

Reflections on the EME Board Meeting

March 2009

During its third meeting, in March, the EME Board considered 19 full proposals which were shortlisted at the first EME Board meeting in 2008 as well as 22 new preliminary applications submitted in December. The proposals were wide ranging both in terms of the disease areas covered, the costs and the duration of the proposed studies.

This meeting saw the Board make its first full tranche of funding decisions for proposals submitted to the EME programme; having only previously considered two full proposals that had been transferred to EME from the MRC (of which one was funded subject to changes). The Board wished to fund six proposals, subject to feedback being satisfactorily addressed.

Overall the quality of proposals was high and the Board was clearly enthused by many of the questions that were considered. The Board was also impressed by the inclusion of nested mechanistic evaluation within a good proportion of the efficacy studies and were confident that the EME programme will be able to maximise on these opportunities.

There were a number of recurring issues raised during the discussion of the full proposals. The Board were concerned about significant increases in cost between the original outline proposal and the full proposal on some applications. For a minority of the proposals this was justified due to improvements in the study design made further to the Board's feedback on the preliminary application, but on many occasions applicants had added one or more costly components to the study. Another area of concern was the inappropriate inclusion of clinical excellence and other performance related awards on medical salaries which significantly increased costs on some proposals. Value for money is a key consideration for the Board and these increases were not considered favourably.

When considering preliminary applications the Board took particular interest in the sample size calculations and where these were not well worked up, this was an issue. It was clear that the Board were looking for well justified estimated effect size and recruitment rates. In addition the involvement of a CTU was considered favourably, particularly for larger trials.

This was the third meeting of the EME Board and reflecting on the high quality and quantity of the applications, the establishment of the EME board has been well justified in meeting a previously un-met need. In addition, I would like to express my personal thanks to the experts who have reviewed the applications and to the EME board members and team whose tireless efforts have ensured the success of this programme. It has been a pleasure to work with everyone and I look forward to the next year and towards receiving more top quality applications that will help to improve patient care and increase our understanding of disease processes.

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Chair, EME Board