

## Gordon McVie: Making Waves

HELEN SAUL

**Professor Gordon McVie keeps a painting in his office, given to him by a former patient. The painting is of sailing ships and she said it reminded her of him. When asked in what way, she replied that as he came striding through the ward, his white coat always flew out behind him like sails in the wind. He likes to move at speed.**

**Many years after dropping the ward rounds, first for academia, and later to become Director General of the UK's Cancer Research Campaign (CRC), the image lingers. Tall and confident, an imposing figure, McVie is still in a hurry. Though he's perhaps not so much harnessing the wind these days as making waves himself.**

McVie has become the unofficial chief advocate for UK cancer patients, and it is a role which fits him well. He is a master of the media soundbite and has a rare talent for being able to describe the most technical of research advances in 15 seconds dead. Genetics, microbiology, functional imaging: nothing is so abstract or complicated that it cannot be packaged for a general audience. New treatments for neuroblastoma may not sound an ideal subject for daytime television, but McVie can turn it into one.

His gift for handling the media does not make him friends everywhere. McVie is not afraid of controversy and does not pull his punches, even, or maybe especially, when millions are listening. He is outspoken on subjects like research funding, tobacco advertising and patients' access to new drugs. The UK government, for one, is sensitive to any criticism on its performance on health,

and who knows what prompted it to both appoint a national cancer director to oversee the delivery of cancer services, and to state its aim of reducing cancer deaths by a fifth by 2010?

His optimism on the likely benefits of research is legendary and



**McVie: UK's chief advocate for cancer patients**

McVie with his father and mother in Scotland



even upsets his friends. It worries scientists, perplexes clinicians and was directly attacked by the Lancet, which devoted an entire editorial to “Overoptimism about cancer”. This was prompted by McVie’s claims that the end to cancer is in sight, and that it will be beaten in the lifetime of his sons. It will be as readily controlled as diabetes is today, he said, and become a chronic rather than a fatal disease. Provided, of course, that sufficient resources are devoted to research. To the Lancet, such claims are “premature”, “flagrant exaggeration” and may shatter the confidence of donors “when the public starts to see the gap between what is being said and what is being achieved.”

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McVie shrugs. “The Lancet has every right to its own prognostication on the time it will take to de-

feat cancer. I also have a right to my view.” He cites his impressive track record in clinical and academic medicine and research, his position as European editor of the *US Journal of the National Cancer Institute* and, at CRC, the privilege of being surrounded by top scientists and clinicians. “It’s my job to take a helicopter view of things from time to time, and try to work out for the sake of those people giving money to charity, what the prospects are that their money will do any good. I wasn’t in the slightest bit dismayed about the Lancet’s view and I’m perfectly happy to debate it.”

Robust in the face of criticism, he almost seems glad that his views are getting another airing, even if to be pulled apart. But if he is not upset by the Lancet, surely he understands the concern of colleagues at the coal face? “Scientists are nervous that there might be any over-emphasis on the promise emerging from their work. I am well aware that they don’t want me over-selling their stuff. But the news about cancer over the last 15 to 20 years has been generally bad: cancers are going to carry on going up, everything kills you, exhaust fumes kill you, your diet kills you, strawberries will give you this cancer, raspberries some other kind.

“If you look hard, as I do, at the outcome of the last 20 years of research, you can’t come to any conclusion other than an optimistic one. We have got really solid data which say that the outcome for cancer patients in this country has improved, and that is not due to improvements in the health service. It has been due to the delivery of the products, the harvest, the fruits of cancer research.”

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It's a typically bullish response. McVie is not easily deflected by niggles or niceties within the scientific community, and is determined to do all he can to sell the cause of research to the public. "We have only got something like three percent of our cancer patient population in clinical trials, and that is a national disgrace. If I can do anything to persuade people that they would get better cancer treatment if they were in a clinical trial, then I am doing them a service. All the data pooled together – and there are 50 references – show quite categorically that if you are treated in a clinical trial you do better than if not, and it doesn't matter which arm of the clinical trial you are in. So until we are up to say 20 percent of the cancer population going into clinical trials, then I am not going to shut up."

McVie clearly takes seriously his responsibility to promote cancer research and to trumpet the achievements of scientists and clinicians who work on CRC subsidy. But in fact, speaking out is only part of the job at CRC. He manages the 1000 employees and 1500 scientists who receive grants indirectly through universities, and he spends much of his time whirling round the country, visiting laboratories, clinics, groups of supporters and fund-raising shops.

