

Editor's Choice

What to study: matching funding to need

Two contributions to this issue of the Journal indicate that there is a significant disparity between the research being undertaken in this country and the burden of disease we actually experience. These articles raise important issues about the guidance, funding and facilitation of research.

Dear and colleagues (*page 387*) report that there is a mismatch between the clinical burden of different cancers and the number of trials dedicated to studying them. Specifically, breast cancer is overrepresented in clinical trial activity, while other cancers including lung, colorectal, prostate and pancreatic cancers are underrepresented. Industry sources sponsor 43% of all trials (and 64% of drug trials), with a pronounced tendency toward involvement with randomised controlled trials of systemic interventions (drugs or biological agents) for patients with advanced (metastatic) disease.

In an accompanying editorial, Olver (*page 382*) points out that this is a worldwide trend that at least partly reflects the pressure for pharmaceutical companies to study treatments that stand a good chance of showing a benefit in the relatively short term (eg, increasing life expectancy for a patient with advanced cancer), which can be readily translated into a marketable intervention. Other factors, such as the impact of consumer sentiment, may also have a significant influence on the number of trials funded in specific fields — breast cancer treatment, for example.

Olver discusses the need to reverse the declining level of clinical trial activity in Australia and to better target clinical trials to the burden of disease in the community. Widespread participation in clinical research, by patients and doctors, should be fundamental to the practice of medicine in Australia (*MJA* 2011; 194: 59–60) — it is considered increasingly important in undergraduate and postgraduate

training and is a requirement for academic advancement. While it is vital to learn research methodology, there is a central issue that should be addressed before commencing trial planning: Is the study needed?

Clinical trial registries were established in 2005 in an attempt to eliminate publication bias towards studies with positive results (*MJA* 2004; 181: 293–294). The articles by Dear et al and Olver indicate that there is also a potential role for these registries in guiding the direction of research in our community.

This suggests the need for a body to ease the difficult task of coordinating research groups and funders so that available research funds are spent optimally. As an example of this, the National Cancer Institute in the United States is planning to create a “cross-disease panel” that will establish priorities for funding and coordination of clinical trials. Pharmaceutical industry investment in clinical trials in Australia is important, but it needs to be more adequately complemented by appropriate investment from the public sector to support independent trial groups, hospital-based research and trials that improve care but which may not translate into marketable interventions.

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