

Professionalizing research

From GCP, compliance , logs, audit

Cecilia Linde

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My mother's family
At summer house Kungshatt

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My mother
Marianne

Margareta
Her sister

Grand-father
Gottfrid Olsson
Professor in Latin and Greek

Grand-mother
Ruth Olsson
House wife with
high ambition



Dog Kato

My family

Our first trip
abroad
Was to Italy

Photo taken at the
Train station



My parents were
hard workers
Also in their free time

Outline of my career

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Studies at the Karolinska Institute across the street from where I work now

After my graduation

One yr of Oncology- malignant lymphomas

One yr of pediatrics

Internal Medicine:

6 yrs at midsize hospital in Stockholm S:t Eriks Hospital

Cardiology:

Karolinska, focus on cardiac pacing

Choice of research area

Rolf Nordlander convinced me to start a thesis work on the importance of AV synchrony in cardiac pacing

Eye opener

Lars Ryden Head of Cardiology

In the cath lab with Dr Hans Åström



*I measured cardiac sympathetic nerve activity in
DDD compared to VVI –R pacing*

It is vital to have a mentor
Professor Lars Ryden was mine



After my thesis I was suggested to leave the Dpt of Cardiology

- I refused and worked harder
- I took charge of the ward of arrhythmia pts
- I did a lot of diagnostic ep-studies- VT provocation
- The Director of arrhythmology chose somebody else for ablations
- I decided to put my major effort into research instead of clinical ep

Lesson learned

- Go for what you want
- But If you cannot do ***exactly*** what you want
- Make something else your top priority *or leave* and find it elsewhere
- It is easier to be a success outside your own hospital and less threatening for others
- Use your strenghts
- For me it was an advantage to be a woman abroad but not at home
- And my personality was more acceptable

Lesson learned

- I used my personality and did not change it
- I learnt French to collaborate better with French cardiologists
- By my choice I became independent of my superiors and in the end reach higher hospital positions

Make sure you have at least one loyal collaborator

My closest collaborators

My doctoral student
Dr Fredrik Gadler
Head of Cardiology
2012-2016



My doctoral student
Dr Frieder Braunschweig
Present Director of a
Arrhythmology

My research nurse Helena Karlsson

*Remember it is not **only** about you - but who you train to come after*

Networking

- *Work at creating your own networks!!!!*
- Talk to poster and abstract presenters
- Get to know the person by being polite, asking questions
- **Show a genuine interest and respect for the person behind the research**
- **Use social media**

Networking: what do you get?

You become a recognized

You will be suggested to

participate or initiate multicenter studies

- as chairperson or invited speaker and committee work
- Thereby it is easier to promote others for such tasks

Do not give in...offer to work

- Say yes to roles in the ESC/EHRA even if it means more work
- Persist If you have a good idea
- EHRA exam in cardiac pacing- my idea
- EP-fellows in Europe Pedro Brugada
- Create and understand the importance of scientific networks
- I used them from my first RCT the PIC study in others MUSTIC, REVERSE, KaREN

Board member in the transition from ESC Working Groups to
European Heart Rhythm Association EHRA,
President Lukas Kappenberger



From left: A. Howard, R. Sutton, J. Le Heuzey, Le Jordaens, C. Linde, E. Aliot, J. Brugada, L. Kappenberger, H. Ector, M. Borggrefe and P. Vardas at the recent meeting in Munich.

At some point at the age of 40-50 years
the willing to lead arises

- Many doctors are afraid of high office
- It is scary to take on a very large responsibility but it is worth it
- It is better to lead than to be a nag and become bitter
- The worse that can happen is to fail but that's OK too
- **It is not to try that is not OK**

Head of Dpt of Cardiology for 11 years

It was very rewarding

- 80 beds, 300 people (40 cardiologists)
- Economic responsibility for 70 mill Euro
- 1300 ablations (400 AF)
- 1200 PM/CRT/ICD
- 2500 coronary interventions
- 70 GUCH interventions, 130 Transcatheter valves
- Merger between Karolinska Solna and Huddinge was a great lesson in leadership

