

The Inaugural Thrombosis Research in Advanced Disease Alliance Scientific Meeting



Wednesday 24th November 2010
Holland House Hotel, Cardiff, Wales



The Inaugural Thrombosis Research in Advanced Disease Alliance Scientific Meeting

Welcome to the first TRAD Alliance Conference.

The TRAD Alliance is a partnership between Cardiff University and the Hull & York Medical School created to address the need for research into the management of Venous Thromboembolism (VTE) in patients with advanced malignant and non-malignant diseases.

The aim of the TRAD Alliance is to develop a collective of patient bodies and research organisations to improve patient care in the management of advanced malignant and non-malignant disease.

It is hoped this event will promote a spirit of information sharing and an honest and open forum for debate with presentations of current and future research and a showcase of current TRAD Alliance projects.

Wednesday 24th November 2010
Holland House Hotel, Cardiff, Wales

Programme of Events

Morning Session

- Chair:** Dr Paul Keeley, Consultant Palliative Care Physician, Glasgow
- 9.00am** Registration & Coffee
- 9.30am** Welcome & Introduction
- 9.40am** "Venous thromboembolism in the palliative care setting: what are the challenges?"
(Dr Simon Noble, Clinical Senior Lecturer in Palliative Medicine, Cardiff University)
- 10.20am** "The management of venous thromboembolism when the evidence is lacking"
(Dr Miriam Johnson, Senior Lecturer in Palliative Medicine, Hull York Medical)
- 11.00am** Coffee Break
- 11.30am** "Update on anticoagulants: how do they apply to palliative care?"
(Dr Trevor Baglin, Consultant Haematologist, Addenbrookes Hospital, Cambridge)
- 12.15pm** "Researching venous thromboembolism in vulnerable adult populations"
(Professor David Fitzmaurice, Professor of Primary Care, Birmingham University)
- 1.00pm** Lunch

Programme of Events

Afternoon Session

Chair: Professor Kerenza Hood, Director South East Wales Trials Unit

- 1.50pm** "Defining the scope of the problem: Introducing TROPHY: Thrombosis Registry of Palliative and Hospice Patients"
(Dr Simon Noble, Clinical Senior Lecturer in Palliative Medicine, Cardiff University)
- 2.10am** "Defining the scope of the problem: the Hospice Thromboprophylaxis Project"
(Dr Suzannah Gillon, Specialist Registrar, St Catherine's Hospice Scarborough)
- 2.25pm** "Thromboprophylaxis in the ambulant cancer patient"
(Dr Anthony Maraveyas, Senior Lecturer in Oncology, York Medical School)
- 3.05pm** Coffee Break
- 3.30pm** "Researching patient and clinician relevant outcomes"
(Dr Laura Sheard, Hull York Medical School)
- 4.00pm** "In pursuit of the elusive palliative care randomised control trial"
(Dr Anthony Byrne, Medical Director, Marie Curie Palliative Care Research Group, Cardiff University)
- 4.30pm** Close

TRAD Alliance 2010 Inaugural Conference Abstracts

Venous Thromboembolism in the Palliative Care Setting: What Are the Challenges?

(Dr Simon Noble, Clinical Senior Lecturer in Palliative Medicine, Cardiff University)

Venous thromboembolism (VTE) is a common occurrence in cancer patients and its management brings particular challenges. Cancer patients experience a higher incidence of recurrent VTE and bleeding complications in comparison to those without malignancy and these risks appear to increase with disease progression.

Studies which have informed the management of VTE in cancer arguably exclude a proportion of patients falling under the remit of palliative care including those with poor performance status, thrombocytopenia, brain metastases and short life expectancy. The extent to which current cancer VTE guidelines can be extrapolated to the palliative care population is therefore a topic of debate.

The primary prevention of VTE is even more debatable and the evidence base in the palliative care setting is somewhat lacking. Outcome measures informing prophylaxis studies are considered less applicable to advanced cancer patients and some clinicians feel VTE prevention is not appropriate for palliative patients. This talk will identify challenges faced in managing VTE in advanced cancer patients and address some misperceptions which inhibit the delivery of evidence based care.

