

US stimulus bill challenges biomedicine to deliver

US scientists are poised to gain more than just money from the economic stimulus bill signed into law on 17 February, say some



AFP photo/Jim Watson

A stimulating read: The bill boosts biomedicine

experts. With nearly \$22 billion of the \$787 billion plan going toward scientific endeavors, researchers and science policymakers have the chance to “show the public the positive economic impact that an investment in science can bring,” according to Rick Weiss, a senior fellow at the Washington, DC–based Center for American Progress.

Biomedical researchers will reap a good portion of the funds marked for science. The US National Institutes of Health (NIH) gains a \$10.4 billion boost out of the deal, about one-third of its \$29.5 billion budget for the 2008 fiscal year. In addition to bolstering preexisting research projects, Weiss thinks the stimulus gives the NIH a chance to fund “intelligently thought out, but admittedly risky, endeavors” that are often not funded with cash-strapped budgets. Although these

bolder endeavors might not necessarily pay off, if they do, they “give you the most bang for your buck,” he explains.

Along with these increased opportunities come greater responsibilities to meet demand for quick results, according to experts. For one, it might be hard for some of the projects funded to show hard and fast results after just two years of funding, says Weiss. But he and others think it is likely that such investment into science will continue to be a priority. Stacie Propst, vice president of policy and outreach at Alexandria, Virginia–based *Research!America*, thinks the stimulus’s science funding is designed to “jump start some longer-term investments.” She adds, “[The stimulus bill] is an excellent predictor of where we’re headed.”

Kirsten Dorans, New York

New cancer research centers open in UK

The study and translation of tumor treatments looks set to get a boost in Britain with a new system of collaborative research hubs due to open across the nation. Cancer Research UK launched its first new cancer center in Birmingham on 19 February. The launch was the first of several such centers scheduled to be opened this year. As this issue of *Nature Medicine* went to press, a second center was set to launch in Belfast, Northern Ireland on 24 March.

The new centers are a virtual concept, with no new building as such. “Cancer Research UK developed the centers concept as a new format for distribution of funds,” says Paul Moss, who will take on the role of the first lead investigator for the new Cancer Research UK center in Birmingham.

The University of Birmingham’s School of Cancer Sciences has ongoing translational research and clinical trials, with a particular focus in urological malignancies and leukemia, Moss explains. Cancer Research UK has provided substantial funding to the department in the past, but with the opening of the new center it will now provide an annual contribution of £9 million (\$13 million) a year from the charity for continued development of the center.

Birmingham is located in the UK’s West Midlands region, home to nearly 6 million people with a very diverse population mix, says Lawrence Young, who heads the University of Birmingham’s College of Medical and Dental Sciences. Young explains that the aim of the

center is to fast-track treatments for cancer patients from the lab but also “to demonstrate to local cancer patients that there is high-quality cancer research activity on their back door, and

that they will be benefiting from the fruits of that research perhaps more immediately than anybody previously recognized.”

Nayanah Siva, London

Dutch seizure of drugs sparks outcry

The repeated seizure of HIV medications destined for developing countries via the Netherlands has enraged advocacy groups, who stress that the drug confiscations put many lives at risk. In late February, organizations including Oxfam International and Knowledge Ecology International sent letters to the World Health Organization (WHO) and the World Trade Organization (WTO) voicing their concern about the situation.

In the most recent case, Dutch authorities seized HIV drugs that had been manufactured in India and purchased by international aid agencies for distribution in poor nations. Dutch officials claimed that the low-cost drugs infringed upon European intellectual property rights.

However, Joep Lange, director of the country’s National AIDS Therapy Evaluation Centre believes Dutch customs officials overlooked an important exception to patent rules: “the World Trade Organization 2001 Doha declaration

allows for exceptions to patent rules for developing countries in cases of medical necessity. In this particular situation, this rule of exception should have prevailed over European patent law.”

Lange says that Dutch customs officials held up the delivery of drugs for similar reasons at least a dozen times last year, angering aid agencies worldwide. Interruptions in drug treatment can have severe consequences, including the risk that patients will develop drug resistance.

“The holding up of drug shipments is of concern to the WHO because of the impact it can have on equitable access to safe, affordable medicines,” says Thomas Abraham, a WHO spokesperson. According to Abraham, the WHO has been in discussions in recent weeks with the WTO and many of the countries involved in the ordeal to see what can be done to resolve the issue.

Nayanah Siva, London