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Metabolic Medicine

Professor Cox's group studies the molecular pathogenesis of lysosomal diseases with particular emphasis on the development of effective treatments – he gave the inaugural lecture at the first Gordon Conference on Lysosomal Diseases in 2011.

With Dr Deegan, Clinical Director of the National Centre for the Treatment and Diagnosis of Lysosomal diseases, several clinical trials of substrate reducing drugs, pharmacological chaperones and innovative enzyme therapies are underway, particularly for Gaucher's disease and Fabry disease. Dr Stein, in collaboration with Professor Read, has been analysing the 3-dimensional structure of mutant and therapeutic-lysosomal proteins to understand the consequences of the disease-related changes and their susceptibility to therapeutic molecular manipulation – pharmacological chaperones. Dr Marchesan conducts studies of the molecular targeting and delivery of lysosomal proteins to their sites of action. With Dr Pavlova, there are studies to investigate the predictive role of cytokine biomarkers for the development of the much-feared bone complications in Gaucher disease; in a cross-sectional collaborative in more than 100 patients with Gaucher disease, we have found that those with a history of sporadic infarction events have higher serum cytokine biomarkers, which respond to enzymatic therapy. With other investigators in a European Framework Package 7 (FP7) award 'EUCLYD' Dr Pavlova is investigating novel inhibitors of sphingolipid in a tissue-specific and inducible experimental model of Gaucher disease. These studies should reveal much about the molecular pathogenesis of the osseous complications and further define the relationship between defined cytokines and disease manifestations. Dr Cachón-González and Dr Sargeant study the molecular pathogenesis of the emblematic neurodegenerative storage disorder, Tay-Sachs disease. Overall the group has been central to the formation of an International Tay-Sachs disease Gene Therapy Consortium to translate successful gene therapy conducted in murine models into a viable therapeutic agent for use in man. These studies can be applied clinically and offer the opportunity for a unique understanding of the molecular pathogenesis of disorders affecting the metabolism of complex glycosphingolipids.

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Renal Medicine

- 1 Professor Smith's group is based in the CIMR, and works on immune regulation and autoimmune and inflammatory disease. This has focused on how naturally occurring variants in immune molecules such as FcγRIIB alter immune function and predispose to autoimmunity. The accumulation of these risk variants in the population has been shown to be, at least in part, due to their ability to protect against infections such as malaria. With Dr Lyons and in collaboration with Addenbrooke's Vasculitis & SLE Clinic and the Division of Gastroenterology, Smith runs a translational programme studying the pathogenesis of human disease at the same time as looking for biomarkers. A CD8T cell transcriptional signature has been found which predicts prognosis in autoimmune disease. The European Vasculitis Genetics Consortium is also led from the laboratory.
- 2 Dr Clatworthy studies immunological mechanisms of renal injury, in particular in areas of acute tubular necrosis and transplantation, using cutting-edge imaging technology.
- 3 Dr Jayne runs the Vasculitis & Lupus clinic, and coordinates multi-centre trials in vasculitis and SLE. These are focused on the evaluation of new agents and the optimization of conventional therapies. His group recently coordinated a study contributing to the DFA approval of Rituximab for use in the therapy of vasculitis. He coordinates the European Vasculitis Study Group which forms clinical trials and long term evaluation of vasculitis patients.
- 4 Dr Bradley's group has been studying the pathways involved in signaling by TNF-alpha family members in endothelial cells and their relevance to renal inflammation and transplant rejection. He coordinates the Yale-Cambridge Cardiovascular Research Initiative, and is the Director of the NIHR Cambridge Biomedical Research Centre.

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Respiratory Medicine

The Respiratory Medicine Division has six main areas of research: granulocyte cell biology and trafficking, the structure and function of alpha-1-antitrypsin and related serpins, the genetic and molecular basis of pulmonary hypertension, the immunopathology of allergic diseases, the control of antigen processing by dendritic cells and the molecular mechanisms of ER stress.

