# the Australian Society for Medical Research



Newsletters, News and Events

**Newsletters** 

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**ASMR NEWSLETTER APRIL 1997** 

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# **President's Report**

Welcome to ASMR 1997! First, let me congratulate the Queensland organisers of the 1996 ASMR National meeting for putting on an excellent conference. The quality of the science was exceptional and the event was an enormous success. Already, planning is well advanced for the Adelaide meetingso I look forward to seeing you there.

#### NSW Cancer Council.

Thank you to all those who responded to my request for input on this issue. We were successful in getting the NSW Cancer Council 1996 grant round approved prior to Christmas due to intense lobbying from several quarters. That small success is a concrete example of the rewards of persistence. \$600,000 of grant funds were allocated at a time when they were under threat. People have jobs because of your effort.

The ASMR board sees the issues raised in the Baume report as the thin edge of a wedge which threatens the central role of the peer review process in the allocation of research funds in Australia. Our response to the Baume Report is filed on our home page http://www.medstv.unimelb.edu.au. At a time when the research community is integrating its efforts federally through the changes to the NH&MRC committee structure, we have as one member described it, an attempt to "Balkanize" cancer research funding in New South Wales. There is at present no resolution of the issues raised in our response and the following actions have been ratified by the March Board meeting.

#### That ASMR:-

- (i) NOT ENDORSE the actions of the newly constituted NSW Cancer Council or its committees until such time as the concerns outlined in the ASMR response to the report are satisfactorily addressed.
- (ii) work to improve the representation of trained research personnel on the Board of the NSW Cancer Council.

I have advised the Cancer Council of our position and that in the event the resolutions are passed, the Board will advise its membership not to provide assistance to the Cancer Council. I must stress to all members and affiliates, we have not taken this position lightly. However, the issues are significant and require a strong response.

# NHMRC Appointments

ASMR congratulates Prof. Richard Larkins (Dept. of Medicine, RMH, The University of Melbourne) on his appointment to the Chair of the NHMRC. We also welcome the appointment of Dr Warwick Anderson (Dept. of Physiology, Monash University) to the Chair of the Research Committee and wish them both every success in their new posts. ASMR looks forward to continuing its productive association with NH&MRC.

In response to the mail the Society received from members over the circumstances in which the appointment of the Chair was made, I report that ASMR made strong representations to Canberra and in the press deploring political intervention in the appointment process. These and other ASMR press releases are now lodged on our website. In future, the focus of the appointment process must be on the credentials of candidates in health and medical research. Several questions in the senate put on public record the events leading up to Senator Harradine's intervention. ASMR will work to identify mechanisms by which such extreme intervention may be minimised in the future. The research community has a stake in ensuring that the political process focuses on the requirements for the position above all else. It also reinforces the fact that research is closely linked with the political process and underlines once again the need for ASMR to be strongly supported.

# 1997 Budget Position

As with last year, the leadup to this budget round is within the context of further Government budget cuts. The combined impact of withdrawal of R&D syndication and reduction of the Tax concession means that overall Government contribution to Medical Research is in decline, despite modest increases in NH&MRC budgets against the cuts trend. The replacement START scheme represents an effective decrease in Government commitment to R&D and there is little indication at this time, that the decline will be met by the private sector as the Government hoped. ASMR is assisting in facilitating private sector investment in research by being actively involved in the planning and promotion of the first "Commercialising Health Innovations" forum September 1-2, Darling Harbour, Sydney (see enclosed brochure). The intention of the meeting is to bring together researchers with commercialisable products with finance sector members to facilitate interaction and to ultimately close deals. However, in the short term, the momentum built up through previous tax incentive schemes will be slowed. Early indications are that the investment constraints placed on the START and related schemes will move the funding mix away from the research end towards the development end. While this may be desirable from a Government perspective, it recreates the 'hole' in research funding that the syndication schemes temporarily filled. The decline will not be reflected in any official statistics since they are a few years behind the pace. The other factor serving to erode any perceived increases in research funding is the move towards real cost accounting in research institutions. Services and support that was once part of research infrastructure are now being assigned to competitive research budgets. Also, there is no indication from Government that, with the move

to one-line grants, salary increases negotiated with institutions will be met by increases in competitive grant funds. This leaves researchers with the uncertainty of not knowing where the additional funds for staff salaries linked to competitive grants will come from and the real possibility that these will come from already stretched maintenance budgets. ASMR is lobbying in this budget round for an 8-10% increase in competitive grant funds from government to cover negotiated salary adjustments. However, even if successful, it is clear that a commitment to a much larger increase in base funding to competitive grants schemes will be necessary within the term of the current government to regain the losses made from cuts to R&D.

# Structural Changes to the Society

The question on the age-limit on Directors went to the vote in November. The age-limit on nomination to the ASMR Board is now 45. If you turn 45 in the calendar year of your nomination you are eligible for election and Director's terms are now two years. The role of ASMR as an advocate for the medical research community is now more crucial than ever and the Society must expand in the future to meet the needs for representation in an ever increasing number of arenas. The success of ASMR is completely dependent on the commitment of active researchers to the work of the organisation. The Board is developing a plan, based on past successes, to reposition the Society to adequately meet the challenges of the future. This undoubtedly means there will be a need for expansion in the infrastructural support in the area of public affairs. Finally, those who have been following the press will know that 1997 is the year of the review. ASMR will be making submissions on your behalf to the West review of higher education, the Stocker review and others as they arise.

#### **Kieran Scott**

#### RESEARCH AND DEVELOPMENT CUTS

The recent changes to Government Research and development policy have generated considerable debate in the scientific community as well as in industry and government. The nature of past and present policy, however, remains obscure to the majority of the "rank and file" scientists. The purpose of this article is to give a general overview of the concepts involved and areas of dispute and to raise some implications for the medical research community.

