

Britain loses out on genome market

Following the final rejection in August of its long-running application to extend facilities at its genome-sequencing site at Hinxton, Cambridgeshire (http://medicine.nature.com/breaking_news/), the Wellcome Trust indicated last month that it is preparing to take the £100 million development overseas. Potential sites are those involved in the Human Genome Project in France, Germany, Japan and the US.

The UK's share in sequencing the human genome is done at the Genome Campus at Hinxton, and the Trust had envisioned adding facilities to the site that would enable widespread commercialization of the sequencing effort. Michael Morgan, chief of the Genome Campus at Hinxton explained to *Nature Medicine* that the Trust is trying to develop a new model as an engine for science business, "rather than a real estate part, which is what Science Parks have been traditionally."

In addition to business, financial and legal offices, the expansion would include incubator and nursery laboratories—where spin-off companies could become established and grow—plus space for mature companies that already have genomics expertise. However, Cam-

bridgeshire authorities rejected the Trust's argument that a critical mass is needed to make the site effective.

"What was flatly denied was to put any mature companies on-site," says Morgan. One such mature company, which provided scientific evidence in support of the extension at a public inquiry last summer, is Third Wave Technologies of Wisconsin, which has developed a non-PCR-based DNA analysis for genotyping and gene expression applications.

If money and progress are directed elsewhere, Morgan concedes that then this may weaken the Cambridge site. "Looking at the European Bioinformatics Institute as an example, this Institute [which is part of the Hinxton group] has had a number of people leave and set up their own company because they can't do this at Hinxton."

Morgan says the Trust remains committed to its vision of an integrated campus. "If planning regulations were to be changed, then clearly that would be a fresh start," he says, adding, "...in terms of technology transfer and helping biotechnology to thrive in the United Kingdom, for the moment we're thwarted."

KAREN BIRMINGHAM, LONDON

Public input benefits NIH

Although the idea that members of the public should be brought into the National Institutes of Health (NIH) to discuss research funding priorities was met with skepticism when first proposed last year (*Nature Med.* 4, 872; 1998), the Council of Public Representatives (COPR) seems to be a success.

The NIH, which faces ever-increasing scrutiny of how it allocates its annual \$15 billion budget, appears genuinely as eager to receive input from this group as it is from any of its expert advisory panels. According to deputy director of the NIH, Ruth Kirschstein, who addressed the New York Academy of Sciences on September 10th, "...the advice provided is just like that given by other councils, and I can tell you that we take such advice very seriously. COPR will carry and is carrying considerable weight."



Have you calibrated that?

COPR members, which include patient advocates, health care professionals, academics, journalists and lay people, are being asked to participate in NIH strategic planning meetings, to evaluate the peer reviewed grant process, and to identify scientific opportunities relating to health issues. "We want them to help us assess the burden of illness and consider mechanisms for support," enthused Kirschstein. Some members of the COPR were even invited to an NIH

retreat to discuss appropriations for the FY01 budget, she revealed.

Kirschstein says that a part of each COPR meeting will be devoted to explaining to the 20-strong group what each NIH institute does and how it carries out its research. COPR appointments last for one year, and the second meeting of the council will take place on October 21st.

KRISTINE NOVAK, NEW YORK

Beijing HIV vaccine meeting to go ahead

After months of postponement, China will hold its first international HIV vaccine meeting in Beijing (November 17-20th). The meeting comes at a time when China's HIV epidemic is escalating—around 400,000 people in China are infected with the virus, according to Yiming Shao, deputy director of China's National Center for AIDS Prevention and Control (NCAIDS)—and several organizations, such as those providing financial support for the conference, have expressed interest in setting up clinical trials of HIV vaccine candidates there.

It is believed that the meeting will be supported by a EUC30,000 (US\$31,000) grant from EBIC (European Biotechnology Node for Interaction with China), which facilitates liaison between European scientists who wish to interact with China in biotechnology. The Office of AIDS Research at the US National Institutes of Health has committed a small amount of money (\$10,000) to the conference. Additional support will be given by UNAIDS, the International AIDS Vaccine Initiative (IAVI) and the University of North Carolina. According to Shao, the meeting will be attended by 40 Chinese researchers and 30 foreign scientists.

HIV vaccine researcher Shiu-lok Hu of University of Washington in Seattle, who recently returned from a visit to China on behalf of IAVI, notes that although from a scientific standpoint the Chinese may have some "rather interesting recombinant vaccine candidates," their research program is limited. But he believes that the meeting is essential because it represents formal recognition by the Chinese government of the magnitude of the HIV problem in China, and foreign exposure will benefit the Chinese scientific community.

Harvard University School of Public Health's Yichen Lu, who has been working with Shao, stresses that although China's AIDS problem has not yet reached crisis proportions, China is a logical place for clinical trials of a vaccine because, unlike many African countries, China already has the scientific and medical infrastructure to manufacture a vaccine and support trials.

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