Curriculum Vitae

Personal information

Albert TRINH-DUC

Work experience

31/07/1998 – CURRENT – AGEN, France

SPECIALISED DOCTOR – HOSPITAL ST ESPRIT

I work in the polyvalent emergency unit (children and adults). Share activity with pre-hospital activity and the emergency dispatcher in 112.

I manage research scientific activity in the whole hospital like manager but also principal investigator (field: thrombosis, emergency)

https://www.ch-agen-nerac.fr/les-patients-visiteurs/dr-trinh-duc-albert-77-65.html?args=j4wPkJGUFEGj4IY_aQNwI-QWLhECwj_YlntGfmlp9hDZLZibYImop41pKnA4P1Arl-Ufm-AzqQJahsbFXuBHOw

01/01/1990 – 31/07/1998 – Montpezat d'Agenais, France

GENERAL PRACTITIONER – LIBERAL

Liberal activity in the primary care at the full time.

Education and training

01/10/2005 – CURRENT – Place amélie Raba leon, BORDEAUX, France TEACHING ASSISTANT – University Bordeaux

I teach at the junior general practioner about 26 hours for year I lead some primary care thesis

Field(s) of study

Education : Teacher training with subject specialisation
https://univbordeaux.academia.edu/AlbertTrinhduc

Additional information

Publications

Projects

Memberships

2018 – CURRENT

Scientific committee of l'Encyclopédie Médico-Chirurgicale

Elsevier Paris

Reviewing and reading

https://www.em-consulte.com/traite/UG0/presentation/medecine-d-urgence

2016 – 2019

Vice Chair of Advisory commissions : Commission for initial assessment of the risk/benefit ratio of healthcare products,

French National Agency for medicine and health products safety .

After three years like member, I became vice chair.

https://ansm.sante.fr/var/ansm_site/storage/original/application/4a4914f30cd19e61213177e4d06fd1e4.pdf

2015 – 2016

Working group expert : Medication reconciliation process

French National Authority of Health

Medication reconciliation is the process of comparing a patient's medication orders to all of the medications that the patient has been taking. This reconciliation is done to avoid medication errors such as omissions, duplications, dosing errors, or drug interactions. It should be done at every transition of care in which new medications are ordered or existing orders are rewritten. Transitions in care include changes in setting, service, practitioner or level of care. This process comprises five steps: 1) develop a list of current medications; 2) develop a list of medications to be prescribed;

3) compare the medications on the two lists; 4) make clinical decisions based on the comparison; and 5) communicate the new list to appropriate caregivers and to the patient.

The aim of this guide is to raise awareness and support professionals in the reconciliation of drug treatments, by promoting its gradual implementation and facilitating its deployment through the provision of tools and situation experienced by health professionals.

https://www.has-sante.fr/upload/docs/application/pdf/2017-01/dir1/guide_conciliation_des_traitements_medicamenteux_en_etablissement_de_sante.pdf

2013 – 2016

Member of Advisory commissions : Commission for initial assessment of the risk/benefit ratio of healthcare products

French National Agency for medicine and health products safety

This commission assessed this specific french processes:

◦ A Temporary Authorisation for Use (TAU) is an exceptional, special procedure, which, since 1994, has given numerous patients that have no available alternative treatment access to medicines that do not have an MA in France. ANSM delivers TAUs under the following conditions: F0 medicines designed to treat, prevent, or diagnose serious or rare diseases, F0 when there is no suitable treatment available on the market, the effectiveness and safe use of the medicine are assumed and the start of treatment cannot be delayed.

◦ Temporary recommendations for use Since 2011, the temporary recommendations for use (TRU) procedure has been used to manage prescriptions of proprietary medicines outside of their indications or conditions of use as defined in their MAs. The TRU is granted to meet a therapeutic need if there is sufficient data for ANSM to presume the medicine would have a favourable risk/benefit ratio for the indication or conditions of use under consideration. TRUs last for a period of three years. They can be renewed and are paired with a laboratory-organised patient support

programme.

2010 – CURRENT

Member of Working group for cardiovascular risk and therapy

French National Agency for medicine and health products safety one on the fifteen Working groups

They are tasked with providing answers to precise questions that emerge following prior internal dossier assessments.

