

Submission to WA Parliamentary inquiry into Health and Medical Research

By way of introduction I am a medical oncologist with approximately 40 years experience in cancer medicine. I have worked with a number of hospitals in WA including Royal Perth Hospital, St John of God Hospital Subiaco, Albany Regional Hospital and Fiona Stanley Hospital. In the 1980s I worked the Mayo Clinic in Rochester Minnesota. I am not a career researcher but have published in the areas of basic science, clinical studies and health service research

I note the terms of reference for this inquiry are

1. Western Australia's small share of national competitive funding.
2. How the state's health and medical research priorities are determined.
3. The impact on specific types of research and areas of need.

Background

From an international perspective WA does not have the population or financial resources to be a major player in Cancer Research.

Budgets for some Major Cancer Research Institutions

Institution	Research Budget Australian Dollars
National Cancer Institute (USA)	\$11,107,000,000
MD Anderson Cancer Centre (Texas)	\$1,464,000,000
Cancer Research UK	\$787,000,000
Roche* (Pharmaceutical Company)	\$ 40,183,000,000

*Not all of the research budget is for cancer but Roche derives much of its profit from anti cancer drugs.

Terms of Reference

1. **Western Australia's small share of national competitive funding.**
Not Addressed
2. **How the state's health and medical research priorities are determined.**

From my point I cannot see a clear pattern how these priorities are determined. It seems that individual researchers have their own expertise, knowledge and research programmes and apply for competitive grants to continue their work. I do not see this as a bad system

3. **The impact on specific types of research and areas of need.**

In view of the scale international cancer research effort WA can I only a small contribution in this area.

Areas that might provide high value

- Health systems research. This type of research looks at how the overall health system provides care for individual patients. It can identify bottlenecks and areas of need for improvement in a patient's cancer journey. This can have an immediate outcome for patient care and is directly applicable to the WA patients.
- Socio economic class is a factor in determining your outcome for most cancers. We should focus our attention on all socially disadvantaged groups and trying to develop strategies that will improve their outcome.
- In Cancer Research often there needs to be developments in other scientific areas that do not seem to be Immediately applicable to medical research. For example there is a research effort looking at improved optics to determine the extent of the local excision for breast cancer. This area could not have been progressed without research into optics. Therefore there needs to be a budget for pure scientific research that does not seem to be immediately applicable to medical research. This may seem wasteful as some of the research will not be applicable however for major advances to occur there needs to be scientific investigation “ outside the box.”

There are many research papers published but many do not change practice. To assess the impact of the research you should ask investigators “ how has this research changed patient care in the clinic? “

In view of the International Cancer Research scene the WA government needs to carefully consider where it allocates its medical research budget to ensure taxpayers receive the best value possible from their contribution.

Best Wishes

David Ransom

MBBS,MD,FRACP