

Many cancer networks are failing to improve services

Susan Mayor *London*

A high number of cancer networks—the groups set up to lead improvements in cancer services at a local level and to implement England's national cancer plan—are failing in their role, warns a report published this week.

It found major variations in cancer mortality and in levels of access to newer drug treatments in different parts of England.

The report reviewed what had been achieved five years into the NHS cancer plan, a 10 year strategy to provide a comprehensive approach to improving cancer services across the country.

The House of Commons Committee of Public Accounts, which conducted the review as part of its role to examine public spending, found that 30% of networks it assessed had no comprehensive plans for providing cancer services in their area, even though the networks had been functioning for more than three

years. It also found cancer networks to be inconsistent in monitoring their performance against the targets in the plan—with no monitoring at all taking place in five of the networks reviewed.

Edward Leigh MP, chairman of the committee, said: "It is hard to believe that nearly a third of the networks visited by the NAO [National Audit Office] had no comprehensive plans for providing cancer services in their locality. But that was what they were set up to do. Their effectiveness needs to be monitored closely and, where necessary, improved."

The committee recommends that strategic health authorities, which are now responsible for ensuring that networks operate effectively, should review the effectiveness of cancer networks in their locality and put cancer service plans in place where necessary.

All cancer networks should establish comprehensive arrangements to monitor progress against targets for which they are responsible, the report says. It also says that the national cancer director, Mike Richards, should identify and establish the most suitable monitoring framework.

The committee found that cancer mortality, particularly from lung cancer, was highest in the most deprived areas, mostly reflecting lifestyles.

The report recommends that cancer networks should make clear in their delivery plans how they will reduce inequalities in cancer prevalence and mortality. The Department of Health should publish a progress report on the results of actions to address inequalities, it advises.

The NHS Cancer Plan: A Progress Report is accessible at www.parliament.co.uk



The national cancer director, Mike Richards, should set up a monitoring framework to measure progress towards targets, MPs say

Norwegian researcher admits that his data were faked

Lynn Eaton *London*

The *New England Journal of Medicine* has joined the *Lancet* in issuing a statement of concern about papers the journals published by the Norwegian researcher Jon Sudbø, currently at the centre of allegations of research fraud.

It follows an announcement by officials at Radium Hospital in Oslo that Dr Sudbø, a senior consultant who wrote a paper on the link between non-steroidal anti-inflammatory drugs and oral cancer, has told his employers that data were faked.

The study published by the *Lancet* in October (2005;366:1359-66) claimed to be based on information from a national database.

In its summary of the methods used, Dr Sudbø's paper said: "We undertook a nested case-control study to analyse data from a population-based database (Cohort of Norway; CONOR), which consisted of prospectively obtained health data from all regions of Norway."

It has emerged that, although the database in question did exist, it was not open to anyone outside the Norwegian government.

The *Lancet* was told on 13 January about the suspected fraud. Initially officials from Radium Hospital said they had information that "strongly indi-

cates that material published in the *Lancet* has not been based upon data from our national databases, but on manipulated data."

The next day they told the *Lancet* that "it was not manipulation of real data—it was just complete fabrication."

In a statement issued on its website on 20 January (www.nejm.org, doi: 10.1056/NEJMe068020) and due to appear in print on 9 February, the *New England Journal of Medicine* states that a study by Jon Sudbø and others that it published in 2001 (344:1270-80) has two figures (figure 3B and figure 3C) that the authors claim are of two different patients and stages of oral epithelial dysplasia. They are in fact different magnifications of the same photomicrograph, says the journal.

The results of another study

in the journal by Dr Sudbø (2004;350:1405-13) were derived from the same database as that used in the *Lancet* paper, the journal says, adding that as a result "we have similar concerns."

Radium Hospital has set up an investigating committee, led by the Swedish epidemiologist Anders Ekblom, to look into the allegations and to review Dr Sudbø's other published research, including the two papers in the *New England Journal of Medicine*.

In the statement published in last week's *Lancet* (2006; 367:196), the journal's editor, Richard Horton, said that the *Lancet* has been told that Dr Sudbø had made a verbal admission of fabrication.

A spokesman at Radium hospital, Stein Vaaler, told the *BMJ* that Dr Sudbø had admitted the fraud, was on sick leave, and would not be responding to press inquiries.