- 1 Professor Chilvers', Dr Condliffe's and Dr Parfrey's interests relate to granulocyte cell biology, in particular, mechanisms underlying neutrophil priming, activation and apoptosis. The group also has an interest in TNF α and hypoxia signaling and neutrophil and eosinophil trafficking *in vivo*.
- 2 Professor Lomas' group works on the pathobiology of alpha-1-antitrypsin deficiency and the serpinopathies. They are also interested in the identification of genetic factors and protein biomarkers that relate to components of the COPD phenotype.
- 3 Professor Morrell's group is studying the molecular mechanisms leading to the development of idiopathic pulmonary arterial hypertension (PAH). In particular, his laboratory has elucidated the ways in which mutations in the bone morphogenetic protein type II receptor (BMPRII), which underlie the majority of cases of familial PAH, disrupt intracellular signaling and proliferation of pulmonary vascular cells.

- 4 Dr Ewan's, Dr Clark's and Dr Nasser's research interests are in the clinical and immunological aspects of food allergy, anaphylaxis and asthma and novel approaches to desensitization with particular reference to nut allergy.
- 5 Dr Floto's group works on the molecular basis of antigen processing by dendritic cells and macrophages and how this influences the host responses to bacterial and mycobacterial infection.
- 6 Dr Marciniak's group studies the role of endoplasmic reticulum stress in human disease, including malignant mesothelioma, using both tissue culture and *Drosophila* model systems.

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Rheumatology

Research in this division covers the basic mechanisms underlying inflammatory arthritis and metabolic bone disease, together with development and validation of novel biomarkers which can be used to predict clinical outcomes.

- 1 Prof Gaston and Dr Goodall study the immunologic basis of inflammatory arthritis, and the factors which influence differentiation of pro-inflammatory T lymphocytes, particularly the role of dendritic cells in integrating signals from pathogens and cellular stress to alter cytokine production.
- 2 Dr Hall is investigating biomarkers in connective tissue diseases, including lymphocyte phenotype, novel measures of hand ischaemia, and assessment of the micro-circulation using haemoglobin video microscopy.
- 3 Dr Busch's group studies the biochemical mechanisms that link genetic variants of antigen-presenting MHC molecules to autoimmune pathogenesis, focusing on the characterisation of allelic differences in MHC protein turnover, their mechanistic basis and immunological consequences.
- 4 Prof Compston's laboratory combines clinical and laboratory studies in osteoporosis. Recent work includes bone histomorphometric study of age-related changes, the relationship between regional skeletal blood flow and osteoblast activity in postmenopausal osteoporosis or renal bone disease, and study of the incidence, skeletal location and underlying risk factors for fragility fracture in the obese population.
- 5 Dr Poole's group applies novel imaging techniques to investigate human bone diseases. With the Engineering for Clinical Practice team of Graham Treece and Andrew Gee, they have studied focal thinning as a cause of femoral neck fracture and have discovered that bone building drugs have targeted effects at key sites within the osteoporotic femur.

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Research synopsis

The Department of Obstetrics and Gynaecology has programmes of basic, translational and clinical research addressing the determinants of pregnancy complications. Dr Charnock-Jones, Dr Constanica and Dr Colucci use transgenic mouse models to identify key genes involved in murine placentation with the aim of better understanding normal reproductive function. Dr Charnock-Jones studies the effect of oxygen on endothelial cells and trophoblast in the placenta. Dr Constanica has a major interest in placental epigenetics, in particular genomic imprinting (ie. selective epigenetic silencing of genes according to parent of origin). Dr Colucci aims at understanding how immune cells impact on reproduction, cancer and transplantation.

Other basic work in the department addresses preparative changes in gene expression in the fetus for post-natal life. The major focus of translational research in the Department is a prospective cohort study of women in their first pregnancy, which will have recruited 3500–4000 women by the end of 2011

and is funded by the NIHR Cambridge Comprehensive Biomedical Research Centre. The project has created a central resource of data, blood samples taken throughout pregnancy, and samples of placenta obtained at birth. The resource will be used to understand better the role of the placenta in determining adverse pregnancy outcome and, it is hoped, to identify novel biomarkers which may be clinically useful. A major focus of this research will involve the application of next generation sequencing to these samples, with a particular focus on the epigenetic regulation (methylation, histone modification and non-coding RNA) of placental gene expression. These studies involve close collaboration with the University's Centre for Trophoblast Research (www.trophoblast.cam.ac.uk). Finally, clinical research in the Department uses secondary analysis of diverse data sources to study determinants and predictors pregnancy outcome.

