

Dear Sirs,

I represent a small cancer research charity, and I wish to offer my comments to the Review of UK Health Research. The observations are limited in scope, given the nature of our remit and the short time we have been in existence. Nevertheless, I feel it is important to flag some of the issues on research funding that concern us.

We are one of many cancer research charities, but our focus is purely pancreatic cancer research. There has been a considerable push by governments recently to improve UK survival of cancer and a great deal of money has been pledged over the years to help achieve this. While a fall in overall death rates from cancer was announced in 2004, underneath this is a more mixed picture, and a number of major problems still remain in terms of funding:

1. One is the difficulty in tracking funds specifically announced for cancer. Huge sums have been announced by government ministers in the past for tackling cancer, but those on the ground often say that it is difficult to find out where it has spent. So, effective monitoring of dedicated funds will be important for any new organisational arrangements.

2. A second issue is the allocation of funds. Identifying 'cancer' as an important area for funding is not sufficient. The question needs to be asked 'How should any funding for cancer be allocated, given that there are over 200 different cancers?' The current situation perhaps reflects the difficulty of finding the right balance between investigator-led and priorities led research. An analysis of cancer research spending conducted by the National Cancer Research Institute in 2002 found that a number of cancers - including pancreatic cancer - were underfunded as compared with many others, given their incidence and mortality rates. Strong and successful charities have played a key part in funding research for their particular cancer. It could be argued that where no medical research charity existed to 'fight the corner' for a particular cancer, then public funding research should be provided to ensure a fair allocation.

As it is, we have the current situation where many cancer survival rates are improving, but the situation for pancreatic cancer is bleak:

-7,000 are diagnosed each year.

-5 year survival rate is less than 3%, a rate that has barely changed in 40 years.

-there is no early detection test.

-average survival time from diagnosis to death is 6 months.

Given the association between diabetes and an increased risk of pancreatic cancer, and the predicted explosion in diabetes arising from current unhealthy eating amongst the young, ensuring pancreatic cancer got its fair allocation of cancer research funding would seem a reasonable proposition.

The US National Institute of Health was referred to by Gordon Brown as 'pathbreaking'. While that arrangement may provide food for thought for the Cooksey Review, I should point out that it hasn't solved the problem for pancreatic cancer research that pertains here. The proportion of NIH spend on pancreatic cancer research does not represent a fair proportion of cancer research spending, based on incidence and mortality. The American charity PanCan was created to try and address this problem.

Maggie Blanks
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