



# RESEARCH REPORT 2018

Mater Misericordiae University Hospital

Working in partnership with



# Contents

- About Us.....4
- Our Research at a Glance.....5
- CEO Message.....6
- Clinical Research Activity .....7
- Oncology Research.....9
- HIV Molecular Research Group.....10
- Stroke Clinical Trials .....12
- Supporting Research .....18
- Publications.....21

# About Us

## Mater Misericordiae University Hospital

The Mater Misericordiae University Hospital is a major academic level 4 teaching hospital based in Dublin's north inner city. The hospital was opened in 1861 by the Sisters of Mercy and provides a range of frontline and specialist services on a local, regional and national level.

Education, training and research have always been at the core of the Mater. The hospital is committed to providing excellence in healthcare for all patients and in order to achieve this we recognise the importance in providing support to our current and future staff to learn, grow and innovate.

The Mater Misericordiae University Hospital prioritises research that translates rapidly into patient benefits. Through our partnerships with our academic partner University College Dublin (UCD) and other academic institutions, we have a strong track record in producing high quality research that delivers real and meaningful results to patients.

Our strong academic partnership with UCD is reflected in significant impact UCD's Clinical Research Centre (CRC) has on research on the campus. The CRC was opened at the hospital in 2006 and forms part of a research network across the Mater Hospital, St Vincent's University Hospital and University College Dublin.

## Ireland East Hospital Group

The Mater is part of the Ireland East Hospital Group (IEHG) which is the largest and most diverse of the seven hospital groups. The IEHG consists of 11 hospitals and our academic partner University College Dublin and serves a catchment area of over 1.2 million people. The development of the IEHG presents a unique opportunity within the Irish healthcare system to build on the excellence of our hospitals, combine with the innovation, research and educational excellence provided by UCD to deliver consistent high quality safe healthcare outcomes and the world class healthcare our patients deserve. The Ireland East Hospital Group is evolving into an Academic Health Sciences Centre, which is embedding research and education into our care delivery model. This will enhance our ability to deliver evidence base excellence in care delivery, education, training, research and improve healthcare outcomes for our patients. The hospitals within the Ireland East Hospital Group are

- Mater Misericordiae University Hospital
- St Vincent's University Hospital
- Midland Regional Hospital Mullingar
- St Luke's General Hospital, Kilkenny
- Wexford General Hospital
- Our Lady's Hospital, Navan
- St Columcille's Hospital
- National Maternity Hospital
- St Michael's Hospital, Dun Laoghaire
- Cappagh National Orthopaedic Hospital
- Royal Victoria Eye and Ear Hospital

# Our Research at a Glance



## 101 Research Projects

There were 101 research projects undertaken in the Mater Hospital in 2017



## 15 Oncology Studies

Oncology was the largest research area in 2017, with 15 studies

COMMITTED TO IMPROVING HEALTH THROUGH RESEARCH



## 46 Clinical Drug/Device Trials

There were 46 clinical drug or device trials underway during the course of the year.



## 237 Publications

There were 235 papers published in medical and scientific journals in 2017

# CEO Message

A strong and vibrant health and medical research component is crucial for improving our health and quality of life. The Mater Misericordiae University Hospital is dedicated to advancing the translation of research into improved patient outcomes. We do this by encouraging healthcare innovation and experimentation and taking a leadership role in clinical trials. 2018 will bring further exciting changes on the Mater campus, including the evolution of the Ireland East Hospital Group and UCD into an **Academic Health Sciences Centre**, which will enable our campus will grow as an outstanding centre of research excellence.

Our inaugural Research Annual Report reveals a year of significant scientific achievements. These achievements reflect our commitment to a highly collaborative, multidisciplinary culture that we believe will continue to produce life-changing innovations to benefit our patients and their families for years to come. The pace of scientific research is continually accelerating and the rich partnership between the Mater Misericordiae University Hospital and University College Dublin is an impressive example of a fruitful and long-lasting relationship. Our inclusive and innovative community is the facilitator that inspires our researchers to develop and function at their highest level and is what makes the Mater campus exceptional.

Well-designed clinical trials provide the necessary evidence to demonstrate if a treatment is both effective and safe. We offer clinical trials as part of our commitment to bringing our patients new and innovative treatments and all trial protocols are approved by our Research Ethics Committee. Additionally, the local knowledge, skills and expertise of our nursing, medical and pharmacy workforce is enhanced through this work.

We are privileged at the Mater Hospital to have an engaged and supportive clinical workforce to advance medical research. Of course, and perhaps most importantly, advances in healthcare require patients and volunteers with the courage to embark on a journey which has an informed, but often unclear, destination. I would like to sincerely thank all of the patients, volunteers and carers without which much of our research would not be possible.



