



## Editorial Comment

## B.I.G. — brother is watching you?

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B.I.G., like any system of collectivisation starts with praiseworthy objectives. There is no doubt that B.I.G. will become very influential, as did the unification of Soviet republics and therein lies the danger.

B.I.G. will stifle individual initiative in several directions. Changes in clinical care in breast cancer will only be allowed if approved by B.I.G..

B.I.G. will become a magnet for trials funded by pharmaceutical companies. Money is easier to obtain for these than for non-pharmaceutical related issues (e.g. diagnostic methods, surgery and radiotherapy). Trials of one agent against another will thus be B.I.G.'s stock in trade. This approach is like that of 1914–1918 War Generals: concentrating all resources to gain a few yards.

What is required to make a significant advance (as my opponent in this debate has frequently observed) is for new paradigms to be put forward and researched and they come from inspired individuals rather than conservative and dull committees. B.I.G. will draw support away from biological research of this kind.

Even the pharmaceutically led trials will be slanted in approach. Try getting money to research a new and more intensive and expensive treatment: easy. Try and get money to re-investigate an old regime of less efficacy but low side-effect that is cheap: impossible.

B.I.G. is made up by many respected workers who carry great influence in breast cancer but they are Clinical Trialists at heart. The danger of the over-influence of the results of trials on case management is well illustrated by the meta-analysis of trials of adjuvant therapy, for unfortunately results cannot speak for themselves but have to be interpreted. Interpretation usually takes the most simplistic line, by quoting a relative risk reduction to claim that all patients should be given therapy rather than to try and determine the absolute benefit for the individual and allocate therapies on that basis. My opponent has made that very point with regard to breast cancer screening.

Breast cancer research and treatment will become the fiefdom of a committee of trialists. Isaac Newton might have been listened to after 1000 apples tested prospectively all fell downwards; Darwin never (retrospective and not randomised). Oestrogen receptor work would never have been started because clinical outcomes could not immediately be tested in randomised trials. As in all committees the cautions/compromise line will be taken, so that revolutionary methods of treatment may never be tested (sorry, George Beatson) and as in all committees personal prejudices or the prejudices of whole disciplines (it is noteworthy that the three principal authors of B.I.G. are medical oncologists) will be hard to circumvent.