

# Biomedical briefing

## FUNDING

### Cancer contribution

On 29 September, Cancer Research UK, a London-based nonprofit, announced plans to increase funding for its Centre for Drug Development, formerly known as the Drug Development Office. To help science funding catch up from its dip during the economic recession a few years ago, the organization stated that it would increase its investment in drug development by 50%, to £60 million (\$96 million) spread over the next five years. “Our sweet spot is first-in-class and first-in-man studies,” says Nigel Blackburn, director of the Centre for Drug Development. “We can take scientific risks that the pharmaceutical industry can’t.” Although the funds will be directed toward studying all cancers, Blackburn says they are especially interested in research of those with low survival rates, such as cancers that affect the brain, esophagus, pancreas and lungs.



Alan Skyrme / Alamy

### Dengue count

The incidence of dengue fever in India is more than 280 times greater than currently reported, according to a new study published online on 6 October (*Am. J. Trop. Med. Hyg.*, doi:10.4269/ajtmh.14-0002, 2014). The disease, which was previously reported as afflicting 20,000 people a year in India, is now thought to affect nearly 6 million there annually. The study revises the total economic cost inflicted by the disease—

including medical treatment and associated costs of illness like lost time at work—and places it at at least \$1.1 billion—roughly the same as India’s space program. “It’s a message to governments and consumers that [dengue] is important and continuing to expend the efforts [at elimination] is worthwhile,” said lead author of the study Donald Shepard, a health economist at Brandeis University in Waltham, Massachusetts.

## POLICY

### Antiaging wrinkle

The US Federal Trade Commission (FTC) cracked down on the US division of cosmetics giant L’Oréal for advertising antiaging products using language that made the items sound like drugs. The company marketed products from its Lancôme Génifique division as “clinically proven” to boost gene activity and “stimulate the production of youth proteins.” These claims were based on *in vitro* tests and in some cases consumer evaluations, but not on human clinical trials, which are necessary for products intended to affect the structure or function

of the human body. “It would be nice if cosmetics could alter our genes and turn back time, but L’Oréal couldn’t support these claims,” Jessica Rich, director of the FTC’s Bureau of Consumer Protection in Washington, DC, said in a statement. The final order approved on 26 September bars L’Oréal from claiming that its cosmetic products can affect gene activity until, according to the FTC, such claims are supported by “competent and reliable scientific evidence.”

### Taxing devices

Ahead of midterm elections in the US, on 18 September

the country’s House of Representatives passed the Jobs for America bill, which includes a section that repeals the 2.3% excise tax on medical devices that was initially instituted as part of the Affordable Care Act of 2010. Medical device companies have vehemently opposed the tax since its introduction, and the House of Representatives has voted to repeal the tax on two previous occasions, whereas the Senate has voted on it once before. “The [tax] is just fundamentally flawed,” says J.C. Scott, chief lobbyist at AdvaMed, a trade association representative of medical technology companies, based

in Washington, DC. “It hampers innovation and hurts the [medical device] industry.”

### Public payments

In an effort to promote greater transparency in health care, the US Centers for Medicare and Medicaid Services (CMS) launched the Open Payments Database on 30 September. The database lists payments made to doctors by drug and medical device companies. For now, the database only shows information for between August 2013 and December 2013, but there are plans to expand coverage beyond that timeframe. However, “Open Payments does not identify

which financial relationships are beneficial and which could cause conflicts of interest,” says Shantanu Agrawal, deputy administrator and director of the Center for Program Integrity within CMS. “It simply makes the data available to the public.” The effort has been criticized because of its complicated interface, which is difficult to navigate. Industry organizations and doctors have also expressed concern about the lack of contextual information about payments in the database.

### EMA transparency

According to a new policy approved on 2 October, the European Medicines Agency (EMA), which is headquartered in London, will make clinical trial data submitted for any drug that receives approval from the agency publically available. The new policy will apply only to medicines for which new marketing authorization applications were submitted to the EU drug regulator in or after 2015. In the future, the EMA also hopes to publish individual patient data and is considering the various privacy and data protection laws of the EU in order to do so. Guido Rasi, executive director of the EMA, stated in a policy document that, “a high degree of transparency will take regulatory decision making one step closer to EU citizens and promote better-informed use of medicines.”

