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News focus

Funding follows public prejudice

A new database will make Britain's substantial but diverse spending on cancer research more accessible to both local researchers and the international research community facilitating strategic planning for the future. **Nigel Williams** reports.

Cancer researchers will now know how funding in Britain follows public perceptions following the first analysis of priorities across a range of funding bodies. They will be looking at why investigators working with lung cancer research receive just 3 per cent of British funding into causes of individual cancers and their treatment when it accounts for 35,000 deaths a year, more than one fifth of all cancer deaths.

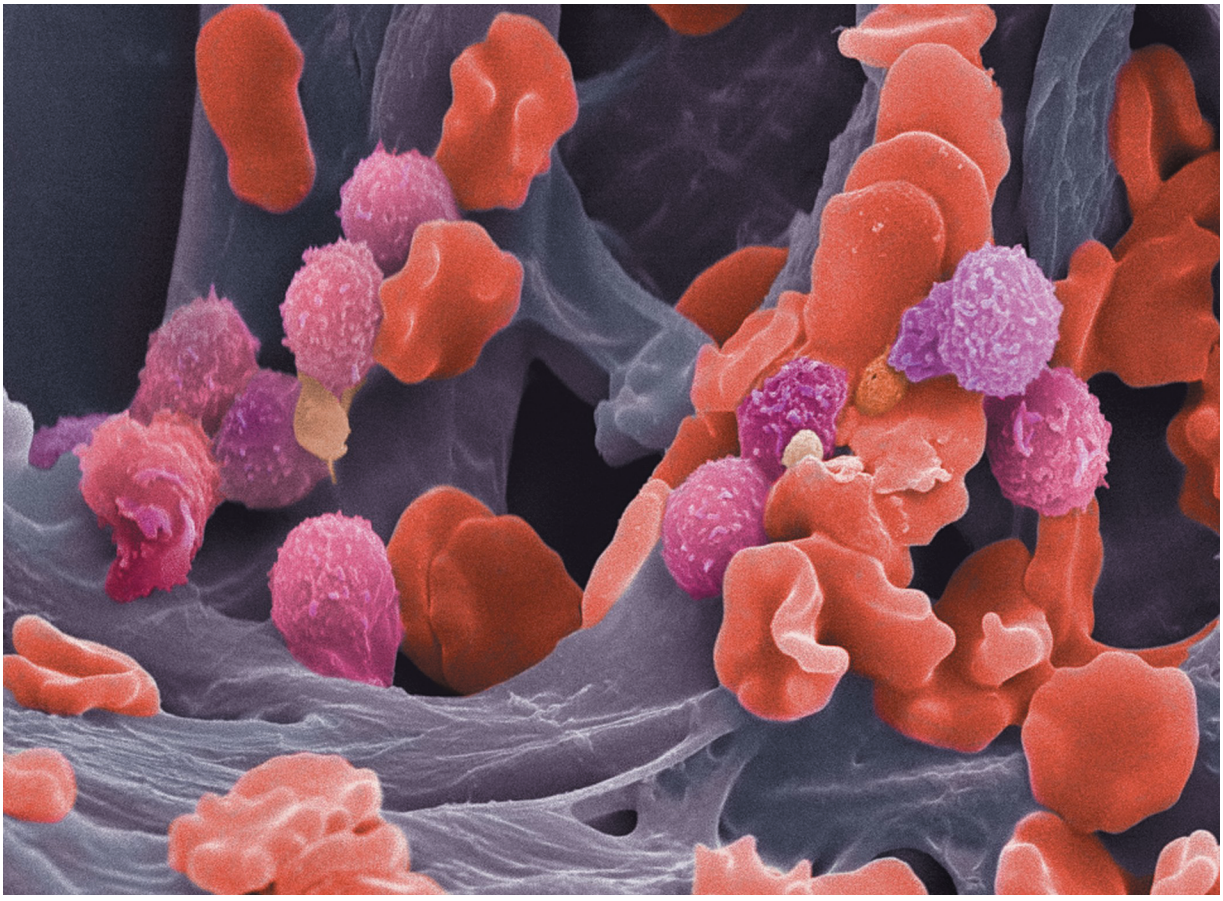
Sir Paul Nurse, director of Cancer Research UK said: 'We could almost eliminate lung cancer in this country because we know the primary cause is tobacco. The problem has almost moved from it being a research problem to being a public health problem.'

One of the problems facing researchers is that lung cancer patients are more ill by the time they are diagnosed than many other patients. But there has been substantial progress in fighting the disease, at least in men from the higher social classes, since scientists first established the link with tobacco smoke. However, deaths among women are still rising.