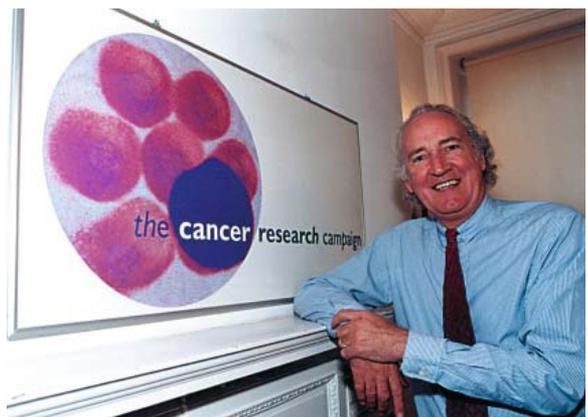
His job also means dealing with animal rights protests. He and his family have all received direct threats; scientists and supporters

have been attacked. A parcel bomb was sent to an 83-year-old woman for no other reason than that she had supported and raised money for CRC for 40 years. "I find that absolutely despicable, totally indefensible, and if I can put myself in line, in between a supporter like that and the animal rights brigade, I will do that."

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Nevertheless, his is in essence a desk job. McVie is frustrated with bureaucracy and paperwork, and is not an administrator by nature – he can lose six mobile phones in three years – but he says the high point of his time at CRC was winning an Investors in People award. "It was outstanding, the first time any major charity has won this status for an entire business. It meant that volunteers, supporters, members of staff were all valued as individuals and encouraged to grow within their jobs. It gave me a tremendous thrill."

**A long way from clinical practice**





**Gordon McVie and Pier Giorgio Natali, Scientific Director of the Regina Elena Cancer Institute, Rome, after Roma won the Italian League**

Yet it is all a long way from the clinical practice he spent 30 years training for. He accepts rather begrudgingly that he has found his niche as a spokesman for cancer, and says, "I think I can do more good for more patients doing what I am doing now than seeing patients on a one-to-one basis for three-quarters of an hour a session." But he misses clinical medicine "big time", and says, "You know I am happy to go back to that if they decide to dump me here."

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That would be unlikely under normal circumstances, but these are strange times at CRC. A merger with the UK's other major cancer charity, Imperial Cancer Research Fund (ICRF), is to proceed early in 2002. McVie and his opposite number at ICRF, Sir Paul Nurse, have been discussing the possibility for five years, and driving it through. It has now been formally announced and is re-

puted to be the biggest merger in the voluntary sector, anywhere in the world, ever.

The main rationale for it, according to McVie, is to push the science on. The technology needed for research is no longer the bottleneck to progress; it is the money to pay for that technology. Both ICRF and CRC want the same technology; they are also competing for too few scientists and clinical researchers. The merger means that resources are pooled, top people shared and the administration run more efficiently. Already 186 redundant posts have been identified, which translates into considerable cost savings and makes the pound in the collecting box go that bit further.

It makes sense logically, but many have built careers at one or other of the charities, and there is healthy competition between the two. Polls suggest that supporters are overwhelmingly in favour, but many scientists, publicists and fundraisers within the organisations are feeling apprehensive. None other than McVie's wife, Claudia, who works at CRC as head of a region's fundraising, has been bitterly opposed to the merger. McVie, as one of the main architects, obviously believes in it and is not one to be deflected by criticism, even from such a close quarter. Indeed, he seems completely unruffled by it. Though he says, with a smile, that Claudia is coming round to the idea.

McVie will take charge of communications in the new charity, Cancer Research UK, while Sir Paul takes responsibility for science. The overall Chief Executive Officer will be Professor Andrew Miller, drafted in from the outside. For McVie then,



Gordon McVie (middle, back) and Claudia McVie (red dress) with other delegates to the World Alliance of Cancer Research Organizations meeting in Rome

it is one further step away from science and the clinic and one more towards his role as arguably the most high-profile spokesperson for medicine in the UK.

His route here got off to a rather shaky start. He went to a school in Edinburgh, where he was consistently less successful than his father had been. Having underperformed in comparison in every area, including classwork, sports and the cadet force, he knew only that he did not want to follow his father into law. A careers master suggested that those with marks like his, around 50 per cent in most subjects, make good general practitioners, and off he went to study medicine at Edinburgh University. He was also prompted by a distressing family experience. His Auntie Jean had ovarian cancer while he was in his late teens and was nursed at home by his mother for six months. Jean, a childless widow who looked after McVie “as a spoilt brat of a nephew”, opted to go into a phase I trial of mustine. “You can’t think of anything more nasty to put in somebody’s pleura, but she was very brave and decided to take part in this experiment. Once she

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got over the vomiting with mustine, it did actually improve her quality of life and I think this was an influence on me.”

