

UK universities agree protocol for tobacco company funding

Susan Mayor *London*

UK universities and the charity Cancer Research UK have signed a joint protocol on good practice for universities on the issue of funding of research by the tobacco industry.

The joint protocol acknowledges that it is up to individual universities to decide what research funds to accept, when to accept or reject an offer of funds, and what work should take place in its facilities. It agrees, however, that universities "will consider carefully" whether to accept funding from any source "if to do so would be potentially detrimental to their reputation." In a related protocol, *Code of Practice on Tobacco Industry Funding to Universities*, Cancer Research UK noted that a university's ties with the tobacco industry would be an important

factor in decision making by Cancer Research UK when it is considering awarding major new research funding.

Jean King, director of tobacco control with Cancer Research UK, said: "It is vital that Cancer Research UK takes a strong stance against the tobacco industry. Nobody should forget that a tobacco company's aim is to sell its product and make profit. This is helped by making its product as socially palatable as possible."

Diana Warwick, chief executive of Universities UK—which represents all UK universities and some higher education colleges that developed the protocol with Cancer Research UK—added: "UK universities would not wish to undertake activities that com-

promise the integrity or independence of their work."

The protocol was welcomed at an international level. Dr Derek Yach, an executive director of the World Health Organization, said: "Universities worldwide should consider following the lead shown by Cancer Research UK and all adopt similar codes that protect the integrity of science against the tobacco industry."

David Simpson, director of the International Agency on Tobacco and Health, said: "Documents from tobacco companies have revealed that they have fudged scientific evidence, which is completely alien to academic behaviour. They are now trying to buy respectability by funding social projects and research in prestigious universities, but their

underlying aim has to be to gain commercial advantage."

The issue of funding of university research by the tobacco industry has been a matter of debate for some time. In 2001, Richard Smith, editor of the *BMJ*, resigned from his position as professor of medical journalism at the University of Nottingham after it accepted £3.8m (\$7m; €5.7m) from British American Tobacco (BAT) to fund an international centre for the study of corporate responsibility (*BMJ* 2001;322:1200). □

Code of Practice on Tobacco Industry Funding to Universities and the joint protocol on funding to universities agreed by Cancer Research UK and Universities UK is available at www.cancerresearchuk.org

Drug for Alzheimer's disease is of little benefit, study shows

Debashis Singh *London*

Donepezil (Aricept), a cholinesterase inhibitor approved by the National Institute for Clinical Excellence (NICE) for the treatment of Alzheimer's disease, neither slows the onset of the disease nor delays the need for patients to be taken into care, a study published in the *Lancet* has found (2004;363:2105-15).

The five year, double blind, randomised controlled trial conducted by the University of Birmingham and funded by the NHS concluded that routine prescribing of the drug is a waste of scarce resources.

Currently 39 000 people in the United Kingdom are taking the drug, which costs about £1000 (\$1825; €1500) per person per year.

The study, called AD2000,

recruited 565 patients with mild to moderate Alzheimer's disease who were living in the community. The patients were randomly assigned to either donepezil or a placebo.

It found only a marginal improvement in the mental state and functional ability of patients who took the drug. The researchers tested for cognition, using the MMSE (mini-mental state examination) and for functionality using the BADLS (Bristol activities of daily living) scales.

Those on donepezil averaged only 0.8 MMSE points better than those on the placebo (95% CI 0.5-1.2). The mini-mental state exam is a test out of 30.

Those on donepezil scored 1.0 BADLS points better (95% CI



Donepezil increases functional ability only marginally in patients with Alzheimer's disease

0.5-1.6) with donepezil over the first two years. The BADLS test has a 60 point scale.

Investing in better social support for patients and their carers would be wiser than prescribing these expensive drugs, argues the team responsible for the study.

Eisai and Pfizer UK, the companies that make donepezil, said

that the study recruited too few patients for the results to be dependable and said that patients have seen benefits from the drugs.

A review of NICE's 2001 recommendations for cholinesterase inhibitors and Alzheimer's disease is under way and is due for publication in May 2005. □