**Gordon Dunne, Chief Executive**

# Clinical Research Activity

Across the hospital, 101 studies were ongoing over the past year.

Of those studies, 43 were clinical trials, 38 observational and 20 comprised of translational, biobanking, registries or device studies.

It is important to note that a significant proportion of the studies are academic initiated; with 52% of them academic-initiated and 48% industry-sponsored.

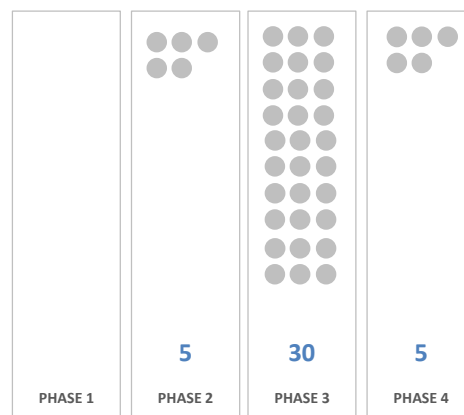
Within the clinical trials area, the primary focus is on mid-phase trials

- ▶ 33 phase 3 Studies
- ▶ 5 phase 2 Studies
- ▶ 5 phase 4 Studies

During 2017 a feasibility review was carried out on the development of a Phase 1 Clinical Trials Unit on the Mater Hospital and St Vincent’s Hospital sites.

The review recommended the development of an Early Phase Clinical Trials Unit which will provide further options for patients.

## NUMBER OF CLINICAL TRIALS BY PHASE



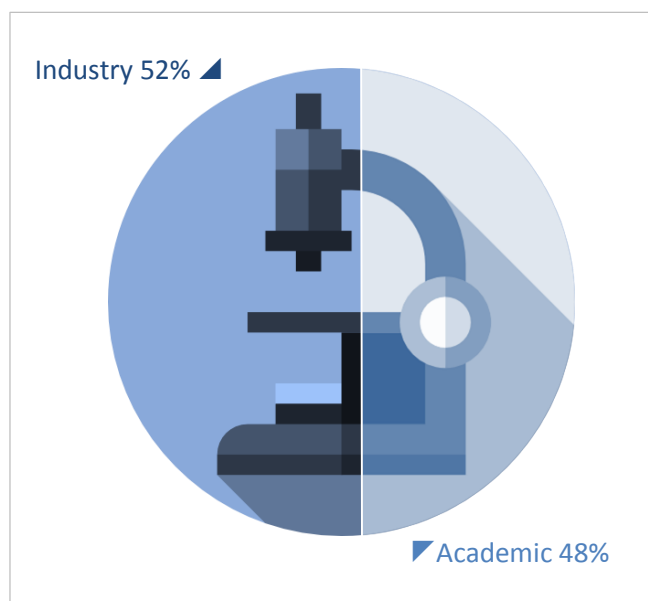
## NUMBER OF STUDIES BY TYPE

Clinical Trial	43
Observational	38
Lab - BioBank Trial	9
Registry Trial	6
Device Trial	3
Other Trial	2

## NUMBER OF STUDIES BY TYPE

Oncology	15
Gastroenterology	14
Infectious Diseases	13
Cardiology	9
Neurology	9
Anaesthesiology	8
Rheumatology	7
Ophthalmology	6
Nephrology	6
Urology	4
Respiratory	3
Pathology	2
ICU	1
Endocrinology	1
Metabolic	1

## STUDIES BY ORIGIN





# Oncology Research

” Clinical trials in oncology are an integral part of the care pathway and offer treatment options for patients. The CTRU is an integral part of the service and delivery of patient care across the Mater campus.

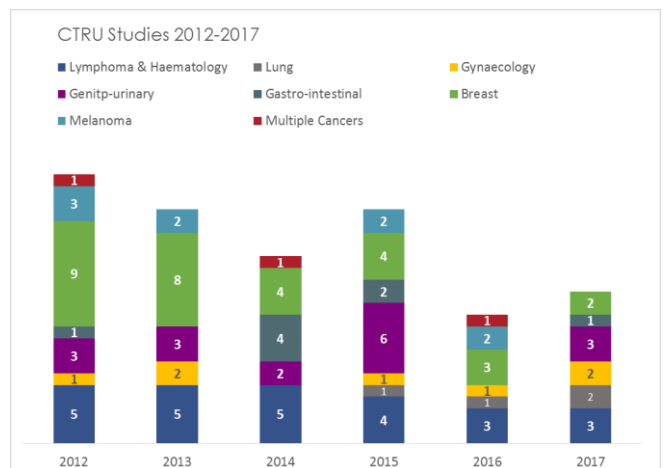
The Clinical Trials Research Unit (CTRU) at the Mater campus was established in 2000 under the direction of Prof John McCaffrey. The Mater Campus incorporates Mater Misericordiae University Hospital and Mater Private Hospital. Cavan General Hospital is a satellite Oncology/Haematology Centre of the Mater Misericordiae service.

