictions, Du grain à moudre on France Culture, Le téléphone sonne on France Inter, Radio Suisse Romande) and television broadcasts (LCI, TV 5, la Chaîne parlementaire) on subjects such as the ethical issues in viral pandemic threats, stem cell research, genetic tests, handicap and aging
**DEPARTMENT OF SCIENTIFIC INFORMATION AND COMMUNICATION (DISC)**

The Department of Scientific Information and Communication (DISC) supplies researchers with the document bases they need, makes the partners and general public aware of the results of the work conducted at the Institute and ensures information circulation via the internet, meetings and events.

**Principal missions**

- collecting, classifying and processing of archives in order to retain and highlight Inserm's heritage, provide historical documentation to scientific history researchers, and meet the legal obligations with respect to archiving and access to administrative archives;
- formation of an iconographic bank and promotion of document collections;
- organization of in-house institutional communication events, improvement of the Institute's visibility with respect to professional targets, circulation of scientific information to the general public;
- planning actions addressing the national media and supporting actions at regional level through the collection of information (scientific or institutional), organization of press conferences, compilation and circulation of lay documents, assistance and advice for researchers for particular communications, lay and scientific press monitoring;
- development of electronic access to international information (BiblioInserm), highlight the Institute's scientific production through enhanced dissemination and publication visibility (Hal Inserm), circulation of knowledge on key themes, French translation of the thesaurus, Medical subject headings (MeSH), currently a worldwide reference;
- updating and developing the national website: document organization, editorial and functional design of the web pages.

**Annual report, 2006**

Nine editions of the magazine *Inserm actualités* were published in 2006. Three were particularly appreciated: autism, epigenetics and hepatitis B and C.

The storage of part of the administrative archives was renegotiated. A partnership with ADR was expanded for management of the Department of Human Resources’ archives. A convention was concluded for take over of Inserm Transfert’s archive management.

In 2006, the BiblioInserm portal was enriched with:

- ISI bases including Web of Science (Science Citation Index, Social Sciences Citation Index) since 1991, Journal Citation Reports (JCR) with impact factor, Essential Science Indicators (ESI), ISI proceedings;
- 50 new journals negotiated individually with the 11 publishers;
- the Faculty of 1000 Medicine service.

In the context of an agreement signed in July 2006 by all the EPST and universities with a view to setting up a national open-access archive, the Institute worked on adapting the filing platform (Hal) to the specificities of the biomedical field (interface with PubMed) and the requirements defined by our open-access policy: filing of manuscripts “accepted” by peer review journals, posting after control by the Hal Inserm team and checking of the rights granted by the publishers.

The IST server enables archive constitution and an active memory of production in terms of scientific information while increasing the resources of the Institute’s scientific monitoring and ensuring information circulation toward national and international partners. The server holds the collective expert review reports, institutional reports and dossiers, training workshop lectures, all press documents, *Médecine/Sciences* journal articles, the distinctions and awards to researchers, the ethical press review of the Ermes committee, and the MeSH thesaurus for the year, and hosts the National advisory ethics committee (CCNE) database. A new web navigation interface for MeSH (arborescence) has been set up to facilitate information exploitation. The applications are being migrated to a new architecture in liaison with the DSI.

In 2006, the English-language version of the Institute’s website was launched. Video uploading has markedly increased.

Inserm was present at the Science Village (an event of the Science Fair under the
Informing and Communicating

In the French-speaking biomedical community, the bilingual French/English version of MeSH is an instrumental aid in searching PubMed, which interfaces the French and English descriptors. It is also a biomedical document classification and indexing instrument. Inserm annually updates the French translation of the new MeSH descriptors (500 to 1000) and circulates the electronic bilingual French/English version of MeSH to numerous institutional or private users and biomedical portal managers. The thesaurus has been circulated in XML format since 2006. For the last 3 years, Inserm has revised all of the French MeSH vocabulary and added synonyms. Cooperation with the INIST has already enabled Inserm to review over 30% (9,000) of the descriptors and add some 30,000 French synonyms.

