ECRIN - Needed in European Science

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SUMMARY

**Topic explanation:** Modern trends of development in the field of applied science show that the investigator initiated clinical trials are very reliable way of developing and achieving a better quality of health services in all aspects of the organization of health systems.

**Presenting the topic position to scientific/professional public:** ECRIN scientific partner for Serbia is Serbian Medical Society. The three medical areas supported in this project (rare diseases, medical devices, and nutrition) will serve as pilots for other biomedical research fields. For Serbia, the advantages of participating in ECRIN are: a structuring effect on the national clinical research community and infrastructure; a connection to the European infrastructure; allowing projects initiated in Serbian Medical Institutions via SMS to be run throughout the Europe and allowing projects initiated in any European country to be run in Serbia.

**Conclusion:** Permanent cooperation through ECRIN ERIC SMS is a position that enables younger doctors of Serbia the development of science teams in Europe and the world. Time will show whether we will succeed through ECRIN to apply medical knowledge of XXI century.

**Keywords:** ECRIN, ERIC, SMS, academic clinical trials, EUCOS

**Topic explanation**

Sponsored (commercial) clinical studies have supported and understandable attention of pharmaceutical companies, which is a direct zone of interest. Modern trends of development in the field of applied science show that the investigator initiated clinical trials are very reliable way of developing and achieving a better quality of health services in all aspects of the organization of health systems. However, as in everything that occurs spontaneously, budget is an obstacle. European Clinical Research Infrastructure Network (ECRIN) – European network of academic projects is originated from the need to researchers, primarily from Europe, enable collaboration, realization of projects, with logistical and financial support. Then it turned into a planetary support with connection of other continents in presenting and improving the topic position to scientific/professional public [1].

**Presenting the topic position to scientific/professional public**

This scientific journey has started in 2006 at The 12th Annual Applied Clinical Trials European Summit. October 4–6, 2005, Paris. We asked about the possible better funding of academic
The ECRIN SMS work was carried through TC every month, summer schools, questionnaires, meetings.

Every year, ECRIN Director General Prof Jacques Mainard Demotes, ECRIN Capacity Director Christine Kubiak, European correspondents for Serbia (EUCOs) Prim Dragana Maca Kastratovic and Dr Srdjan Djani Markovic, and ECRIN scientific programs representatives have presented the results of work on the Symposium. Clinical pharmacology week is traditionally held every year in the Serbian Medical Society organized by the Section for Clinical pharmacology. [3,4,5,6,7,8,9]

There are no results without the teamwork SMS, and thanks to the support of the President of the SMS, a member of the Serbian Academy of Arts and Sciences Professor Radoje Colovic; President SCPSMS, member of the Academy of Medical Sciences of Serbian Medical Society, Prof. Momir Mikov; SMS Manager Suzana Bjelogrlić, BSc; Vice manager of SMS Senka Miljenovic; people from financial department SMS: Ruzica Petrovic and Snezana Milutinovic; the last but not the least - to all members of SCPSMS.

As the very first step ECRIN Director Prof Jacques Demotes elected ECRIN correspondents from countries which were interested to participate. ECRIN SMS correspondents are Doctors: Srdjan Markovic and Dragana Kastratovic, responsible for creation, development, communication, network in some countries. The plan for further development is very successful because it was administered by a team chosen from open minded doctors ready to learn and improve their knowledge. The result of years of work by ECRIN: permanent cooperation through ECRIN ERIC. ECRIN (European Clinical Research Infrastructure Network, www.ecrin.org) was officially awarded the status of European Research Infrastructure Consortium (ERIC), a legal status designed to facilitate the joint establishment and operation of research infrastructures of European interest. ECRIN-ERIC thus represents a major instrument for health innovation and for the optimization of healthcare strategies, fostering the competitiveness of European health industry, and promoting evidence-based medical practice for the benefit of healthcare systems, of healthcare professionals, and of European patients and citizens [10].

clinical research of international type. Interesting and promising response we received from Prof. Jacques Demotes from France. He clearly showed the objectives and methodology of a future ECRIN. We completely believed and immediately reported our Serbia to cooperate as ECRIN partners. Then the time ran and in 2007 started realization.