## CANCER STUDIES BY DISEASE SPECIFIC SUB GROUP

<b>Genito-urinary</b>	<b>5</b>
<b>Lymphoma and Haematological</b>	<b>3</b>
<b>Breast</b>	<b>2</b>
<b>Gastrointestinal</b>	<b>2</b>
<b>Gynaecological</b>	<b>2</b>
<b>Lung</b>	<b>1</b>

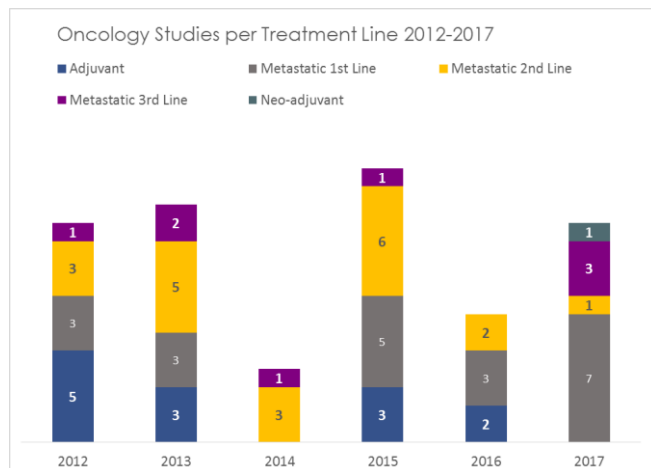
The CTRU is a department within the Cancer and Surgery Directorate of the Mater Hospital and is part of its governance structure. The CTRU manages all oncology and haematology clinical trials for the hospital and includes patients from the Mater Private Hospital in those trials. The team of highly experienced Principle Investigators consists of three

consultant oncologists and four consultant haematologists. There is an additional Consultant medical oncologist at the Mater Private Hospital. The team have a high study accrual rates across a wide variety of tumour types most notably in Breast, GU, Lung, Lymphoma, Gynaecological malignancies, Gastro-intestinal and Melanoma. There is a clear process in place which accepts patients for Clinical Trials from other regional hospitals and a well-established relationship with international collaborative research groups and translational collaborations at UCD and Royal College of Surgeons in Ireland.



Almost 1,500 patients have participated in cancer clinical trials since the CTRU was set-up. Over 30 of these trial results have been presented at International conferences and published in high impact peer reviewed journals.

Of the 24 new cancer drugs approved and reimbursed by the National Cancer Control Programme (NCCP) since March 2011, 13 have been studied in clinical trials at the Mater Hospital.



# HIV Molecular Research Group

## HIV MOLECULAR RESEARCH GROUP

The HIV Molecular Research Group (HMRG), established in 2008, coordinates international, collaborative, translational research in HIV. This multidisciplinary team comprises of academic infectious disease physicians, post-doctoral researchers, research nurses, a research pharmacist, data manager and a laboratory technician. HMRG's translational research into long-term comorbidities associated with aging and HIV is funded through a number of streams including Science Foundation Ireland, the Health Research Board and several industry supporters.

The groups research focuses around four principal themes:

**Models of HIV detection** The Mater-Bronx Rapid HIV Testing Project M-BRiHT, involves collaborations between UCD, the Mater Hospital and the Jacobi Medical Centre in the Bronx, New York, and aims to increase early detection of HIV, a core strategy to reduce onward HIV transmission. M-BRiHT combines rapid HIV testing with novel, computer-based video counselling and offers unselected HIV screening to attendees to the Mater Hospital Emergency Department.

**Bone disease in HIV** Low bone mineral density and osteoporosis is common in those with HIV. The HMRG coordinates a number of international collaborative projects to define the natural history and pathogenesis of bone disease in HIV, including the establishment of the HIV UPBEAT cohort, the largest international prospective cohort of HIV positive and negative subjects (N=484).