In 2006, editorial partnerships were instituted and gave rise to the signature of conventions between Inserm and private publishers and the publication of a number of works: Economica (publication of the results of the SUVIMAX study, work coordinated by S. Hercberg), La Découverte (publication of the work entitled “Pour en finir avec l’alcoolisme” by P. Batel, on the basis of the collective expert reviews on the subject of alcoholism), projects for a new survey of sexuality in France under the guidance of N. Bajos and M. Bozon, and a project on contraception under the guidance of N. Bajos and M. Ferrand. A convention was concluded with the distributor, Lavoisier, in the context of discontinuation of distribution and sales by the publishing unit.

Work with the ADR addressed personnel archiving dossiers and everyday management of administrative archives. Cooperation with the archiving personnel of other EPST enabled progress with respect to lab books, assistance in implementation of a partnership with private archiving companies, and electronic archiving.

In the context of in-service physician training, Inserm organized a lecture on the health of children and adolescents in partnership with Inpes (March 2006). Under the auspices of the Ministry of Health and Solidarity, Inserm organized a scientific colloquium on behavioral disorders to which specialists in psychiatry, pediatric psychiatry, neuroscience, sociology, and public health, and healthcare professionals and patients in the field contributed. In the field of scientific information, several inter-establishment structures were set up in order to harmonize the various policies with respect to the purchasing of electronic resources, journals and databases, open-access projects and TermSciences, and training through organization of annual IST professional meetings (Nancy).

At the end of 2005, a new cooperation convention covering a 3-year period was concluded with the Inist/CNRS which ensures the hosting and maintenance of the

**MeSH, Research AID Instrument**

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**Inserm “Cafés Santé”**

In 2006, 50 Inserm Cafés Santé events were held by various players (ethical mission, patient association mission, event managers, Inserm junior network manager, collective expert review accompanying manager, regional communication associates) and addressed various professional publics (ethics specialists, representatives of patient associations, general practitioners, publishers, educational environments) or publics interested in health issues (general public, juniors aged 15-20 years, seniors). The public actions have the visible value of promoting dialogue between basic researchers, hospital managers, persons qualified in ethics, public health and sociology, representatives of industry and the economic sector, representatives of patient associations, and other interested parties.

**Outreach in the Framework of Inserm Events**

- In the context of the 4th National Scientific Day and other Inserm events, 36 research units participated.
- 250 documents were distributed to the media in 2006 (of which 54 documents of a scientific nature), sometimes in partnership with other organizations. Sixteen researcher-media meetings were organized (meet the press on-site, breakfasts, press conferences).
- In October 2006, Inserm participated for the first time in the Fitness and Health Show, a medical exhibition for the general public, held at Porte de Versailles, Paris. Over the 4 days, 40,000 visitors attended.

**Conferences and Expositions**

- In the context of the School of the Environment for Researchers, 300 conferences were organized.
- Sixteen researcher-media meetings were organized (meet the press on-site, breakfasts, press conferences).

**Institute’s Researchers Developed Games**

In the context of the School of the Environment for Researchers, 300 conferences were organized.

**Workplaces**

In the context of the School of the Environment for Researchers, 300 conferences were organized.

**Public Health**

In the context of the School of the Environment for Researchers, 300 conferences were organized.

**Communication and Training**

In the context of the School of the Environment for Researchers, 300 conferences were organized.

**Health of Children and Adolescents**

In the context of the School of the Environment for Researchers, 300 conferences were organized.

**Solidarity**

In the context of the School of the Environment for Researchers, 300 conferences were organized.

