

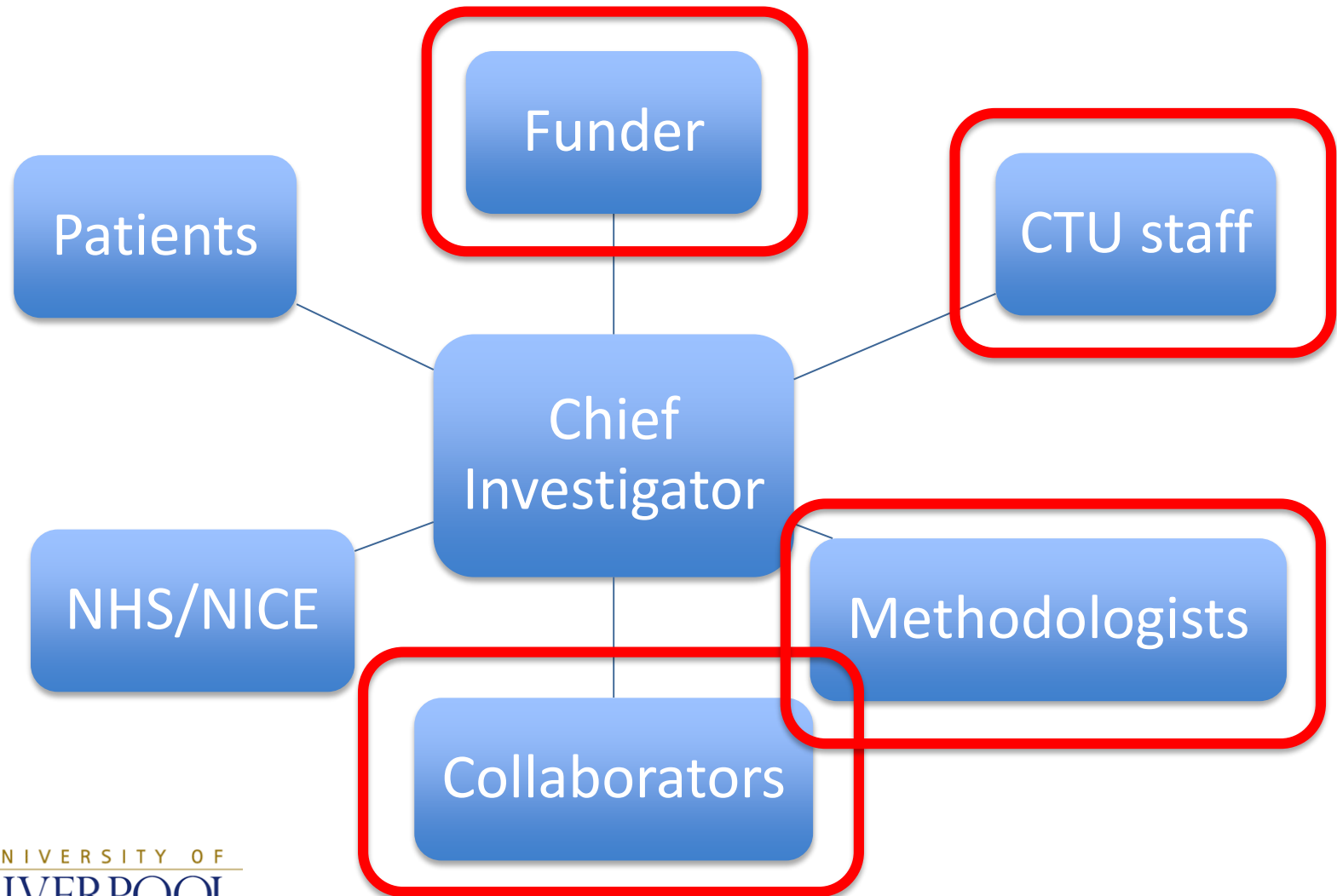
How to be a good Chief Investigator: Some persona reflections

Tony Marson
Professor of Neurology
University of Liverpool &
The Walton Centre NHSFT

