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A WORD FROM THE WARDEN

Welcome to this all new edition of the School of Medicine and Dentistry newsletter.

Three more top professors hired

This summer, three high-profile professors will join Queen Mary. Kenny Linton and Carol Shoulders both move from Imperial College, London bringing with them major Medical Research Council funding. Professor Carol Shoulders is an expert in diseases such as hereditary high cholesterol which are caused by problems breaking down fats in the body. Professor Kenny Linton studies a group of proteins that are found on the surface of cells and are involved in a variety of diseases from infections to psychiatric disorders. Gareth Sanger also joins the College from GlaxoSmithKline. His expertise is in nausea and vomiting and in developing drugs to treat gastric disorders.

Children’s science centre will launch this year

A ground breaking new science education centre will open at Queen Mary in September this year. The Centre of the Cell is the first science education centre in the world to be sited within working biomedical research laboratories. Its mission is to inspire curiosity and learning by connecting science to everyday life. Each year 30,000 school pupils, young people, families and the general public each year will be able to visit the futuristic orange cell-shaped ‘Pod’ suspended within the award-winning Blizard Building in Whitechapel. The key aim is to nurture the next generation of scientists and healthcare professionals. Visitors will enter the Blizard Building across a colourful bridge and look down on scientists at work in the subterranean laboratories of this stunning building. Inside the ‘Pod’, Centre of the Cell’s innovative approach to science education uses a combination of digital interactives, films and high powered microscopes, where visitors grow virtual cells to enable experiments in cancer research; grow stem cells for research into burns treatments; explore real body parts and diagnose cancerous tissues. Centre of the Cell’s content is linked to Key Stages 2, 3 and 4 of the Science National Curriculum. Sessions in the ‘Pod’ will be facilitated by Centre of the Cell staff and scientists from the Medical School and University. This will allow students to interact with ‘real-life’ scientists from the building who can really bring the science to life. This combination of curriculum-linked educational resources and real-world science creates a science education experience not available in the classroom or anywhere else in the world.

With help from the Centre of the Cell team, over 80 of our scientists and clinicians have provided expert content, 150 pages of which is already available, alongside 15 interactive games and teachers resources, on Centre of the Cell’s popular website www.centrefothecell.org. The Centre of the Cell team has evaluated every step of the project in our local schools - so far they have involved over 8,000 pupils.

Centre of the Cell is running special sessions for families during the summer. To book a session please contact Kat Sandford at kat.sandford@qmul.ac.uk or telephone 0207 882 2564.

We’ve slimmed down our title from BL@QMUL to simply BL News. And we hope that the new magazine-style newsletter will give you all a flavour of what’s new at the school.

The star of this Issue’s cover is our new Professor of Sports and Exercise Medicine, Nicola Maffulli. Turn to page eight to discover what our new Professor is bringing to Queen Mary. You can also read more about how attracting other experts helped us to achieve our astonishing success in last year’s RAE in Tom MacDonald’s piece opposite.

If you have any comments or ideas for BL News please contact Kerry Noble at k.noble@qmul.ac.uk or email knoble@qmul.ac.uk.

Three more top professors hired

Since I became Dean for Research back in 2005, I’ve thought of nothing else but the Research Assessment Exercise as the means to re-establish the reputation of Barts and The London. The School has come a long way from 23rd place back in 2001 to top in London for quality medical research, and equal first in the UK for dentistry. Since that time, 25 new professors have joined us and we’ve brought with them both funding and skilled young researchers. We have also employed an equivalent number of younger researchers.

At the same time, our programme of building improvement and the opening of the stunning Blizard labs have made this a school where the most talented academics want to work. But bringing the best people in isn’t enough. We have to make the standards so high will hold with both funding and skilled young researchers. We have also employed an equivalent number of younger researchers.

The RAE results prove that it’s making a difference.

And in the build up to the RAE, nothing was left to chance. We carried out repeated dry-runs using eminent external referees to judge and give feedback on our research. In the end we entered around 80 per cent of our researchers, in line with most other medical schools. Some people were rather bruised about being left out because their research was not considered to be good enough, but it is a wake-up call for the standards we now expect. The three and four star ratings speak for themselves: the Wolfson Institute came second in the UK in epidemiology and public health, in cancer we were ranked third and the William Harvey Research Institute also came third in preclinical and human biology. It was a stunning performance and we are now firmly in the top five research active medical and dental schools in the UK.