The best partner that satisfies set goals turned out to be Serbian Medical Society (SMS) [2]. Features/advantages of SMS are: rights to membership in SMS have all the doctors Serbia; all medical institutions cooperate with each other through SMS; it is possible to make high-quality monitoring and coordination of academic studies; possible direct communication with all researchers in Serbia; bypasses the impact of management structure (institutional management) in forming research teams; enables the two-way scientific exchange - Serbia - Europe and vice versa.

For Serbia, the advantages of participating in ECRIN are: a structuring effect on the national clinical research community and infrastructure; a connection to the European infrastructure, allowing projects initiated in Serbian Medical Institutions via SMS to be run throughout the Europe and allowing projects initiated in any European country to be run in Serbia.

Common benefit for all involved in the ECRIN: it is possible to supplement the resources of other countries: human resources, laboratories, patients, logistical support; it is possible to be supported in the development of protocols; analysis of the results obtained on a large number of patients.

When a doctor starts involvement in research quickly realize that there are plenty of obstacles. First appears the lack of an organizational nature. Then, as for all the advances that occur spontaneously, it requires a budget. And, most important parts of the development are human resources. As evidence of the results achieved in evidence based medicine are needed results published of course. Clearly, the objectives are: develop an infrastructure allowing for bottom-up harmonization of the support and training for, and practice of, clinical research; provide public sponsors for biotechnology small and medium-sized companies (SMEs) with support for translational research and multicentre clinical studies in Europe; publish papers in scientific-professional journals.
This ECRIN European team has proven that people who carry the progress are exactly the same regardless of the state or other affiliation. The cosmopolitan European team grew through the project of integration in the field of applied science as a team, and individually. Each subsequent teleconference became the most important activity which we rejoiced. Naturally, without passion we wouldn’t have withstood the pace. We learned and gained insight into how we are positioned in relation to other European countries and over time the continents.

SMS support came from the Ministry of Science and Health of Serbia, and the largest of doctors from all levels in our country. We thought that we are lagging behind in knowledge and constructive ideas. Time has shown that we are lagging behind the budget and one ordinary human handshake of individual authority. But all this is less important with regard to the benefit of doctors attending a symposium WHCP, listen ECRIN lectures, participate in projects.

The three medical areas supported in this project (rare diseases, medical devices, and nutrition) will serve as pilots for other biomedical research fields [10]. By creating a single area for clinical research in Europe, this structure will contribute to the implementation of the Europe flagship initiative 2020 'Innovation Union', whose objectives include defragmentation of research and educational capacities, tackling the major societal challenges (starting with healthy aging), and removing barriers to bringing ideas to the market.[11]

CONCLUSION

Permanent cooperation through ECRIN ERIC SMS is a position that enables younger doctors of Serbia the development of science teams in Europe and the world. Time will show whether we will succeed through ECRIN to apply medical knowledge of XXI century.

Welcome to European science family.

REFERENCES

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ECRIN - potreban evropskoj nauci

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KRATAK SADRŽAJ

Objasnjenje teme: Savremeni tokovi razvoja u oblasti primjenjene nauke ukazuju da su kliničke studije koje pokreću istraživači veoma pouzdan put razvoja i postizanja boljeg kvaliteta pružanja zdravstvene usluge u svim aspektima zdravstvenih sistema.

Pozicioniranje teme i diskusija: ECRIN partner za nauku za Srbiju je Srpsko lekarsko društvo (SLD). ECRIN podržava kao pilot oblasti kliničkih studija: retka oboljenja, medicinska sredstva i ishranu. Za Srbiju, prednosti učestvovanja u ECRIN-u su: pojačavanje infrastrukture nacionalne istraživačke zajednice; povezivanje sa Evropskim istraživačkim strukturama; omogućavanje ravnomernog dvosmernog sprovodjenja kliničkih studija pokrenutih u srpskim medicinskim ustanovama preko Srpskog lekarskog društva ka Evropskim medicinskim ustanovama i obrnuto.

Zaključak: Stalna saradnja kroz ECRIN ERIC SLD je pozicija koja omogućava mladim lekarima Srbije usavršavanje i razvoj u istraživačkim timovima Evrope i sveta. Vreme će pokazati da li ćemo kroz ECRIN uspeti da implementiramo medicinsko znanje XXI veka u naše zdravstvene ustanove.

Ključne reči: ECRIN, ERIC, SLD, akademske kliničke studije, EUCOS

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