The Management of Venous Thromboembolism When the Evidence is Lacking

(Dr Miriam Johnson, Senior Lecturer in Palliative Medicine, Hull York Medical)

Evidence that VTE in cancer patients should be treated with long term low molecular weight heparin rather than warfarin, is changing VTE management. However, the risk of VTE increases with increasing extent of cancer, and with anti-cancer therapies. Thus the clinician often faces difficult therapeutic decisions in situations where the patient under their care has a performance status less than that of participants in clinical trials. The clinical problem may also be more complex – thrombocytopenia, brain metastases - or one not clearly studied with well designed, adequately powered random controlled trials. How do the patient and clinician come to a management plan when there is a dearth of clear evidence to guide? This session will discuss possible approaches to management when the evidence base is incomplete.

Update On Anticoagulants: How Do They Apply to Palliative Care?

(Dr Trevor Baglin, Consultant Haematologist, Addenbrookes Hospital, Cambridge)

There is a strong association between cancer and venous thrombosis (VTE). Patients with cancer are more likely to develop a VTE. Those with metastatic disease are at greatest risk. Clinical trials have shown continued treatment with low molecular weight heparin (LMWH) is preferable to oral anticoagulation with a vitamin K antagonist (VKA, warfarin) in patients with cancer and thrombosis.

Patients with cancer who develop a VTE have a shorter survival and there is evidence tumour progression is promoted by activation of coagulation and fibrin formation. In patients with limited disease and predicted survival to be more than 6 months a survival advantage is apparent in patients treated with heparins.

A variety of new oral and parenteral anticoagulant drugs will soon be licensed and available for prevention and treatment of VTE. Whilst more expensive than VKA for long term treatment they will be cost neutral in patients with cancer where the preferred treatment is LMWH. Therefore, how they differ from current drugs and what Implications these differences have for clinical outcomes are as important in patients with cancer compared to those without. There are new oral

TRAD Alliance 2010 Inaugural Conference Abstracts

Cont.....Update On Anticoagulants: How Do They Apply to Palliative Care?

(Dr Trevor Baglin, Consultant Haematologist, Addenbrookes Hospital, Cambridge)

drugs with predictable and stable pharmacokinetic and pharmacodynamic profiles with few side effects and drug interactions, and simple dose regimens without the need for monitoring. If they prove effective, more easily administered and acceptable to patients (and safer) than current drugs; the threshold for prescribing in palliative care patients may be lowered. As there is no apparent survival advantage associated with heparin treatment in patients with advanced disease and limited survival there should be no concern in using new oral anti coagulant drugs for them. Clinical trials in patients with cancer are now required. These drugs will likely be licensed for VTE treatment in 2011 and early use for prevention and treatment of VTE in patients with cancer should be considered.

Researching Venous Thromboembolism in Vulnerable Adult Populations

(Professor David Fitzmaurice, Professor of Primary Care, Birmingham University)

Up to 60,000 deaths a year in the UK are attributable to venous thromboembolism (VTE) acquired in hospital. There are NICE guidelines and risk assessment tools to try and reduce this. Nursing home residents also represent a significant public health problem with similar risk factors to those of hospital in-patients, however there are minimal data currently available on the scale of the problem. The clinical benefit of prophylactic treatment for VTE in hospitals is established, yet in the NH setting we have little understanding of VTE incidence, level of prevention and treatment strategy.

The over-arching aim of this project is to improve the prevention of venous thromboembolism in nursing homes (NH). The primary objective is to evaluate within nursing homes the incidence rates of possible VTE. Secondary objectives are to produce a risk assessment tool for VTE prevention specific to nursing home residents and to utilise the data from this study to support an application for funding for a randomised controlled trial of utilising this tool as a therapeutic intervention to reduce mortality and hospital admission from VTE in nursing home residents. The costs of VTE risk assessment, prevention and clinical events will also be assessed.