We’ve celebrated our success in the RAE, but it’s not the end of the story.

Even in the months since we made our submission, the school has continued to thrive and we have ambitious plans for the future. Within our areas of expertise, there is plenty of room for growth.

We have made the strategic decision to continue to focus our research on what we are already good at. We’ll keep on expanding in these subjects while continuing to address the needs of the local community by building on our relationship with Barts and The London NHS Trust and our partner Trusts in north east London. As a result of the RAE, the School will gain another £4.5m per year in research funding. We need to make sure we hang on to this and improve on our share in the future.

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We are now firmly in the top five research active medical and dental schools in the UK.
Majority of UK doctors opposed to legalisation of euthanasia

Two-thirds of UK doctors are opposed to the legalisation of euthanasia and physician assisted suicide, according to survey results published in Palliative Medicine in March.

A change in the law to legalise euthanasia is supported by just 34 per cent of doctors, compared with 82 per cent of the general public. Around 35 per cent of doctors back physician assisted suicide compared with 62 per cent of the general public. The survey questions mirror those asked in the British Social Attitudes survey in 2007, making this the first direct comparison between the public and doctors. More than 3,700 doctors replied to the survey, which was commissioned by a group of UK charities including the MS Society, in response to the House of Lords’ 2005 select committee report on the Assisted Dying for the Terminally Ill Bill. Study author Professor Clive Seale (above) from the Institute of Health Sciences Education at Barts and The London, said: ‘This research shows stark differences between public opinion and that of doctors. Elsewhere in the world, opposition among doctors has been a major factor in preventing the legalisation of euthanasia or physician assisted suicide.’

Opposition to euthanasia and physician assisted suicide was higher among specialists in palliative care and care of the elderly. Fewer than one in 10 palliative care specialists believed euthanasia should be legalised, compared with one in three among GPs. Strong religious beliefs were also often associated with opposition, irrespective of the doctor’s specialism.

Oral steroids ineffective for preschool virus-induced wheezing

Researchers at the Blizard Institute of Cell and Molecular Science have found that a common treatment for wheezing in preschool children is no more effective than a placebo. The findings, reported in the January edition of the New England Journal of Medicine, call into question national guidelines for the treatment of viral-induced wheezing.

Attacks of wheezing caused by viral infections in the upper respiratory tract are common in pre-school children between the ages of ten months and six years. Pre-school children who visit hospital with such symptoms are commonly treated with a short course of a steroid called prednisolone. Lead researcher, Professor Jonathon Grigg, explains: ‘The result of this large trial suggests that oral prednisolone should not be routinely given to preschool children presenting to the hospital with virus-induced wheezing.’

Diabetes and coeliac disease linked

Coeliac disease and type 1 diabetes appear to share a common genetic origin, scientists at the Barts and The London School of Medicine and Dentistry and University of Cambridge, have confirmed.

Their findings, reported in the New England Journal of Medicine, suggest that type 1 diabetes and coeliac disease may be caused by common underlying mechanisms such as autoimmune tissue damage and intolerance to dietary antigens.

‘These findings suggest common mechanisms causing both coeliac and type 1 diabetes...’

In order to assess the genetic similarities and differences between the two disorders, the researchers obtained 9,339 control samples, 8,064 samples from people with type 1 diabetes and 2,560 samples from individuals with coeliac disease. They found seven regions of a chromosome were common to the two diseases. The researchers, who were funded by Juvenile Diabetes Research Foundation, the Wellcome Trust and Coeliac UK, believe that these regions of the chromosomes regulate the mechanisms that cause the body’s own immune system to attack both the beta cells in the pancreas and the small intestine. Their results suggest that type 1 diabetes and coeliac disease could also have similar environmental triggers. Professor David van Heel, from Barts and The London School of Medicine and Dentistry, said: ‘These findings suggest common mechanisms causing both coeliac and type 1 diabetes. We did not expect to see this very high degree of shared genetic risk factors.’