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Research synopsis

Since 1998, we have developed a new Centre for cancer research in Cambridge. Our aim is to provide a nucleus of clinical and laboratory research that can interface with research across the University and science parks, and bring the combined expertise of Cambridge to practical application within the hospital. The Cancer Centre is a virtual organisation which provides a framework (and pump priming funds) to encourage cancer-related collaborations across disciplines, especially between biology, medicine and the physical sciences.

It is based on the University Department of Oncology, whose activities are reported here, but contains other substantial components: (1) the Cancer Research UK Cambridge Research Institute, opened in 2007, which when complete will contain over 30 research groups; (2) the MRC Cancer Cell Unit opened in 2001, which shares the Hutchison/MRC Research Centre building with the Department of Oncology; (3) the Strangeways Research Laboratories for Genetic Epidemiology, which involve close collaboration between Oncology and Public Health in studies of cancer susceptibility; (4) a new Clinical Trials Centre within the hospital.

Our aim is to create an environment in which individual research ideas can flourish, supported by the necessary clinical infrastructure. Nevertheless, to build the Centre, we have had to specify some focus. Within Oncology, we have set up programmes around selected cancer sites, that will span from basic biology to clinical application and which will act as a framework with which science across the Clinical School and University can interact. Currently, these cancer sites are breast, prostate, pancreas and ovary, with additional programmes under development in lung cancer. Infrastructure and interactions are shared with established programmes in haematological cancers (within the Cambridge Institute for Medical Research) and in oesophageal cancer (within the MRC Cancer Cell Unit). Laboratory research themes include epithelial cell biology, gene regulation, DNA repair and checkpoint function, and there are strong programmes in molecular imaging, genomics, computational biology, drug discovery, and animal models of cancer. These biological and technological resources underpin a further major clinical programme in experimental cancer therapeutics.

In the past two years research in the Department of Oncology and the CRUK Cambridge Research Institute has contributed significantly in several fields. For example, in breast cancer we have identified proteins that are required for the oestrogen receptor to bind the DNA and induce transcription. One such protein is FoxA1; inhibitors of FoxA1 binding may provide a therapeutic approach to breast cancer which is resistant to endocrine deprivation. In a separate collaborative study of 1000 women from whom we have frozen breast tumour material and clinical data with a median 10 year follow-up, we have completed a genome-wide analysis of copy number variation and of gene expression, which has provided a far more detailed molecular subclassification of breast cancer than was previously available, with new insights into personalised approaches to treatment. In pancreatic cancer, we have shown using transgenic mouse models that resistance to the commonly used drug gemcitabine may result from poor penetration of the drug into the tumour because of the dense surrounding stroma. Experimental data suggest that combined use of a drug targeted at the stroma may improve treatment outcome: an idea that is now being tested in the clinic. In prostate cancer, our 100,000-strong cohort of men who have had PSA testing as part of a study of the management of the early disease, has provided low-PSA controls for successful genome-wide association studies, which have identified a majority of the prostate

cancer susceptibility loci so far identified. Further investigation of one of these loci has yielded a protein biomarker, MSMB, which may provide a better, and urine-based, marker for detection of significant early disease than PSA. Details of these and of many other research studies can be found at www.cambridgecancer.org.uk, www.cancer.cam.ac.uk, www.oncology.cam.ac.uk.

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Research synopsis

The Department's research is in four main areas: genetic and hormonal control of human sex development; genetics and pathophysiology of diabetes; the determinants of birth size and infant growth; critical illness endocrine physiology.

Studies on mammalian sex development are applied to the management of infants with disorders of sex development (DSD), including the effects of environmental chemicals, which may

disrupt endocrine control of fetal development. Polymorphic variants in genes controlling androgen production and action appear to affect normal development, including growth at puberty. Much of this research is underpinned by the Cambridge Baby Growth Study (CGGS) established by Professor Hughes in 2001 and now celebrating its 10th Anniversary, with over 2000 families recruited. A major component of CBGS studies, directed by Dr Ken Ong at the MRC Epidemiology Unit, is now focusing on nutrition and how early feeding practices influence risks of obesity and age of onset of puberty. This unique resource is spawning collaborative studies across several specialties in the Cambridge Biomedical Campus. In 2008 Professor Dunger and his team launched the first international study of the use of ACE inhibitors and statins in adolescents with Type 1 diabetes (T1D). Ongoing studies on T1D include the role of the growth hormone – IGF1 axis in insulin resistance, and the place of growth hormone inhibitors in preventing diabetic complications.