**Cardiovascular disease (CVD)** is also increased in HIV. The Reverse Cholesterol Transport Study (RCTS), co-funded by the EU through the European AIDS Treatment Network (NEAT) and Science Foundation Ireland is exploring mechanisms of dyslipidaemia in HIV. RCTS expands on early work by HMRG published in the Journal of Infectious Diseases in 2012 on mechanisms of increased CVD in HIV and is recruiting 100 subjects with HIV at the Mater and the Chelsea and Westminster Hospital in London.

**HIV Immunology** Through the Mater ID Cohort Project, the HIV Immunology Study, supported by a number of industry partners aims to explore additional tests that better reflect and predict immune responses to antiretroviral therapy. This study, in collaboration with Rush University Medical Centre in Chicago, has recruited over 200 subjects.

The HMRG's achievements were recognized in 2012 with the award, by the British HIV Association, of the *Brian Gazzard Lectureship in HIV Medicine* to Dr Mallon.

#### INTERNATIONAL COLLABORATORS

**Prof Caroline Sabin** University College London  
(HIV UPBEAT and HRB Bone)

**Prof Juliet Compston** University of Cambridge  
(HIV UPBEAT)

**Prof Yvette Calderon** Albert Einstein College of  
Medicine (M-BRiHT)

**Prof Peter Reiss** University of Amsterdam  
(RCTS Study)

**Prof Alan Landay** Rush University Medical Centre  
(Chicago HIV Immunology Study)

**Prof Dermot Kenny** Royal College of Surgeons in  
Ireland (Platelet Dysfunction in HIV)

**Dr Anton Pozniak** Chelsea and Westminster Hospital  
London (RCTS Study)



# Stroke Clinical Trials

” The HRB – Stroke Clinical Trials Network, Ireland (HRB-SCTNI) brings together global experts in the field of stroke and gives Irish patients access to cutting edge new treatments with the potential to prevent strokes, or to improve emergency treatment and recovery after stroke.

In March 2016 the Health Research Board’s Stroke Clinical Trial Network Ireland (HRB-SCTNI) was launched. The Network is led by Professor Peter Kelly and based at the Mater UCD campus and involves eight Irish hospitals, six universities, and all seven Hospital Groups in the country.

The Network includes colleagues from University College Dublin, Royal College of Surgeons in Ireland, Trinity College Dublin, University College Cork, NUI Galway, and University of Limerick. The Network provides strong links with international researchers in the UK, Europe, and North America and enables Irish researchers to

**Join** several new international trials of new treatments for emergency care, prevention, and recovery after stroke.

**Lead** a new Irish and international clinical trial (CONVINCE) to investigate if low-dose colchicine treatment improves prevention of heart attacks and second stroke following a first stroke.

**Provide** training, education, and mentorship for Irish doctors, nurses, and therapists in how to perform safe high-quality clinical trials

**Work** with patients and patient representative groups to better understand their needs for new treatments for stroke.

The networks office is based within the UCD Neurovascular Research Unit, at the Clinical Research Centre of the Mater Misericordiae University Hospital. The Neurovascular Research Unit performs epidemiological research to better understand stroke frequency, risk, and outcomes. It also conducts imaging studies to improve identification of patients at highest risk of first and multiple strokes. These patients can then be identified as those most likely to benefit from intensive treatment to prevent stroke.

## NETWORK TRIALS

### CONVINCE

(COLchicine for preventioN of Vascular Inflammation in Non-CardioEmbolic stroke)

#### Stroke Prevention

### TICH-2

Tranexamic acid for hyperacute primary IntraCerebral Haemorrhage

#### Acute Stroke

### TEMPO-2

A randomized controlled trial of TNK-tPA versus standard of care for minor ischemic stroke with proven occlusion

#### Acute Stroke



**NAVIGATE ESUS**

Rivaroxaban Versus Aspirin in Secondary Prevention of Stroke and Prevention of Systemic Embolism in Patients With Recent Embolic Stroke of Undetermined Source  
**Stroke Prevention**

**ECST-2**

The 2nd European Carotid Surgery Trial (ECST-2)  
**Stroke Prevention**

**ETNA-AF**

Non-interventional study on Edoxaban Treatment in routine clinical practice for patients with non valvular Atrial Fibrillation  
**Stroke Prevention**

**BIO-STROKE AND BIO-TIA STUDIES**

Main Findings & Outputs

- ▶ Identification of independent predictive utility of carotid atherosclerosis for early second stroke risk compared to the ABCD2 score and atrial fibrillation
- ▶ Identification of high risk of very early recurrence within the 14-day time window currently recommended for endarterectomy.
- ▶ Analysis of blood biomarkers and MRI characteristics to predict future stroke.
- ▶ Establishment of international TIA collaboration (below)

<b>Funded by</b>	<b>Health Research Board</b>
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**COMPLETED TRIALS**

