

Expert calls for new cancer research priorities

September 22 2009

Cancer research is too focused on new drug development, while not enough money and effort is being devoted to pursuing important advances in knowledge likely to have the biggest impact on combating the disease in the next few decades, a leading research policy expert says, adding that a major shift in research priorities will be crucial to the ability to cope with the coming wave of cancer cases.

Professor Richard Sullivan of the King's Health Partners Integrated [Cancer](#) Centre in London told Europe's largest cancer congress, ECCO 15 - ESMO 34, in Berlin today (Tuesday 22 September) that studies aiming to improve surgery, pathology and diagnostic and staging imaging, as well as a radical rethink of the approach to prevention research, must become the focus of public- and federally-funded cancer research now. The global public sector spend on cancer research was about €14 billion a year in 2004/05, the latest year for which figures are available. Non-commercial funders in Europe spent just over €3 billion on cancer research in 2004/05.

"An analysis we have just completed shows that, on average, European public funders are spending 74% of their money on fundamental biology and drug development research and that well over 70% of the cancer research initiatives at the European level are aimed at the same areas," said Prof Sullivan, who is also chairman of the European Cancer Research Managers Forum, which studies cancer research and funding in Europe. "In the United States, the imbalance is even greater. There is no shortage of [cancer drugs](#) coming through pipeline and the whole area of

drug research is quite healthy. What we need is a reapportioning of budgets from the charitable sector and public funders to carve out space for these other areas of cancer research that are largely invisible to a lot of policymakers.

"This is a deeply unfashionable view and the easy way out is to say that we must just ask for more money, but the reality is that we've got to prioritise," Prof Sullivan said. "Most of the new medicines are having a small impact on the big picture of cancer burden at the moment, extending life by a few months. Research in this area is already heavily funded and that will continue regardless, as will the investments in fundamental cancer biology."

The World Health Organization predicts that the number of people worldwide living with cancer will rise from about 28 million today to about 75 million in 2030. Detecting cancer early enough to treat it successfully and improving our understanding of how to make primary prevention strategies work hold the potential for the greatest gains, he said.

"This demands an overhaul of prevention research. You can take the quite reasonable view that we know the risk factors now. What we don't understand is how to take that research on prevention and apply it in populations because we don't understand the behaviour of those groups or how that might change over the next 20 or 30 years. For instance, how do we address the fact that many men across Europe will put up with rectal bleeding for a year before going to see a doctor? This is very important because cancer is not just about genes, it is predominantly about culture."

Cancer researchers must now be more imaginative and collaborate across unusual disciplinary boundaries to embrace behavioural engineering, population psychology, evolutionary biology, novel sociological methods

and ideas such as cultural transmission theory - the study of how behaviours are learned and transmitted between generations, said Prof Sullivan.

"Research in these novel areas addresses questions that can never be answered with classical epidemiological studies or standard social science questionnaires - we've reached the limits of enquiry with many standard approaches. There are people doing fantastic work that could be extremely useful not only to cancer research, but to medicine in general and most medics and researchers are completely ignorant about their existence and what they can do for medicine. It is a huge untapped area with massive potential to make a difference," Prof Sullivan said.

The growing scale of cancer in developing countries also presents an imminent challenge for cancer research, he said. More than half of all cancer diagnoses occur in developing countries, which will bear a large majority of the global burden before long. Keeping the research focus as it is in developed countries will not address the problem in the developing and transitional countries because drug development is not going to be the answer. Surgery and radiotherapy are the most important approaches for reducing the global cancer burden and financial support for programmes that bring those treatments to developing countries is still very poor.

"The argument is always made that there is enough to deal with in [developing countries](#) with the infectious disease challenges, but chronic disease is a major, often unrecognised problem and we can't afford to wait any longer. Like it or not, developed countries have a responsibility to investigate which cancer control approaches are exportable and to support those institutions working in these areas," he said.

Governments, research charities and European funders need to recognise the importance of shifting the focus to a new approach to prevention

research and more investment in non-drug treatment research, but it will be largely up to cancer researchers to drive the change, Prof Sullivan said.

"There has already recently been a major shift in Europe toward hospital-university alliances driving the agenda. They need to start banging on the doors of the non-government organisations and the federal funders, lobbying hard and proving that it's important to give attention to these neglected areas of cancer research."

Source: ECCO-the European CanCer Organisation

Citation: Expert calls for new cancer research priorities (2009, September 22) retrieved 1 May 2024 from <https://medicalxpress.com/news/2009-09-expert-cancer-priorities.html>

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