GROUP IN FOCUS: MS Clinical Trials Unit

L to R: Ruth Geraldes, Justin McKee, Alex Rubio Diaz, Ana Cavey, Rosie Gore, Joy Hodder, Gabriele De Luca, Matthew Craner

Last year our Department raised over £3,500 for the MS Trust and MS Society, through a variety of fundraising activities from marathons to bazaars. It was appropriate for us to focus our charitable efforts in this direction since NDCN hosts a wide range of work on multiple sclerosis. We can be proud of our genuine 'bench to bedside' programme. The MS Clinical Trials Unit, led by Honorary Clinical Research Fellow and Consultant Neurologist Matthew Craner, is passionate about this work.

Multiple sclerosis is the most common cause of non-traumatic disability in young people affecting over 120,000 people in the UK. MS is a central nervous system inflammatory condition characterised by demyelination (loss of the insulating layer around nerves) and neurodegeneration (loss of nerves and axons). Unfortunately as result of the loss of nerves and axons the majority of people with MS will go on to develop progressive disability over time.

Targeting such neurodegeneration is a major focus of the MS Clinical Trials Unit. Although several new MS therapies have been licensed by the National Institute for Health and Care Excellence (NICE) in the last year, finding a way to tackle the progressive disability of MS is still a critical unmet need. Matt Craner is a Principal Investigator on a project born out of collaborative basic science with Lars Fugger, to translate an existing drug, amiloride, into the clinic. It is hoped that this drug will protect nerves and axons from damage during an episode of inflammation. The study is fully recruited and in its second phase, with results expected in November. Pilot evidence has already been published (Arun et al. (2013), *Brain*, Volume 136), and a course of amiloride treatment costs only £120.00 a year, so the prospects of genuine impact are good.

This is just one of the 13 studies to which the MS Clinical Trials Unit is currently contributing. The breadth of work means that it is possible to offer a wide range of MS patients a study that they could engage in, ranging from observational to interventional trials.

Matt says that 'the success of the unit is driven by the people in it and a true team effort'. He took charge at the end of 2012, when he inherited a very experienced administrative and nursing team from Jacqueline Palace, who leads the Oxford Multiple Sclerosis and Neuromyelitis Group. The MS Clinical Trials Unit manages all the recruitment and assessments of patients to trials, as well as the analysis. They maintain a database of 2000 MS patients.

Part of their work is outward-looking, and the team holds an annual open day which attracts a range of people from clinical trial participants to those newly diagnosed with MS. The last such day saw 120 patients and carers attending, and giving very positive feedback. The unit's staff offered posters and talks showcasing the breadth of clinical and research activity including neuropathology (Gabriele De Luca) and basic science (Lars Fugger), as well as organising practical 'break out' sessions on topics such as physiotherapy and driving.

Matt Craner is keen to use the success of the MS Clinical Trials Unit to encourage others within the Department to develop their own programme of clinical trials. Zam Cader and Arjune Sen are both developing such work alongside their headache and epilepsy work, respectively. As Matt says, when clinicians are simultaneously engaged in research, a culture of inquisitiveness develops, where real connections can be made between basic science and treating patients. He believes that clinical trials are a key driver for implementing change.

See www.clneuro.ox.ac.uk/research/ms-clinical-trials-unit for more information about the team and its work.