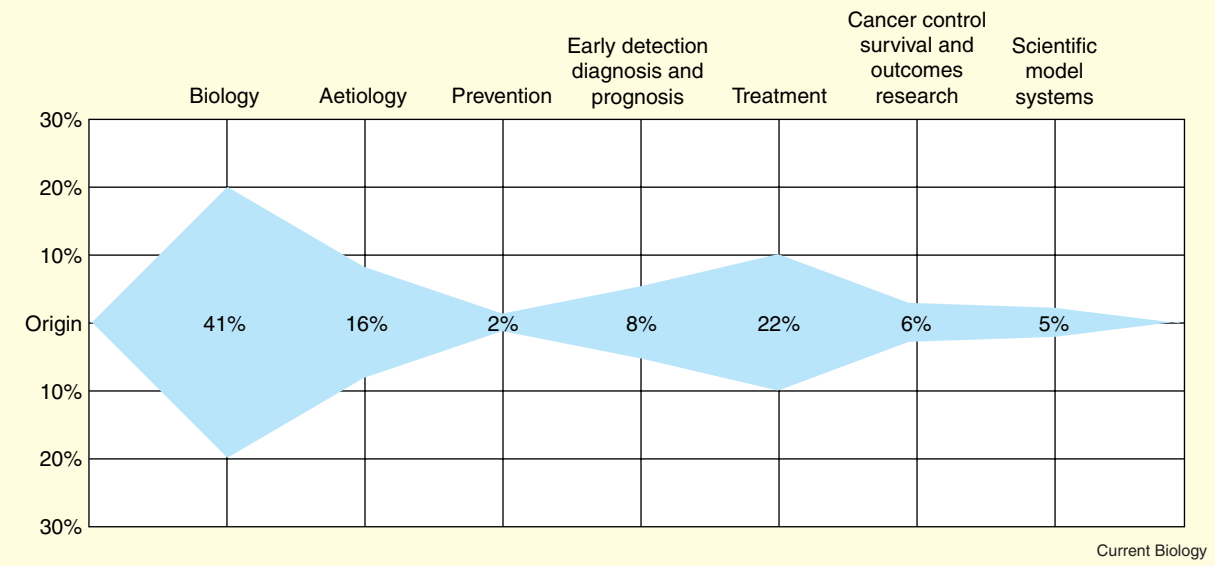
In contrast breast cancer gets a relatively high proportion of funding compared with its actual incidence. Although numbers of patients with the disease are rising, survival rates are also improving.

Leukaemia, an area where Britain is a world leader in research, also enjoys high levels of financial support. Cancer of the blood is easier to study and its high incidence among children helps to create a high emotional attachment to members of the public.

The funding discrepancy is highlighted in an analysis of research funding by the National



Rich pickings: New studies across 15 major UK cancer funding bodies reveal that money often follows the diseases highest in public profile. Whereas lung cancer receives just a small amount of cash, leukaemia, which affects children more than many other cancers, received a high level of funding. (Picture: Science Photo Library.)



Biology bulge: New figures on the destination of funds for cancer research across 15 major sponsors in the UK, from government to private charities, reveals a focus on generic biological research and much less on more specific areas where new opportunities are now perceived to exist for future research funding.

Cancer Research Institute (NCRI), a partnership of 15 main research funders.

The NCRI was established in April last year with the aim of accelerating progress in cancer research in the UK for the benefit of cancer patients. This initiative was stimulated by a new way of thinking within the cancer research community and a desire for greater coherence and more efficiency.

'The central aim of the NCRI is to add value by providing an independent forum to facilitate joint strategic planning and develop national resources that are of benefit to the whole UK cancer research community,' the report says.

The report presents an analysis of the direct spend component of cancer research (£257 million per year) funded by these fifteen leading cancer research organisations.

'In the past, strategic planning of cancer research on a national level has not been possible because of a lack of reliable and comparable data on the current activities of the major research funders,' the report says. In order to overcome these issues the NCRI has established the Cancer Research Database (CRD) which is designed to contain accurate information on the directly supported cancer research currently being funded by NCRI members.

Information on the CRD is in the form of a common data-set that includes principal investigator(s), an abstract of the research being conducted and details of funding awarded. In order to interrogate the database in a meaningful and reproducible way, every research project has been coded using three internationally recognised classification systems: the Common Scientific Outline (CSO) – a classification system of cancer-related research terminology that categorises research activity into specific areas (for example, biology, aetiology, treatment etc.); disease site codes; and Medical Subheadings (MeSH). The use of these standardised coding systems will, for the first time, allow reliable comparisons between portfolios of national and international cancer research.

The largest proportion of the NCRI members' spend is in the field of biological research, with most organisations funding research in this area. Research on aetiology and treatment are also well supported by members. Two areas where research investment across the majority of funders appears to be relatively low are prevention research, and cancer control, survival and outcomes research.

Two key areas have been highlighted in the first analysis of the CRD that member organisations have agreed would benefit from much closer joint strategic examination: research into cancer risk and prevention and research into supportive and palliative care. 'These are both cross-cutting areas of research that are important to all cancer types and encompass all NCRI organisations,' the report says. They both involve a significant patient-based focus and are characterised by being areas of low direct research activity, it argues.

There are a large number of different organisations funding cancer research in the UK. Previously these organisations have collaborated with one another but never before have they come together in a single body to map out what they are doing collectively and jointly plan for the future. Over the past few years there has been much debate about cancer research in the UK and many individual organisations have been asking the same question, the report says: 'Are we being as effective as we could be?'