Clinical testing of closed-loop insulin delivery in T1D developed by Dr Hovorka is showing promising results. Under supervised conditions, overnight closed-loop reduced the risk of nocturnal hypoglycaemia and improved glucose control. First ever home testing will adopt an in-house prototype system which has received regulatory approval. The physiology of survival and late morbidity as a consequence of acute life-threatening or critical illness is being studied by examining the effects of stress endocrinology and hyperglycaemia. The successful Neonatal Insulin Replacement Therapy in Europe (NIRTURE) study is being extended to early childhood to determine the role of insulin and glucose control on long term risk of glucose intolerance in later life.

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Research synopsis

The Department boasts the highest quality psychiatry research in the UK, with 80% of research rated as being 4* or 3* (world-leading or internationally excellent) in the Research Assessment Exercise 2008.

Research in the Department is focused on major disease areas using a range of investigative techniques. Developmental paradigms are central in much of the Department's work from the point of view of pathological states, life course models of adult health and the application of novel statistical techniques. Contemporary neurobiological techniques such as structural and functional MRI, neuro-endocrinology, cognitive psychology and molecular genetics are used to characterize large, epidemiologically principled or longitudinal samples as well as to elucidate drug models of disorders and their treatments in smaller scale, more mechanistic studies. There are cognate methodological strengths in many of these techniques, especially epidemiology, neuroimaging, cognitive psychology and psychopharmacology. The full gamut of translational clinical research is an increasing focus. Research activity in the Department benefits from a wide range of national and international collaborations including leadership roles in the MRC/Wellcome Trust Behavioural & Clinical Neurosciences Institute, the NIHR Collaboration for Leadership in Applied Health Research and Care (CLAHRC) for Cambridgeshire and Peterborough, a Wellcome Trust Strategic Award for Neurosciences and Mental Health and the GSK Clinical Unit.

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Research synopsis

The Department of Public Health and Primary Care at the University of Cambridge is one of the UK's leading university departments of population health sciences, top-ranked in Epidemiology and Public Health in the Research Assessment Exercise 2008.

The department has been led since 2001 by Professor John Danesh and consists of over 330 staff and postgraduate students. The overall research mission is to generate scientific evidence that will inform the prevention of premature death and disability, particularly in relation to common chronic conditions such as cardiovascular disease, common cancers, dementia, diseases of ageing, osteoporosis, and metabolic diseases. The goal is to translate this evidence into the development and evaluation of preventative interventions.

Key strategies involve investigations of the separate and combined influences of genetic and environmental factors in chronic diseases by studies of several in-house epidemiological collections and of large-scale collections established through national and international collaborations. In several of these studies, aetiological investigations and patho-physiological natural history studies are integrated with molecular biology and clinical medicine. Understanding of the determinants of disease and behaviour change are then utilised in the development and evaluation of interventions at individual and population levels. There is also research into methods of study design, development of interventions and biostatistical analyses.

The Department has recently made senior appointments, including Professor Theresa Marteau (Director, Policy Research Unit, 2010) and Professor Simon Thompson (Director of Research in Biostatistics, 2011). Further examples of major developments in recent years include:

- 1 establishment of major research initiatives in developing countries, especially in South Asia, such as the Pakistan Risk of Myocardial Infarction Study and partnership in the Public Health Foundation of India-UK Consortium from 2008
- 2 establishment of the MPhil course in Public Health in 2006, and co-direction of a new four-year inter-disciplinary PhD programme in cardiovascular research supported by the British Heart Foundation from 2009
- 3 establishment of a new Department of Health funded Policy Research Unit in 2010
- 4 leadership of international customised gene array consortia in cancer ('iCOGs') and in vascular disease ('metaboChip+').

