

Cancer Institute gets tough review on intramural research

Researchers at the US National Cancer Institute (NCI) will have an opportunity this month to respond to the sweeping recommendations for change made in late May by an independent review panel. The panel challenged the NCI's policy of spending nearly 25 per cent of its annual budget on in-house or 'intramural' research, said NCI leaders failed to consult adequately with cancer researchers at other institutions, and called for a decrease in the number of hospital patients enrolled in clinical trials. The NCI's annual budget is \$2.1 billion.

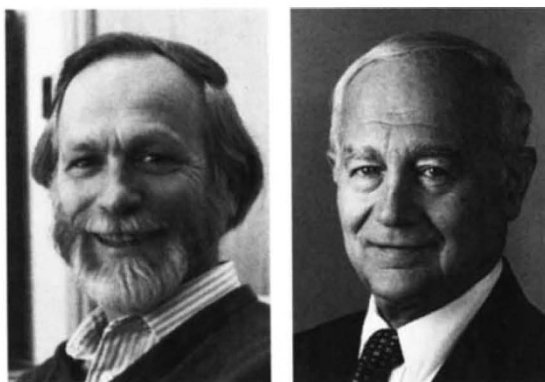
The NCI review, which was headed by J. Michael Bishop of the University of California at San Francisco and Paul Calabresi of Brown University in Providence, Rhode Island, was conducted in response to congressional concern about the size and quality of its intramural research programme. (In coming months, similar panels will review the intramural programmes of each of the disease-oriented institutes that comprise the National Institutes of Health (NIH).

Bishop (who was a candidate to become director of the NCI but turned the job down) and Calabresi presented a summary of the panel's key recommendations in May. The panel's conclusions satisfied those who think the NCI has become overly bureaucratic and scientifically lax during past years. But many scientists on the NCI's intramural staff greeted the report with skepticism and concern.

The Bishop-Calabresi panel called for a complete separation of the intramural and extramural research programmes, which would likely decrease the influence of NCI staff over institute-supported research at other US scientific institutions. The panel argues that separation is necessary because the current organizational structure of the intramural programme is unnecessarily complex and redundant, and "potentially disadvantageous to the extramural program."

When delivering these and criticisms of the NCI, Bishop said that the panel was merely "polishing the gem that is the National Cancer Institute's intra-

mural programme." (In the 1960s and 1970s, the cancer institute's Bethesda campus was considered the leading place to be for new clinical research, such as chemotherapy, as well as basic science.)



J. Michael Bishop, left, and Paul Calabresi, co-chairs of the NCI review panel, call for sweeping reform of the agency.

But now the reviewers say, there "seems to be a disproportionate investment in the intramural program." A previous review of the NIH's intramural programme (completed only last year) recommended that NCI limit spending on its intramural research to approximately 11 per cent of its total, which would mean a reduction of more than 50 per cent.

The panel found things to criticize in the administrative procedures of the NCI but, more important, it was critical of the quality of the science in the intramural programme. In general, the panel recommended that methods of evaluating intramural science should be improved to "encourage more objectivity and expertise on the part of reviewers," to avoid the appearance of cronyism.

The panel specifically recommended that all research in the intramural programme be subject to peer review; an NCI board of scientific counsellors, responsible only for intramural research, should be heavily involved with review of research in progress, budgets, recruitment and establishing research goals; programmes should be evaluated on the basis of past achievements rather than on future plans; and that all tenure track and tenured scientists at NCI should be subject to a detailed review after four years.

In talking with researchers, often in confidence, the panel found a broad dissatisfaction with the hierarchical ethos within NCI. Such an environment, the panel states in the report, "results in intimidation of individual scientists... [and] is not conducive to independence on the part of young scientists." To remedy this situation, the panel urged NCI to undertake a review of the effectiveness of branch chiefs (or department heads) in terms of recruiting and fostering the career development of independent investigators and the professional welfare of women and minorities; and recommended that branch chiefs be appointed for renewable five-year terms.

Extensive recommendations about the organization of clinical research include the idea that it be gathered into one of the two proposed intramural divisions (cancer prevention, diagnosis and treatment). Now there are several.

Finally, the panel noted that AIDS research within NCI has grown to become a substantial part of the intramural programme and that some of the research lacks a clear rationale, and detracts from NCI's main mission. The panel urged NCI to carry out a thorough review of all AIDS research — yet another of the many reviews recommended by the NCI's most recent reviewers.

As *Nature Medicine* goes to press only the executive summary of the Bishop-Calabresi panel had been made public, with the detail to follow in a month or so. Whatever happens, it looks as if the NCI is going to be streamlined (not without pain) during the next year. Since Samuel Broder resigned as NCI director last year, the institute's top administrative post has been vacant. Richard Klausner of the NIH's National Institute of Child Health and Human Development is said to be in line for the position (*Nature Medicine* 1, 495). His reaction to the Bishop-Calabresi report is of obvious interest, though for the time being he is remaining publicly silent on the subject.

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