1000 residents recruited from approximately 60 nursing homes providing informed consent will have baseline assessment of VTE risk taken; co-morbidity; medication; functional ability and VTE prevention strategies and will be followed up every 3 months for a year. Case records will be checked for any change in risk status from baseline. Expected outcomes include a number of VTE events, associated hospital admissions, deaths and costs in relation to risk assessment and preventive strategies. The trial will also attempt to determine a pragmatic risk assessment tool for NH residents, building on the DH risk assessment tool for hospital in-patients. Sample calculations are based on estimation of pulmonary embolism death rate to within 2% assuming a death rate of approximately 8% and that 1,000 residents can be recruited.

The ageing population means in the next 20 years the potential impact is that the number of NH residents is expected to increase substantially. Staying in a NH has associated morbidity and mortality, e.g. it is an independent risk factor for VTE with an 8-fold increased risk compared to people in their own home. In 2004, an estimated 410,000 older people lived in residential and nursing homes across the UK.. Currently there are no data on either NHS burden or cost of VTE acquired in nursing homes. This study will identify for the first time the risks of VTE associated with residing in a UK nursing home. The data will allow strategies to be developed to reduce the impact of this potentially fatal condition, similar to those for hospital in-patients.

TRAD Alliance 2010 Inaugural Conference Abstracts

Defining the scope of the problem: Introducing TROPHY: Thrombosis Registry of Palliative and Hospice Patients

(Dr Simon Noble, Clinical Senior Lecturer in Palliative Medicine, Cardiff University)

Whilst there excellent data to guide the management of cancer associated venous thromboembolism (VTE), these studies excluded the sicker, more advanced cancer patients whom frequently fall under the management of palliative care teams. In particular, there is little published data to guide the management of patients with thrombocytopenia, brain metastases, bleeding, cachexia, recurrent VTE and poor performance status. Furthermore the problems faced by the palliative population may differ to the earlier stage patient and current literature on the epidemiology and natural history of cancer associated thrombosis may not reflect the experiences of palliative teams.

There is a growing appreciation within palliative care of the benefits of clinical databases in the pursuit of data synthesis and hypothesis generation; only by identifying the scope of the problem can we develop a strategy to research how to manage it. The Thrombosis Registry of Hospice and Palliative Units (TROPHY) is an online database which aims to prospectively collect focussed clinical data about palliative care patients with VTE. Through collaboration with TRAD allies the hope over time is to capture data for 1000 patients to gain a clearer insight into current practice and outcomes within our speciality. This talk will be the first launch of the TROPHY database with a demonstration of the online data entry system.

Defining the Scope of the Problem: The Hospice Thromboprophylaxis Project

(Dr Suzannah Gillon, Specialist Registrar, St Catherine's Hospice Scarborough)

Primary thromboprophylaxis (PTP) is a Department of Health priority in England. The NICE Guidelines agree that PTP is inappropriate in the dying patient, but should be considered for those with reversible pathology. In the light of continued variation and uncertainty in UK hospice practice, we assessed PTP prescribing in three hospices by reviewing case notes of consecutive admissions before (300 patients) and after (350 patients) implementation of the Pan Birmingham Cancer Network (PBCN) VTE prevention guidelines.

Just under half (43%; 40%) of patients had a contraindication to anticoagulation and PTP. Whilst just under a tenth (8.6%; 8.7%) in each group had a temporary increased risk of VTE, considerably fewer (3.6%; 6.3%) had a temporary increased risk of VTE without contraindication to PTP. Patients receiving PTP increased slightly from 1% to 3.6% and documentation of PTP decisions increased from 5% to 81%.

Whilst the PBCN VTE tool is a useful tool to tailor an approach for this complex patient group, many questions remain. Clinical trials that include patients with advanced disease with relevant outcome measures are needed to help inform the clinicians who care for them.