**NORTH DUBLIN POPULATION STROKE STUDY (NDPSS)**

Main Findings & Outputs

- ▶ High rates of stroke incidence in Ireland compared to other European populations.
- ▶ High rates of disability and fatality following stroke in Ireland, broadly in line with other European studies.
- ▶ Research from the study was presented at national and international conferences and published in leading international journals

<b>Funded by</b>	<b>Health Research Board</b>
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**INTERNATIONAL TIA INDIVIDUAL-PATIENT DATA (IPD) COLLABORATION**

Main Findings & Outputs

- ▶ Derivation and validation of ABCD3-I (Lancet Neurology, 2010)
- ▶ Re-validation and demonstration of superior performance of ABCD3-I (Lancet Neurology, 2016)
- ▶ Other work from the IPD Collaboration is completed or under way.

<b>Funded by</b>	<b>Health Research Board National funding agencies of member countries</b>
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### DUBLIN CAROTID ATHEROSCLEROSIS STROKE STUDY (DUCASS)

#### Main Findings & Outputs

- ▶ Discovered that carotid artery inflammation (measured by PET imaging) was a strong predictor of recurrent stroke, independently of age and stenosis. The risk of second stroke was increased 6-fold in patients with high inflammation on PET scan.
- ▶ Supporting this finding, microscopic evidence of severe inflammation in surgically-removed atherosclerosis samples was also a strong predictor of early second stroke.

<b>Funded by</b>	<b>Irish Heart Foundation</b>
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### BIOMARKERS AND IMAGING OF VULNERABLE ATHEROSCLEROSIS IN SYMPTOMATIC CAROTID ARTERY DISEASE (BIOVASC) STUDY

BIOVASC continues the team's investigations into using advanced imaging techniques to identify inflammation and other high-risk features of carotid atherosclerosis. This will improve identification of patients at highest risk of second stroke, allowing targeting of treatments towards these high-risk patients. BIOVASC is studying PET, CT, plaque MRI, brain MRI, blood biomarkers, and resected atherosclerosis specimens, and relating these to early and late outcomes. BIOVASC is an Irish and international study led from the Neurovascular Research Unit, including Mater, St Vincent's and Cork University Hospitals, St James', Connolly, Beaumont Hospitals, and collaborators from University of Calgary, St-Anne Hospital Paris, Hospital St-Pau Barcelona, and Singapore University Hospital. 242 patients have participated, and recruitment is now complete. Analysis is under way.

<b>Funded by</b>	<b>Health Research Board</b>
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# Governance and Structure

The UCD Clinical Research Centre (CRC) provides the governance and structure for the majority of research activity at the Mater Hospital. The UCD Clinical Research Centre at the Mater Hospital opened in 2006 and forms part of a research network across UCD, St Vincent's University Hospital and the Mater Misericordiae University Hospital. The CRC's aims are to discover ways to improve medical care and to establish new treatments for patients who are living daily with chronic illness.

Oncology and haematological clinical trials are catered for by the Clinical Trials Research Unit (CTRU).

## CRC OVERSIGHT & GOVERNANCE

The UCD CRC is led by Dr Peter Doran and reports to the Head of UCD School of Medicine, through the Head of Clinical Pharmacology. In line with best practice and recognising the complexity of the organisation and the importance of its function, a number of groups contribute to the oversight and management of the Centre

**CRC Strategic Advisory Board** This UCD CRC Strategic Advisory Board, chaired by an external senior academic, plays a major role in advising the CRC strategy by completing annual reviews of the Centre's activities and finances. The committee includes representatives of external clinical research facilities, industry and patient organisations.

**CRC Executive Committee** The UCD CRC Executive Committee is chaired by the Head of Clinical Pharmacology and includes UCD CRC directors and research leaders. The CRC Executive Committee is responsible for overall leadership and governance of the Centre and meets quarterly.

**CRC Management Committee** The UCD CRC Management Committee oversees the general management of the centre and is chaired by the CRC Director. The Committee deals with all operational activities of the Centre and reviews and approves all items relating to the ongoing functions of the CRC, including the review of access requests, SOPs, work instructions and strategic projects. The Committee meets monthly and is the primary operational and management group of the Centre.

**CRC Facilities Groups** The management and development of the CRC's facilities and physical infrastructure are coordinated through Facilities Management Groups at St Vincent's University Hospital and Mater Misericordiae University Hospital. The groups, chaired by Mr. Gareth Shaw, report to the UCD CRC Management Committee.