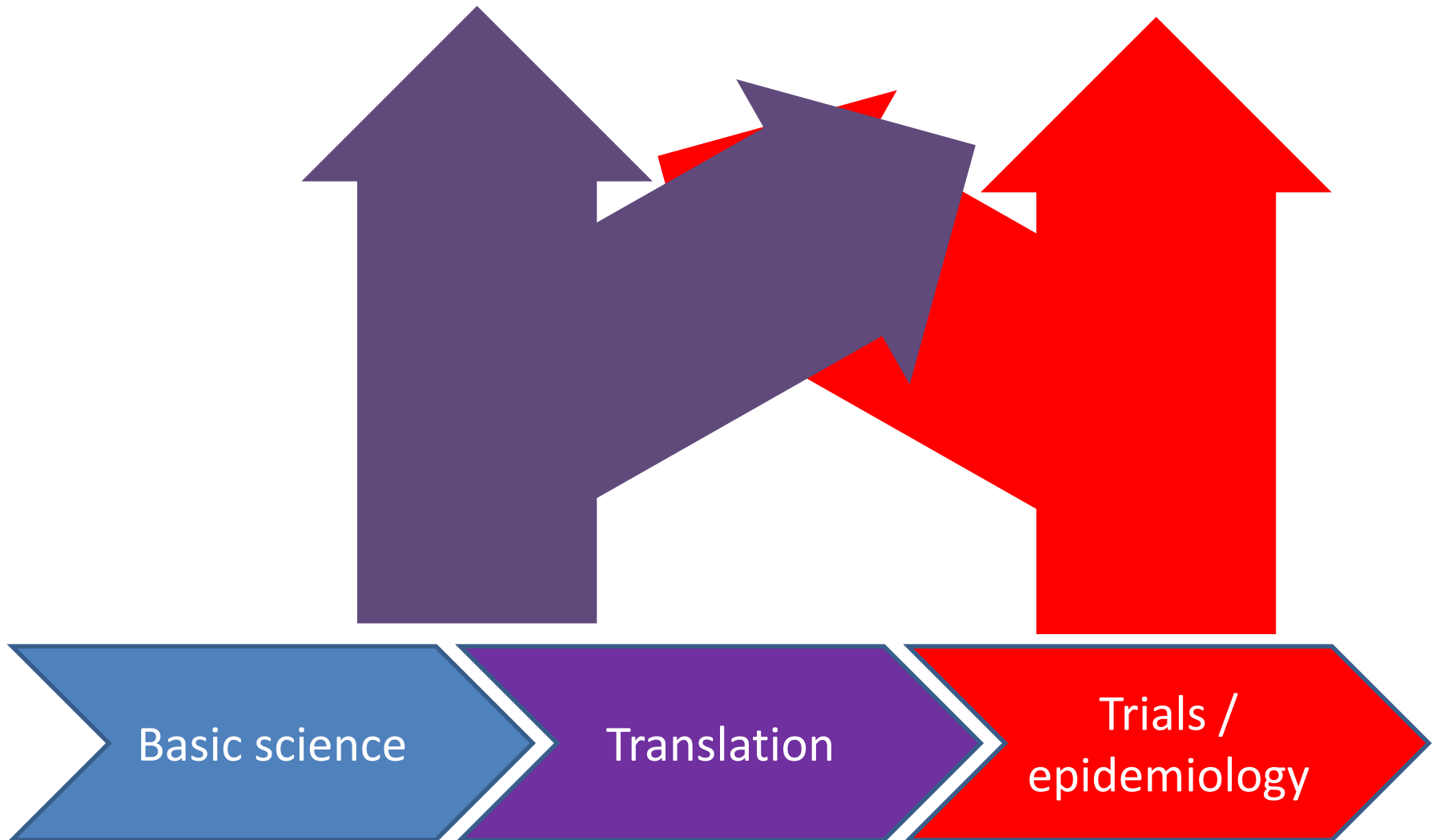
Subtext for the methodologists in the audience....

