Achieving the best outcomes for children and adolescents

DANIELLE BARRON speaks to Professor Owen Smith, who was recently awarded a CBE for his lifelong work in the field of child and adolescent blood cancers

The well-known paediatric haematologist and champion of paediatric research Professor Owen Smith was recently awarded an Honorary CBE (Commander of the Most Excellent Order of the British Empire) by HM Queen Elizabeth for his lifelong work on cancer in children and adolescents.

The award was presented to Professor Smith, on behalf of HM Queen Elizabeth, by Dominic Chilcott, British Ambassador to Ireland at a ceremony in the ambassador’s residence, Glencarrig.

“There must be hundreds if not thousands of people who are alive today because of Professor Smith’s pioneering work in the field of blood cancer in children and teenagers over the last 25 years. His work has touched children and young people across Ireland, the UK and indeed further afield. He is held in the highest esteem by his peers in the United Kingdom and fully deserves the recognition which his honorary award bequeaths,” said Chilcott at the ceremony.

Honour

Recognition in the form of royal approval doesn’t happen every day, and the Professor tells IMN following the ceremony that he is “chuffed” to have received the honour.

Professor Smith’s brief bio is not that brief – he is a consultant paediatric haematologist at Our Lady’s Children’s Hospital, Crumlin, and principal investigator at the National Children’s Research Centre, Crumlin, and the Institute of Molecular Medicine, Trinity College Dublin, as well as Regius Professor of Physic, and Professor of Haematology, at TCD.

Professor Smith, when he speaks to IMN, begins by stressing the importance of the phrase “child and adolescent” in the context of his work in oncology and haematology.

“That’s because there is a significant difference there,” he says.

Professor Smith returned to Ireland in 1995 after several years working at possibly the most famous paediatric hospital in the world, Great Ormond Street in London.

“At that stage I started to become involved in clinical trials, which as you know are the only way to advance treatments, whether it be cancer, cystic fibrosis, asthma, or cancer. I became very involved, so much so that I became a principal investigator of a number of trials across Ireland, the UK, and Europe,” he says, adding that clinical trials involving children and adolescents are inherently difficult.

The amalgamation of Crumlin and the National Children’s Hospital at Tallaght in 2002, however, meant that all children in Ireland with leukaemia could then be entered in clinical trials.

“Myself and my colleagues are big proponents of clinical trials and we feel that whether it’s a Phase Ill or a Phase I trial, they are equally important.”

Remarkable

A recent review of a particular trial found that Irish outcomes for children with leukaemia were the best in the European Union between 2001 and 2006. Professor Smith says this demonstrates how far Ireland has come in its treatment of leukaemia.

“It’s a remarkable achievement for this country that we can get more children cured from leukaemia than any other. It’s coming from a relatively low base, a lot of the children weren’t being entered in clinical trials.

The professor says that clinical trials are an effective barometer in terms of measuring success versus your peers.

“It’s a way and all – you want to be in that zone where you are treating children and knowing exactly how you are doing relative to other countries and other centres. In Ireland we just have one centre, which is Crumlin, and we have been doing this work for 20 years now, but it’s about knowing you are doing things that are right. You have to enter children into peer reviewed clinical trials. That protects the children and it protects us as terrorists.

“If you look at childhood cancers, some 80-85 per cent are now cured, and if you look at the most common type, acute lymphoblastic leukaemia, you are talking in excess of 90 per cent, 40 years ago it was just 40 per cent. You can imagine it has been a revolution.”

Disgrace

Professor Smith is also a Special Advisor to new children’s hospital and he tells IMN that he “could not be more excited” about the fact that it is finally going to happen.

“When I returned in 1995, there was so much talk about building a national children’s hospital and 20 years on it still hasn’t happened. It’s an absolute disgrace that we haven’t built one yet.”

He believes that the controversial St James’ site is “the perfect location” for the hospital, despite objections to the contrary.

“No site is perfect, admittedly. It would be lovely if we didn’t have traffic problems in Dublin or this country full stop. But this site is the only one ringing all three children’s hospitals in Dublin together. This will be a level 4 hospital, and James’s is by far the biggest hospital with the most subspecialties of adult medicine. There is the marriage; children don’t always stay children, they will transition to adult care, especially those with chronic diseases such as haemophilia, sickle cell disease, and of course now cancer is also a chronic disease. So you have the biggest adult hospital, the biggest children’s hospital, and now the St James’s campus will accommodate the new Crumlin, so there is the trinity, the trinity.”

Traffic and parking are the basis for many of the arguments against the site but Professor Smith points to the proximity of the M50 as well as the Red Line Luas, which goes through the campus.

“It’s by far the best hospital campus in these islands I think, to get people in and out easily. There will also be several thousand people coming into work every day but they all won’t need to drive. Great Ormond Street is in the heart of West London and nobody has a parking space there – they come in by public transport, Tube or bus.”

Positive

Professor Smith is working specifically on the new children’s research and innovation centre, to be known as CRIC, which will be located at the hospital.

“We aren’t going to build this just anywhere; it will be built next to the Institute of Molecular Medicine. Today’s research is tomorrow’s cure. You don’t want to allow for paediatric research and adult research to be drifting away on their own; we want to marry the two of those and take advantage of the synergies enabled by the adjacency.”

The positive impact of the new hospital cannot be underestimated, Professor Smith says.

“This is a huge opportunity. Once you have a brand new hospital, on an adult campus, with a maternity hospital coming, what happens next is that you will attract the best people, and also our best people will stay here. We will retain and recruit the best staff, and will be able to do the best research.

“This thing about transport, I understand people’s issues with that, but the most important thing for me is the child outcomes. You can only have better outcomes if you have the best people, and that’s what we will have.”