## RESEARCH ETHICS COMMITTEE

The Institutional Research Board (formerly the Research Ethics Committee) is designed to protect patients and staff involved in research studies and to



ensure quality and value to the wider community of all research conducted at the hospital. All clinical research conducted in the Mater Hospital needs to be submitted for review by the committee to ensure that it is in compliance with the Declaration of Helsinki, Irish law and European Union (EU) law.



# Supporting Research

## CLINICAL INFRASTRUCTURE

Core research infrastructure has been created which support clinical investigations at Mater Misericordiae and St Vincent's University Hospitals. The clinical research infrastructure includes

- ▶ Eight out-patient interview rooms for patient examination and tissue collection
- ▶ Four procedure rooms for more complex patient phenotyping
- ▶ An endoscopy suite with recovery room facilities for patients post-procedure
- ▶ DEXA Scanner with full body composition analysis capabilities
- ▶ Climate-controlled storage facilities for Investigational Medicinal Product materials

## QUALITY & REGULATORY SYSTEMS

Throughout the life cycle of a research project, the CRC provides quality oversight from initiating all staff under the CRC's SOPs and quality management system, providing GCP training and risk assessment of our trials, through to monitoring and consultation through the maintenance of the study.



## MONITORING

UCD CRC Regulatory Team Clinical ensure that clinical trials are conducted, recorded and reported in accordance with protocol, Good Clinical Practice (GCP) and UCD CRC standard operating procedures (SOPs) undertaking both external and internal clinical trials. Taking a Risk-Based approach, the CRA drives the finalisation of the monitoring plan for all UCD sponsored studies involving key stakeholders such as the Chief Investigator, Quality & Regulatory Affairs Manager and appropriate study staff.

## INFORMATION SYSTEMS

**Clinical Data Management** The CRC supports research staff with collection of high-quality, reliable data throughout each clinical research project. Assistance is provided with development of clinical trial protocols, advice on data protection issues, efficient data collection and CRF design, and establishment of electronic databases to ensure the right data is collected for each study protocol.

**Pharmacovigilance** CRC staff provide pharmacovigilance support for safety monitoring activities and processing of serious adverse events (SAEs) that occur in UCD-sponsored regulated clinical trials. Two staff members have completed the European Medicines Agency face-to-face Eudravigilance training.

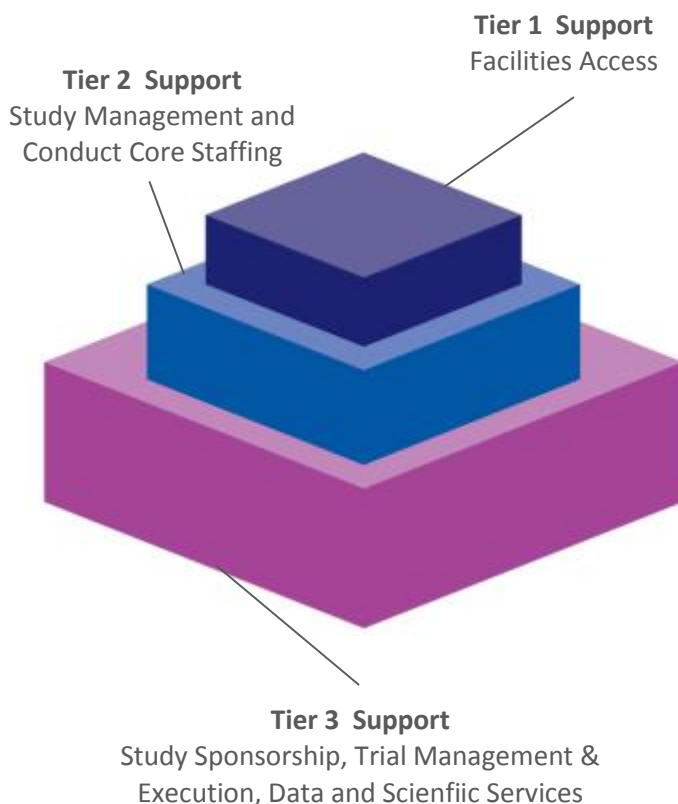
## RESEARCH SUPPORTS

The UCD CRC has a significant track record in supporting both Investigator-initiated and industry-initiated clinical research projects.