-what can I do to help foster the next generation of good Chief Investigators?

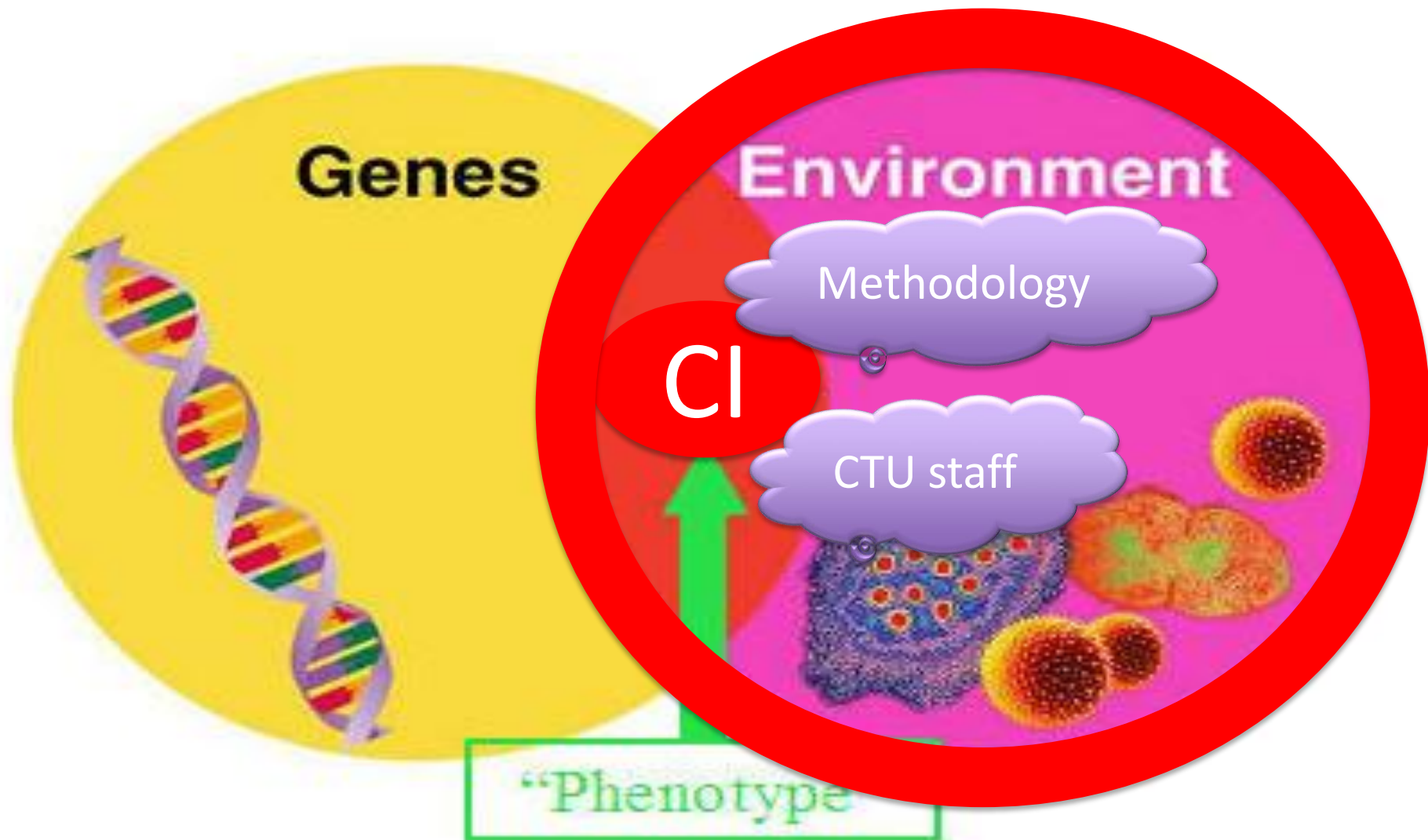
Who gets to judge if you are a good CI?