The original R&D syndication system was designed to "increase research and development and commercialisation of products, processes and systems, so that Australian firms can improve their performance and win new markets." Major aims of the scheme were to especially encourage small to medium sized companies to develop internationally competitive products and processes and to foster links between industry and research institutions. Syndication was seen as an integral part of the scheme, enabling large or risky R&D projects to be carried out by a group of companies. The cornerstone of the system was the 150% Tax concession rate for R&D and assistance was given in the form of competitive grants for R&D and concessional loans for commercialisation. The government closed off new syndicates qualifying for the R&D tax concession on July 23 1996. A joint statement from the Treasurer, Peter Costello and the Minister for Industry Science and Tourism, John Moore stated "The Government has made this decision because the current arrangements with regard to syndication have become focussed on tax

minimisation rather than the provision of genuine R&D." The end of R&D syndication became definitive with passage of the Tax Laws Amendments Bill No 3, 1996 through the senate. The other major policy changes included in this Bill were a cut in the Tax Concession rate from 150 to 125% and a tightening in the definition of eligible research (see below). While this assessment concentrates on the negative aspects of the scheme one should not lose sight of the fact that there has been a number of research discoveries by medical research institutes through R&D syndication and without syndication these discoveries would either have not been developed, or developed overseas . It is to be hoped that the new system will have similar success and that that the 25% reduction in Tax concession rate will not limit the number of investors willing to fund medically directed research.

In the new budget, Syndication was replaced by the Strategic Assistance for Research and Development Program (START) which was allocated \$340m over the next four years. START has very similar objectives to the previous scheme, with the major stated differences between the two programs being that STARTS will be based upon project merits rather than simply the syndication members eligibility and will focus most upon the commercial research capabilities of the investigators. Research will be funded by competitive, non-repayable grants up to 50% while commercialisation activities will be funded by loans which must be repaid. As with syndication, START will be run by the Industry, Research and Development (!R&D) Board, part of the office of AusIndustry in the Department of Industry Science and Tourism. The IR&D Board assess each project and allocate funds. Since announcement of the START program in the budget, its detail is being refined through a series of meetings or "Consultation Forums" between Government, industry and other interested groups.

At present, the major concern for the scientific community is the change in eligibility for project funding. In September, 1996 a Discussion paper was circulated by AusIndustry that included the statement that "The current thinking is to restrict applications to industry (ie excluding research institutions, individuals)". This decision seems a strange one given the success of Syndication programs as the development of the hepatitis diagnostic kit at the Macfarline Burnet Centre, advanced transplantation methods at the Austin Research Institute etc and effectively takes scientific research institutes out of the driver's seat in project applications. It also highlights the need for the scientific community to present a higher profile as relevant to "real world" research and essential for realising the stated aims of these R&D programs. To this end submissions to the consultative forums have been made by numerous scientific organisations, including The Macfarline Burnet Centre, Australian Acadamy of Science, CSIRO, Garvan Institute of Medical Research, The University of Newcastle and the Queensland University of Technology. he Association of Medical Research Institutes (AAMRI), through its consultant Mr Stephen Carney, put forward their arguments for inclusion in the START program to AusIndustry and it is hoped that continuing lobbying will eventually be effective in this matter.

Despite the controversy, the stated objectives of the START program of improving the overall competitiveness of Australian industry by increasing the number R&D projects with high commercial potential, their commercialisation and the increase in private sector investment in R&D are essential to the future of the country. Scientific researchers should play a major role in dictating this policy and must increase both our public profile and influence on government to ensure we do.

I indebted to the editors of Today's Life Science and R&D Review for allowing

recent articles to be used as primary source material.

Rick Pearson, Peter MacCallum Cancer Institute.

#### Cancer Research in NSW at the cross-roads

On November 6, 1996, applicants for 1997 NSW Cancer Council research grants received a letter from the Chair of the new Board informing them that because the Board proposed to establish a review of research, no grants were to be awarded in the current grant round and their application should be viewed as being "unable to be assessed", pending the outcome of a review.

This precipitated a crisis meeting of health professionals from all major research institutions and teaching hospitals in Sydney on Monday, November 11, which resolved unanimously to constitute a community group, known as SECC (Save Everybody's Cancer Council). SECC has as its principal aims the protection of the objectives of the NSW Cancer Council and ensuring that Council-supported activities are conducted according to the highest principles of scientific, objective, rational, evidence-based, expert peer-review research and evaluation.

The NSW Cancer Council appointed Professor Peter Baume, Professor of Community Medicine at the University of NSW and former Federal politician, to carry out a review of the granting process. The Baume review was an internal process, with no published terms of reference and no call for submissions.

The Baume Report, unanimously endorsed by the Board, spells the end of peer-reviewed cancer research funded by the NSWCC. Available funds will be divided into "pots" representing various research disciplines and paradigms. The research committee will be asked to prepare a number of ranked lists for funding, one for each "pot". Clearly a proposal which is near the bottom in an open, contestable, merit-based ranking list may be at the top of a list in a particular research discipline or paradigm. This process will lead to the rapid erosion of the quality of cancer research in this state, some 60% of which is currently funded by the NSWCC.

We need not remind you that this represents an alarming departure from the principles to which most reputable granting bodies adhere. Peer-reviewed, investigator-driven research has been demonstrated to be more efficient and more productive than targeted research on numerous occasions. Furthermore, the philosophy of distributing the majority of research funds to investigator-initiated projects is closely in line with that used by major grant-giving agencies internationally. It should also be remembered that when special purpose money was provided for breast cancer research in the USA and allocated to the Defence Department, the US Army, after wide consultation, determined that a peer-review process which allocated over 70% of funds to investigator-initiated projects was optimal. We would not yet have the structure of haemoglobin, insulin, DNA sequencing or monoclonal antibodies if Perutz, Sanger and Milstein hadn't been allowed by the MRC to drive their own research.

You may have received correspondence this year from the Chairperson of the Board of the NSW Cancer Council, Professor Saltman, indicating that the 1997 grants which had been frozen in November 1996 had now been funded and reassuring you that the future of cancer research in NSW is back on track. We can assure you it is not. Policy and funding have been put in the hands of a "Research

Advisory Committee". Professor Baume was appointed as the Chair of the Research Advisory Committee whose role it will be, among others, to implement the recommendations of his review. His appointment was announced one week before the final report was handed to the board. The likelihood that this was an independent review, or that the reviewer had no stake in its outcome, appears remote in the light of this.