**Promotion of Dialogue and Conferences**

In the context of the School of the Environment for Researchers, 300 conferences were organized.
BiblioInserm portal and contributes to revising the MeSH translation. In the context of development of open archives, the Institute contributed to the European DRIVER project managed by the CNRS. Several years ago, a partnership was concluded with NLM-NCBI with a view to circulating English-language abstracts of the collective expert reviews and training workshop reports. Those documents are posted on the NCBI's Bookshelf site.

With regard to iconographics, partnerships were initiated with the publisher, Éditions de la Martinière (project: art book on medical and scientific imaging), with the FRC (Federation for Brain Research) for its traveling exhibition, with Neurodon for its 2007 campaign, and with the Fondation Bettencourt Schueller.

Numerous scientific press releases were published jointly with the CNRS, Institut Pasteur, CEA, AP-HP and AFM. Links were forged with the National Institute for Prevention and Health Education (Inpes) and with the National cancer institute (INCa), with a view to organizing Inserm Café Santé events.
PROSPECTS FOR 2007

71 CLINICAL RESEARCH
71 REGIONAL AND EUROPEAN POLICY
72 INTERNATIONAL DIMENSION
72 SCIENTIFIC EVALUATION
72 HUMAN RESOURCES
73 INFORMATION SYSTEMS
73 FINANCIAL AFFAIRS
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Clinical research
Several objectives have been defined for 2007, particularly in the field of clinical trials, biobanks and the clinical investigation centers (CIC).

Clinical trials
• promoting the partnership with pharmaceutical and other health product companies in the context of setup of the CeNGEPS (National Center for the Management of Health Product Studies);
• strengthening the participation of patient associations in clinical trial evaluation bodies with the contribution of association members to Cossec and protocol rereading;
• intensifying assistance to investigators at all stages of a clinical trial protocol by project leader recruitment;
• reducing the time interval between sponsorship agreement and project submission to the pertinent authorities and CPP to less than one month;
• developing co-evaluations by Inserm and its partners for biotherapy protocols and CIC calls for projects.

Biobanks
• building the national reference system for the transformation and storage of biological resources in liaison with the other research organizations and university hospitals (CHU) (definition of the various points of the reference system, public inquiry);
• obtaining the establishment of a Biobanks-CRB label recognized by the pertinent authorities with certifications of the Biobanks-CRB.

Clinical Investigation Centers
• intensifying the transfer of basic research conducted in the research units to clinical research in the CIC by launching calls for translational research projects, Inserm/DHOS 2007;
• increasing the number of inter-CIC protocols in the CIC subject networks and their links with Inserm’s national research programs;
• intensifying the performances of CIC in studies with companies for early therapeutic phases;
• intensifying the cooperation between Inserm and the university-hospitals (CHU) in the management of CIC and the setup of CHU clinical research departments or federations;
• setting up new CIC, particularly Technological Investigation CIC, in partnership with the DHOS (CIC-IT 2007 call for proposals) and CIC abroad in countries in which Inserm has developed research interactions, particularly in China.

Regional and European policy
Regional policy
For the regions, 2007 is to be devoted to pursuit of support for the setup of research centers and the effective setup of major research instruments together with pursuit of the structuring of the thematic regional networks:
• the cancer poles which are structuring as GIP;
• the neurological science poles in response to the National Plan for the Brain and Nervous System Diseases;
• the fields of major interest in Ile-de-France for the themes public health and cardiovascular diseases.
The links forged with the competitiveness poles will be strengthened in order to optimize the processes of transfer from knowledge acquisition to proof of concept and technology transfer.
In the context of the structuring operations in support of State-Region Project Contracts (CPER 2007-2013), Inserm wishes to support a limited number of operations fulfilling a site strategic logic in relation with the setup of poles of excellence with enhanced critical mass:
• installing research centers under optimal condition enabling new team hosting in order to tend towards constitution of poles of excellence;
PROSPECTS FOR 2007

• pursuit of development and/or upgrading of high-performance technological platforms in the context of a reflection on national networking and identification of complementarities between sites.