Prestigious prize for coeliac research

Professor Van Heel (above) has been awarded the Sir Francis Avery Jones research medal for his work on the genetics of coeliac disease. The award was presented at the annual meeting of the British Society of Gastroenterology in March. He is the latest in a series of Queen Mary academics to take the prize. Previous winners include the Warden of the School of Medicine and Dentistry, Professor Sir Nicholas Wright; the Deputy Warden; Professor Ray Playford; and Qasim Aliz, Professor of Neurogastroenterology.

Research shows raised incidence of psychoses among migrants

Researchers examining the occurrence of psychoses among migrant groups have shown a raised incidence for all black and ethnic minority groups compared with their white British counterparts.

Findings from the East London First Episode Psychosis Study were published in the November 2008 issue of Archives of General Psychiatry. Led by Professor of Forensic Psychiatry of the Wolfson Institute of Preventative Medicine at Barts and The London, Jeremy Coid, and Dr James Kirkbride of the Department of Psychiatry at the University of Cambridge, the research confirms that both first and subsequent generation groups in England are at higher risk of schizophrenia and other psychoses.

The research also suggests that rates are not necessarily higher for the children or grandchildren of migrants, but this varies depending on the ethnic group in question and their age profile. Professor Coid said: ‘Migrants are at risk of discrimination and other forms of social exclusion and mental health can be adversely affected by these experiences.’

Research highlights

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Aspirin for forties could cut cancer risk

Taking aspirin in your 40s could cut the risk of cancer developing later in life, according to research published in the *Lancet Oncology* in April.

In a detailed review of all the available evidence, scientists from Queen Mary suggested that taking aspirin at an age before cancer begins to develop – and for at least 10 years – would maximise the drug’s potential to prevent cancer.

Professor Jack Cuzick, from the Cancer Research UK Centre for Epidemiology at Queen Mary, University of London, said: ‘Taking aspirin regularly in your mid 40s could maximise the effect this drug has on preventing cancer. Taking aspirin at this age, which is about the time pre-cancerous lesions usually begin to develop, may be the best time to stop the disease from progressing to actual cancer.’

Previous research suggests that people who take aspirin are less likely to develop bowel, breast and possibly some other types of cancer. But regular use of the anti-inflammatory drug specifically for cancer prevention is not currently recommended as it has been linked to a number of side-effects including, gastrointestinal bleeding and stomach ulcers. Study author, Professor Patricia Munroe, of the Wolfson Institute of Preventive Medicine, states: ‘Taking aspirin at an age, which is about the time pre-cancerous lesions usually begin to develop, may be the best time to stop the disease from progressing to actual cancer. And, as the risk of serious side effects of aspirin greatly increase after 60 years old, taking long-term treatment before this age will help to minimise these side effects.’

Deaths from cervical cancer could be cut

A one-off test for cervical cancer could reduce deaths in the developing world, according to a study published in the *New England Journal of Medicine* in April. The test, which was invented by Professor Attila Lorincz of the Wolfson Institute of Preventive Medicine, detects the human papillomavirus (HPV), which is the main cause of cervical cancer. The new research, involving 130,000 women in rural India, showed that the HPV test reduced cervical cancer deaths by 50 per cent.

In the new study, women aged 30 to 59 were given just one screening test, either the smear test, a visual inspection of the cervix or an HPV test. There was also a control group of women who were not tested. Women who were screened with the HPV test were 50 per cent less likely to die of cervical cancer over an eight year period compared with women who were not tested. Smear tests and visual inspection failed to reduce the death rate.

New blood pressure genes discovered

Although the effect of each of the new variants is modest, their combined influence has an important impact on the population’s risk of stroke or heart attack. And the researchers say their findings will help understand the underlying causes of high blood pressure and, in the future, may point to new ways of treating the condition.

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New opportunity to market research tools

Queen Mary, University of London has joined Research Tools London – a consortium which helps academics to commercialise their research tools. By pooling research tools, RTL markets a portfolio of commercially viable products on behalf of its members. From antibodies and cell lines to labelling technologies and models for disease, companies from around the world can access and license products efficiently through RTL. Queen Mary and our academics benefit by receiving revenue generated from licensing agreements while retaining intellectual property rights.