Career trajectories



We are the product of our genes and environment

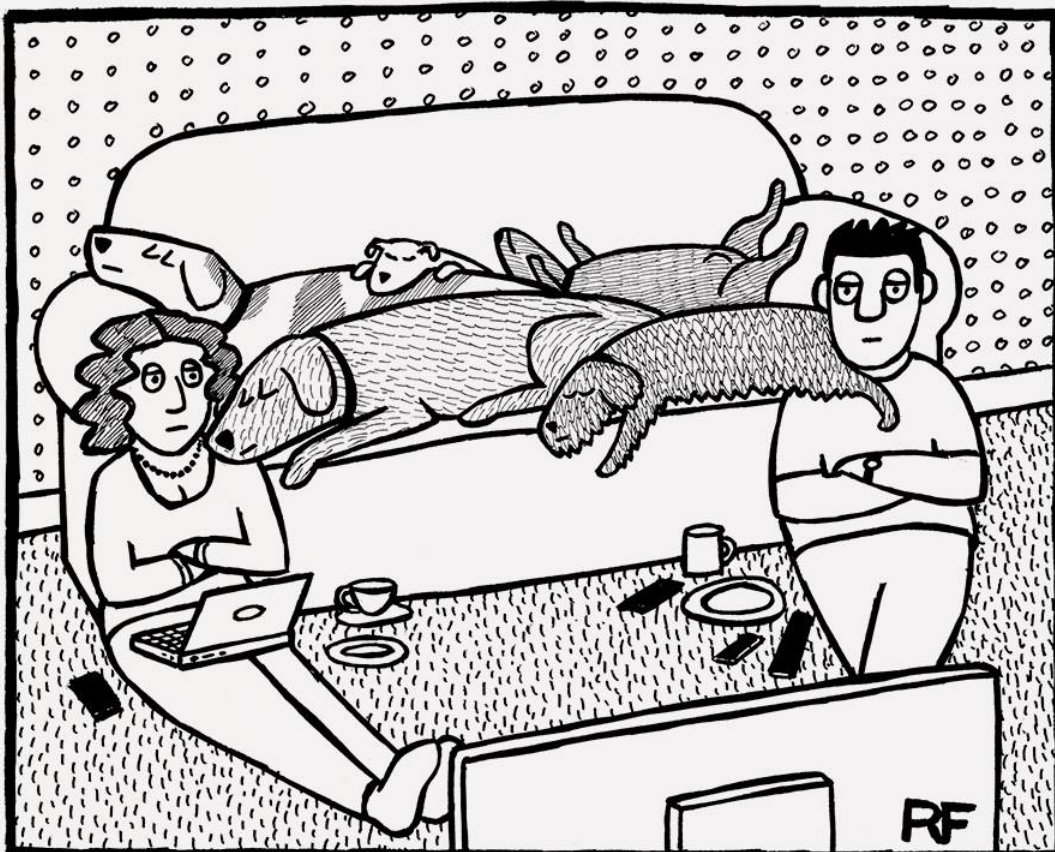


What can institutions do to help create the right environment?

- Active clinical research programmes that bring together HEIs and NHS organisations
- Methodologists integrated into clinical research themes
- NHS facing CTU's
- Integrated clinical academic training programmes
- NHS culture that supports encourages P/CIs
- Mentorship

An apprenticeship

- Need for mentorship one of the key feedback points from the good CI workshop
- Taking advantage of existing critical mass
- Systematic reviews are a great opportunity to
 - Learn about evidence and study design
 - Work with methodologists
- Mentorship from established CI and CTU
 - Part of study team
 - ‘Deputy’ CI
 - First time CI.....



IN LIZ AND DAVID'S HOUSE
EVERYONE KNEW THEIR PLACE

Identify the right question that....

