

[Previous](#) [Next](#)

The cancer in our charities

Ayala Ochert

US cancer specialist **Samuel Epstein** has sparked a row with UK cancer charities by suggesting they are riddled with conflicts of interest - an accusation that they vigorously deny. Ayala Ochert reports.

The UK's major cancer charities came under attack this week from a longstanding critic of the "cancer establishment" in the US. But they immediately hit back, denying charges that they have been pursuing a path of relentless commercialism at the expense of "winning the war against cancer".

At a press conference at Imperial College, London, on Monday, **Samuel Epstein**, professor of environmental and occupational medicine at Chicago University, spoke out against the policies and practices of both the Cancer Research Campaign and the Imperial Cancer Research Fund - the ICRF carries out one-third of all cancer research in the UK. He told the meeting that "drastic reforms" were needed to address conflicts of interest, as well as what he described as the charities' bias towards research into the "cures" rather than the "causes" of cancer (See The THES, September 3).

Epstein suggested that there is too little research into the "avoidable causes" of cancer, including the possible cancer-causing effects of chemicals in everyday consumer products. "For decades, the policies and priorities of these charities have remained narrowly fixated on damage control - diagnosis and treatment - and closely related genetic research ... their function is research and not prevention or education. This myopic mindset is compounded by interlocking conflicts

of interest with the multimillion pound cancer drug industries," Epstein said in a statement issued at the press conference.

The ICRF strongly denies the allegations, noting that it spends more than Pounds 5 million a year on research into the causes of cancer, including studies into the effects of hormones and of chemical exposures. "This is such a passionate organisation for finding answers. Preventing cancer before it starts is right up there with finding a cure," said a spokesperson from the ICRF.

Epstein used the career of the retired cancer expert, Sir Richard Doll, who is now honorary consultant at the ICRF cancer studies unit in Oxford, to highlight alleged conflicts of interests. Sir Richard, who worked for the ICRF for many years, was the scientist who established the connection between smoking and lung cancer and carried out key research into other potential carcinogens, including asbestos and low-level radiation. But, according to Epstein, over the years he has received funding from General Motors and British Nuclear Fuels, among others.

"His industry support, largely funnelled through cancer charities, has included General Motors and British Nuclear Fuels ... Doll has given a clean bill of health to leaded petroleum and low-level radiation from nuclear processing plants such as Sellafield," Epstein says.

Sir Richard this week rejected these charges: "This is completely false. I have never had one penny from any industry whatsoever in support of my research - neither from BNFL nor GM."

But Epstein suggests that Sir Richard's judgement on key issues reveals the influence of industry. "We've been unable to identify any other public-health figure who has (said) that leaded petrol is ok for you, that low-level radiation is ok for you," Epstein says. Speaking from Oxford, Sir Richard also denied holding such views: "I did at one time express the view on leaded petroleum (that it was safe), but I was

wrong and have since retracted that. I did not give a clean bill of health to low-level radiation. Most of what I have written has been demonstrating that small doses of radiation are hazardous," he says. He does not, however, believe that the cluster of leukaemias around Sellafield is linked to radiation.

Although both the CRF and the ICRF insist that none of their researchers are directly funded by companies in the nuclear industry, both charities belong to the UK coordinating committee for cancer research, which receives money for research into child cancers from BNFL and Nuclear Electric, among others.

While the foundation confirmed that Sir Richard was awarded a prize for scientific excellence funded by General Motors some 20 years ago, it added. "This does not mean that ICRF is receiving funds from GM."

Epstein also charges that both charities receive donations from the cancer drug companies and that this has led to "interlocking interests" and an emphasis on drug treatments to the neglect of primary prevention. Of particular concern, he suggests, is the way that the charities have begun to resemble drug companies. In recent years, both the ICRF and the CRC have spun off subsidiary "technology transfer" companies with the goal of securing patents and developing cancer drugs and treatments in partnership with pharmaceutical companies.