TRAD Alliance 2010 Inaugural Conference Abstracts

Thromboprophylaxis in the Ambulant Cancer Patient

(Dr Anthony Maraveyas, Senior Lecturer in Oncology, Hull York Medical School)

Several studies have assessed the use of Low Molecular Weight Heparin (LMWH) for thromboprophylaxis in outpatients with metastatic breast cancer, non-small-cell lung cancer, or grade III–IV malignant gliomas. None of these studies led to practice changing results. Metanalyses have pointed to potential benefits though. Recently a study with a mixed cancer population (PROTECHT) demonstrated the use of primary prophylaxis dosing of nadroparin can reduce the risk of thrombosis by 49%. However low percentages of improvement in the control group made the adoption of this practice an unlikely prospect. While thromboprevention in patients with C-VADs (cyclophosphamide, vincristine, adriamycin and dexamethasone – chemotherapy) is not recommended due to negative results from Randomised Controlled Trials (RCT's). Bizarrely, data from uncontrolled studies has suggested aspirin, LMWH or warfarin might be effective in reducing VTE in patients receiving thalidomide-based or lenalidomide-based chemotherapy for multiple myeloma resulting in the adoption of 'thromboprevention'.

More recent research concentrating on specific malignancies and studying LMWHs with the same care and patient (stage-treatment) specification afforded to an anticancer agent has seen some notable results (FRAGEM, CONKO-04); establishing that weight adjusted LMWH significantly reduces the incidence of VTE in these patients. These results potentially pave the way to change in guideline recommendations for this malignancy. A major study in lung cancer (FRAGMATIC) is still ongoing and is hoped to establish new standards of care for these patients when it reports.

Researching Patient and Clinician Relevant Outcomes

(Dr Laura Sheard, York Medical School)

This presentation will discuss the problem of how established outcome measures for patients with advanced cancer and venous thromboembolism (VTE) are often not relevant to patients. Also presented upon will be Interim findings from the Doctors Decide project.

VTE is a common and serious problem for patients with advanced cancer. Long-term anti coagulation with Low Molecular Weight Heparin (LMWH) is indicated by treatment guidelines but it is difficult to know whether these apply to people with advanced cancer because to date clinical trials have excluded such patients (Maraveyas & Johnson, 2009). Trials in this area report clinical outcome measures are considered less relevant to an advanced disease population in whom quality of life is paramount. For instance, outcomes may be radiologically or clinically apparent for practitioners but this can be at odds with the patient experience of what is distressing or simply of importance to them. A pertinent example would be that of a patient coughing up blood, sometimes considered not clinically significant to warrant as an outcome measure but immensely distressing to the individual patient.

Furthermore, the bleeding complications inherent with anti coagulation in this patient group render established outcome measures useless in the palliative care setting, especially when focus of care may be on symptom control. Literature shows that thromboprophylaxis guidelines for use in the general population are not thought to be transferable to the advanced cancer population, with outcome measures from the general population considered less meaningful to palliative care

TRAD Alliance 2010 Inaugural Conference Abstracts

Cont....Researching Patient and Clinician Relevant Outcomes

(Dr Laura Sheard, York Medical School)

patients (Noble et al, 2008) Our research team have recently submitted an application to the Research for Patient Benefit programme to investigate the issue described above using qualitative methodology with patients and carers, to find out what outcome measures are important *to them*.

Currently, our research team are conducting a qualitative study (Doctors Decide project) looking at what influences clinicians decision making around the diagnosis, treatment and management of people with VTE and advanced cancer. We are interviewing oncologists, palliative care physicians and general practitioners. Emergent themes from Doctors Decide will be discussed during the presentation. This will include data from both stages of the project, encompassing both 'think aloud' interview analysis from stage one alongside pertinent themes from the in depth interviews currently being conducted for stage two.

In Pursuit of the Elusive Palliative Care Randomised Control Trial

(Dr Anthony Byrne, Consultant in Palliative Medicine,

Director of the Marie Curie Palliative Care Research Centre, Wales Cancer Trials Unit)

Randomised controlled trials, and meta-analyses thereof, remain the gold standards for provision of a clinical evidence base. However the RCT approach can produce significant challenges in assessing complex interventions in heterogeneous, unstable patient populations.

This presentation highlights key challenges in the palliative care context and discusses the role of organised observation and pattern recognition as part of the 'holy grail' leading to a robust evidence base. It champions the argument that, rather than being an excuse for an 'anything goes' approach to research, complexity should be a motivating force. This requires a well governed, fully integrated research environment with appropriate academic skill-mix. The presentation will review the current state of play in this regard, underlining the important role of the Alliance and identifying opportunities for collaboration.