‘Academics can now share their tools with the wider research community without being inundated with material requests, as well as receive a steady stream of income for their efforts’, says Gursharan Randhawa of Queen Mary Innovation Ltd.

Contact Gursharan Randhawa on 020 7882 7731 or email her at g.randhawa@qmul.ac.uk, or visit www.researchtoolslondon.com
THE SPORTING PROFESSOR

Kerry Noble finds out how a broken ankle and a passion for the Olympics brought Professor Nicola Maffulli to Queen Mary...

WHEN I arrive for my meeting with Professor Nicola Maffulli, the new Centre Lead for Sports and Exercise Medicine, I get a warm and jovial greeting.

I quickly discover that Maffulli has a lot to be happy about. He has taken the helm of the Centre in plenty of time to join Queen Mary’s involvement with the London Olympics in 2012. Once a competitive martial artist himself, he tells me that he has always dreamt of being a part of the Olympic games: ‘When I was young, I hoped to take part as an athlete but I wasn’t good enough. Later, I hoped to take part as a coach. Now finally, I will be there as a medic.’

Maffulli explains that it was a chance occurrence back in his home country of Italy that led him into a career in orthopaedics: ‘I was supposed to become a molecular biologist but I discovered orthopaedics when my auntie broke her ankle. My father, who was a doctor, recommended a friend to perform the operation, and that friend asked me if I would like to lend a hand. I did and that’s what sparked my interest.’

His career quickly took him away from his home country; first to Sweden then to London for the first time. After a stint in Aberdeen as senior registrar, he left Europe for Hong Kong and a role as lecturer in trauma and orthopaedic surgery. He returned to the UK, initially back to Scotland, then Keele and he finally landed here at Queen Mary at the end of 2008.

I ask Maffulli what drew him to Queen Mary and he confesses the Olympics were a major pull but that the local population was also a factor. ‘There are some very different cultural attitudes towards exercise in Tower Hamlets. For many people in the UK, it’s taken for granted exercise is good for you. But that attitude doesn’t necessarily exist here,’ he says.

His primary research interests are in treating damaged tendons with tissue engineering and stem cell therapy, and in the genetics of orthopaedic conditions.

‘Here we consider exercise as a form as medicine. Exercise can manage a vast number of conditions…and can be more effective than medicine’

He is world-renowned for his surgical treatment of sporting injuries, in particular for treating damaged Achilles tendons. I ask Maffulli about any famous patients, expecting him to tell me that it is confidential, but instead he grabs his mobile phone. He says that he must first check with Vincent Périnard (the Frenchman who plays for Premier side Stoke City) who he operated on last night that it is okay to spill the beans about his injury.

While he does so, and offers post-operation advice he gestures towards a book on his shelf. It’s David Batty’s autobiography. I flick through the book and learn that the former Leeds and England midfielder suffered an Achilles tendon injury in 1999. In his book Batty claims ‘unequivocally that Nicola Maffulli saved my career’.

But there is more to sports and exercise medicine than famous footballers and the glamour of the Olympics. At the other end of the spectrum, the team of researchers is studying the worrying low levels of activity among kids at nearby local schools.

I ask Maffulli how these two seemingly disparate areas fit together. ‘For me it represents a shift in the way we think as medics,’ he says. ‘Here we consider exercise as a form of medicine. Exercise can manage a vast number of conditions and it can be cheaper and more effective than conventional medicine. But sometimes it means making an initial investment to create exercise facilities and plan our towns to encourage more physical activity.’

It is clear that research is a real passion for Maffulli – he says his motivation is the constant challenge of finding new evidence. But he is also inspired by the students he trains. The Centre for Sport and Exercise Medicine teaches a world-renowned Masters course to qualified physiotherapists and medics. The Chief Medical Officer for the London Olympics is an alumnus of the course, and other students have gone on to be medical directors at Arsenal, Chelsea, Tottenham and West Ham football clubs.

And for Maffulli, these students represent his legacy. ‘I hope they will remember who taught them,’ he says. ‘And I hope that in 20 years time they will still want to have lunch with me.’

