

Dear Sir David,

I am an academic Haematologist working at the University of Surrey and in Frimley Park Hospital NHS Foundation Trust in Camberley. I am also the Chair of the pan Surrey R+D Consortium and R+D Director at Frimley Park.

I write as an Haemato-Oncologist with 25 years experience of research in my field.

I am delighted to hear that the MRC and R+D Funds are to be amalgamated to produce a total pot which is similar to that in the USA for NCI funding. I do not however understand why the fund is to be jointly held and in particular by the Secretary of State for Trade and Industry.

One of the great frustrations about MRC Leukaemia Trials is the fact that patient investigations, looking at the basic cause of their leukaemia, are never exploited in the treatment stratification. We know a tremendous amount about the underlying mechanisms that cause leukaemia and cancer and yet these are not used to inform treatment. Patients are individual and their cancers are individual too. Despite applying a histopathological label to a tumour, there is no guarantee that one patient's tumour will behave the same as the next patient's with the same diagnosis. This is for two main reasons. The tumour may have a different cause although look the same down the microscope. The other is to do with the way that patients metabolise their chemotherapy. There is a very important series of enzymes (Cytochrome p450) in the liver which are never profiled genetically to predict how chemotherapy drugs will be metabolised.

This basically is about individualised and targeted treatment.

Despite these comments, there are many good things about MRC Trials in Haemato-oncology. The Myeloma IX Trial is an excellent example but unfortunately having tried to get patients onto this Trial, the local PCT declined to fund the escalating doses of Thalidomide because of cost. Perhaps this new amalgamation of MRC and R+D will address this type of unfortunate shortfall.

Young doctors in training at University seldom get any exposure to education on research. They get told about Evidence Based Medicine but never get told how to start to undertake research themselves. I believe that

Universities should offer a basic degree (B.Sc or B.A.) in Applied Research and GCP-ICH which is available for trainee doctors and nurses alike.

I think that one of the most fundamental difficulties is that research in the UK is 76% funded by Industry. This tends to alter the objectives of research in favour of an endpoint which will be beneficial to shareholders rather than patients. I believe that the Government's wish to increase the overall funding is timely and appropriate and look forward to seeing the benefits in the coming years.

Professor J. Graham Smith B.Sc., M.D., F.R.C.P., F.R.C.Path.
Consultant Haematologist.