Public Health and Primary Care

Selected examples of population collections
(Study name/sample size/major focus of study)

- 1 EPIC-Norfolk / 30,000 / nutrition and cancer
- 2 Emerging Risk Factor Collaboration / 1,800,000 / evaluation of novel coronary biomarkers
- 3 EPIC-CVD / 25,000 incident CVD cases, 520,000 participants / gene-lifestyle interplay
- 4 Breast Cancer Association Consortium / >90,000 / genetics of breast cancer
- 5 Cognitive Function and Ageing / 18,000 / cognitive decline
- 6 SEARCH / >20,000 / genetics of breast, ovarian, and other cancers
- 7 Ely / 2,000 / determinants of metabolic disease
- 8 Pakistan Risk of Myocardial Infarction Study / >30,000 / genetics of MI and stroke

Teaching and training

The Department continues to train and provide teaching to a wide range of constituencies. These main areas are teaching within the medical student curriculum, training for public health careers, and research training (as a recognised MRC training location in epidemiology and public health and NIHR training centre for ACFs and Clinical Lectureships). Key events and achievements are noted below:

Postgraduate

- 1 Appointment of University Lecturer, Dr Emanuele Di Angelantonio (UL in Medical Screening, 2010) and Clinical Lecturers Dr Oscar Franco (Clinical Lecturer in Public Health, 2010), Dr Rupert Payne (NIHR Clinical Lecturer in General Practice, 2010) and Dr Jennifer Yip (Clinical Lecturer in Public Health, 2011).
- 2 The MPhil in Epidemiology is a one-year full-time course, which in 2009/10 had 18 students and has been running for 19 years. The course has had over 200 students graduate to date. The Nick Day Prize in Epidemiology for the top student was established in 2006.
- 3 The MPhil in Public Health is a one-year full-time course, which in 2009/10 had 16 students and has been running for 6 years. The course has had about 50 students graduate to date. The Tom Davies Prize in Public Health for the top student was established in 2007.
- 4 Together, the MPhil programmes are supported by a total of five annual studentships from the MRC. There are about 44 doctoral students studying a range of topics.
- 5 Academic supervision has been provided to around 40 public health trainees.
- 6 Postgraduate students and honorary fellows are supported by a range of competitive awards including

MRC studentships and fellowships from the BHF, Cancer Research UK, Wellcome Trust, NIHR, ESRC and Macmillan Cancer Support.

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The Emerging Risk Factors Collaboration. Diabetes mellitus, fasting blood glucose concentration, and risk of vascular disease: a collaborative meta-analysis of 102 prospective studies. *Lancet* 2010;375:2215–2222.

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Campbell SM, Reeves D, Kontopantelis E, Sibbald B, Roland M. Effects of pay-for-performance on the quality of primary care in England. *N Engl J Med* 2009;361:368–78.

Paddison CAM, Eborall H, Sutton S, French DO, Vasconcelos J, Prevost AT et al. Are people with negative screening tests for diabetes falsely reassured? A parallel group cohort study embedded in the ADDITION (Cambridge) randomised controlled trial. *BMJ* 2009;339: b4535. (Acting) Head of Department and Professor of Clinical MRI

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P Bearcroft

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Research synopsis

The research activity of the department spans a wide range from molecular imaging developments at a 'bench' level, through novel imaging technique development to clinical studies of new imaging applications. These activities involve numerous multi-disciplinary collaborations across the Campus and the wider University, including links with Engineering, Physics, Medical Physics, the CRUK Cambridge Research Institute and the major themes of the NIHR Cambridge Biomedical Research Centre of which Imaging forms a key cross-cutting theme.

The department benefits from access to an extensive portfolio of modern imaging equipment including advanced colour

Doppler Ultrasound, 1.5T and 3T MRI and MRS, 16, 64 and 128 detector and dual energy CT as well as PET-CT and advanced radiochemistry. There are close research links with the Neurosciences utilising CT, MR and PET techniques in studies involving stroke and carotid disease in particular. Multiple new clinical trials in Oncology have been established, investigating both new imaging based biomarkers and the evaluation of new therapeutic agents in early phase 1 trials. A particular focus of current and future work has been molecular imaging with the development of gene reporter techniques as well as hyperpolarised ¹³C agents and related imaging applications in collaboration with the CRI and Biochemistry.

Individual groups have undertaken research in the identification and characterization of vulnerable plaque, the improved definition and characterization of brain tumours, the development of new interactive real-time techniques for paediatric and neonatal MRI, the development of non-contrast enhanced 3D vascular imaging techniques, the clinical applications of ultrasound and MR based elastography for malignant lymph node detection and focal liver lesion characterisation. Our previous work on the impact of imaging techniques on clinical decision making continues to be cited in national guidelines, notably involving breast cancer and chest disease management.

