

New process created to choose centres

The first 7 were chosen by apparent whim. The new 11 have been selected by a hybrid new process, in which a measure of academic peer review was utilized to identify strengths and weaknesses of proposals but a committee of industrialists weighed the relative merits of competing applications for a new \$163 million pot.

All told, the federal Progressive Conservative government continued to brand itself as an innovative dispenser of science monies as it unveiled the winners of a recent competition to create new Centres of Excellence for Commercialization and Research.

Like the predecessor 7 (*CMAJ* 2007; 176[10]:1406-7), the new 11 (Box 1) were selected outside of the standard process that the granting councils have traditionally used to determine which initiatives should be funded, in which scientific

peers rate all applications against one another on the basis of excellence. Instead, the government opted to have a private sector advisory board weigh the relative merits of projects “because the focus was on commercialization,” explains Networks of Centres of Excellence Senior Program Manager Jean Saint-Vil.

Some 110 applications were made under the competition to create centres in 4 designated “priority” areas: environmental science and technologies; natural resources and energy; health and related life sciences and technologies; and information and communications technologies.

Those were culled to 25 that were reviewed by standard peer review panels. But they did not rate the applications, Vil says. “The process was for them to really focus on identifying the strengths and weaknesses of each proposal.”

The industrialists then weighed in with their recommendations, which were forwarded to the program steering committee for final approval. It was

comprised of the presidents of the 3 granting councils and the Canada Foundation for Innovation, as well as the deputy minister of Industry Canada.

The private sector advisory board was chaired by Canadian Chamber of Commerce President and former Conservative cabinet minister Perrin Beatty. Members included: Amika Mobile Corporation President Sue Abu-Hakima; Bell University Laboratories Director Alan Bernardi; Syncrude Canada Ltd. former president James E.C. Carter; Fractal Capital Group President J. Haig deB. Farris; Glaxo-SmithKline Inc. Director of Basic Research and Genetics Kevin O’Brien Fehr; Syncrude Canada Ltd former vice-president of technology project development and research Fred Hemphill; Innovatech Quebec former president Francine Laurent; IBM plant Bromont Director Raymond Leduc; Environmental Bio-detection Products Inc. President Donald Lush; Provincial Aerospace Group of Companies Vice-President Marketing Keith Stoodley and Tissue Regeneration Therapeutics Inc. Chief Executive Officer Jeff Turner. — Wayne Kondro, *CMAJ*

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Box 1: Centres of Excellence for Commercialization and Research

The 11 new centres divided up \$163 million to develop new products for the market over the next 5 years. All but one received \$14.95 million, while the centre for personalized medicine received \$13.8 million.

The 11 recipients, directors and plans are:

- Advanced Applied Physics Solutions Inc., Vancouver, BC; Philip Gardner; develop a new underground imaging system for the natural resources sector and development of new technologies for medical isotope production.
- Bioindustrial Innovation Centre, Sarnia, Ont.; William Hewson; develop sustainable feedstocks like agricultural and forestry waste into renewable energy resources or value-added chemicals.
- Centre for the Commercialization of Research, Ottawa, Ont.; Ron Killeen; develop mechanisms to convert university research into technological products.
- Centre for Drug Research and Development, Vancouver, BC; Natalie Dakers; create “an infrastructure in which the therapeutic potential of medical discoveries can be better validated in the academic environment.”
- Centre for Excellence in Personalized Medicine, Montréal, Que.; Carole Jabet; optimize “therapies by capitalizing on recent discoveries in genomics.”
- Centre for Probe Development and Commercialization, Hamilton, Ont.; John Valliant; “create new molecular imaging probes, special chemical compounds that can diagnose disease early on or evaluate changes in the patient during treatment.”
- Institute for Research in Immunology and Cancer/CECR in Therapeutics Discovery, Montréal, Que.; Guy Sauvageau; “accelerate” the development of targeted cancer therapies
- MaRS Innovation, Toronto, Ont.; Ilse Treurnicht; promote the creation of technology spin-off companies in academic setting
- The Prostate Centre’s Translational Research Initiative for Accelerated Discovery and Development, Vancouver, BC; Martin Gleave; ongoing research.
- Pan-Provincial Vaccine Enterprise, Saskatoon, Sask.; Andrew Potter; promote growth and development of an indigenous vaccine industry
- CECR in the Prevention of Epidemic Organ Failure, Vancouver, BC; Bruce McManus; ongoing research on “biomarker-guided prevention and effective early detection of primary diseases” that lead to heart, lung or kidney failure.