The ICRF denied being led by the cancer drug industry, pointing out that it receives less than Pounds 1 million from pharmaceutical companies out of an annual income of Pounds 100 million. It defended its relationships with drug companies as necessary: "In many cases, the clinical benefits of Imperial Cancer research can only be delivered to cancer patients in the form of a new drug or diagnostic test. Development of such products is a lengthy and expensive process (making) it impractical for Imperial Cancer to develop its own drugs. We need to work with pharmaceutical companies that can supply both

expertise and financial resources," the charity explained in a statement.

The statement added that royalties from patents were secured and "any profit is put back into ICRF's research programme". Last year, profits from subsidiary ICRF Technology amounted to Pounds 500,000.

Also symptomatic of these "interlocking interests", Epstein says, are the potentially conflicting roles of some top cancer experts. Karol Sikora, formerly of the World Health Organisation and the ICRF, for example, is now both professor of cancer medicine at Hammersmith Hospital and vice-president of clinical research (oncology) at pharmaceutical company Pharmacia and Upjohn.

And Epstein argues that the cancer charities have been "trivialising the cancer epidemic". He says that cancer now affects almost one in two men and one in three women and that those numbers have been rising over the past 50 years, in part, he suggests, because of exposure to "avoidable carcinogens". But Sir Richard and other experts from the ICRF depart radically from Epstein in their interpretation of the statistics. "There is not an escalating risk of cancer, either here or on the other side of the Atlantic," Sir Richard says, adding that while the incidence of some cancers has been going up - cancer of the testis and non-Hodgkin's lymphoma, in particular - others have gone down.

Sir Richard also disagrees with Epstein's diagnosis that increased cancer rates are due to industrial carcinogens in the environment. "I cannot find any evidence for industrial pollution causing a significantly increased risk of cancer. I'm completely open to finding that the activities of industry might cause cancer," Sir Richard says.

Epstein followed up his attack with a number of suggestions for reform of the cancer charities. He recommends that research directed towards the "avoidable causes of cancer" receive equal

funding with research into diagnosis and treatment. He also suggests that fair clinical trials be conducted to assess the efficacy of alternative and complementary therapies. He further advises that the charities address their conflicts of interests as well as restructuring their advisory committees to include interested lay members. In its defence, the ICRF pointed out that the charities' trustees are already "drawn from a wide spectrum of public life".

As chairman of the US Cancer Prevention Coalition, Epstein recently recommended that American citizens boycott the American Cancer Society by withholding money. He now says that if the UK cancer charities do not undergo substantial reforms, that too "would clearly merit a national boycott".

The UK cancer charities rely heavily on public donations. Medical director of the ICRF, John Toy, says he is hurt by Epstein's suggestion that the ICRF might not have the public's best interests at heart. "Many people who work in the cancer field do so because of personal experience with cancer death. This is not a game. nor is it a conspiracy to further our careers - we want to find a cure," he said.

[Previous](#)

Imperial Cancer Research Fund notes on ICRT. 13/9/99

The role of Imperial Cancer Research Technology is to protect the intellectual property generated by ICRF staff. In many cases, the clinical benefits of Imperial Cancer's research can only be delivered to cancer patients in the form of a new drug or diagnostic test. These types of products are, rightly, subject to considerable regulation, requiring extensive testing to ensure a drug is both safe and effective. Development of such products is a lengthy and expensive process - for a new drug, the process can take 10 years with multi-million pound research and production costs. These facts make it impractical for Imperial Cancer to develop its own drugs. We therefore need to work with pharmaceutical companies who can supply both the expertise and financial resources required.

The costs involved in developing a new drug are so large that companies will only undertake the process if they can be assured that competitors will not be able to step in and make a cheaper 'look-alike' product as soon as the original is on the market. In practice this means the drug must be protected by patents. Patent protection of ICRF's work is an important part of ICRT's work. On the whole, our arrangements with pharmaceutical companies include a licence which gives the company the legal right to develop and sell products based on ICRF research. In return we receive a royalty. Any profit made by ICRT is ploughed back into ICRF's research programme.