The initial freezing of grants, the undertaking of a closed review, the appointment of the reviewer to implement his own recommendations and finally the decision to divide available funds into separate "pots" do not augur well for the stewardship of research by the new Board of the NSWCC. Rather, they create further concerns that the Board will use the Research Advisory Committee to create a veneer of legitimacy for its real, and publicly stated, objectives: to move cancer research in NSW away from the rigours of evidence-based scientific method. Those who doubt this need look no further than the recent comments of Board Chairperson, Professor Saltman, in her article, "Quixotes tilting at the windmills of research" in "Australian Doctor" (24 Jan 1997, p21): "Empirical researchers claim that only they explore the unknown. In medicine this means learning more and more about less and less. One day these researchers will know everything about nothing".

A second meeting of health researchers was held in Sydney on December 4, 1996. It was unanimously resolved to withhold voluntary support for the activities and operations of the NSWCC. Please support your NSW colleagues by regretfully declining invitations to review grants and to form part of voluntary committees. The ramifications of these events in NSW extend beyond the specific issue of cancer research funding in NSW and is striking illustration of the ever-present threat of overt political interference in research. Any breaking of ranks on this issue will allow the Board to acquire credibility and will seriously weaken the opportunity for us to act politically to reverse this extremely dangerous situation. You will be aware that this resolve already has wide support amongst our colleagues.

For comments, suggestions and further information, please contact SECC on

secc@westmed.wh.su.edu.au

# Comments from Dr Wooldridge to ASMR

Thank you for the opportunity to speak to the Australian Society for Medical Research (ASMR) members through your newsletter. As many will know, my connections with the medical research world go back to my early post-graduate days and I remain a strong advocate of the value of investment in health and medical research for the benefits it can bring. ASMR performs a valuable role in its continuing advocacy for medical research and I look forward to each year to the many events it arranges to celebrate Medical Research Week.

# Salary increases in universities

The introduction of enterprise bargaining and the resulting increases in salaries which have been negotiated in many universities, naturally will have an effect on the value of research grants which members of those universities have been awarded. I believe this will be the case for all research grants, not only those awarded by the national Health and Medical Research Council (NH&MRC). It is an issue which concerns me, but I understand that the NH&MRC has already started

to investigate the overall situation and will be advising me on how it may be affecting the management and outcomes of individual NH&MRC grants, as well as on the implications for the real value of the current level of the health research appropriation. All sectors of the community are having to adjust to the era of enterprise bargaining and to the need to demonstrate productivity gains to justify increased salaries and other work related concessions. This applies just as much to the higher education sector and the research community within that sector as it does to the many other work areas.

As my colleague, Senator Amanda Vanstone stated in the Higher Education Funding Report for the 1997-99 Triennium "The Government believes that in all sectors of the economy, sustainable salary increases can only be achieved through genuine productivity improvements at the enterprise level. The government does not intend to provide any across-the-board supplementation for salary increases in the higher education sector".

### Block-funding of medical research institutes

Block-funding through the NH&MRC is currently provided to five Australian medical research institutes. It is a flexible funding mechanism which, to quote the NH&MRC's policy on block-funding, provides opportunities for novel approaches not possible within the three year period of NH&MRC project grants, and enables a more comprehensive approach to a research problem than is possible under the NH&MRC program grant scheme. Block-funded institutes are expected to play a key role in Australia's strategic approach to its major health issues. They are very much our medical research "flagships". Recent reviews of the Walter and Eliza Hall Institute and the Murdoch Institute for Research into Birth Defects have confirmed the valuable role that these institutes play in Australia's research endeavour and their contribution to the international research scene.

The NH&MRC has the task of monitoring the appropriateness of the mix of funding strategies for investing in Australian health and medical research. It has moved towards a greater investment in longer term research, such as five year program grants and block funding, in contrast with short term project grants. It is important that a balance be maintained which will maximise the effectiveness of the Government's investment in health and medical research.

#### Peer review (NSW Cancer Council)

Peer review is the corner stone of the research grant system and the only way we can ensure that Australians get value for money from their research dollars. I am confident that it will remain the primary method for determining investment in health and medical research by the majority of Australian funding organisations.

# R&D tax confessions - industry collaboration in research

Industry plays an important role in the Australian health and medical R & D effort through a variety of mechanisms administered by the Department of Industry, Science and Tourism. I am aware that concern has been expressed about the changes to the ways in which industry is encouraged to participate in this important investment in Australian endeavour. I believe it is a more transparent mechanism for providing support to meritorious research while also providing support for industry.

### NHMRC budget

I am pleased that the ASMR recognises the current financial situation with which all governments are having to cope, and the need for restraint on expenditure. Nonetheless, the Government recognises the value of investment in health and medical research and has consistently confirmed its intention to maintain this investment as a priority. Funding of health and medical research is not solely a government responsibility. Both the private sector and industry must play their part. I am pleased to see the growing level of cooperative arrangements between the NH&MRC and other funding organisations, such as the collaborative diabetes research program grant arrangement with the Juvenile Diabetes Foundation Australia and the Juvenile Diabetes Foundation International.

#### Universal vaccination

I believe the research community can play a very valuable role in assisting with the current program encouraging all parents to vaccinate their children against common childhood diseases. They can achieve this by ensuring that the community has facts available which will enable parents to make a well-informed decision. Providing simply worded, accurate information about the real benefits and about the known problems with the different vaccination options, is vitally important. I encourage researchers to help provide this information and help the community understand this information.