Inserm’s vocation is, first, to contribute to financing onerous equipment that contributes to enhancing the technical and technological platforms fulfilling the RIO charter and, secondly, to contribute to the real-estate operations underlying setup of research centers and poles of excellence. In accordance with those guidelines, Inserm intends to renew its undertaking for the next seven years in the amount of €26 million and to support some 20 projects in 23 regions of mainland France, and overseas.

**European policy**

The accent will be placed on promoting the participation of Inserm teams in European projects in FP7 and in the framework program for public health. Particular attention will be paid to the launch of the European Research Council, which will afford the possibility of developing innovative basic research projects, on an individual basis, on the European scale. Operations in favor of European researcher mobility will be intensified with:

- setup of international Interface contracts, particularly in the context of the new co-financing operation for the People program (Marie-Curie) of FP7,
- development of 5 new LEA,
- publication of the first joint calls for proposals targeting post-docs in discussion with partner European institutions (Charité in Berlin, the IBMC in Porto, the Imperial College in London and the University of Dundee),

• information operations with respect to the hosting and exchange facilities with the Central and Eastern European countries (PECO) (particularly Poland, Rumania, Hungary and the Czech Republic).

Lastly, several dossiers will be the subject of special attention such as the launch of the Innovative Medicines Initiative (IMI) European technological platform scheduled for the fall of 2007 and the response to the research infrastructure call for offers of the ESFRI roadmap and the maturation of the European Institute of Technology (EIT) project.

**International dimension**

Several works in progress initiated in 2006 should further progress or be completed in 2007. The guidelines are:

- pursuing the policy of strengthening the Institute’s links with North America and Asia, particularly India;
- initiating new cooperations in the countries of North Africa and the Middle East;
- pursuing the policy of creation of international units and associated laboratories in 2007: 10 associated laboratories will be created, 3 in Canada, and several Inserm units abroad are under study;
- intensifying the action of the project setup assistance unit: the objective is to set up 10 large-scale projects in 2007;
- fully inventorying the Institute’s cooperation with developing countries in order to define a strategy for the strengthening of the Institute’s cooperation with those countries;
- implementing investigational missions in South Africa, Hong Kong and Taiwan.

**Scientific evaluation**

For 2007, the DES is to develop several prospects:

- advancing the EVA software in coordination with the DSI and DRH (change in software version and functional improvement); this will necessitate strong involvement of the functional team;
- further progress with the expert database to facilitate consultation;
- pursuing of efforts to improve the reports for the candidates evaluated;
- contributing to setup of new commissions and to the choice of experts appointed by the commissions;
- contributing to the reflection initiated by the CNRS with respect to the indicators and criteria for evaluation in the human and social sciences.

The bibliometrics unit will pursue computerization of indicator compilation, incorporate new mapping instruments and contribute to restructuring of the Inserm Publications Bank (BPI). The unit will also finalize the 10-year study of Inserm publications.

**Human resources**

**Employment management**

The DRH is launching proactive management of jobs and skills at national level and in close cooperation with the human resources poles of the ADR and the Inserm institutional players (scientific board, CSS). This initiative is to be seen in the context of high turnover in Inserm personnel in the short term given the age structure of the personnel with, in consequence, an appropriate recruitment and career policy adapted to Inserm’s growth objectives.
Quality system: the HERMES project
In the context of the management quality system initiated in 2006, the human resources poles of the ADR will be able to electronically transfer personnel data (recruitment, training, etc.) and documentation to the DRH office responsible for in-house management control. In addition, using the same new computer system, the units will be able to monitor dossier processing in real time. There will be considerable time savings and the incorporation in the salary system will be enhanced. The GAIA software focuses on ITA external recruitments and will enable electronic management of external competitive examination procedures in the same manner as the internal assessment and competitive examination operations.

