

Assessment system in Britain is failing medical research

The future of medical research in UK universities is under severe threat, because the "one size fits all" approach to allocating funding in higher education fails to take account of the nature of clinical research, the BMA warned last week.

The government's research assessment exercise, the system used to rate university departments on their research output and to allocate future funding, is "biased" against medical research, says the BMA, with generally lower ratings awarded to medical disciplines than to non-medical subjects, such as veterinary sciences.

The assessment criteria rank UK medical research only 30th in the world, despite the fact that the United Kingdom is second to the United States in terms of international output. This has sparked funding cuts for all but the highest rated university departments. The number of academic departments of anaesthesia in London has fallen from 12 in 1997 to only three, and more than a quarter of all academic posts in psychiatry have been cut.

Susan Mayor *London*

New procedure will speed up approval for embryo screening

Clinics with experience in screening embryos will have their applications to perform pre-implantation genetic diagnosis fast tracked under new procedures, the government's fertility watchdog announced last week.

Applications to perform pre-implantation genetic diagnosis may be approved without first having to go through the lengthy application process of the licence committee of the Human Fertilisation and Embryology Authority (HFEA), as long as the applying clinic has proven expertise in performing embryo

biopsies and wishes to screen for a condition already being successfully tested for in another clinic. Such conditions include sickle cell anaemia, cystic fibrosis, and Duchenne's muscular dystrophy. Clinics must have a qualified biopsy practitioner for the procedure.

Suzi Leather, the authority's chairwoman, said: "Our approach to regulating clinical techniques is that we should be cautious and thoroughly consider treatments on a case by case basis. Once a technique is established with a proven track record of effectiveness and safety, then we will adopt a much more proportionate, lighter touch approach. It should be straightforward for those clinics with a proven track record to be able to carry out screening for any of the conditions currently approved. This will streamline the system, cutting down on bureaucracy and speeding up the approval process, which will benefit both patients and clinicians."

Kunal Khanna *BMJ*

Food industry is under pressure to drop junk food advertisements

The European Commission is stepping up pressure on the food industry to phase out junk food advertisements targeted at children as part of moves to reverse the growing trend of obesity among young people.

Commission and industry representatives have been consulting over the past six months on the best ways to introduce some form of self regulation. But Markos Kyprianou, the new European Union health and consumer affairs commissioner, has warned that he will not hesitate to use legislation if the talks fail.

"My preference is for self regulation, which could involve all the players in binding and verifiable commitments, followed up by monitoring. If this doesn't work we will be left with no choice but to legislate. But so far signs from industry are positive and I am encouraged," he said last week.

Rory Watson *Brussels*

India has some of the highest cancer rates in the world

Ganapati Mudur *New Delhi*

Parts of India have the world's highest incidence of cancers of the gall bladder, mouth, and lower pharynx, India's first cancer atlas shows.

The atlas, produced by the Indian Council of Medical Research, has also found pockets of stomach and thyroid cancer in the south of the country.

The National Cancer Registry Programme in Bangalore used data from 105 hospitals and private clinics in 82 of the 593 districts in India to map the incidence of cancer, as part of a project funded by the World Health Organization.

The survey included more than 200 000 patients with histopathologically confirmed cancers, whose details were sent to the registry through the internet.

Previously, the registry, which was launched in 1981, had covered just a few cities and a single village and had relied on hospital records and death certificates to estimate the burden of cancer. It used to take up to five years to submit the information. Data analysis for the atlas took just 15 months.

The atlas, scheduled for release by the health ministry within the next few weeks, indicates that the age adjusted incidence of gall bladder cancer in women in New Delhi is 10.6 per 100 000 of the population—the world's highest rate for women for this cancer.

Districts in central, south, and northeast India had the world's highest incidence of cancers associated with tobacco, which is chewed as well as smoked in India. Aizawl district in the northeastern state of Mizoram

has the world's highest incidence of cancers in men of the lower pharynx (11.5 per 100 000 people) and tongue (7.6 per 100 000 people), the atlas shows. The district also has the country's highest rate of stomach cancer among men.

The incidence of mouth cancer among men in Pondicherry was 8.9 per 100 000, one of the highest rates in the world for men. Rates of stomach cancer were high among men in Bangalore and Chennai.

"These findings will give us a better picture of realities [on the ground] and help [us to make] wiser resource allocation," said Dr Purvish Parikh, head of medical oncology at the Tata Memorial Hospital in Mumbai. Cancer epidemiologists have long been concerned that diagnostic services for cancer are inadequate in many parts of India.

The survey also detected "a belt of thyroid cancer" in women in coastal districts of Kerala, Karnataka, and Goa. The findings are expected to stimulate research to identify risk factors at specific locations.

"[Lower] pharynx cancer may be linked to tobacco use, but we're going to explore the genetic components of stomach cancer," said Dr Eric Zomawia, pathologist at the Government Hospital in Aizawl and collaborator on the project.

The incidence atlas also confirmed earlier observations that breast cancer has replaced cervical cancer as the leading site of cancer among women in Indian cities and that lung cancer is the most common cancer in men in Calcutta, Mumbai, and New Delhi. □