High spatial resolution 3D arteriograms of the lower legs generated using a novel non-invasive MR technique that removes the need for any injected contrast medium.

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Surgery

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Research synopsis

The Department of Surgery has a strong clinical emphasis and the overall research strategy is to improve the surgical management of disease through developments in both basic and translational research. There is a major focus on applied clinical research and a key feature of the department is the close integration of University and NHS surgeons. University surgeons in parallel with directing programmes of research play an important role in the development and delivery of specialist surgical services. Similarly, many NHS surgeons are, in addition to their clinical responsibilities, undertaking high quality clinical research supported through close collaboration with University colleagues. In contrast with the trend in many other UK universities, academic surgery in Cambridge is flourishing and the department continues to expand. The principal research interests are transplantation, stem cell medicine, surgical oncology and orthopaedic surgery. In addition, clinical research of international importance is being led by NHS surgical colleagues across a range of surgical disciplines, including ear, nose and throat surgery, ophthalmic surgery, gastrointestinal surgery and vascular surgery.

Transplantation

The Division of Transplantation, directed by Professor Bradley, has been at the international forefront of clinical developments in organ transplantation for many years and the world-renowned clinical programmes in abdominal organ transplantation based at Addenbrooke's, and thoracic organ transplantation based at Papworth Hospital NHS Foundation Trust, are each underpinned by well-established multidisciplinary research programmes. Research ranges from basic molecular and cellular immunology to translational research and evaluation of new technologies. The Division includes the Transplantation and Regenerative Medicine Theme of the NIHR Biomedical Research Centre. There are strong programmes of basic research into the molecular basis of allograft rejection, with a particular focus on the role of B cells and alloantibody in acute and chronic rejection, interactions between endothelial and immune cells in allograft vasculopathy, molecular mechanisms underlying the induction and maintenance of immunological tolerance, and analysis of physicochemical properties determining the immunogenicity of HLA molecules. The division is undertaking, a number of investigator led single and multi-centre clinical research programmes aimed at evaluating novel immunosuppressive agents, extending donor organ use and minimising organ injury prior to transplantation. Senior investigators in the department are also working closely with scientists and statisticians in the Division of Organ Donation and Transplantation at NHS Blood and Transplant to maximise the outcome of organ transplantation in the UK.

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Stem Cell Medicine

Prof Roger Pedersen's and Dr Ludovic Vallier's groups are conducting research into the early stages of embryonic stem cell differentiation and the genetic mechanisms responsible for these processes. Both mouse and human embryonic stem (hES) cells are being studied, and interfering (si)RNAs are being used to modify gene function and examine the role of specific genes, with the aim of ultimately controlling differentiation into specialised cell types for potential therapeutic use. Research is also being undertaken into the mechanisms responsible for the maintenance of pluripotency in hES cells and the formation of mesodermal and endodermal cell lineages, as well as the epigenetic stability of pluripotent stem cell lines. Both groups interact extensively with other leading investigators within and outwith the University; both are key contributors to the Cambridge Stem Cell Initiative, which aims at biomedical translation of stem cell and regenerative medicine research. Both Prof Pedersen and Dr Vallier are founding members of the School of Clinical Medicine's Anne McLaren Laboratory for Regenerative Medicine (LRM). The LRM has played a key role in the Cambridge Stem Cell Initiative by serving as the Clinical School host for the MRC Centre for Stem Cell Biology and Regenerative Medicine, which together with the Wellcome Trust Centre for Stem Cell Research on Tennis Court Road constitute the hubs of the Cambridge Stem Cell Initiative. In 2009, Dr Vallier established the human induced pluripotent stem cell Core Resource, with support from the National Institute for Health Research Cambridge University Hospitals NHS Trust Biomedical Research Centre. During the past two years, the hiPSC Core Facility has derived more than 400 hiPSC lines from 60 patients suffering from neurodegenerative diseases, cardiovascular syndromes,

metabolic and blood disorders. In parallel, the hiPSC Core Facility has become a major training centre by accommodating more than 20 visiting scientists and by supporting the development of similar platforms in several European countries.