The Pacte (Access to Territorial, Hospital and State Careers)
Implementation of Pacte should enable enhanced interaction between training and recruitment. Instituted in 2005 in the civil service, Pacte is a recruitment method that constitutes an alternative to competitive examinations and is to be set up for the benefit of young people leaving secondary education without a high-school diploma. A working group was formed in 2006 to address deploying the system in Inserm units with a view to professionalization using the apprenticeship system in order to enable Inserm to recruit for specific modest-level jobs (category C) that are difficult to fill through external competitive examinations: animal-house and washroom technicians, for example.

Actions in favor of young researchers
The diversification of actions in favor of young researchers is also a priority for 2007. It involves the pursuit of partnerships with the United States in the context of young physician training. The participation of two students from the Inserm School in the Harvard summer school was a success and, in 2007, exchanges between the Inserm School and Harvard medical students will be organized. A call for proposals targeting Grande École engineering students will enable them to take part in an end-of-study course in an Inserm laboratory for 6 months with remuneration. In 2007, the DRG will compile and circulate an Inserm doctoral student directory and follow-up of post-docs having defended their theses at the Institute and currently working abroad.

Information systems
In 2007, in the context of the SAFIr project, the DSI will devote considerable resources to the production phase of a new version of the financial management software, e-Business Suite, incorporating all the functional changes implemented for compliance with the new orientation act. EVA, another essential application dedicated to research evaluation management, is also to undergo complete upgrading thanks to the latest version of the OpenText LiveLink® package. Another priority sector consists in deployment of cross-sectional data entry instruments available to the units (the Ariane project), the first step in a program that will cover several years and is designed to urbanize the Inserm information system. In the human resources sector, development of the Sirene system will enable almost exclusively electronic processing of administrative documentation.

The modernization of infrastructures initiated in 2006 will continue with an important plan of automatic activity recovery for the sites of Villejuif and Auteuil in order for them to lend each other mutual assistance. The networks will have a large proportion of the active hardware and servers replaced. This is an essential stage for IP telephony and regrouping of the Inserm message services. With a view to completing its organization, the DSI is resolutely engaged in a quality assurance procedure with a view to obtaining ISO 9000-2000 certification.

Financial affairs
In 2007, the priorities will consist in pursuit of modernization actions and actions to enhance the effectiveness and quality of financial management in the establishment. In particular, this involves implementation, during the year, of a new version of Oracle Applications which should significantly improve the performances of the SAFIr. Users will have new functions available, enabling greater independence in the collection of the information the most pertinent to their needs. The DAF will also invest in setup of new research structures (Inserm research centers, RTRA, CTRS, FCS) and, more particularly, in the management of the financial impacts induced by the new entities involving Inserm units. DAF will of course be mobilized by FP7 and will organize training sessions on the administrative, financial and legal aspects of the corresponding contracts. In addition, DAF will be attentive to consolidating the inter-EPST partnership, particularly when the decree on scientific purchasing is published. The DAF will also work on incorporating social and environmental considerations into its purchasing
policy. Lastly, the consolidation of the budgetary quality and control system is scheduled, with definition and analysis of indicators, set up of a document base and generalization of in-house control, which will progressively replace the suppression of a priori financial control, which became effective in 2006.

**Legal affairs**

In 2001, a procedure relating to contract definition was set up. In 2007, the DAJ will particularly invest in revising that procedure. The objectives are to identify the skills to be elicited, propose a procedure for each type of contract, and clearly distribute the definition and management of contractual activity between the central level, the regional delegate administrations and Inserm Transfert. The new procedure will reaffirm and pursue the decentralization of contract management to ADR level.

**Technology transfer**

In 2007, Inserm Transfert will consolidate and stabilize the organization of its new teams. Inserm Transfert will implement regional deployment, in proximity, with research and regional delegate administration training.

In so doing, Inserm Transfert will amplify its training actions targeting researchers in order to promote the partnerships between the inventor and the technology transfer unit to which the action is anchored.