#### Unofficial NHMRC Statistics for 1997

# **Total Projects in system**

Mainstream 1071
Priming 33
Special initiative 30
Special Investigation 8
Bridging 4
Programs 19
Units 5
Institutes/Centres 5
Development 1

#### **Scholarships**

Medical 51/104 Dental 4/5 Biomedical 20/85 Aboriginal Health 5/8 Breast Cancer -

#### **Postdoctoral Awards**

CJ Martin 15/85 NH Fairley 2/16 Aust. Postdoc 7/97 Applied Health 2/9 INSERM 1/5

#### **Fellowships**

RD Wright 5/59 New Appointments 11/76

Reappointments 8\*/11 Promotions (10)/23

\*Data compiled by Dr. Simon Gandevia and Prof. Ron Dickinson (National Association of Research Fellows)

# Is there a role for Hospital-Based medical research in the future?

ASMR has decided to create a discussion paper on the conduct of medical research by hospital/medical scientists working in government pathology laboratories in Australia. This forms a very important part of Australia's medical research effort, but appears to be under increasing threat from changing philosophies of State Governments, some more than others, regarding their level of contribution to the overall research effort.

It is the intention of the ASMR to highlight the barriers to the success of "basic and applied" research conducted by hospital/medical scientists in Australia. Because the funding for hospital/medical scientist positions is state based there are some problems that are unique to specific states while other problems are universal. For the ASMR to highlight these issues at a national level it is necessary for us to obtain detailed input from all states. The information will be collated, initially in the form of a discussion paper. We urge all groups representing hospital/medical scientists to make detailed submissions from each state to ensure that this discussion paper is accurate and a true representation of the hospital/medical scientist research situation.

#### The Problems

The changing political scene in many states of Australia has resulted in a downturn in the productivity of many hospital/pathology laboratory research groups. Much of the problem can be attributed to diminishing State health budgets. The changes in the way budgets for health units are calculated (eg., introduction of casemix funding) have resulted in funding cuts and in particular, cuts to the research and teaching budgets allocated to each health unit. In many institutions these cuts have been to both the salaries budgets and to infrastructure funding. Inevitably there are fewer jobs and increased pressure on administrators to reduce the number of research groups to alleviate the demands on infrastructure support in the form of computing facilities, telecommunications, equipment maintenance etc.

The total number of medical researchers applying for external research funds from NH&MRC, NHF, Anti-Cancer Council, Diabetes Foundation etc is continually increasing, while the pools of funds are not. It is difficult for hospital/medical scientists applying for funds from these bodies to remain competitive in an environment of decreasing support from state funds as well.

Some State Government pathology laboratories have been privatised in recent years causing the cessation of many research activities. While some of the larger private pathology laboratories claim to support medical research, it is likely that many important projects currently performed in non-private laboratories would not be supported with salaries and infrastructure funding.

Salaries for hospital/medical scientists vary considerably between the states. In

some states it is not possible for hospital/medical scientists of major international standing to obtain salaries above those of a senior lecturer or a senior research fellow on the NH&MRC pay scales. There is also a marked variance in the career structures between the different states, such that in some states it is very difficult to gain advancement based on scientific merit. Consequently there is pressure on many hospital/medical scientists to seek positions in universities perhaps doing similar research but often with a more basic, less applied objective. Not only does this lead to a potential reduction in the application of new technologies and new concepts in disease diagnosis and management in the short term, it also reduces the training opportunities for many hospital based health workers.

Submissions should be sent to Dr Peter O'Loughlin, Division of Clinical Biochemistry, Institute of Medical & Veterinary Science, Box 14 Rundle Post Office, Adelaide 5000 or by Fax 08 8222 3538. For enquires phone 08 8222 3514.

# Lobbying Lesions to be learnt from past FASEB president

One of the highlights of the NSC held in Queensland last November was a presentation by Prof. Ralph Bradshaw describing the incredible turn-around in US government support for the National Institutes for Health. As we are all aware the political climate in the USA is very focused upon government cost cutting and the fear held by the scientific community was that NIH funds were under serious threat. In his capacity as the then FASEB President, Prof. Bradshaw and other committee members met with many politicians but the most fascinating encounters being with the leader of the Senate, Newt Gingrich. As the El Supremo conservative US politician we all expected to hear how impossible it was dealing with Gingrich. However, the discussions must have been beautifully crafted by Ralph and his colleagues whereby they described how important research is to the economic and social health of the USA. These facts based arguments sounded good to us the audience but more impressive was the impression made on Senator Gingrich. Not only was the NIH budget saved from the expected 6% cut in funding but a real increase of 10% in allocation was granted in 1995/96 and this has been repeated in 1996/97. Below is a list of the areas of justification used by Ralph Bradshaw and co. Importantly, many of these arguments are appropriate to the Australian research scene and should be embraced when we as researchers are called upon to explain and at times justify why "Research is essential to the Australian Economy". and should be supported by Federal and State governments. As a special note, it is claimed that the most recent FASEB submission to the budget review process is now calling for a 100%, yes, one hundred percent increase in allocation. Watch this space for more on this later.

During his address Prof. Bradshaw called upon commentary from other lobbying experts and used powerful facts associated with patenting and quotes from experts like Francis Narin who have told pollies that... "US industry patents are heavily dependent upon public science, that is, science originating at the US universities and government laboratories. Overall only 15 percent of the cited science base of US industry patents originates in industry itself. The remaining 85 percent is rather evenly split between US public science and foreign origin science; US industry is critically dependent on external, publicly supported science for its technological progress."

#### KEY POINTS USED IN FASEB REPRESENTATIONS

#### Economic

Technology and Ideas Transfer: For a set of 15 key drug discoveries, public support produced the enabling breakthroughs that laid the foundation for the discover of a new drug. Corporate funding for university research is stimulated by federal funding, and is not a substitute and half the scientists go into industry. The presence of skilled personnel in industry are part of the investment in new technologies.

### Theoretical

Basic Research is a public good: nonrival and nonexcludable.

#### Institutional

Networks: Some firms conduct basic research so that they can better interact with the leading edge researcher in the on-profit sector.

