

## VISIT TO CANADA

JUNE 12 - 18th, 1983

### ITINERARY:

June 13 MONTREAL, McGill University -  
: a.m. Dr.Malcolm King  
: p.m. Dr.Edith Zorychta  
June 14 MONTREAL : Dr.Minoo Bilimoria  
June 15 OTTAWA : Dr.Verner Knott  
JUNE 16 MONTREAL : a.m. Visiting R&D, ITL  
p.m. Travel to Vancouver BC  
June 17 VANCOUVER : Professor J.C.Hogg

### INTRODUCTION

The visit was made to have discussions with the five current grantees of the Canadian Tobacco Manufacturers' council. Unfortunately, it occurred a few days after CTMC had decided to terminate the grants to all but two, viz. Dr.Zorychta and Dr.Knott. Consequently, the mission was embroiled in discussions as to the reasons for termination.

### BACKGROUND

For some time CTMC had been discussing the problems involved in a grant-aided research programme which the members felt ill-qualified to supervise. Most member companies tended to rely on advice from their principal shareholders and this was often contradictory.

A suggestion to set up an independent Advisory Board had been vetoed at the last minute by MacDonald - R.J.R. and the Scientific Committee had been driven back to making the decisions locally.

A formula for priority assessment had been agreed - see Appendix I - under which a veto procedure was only possible if the project lay outside the policy statement of the CTMC.

When the proposals for grant renewals were discussed, one or more companies exercised the veto in respect of the projects from Dr.King, Dr.Bilimoria and Professor Hogg. The CTMC had, however, agreed to give each grantee six month's notice of termination from July 1st, 1983.

It would seem, to an outsider, that the projects which had been vetoed, nevertheless, conformed to the Policy Statement of CTMC, i.e. the vetoes had been exercised improperly. No grounds for the veto were required, but the explanations offered seem tenuous and, in certain areas, ridiculous, e.g. Professor Hogg's use of patients with respiratory disabilities; nobody without respiratory problems would be prepared to give lung samples through an operation, and Hogg's studies of human samples would be impossible.

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The Visits

During each of the visits, the grantees gave descriptions of their progress which conformed closely to those given in their grant applications to CTMC. It is not proposed to relate these again here. Instead emphasis is given to those parts of the discussions which the grantees raised and the ensuing problems.

- (a) Dr.King. Mr.Wade was unable to be present during the visit to the Meakins-Christie Institute of McGill University. Dr.King's talk followed the course of the research closely. Midway through the morning Professor Milic-Emili, the Director of the Institute, joined us and at once raised the matter of the difficulties which ensued from the termination of the CTMC grant. He pointed out that the Institute was one of two centres of excellence for respiratory research in Canada (the other being the University of British Columbia, Vancouver), the grants to both of which had been cut by CTMC. He had already discussed the problems with Dr.Hogg. The Canadian MRC had recently made a cut in grants and Dr.Peter Macklem had written an editorial in the Montreal Gazette complaining of the disastrous effect this would have. Milic-Emile, who is a smoker, made the point that the Meakins-Christie was not staffed by rabid antismokers. It seemed to me that there was a suspicion of a threat that if support was not forthcoming the industry might find itself attacked more vehemently; others did not share this suspicion.

I attempted to explain what I thought were the reasons for the CTMC decision and suggested that Milic-Emili should make his views known to CTMC through Mr.Seymour and, perhaps, by other routes, e.g. Prof.Peter Pare. Subsequently, when Mr.Wade was available during the afternoon, he sought out Milic-Emili and gave similar advice and explanation.

- (b) Dr.Zorychta. Her work is concerned with the nature and action of the neurotransmitters involved in controlling airways - on the frontier of respiratory physiology. She seems to have successfully demonstrated that this is not "peptide-ergic". She runs a small, very enthusiastic team of young people. To date she has not published much, because of the development and nature of her work. Loss of her CTMC grant would be serious, but she would probably find an alternative source from the pharmaceuticals industry, who are also interested in her findings.

It was interesting to learn from Mr.Wade that my enthusiasm for her project was shared by Philip Morris, who had given her work the maximum score possible during the CTMC evaluation.

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- (c) Dr. Bilimoria. Despite a number of setbacks and the impending loss of his CTMC grant, he remains enthusiastic. He is highly knowledgeable of the literature, but seems to allow the detail to distract him from the overall hypotheses on which his approaches are based. I understand that, as an ITL employee, his salary is not involved in the CTMC grant, so that the loss of the grant may only involve a redeployment of his effort. Clearly the approval with which his projects were viewed by GR&DC is not shared by the other Canadian Companies. Perhaps the solution would be to integrate his studies with the programme of work in the Biological Research of GR&DC.
- (d) Dr. Verner Knott. Knott's project has received approval for a further 12 months, but Mr. Wade suggested to him it would be prudent to seek alternative support for 1984 onwards, e.g. from Canada Health and Welfare, in case CTMC decided to abandon a programme of research grants. Applications must be filed with the Government by December 1st, 1983 for a grant from July 1984.