The TRAD Alliance Team



Dr. Simon Noble:

Co-Director of the TRAD Alliance, Dr. Noble is a Clinical Senior Lecturer in Palliative Medicine at Cardiff University and Honorary Consultant at the Royal Gwent Hospital in Newport. Dr. Noble's research interests include the management of VTE in cancer; quality of life effects of VTE and their therapies and clinical decision making in VTE management and the patient journey. He is also the co-investigator on the FRAGMATIC study; an RCT of lung cancer patients investigating dalteparin's impact on

survival in lung cancer patients.

Dr. Noble is medical director for the Thromboprophylaxis intervention on the 1000 Lives Campaign in Wales; he chairs the All Wales Thromboprophylaxis Group and the All Wales Thrombosis Campaign for Lifeblood in his capacity as Lifeblood Medical Director for Wales. He is treasurer of the UK Thromboprophylaxis Forum and is on the NICE guideline development group for thromboprophylaxis in hospitalised patients.

He is also an author of 5 books, 20 chapters and over 50 original papers and abstracts; with his most recent book being "Venous thromboembolism in Advanced Disease".



Dr. Miriam Johnson:

Co-Director of the TRAD Alliance, Dr. Johnson has been Senior Lecturer in Palliative Medicine at Hull-York Medical School since 2006. She is continuing her research interests in breathlessness and VTE following her MD thesis on DVT in hospice in-patients. This used light reflection rheography as a screening tool and analysed the management of VTE in patients with advanced cancer and established thrombosis.

She is a member of the NCRI palliative care clinical study group, its breathlessness research sub group and an elected member of the Association for Palliative Medicine (UK)'s science committee. Holding two current NIHR grants (oxygen for people with chronic heart failure, and clinical decision making in VTE in people with advanced cancer), she has just completed a SuPaC funded project in non-pharmacological management of breathlessness.

Dr. Johnson is the lead research clinician for her cancer network and is local specialty group lead for palliative care for the North East Yorkshire and North Lincolnshire region. She is co-editor of the first book addressing the problems of VTE in people with advanced disease: "Venous thromboembolism in Advanced Disease".

The TRAD Alliance Team



Dr. Anthony Maraveyas:

A Co-Director of the TRAD Alliance, Dr. Maraveyas graduated from Athens Medical School in 1983 and completed his medical training in internal medicine in 1990. During this time he developed an interest in the field of medical oncology and trained next to professor Skarlos. In 1991 he was awarded a grant to study 'Immunology and Cancer' and commenced studies at the ICRF laboratories, RPMS Hammersmith, under Prof Epenetos. In 1994 he obtained a PhD from London University on the application of radiolabeled monoclonal antibodies in the treatment of head and neck cancer.

He became a lecturer at St George's Hospital Medical School studying the application of allogeneic vaccines in Melanoma with Prof. A. Dalglish. In 1999 he became Senior Lecturer in Medical Oncology at the PGMI of the University of Hull helping establish the Cancer services for HYCCRN and the new Hull York Medical School (HYMS). He treats gastrointestinal cancers with an interest in the impact of thrombosis on these patients, melanoma and renal cell carcinoma.

Research interests include the targeting of cancer neo-vasculature and the haemostatic apparatus to interfere with cancer metastasis. He is the CI for the FRAGEM trial, NCRN director for HYCCRN.



Prof. Kerry Hood:

Prof. Hood is a Co-Director of the TRAD Alliance and Director of the South East Wales Trials Unit (SEWTU). SEWTU builds on work previously undertaken with colleagues to increase the number and quality of trials conducted in Wales. SEWTU is funded by NISCHR, formerly CRC Cymru for which Kerry sat on the Operational Steering Group.

Kerry joined the Dept. of Primary Care & Public Health, in the School of Medicine at Cardiff University in 1997; becoming a Senior Lecturer in Statistics in 2002. Kerry later achieved promotion as a Reader in Statistics. As a Professor in Statistics, in 2010 Prof. Hood accepted the role of Deputy Head of the Department. She is involved with research projects including collaborations with British universities and countries and institutions across the USA and Europe.