# Local Advantage

Patents awarded to US firms are more likely to cite other US patents than patents granted to inventors from other countries and this has lead to the creation of a New Industry (Biotech)

### Health Care Cost Savings

Directly measured savings and increased productivity (fewer days lost to morbidity/mortality) including a perceived value of improved health and extended life and the huge cost saving associated attached to reduced risk

# Economic Returns (would apply to any and all investments)

Jobs, sales profits and improved balance of trade

Table of the Estimated retail dollar value of selected biomedical discoveries adopted by industry for purposes other than service

Biomedical discovery	Industrial application	1995 Est. annual Value (US millions)
Freeze Drying	Food preservation	\$1,056
Immobilized enzymes	High-fructose corn syrup, sugar beet, molasses	\$2,900
Laboratory instrument computer (LINC)	Minicomputer	\$22,200
Virology/oncology	Vaccine for Marek's disease	\$80
Chlorotetracycline	Animal feed	\$5,680
Warfarin	Rodentcide	\$124
Fiber optics	Telecommunications	\$3,700
Steroid hormones	Animal feed	\$2,515
Fnzvma hiochamietry	Chillproofing of beer, leather	¢53 660

Enzyme mochemistry	bating, enzyme detergents	φυυρου
Total for 10 biomedical discoveries		\$91,921

Data from Washington FAX, May 2, 1995, based on report prepared for NIH Office of Medical Applications of Research by Battelle Columbus and CDP Associates.

Other points were made including:-Increasing the productivity of the American work force is the key to higher living standards and stronger economic growth in the future. Investments in R&D are the key to increasing productivity, accounting for half or more of the growth in output per person, and to the creation of new products and processes.

Investments in R&D have high rates of return. The social rates of return, which may be close to 50 percent, exceed the high private rates of returns, of 20 to 30 percent, by a considerable amount because of the spillovers - benefits that accrue in applications far beyond those imagined by the original researcher.

There has been a long record of successful government support for R&D, from its support of Samuel Morse's original telegraph line from Washington to Baltimore in 1842 to demonstrate the feasibility of his new technology, to the support of agricultural research, beginning with the 1862 Morrill Act establishing the landgrant colleges, too the development in more recent years of the Internet, the Global Positioning Satellite (GPS) system, and support of the basic research leading to the discovery of DNA. Examples of successful Federal R&D investments abound.

Federal R&D expenditures stimulate additional private R&D expenditures. An additional dollar of Federal R&D adds more than a dollar of R&D to the economy, as the private sector expands its R&D effort.

These lesions are of course heavily biased towards the US situation, but with a little lateral thinking and the collection of appropriate data, we in Australia can certainly mount a similar case in economic support of medical research. Without such information it is much harder for those who are sympathetic to research in government to argue for, let alone increase, expenditure on medical research in Australia.

One of the defacto roles played by ASMR in recent years has been to collect this information. It is interesting to note that simple facts like where NH&MRC grants go and for what purpose the grant is targeted is not in an electronic form at present. Thus, collection of information occurs manually, climbing through paper mountains. Finally, much of the research facts we have provided have been gleaned from Australian Bureau of Statistics figures by ASMR members like Graham Mann. This situation indicates how little easily accessable information there is on research and its product in Australia.

# • Examples of Cost Saving from NIH Research

- Hip fractures Estrogen therapy is estimated to save >\$300 million/year
- Breast Cancer Bone marrow transplantation improves outcome in all cases; improved survival from treatment with lower costs
- Alcoholism Naltrexone treatment reduces the incidences of relapse:

saving of \$125 million/year

- Neonatal herpes Acycloivr therapy reduces lifetime treatment costs by \$184 million/year for Herpes Simplex Infection
- Schizophrenia Clozapine dramatically improves patient outlook and return to normal life; savings of ~\$1.4 billion/year
- Diabetic Retinopathy Improved laser surgery; \$1.2-\$1.6 billion/year saved
- Congestive Heart Use of ACE inhibitors reduces death and hospitalization; estimated savings = \$1 billion/year Failure
- Psoriasis PUVA (Psoralen & UV light) treatment has potential savings of ~\$90 million/year.

# National SCIENTFIC CONFERENCE, 1997

#### November 23-26th - Adelaide Convention Centre

ASMR exists to advance medical research in Australia in aspects relating to the practice of scientific experimentation, scholarly education, exchange of ideas and scientific collaboration. The National Scientific Conference aims to facilitate scientific communication across disciplines and to provide an ideal forum for meetings of special interest groups.

The 1997 conference will be held at the Adelaide Convention Centre in the heart of the city. Reasonably priced accommodation will be available including budget (single room from \$65 per room per night) 2-bedroom apartments which can accommodate four people, and 5-star hotel accommodation at \$170 per room, single, double or twin-share.

The conference will include plenary lectures by eminent international speakers, symposia on a wide range of topics appealing to many different disciplines, free communications and poster discussions. The social program will include a welcome reception, wine-tasting and conference dinner at the beach-front Stamford Grand Hotel at Glenelg.

# Symposia include:

- o Advances in neuroimaging
- o Molecular basis of solid tumours
- o Gene Therapy
- o Circadian rhythms
- o Control of inflammation
- o HIV eradication: is it possible?
- o Spinal Cord Injury: from benchtop to wheelchair
- o Osteoclasts: the key to osteoporosis treatment?
- o Cytokines at the maternal-foetal interface and consequences for adult life.

# o Lipoproteins in prevention of heart disease

# **Important Dates:**

Registration package: July 1997

**Abstract submissions: 22 August 1997** 

Early registration: 10 October 1997

Accommodation: 10 October 1997

Student Travel Awards are available for Members.

Information on membership and student travel awards is available from The Australian Society for Medical Research 145 Macquarie Street, Sydney NSW 2000

Phone 02 9256 5450 Fax 02 9231 3120.

ASMR Conference Secretariat, P0 Box 153, Nairne SA 5252

Phone/Fax: 08 8388 6164, Email: dleaves@medicine.adelaide.edu.au

#### **COMMITTEE REPORTS**

#### Research Careers

A data base has now been established to review the responses to the "Brain Drain" questionnaire that was circulated in 1995. Judy Halliday is currently analysing the data which has been collected from 64 expatriate Australian researchers, mostly working in the USA, UK and Canada, with few replies from other countries.

