Psychosocial Oncology Research Faces Uncertain Future in UK

By Kate Travis

In November, the cancer charity Cancer Research UK announced its research strategy for the next 5 years. Included in it are goals to increase research on the early diagnosis of cancer; invest more in research on radiotherapy and surgery; and devote more research to cancers of the lung, pancreas, and esophagus. But for some researchers, the strategy is notable for what it doesn’t include: Cancer Research UK has decided to discontinue funding research in several areas it has long supported, including psychosocial oncology.

The decision has “created seismic shockwaves” throughout the psychosocial oncology research community, said Lesley Fallowfield, Ph.D., director of the Cancer Research UK Sussex Psychosocial Oncology Group at the University of Sussex. At the same time, it means that she and her colleagues have to start looking for new funding in an uncertain economy. “With the current economic gloom and doom, this is not a good time to be looking for other funders,” Fallowfield said.

Broadly defined, psychosocial oncology investigates the psychological, behavioral, and social aspects of cancer. Likewise, research in this area is broad, even among the programs supported by Cancer Research UK. Fallowfield and her group have done
research in several aspects of psychosocial oncology but primarily specialize in teaching effective communication skills to practicing oncologists. Galina Velikova, M.D., Ph.D., director of the Psychosocial Oncology and Clinical Practice Research Group at the University of Leeds, specializes in patient-reported outcomes of symptoms and emotional distress among cancer patients. Michael Sharpe, M.D., director of the Psychological Medicine Research Group at the University of Edinburgh, and his group do large-scale clinical trials on managing depression in cancer.

Cancer Research UK will continue to support all three programs until their grants run out, which is in 2011 for Fallowfield and 2012 for Sharpe and Velikova. Their program grants range from about £1.7 million to about £5 million over 5 years, “a mere blip”—less than 1%—of the organization’s total research budget, Fallowfield said.

Cancer Research UK spent £333 million on research in fiscal year 2007–2008, and in 2007 the group funded about 46% of all cancer research in the UK, according to the National Cancer Research Institute (NCRI). The charity says it will continue to spend about £300 million a year for the foreseeable future. However, it is discontinuing research programs in palliative care, end-of-life care, survivorship, living with cancer, depression, quality of life, and complementary therapies—in addition to psychosocial oncology. It has also axed its clinical research training fellowship in psychosocial oncology.

The announcement has encountered criticism in the UK and elsewhere. Cancer Research UK’s steady investment in psychosocial oncology over the years has produced quality, high-impact research, said Neil Aaronsen, Ph.D., head of the Division of Psychosocial Research and Epidemiology at The Netherlands Cancer Institute. “The psychosocial oncology research community in the UK has a very strong reputation scientifically both in the UK, Europe, as well as the U.S.—all those groups published important work in their areas,” Aaronsen said. “It seems incomprehensible to me to have a new policy where you would be strategically shutting down very productive research groups.”

A New Focus
But Cancer Research UK says that the new strategy brings the charity’s research goals in line with its mission to reduce the number of deaths from cancer. “All of the work we fund is directed to that aim,” said Cancer Research UK chief executive Harpal Kumar. The strategy resulted from a series of consultations with leaders in the field and the research community, as well as within its own steering committees.

“We have identified for ourselves a niche in understanding the disease and in the middle of the ‘basic-to-clinical’ research spectrum,” says a statement accompanying the online version of the research strategy. “We will therefore focus our research on the understanding of cancer, through to the treatment of cancer.”

Kumar further explained: “What we have to recognize is that no one organization can cover the entire field of research activity. We are best placed to do research in those areas that are going to reduce mortality from cancer. Other organizations are better placed to think about issues, such as end-of-life care and so on. It’s about working as a partnership, with each partner focusing on the areas that they’re best able to contribute to.”

Kumar said he is talking with other organizations and encouraging them to take up funding research in psychosocial oncology. “We took the view that the whole field of psychosocial oncology was something that needed more investment in the future … but it wasn’t an area we felt we could invest more in, given everything else we’re trying to do. We’ve been working very hard to find a managed transition for this work, and I’m very optimistic that that will be possible,” Kumar said. “That’s what we’ve committed to all along.” He noted that, in March, the charity Marie Curie Cancer Care announced that it would shift its research priorities—away from basic cancer research to research on end-of-life care.

The NCRI, which represents 21 organizations that fund cancer research in the UK, will also play a role in trying to find new funders for psychosocial research in cancer. The organization has agreed to conduct a review of psychosocial oncology research to identify the research priorities and potential funders. National cancer director Mike Richards, M.D., will lead that review. “Psychosocial research … is extremely important, and I am very keen to see it flourish in this country,” Richards said. “I am confident that a number of partners will come forward, but I think we need to do the planning jointly so we get the maximum benefit.”

Program Support
But researchers say that the loss of Cancer Research UK’s programmatic funding may doom such efforts. Fallowfield has started to explore options with other funders but worries that it will be hard to find funders who can support programs as a whole, providing the infrastructure to do a variety of studies.

“The difficulty is that most project grants … are given to us predicated on the assumption that we do have core funding for a program grant,” Fallowfield said. “So the likelihood of being able to get $50,000 here, $100,000 there, to do smaller albeit important projects becomes more difficult.”

Psychosocial researchers also worry that the field will lose its “high quality and a high profile, which you can only really do when you get high-quality programmatic funding,” Sharpe said. “I think the risk is that the field will fall back to low-level research in low-level journals, which will have no impact.”

The discontinuation of funding is “particularly disappointing at a point in time in the development of the field where people are going from observational studies and epidemiologic work to intervention work
that they’re having trouble getting funded,” Aaronson said. He added that it’s not just the current generation of psychosocial researchers who will be affected: “My concern … was that not only would [Cancer Research UK] be affecting the current generation of scientists, but there would be problems in terms of career opportunities for young scientists who might be considering going into that area of research,” he said.

Another concern is that funders who might be capable of supporting psychosocial oncology programs aren’t disease specific, so researchers will be competing against research proposals that may have a broader focus. “I’m a researcher who does clinical trials of nondrug treatments to improve patients’ quality of life,” Sharpe said. “If we can’t carry on that work [in cancer], if there isn’t funding, we’re not going to give up; we’ll do it somewhere else.”

Velikova and Fallowfield noted that they, too, will probably move on—either to another research area or out of research altogether—if they can’t find a funder willing to invest in their research.

Those in the field will be watching to see what funders emerge and what comes of the NCRI review. The field has Richards’ support: “Good research in this area will lead to, at the very least, better quality of life, and it may at times lead to longer quantity of life,” he said. “If you take the UK as a whole, we estimate there are around 2 million survivors of cancer. We clearly have a duty to optimize their quality of care and their quality of life.”

© Oxford University Press 2009. DOI: 10.1093/jnci/djp153