We learnt that Health and Welfare had expressed interest in the project for studying smoking motivation and physical factors in school children which CTMC declined to support. Knott has the approval of the various School Boards and would like to proceed if CTMC did not object. He had difficulty in understanding why the CTMC (and latterly two member companies) had reservations about the project, particularly as, subsequently, one company had offered him unilateral financial support for the project. (This Company had vetoed the project in CTMC). At least two of the Companies have made him offers for work at their US parent organisations or under a grant from them.

- (e) Professor Hogg. The decision by CTMC to withdraw support from the projects at the University of British Columbia at six month's notice was extremely worrying to Hogg, particularly as the provision of alternative funds could not be obtained before July 1984. This meant a "window" of at least six months where there would be no cover for more than 10% of his departmental budget.

His team of research physicians and ancillary staff - computer programmers, physiologist, biochemist and electron microscopist - were now just fully trained and operational. He would have to dismiss them and, even if alternative sources of funds could be found (Health and Welfare, Medical Research Council) these would not become available in time to prevent the break-up of the team. The consequent disruption of progress can be readily understood.

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I suggested to him that, in curtailing the projects, CTMC may not have been fully aware of the financial complications and potential disruption they were causing (they should have been!), and just as with Milic-Emili, I suggested he wrote to CTMC, setting out fully the problems that followed from their decision, I would also report these through ITL.

#### Summary and Conclusions

The decision by CTMC to curtail drastically its support of medical projects in Canada has apparently been taken without any thought of the disruption this will cause (and has caused) to the Institutions involved and to the stability of established research teams. Because of the timing of the Canadian Grant Application programmes, the six-month's grace given by CTMC to the vetoed projects is totally inadequate to permit alternative sources of revenue to be found in time to prevent the break-up of teams. Alternative research funds cannot be found at that relatively short notice.

In the past, the Canadian Industry has enjoyed a friendly exchange of views with the medical establishment, which includes some of the internationally recognised leaders of respiratory physiology and medicine. They are in danger of jeopardising this relationship by the unthinking way in which they have withdrawn grants.

It is worth noting that some of the Companies which have exercised the veto only contribute a minor proportion of the grant assistance. In at least one case, they have gone behind the back of CTMC and have offered unilateral financial support. It is not unjust to say that the disruption caused to leading medical research institutions has been brought about by the failure of member companies to agree in CTMC as to their objectives in supporting medical research. Certainly, the vetoes on projects were exercised improperly.

#### Recommendations

1. An effort should be made to preserve the integrity of the research teams at McGill, Royal Ottawa Hospital and University of British Columbia.

This would be most easily made by CTMC extending the period of grace from 6 months to one year, permitting alternative sources of revenue to be sought.

2. If, because of an inability to form an agreed research policy among the member companies, CTMC decide to curtail all research grants, ITL should give consideration to unilateral (or perhaps bilateral) support. This may well have to be on a reduced scale, because of the financial implications. (The Research Budget would be reduced from around \$350,000 to \$175,000).

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3. Using the CTMC criteria, my priority rating of the projects would be:-

Zorychta	28
Hogg	26
Knott	24
King	21
Bilimoria	14

However I have tried to take all other factors, e.g. P.R. etc. into account and in that event, I would put the projects in the following order of priority.

(a) Professor Hogg. His work on cell-junctions is beginning to pay off and his access to human lung tissue is unparalleled elsewhere. He is very well disposed to the Industry and, particularly ITL and BAT.

(b) Dr.Zorychta. Her work on neuro-biochemistry of lung issue is of fundamental importance. She would probably get support from the pharmaceutical industry if necessary, but the direction of her studies would be changed.

(c) Dr.Knott)

Dr.King ) Because their work areas are so different, it is difficult to compare them. Knott's approach to smoking motivation is an attraction, but he may well win support from the Canadian Government. He may then find he has conflicting objectives, the Department of Health and Welfare may want to direct his efforts towards ways of curtailing smoking, while the Industry wants to know more about the factors which may motivate smokers to move to lower tar products.

Dr.King is the route into the influential Meakins-Christie Institute. His immediate research project is perhaps of lower appeal than those supported there formerly. But contact with him and through him, with Milic Emili will enable the Industry to maintain dialogue with leaders of medical thought who are not inherently anti-smoking. The time may be fast approaching when the Industry may need such influential allies.

(d) Dr.Bilimoria. His project seems of greatest interest to the Biological Sciences section at GR&DC. Perhaps consideration could be given to ways whereby this work may be more closely integrated with the GR&DC programme on the development of meaningful short term tests. In the current climate of CTMC, I believe the work is tending too much towards Product Development studies to be justifiable as an Industry, as opposed to a Company, project.

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