There has been only a minor response to the discussion paper on "Appointment of research assistants to positions on NH&MRC project grants", which has been available on the ASMR home page, with a summarised version published in the April issue of the ASMR Newsletter. The low level response may be due, in part, to the release in June by the office of the NH&MRC of a document titled "1997 NH&MRC Project Grants-changes to the method of calculating budgets and subsequent administration". The document indicates that grant holders will have more autonomy to manage their grants, which may overcome some of the problems highlighted in the ASMR's discussion paper on research assistants. Comments from members on each of the documents are still sought.

Peter O'Loughlin and Judy Halliday

#### FINANCE REPORT

One of the primary objectives of the society this year is to establish a business plan for the next five years. This plan would endeavour to provide support for the secretariat by the addition of a national public relations officer for the society. Presently, Cath West is fulfilling a major commitment to the society from the Sydney office, however further support, particular for public relations, is required.

As a result of this advanced planning we hope to secure a financial commitment from a major funding body or institution which will support the needs of the society. The society directors have already completed the first stages of a strengths, weakness, opportunities and threats analysis that was refined during the our recent board meeting. We have secured the services of a business consultant and hope that early in 1998 the funding will come to fruition.

Matt Gillespie

#### MEMBERSHIP

Our membership base has continued to increase. A reminder sent recently served to encourage a number of lapsed brethren to return to the fold. The latest statistics are:

1002 financial members (This is a record) 659 email addresses 720 electoral addresses 34 affiliate members

The best way we can increase the strength of our society is for each member to recruit at least one new member. I strongly encourage you to make an effort to do this. Our advertising budget is really insufficient to make any real impact alone, but with a positive input from our existing members, the society can really go places.

#### **NSW**

Dr Brett Hambly Dr L Li

Ms Vicki Giffard

Ms Xue Wei Guo

Ms X H Luo

Miss Alexandra Birrell

Dr Michael Bannister

Mr Quang-Minh Nguyen

Miss Sunita Babu

Dr Anna Skulimowski

Dr T Trahair

Mr Jun Diao

Miss Nicole Gill

Miss Krista Knight

Mr Grant Logan

Mrs Christine Smyth

Ms Katherine Turner

Ms Christine Burke

Dr G Robertson

#### Victoria

Dr Baden A Rumble Dr Simon Fraser Mr Shane Gellert Miss Joanna Gajewski Mr Simon Black Ms Juliana Di Iulio Dr Robyn Langham

Ms Tanya A de Jong Dr Timothy Cole

#### **Queensland**

Mr A Kaushal Mrs Kharen Doyle Ms Michelle Gerke Miss Allison Schmidt Mr Lex Cowley Mrs Hayley Inglis Ms Stephanie Williams Mr Paul Warden-Hutton Dr Andreas Suhrbier Ms Tania Fogelis Mr David Knight Mrs Su-Ing Hii Dr Hossein Arab Ms Irene Bate Ms Jennifer Bolitho Ms Tonia Woodberryv Mr Kevin Ashton Mr Saxon Selvey

### South Australia

Miss Larisa Haupt

Dr Cory Xian Ms Yuko Nakayama Miss Kate Thompson

#### PUBLIC RELATIONS and COMMUNICATIONS

This year we are trying a new approach to communications whereby responsibilities for public relations and the production of the newsletter have been fused. In addition, we have come to the conclusion that most PR issues that arise at the National level need to be dealt with by the President, while state issues are best left to the local committees. Two cases in point are firsly, the recent need for action by the president to deal with national consequences of the NSW cancer council debacle and secondly, the traditional management of our big annual public event, Medical Research Week which is organised on a state basis. The awarding of the Nobel prize to Peter Doherty has been a terrific PR bonus to medical research in Australia this year, while the cloning of an "adult sheep" and the accompanied expert commentary by local scientists might have been handled better. Moves are afoot to co-ordinate a National tour next year by Professor Peter Doherty for medical research weeks in all states. Finally, there is a growing awareness that we may improve our PR success (TV) during this week if we can recruit a national MRW sponsor and efforts are being made to secure such a sponsor at present.

Rob Ramsay, Rick Pearson, John Mamo and Matt Gillespie

### STATE REPORTS

#### • South Australia

# Moira Clay

The SA Division of the ASMR is planning a busy and exciting year in 1997. One of the highlights of the year is the 36th National Scientific Meeting which will be held at the Adelaide Convention Centre from November 23-26; the convenor of the meeting is Dr Peter O'Loughlin. We look forward to seeing you in Adelaide in November! Our other major focus is Medical Research Week in early June. The SA ASMR Scientific Meeting is being held at Fernilee Lodge on Friday June 6; the convenor of the meeting is Dr David Leavesley. Medical Research Week Dinner, organised by Sarah Hudson, will be held on Wednesday June 4. At this year's dinner, we will be inviting a representative of each of the major political parties to present their strategies on health and medical research. The 1997 School Career's Day is being organised by Deanna Watson and will be held at four local research centres to provide a much greater opportunity for final year secondary students to be introduced to medical research. The first Quarterly Workshop for 1997 was held on February 26. Professor Robert Baxter, the Director of the Kolling Institute in Sydney, gave a highly informative presentation entitled "IGF-binding proteins: regulators of cell proliferation". The workshops, organised by Dr Sarah Robertson, continue to be a highly successful format for dissemination of new and topical scientific information, and for informal interaction between members of the medical research community in South Australia.

#### • Western Australia

#### John Mamo

Over the past two years the Western Australian branch of ASMR has increased its profile substantially amongst the local scientific and lay community, thanks primarily to Dr. Peter Leedman who served as the Western Australian Director during that time. I would like to take this opportunity to thank Peter on behalf of Western Australian researchers for his tremendous efforts during his term. Peter continues to be significantly involved in ASMR activities in 1997 and will convene the 1997 Medical Research Week Activities in order to provide a transition between established and new committee members. A significant change from recent years has been the formation of a strong local committee enabling a more equitable distribution of responsibilities. Consequently, several new initiatives are now in place with the aim of doubling membership over the next twelve months and establishing a more secure financial base from which to operate. A local newsletter will hopefully provide a useful forum for communication between the local executive and ordinary members. Medical Research Week Activities are well in place and will include two scientific forums for the lay community, a keynote address sponsored by the Raine Foundation, a schools night (which proved to be a huge success in 1996) and a gala dinner.