- Is important to patients and the NHS
- Is important to clinical collaborators
- You can sell to colleagues



Building a network of collaborators

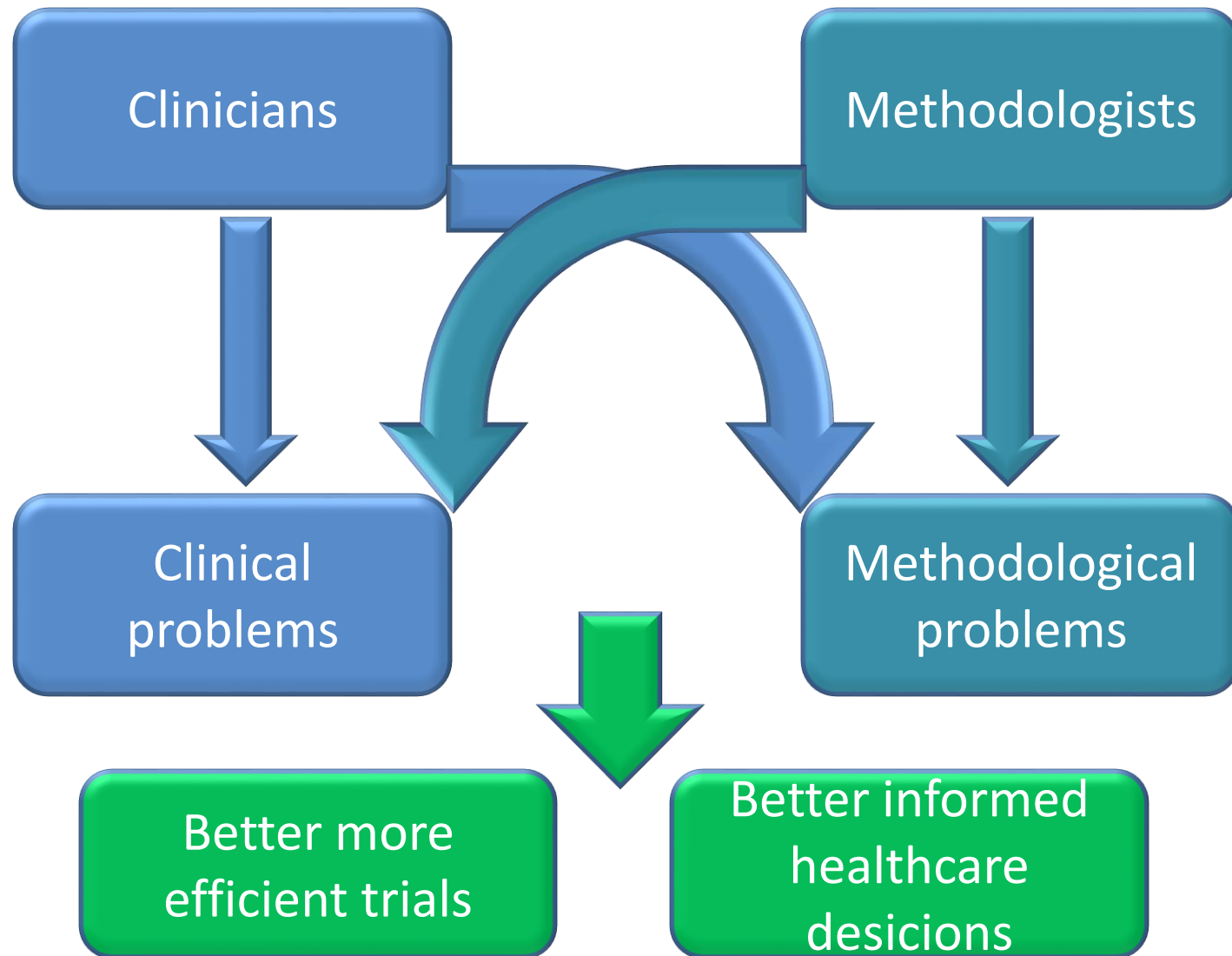
- Hard work and takes time
- Often needs credibility as a clinician and a researcher
- Personal relationships with key players
- Social element
- What's in it for them?
- Involve them in trial development
- Track record of delivery



