

ICPV Clinical Trials Workshop – April 2018

Hosted by Prof Janet Dunn, Warwick CTU

Report by Terry Kavannagh

The first day looking at Case control, Cohorts, and Clinical trials presented much I was unaware of. The smoking link to pancreatic cancer I didn't know about, but feel I should have, if only for the fact that I'm a lung cancer patient. I do look out for those cancers where research tells us that smoking can play a part. Even with lung cancer there are still many who don't accept smoking as a risk factor to causing lung cancer. A problem I see is how to get the message across to the public the risk factor of smoking to many other cancers. People feel battered by the warnings. Of course there are other contributing factors which Janet highlighted. I was aware that a number of Janet's talks were linked to American studies, which would give different data than UK ones.

The Understanding Evidence session was also excellent and another which I gained much from. Understanding the limitations of systematic reviews and the consensus that systematic reviews must be shared.

The discussion around Bias in clinical trials was important and a subject I intend to read more about. Wednesday's Intro to Clinical Trials and Design was pretty heavy and a lot went over my head. Although I always gain something from those talks. Janet spoke of Oral Coagulation something I was interested in and which I talked to her about later. Statistical Evidence in Clinical Trials was interesting as was the debate which came up about the use of the 'Placebo' which never ceases to create debate, and I feel never concludes with a satisfactory answer. It was also interesting to hear Janet say how the Italians and Americans have a different approach to trials.

There was the discussion about differences between Beaston and Warwick around shared collaboration. An issue which often annoys me, I feel collaboration is the stepping stone of research.

I enjoyed the talk by Hema Mistry, Bringing a Drug into the Market along with Costs versus Measure of benefits. Hema spoke about the difficulties that arise in trying to get the trial accepted. Someone mention 'Active Surveillance' against 'Watch and Wait.' Adding 'Watch and Wait'...and 'Worry!'

Thursday started off with a bang! Speaking for myself I faced the visit to the Anatomy unit at UHCW with a degree of trepidation. Not really knowing what to expect. However the tour of the specimen unit was one of the best experiences of my time involved in research. Yes, it was a bit surreal walking amongst all these body parts, but any anxiety was immediately put aside by the researchers who manned the specimen tables. It was their kind and courteous manner toward us which put me at ease. They were so knowledgeable about cancer and which they shared with us and answered all the questions we bombarded them with. It really was a special insight (no pun intended) into what makes us tick. A terrific visit!

The visit to University CTU, for the PROSPER talk was short and sweet but well worth it. I see this type of trial more practical in the sense that it is hands on exercise. I feel exercise, if at all possible should be a must for anyone facing treatment.

I felt that time derailed a little, the final two sessions the Mammo-50 and the Dissemination talks. However Dissemination is a subject I would like to hear more about. It is important that research is passed on and not only other researchers but the general public are aware of what research as discovered.

\*\*\*

I gained so much from the course and I've been asked to give a talk about the event at the next meeting of the LCTU. The visit to the specimen centre was mind blowing. I came away with so much respect for those donors who will never know how much they have helped move research forward. Lunch and Dinner was always another way to gather information from the other participants. The accommodation and staff were superb.

Many thanks to everyone for all your encouragement and support.