However, pre-clinical medicine was not to his liking. He found it sociable, but boring, a drudge. His unremarkable academic performance continued and he failed two out of three subjects in his first year. A talking-to from his parents persuaded him to stick it out, but he continued to skid along the bottom in his studies. He surprised himself – and his teachers – with excellence in a physiology exam, but was thought too unreliable to take on an honours degree. However, a pathology professor later took a risk on him and, for McVie, this was the watershed. He found out where the library was, discovered what the BMJ and Lancet looked like, and set to, writing a 3000 word essay every week on some aspect of inflammation or autoimmunity. He undertook a project in a department with

a staff-to-student ratio of 6:1. “That was really terrific. I suddenly started enjoying it, suddenly thought that this is all right, I could do this. And suddenly, I became an academic. I published a paper at the end of that year in the *British Journal of Clinical Pathology*, and it has to be one of my most cited papers. There were 750 requests for abstracts and reprints, it was amazing,” he says.

From there, he became the young doctor to watch, and a list of his mentors reads like a miniature *Who’s Who* in British medicine. Sir Derek Dunlop (later of the Dunlop Committee on Therapeutics in Medicine) and his successor, Ronald Girdwood, persuaded him, as a houseman, to apply for a Government Medical Research Council (MRC) Research Fellowship. His application, for research into the immunology of Hodgkin’s disease, was successful and he went on to spend seven years as a lecturer in Sir Derek’s department. McVie so impressed Professor Gordon Hamilton Fairley at St Bartholomew’s Hospital, London, then the only medical oncologist in the UK, that Hamilton Fairley arranged for him to visit the United States and work at different

departments over several months. Hamilton Fairley was killed by an IRA bomb, an event which McVie says could have ended his career flat, but which instead inspired him to achieve. In any case, Hamilton Fairley’s influence persisted after his death; he had advised CRC to set up chairs in medical oncology in Manchester, Cambridge, Glasgow and Southampton. The Glasgow chair went to surgeon Sir Kenneth Calman (later chief medical officer of Scotland, then of England and Wales — he gives his name to the Calman-Hine model for cancer centres in the UK, and also to junior hospital training). He needed a senior lecturer with experience in medical oncology, and McVie was the only person in Scotland who was trained. At 31, he got the job, and became the first consultant in medical oncology in the whole of Scotland.

For the next five years, with 12 beds, he and Calman were responsible for all cancer patients in a population of 2.5 million in the West of Scotland. It was an enormous commitment and left little time for research. He wrote a number of project grant applications and pulled in scientists to help with research, but could not carry it out himself.

Eventually, he decided that in order to think about his next step, to concentrate on new drugs, pharmacology and pharmacokinetics, he would have to go somewhere where English was not spoken. It was the only way to prevent himself being tempted back into clinical rounds. He took a three-month sabbatical at the Netherlands Cancer Institute, Amsterdam, and stayed there nine years. He again had a 12-bed unit, but this time it was only for phase

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I clinical trials, and he was given a laboratory to continue working in clinical pharmacology and drug discovery. These were productive years, and he became Clinical Research Director at the Institute. He remained there until he was offered the position of Scientific Director at CRC, back in London, and in April 1996, of Director General.

From 1994 to 1997, he was also President of EORTC (European Organisation for Research and Treatment of Cancer), which he says taught him the beginnings of diplomacy. “I learned how to balance the views and the expectations of people from different countries in Europe, and I became much more skilled than I ever was before in handling discussions between disciplines.”

If CRC has nurtured his campaigning side, it has also moved his personal life on. His first marriage started to crumble while he was in Amsterdam, and he met Claudia through CRC. They were married three years ago, walking away from the ceremony to James Brown’s “I Feel Good”. They are enjoying life together and have no problem relaxing away from work, whether it’s through opera, theatre, wine or food. McVie’s three rugby-playing sons, two of whom are junior Scottish nationals (“that talent seems to have skipped a generation”), live in Scotland, but Claudia’s two children from her first marriage live nearer and visit often. The McVies have a dog and a cat and have both just bought golf clubs and taken up the sport. “We’ll see how that goes...”, he says.

But what for the future? His career seems to be moving inexorably into the public domain and away



Showing off fishing gear with McVie senior



McVie has always kept both cats and dogs

from the clinic, and the division of responsibilities at the new charity, Cancer Research UK, will exaggerate this further. As befits the product of a high Tory father and a socialist mother, he has no political affiliation. He is a defender of the right to free care at the point of access, and of free education. But his interest in politics is pragmatic, in trying to make systems work. He is suspicious of the motives of most politicians

and bemused by the thought that he may be seen to have joined their ranks. “I suspect that people may think that of me, that I have become a politician, and want to ask: What’s he in it for?”

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And he would reply? “My vision has not been changed, I just react differently now.” He knows that he can accomplish more, for more people, on the public stage and has no plans to leave it just yet. But clinical medicine hasn’t lost its appeal and he says he would be happy to go back to it. “I’ll stay as long as they’ll have me. But if I’m dumped, I’ll go graciously.”