Kerry's main research interests are in randomised trials, outcome measure development and method comparisons. In addition, she is a reviewer for several medical journals, the MRC and the HTA, as well as being a member of research groups and bodies including the Royal Statistical Society. Kerry is also an independent member of committees for a number of trials and projects.

The TRAD Alliance Team



Ms Annya Stephens-Boal:

As Lay Representative to the TRAD Alliance, Ms Stephens-Boal has worked as a PA/Executive Officer for 25 years in clinical, teaching and research fields in the NHS, private medicine, and university sector. In 2007 she accepted the post as Executive Officer for Lifeblood: the Thrombosis Charity which has been instrumental in campaigning for mandatory VTE risk assessment and is recognised as a key patient group for VTE in Europe.

With a key role in running National Thrombosis Week, she represents the views of patients and carers at Lifeblood Trustee meetings and at NICE. She talks to people every day who have developed clots or who have lost family members to thrombosis and is acutely aware of the devastation this causes in people's lives. With a family history of venous thromboembolism; both she and her sister have several diagnoses of DVT and pulmonary emboli. Her mother also died of a pulmonary embolism 27 years ago.

As Anya says "There is still a great deal of work to be done both with healthcare professionals and members of the public in...awareness and research. My own Mum has been dead for nearly 30 years now, but the legacy of the way in which she died lives on".



Mr John Evans:

Project Officer for the TRAD Alliance, Mr Evans is the IT Manager for SEWTU. With an MSc in Health Information Management from the University of Wales, Aberystwyth and an honours degree in IT from the University of Glamorgan; John has experience setting up and managing databases for the design, implementation and analysis of epidemiological studies; developing key expertise within management and research.

John worked in the private and public sector and has clear understanding of the needs for collecting, manipulating and disseminating data from Primary and Secondary Care sources. Providing this data to various studies and organisations has led to many peer reviewed publications. Product and Industry knowledge includes data warehousing, database management, interrogational programming, analytical scrutiny, report design and web reporting.

John has an interest in data mapping techniques; maintaining data integrity; managing and linking generations of data files from varied sources and ensuring security and confidentiality in compliance to regulations including the Data Protection Act and Caldicott protocols.

The TRAD Alliance Team



Ms Victoria Roberts:

Research Administrator on the TRAD Alliance, Ms Roberts is employed by the South East Wales Trials Unit (SEWTU), part of the School of Medicine within the department of Primary Care and Public Health at Cardiff University.

She was herself a graduate of Cardiff University in 2006 earning a degree in Ancient History and Archaeology from the School of Humanities. Ms Roberts has several years experience working within the administration sector for the Child Health Department of the Cardiff and Vale NHS and has worked for SEWTU for the past 2 years.

In addition to her duties on the TRAD Alliance study, Victoria is administratively responsible for several other trials within SEWTU, including the Anger Management Study and the DUTY study.

Victoria has experienced the effect of thrombosis through family members who have suffered from it with a chance that the condition could be hereditary. As a result, she has a keen interest in thrombosis research and looks forward to working on thrombosis studies in the future.

