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OF THE CANADIAN SOCIETY FOR IMMUNOLOGY

B U L L E T I N

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CONTENTS

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6

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EDITORIAL

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CONTENTS

	<u>Page</u>
EDITORIAL	3
I.H. Lepow: THE CRISIS OF THE PEER REVIEW SYSTEM	4
COMMUNICATION FROM THE SECRETARY	6
CANADA LEADS THE WAY	6

EDITORIAL

Canadian Immunologists are watching with concern the situation that develops south of the border. The existing grant structure in the United States, based on peer review, is being undermined from both ends at once. The total research budget is being subjected to severe cuts, on the one hand, and on the other, more and more money from the budget is being channelled into contract research. Proposals for contract research are often subjected to an assessment on the administrative level only and not on the scientific level, or are assessed by ad hoc committees which can never function with the same effectiveness as a committee which considers applications within a general competition for excellence.

The decision to terminate training grants adds to the difficulties and may endanger the formation of an entire generation of young scientists. Even the big campaign towards cancer research may have a detrimental overall effect on medical research. It may give priority to mediocre projects over valuable ones if the latter do not happen to have the word cancer in the "title" of the proposed research. It may contribute further to the proliferation of contract research. It may reduce the opportunities for multiple peripheral initiative and inventiveness and replace them with goals which may not be based on a fundamental basis adequate for technological implementation. Last, but not least, the bureaucratic machinery created to co-ordinate cancer research may, as the net result, devour more money to feed itself than it helped to create.

These and other views of concern for the future were voiced on various occasions in Atlantic City, this Spring. The atmosphere of the meeting was clouded with this general feeling of pessimism.

Some aspects of the present situation in biomedical research, with an emphasis on the imminent crises threatening the peer review system, were summarized by Dr. Irwin H. Lepow in his address to the members of the American Association of Immunologists, the text of which follows. We feel that these remarks have direct relevance to Canadian Immunologists.

Changes in the United States, for better or worse, may affect the situation of the Canadian research community. We thought, therefore, that we should make our readers aware of this situation.

S. Dubiski.

THE CRISIS OF THE PEER REVIEW SYSTEM

Item 1

As of April 15, only 8 of 54 grants assigned to the National Institute of Allergy and Infectious Diseases have been funded. The text of remarks made at the annual business meeting of the American Association of Immunologists, Atlantic City, New Jersey, April 18, 1973. Several more AI grants in this group may yet be funded. It is unlikely that the final figure will reach 20-25%. Thus, at least 3 of 4 and more likely 5 of 6 applicants who submitted AI grants last September will not be supported.

As the outgoing Chairman of the Allergy and Immunology Study Section of the National Institutes of Health, I would like to make a few comments about the peer review system that I hope will be of interest and concern to the membership of this Association.

We are all painfully aware of the current financial crisis in biomedical research. Training Grants and General Research Support Grants are already being phased out, Research Career Development Awards and Allergic Diseases Academic awards are no longer being considered, and other fellowship support has been severely restricted. We are further faced with reduced budgets in most NIH Institutes, the impact of which is highly amplified by the increasing costs of doing research, the larger numbers of well-trained and productive applicants for grants, and the distribution of available funds between grants, contracts, and other programs. There is indeed cause for alarm about the future of biomedical science in this country.

In this period of stress, we as a scientific community have not always demonstrated effective unity of purpose. For example, the signs were clearly present for a considerable period of time that mortal threats to training and career development programs existed, yet we failed until it was too late to respond with constructive positions and a clear articulation of the central role of these programs in assuring the future of biomedical research and the fulfillment of its potential markedly to improve the human condition.

The signs are now clearly present that mortal threats to the peer review system exist and that it is already late in the momentum of events to begin to stem the tide. Multiple government committees are studying the structure of Study Sections, Councils, and other advisory groups and we may imminently expect reports and recommendations which will strike deep into the principles of peer review. Constructive, unified positions within the scientific community are urgently needed and Study Sections themselves are beginning to take some leadership in this regard. There is concern, however, that in preparing to meet this external onslaught we are contending also with internal division and dissatisfactions stemming in large part from the growing numbers of disappointed applicants and the understandable frustrations both of applicants and of Study Sections. The primary lesion is the shrinking number of dollars available for investigator-initiated research grants. Perhaps two examples, from among the myriad statistics which are available, will serve to dramatize the magnitude of our financial problems:

Item 1

As of April 15, only 8 of 54 grants assigned to the National Institute of Allergy and Infectious Diseases (AI) and reviewed in January by the Allergy and Immunology Study Section are certain of funding. Although several more AI grants in this group may yet be funded, it is unlikely that the final figure will reach 20-25%. Thus, at least 3 of 4 and more likely 5 of 6 applicants who submitted AI grants last September will not be supported.

Item 2

In order to fund only 25% or less of new and competitive renewal applications, the National Institute of Arthritis, Metabolism, and Digestive Diseases has found it necessary to effect cuts of about 15% in ongoing committed support, a pattern which is likely to prevail in other NIH Institutes.

Under these circumstances, a large body of meritorious applications fall into the Approved-Unfunded category. Although Study Sections do make errors of judgement and mechanisms must constantly be sought to improve the grant review process, I submit that the definitive cure of the lesion is replacement therapy, not radical surgery: more dollars must be infused into the grant system rather than performing mutilative surgery on the peer review system.

I earnestly hope that we will find effective mechanisms to reach the public and the Congress such that the basic principles of peer review can be retained and that larger numbers of grants that represent good science can be funded. Let us close ranks and present mature, unified positions to the public and the Congress. Let us not cannibalize each other.

(The discussion which followed these remarks resulted in a unanimous resolution by the American Association of Immunologists expressing full confidence in and support of the peer review system. This resolution will be forwarded to NIH officials and other key individuals.)

Irwin H. Lepow, M.D., Ph.D.

Professor and Head, Department of Medicine
University of Connecticut Health Center
Farmington, Connecticut 06032.

Communication from the Secretary.

The following list includes members of the Society whom we are unable to locate. All correspondence to them has been returned with "Address Unknown". We thought perhaps by placing their names in the Bulletin, they might notify us immediately of their addresses:

Mr. R.C. Anderson,
Mr. Harry P. Barakett,
Miss J. Bethune,
Dr. J.K. Fischer,
Dr. K.R. Mittall,
Dr. Guy Pelletier,
Dr. G. Tridente
Miss Luce Valliquette,
Dr. D. Wedlock.

CANADA LEADS THE WAY

In the last regular issue of the Bulletin we have spoken of the urgent need to set up international standards for diagnostic reagents which are being used in hundreds of hospitals, and for which there are no adequate quality controls. We have also informed you of the attempts that are being made by I.U.I.S. to obtain financing for this standardization of the reagents.

We are now delighted to announce that Canada is playing a pace-making role in the support of international standardization. The Department of National Health and Welfare has made a grant of \$ 10,000. per annum. Two other countries, Germany and Switzerland, have also given their financial backing. The Canadian grant will not only make it possible to start active work on development of standard reagents, but will also affect other governments by setting a precedent for support.