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Surgery

Orthopaedics (Department of Surgery)

The Orthopaedic Research Unit, directed by Professor Neil Rushton, has a novel programme of fundamental and translational research in bone and joint repair using in vitro and in vivo approaches.

The basic science programme is designed to elucidate the developmental cascade of the osteoblast and chondrocyte lineages, both from known precursors and novel sources, and to understand their interaction with normal and newly developed matrices. Understanding how local niches impinge on the developmental cascade is a new theme. In addition to investigations on the developmental cascade there is an ongoing programme investigating the damage/repair response of the osteochondral unit.

In collaboration with the Departments of Materials Science and Engineering we are evaluating the interactions of human cells and in particular mesenchymal stem cells with collagen-based materials for the regeneration of cartilage, meniscus and tendon. With the Department of Chemistry we are using nuclear magnetic resonance spectroscopy to investigate chemical signatures within bone matrix and between the matrix and mineral phases of bone.

Translational research has resulted in the CE marking and first in man trials of an osteochondral repair product following development work carried out in the Unit. The clinical use of bone substitute materials in impaction grafting has been supported by research on the mechanical properties of mixtures of bioactive ceramic and bone.

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Surgical Oncology

The uro-oncology division, directed by Professor Neal, is closely associated with the Departments of Oncology and Surgery. Cambridge has the largest robotic prostatectomy programme within the NHS and this, together with other clinical trials has allowed the development of a well-annotated bio-repository. Neal is one of the three PIs on a major NIHR funded trial (Protect) to determine the best treatment for men with early prostate cancer and is the largest ever surgical trial in prostate cancer. Collaborative genetic research continues with Strangeways and the ICR in London.

There is a large translational research programme involving Gnanapragasam and experimental medicine studies including imaging led from the Cambridge Research Institute where Neal is group leader. Following studies of SNPs in prostate cancer, novel biomarkers have been developed. The majority of the work in the CRI is focused on androgen receptor signalling where we have discovered novel binding sites and functionally important therapeutic targets.