Conference Attendees

Title	Forename	Surname	Organisation	Email
Dr	Raza	Alikhan	Arthur Bloom Haemophilia Centre	raza.alikhan@wales.nhs.uk
Dr	Clea	Atkinson	St Anne's Hospice	clea@doctors.net.uk
Mrs	Caroline	Baglin	Addenbrooks Hospital	caroline.baglin@addenbrookes.nhs.uk
Dr	Trevor	Baglin	Addenbrookes Hospital	trevor.baglin@addenbrookes.nhs.uk
Dr	Nicky	Baker	Marie Curie Hospice	nicky.baker@mariecurie.org.uk
Prof	Paul	Bennets	Swansea University	p.d.bennett@swansea.ac.uk
Mrs	Betty	Brough		betty.brough@pat.nhs.uk
Dr	Mike	Buck	South East Wales Trials Unit	sismb8@cf.ac.uk
Dr	Anthony	Byrne	Wales Cancer Trials Unit (WCTU)	Anthony.byrne@mariecurie.org.uk Anthony.Byrne2@wales.nhs.uk
Ms	Helen	Chester	St. Michaels Hospice	hsheers@doctors.org.uk
Dr	Ruhena Begum	Chowdhury	Wales Cancer Trials Unit (WCTU)	chowdhuryr@cardiff.ac.uk
Mrs	Denise	Cressey	St Woolos Hospital	denise.cressey@wales.nhs.uk
Dr	Rebecca	Croft	Ty Olwen	rebecca.brearley73@googlemail.com
Dr	Carole	Dacombe	St Peter's Hospice	carole.dacombe@stpetershospice.org
Mrs	Rose	Davies	Nevill Hall Hospital	Rose.Davies2@wales.nhs.uk
Dr	Rhian	Davies	Pfizer Ltd	Rhian.Davies@Pfizer.com
Mrs	Sian	Dawes	South East Wales Trials Unit	wppvas2@cardiff.ac.uk
Mrs	Cathy	Dewdney	Great Western Hospital	Cathy.Dewdney@gwh.nhs.uk
Mrs	Peggy	Edwards		peggy.edwards@wales.nhs.uk
Miss	Sian	Evans	Royal Gwent Hospital	sian.evans2@gwent.wales.nhs.uk; Sian.Evans8@wales.nhs.uk
Prof.	Phillip Adrian	Evans	ABM University Health Board	phillip.evans2@wales.nhs.uk
Mr	John	Evans	South East Wales Trials Unit	evansjd1@cf.ac.uk
Dr	Tamara	Everington	Salisbury NHS Foundation Trust	tamara.everington@salisbury.nhs.uk
Prof.	David	Fitzmaurice	Birmingham University	D.A.Fitzmaurice@bham.ac.uk
Ms	Margaret	Gibbs	St Christopher's Hospice	M.Gibbs@stchristophers.org.uk
Dr	Jas	Gill	Mount Vernon Hospital	jas.gill@nhs.net
Dr	Suzy	Gillon	Bradford Royal Infirmary	suziegillon@doctors.org.uk
Mrs	Rachel	Glascott	Nightingale Macmillan Unit	rachel.glascott@derbyhospitals.nhs.uk
Dr	Margaret	Guy	Phyllis Tuckwell Hospice	margaret.guy@pth.org.uk
Dr	Dylan	Harris	Prince Charles Hospital	dgharris@doctors.org.uk
Dr	Dee	Harris	Marie Curie Hospice	drdee.harris@mariecurie.org.uk
Miss	Tracey	Hawkes	Scarborough General Hospital	tracey.hawkes@acute.sney.nhs.uk
Dr	Mary Catherine	Higgins	Wigan and Leigh Hospice	cathyhiggins497@doctors.org.uk
Dr	Morwenna	Hitchens	Countess Mountbatten House	mhitchens@doctors.org.uk
Prof.	Kerenza	Hood	South East Wales Trials Unit	hoodk1@cf.ac.uk
Dr	Andrew	Hughes	St Oswalds Hospice	andrewhughes@stoswaldsuk.org
Dr	Debbie	Jenkins	Royal Gwent Hospital	Debbie.Jenkins@wales.nhs.uk
Dr	Miriam	Johnson	St. Catherine's Hospice	miriam.johnson@hyms.ac.uk;
Mrs	Samantha	Jones	Royal Gwent Hospital	Samantha.Jones@gwent.wales.nhs.uk
Dr	Paul	Keeley	Glasgow Royal Infirmary	Paul.Keeley@ggc.scot.nhs.uk