#### Victoria

# Matthew Gillespie and Rob Ramsay

Medical Research Week in Victoria is being "taken to the streets". We have secured space in Melbourne Central for the establishment of interactive and static displays. The relocation of MRW to this venue will ensure a high profile public expo as some

60,000 visitors use the area daily. The Premier's award and AMGEN awards, for junior and a senior scientist, respectively, are offered again: information regarding these awards can be obtained from the Premier's Office or Dr. Nick Deacon (ph 9282 2234) about the AMGEN award. The public lecture series conducted throughout Melbourne institutes and departments again offers an opportunity for the public to become aware of the research endeavours of the Victorian research community. The exposure of MRW at Melbourne Central should ensure the success of these lectures. ASMR-Vic provided a submission for the Interim Report "Inquiry into Medical and Public Health Research in Victoria" commissioned by the Economic Development Committee. As most Victorians would be aware, Victorian Institutes receive essential infrastructure support from the state government. This funding is in jeopardy and other changes have been recommended by the Committee. ASMR-Vic's submission to the Interim Report can be viewed on the ASMR homepage.

#### New South Wales

# Philip Hogg and Jason Smythe

We have begun preparations for 1997 Medical Research Week. A publicity consultant is being sought for Medical Research Week. Quotes from Public Relations companies have been gathered and are being considered. This is a new innovation and will hopefully greatly improve public awareness of Medical Research Week in NSW. A Scientific Meeting will be held at the Garvan auditorium, Darlinghurst, on Wednesday of Medical Research Week. Last years Scientific Meeting attracted 110 registered participants and 52 submitted abstracts. The day was divided into 18 oral presentations and 34 poster presentations. We are planning for another big day. The Medical Research Week Dinner will be held in a downtown Sydney hotel following the Scientific Meeting. A professional after dinner speaker will be engaged in an effort to boost attendance from the general public. The Schools Committee are organizing work experience for science teachers and will continue the very successful seminars for secondary students at the State Library during Medical Research Week.

#### Tasmania

### Bruce Lyons

Currently, we are organising both the June Medical Research Week events, as well as getting things in place for the '98 Hobart National Scientific Conference. The venue for the NSC has been booked and will be the Wrest Point Casino Convention Centre, which is very convenient to the City, Sullivan's Cove, Salamanca Place and Battery Point. This will give delegates a range of accomodation choices, from University Colleges for the budget concious, to Heritage style for those that want the full Colonial experience! We have engaged local professional conference organisers, and we will be working closely with them to organise what we hope will be a very interesting meeting. We look forward to seeing you in Hobart in '98.

#### Queensland

# Judy Halliday

1996 was a very busy year for the QLD branch of ASMR, culminating in the ASMR National Scientific Conference at the Gold Coast in November. Over 200 people attended the NSC and were treated to a wide variety of excellent scientific and social sessions. By all accounts everyone enjoyed all aspects of the meeting. The Local Organising Committee was particularly impressed with the outstanding facilities and services that were provided by the ANA Hotel. Their staff certainly made sure the planning and execution of the NSC ran very smoothly. Special thanks also go to John Gehrmann who took care of all the small, but important, details during the meeting and Cath West who dealt with all the ASMR related business and staffed the registration desk with John. A full report of the 1996 NSC can be found in this newsletter. 1997 promises to be a busy year and luckily the state committee is in great hands with Janet Keast as chairperson and Peregrine Osborne as treasurer. The two major Medical Research Week (1-8 June) functions being planned are the AMP-ASMR Biomedical Research Awards (Tuesday 3 June) and the Medical Research Week Diner (Friday 6 June). Marie Pantaleon will be convening the AMP-ASMR Biomedical Research Awards and will shortly be calling for abstracts. We are hoping to attract as many high calibre entrants in both the pre- and post-doctoral categories as we have in previous years. The winner of last years award in the pre-doctoral category, Paul Hodges, went on to receive the Young Australian of The Year Award in the Science and Technology field. We will also be participating in some Queensland Institute of Medical Research (QIMR) public displays and lectures that will be held during MRW. Later in the year the QLD branch of the ASMR is planning to host a Scientific Symposium, which will be convened by Peregrine Osborne. We also hope to organise a Careers Forum later in the year to help inform pre- and post-doctoral medical researchers about the options that are available to them. The exact formats for both of these events are yet to be decided and we would welcome any input from ASMR members.

#### ASMR HOME PAGE

The homepage now has links to our supporting and affiliated members homepages. The home page currently covers the goals and general information about ASMR, a detailed listing of ASMR directors, a calendar of forthcoming events, a discussion paper on research assistants, previous newsletters and results of an opinion poll relating to attitudes to health and medical research in Australia, articles on animal welfare and transportation, 1996 Budget report, responses to the Victorian Economic Development Committee, and information about the forthcoming NSC. This year we wish for each state to have a separate page to inform the members of the state's Medical Research Week activities. NARF will also be serviced via the ASMR homepage from this year. For further additions to the home page or notification of material for inclusion on the home page, please advise Matthew Gillespie

(email:m.gillespie@medicine.unimelb.edu.au).

The home page can be accessed via the following address:

http://www.medstv.unimelb.edu.au/ASMR

# **Supporting Members of ASMR**

AMRAD Pharmacia Biotech Biota Holdings Limited Bristol-Myers, Squibb Pharmaceuticals Pty. Ltd.

CSL Biosciences CSL Limited Eli Lilly Australia Pty. Ltd. Glaxo Wellcome Australia Johnson & Johnson Research Pty. Ltd Pfizer Pty. Ltd. Roche Products Pty.Ltd. Servier Laboratories (Aust.) Pty. Ltd.

#### Affiliate Members of ASMR

Association of Australian Medical Research Institutes

Australasian Association of Clinical Biochemists

Australasian Menopause Society

Australasian Society for HIV Medicine Inc.