Just before I say goodbye to Professor Maffulli, I ask if he expects to see much sport during the London Olympics. ‘Not much,’ he says. But, I suggest, he will get to watch the opening ceremony. He agrees and adds: ‘And the closing ceremony, of course, and as an Italian, I know I will shed a tear at the closing ceremony.’
Queen Mary is attracting and retaining some of the most dynamic, talented young researchers. From studying cells in the lab to managing cancer prevention trials, our varied research programmes are luring in the best talent from the UK and overseas. Here we meet just a few of them.

Benoît Aigret
Head of Prevention & Screening Clinical Trials Unit, Wolfson Institute of Preventive Medicine

From? Méreville, a small town south of Paris, France
Age? 36
Time at Queen Mary? Since September 2006.

What do you study? At the Trials Unit, we design and manage randomised clinical trials and work hard to raise public awareness and involvement in cancer screening and prevention trials. Our mission is to create and develop a more comprehensive cancer-control programme.

Why do you like working here? Being able to make a difference and contributing to a worthwhile cause, all within a department that is at the forefront of cancer prevention and screening research.

What do you like to do when you’re not working? Cycling, walking, cooking – the simple things.

Khaled Ali
Postdoctoral Research Assistant, Institute of Cancer

From? Luton, Bedfordshire
Age? 30

What do you study? My interest is how a molecule called PI3K can control aspects of our immune response.

Why do you like working here? I moved here with my lab from the Ludwig Institute for Cancer Research. I like the vibrant environment and the high number of post-doctoral research staff with lots of energy and ideas. That’s critical if you want to do well in science.

What do you like to do when you’re not working? Travel to quite exotic locations. I have lots of gardening interests, also some interests in the arts. These days most of my time is spent running around after my quite large family.

Daniele Bergamaschi
(Left) Lecturer, Centre for Cutaneous Research, the Blizard Institute of Cell and Molecular Science

From? Milan, Italy
Age? 39
Time at Queen Mary? Three years.

What do you study? I am studying melanoma. Despite over 20 years of trials with various therapeutic combinations currently there is no effective treatment for metastatic melanoma. Therefore it is crucial to identify molecular pathways which underlie resistance to chemotherapy.

Why do you like working here? I am proud of being part of a unique project where scientists and clinicians interact every day and try their best to understand the molecular basis of diseases, and translate their observations into a possible therapeutic scenario.

What do you like to do when you’re not working? Spending my free time with my kids and my wife.

Claude Chelala
(Centre) Lecturer in Bioinformatics, Institute of Cancer

From? I am French, but was born in Batroun, a Mediterranean coastal town of north Lebanon
Age? 32
Time at Queen Mary? I have been working here for three years.

What do you study? I develop computational and integrative bioinformatics methods to harness large complicated raw cancer data and uncover meaningful information that could be used by biologists and clinicians to develop novel targeted therapeutics and diagnostic tools.

Why do you like working here? What attracted me was the excellent opportunity I was offered by Professor Nick Lemoine to take a leadership role in the area of cancer bioinformatics and to work in a vibrant community of cancer biologists and clinicians for the benefit of patients.

What do you like to do when you’re not working? Doing my best to understand the molecular basis of diseases, and try their best to understand the molecular basis of diseases, and translate their observations into a possible therapeutic scenario.

What do you like to do when you’re not working? I’m passionate about music; for me there is still no better night out than live music.

Ramona Scotland
Lecturer in Vascular Pharmacology, William Harvey Research Institute

From? London
Age? 35
Time at Queen Mary? Four years.

What do you study? My work focuses on understanding the nature and mechanisms that drive the profound sex-differences in inflammation, infection and cardiovascular disease. It is now clear that the immune system and vasculature of women are regulated in a distinct manner from men. This difference is considered to underlie the relative protection from disease and increased life expectancy enjoyed by women world-wide.

Why do you like working here? I joined to start a career development fellowship. The William Harvey Research Institute is one of the leading centres in inflammation research, so it’s an ideal place to start an independent career in research. It is one of the most beautiful places that I have worked in and I feel privileged to work in Charterhouse Square.