My focus has shifted from pure arrhythmia to include HF

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- As I see it cardiology is changing to
- new interdisciplinary platforms imaging (treatment support), interventionalist, heart failure specialist
- Focus of attention changes,
 - AF-ablation, Renal denervation, transcatheter valves, S-ICD, LA-Occlusion Devices, LVAD etc
 - Make sure you don't get stuck with just one

Improving quality of care for STEMI patients

How to shorten time from ambulance to needle in
ST elevation MI
ECG to PCI doctor on call , patient is delivered
Directly to angioplasty etc








Life style clinic 2008

vid Hjärtkliniken
Karolinska Universitetssjukhuset Solna



Take part in National university work.
 4D heart failure is a Karolinska Institute initiative to cover
unmet needs in heart failure including all levels of care and research

	Roll	Biografi
	Hans Persson Delprojektledare	Hans Persson är docent Karolinska Institutet och överläkare vid hjärtkliniken, Danderyds sjukhus i Stockholm. Ordförande Hjärtkärlrådet, SPESAK kardiologi. Processansvarig Hjärtsvikt Danderyds sjukhus. Forskning vid KI kring hjärtsvikt.
	Cecilia Linde Vetenskaplig representant	Cecilia Linde är adjungerad professor i kardiologi Karolinska Institutet med placering på, Karolinska Universitetssjukhuset, Solna med inriktning mot elektrokardiologi vid KI. Cecilia Linde är internationell pionjär avseende forskning kring pacemakerbehandling vid hjärtsvikt.
	Karin Malmqvist Klinisk representant	Karin Malmqvist är verksamhetschef på hjärtkliniken, Danderyds sjukhus. Karin Malmqvist sitter i styrgruppen för projektet Strukturerad Vårddata (SVD) och är initiativtagare i projektet för överföring till kvalitetsregister via gemensam SLL journal för Hjärta Kärl.

ICHOM – International Consortium for Health Outcome Measures – Standard set for Heart Failure

Outcomes

Patient Population	Measure	Supporting Information	Timing	Suggested Data Sources
Functional				
All patients	Maximum level of physical exertion	Tracked with KCCQ-12 and NYHA	Tracked ongoing except at acute admissions	Patient and clinician-reported
	Symptom control: SOB			
	Symptom control: Fatigue and tiredness	Tracked with PROMIS and KCCQ-12		Patient-reported
	Living independently/self-care			
	Employment	Tracked with KCCQ-12		Clinician-reported
Peripheral oedema				
	Symptom control: Disturbed sleep			
Psychosocial				
All patients	Health-related Quality of Life	Tracked with KCCQ-12	Tracked ongoing except at acute admissions	Patient-reported
	Depression and anxiety	Tracked with PHQ-2		
	Confidence/self-esteem	Tracked with KCCQ-12		
Burden of care				
All patients	Medication side-effects	Yes/No	Tracked ongoing except at acute admissions	Clinician-reported
	Financial burden	Yes/No		
	Complications of treatment	Due to device, medication and/or hospitalization		Administrative data
	Number of hospital appointments	N/A		
	Number of hospital readmissions	N/A		
	Length of stay	Date of admission and discharge		
Survival				
All patients	Mortality	N/A	Tracked ongoing	Administrative data



Karolinska
Institutet



Good clinical practise, Logs Audit

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- GCP: You have to be certified and recertified
- Logs:
- Audit: be sure to have all documents in order at all times
- When an audit comes- it will take time (1-2 days)
- Personal experience spinal cord stimulation
- Patient consent: how you do it is key
- Patient safety: complications more than anticipated, report to MEC, stop further inclusion

Make sure you schedule some free time

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Things did not always go my way.....neither at work or in my private life



Nelly Agassi,
Burnt, 2000,
video, 00:09:46 min.
(still taken from the video)

give sorrow a time limit

Doing something *new* is good for you

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Have fun!!



www.escardio.org/EHRA

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A Registered Branch of the ESC


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