Dr	Rebecca Louisa	Lennon	St Catherine's Hospice	rebecca.lennon@stcatherines.co.uk; PA: karen.gahagan@stcatherines.co.uk
Dr	Mary	Lewis	Nightingale Macmillan Unit	marylewis@doctors.net.uk
Miss	Lesley	Magee		lesley.magee@pat.nhs.uk
Mr	Usman	Malik	Velindre Cancer Centre	Usmanali.malik@wales.nhs.uk
Dr	Anthony	Maraveyas	Queen's Centre for Oncology and Hematology	anthony.maraveyas@hey.nhs.uk
Mr	Robert	Martin	Royal Gwent Hospital	robert.martin@wales.nhs.uk
Dr	Sandra	McConnell	Ardgowan Hospice	sandramcconnell@hotmail.com
Dr	Rachel	McCoubrie	Bristol Haematology & Oncology Centre	rachel.mccoubrie@uhbristol.nhs.uk
Dr	Sarah	McLean	Mater Misericordiae Hospital	smclean81@yahoo.com
Mr	Ibitola Oluwatoyin	Micheal		ibitolatoyin@yahoo.com
Dr	Simon	Noble	Royal Gwent Hospital	simon.noble@wales.nhs.uk
Mrs	Anne	Nunn	St Catherine's Hospice	anne.nunn@st-catherineshospice.org.uk
Dr	Gurjeet	Pamma	Dudley Group of Hospitals NHS	gurjeet.pamma@dgoh.nhs.uk
Dr	Hilary M	Pavis	Nightingale Macmillan Unit	hpavis@doctors.org.uk
Dr	Nikki	Pease	Velindre Hospital	nikki.pease@wales.nhs.uk
Ms	Caroline	Pindar		
Ms	Hayley	Prout	School of Medicine, Cardiff University	ProutH@cf.ac.uk
Dr	Rachel	Rayment	University Hospital of Wales	Rachel.Rayment@wales.nhs.uk
Ms	Marilyn	Rees	University Hospital Wales	marilynrees@ntlworld.com
Dr	Collette	Reid	BHOC	colette.reid@uhbristol.nhs.uk
Ms	Sue	Rhodes	The Great Western Hospital	sue.rhodes@gwh.nhs.uk
Miss	Victoria	Roberts	South East Wales Trials Unit	RobertsV2@cardiff.ac.uk
Dr	Alison	Roberts	Royal Blackburn Hospital	Alison.Roberts2@elht.nhs.uk
Dr	Raff	Salleh	St Margaret's Hospice	payie1@yahoo.com
Dr	Zoe Ann	Salmon	Sue Ryder Care	zoe.salmon@suerydercare.org
Dr	David	Samuel	Caerphilly Miners Hospital	daisams@doctors.org.uk
Dr	Benjamin	Saward	Barnsley Hospice	ben2136@hotmail.com
Dr	Laura	Sheard	University of York	ls741@york.ac.uk
Mrs	Vanessa	Skingle	Marie Curie Hospice	vanessa.skingle@mariecurie.org.uk
Dr	Samuel	Smith	Earl Mountbatten Hospice	samuel.smith@iow.nhs.uk
Mr	David	Smith	North London Hospice	dsmith@northlondonhospice.co.uk
Mrs	Annya	Stephens-Boal	Lifeblood: The Thrombosis Charity	Lifeblood.charity@googlemail.com
Dr	Patricia	Strubbe	Sue Ryder Care	pat.strubbe@suerydercare.org
Dr	Barbara	Weavers	St. Michael's Hospice	doctors@st-michaels-hospice.org.uk;
Dr	Victoria	Wheatley	Cwm Taf LHB	victoria.wheatley2@wales.nhs.uk
Dr	Meg	Williams	Nevill Hall Hospital	Meg.Williams@wales.nhs.uk
Dr	Fiona	Wiseman	Cransley Hospice	Fiona.Wiseman@northants.nhs.uk
Dr	Jenny	Wiseman	Cransley Hospice	jenny.r.wiseman@wwl.nhs.uk

For more information or to contact the TRAD Alliance Team
please address all queries to:

The TRAD Alliance Project
SEWTU
Dept. of Primary Care & Public Health
School of Medicine
Cardiff University
7th Floor, Neuadd Meirionnydd
Heath Park
Cardiff
CF14 4YS

Tel.: (029)20 687 600
Email: TRADAlliance@cardiff.ac.uk