What do you like to do when you’re not working? Reading books on history and politics.
The unit is one of 26 fully registered UKCRC Clinical Trials Units in the country and is a joint collaboration between the Centre for Health Sciences in the Institute of Health Sciences Education and the Centre for Psychiatry in the Wolfson Institute of Preventive Medicine. Professor Sandra Eldridge is the unit’s director. Speaking at the event, she explained that a clinical trials unit is one with overall responsibility for design, recruitment, data management, publicity and analysis. She emphasised that the term pragmatic indicates clinical trials which investigate the benefits of an intervention in routine clinical practice. Elaborating on the event’s unusual title – which refers to two study acronyms – Professor Eldridge described the evolution of the sort of trials conducted by the unit over the past decade and a half. She said that trials have moved from being relatively quick, simple and cheap to more complicated and expensive. One of the earliest trials, POST, was a cluster randomised trial exploring the value of letters to remind GPs about secondary prevention following acute coronary events in their patients. The researchers managed to recruit 52 general practices in east London, including 328 patients who had experienced hospital admission for a heart attack or angina. It cost £166,448 and took just four years from the grant being awarded to publication of the study in the British Medical Journal.

In contrast, the newly opened OPERA study is a multi-centre trial costing nearly two million pounds. It is evaluating the role of a complex intervention to relieve depression among residents of care homes, including twice weekly exercise classes and work with care home staff. Although the grant was awarded in 2007 the first home in the main trial is only just being randomised.

Professor Eldridge explained that the much needed UKCRC funding would accelerate the growth of the PCTU by supporting staff in vital roles in trial administration, data management, statistics and health economics.

“It took just four years from the grant being awarded to publication of the study in the British Medical Journal”

Like capacity, expertise in pragmatic trials has evolved over time. The formal part of the 15 year celebrations ended with several senior investigators talking about the lessons they had learned from conducting pragmatic clinical trials. Gene Feder, Professor of Primary Care at the University of Bristol, led the POST trial and described how recruitment of the majority of general practices in an area is possible, but that it is difficult to blind outcome assessors when the intervention is visible in the medical records, and that the effects we can expect from trials of interventions targeting clinicians is likely to be modest.

Professor Stefan Priebe, from the Wolfson Institute, spoke about DiALOG, a large trial in six different European countries looking at whether a new intervention to structure communications between patient and clinician improves outcomes in community mental health care. Two important lessons learned were that study designs evaluating complex interventions can be implemented across several countries with different health care systems and that the overall results according to the study protocol may mask very important differences between centres and subgroups.

Queen May’s Professor of Primary Care, Chris Griffiths, described how OEDIPUS, a complex intervention around asthma management, revealed that the common assertion that South Asians in the UK are less likely to participate in clinical trials compared to other ethnic groups is simplistic and flawed. OEDIPUS suggests that participation varies between different South Asian groups and may be at least partially overcome by the right researchers.

In February, researchers gathered to mark the 15th anniversary of Queen May’s pragmatic clinical trials unit and to hear about the unit’s latest ventures. Dr Stephanie Taylor reports.

THE PRAGMATIC clinical trials unit celebrated fifteen years of success and laid out ambitious plans for the future at a unique event entitled “From the POST room to the OPERA house”. Guests who gathered in the Old Library at Whitechapel, learned that the unit has received a major award of £450,000 from the UK Clinical Research Collaboration to expand their portfolio of trials. They also heard from seven investigators involved in pragmatic trials about the lessons they had learned in the course of their research.

CELEBRATING 15 YEARS OF TRIAL SUCCESS

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New ways to wean smokers off nicotine

Professor Peter Hajek, and Dr Hayden McRobbie, of the Wolfson Institute of Preventive Medicine, are embarking on a new study of the smoking cessation drug varenicline.

Varenicline helps smokers quit by reducing the severity of withdrawal symptoms. At present, smokers take the drug for a week or gradually higher doses as they prepare to quit. The researchers will use a £119,000 grant from the drug’s manufacturers Pfizer to test whether using varenicline over several weeks prior to stopping smoking can make smoking less rewarding and quitting easier. The drug has already been used by millions of smokers worldwide and the results of this new study, initiated by the Queen Mary scientists, may influence the way it will be prescribed in future.

