



Strategic Review of Health and Medical Research (McKeon Review)

Cancer Council Victoria Response 30 March 2012

Cancer Council Victoria has a strong interest in health and medical research in Australia in general, as well as an obvious and particular interest in cancer research of all kinds.

Cancer Council Victoria plays a dual role in Australian cancer research in that it is both a funding body and an independent health and medical research institution.

About Cancer Council Victoria

As a funding body –

- Cancer Council Victoria (CCV) provides over \$3 million per year in the form of project grants for cancer research in Victorian institutions, and a further \$1 million for fellowships at various levels, scholarships and studentships.
- CCV grants are generally smaller than NHMRC grants and, as they cannot be held where NHMRC has been awarded for the same work, often provide funding for cancer research projects that are of high quality (NHMRC Category 5), but fall below the NHMRC cut-off.

As a research institution –

- Cancer Council Victoria receives research support from Australian and international funding bodies in the form of grants and fellowships awarded to its research staff. In 2011, \$6.1 million was received from these sources for cancer research in the fields of behavioural research, epidemiology and tobacco control.
- Cancer Council Victoria, in 2011, directed \$2 million of its own funds, sourced from charitable donations, towards its intramural research. A further \$1.2 million was allocated to infrastructure costs incurred in supporting the research grants received.

Response to Question 2 “How might health and medical research be best managed and funded in Australia?”

2.1 Continue to support basic biological health and medical research

Basic research provides the knowledge that underpins advancements in prevention and treatment. Despite the critical importance of supporting ‘translation’ of knowledge into effective new approaches, support for continuing basic research remains crucial.

2.2 Improve infrastructure funding arrangements

Cancer Council Victoria recommends that the infrastructure support costs incurred by recipient organisations in the course of utilising research grants should be more clearly and equitably recognised, and that the process for allocation of such funds should be streamlined. A single national scheme would be ideal, rather than the current piecemeal schemes operated by State and Federal Governments.

In Cancer Council Victoria’s own case, the burden of infrastructure costs is brought to bear in several ways.

- The infrastructure support of 20% provided to complement NHMRC grants does not fully cover the costs incurred by CCV.
- The personnel support packages (PSPs) provided by NHMRC grants fall short of most institutional enterprise agreements and this shortfall has to be met from other sources.
- CCV as a recipient of other types of research grant is not eligible for the infrastructure funds provided by the Victorian State Government (because research is not its sole activity).
- There is no mechanism to cover infrastructure components of the research Cancer Council Victoria funds internally in its own research centres. Thus the entire cost of this research needs to be covered by charitable funding, limiting our capacity to dedicate additional resources to cancer research.
- Research grants provided by Cancer Council Victoria to research institutes, hospitals and universities do not in all cases attract infrastructure funding for their recipients. Reasons for this include the fact that Cancer Council Victoria grants, as a result of being awarded on a State basis, are not classified as Category 1 on the Australian Competitive Grants Register and that for research based in hospitals, there is no eligibility for infrastructure funding.

2.3 Enhance the scope of research funding

Cancer Council Victoria suggests that targeted funding for large, long-term research endeavours can be an appropriate, effective and efficient mechanism, as demonstrated in the following examples.

- CCV made a decision in 1986 to establish two intramural research centres – the Cancer Epidemiology Centre and the Centre for Behavioural Research in Cancer. These centres have been supported since their establishment largely by charitable funds, complemented by Australian and international research grants obtained by the researchers. Both centres continue to be highly productive and have earned considerable international recognition, as shown by Cancer Council Victoria's normalised overall score of 2.5 in the SCImago Institutional Rankings World Report 2010.
- In 1992 CCV supported, again with charitable funds, a large longitudinal cohort study, the Melbourne Collaborative Cohort Study, known initially as Health 2000 and now as Health 2020. This study has resulted in the collection, from over 40,000 participants, of a highly valuable set of data and biospecimens that can be utilised for a wide range of research, not only on cancer, but on numerous other disease conditions. This resource has in recent years had the support of an NHMRC Enabling grant to facilitate broader access to its resources.
- The Victorian Breast Cancer Research Consortium has received continuous funding from the Victorian State Government for the past 15 years, and is managed by CCV. This innovative 'institute without walls' has been able to attract excellent researchers and support a robust 'program' of long-term research across multiple institutions with notable success. This program has contributed to the development of Melbourne as a major focus of breast cancer research in Australia.

2.4 Develop resources that can be widely utilised for diverse research projects

Cancer Council Victoria recommends development of sensible long-term funding mechanisms to support resources that can underpin evolving research enquiry. Cancer (and other disease) registries, tissue banks, and large scale population resources such as the Melbourne Collaborative Cohort Study depend for their effectiveness on systematic and long-term collection of data, and the value of the collection can be exploited over many years – provided there is adequate and continuous support. Added to this should be support for longitudinal studies of risk behaviours, not just of disease outcomes. A good example of the utility of such an approach is the International Tobacco Control Policy Evaluation project (of which the CCV is a lead agency). Currently such research resources are not funded in a way that supports their long term

survival or maximises capacity for them to be used by as broad as possible a range of researchers.

In the same vein, investment that will capitalise on opportunities to link data held in diverse locations is recommended. This would need to encompass not only the technical solutions to compilation of data, but must also address issues of privacy, acceptable ethics approval, the practicalities of interpretation of variable data and provision of mechanisms to enable appropriate access to researchers. Effective data linkage would maximise our capacity to draw conclusions from information already gathered and to monitor the impact of changing circumstances and interventions. The benefits would accrue across the entire health spectrum.

Response to Question 4 “How can we optimise translation of health and medical research into better health and wellbeing?”

4.1 Regard funding for research on applications and interventions as the responsibility of health departments

Cancer Council Victoria has delivered world-leading tobacco control, sun-protection strategies and screening programs for breast and cervical cancer through research focussed on the effective application of key knowledge. While it is important that investigator initiated grant schemes be available for new innovations, there is also a role for increased funding from (or via) health departments – it is low risk, and has good potential to deliver short-term outcomes and to reduce health care costs. A new funding stream should be made available to health departments to support development and implementation of promising interventions.

4.2 Support recruitment to clinical trials

Cancer Council Victoria has shown that provision of support for recruitment to clinical trials, implemented through employment of data managers at key treatment centres, has effectively enhanced participation of Victorian cancer patients in clinical trials. This effective activity would be more appropriately funded by Government.

An effective clinical trials environment provides an important contribution to the translation of research into clinical benefit.

4.3 Ensure the availability of effective population-based research for evaluation and advancement of new interventions

Full translation of disease-prevention strategies involves implementation to whole populations. Evaluation of the effect of implementation provides another important source of research information.

Consideration should be given to development of relevant standards that can recognise and evaluate evidence gathered in settings where blinding and randomisation is not possible or consumer choice is critical to uptake of interventions. Similarly, it would be beneficial to investigate kinds of evidence that can be provided prior to implementation for mass-disseminable interventions, like policies, that cannot adequately be tested before widespread implementation (see IARC, 2008, Cancer Prevention Handbook #12. Methods for Evaluating Tobacco Control Policies, for detailed elaboration of how this can work for tobacco.) One element of better evaluation of system-wide or organisation-wide interventions is to collect them as case studies and use forms of meta-analysis to extract commonalities.

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