

The People of George Clinical: Profiles in Passion

Nothing defines the unique character of George Clinical more than the people who do the important work of researching treatments and clinical practices that will shape medical policies and practices in every corner of the world. While our Scientific Leadership Team members are a diverse group from many countries and therapeutic areas, one thing they all share is a passion for making an impact on the treatment, and thus the lives, of the patients they serve. These are their stories.



Hernán Trimarchi, MD, PhD, FACP, FASN

Dr. Trimarchi is Head of the Division of Nephrology and Renal Transplantation at the Hospital Británico de Buenos Aires and a member of the Steering Committee of the International IgA Nephropathy Network. He is involved in many clinical research protocols related to glomerular diseases and chronic kidney diseases as member of the advisory board and steering committee, as KOL or national coordinator. His research focuses on glomerular diseases, particularly in proteinuria and podocyturia, IgA nephropathy, FSGS and Fabry disease.

Why did you choose to become a nephrologist?

Early on I was working more in basic research and oncology, but I chose nephrology for both a scientific and a more personal reason. On the science side, nephrology makes you go through all the medical chapters of internal medicine. Kidneys set the basis of life for cells and therefore, the whole organism. The kidneys and the hormonal system play such a vital role in the equilibrium of salt and water in the body. They look to me like sensible computers.

And personally, it's about the patients. When I started to see patients and began to understand how to really get in touch with them, it was the relationships and working as a team. Nephrology gives you the chance to work with patients and stand by them throughout the process—from the IC or out-patient, and if they progress, you take care of them during the challenging dialysis period. And finally, with the accomplishment of a kidney transplant, your patients gain independence and quality of health and life, and you continue to stand by them and take care of them for the future.

Also, since many kidney diseases are hereditary, you become the doctor for families—I have grandparents, parents and children from the same family and soon the next generation behind. They all know you and they trust you to help them. It's a kind of relationship that goes beyond science and becomes more warm and compassionate. For me, the patient is the most important thing—these relationships have a place in my life. It doesn't matter who is the person—they are coming to you because they need help.

How did the pandemic affect your practice and your patients?

You must realize that in Argentina, we were not allowed to walk outside our houses except to work. The pandemic was like a war—an invisible war—on all the world. We had to close our patient sections except for the critical things but we still had patients on dialysis. Patients were afraid they were going to die. Some of them got COVID, and we did lose some. It's difficult when you lose even one patient.

In international groups we began to publish our experiences—what was working, what wasn't—and

with this sharing of information there were important contributions that helped all of us better deal with our patients. When someone far away would say, “I followed your suggestions and guides and got a good result,” then you know it is important to keep publishing. The scientific and medical community worked in a more unified and cooperative manner than ever.

The pandemic was a turning point for me. Personally it was humbling—that mankind cannot control everything. And in general, the pandemic exposed how the same resources are not available to all people. There are so many poor people in my country—in every country—that simply don’t have access to basic things like good nutrition, education and certainly not good medical care.

What are your thoughts on making progress to eliminate inequality in the area of clinical research?

I have to say that having a global team like George Clinical has given me the chance to represent South America in the world of clinical research where we used to be absent. We now have trials coming through Argentina and Brazil and hopefully that will spread to Columbia and even Peru and Ecuador. We are trying to build a consortium of countries that we represent in this really poor area to bring well developed clinical trials so that these people can have the opportunity to participate. It’s important because diseases don’t behave the same in all people, which make them have quite different responses to drugs that have only been tested on Caucasian populations. If you were not born in the right place, you are not going to get the benefit of these developments.

So the fact that George Clinical has given me a chance to bring high quality science to this country which has not been a part of the research before is really important and makes my patients really happy. They want to be a part of a process that belongs to the whole world and to have the chance to help future generations—that the drug trial they participate in today will make the drug available to everyone in ten years.

You have a very good recruitment record for clinical trials for rare kidney diseases. Is there a secret behind your success?

The secret is first of all you have to study—I started medical school when I was 17 and got the degree when



I was 23—during those years I studied a lot and even as a student I started to teach. So first, you have to study and work hard to learn how to deal with the diseases so that you are trusted—by patients and by colleagues. After 32 years of practicing medicine—28 of those in only nephrology—I have dealt with many many patients from all parts of this large country of Argentina and I have had many referrals. And it’s relationships with patients and colleagues that make the difference. Your colleagues must trust you to send you patients. And you must know how to choose which patients are right for which trials.

You have to communicate with the patient from the start that in a randomized controlled trial they may get the drug and they may get nothing. You give the patient the option to say no, but you explain what is the aim of the trial and that you will be by their side during the whole duration—that the trial will offer them a chance for a more targeted, tailored, customized solution in contrast to the drugs they have now. And with these relationships, you build a family of patients who are enthusiastic to participate. You have to understand that clinical trials are not for everyone. It’s not just their illness that needs to be considered but also their emotional and psychological situation. It’s not just organs that determine how they will react to a trial.

What is the state of kidney research today?

This is a most exciting time for kidney research. Until now it’s all been cardiology and oncology—kidneys have been left out. But suddenly industry has realized that at least 10% of the people in the world have CKD and that it’s worth the investments in renal research. For me, this is a golden

age because in the last 30 years I have not had the chance to assess one molecule. Now there are 10 molecules for just one entity and the competition is really high.

One of the great things about George Clinical is that they are the link between the sponsors and what is going on in real life according to the doctors, so that is very compelling. It is actually very challenging to connect the right sponsor with the right drug to offer to the right doctors with the most patients who need the benefits of a particular drug—especially in the renal area with the rare or ultra-rare diseases—the forgotten diseases—which still count because there are patients and families waiting for something better.

George Clinical is doing a great job of finding the right places for the right trials—places with an experienced staff—serious institutions with people who are really devoted and engaged. They are working to ensure that the money is being invested in a good way. Resources are limited. If you don't do things right, that money is gone, and the chance for the protocol to finish is gone. It's very challenging but it's the only way to move forward in the world at this time.

So it seems that working with George Clinical has been both personally and professionally rewarding?

Definitely. George Clinical is very cosmopolitan—international—so I have the chance to interact with people from other parts of the world working in many trials. I may be speaking with teams from all over—it's morning in Argentina and late night somewhere else but everyone is awake and available at any hour because there is something to be solved. George Clinical has allowed

me to be part of this clinical research movement that will not only benefit my site, but my country—my region and many people in this part of the world.

We're interacting all over the world and it is like a family because all of the people know where they belong. They are identified with George Clinical and are really responsible for what they are doing. It's not that easy to have such a strong DNA in an international company—it can't be taught to employees—and yet everyone is speaking the same language, which is responsibility, engagement, ethical, transparent, educated, polite, part of this family and of this mission. Each person on the team is important and each person on the team does their part. It is something very special about George Clinical.

Lastly, as busy as you are, what do you do to unwind and relax?

I like to be in nature—to play sports—both things that I have begun to do much more since the pandemic. I am a writer and besides the medical publications, I have also published poetry and a history of Argentina's favorite soccer team, Boca Juniors. I've collected stamps since I was a boy. I have my hobbies. And I love music—especially the Beatles. They take me back to primary school when the teachers used to play Yellow Submarine. The Beatles actually had a big influence on me. First, because they helped me to learn, speak and pronounce English which is so important in this field of clinical research. And also because they inspired me with how hard they worked—how they brought themselves up from nothing to changing music because they believed that what they wanted would come true—and that helped me to believe in myself.



Contact our business development team to explore we can leverage our scientific leadership, responsive service and results-focused clinical research solutions for your organization today.

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