Hunting for causes of bone marrow failure

Professor Inderjeet Dokal and Dr Tom Vulliamy have won £590,000 from the Wellcome Trust to study the genetics of a rare inherited condition called dyskeratosis congenita and its links to more common blood disorders. Patients born with DC suffer progressive bone marrow failure and previous research has revealed that it is caused by faults in the telomeres – the protective structures at the ends of each chromosome.

Vitamin D trials

Dr Adrian Martineau and Professor Chris Griffiths have secured over £1.9m of funding from the Department of Health to test whether vitamin D supplements could be used to prevent respiratory infections in vulnerable groups.

Previous research in the lab has shown that vitamin D switches on the production of natural antibiotic substances that can kill viruses and bacteria. Now the research team, based at the Pragmatic Clinical Trials Unit, will run clinical trials to test whether supplements could be a cost-effective way to prevent colds and flu in 500 people who suffer from asthma or bronchitis, and in 2,000 people who live or work in residential care homes.

New centre will study child health

The Child Health Research Centre Appeal was launched to re-establish Barts and The London Medical School as the leading centre for the study of hormones and hormonal disorders in children.

This group of diseases includes a range of conditions from inherited disorders to the increasing number of children diagnosed with juvenile diabetes.

Chris Hobden, of Hobden Asset Management Ltd is the appeal chairman. Together with Adrian Clark, Professor of Endocrinology at the School, he is leading the bid to fund an expert clinician, a team of researchers, and the necessary support and equipment to run the centre for five years. Once up and running it will be a centre of excellence for treating children and studying their hormonal disorders, and for training academicians in the field.

Student scoops national essay prize

A student from Queen Mary has taken the top prize in a national essay writing contest. Adam Hexter, a second year medical student at Bart’s and the London School of Medicine and Dentistry, won £1,000 from the Society for Endocrinology for his essay on stress and the credit crunch. It will be published in the Society for Endocrinology’s quarterly newsletter.

Judges looked for essays which were based on a topical aspect of endocrinology with thought provoking and opinionated content. Adam said: ‘The subject of stress seemed obvious to me because, like most medical students, I see a lot of it, especially this time of year during exams.’

New guidelines issued for molecular biology technique

An international collaboration, led by Professor Stephen Bustin, of the Blizzard Institute of Cell and Molecular Science has published guidelines to standardise the use of quantitative real time polymerase chain reaction in research (qPCR). Published in Clinical Chemistry, the ‘minimum information for publication of qPCR’ – or MIQE guidelines – aim to promote reliability, consistency and transparency in research.

The MIQE guidelines are modelled after similar recommendations for microarrays, proteomics, and others under the umbrella of MIBBI (Minimum Information for Biological and Biomedical Investigations, www.mibbi.org).

Awards, achievements and honours

Professor Mike Curtis has been elected as a Fellow of the prestigious Academy of Medical Sciences. Mike is Professor of Microbiology and Director of the Blizzard Institute of Cell and Molecular Science at Barts and The London School of Medicine and Dentistry He studies bacteria which are found in the mouth and investigates how they are important for maintaining a healthy mouth, how in some cases they cause disease and how they can be controlled.

The honour will be given at a special ceremony in June to be held at the Academy in Carlton House Terrace, London. The Academy of Medical Sciences is an organisation which promotes advances in medical science. The Fellows are considered to be the UK’s leading medical scientists. Fellows are elected for outstanding contributions to the advancement of medical science, for innovative application of scientific knowledge or for their service to healthcare.

Professor Curtis said: ‘I am honoured to be made a Fellow of the Academy Medical Sciences. The fellowship reflects the very significant contributions made by my research colleagues and students throughout my career in medical and dental science. I look forward to contributing to the Academy’s work.’

Student at Bart’s

Professor inderjeet Dokal and Dr Tom Vulliamy have already discovered some of the genes which are linked to the disease and found that they are also implicated in more common blood disorders, aplastic anaemia and myelodysplasia. Relatively little is known about the causes of these two diseases. The new funding will enable researchers to find out which other genes are involved and exactly how they cause disease.

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