

UK Respiratory Research Collaborative

Newsletter No. 7 May 2008

New MRC Board Structure

Angela Hurlstone, Professional Relations Manager, BTS

At the last meeting of the UKRRC those present heard details of the recently revised MRC board structure, under the leadership of its Chief Executive, Sir Lszek Borysiewicz. All MRC units will be aligned to boards in order to facilitate more translational activity but MRC boards will not be directly responsible for funding. The five new boards are:

- Health Service & Public Health Board
- Infections & Immunity Board
- Molecular & Cellular Medicine Board
- Neurosciences & Mental Health Board
- Physiological Systems & Clinical Sciences Board

Additionally, there will be no Training Board but instead there will be four overview groups, namely:

- Population Sciences
- Translation Research
- Global Health
- Training & Careers

These groups will ensure that each portfolio is adequately represented, with the boards setting the agenda for the MRC.

Professor Stephen Holgate, Chair of the UKRRC, was delighted to announce these changes and advised that they had been made to enable a more proactive response to the Cooksey Report recommendations.



Joint NCRI and UKRRC Workshop on Lung Cancer and COPD

Dr Aoife Regan, Senior Programme Manager, NCRI

The National Cancer Research Institute (NCRI) has joined forces with the UKRRC with the aim of stimulating research into two linked and often neglected conditions, lung cancer and COPD. In a one day workshop, held on 29 February, a number of experts in the two conditions came together with relevant research funders to examine the barriers and opportunities for research that exist at the boundary between oncology and respiratory medicine.

Professor Peter Barnes outlined the connections between lung cancer and COPD at the molecular level. Defects in inflammatory pathways and DNA repair mechanisms are common to both illnesses, however very little is known about the potential links between the two.

Early detection and diagnosis is a problem common to both conditions. Peter Rainey, a lung cancer survivor confirmed this with his personal experience of the illness. Professor Pamela Rabbitts spoke about an exciting screening trial using bronchoscopy and CT to look for lung cancer in patients with COPD. Crucially patients enrolled in the trial will have several lung biopsies taken over several years, enabling translational research which could potentially shed light on the pathogenesis of both lung cancer and COPD.

Surgery can be used to treat both lung cancer and COPD. The Lung Cancer Audit (LUCADA) revealed large differences in the rates of lung cancer resection across the country, with overall rates of resection much lower in the

UK than other countries. Surgeon Eric Lim argued that the criteria used to decide which patients are fit for surgery may result in surgeons being overly cautious.

Dr Rachel Garrod also argued that in patients where fitness for surgery is a potential problem more research is needed to determine what role supportive therapies such as physiotherapy can have in getting patients for and helping them recover from surgery.

Using the information gathered during the workshop UKRRC and NCRI will work together to produce a report with a list of priority areas requiring further research. We will also continue to work with researchers and funders to ensure that all possible funding opportunities are exploited to promote this important area.

From donation to innovation

Jenny Versnel, Executive Director, Research & Policy, Asthma UK

Asthma UK was delighted to have been involved in the next stage of the UK Clinical Research Collaboration health research analysis. Working together with the Association of Medical Research Charities, small and medium sized charities were given the opportunity to undertake training to code their research grants, programmes and training awards using the Health Research Classification system.

Each charity received an analysis of their research spend which enabled them to identify gaps and trends and compare their research portfolio with other funders.

Asthma UK would encourage other respiratory charities to take advantage of this training so that we can better evaluate the overall investment in respiratory research.

The publication 'From Donation to Innovation' can be viewed at:

http://www.ukcrc.org/pdf/From_Donation_to_Innovation_Report_07.pdf

To find out more about the HTA programme, its methods and portfolio of research visit www.hta.ac.uk

Creating new funding opportunities for respiratory research

Dr Nicholas Hicks, National Coordinating Centre for Health Technology Assessment

The HTA programme is part of the National Institute for Health Research (NIHR) and is the largest and longest running of the national research programmes. Running since 1993, it has invested more than £160 million in research, answering questions of direct importance to the NHS. By consulting widely with those who deliver, plan, provide or receive care in the NHS the HTA programme identifies, prioritises and commissions independent research about the clinical and cost-effectiveness of different healthcare treatments and tests.

In 2007 the government increased its funding commitment to health research and as part of these new arrangements the budget of the HTA programme will rise significantly, presenting new opportunities for funding research.

'Health technology' is a broad term and covers a range of methods used to promote health, prevent and treat disease, and improve rehabilitation and

long term care including the use of drugs, devices, procedures, diagnostic tests and settings of care.

The HTA programme has two funding streams: a commissioned research route that commissions both clinical trials and secondary research, and a 'responsive' researcher-led clinical trials funding stream. The commissioned funding route relies on the identification of important and unanswered research questions which are then considered at one of the programme's four 'prioritisation' panels.

The four panels focus on: disease prevention, diagnostic technologies and screening, pharmaceutical treatments, and therapeutic procedures. The role of the 'prioritisation' panels is to assess the 'need' or 'importance' to the NHS for the research. Panel membership is drawn from a wide range of clinical specialties and members are selected for their individual expertise and are not representing any professional or clinical interest group.

The UK Respiratory Research Collaborative and the HTA programme are planning to work together to identify a range of important research issues and increase funding opportunities in the respiratory field through its commissioned funding stream.

To make use of this opportunity the UKRRC needs the knowledge and support of respiratory clinicians to highlight important areas of clinical uncertainty that can be developed and refined into focused research questions with the support of staff at the HTA programme.

This approach will help to maximise the likelihood of success of these respiratory topics when considered at the HTA prioritisation panels, with the intention of seeing an increase in the number of new respiratory research topics advertised from late 2009.

Dates for your Diary

UKRRC Committee meetings have been arranged for:

Tuesday 24th June 2008
Thursday 28th August 2008
Monday 24th November 2008

All at 10.00am, at BTS HQ, 17 Doughty Street, London WC1N 2PL.
Please put these dates in your diary