England's cancer networks in danger of missing targets

Zosia Kmietowicz *London*

The 34 cancer networks in England need to work harder to plan their services if targets on earlier diagnosis and treatment are going to be met, the public spending watchdog, the National Audit Office (NAO), has warned.

Although some networks have made "substantial progress" in implementing recommendations set out in the Cancer Plan, they are not as effective as they could be, says the NAO.

The plan to modernise cancer services, which was published in 2000, set out a 10 year programme of improving cancer services and outcomes in England (*BMJ* 2000;321:850). But many of the plan's targets are threatened by the lack of coordination of some cancer services, the NAO's survey of networks found. The survey, conducted in

late 2003, found, for example, that just 78% (against a target of 100% for the end of 2005) of patients urgently referred by their GPs were starting their treatment within two months.

Smoking cessation targets too are falling short. Only 205 000 smokers had stopped smoking for at least four weeks (the definition of cessation) during the first year of a three year target of 800 000 quitters.

Targets for breast screening are also overdue. By the end of 2003 all women should have been having two views of their breasts taken at each screening, yet at the time of the survey only 81 out of the 85 screening centres were offering this level of service. Extending screening to women up to the age of 70 has also been delayed. Although it

has been available in some areas since the end of last year as planned, others will not be offering it until next month.

MP Edward Leigh, chairman of the committee of public accounts, said that cancer networks "pay too little attention to strategic planning."

Many organisations that are members of cancer networks are still working in isolation, said Dr James Robertson, who helped develop the report. Some primary care trusts may, for example, be continuing to commission cancer services themselves instead of delegating the responsibility to one primary care trust within a network.

Changes in the structure of the NHS since the Cancer Plan was published also need to be examined, and targets reviewed,

to take account of independent sector treatment centres and foundation trusts, which were not around in 2000, he said.

John Bourn, comptroller and auditor general, said: "Cancer networks have achieved much, but there is more to be done if they are all to become fully effective—including better planning, more coordinated commissioning of cancer services, proper resourcing, and effective cooperation between constituent organisations. As the mid-point of the Cancer Plan is approached, the time is right for the Department of Health to consider how these matters can be addressed and take appropriate action." □

NHS Cancer Plan: A Progress Report can be seen at www.nao.org.uk

FDA wins spoof award for its "collusion" with the drug industry

Jeanne Lenzer *New York*

The Food and Drug Administration was given a spoof award last week for its failure to act quickly enough to protect the public from adverse drug reactions.

Massachusetts senator Mark Montigny presented the "asleep at the wheel award" to the agency at a ceremony in Boston, called the Bitter Pills Awards.

The "counter-awards" ceremony was held to coincide with an event sponsored by the drug industry, the DTC (direct to consumer) National Awards 2005, at which drug companies were given plaudits for promoting their products to the public.

In the satirical ceremony the FDA won its award for its "failure to police drug advertising" and its "collusion" with industry and politicians that "is costing

Americans billions of dollars in unnecessary drug costs every year and exposing consumers to unnecessary risks."

The awards function was sponsored by Prescription Access Litigation, part of the national consumer advocacy organisation Community Catalyst. Prescription Access Litigation has filed 20 class action lawsuits targeting high drug prices.

Other winners included GlaxoSmithKline, the maker of paroxetine (marketed as Seroxat), which won the "cure for the human condition award" for "hawking pills to treat the trials of everyday life."

Judges in the "performance anxiety award" category, for products exploiting "male fears

of inadequacy," could not identify a single winner so awarded the prize to all three makers of "performance enhancing drugs" on the US market: Pfizer for its drug sildenafil (Viagra), Lilly for tadalafil (Cialis), and Glaxo-SmithKline and Bayer for vardenafil (Levitra).

Presenting the award, Michele Lee, manager for public education and outreach of Health Care for All, said she recalled advertisements for Viagra featuring the drug's blue "V" logo as devilish horns on a man's head and the tag line "Remember the one who couldn't resist a little mischief?" Ms Lee said dryly that she did remember that man, adding, "In my humble opinion, he was a jerk then, and he's still a jerk now."

Dr John Abramson, author of *Overdosed America: the Broken Promise of American Medicine*, gave the "speak no evil" award to Merck, the maker of rofecoxib (Vioxx), and Pfizer, maker of celecoxib (Celebrex).

The two awards ceremonies were held simultaneously at the same venue, the Marriott Copley Place Hotel, which seemed to cause some worry. "There were swarms of nervous security guards," said Alex Sugerman-Brozan, director of Prescription Access Litigation. □

Awards included a "cure for the human condition award"