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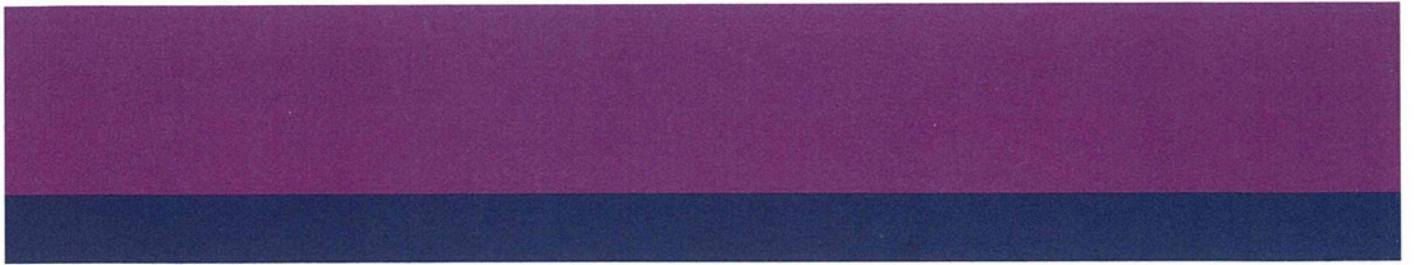
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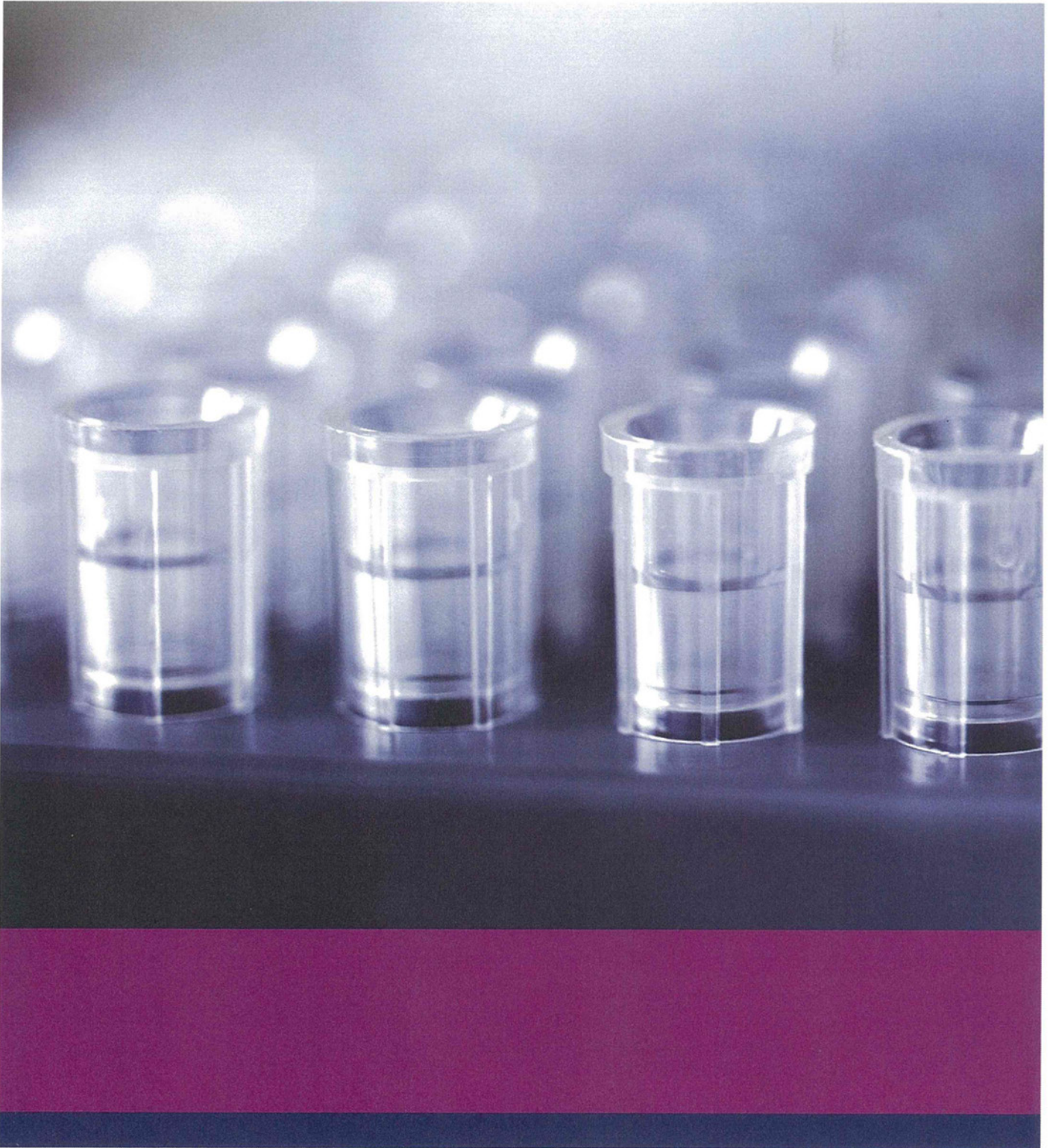
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CAMBRIDGE UNIVERSITY
Health Partners



School of Clinical Medicine
Review 2009–2011

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Introduction



Aerial view of campus



Regius Professor of Physic, Sir Patrick Sissons

Welcome to the Clinical School Review for 2009–2011. It tells a story of continuing progress in the development of the University's School of Clinical Medicine – progress, in all aspects of the 'tripartite mission' of education, research and clinical service.

This mission is enshrined in the constitution of Cambridge University Health Partners which brings together the University and its three principal NHS partners – Cambridge University Hospitals NHS Foundation Trust, Papworth Hospital NHS Foundation Trust and Cambridgeshire and Peterborough NHS Foundation Trust – in a new legal entity from 2009. It is one of five such partnerships formally designated as Academic Health Science Centres by the Department of Health in England. As I write, this is a time both of opportunity and challenge for

all University/NHS partnerships. The opportunities lie in the translation of the outstanding research being pursued across the University and the partnership into advances in the treatment and management of disease. As this report shows, the vitality and success of our biomedical and translational research has never been greater. At the same time the challenge lies in the current major structural reorganisation within the NHS, and in the accompanying drive for efficiency savings across the whole service. This inevitably impacts on our NHS partners as it does throughout