The UCD CRC supports clinical research studies at all phases of activity. Recognising that all clinical trials have particular support requirements, a tiered service offering is available to meet the needs of the investigator. These supports are an environment which is

- ▶ Supportive to clinicians to undertake hypothesis-driven investigator-led clinical studies
- ▶ Recognised by regulators, pharmaceutical companies and clinical research organisations as being professional and of the highest quality
- ▶ Attractive to patients and encourages participation in clinical research and trials by providing excellent clinical care and access to latest clinical interventions
- ▶ Managed under a dedicated and approved quality policy

- ▶ A cohort of professional and experienced research scientists, data managers and clinical research nurses that can ensure studies are conducted and managed to the highest levels of quality



## SERVICES AVAILABLE TO INVESTIGATORS

Proposal Phase	Pre-Initiation Phase	Study Contact Phase	Reporting Phase
Grant Application	HPRA & Ethics submission	First Patient In	Last Patient Last Visit
Budget Review	Investigator Site Filing	ISF Maintenance	Study Close-out Visit
UCD Sponsorship	GCP Compliance & Training	Study monitoring	End of Trial Notification
EudraCT Number	Trial Registration	Amendments	Archiving
Study Design Review	Monitoring Plan	Data Collection & Cleaning	Data Lock & Cleaning
Statistical Planning	Randomisation & Blind Procedures	Pharmacovigilance	Data Transfer
Protocol Finalisation	Site Initiation	DSMB/ Interim Analysis	Statistical Analysis
PIL & Consent Form		DSUR Submission	Budget Close Review
Insurance		Audits / Inspections	Clinical Study Report Submission
Contracts			

# Publications

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Pulmonary Arterial Hypertension-Related Morbidity Is Prognostic for Mortality.

McLaughlin VV, Hoeper MM, Channick RN, Chin KM, Delcroix M, Gaine S, Ghofrani HA, Jansa P, Lang IM, Mehta S, Pulido T, Sastry BKS, Simonneau G, Sitbon O, Souza R, Torbicki A, Tapson VF, Perchenet L, Preiss R, Verweij P, Rubin LJ, Galiè N.

J Am Coll Cardiol. 2018 Feb 20;71(7):752-763. doi: 10.1016/j.jacc.2017.12.010. PMID:29447737

Validation of an automated UPLC IgG N-glycan analytical method applicable to Classical Galactosaemia.

Colhoun HO, Treacy EP, MacMahon MM, Rudd PM, Fitzgibbon M, O'Flaherty R, Stepien KM.

Ann Clin Biochem. 2018 Jan 1:4563218762957. doi: 10.1177/0004563218762957. [Epub ahead of print] PMID: 29444593

Activation of the NFAT-Calcium Signaling Pathway in Human Lamina Cribrosa Cells in Glaucoma.

Irnaten M, Zhdanov A, Brennan D, Crotty T, Clark A, Papkovsky D, O'Brien C.

Invest Ophthalmol Vis Sci. 2018 Feb 1;59(2):831-842. doi: 10.1167/iops.17-22531. PMID: 29411011

Non-interpretive radiology: an Irish perspective.

Murphy AN, Sheehy NP, Kavanagh PV.

Clin Radiol. 2018 Feb 1. pii: S0009-9260(18)30003-5. doi: 10.1016/j.crad.2017.10.023. [Epub ahead of print] PMID: 29397914

Voice Tremor in Parkinson's Disease: An Acoustic Study.

Gillivan-Murphy P, Miller N, Carding P.

J Voice. 2018 Jan 30. pii: S0892-1997(17)30296-5. doi: 10.1016/j.jvoice.2017.12.010. [Epub ahead of print] PMID: 29395332

Increased Substrate Stiffness Elicits a Myofibroblastic Phenotype in Human Lamina Cribrosa Cells.

Liu B, Kilpatrick JJ, Lukasz B, Jarvis SP, McDonnell F, Wallace DM, Clark AF, O'Brien CJ.

Invest Ophthalmol Vis Sci. 2018 Feb 1;59(2):803-814. doi: 10.1167/iops.17-22400. PMID: 29392327

Protocol for a multicentred randomised controlled trial investigating the use of personalised golimumab dosing tailored to inflammatory load in ulcerative colitis: the GOAL-ARC study (GLM dose Optimisation to Adequate Levels to Achieve Response in Colitis) led by the INITIATIVE group (NCT 0268772).

Sheridan J, Coe CA, Doran P, Egan L, Cullen G, Kevans D, Leyden J, Galligan M, O'Toole A, McCarthy J, Doherty G. *BMJ Open Gastroenterol.* 2018 Jan 11;5(1):e000174. doi: 10.1136/bmjgast-2017-000174. eCollection 2018. PMID: 29379609

Final anatomic and visual outcomes appear independent of duration of silicone oil intraocular tamponade in complex retinal detachment surgery.