Inserm Transfert will devote a considerable effort to initiating and taking part in reflections or negotiations intended to simplify the institutional framework of technology transfer. The number of players involved in that sector today and the complexity of their relationships sometimes act as a real brake on professionalization and the effectiveness of the activity. In 2007, Inserm Transfert will seek to establish several partnerships or pool efforts in support of that strategic objective.

Inserm Transfert will resolutely take part as a key player in European technology transfer, particularly through initiation of European partnerships. In that international context and in cooperation with the Inserm Europe unit, Inserm Transfert will support the setup of multi-partner research agreements in the context of launch of FP7 in 2007. Inserm Transfert's objectives in that context will include the success rate for responses to calls for projects, but also researcher and manufacturer satisfaction. With regard to industrial applications, Inserm Transfert will pay special attention to setup of the Innovative Medicines Initiative platform.

**Collective expert reviews**

Inserm’s collective expert reviews, through the publications and communication that they generate, are to be viewed in the context of a rapidly evolving dialogue between science and society. The impact of the collective expert reviews in terms of public debate has increased over the last two years. In order to render the methodology more legible and to include democratic debate in its approach, collective expert reviews will address three aspects:

- the setup of an assistance unit with the Center for Collective Expert Reviews. The unit will consist of representatives of the Inserm Directorate General, scientific board and ethical committee, the communication department, human and social science researchers and specialists in the history of the sciences. The role of that unit is to identify, at the start of the expert review, the issues liable to have strong resonance for the professionals involved and civil society and to suggest hearings of professionals in related fields, representatives of civil society and patient associations;
- enhanced interfacing with the work of the High Authority for Health (HAS), which may follow an Inserm collective expert review. The latter is to be considered an initial stage that is necessary, but most frequently not sufficient, for decision making;
- at the end of expert reviews, organization of seminars open to the various sectors concerned with the subject of the expert review (patient associations, professional associations, unions, institutions) with the aim of an initial debate on the conclusions of the expert review.

In 2007, among other expert reviews, three commissioned by Canam-RSI will be published, finalizing the pluri-year partnership program in child health.

**Information and communication**

**Information**

For 2007, several web-based objectives have already been defined:

- developing statistical tools in order to more clearly elucidate the researchers’ use of the current offer, BiblioInserm, and adapt that offer to the Institute’s thematic evolution; setting up a Google Scholar search engine on the base; and transferring an increasing number of articles filed in Hal Inserm toward the open-access archive set up by the NIH, PubMed Central;
- opening an ethical and health portal covering the scientific content produced by the various partners: the Medical Ethics
and Forensic Medicine Laboratory ofFaculté Paris V, Ermes committee, and Paris Public Hospital Authority (AP-HP) ethical area;
• putting the OPI Serimedis version on line and developing an information campaign on its advantages (creation of its own database, trials, tailored supply and secure management).

Communication
Other projects are being implemented in various institutional communication fields and the professional and lay press, in particular:
• strengthening the Inserm Cafés Santé in accordance with the guidelines defined in 2006 in order to draw the general public into the debate on cross-sectional health themes and export the debates on European health issues, particularly to the new Member States. This will lead to reinforcement of the communication instruments set up with respect to the Inserm Cafés Santé, particularly with Web 2.0 tools;
• increasing the circulation of Inserm researchers’ work to our publisher partners, as a priority with respect to public health issues (Alzheimer’s disease, AIDS, research status, dependence mechanisms, aging, precariousness, contraception);
• continuing to strengthen Inserm’s already high visibility in the lay press, particularly the female and family press (121% increase between 2004-2005 and 2005-2006), and constituting a European general lay press network in order to increase the spectrum for Institute communication circulation (press releases translated since early December 2006), reflection on the new multimedia formats with respect to the press and general public;
• increasing the circulation of the data generated by Inserm research workers to general practitioners in order to encourage their incorporation in medical practice.
## INSERM KEY FIGURES - 2006