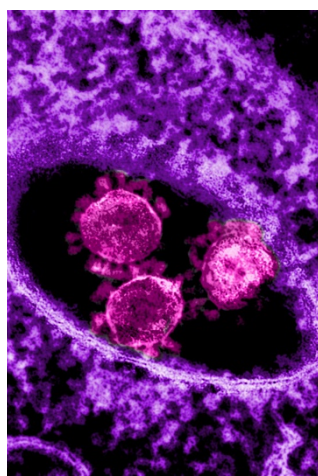
### Enterovirus outbreak

The US is facing an outbreak of enterovirus-D68 (EV-D68). As of 20 October, the US Centers for Disease Control and Prevention (CDC) confirmed 922 cases, including seven deaths, of infections caused by the virus. Although nonpolio enteroviruses are fairly common, causing an estimated 15 million infections every year in the US, EV-D68 has been the most prevalent strain this

year. To improve diagnosis, the agency has started using a newly developed real-time reverse transcriptase PCR test that identifies the suspected strains of the virus faster than previous methods, cutting down the time it takes from several weeks to a few days. “Ultimately, faster testing will help to better show the trends of this outbreak since August and to monitor changes that are occurring now,” according to a CDC press release.

### Pushing pause

On 17 October the White House Office of Science and Technology Policy announced a mandatory moratorium on future funding for studies of influenza, sudden acute respiratory syndrome (SARS) and Middle East respiratory syn-



BSIP SA/Alamy

drome (MERS) that involve a gain-of-function manipulation that render these viruses more virulent. It also encouraged scientists with ongoing work of this kind to voluntarily pause their work. Francis Collins, director of the US National Institutes of Health (NIH), said in a statement that such studies “entail biosafety and biosecurity risks” and need better understanding. Although there is no end date for the funding pause, the US government plans to deliberate and come up with a new policy over the next year.

## RESEARCH

### Less difficile

An encapsulated pill containing frozen human fecal matter was remarkably successful in treating patients with *Clostridium difficile* infections, according to the findings of a study published online 11 October (*J. Am. Med. Assoc.* doi:10.1001/jama.2014.13875, 2014). Although other groups are working on similar pills, this is the first study to show the efficacy of this approach. In the study, 20 patients with recurring *C. difficile* infection took 30 pills over the course of two days. The intervention cured 18 of them of diarrhea, a major symptom of the infection. The pill-based trial paves the way for a cheaper alternative to traditional fecal transplants, which rely on “expensive procedures like colonoscopies,” says Elizabeth Hohmann, an infectious disease specialist at Boston’s Massachusetts General Hospital and senior investigator of the study: “A pill makes treatment [for *C. difficile*] so much more available.”

## PEOPLE

### Ebola czar

After much speculation, the Obama administration named Ron Klain as the US Ebola Response Coordinator on 17 October. Klain previously served as president of Case Holdings, AOL founder Steve Case’s holding company, as well as general counsel for Revolution, LLC, an investment company. In this position, Klain will not only coordinate domestic efforts to contain the disease but also work with international agencies to combat the spread of Ebola. Speaking ahead of the appointment, President Barack Obama said, “it may make sense for us to have one person...so that after this initial surge of activity, we can have a more regular process just to

make sure that we’re crossing all the t’s and dotting all the i’s going forward.” Klain will report to Homeland Security Advisor Lisa Monaco as well as US National Security Advisor Susan Rice.

### Plea offer

Documents filed on 16 October indicate that US federal prosecutors offered a plea bargain to Dong-Pyou Han, the former Iowa State University (ISU) biologist accused of scientific fraud. Han, who is charged with four counts of felony for making false statements in grant documents submitted to NIH, entered not guilty pleas on all counts this summer. As *Nature Medicine* went to press, no deal had been reached and Han’s lawyers had requested a delay in his trial date—the third such request in the past three months—from 3 November to February. Han resigned from ISU in October 2013 after an investigation found that he had falsified results by mixing human blood with rabbit blood to make an experimental AIDS vaccine seem groundbreaking. His initial claims generated tremendous interest and research funding from the US government, but with the discovery of fraud, ISU had to repay nearly \$500 million in research grants, and more than \$1 million in pending grants to the university were canceled.



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