



IMMUNITY & LUNG DISEASE

Report on Translational Workshop 28th January 2005

Professor Len Poulter (JCMH) reports on a recent DMMC translational workshop.

The first “Translational Workshop” organized by the DMMC offered a forum designed to promote interaction between clinical academics and basic scientists. Focusing on lung disease and immunology the programme contained 6 presentations, all by clinicians, who each summarized issues of pathogenesis in particular diseases that would benefit from investigation at the basic science level.

We learnt of the need to investigate the genetic basis of lung fibrosis in sarcoidosis, (Dr Seamas Donnelly), the cause and effect issues between infection, inflammation and immunopathology in cystic fibrosis, (Dr Charles Gallagher); and the complex pathogenic pathways that promote COPD; a public health problem of huge proportion, (Dr Tim McDonnell). We further learnt that the pathogenesis of asthma particularly with regards to eosinophil activity remains ill defined, (Dr Richard Costello), and that information is now emerging showing diversity within patient groups not previously recognized.

In other presentations the audience were left in no doubt of the life threatening potential of pulmonary hypertension (Dr Sean Gaine) and the need for basic science to unravel the relationships between mechanisms at the molecular level and aberrant physiology in this condition. The few who left early to avoid Friday night traffic missed a fascinating presentation on TB (Dr Joe Keane), which highlighted the need to screen for latent infection and seek an understanding of those circumstances that cause such infections to “awake” and in awakening avoid destruction by down-regulating apoptosis.

All the speakers were most informative highlighting areas of pathogenesis in need of investigation and recognizing the value of collaboration with the basic scientists of the audience. For this they should be both congratulated and encouraged. Whether the scientists will take up the challenge to institute collaborative investigations and “translate” laboratory based knowledge into practical use within the clinical arena only time will tell, I really hope they do! Speaking personally I am only too well aware of the difficulties posed by the variability and inconsistency inherent in working with clinical samples from patients. However, such problems have motivated me for many years and the satisfaction of perhaps directly contributing to improved patient management cannot be overstated.

Initiatives such as this must be encouraged as there is no doubt that the evolution of ‘Translational Medicine’ is the one thing that may short circuit the sometimes laboured progress from laboratory to clinic. Its success requires collaboration between the clinical and scientific communities, from the recognition of the problems, right through to the institution of new medical practice. The closer we can bring these two groups together the better.

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