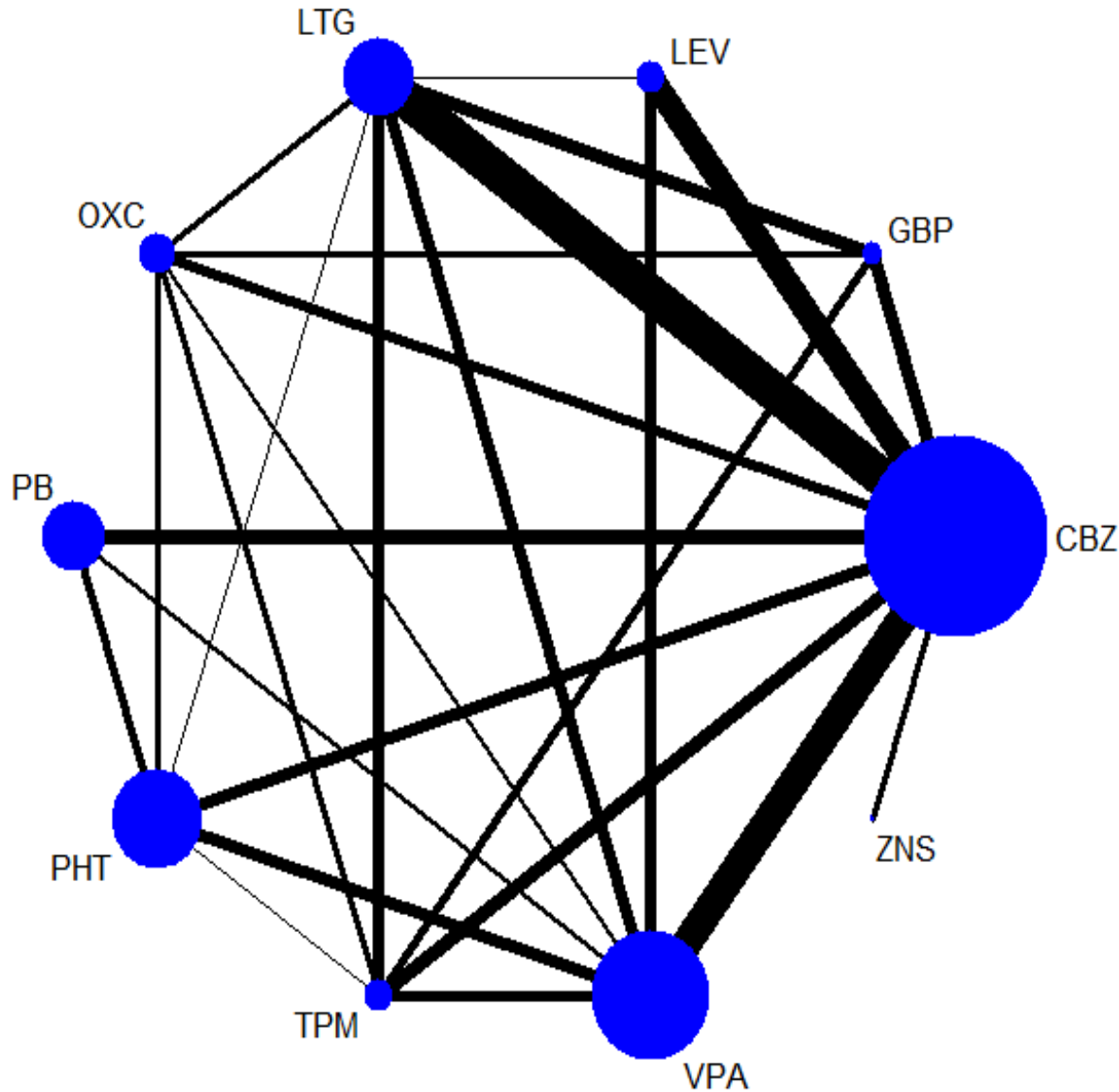
Build relationships with methodologists



Clash of cultures?