<table>
<thead>
<tr>
<th>Item</th>
<th>Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>Budget</td>
<td>€ 700 million, of which 62% for personnel expenditures</td>
</tr>
<tr>
<td>Remunerated personnel of which:</td>
<td></td>
</tr>
<tr>
<td>- Statutory researchers</td>
<td>2,172</td>
</tr>
<tr>
<td>- Engineers and technicians</td>
<td>2,893</td>
</tr>
<tr>
<td>- Personnel on contractual resources</td>
<td>1,367</td>
</tr>
<tr>
<td>Recruited researchers</td>
<td>87</td>
</tr>
<tr>
<td>Foreign researchers (green positions)</td>
<td>53, of which 17 new in 2006</td>
</tr>
<tr>
<td>Recruited ITA</td>
<td>154 (2006 inflow)</td>
</tr>
<tr>
<td>Junior researcher contracts</td>
<td>56 ongoing, of which 27 new in 2006</td>
</tr>
<tr>
<td><em>Avenir</em> contracts</td>
<td>73 ongoing, of which 23 new in 2006 (DRH)</td>
</tr>
<tr>
<td>Researcher <em>Interface</em> contracts</td>
<td>448 ongoing, of which 120 new in 2006</td>
</tr>
<tr>
<td>Hospital <em>Interface</em> contracts</td>
<td>88 ongoing, of which 11 new in 2006</td>
</tr>
<tr>
<td>ESPRI contracts</td>
<td>27, of which 20 ongoing</td>
</tr>
<tr>
<td>EURYI award winners</td>
<td>6 accredited, of which 4 financed in 2006</td>
</tr>
<tr>
<td>Doctoral students financed with the regions</td>
<td>82 ongoing, of which 35 new in 2006</td>
</tr>
<tr>
<td>Post-doctoral fixed-duration employment contracts</td>
<td>51 ongoing, of which 32 new in 2006</td>
</tr>
<tr>
<td>Units</td>
<td>335, of which 57 created in 2006</td>
</tr>
<tr>
<td>Units in hospitals</td>
<td>80%</td>
</tr>
<tr>
<td>Research centers</td>
<td>19</td>
</tr>
<tr>
<td>Clinical investigation centers</td>
<td>41</td>
</tr>
<tr>
<td>Clinical research and population health networks</td>
<td>11, of which 5 accredited in 2006</td>
</tr>
<tr>
<td>Inserm unit publications, 2006</td>
<td>5,738</td>
</tr>
<tr>
<td>Patents</td>
<td>615, of which 59 applications in 2006</td>
</tr>
<tr>
<td>Contracts with industry</td>
<td>910</td>
</tr>
<tr>
<td>ANR projects</td>
<td>367 beneficiary units for € 27.36 M*</td>
</tr>
<tr>
<td>Clinical trials (active file)</td>
<td>146, of which 33 sponsored in 2006</td>
</tr>
<tr>
<td>Coordinated European projects (FP6)</td>
<td>32</td>
</tr>
<tr>
<td>European Associated Laboratories</td>
<td>6, of which 4 new in 2006</td>
</tr>
<tr>
<td>Units in Europe</td>
<td>2</td>
</tr>
<tr>
<td>International Associated Laboratories</td>
<td>7</td>
</tr>
<tr>
<td>Units abroad (outside Europe)</td>
<td>3</td>
</tr>
<tr>
<td>International cooperation agreements</td>
<td>18 with 14 countries</td>
</tr>
</tbody>
</table>

*: i.e., 52.8% of the budget of the 4 programs for 2006: Pathophysiology of Human Diseases, Mime (microbiology, immunology and emergent diseases), Neurosciences and Rare Diseases.
Inserm is the only French public organization entirely dedicated to biological, medical and public health research.

Inserm researchers are committed to studying all human diseases, whether common or rare.