Australasian Society for Infectious Diseases

Australasian Society for Free Radical Research

Australasian Society for the Study of Hypertension in Pregnancy

Australasian Society for Blood Transfusion

Australasian Society of Clinical and Experimental Pharmacologists and

**Toxicologists** 

Australasian Society of Clinical Immunology & Allergy

Australian & New Zealand Society of Nephrology

Australian and New Zealand Bone and Mineral Society

Australian and New Zealand Society for Cell Biology

Australian Association of Neurologists

Australian Diabetes Society

Australian Physiological and Pharmacological Society

Australian Rheumatology Association

Australian Society for Biochemistry and Molecular Biology

Australian Society for Immunology

Australian Society for Psychiatric Research

Australian Society for Reproductive Biology

Australian Society for the Study of Obesity

Cardiac Society of Australia and New Zealand

Clinical Oncological Society of Australia

**Endocrine Society of Australia** 

Fertility Society of Australia

Gastroenterological Society of Australia

Haematology Society of Australia

High Blood Pressure Research Council of Australia

Human Genetics Society of Australasia

Paediatric Research Society of Australia

Perinatal Society of Australia

The Australian Neurosiences Society

Thoracic Society of Australia and New Zealand

Transplantation Society of Australia and New Zealand

### Associate Members

Arthritis Foundation of Australia Muscular Dystrophy Association of South Australia National Multiple Sclerosis Society of Australia

# **Calendar of Forthcoming Events**

# 36th Annual ASMR National Scientific Conference, November 23-26.

ASMR Conference Secretariat, P0 Box 153, Nairne SA 5252 Phone/Fax: 08 8388 6164, Email: dleaves@medicine.adelaide.edu.au 3rd World Congress of Inflamation, November 16-20. Tokyo, Japan. PMSI Japan Limited, Royal Building, 12-8 Nibancho, Chyodaku, Tokyo 102 Japan Phone/FAX: 81-3-5275 6991/6994 Peter Mac Symposium, New Stategies for cancer Detection and Therapy, Copland Theatre, Melbourne University, November 9-12. Major Themes: Predictive Oncology, Defined Molecular targets, and Immunotherapy, http://203.4.164.189/symp97. Contact Heather Thorne, 03 9656 1542.

The 23rd Annual Scientific Meeting of the Australian Atherosclerosis Society (AAS) will be held from 13-15th September, 1997 at the Fairmont Leura Resort, NSW

For further information please FAX (02) 9550 3302

### Australian Science: Communication, Cash and Controversy

Presented by The Australian Science Communicators Wednesday 16 April 12.00 to 7.30 pm National Press Club and Bradman Theatre

Join Australia's latest Nobel Prize winner and Australian of the Year, Peter Doherty, and other internationally renowned scientists and personalities in an afternoon of events to discuss the latest scientific issues, promoting science for funding, and the place of science, pseudoscience and religion in the future.

- 1. Sticking your head above the parapet for science. Professor Peter Doherty will discuss the importance of science communication, pure research, and other vital issues at a National Press Club Lunch. 12 2 p.m, National Press Club, Braddon. General admission:\$38; ASC and ASF members: \$33; NPC members: \$28 Bookings: 06 273 3644
- 2. Communicating For Cash: New Sources of Science Funding. Join a panel consisting of Sir Gus Nossal, Prof. Peter Cullen, Dr. Jim Peacock and Dr. Peter Jeffrey and a knowledgable audience to investigate non-traditional sources of science funds.
- 2.30 5 p.m, National Press Club, Braddon. General admission:\$17; ASC, ASF and NPC members: \$12 Bookings: 06 273 3644
- 3. Is science failing the future? A Late Night Live Public Forum hosted by Phillip Adams, featuring Peter Doherty and others. Are people losing their faith in science and turning to New Age Mysticism and pseudo science? Join Late Night Live to discuss these issues and have your say on whether science has failed the future.

5.30 - 7.30 pm Bradman Theatre, Civic

Simon Torok CSIRO Land and Water GPO Box 821 Canberra A.C.T. 2601 Phone:+61

6 246 5558 Fax:+61 6 246 5560 Email:simon@enmech.csiro.au Web:http://www.enmech.csiro.au

#### Media and Presentation Skills Courses for 1997.

#### MEDIA SKILLS COURSES

This practical two-day workshop teaches scientists to:

\* control their message to the media with confidence

\* practice their interview techniques with 5 working journalists

\* get their message out accurately

The aim of the media skills course is to help scientists control their media appearances.

Adelaide - March 13-14; Canberra - April 22-23; Sydney - June 19-20; Brisbane - July 17-18: Melbourne - August 14-15

#### PRESENTATION SKILLS COURSES

This practical two-day workshop teaches scientists to:

\* give presentations with confidence

\* structure talks in a logical way

\* deliver interesting and animated presentations

\* handle the unexpected question

\* use visual aids to add impact

The aims of the Presentation Skills Course is to help participants to

communicate their message effectively to a range of audiences.

Adelaide - March 10-11; Canberra - April 17-18; Sydney - June 16-17; Brisbane - July 14-15; Melbourne - August 11-12

For further information contact:

Jenni Metcalfe, Senior Consultant, Econnect - environmental and science communication. PO Box 464 Paddington QLD 4064, Phone (07) 3367 2646, Fax (07) 3217 6376, Mobile 014 91 6372

# Congratulations to Australia Day Honours Recipients

Prof Peter Doherty - Order of Australia, Companion in the General Division (AC)

Prof John Coghlan -- Order of Australia, Officer in the General Division (AO)

Prof. John Eisman - Order of Australia, Officer in the General Division

Prof Bryan Thomas Emmerson, (AO) service to med. and research

Dr Heather May Munro, (AO) service to medicine (ex president of RACOG)

Dr Charlotte Anderson Order of Australia Member in the General Division (AM) service to medicine & research of cystic fibrosis & coeliac disease.

Dr Vicky Pearson (AM) service to community & HIV prevention.

#### **ASMR BOARD**

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Other Members R & E Committee

Prof Nick Hunt

Prof Eugenie Lumbers

Prof June Halliday AM

Dr Kieran Scott

Dr M Wintour-Coghlan

# **ASMR OFFICE NEW ADDRESS**

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