Rhatigan M, McElnea E, Murtagh P, Stephenson K, Harris E, Connell P, Keegan D. *Int J Ophthalmol.* 2018 Jan 18;11(1):83-88. doi: 10.18240/ijo.2018.01.15. eCollection 2018. PMID: 29375996

Late Emergence of an Imatinib-Resistant ABL1 Kinase Domain Mutation in a Patient with Chronic Myeloid Leukemia. Crampe M, Andrews C, Fortune A, Langabeer SE.

*Case Rep Hematol.* 2017;2017:3548936. doi: 10.1155/2017/3548936. Epub 2017 Dec 11. PMID: 29375916

Acute Respiratory Failure Post Single Lung Transplantation: An Unusual Cause.

Daly A, Egan JJ, Redmond KC. *Ir Med J.* 2017 Oct 10;110(9):637. PMID: 29372952

Undertaking a Collaborative Rapid Realist Review to Investigate What Works in the Successful Implementation of a Frail Older Person's Pathway.

Shé ÉN, Keogan F, McAuliffe E, O'Shea D, McCarthy M, McNamara R, Cooney MT. *Int J Environ Res Public Health.* 2018 Jan 25;15(2). pii: E199. doi: 10.3390/ijerph15020199. Review. PMID: 29370094

Suboptimal lipid management before and after ischaemic stroke and TIA-the North Dublin Population Stroke Study. Ní Chróinín D, Ní Chróinín C, Akijian L, Callaly EL, Hannon N, Kelly L, Marnane M, Merwick Á, Sheehan Ó, Horgan G, Duggan J, Kyne L, Dolan E, Murphy S, Williams D, Kelly PJ.

*Ir J Med Sci.* 2018 Jan 24. doi: 10.1007/s11845-018-1739-8. [Epub ahead of print] PMID: 29368282

Catalogue of inherited disorders found among the Irish Traveller population.

Lynch SA, Crushell E, Lambert DM, Byrne N, Gorman K, King MD, Green A, O'Sullivan S, Browne F, Hughes J, Knerr I, Monavari AA, Cotter M, McConnell VPM, Kerr B, Jones SA, Keenan C, Murphy N, Cody D, Ennis S, Turner J, Irvine AD, Casey J.

*J Med Genet.* 2018 Jan 22. pii: jmedgenet-2017-104974. doi: 10.1136/jmedgenet-2017-104974. [Epub ahead of print] PMID: 29358271

A case of paraneoplastic elastosis perforans serpiginosa associated with ovarian malignancy.

Quinlan C, Boggs J, Finan M, Mulligan N, Gulmann C, O'Kane M, Ralph N.

Int J Dermatol. 2018 Jan 22. doi: 10.1111/ijd.13854. [Epub ahead of print]

PMID: 29355938

Psychiatric symptoms in preclinical behavioural-variant frontotemporal dementia in MAPT mutation carriers.

Cheran G, Silverman H, Manoochchri M, Goldman J, Lee S, Wu L, Cines S, Fallon E, Kelly BD, Olszewska DA, Heidebrink J, Shair S, Campbell S, Paulson H, Lynch T, Cosentino S, Huey ED.

J Neurol Neurosurg Psychiatry. 2018 Jan 20. pii: jnnp-2017-317263. doi: 10.1136/jnnp-2017-317263. [Epub ahead of print]

PMID: 29353234

Epidemiology of Pediatric Traumatic and Acquired Nontraumatic Spinal Cord Injury in Ireland.

Smith E, Finn S, Fitzpatrick P.

Top Spinal Cord Inj Rehabil. 2017 Summer;23(3):279-284. doi: 10.1310/sci16-00029. Epub 2017 May 4.

PMID: 29339904

Magnetic resonance imaging for clinical management of rectal cancer: Updated recommendations from the 2016 European Society of Gastrointestinal and Abdominal Radiology (ESGAR) consensus meeting.

Beets-Tan RGH, Lambregts DMJ, Maas M, Bipat S, Barbaro B, Curvo-Semedo L, Fenlon HM, Gollub MJ, Gourtsoyianni S, Halligan S, Hoeffel C, Kim SH, Laghi A, Maier A, Rafaelsen SR, Stoker J, Taylor SA, Torkzad MR, Blomqvist L.

Eur Radiol. 2018 Jan 10. doi: 10.1007/s00330-017-5204-2. [Epub ahead of print]

PMID: 29322331

Aciclovir-induced acute kidney injury in patients with 'suspected viral encephalitis' encountered on a liaison neurology service.

Bogdanova-Mihaylova P, Burke D, O'Dwyer JP, Bradley D, Williams JA, Cronin SJ, Smyth S, Murphy RP, Murphy SM, Wall C, McCabe DJH.

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