News @ a glance

Task shifting: The World Health Organization has released global guidelines for “task shifting,” or delegating tasks to less specialized health workers to free up the time of doctors and nurses. The guidelines, released Jan. 10, 2008, in Addis Ababa, Ethiopia, are aimed at helping nations respond to shortages of health care workers and are available at www.who.int.

The Botox blues: The US Food and Drug Administration has issued a warning that botulinum toxin, which is sold as popular antiwrinkle drugs under the brand names Botox, Botox Cosmetic and Myobloc, has been linked to botulism symptoms in some users, including cases in which children ultimately died after being given the drug for muscle spasms. The FDA said it is now investigating reports of illnesses in all age groups who used the drug for a range of

conditions. The agency warned that people who suffer any botulism symptoms, like difficulty swallowing or breathing, slurred speech, muscle weakness or difficulty holding up their heads, should seek immediate medical treatment.

Dial 911: Shortcomings appear the norm in weighing the capacity of most physician-owned specialty hospitals in America to handle emergency care, according to a report by US Department of Health and Human Resources Inspector General Daniel Levinson (www.oig.hhs.gov) Among the findings: that 34% of the hospitals dial 911 to obtain emergency care; that fewer than one-third have a physician on site at all times; that only 55% of 109 hospitals had emergency departments and the majority of those had only 1 bed; and that 7% failed to have a registered

nurse on duty at all times or a doctor on call if none was in the hospital.

Virtual exams: The Quebec City, Quebec-based firm Myca will launch a new “doctor Web” service in June that will allow patients to chat with physicians about medical woes, for a fee. Patients will have to cough up \$10 monthly and \$50 per virtual visit. The province is investigating whether such charges are legal, while the Quebec medical association expressed concern that advice dispensed without a physical examination might lack a measure of validity.

Rural obesity: Neighbourhoods can affect children’s weight, says a new study released in BMC (BioMed Central) Public Health. Children living in poor or rural neighbourhoods gained more weight than those living in middle-income ar-

reas. “Less healthy food supply, limited access to recreation facilities and increased safety concerns” are cited as possible culprits although the study says more research is needed. — Sneh Dugal, Ottawa, Ont.

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cmaj.ca Afghanistan blog

Get a glimpse of life at the Kandahar, Afghanistan, Multinational Medical Unit at a new cmaj.ca blog. Beginning March 20, 2008, Dr. Peter Sherk, a critical care physician from Victoria, British Columbia, will be posting his observations while on his second deployment in as many years. The blog will run until about April 10, 2008.

DISPATCH FROM THE MEDICAL FRONT

Weak and Waning in the Wards

A dizzying number of women lie weakly in the hospital wards with incomplete abortions. As abortion is illegal in Kenya, many women seek out dubiously trained sources for the procedure. A Kenyan doctor tells me razors and blades are commonly used, resulting frequently in infection or death.

The botched jobs on survivors who seek hospital help are completed with an extremely painful procedure: a manual vacuum aspiration. I recall most women receiving no analgesic before vaginal suction scraped products of conception from the uterus.

In the manual vacuum aspiration room, I have held the hands of countless women pounding the examination table in agony. Images of women writhing in pain, some with tears streaming from their eyes, and sounds of their wails ... these are seared into my memory.

Rounding on patients, the attending flips through a chart, irritated: Nurse, this patient needs this antibiotic 3



Alice Han

The rundown wards, prevalence of death and gaping health inequities come as an ontological shock.

times a day. Why is she getting it only once? The nurse tugs at her uniform, flustered: Doctor, we don’t have enough of it in the hospital. We need to save it, give little by little. Both sigh heavily, frustrated.

The atmosphere is sombre here in the hospital. Unlike in Canadian hospitals, death arrives unceremoniously, often in hand with futility as physicians look on wearily, unable to curb its steady march.

After just 5 minutes in the wards, a newborn baby dies in front of her devastated mother’s eyes. To my left, 2 lifeless bodies are wheeled to the mortuary.

I have acclimatized to the stench of urine that heavily hangs in the air, I no longer feel shivers when meeting the hollow gazes of the patients packed 2 or 3 to a bed. The casual reactions of the hospital staff to the frequent deaths are no longer strange for me.

I see tired looks in the eyes of the physicians. They work tirelessly but poverty and inadequate resources render them impotent. I see the gaping chasm between resources available in Canada and in Kenya. I feel powerless and small, and incredulous at the grossly gaping health inequities that mock human dignity. — Alice Han MSc, Toronto, Ont.

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