Network Meta-Analysis



Ten Antiepileptic Drugs

Carbamazepine (CBZ)
Phenobarbitone (PHB)
Oxcarbazepine (OXC)
Phenytoin (PHT)
Valproate (VPA)
Lamotrigine (LTG)
Gabapentin (GBP)
Topiramate (TPM)
Levetiracetam (LEV)
Zonisamide (ZNS)

Risk of recurrence after a first seizure and implications for driving: further analysis of the Multicentre study of early Epilepsy and Single Seizures

L J Bonnett, statistical research assistant,¹ C Tudur-Smith, senior lecturer in medical statistics,¹ P R Williamson, director and professor of medical statistics,¹ A G Marson, professor of neurology²

OPEN ACCESS Freely available online

PLOS ONE

External Validation of a Prognostic Model for Seizure Recurrence Following a First Unprovoked Seizure and Implications for Driving

Laura Jayne Bonnett^{1*}, Anthony G. Marson², Anthony Johnson^{3,9}, Lois Kim⁴, Josemir W. Sander^{5,10,11}, Nicholas Lawn⁶, Ettore Beghi⁷, Maurizio Leone⁸, Catrin Tudur Smith¹

1 Department of Biostatistics, University of Liverpool, Liverpool, United Kingdom, **2** Department of Molecular and Clinical Pharmacology, University of Liverpool, Liverpool, United Kingdom, **3** Medical Research Council Biostatistics Unit, Cambridge Institute of Public Health, Cambridge, United Kingdom, **4** Department of Medical Statistics, London School of Hygiene and Tropical Medicine, London, United Kingdom, **5** National Institute for Health Research, University College London Hospitals Biomedical Research Centre, London, United Kingdom, **6** Western Australian Comprehensive Epilepsy Centre, Royal Perth and Fremantle Hospitals, Perth, Australia, **7** Department of Neuroscience, Istituto di Ricerche Farmacologiche Mario Negri, Milano, Italy, **8** Clinica Neurologica, Ospedale Maggiore della Carità, Novara, Italy, **9** Medical Research Council Clinical Trials Unit, London, United Kingdom, **10** University College London Institute of Neurology, London, United Kingdom, **11** Epilepsy Society, Chalfont St Peter, United Kingdom

Cost savings and improved patient outcomes from best management of epilepsy

Marson AG¹, Mahon J², Boland A¹, Depondt C³, Bonnett L¹,
Kälviäinen R⁴



POSTER PRESENTATION

Open Access

The trials and tribulations of accessing data from routine sources

Graham Powell^{1*}, Tony Marson¹, Dyfrig Hughes², Paula Williamson¹, Catrin Tudur-Smith¹

From 3rd International Clinical Trials Methodology Conference
Glasgow, UK. 16-17 November 2015

There are a number of administrative datasets that routinely record information on individuals in the UK. Such routine or 'Big Data' sources record specified data variables that are largely limited to those that enable the intended objectives of the data holder. Routine sources include clinical datasets such as Hospital Episode Statistics (HES) and the Clinical Practice Research Datalink (CPRD). In addition, non-health data is recorded by

Published: 16 November 2015

doi:10.1186/1745-6215-16-S2-P225

Cite this article as: Powell et al.: The trials and tribulations of accessing data from routine sources. *Trials* 2015 **16**(Suppl 2):P225.

DEVELOPING a core outcome set in cauda equina syndrome

Mr Nisaharan Srikandarajah (Specialist Trainee & Research Fellow)

Mr Martin Wilby (Consultant Neurosurgeon)

Mr Simon Clark (Consultant Neurosurgeon)

Dr Adam Noble (Psychological sciences lecturer)

Prof Paula Williamson (Professor of Biostatistics)

Prof Tony Marson (Professor of Neurology)

The Walton Centre 
NHS Foundation Trust

Excellence in Neuroscience 



Conclusions

- Methodological research in clinical trials provides a great opportunity for clinical investigators to learn the ropes and contribute to the methodological agenda
- Methodologists have an important role in creating the environment to grow chief investigators. That's a proactive not a reactive role!