For example in attached:

https://www.ansm.sante.fr/L-ANSM/Comites-scientifiques-permanents/Comites-scientifiques-permanents/Les-comites-scientifiques-permanents/Comite-Therapie-et-risque-cardiovasculaire

2015 – CURRENT

External assessor clinical trials

Agency for medicine and health products safety.

ANSM launched call for research proposals. Aimed at researchers from non-profit public research bodies, the goal is to provide funding, independent of industry stakeholders, for research projects that concern the safety of health products for human use

2012 – CURRENT

Member of Cochrane Prehospital and Emergency Health Field

France

In particular Cochrane Reviews search team

https://pec.cochrane.org/our-contributors-0

2010 – 2013

Member Marketing authorization commission

French National Agency for medicine and health products safety.

At that time, all files concerning drugs and medical device are subject to approval by the Marketing Authorization commission with a meeting every 3 weeks.

In attached an exemple.

https://ansm.sante.fr/var/ansm_site/storage/original/application/497c46a631995f3a15f8ba4cfc036888.pdf

2018 – 2018

Member of Temporary Specialised Scientific Committees : Current drug eluting Ischaemic and bleeding risks

French National Agency for medicine and health products safety

Temporary Specialised Scientific Committees (TSSCs) are created for the sole purpose of addressing a specific problem (ad hoc) if a permanent working group cannot answer a question it is asked. They are made up of external experts and only meet a limited number of time over a specific period.

Abstract

Background: Current drug-eluting stents (c-DESs) reduce the occurrence of ischaemic events, but expose

recipients to stent thrombosis and bleeding secondary to preventive antiplatelet therapy. To date, comparative data on the relative effectiveness and safety of the various c-DESs in real life are limited.

Aim: To compare ischaemic and bleeding risks across the major c-DESs used in France.

Methods: French national health insurance reimbursement and hospitalization databases were used. Patients implanted with a c-DES in 2014 were followed for 1 year. The risks of ischaemic events (revascularization, myocardial infarction and/or stroke), major bleeding events and death were compared across six c-DESs (XIENCE®, PROMUS ®, RESOLUTE®, BIOMATRIX®, NOBORI® and ORSIRO®), using multilevel Cox models adjusted for baseline individual and hospital characteristics.

Results: A total of 52,891 subjects were included: 34.4% with XIENCE®; 27.6% with PROMUS®; 24.0% with RESOLUTE®; 8.0% with BIOMATRIX®; 5.0% with NOBORI®; and 1.0% with ORSIRO®. Among them, 9378 had at least one event (ischaemic, 6064; major bleeding, 1968; death, 2411), resulting in an overall incidence rate of 19 per 100 person-years. In the multivariable analysis, the risk of ischaemic events, major bleeding events or death did not differ between the c-DESs overall (adjusted hazard ratios between 0.85 [95% confidence interval 0.68-1.07] and 1.04 [95% confidence interval 0.98-1.10] compared with XIENCE ® used as the reference) and when each outcome was considered separately. Conclusions: In real life, major ischaemic and bleeding risks do not differ across the various c-DESs over the first year following implantation. Future studies are needed to assess comparative c-DES effectiveness and safety longer term.

https://ansm.sante.fr/L-ANSM/Comites-scientifiques-specialises-temporaires/Comites-scientifiques-temporaires/ Comites-scientifiques-temporaires/CSST-Endoprotheses-coronaires-bitherapie-zntiagregante-plaquettaire-et-risques-ischemique-et-hemorragique-etudes-en-vie-reelle
https://ansm.sante.fr/L-ANSM/Comites-scientifiques-specialises-temporaires/Comites-scientifiques-temporaires/Comites-scientifiques-temporaires/CSST-Endoprotheses-coronaires-bitherapie-antiagregante-plaquettaire-et-risques-ischemique-et-hemorragique-etudes-en-vie-reelle

https://ansm.sante.fr/var/ansm_site/storage/original/application/5f7e22fd39794850300a5cb5c92c7994.pdf

Other Relevant Information