

Cancer Research UK response to the Academy of Medical Research Charities 'An Essential Partnership' - Principles & Guidelines on Working with Industry Discussion Document

1. Introduction

Cancer Research UK¹ is the largest independent organisation dedicated to cancer research in the world. We fund research into all aspects of cancer from basic science to clinical and prevention research.

Cancer Research UK works with a wide range of members of the pharmaceutical and biotechnology industries with an interest in cancer research, diagnosis and treatment. Cancer Research UK recognises the high level of capability and expertise within these industries, particularly in taking novel diagnostics and drugs to market.

2. General Comments

Cancer Research UK believes that the integrity of medical research charities is necessary for the continued success of these organisations. We therefore welcome the development of these 'Principles and Guidelines on Working with Industry' by the Academy of Medical Research Charities (AMRC).

As detailed in this document, we support the call by the AMRC that all members should develop their own guidelines.

We would welcome the addition of a brief outline of how this guidance relates to other codes of practice, such as that of the Institute of Fundraising.

The Role of the Pharmaceutical and Healthcare Industries

For medical research charities the ultimate purpose of the organisation is to deliver patient benefit. Therefore, it is crucial that the importance and benefits of these 'Essential Partnerships' are not overlooked in these guidelines, and that they appropriately emphasised throughout.

Whilst the guiding principles of 'independence' and 'openness' are important when entering into partnership with the pharmaceutical and healthcare industries, the context of the relationship must be taken into consideration. For example when entering into an exclusive development collaboration on a new technology both the 'independence' and 'openness' will, by necessity, be restricted. However, as recognised in the guidelines, these values must be central to, for example, a sponsorship agreement.

3. Structure and Clarity of the Guidelines

On a minor but practical point, the numbering of the chapters and sections would make the document easier to negotiate.

Pharmaceutical and Healthcare Industries

¹ Registered charity no. 1089464

Many medical research charities will engage with companies from various industries. It should be explicit and clear throughout that the focus is the pharmaceutical and healthcare industries, with clarification of the role of the biotech industry. Furthermore, a consistent approach to nomenclature would prevent any misinterpretations.

Research and Development

As research generally precedes development it would be logical that the sections in this document follow the same order.

What is understood as 'development' is likely to vary between the member charities. Therefore, clarification of what is meant by 'development' for the purpose of this document would prevent confusion.

4. Development

Recommendation 2

For certain collaborations with the pharmaceutical and healthcare industries 'peer review' will not be appropriate. Therefore, we suggest that 'peer review' is replaced by 'standards'.

The Importance of Collaborations

Further to the point raised in section 2, it is important to emphasise the importance of partnering with industry to the fulfilment of medical research charities' missions. We suggest the addition of *'The importance of carefully designed and managed collaborations in promoting patient benefit and furthering charitable objectives should not be understated. To deliver new therapeutics and diagnostics it is often essential that the resources of industry are leveraged in this way'* at the end of the first paragraph on page 13 would address this.

Developing Relationships

The value to pharmaceutical and healthcare industries of collaborations with medical research charities has been justly highlighted throughout the guidelines. Because of this, the commercial party is frequently the initiator. However, this is not always the case. Often the approach will come from a charity-funded scientist or through programmes such as Cancer Research UK's Clinical Development Partnerships initiative. The guidelines should reflect this. In addition, the use of the Clinical Development Partnership initiative as an example would be better placed in this section rather than the 'research' section.

Recovering Costs of Clinical Research

Cancer Research UK has recently taken the decision to recoup the cost of a clinical trial when the result of the trial will have a financial benefit to the commercial partner. Although this scenario will not be applicable to all AMRC members, it may be appropriate for the AMRC to develop a position on this.

5. Research

Recommendation 2

Cancer Research UK agrees that Higher Educational Institutes should have in place codes of practice to guide their relationships with the pharmaceutical and healthcare industries. However, we strongly believe that it is not the responsibility of the AMRC members to police this.

The Role of Technology Transfer

Technology transfer is key if medical research charities are to realise patient benefit from their funded research. The final paragraph of page 20 goes some way to recognise this. However given the use of the Wellcome Trust awards in case study 5 a more positive message about technology transfer would be appropriate.

6. Sponsorship

We believe that a stronger emphasis should be placed on seeking sponsorship from at least two companies to support fundraising and awareness events. Cancer Research UK believes this is crucial to the integrity of medical research charities. We have been successful in influencing our partnerships such as the EU Smokefree Partnership, the Cancer Campaigning Group and the Global Smokefree Partnership to adopt similar policies.

7. Case Studies

Case Study 7: Herceptin

We are aware that a number of clinicians have concerns about the value of Herceptin, particularly given emerging evidence on the numbers of patients who will not respond to this drug. Perhaps, due to these factors, we might reconsider the use of this example in this document.

8. Appendices

Appendices 5-7

We welcome the inclusion of these appendices on intellectual property (IP). However, these appendices do not reflect all the models that AMRC members use to manage IP. For example, through Cancer Research Technology (CRT) Cancer Research UK takes a proactive approach to the development and commercialisation of IP generated from Cancer Research UK grants. We would be happy for CRT to be cited as an example of an alternative, more assertive, approach to managing IP.

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