

# 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.*



## Muh Geot Wong, MBBS, MRCP, PhD

Dr. Wong's research interest is in understanding the pathomechanism of kidney fibrosis and he has actively promoted the development of both clinical and pre-clinical research in delaying CKD progression in diabetic nephropathy, IgA nephropathy, and management of cardiovascular complications associated with CKD. He is a renal physician and Senior Staff Specialist at the Royal North Shore Hospital, Sydney; Senior clinical Lecturer of University of Sydney and University of NSW; and Senior Research Fellow, Renal & Metabolic Division for The George Institute and at the Kolling Institute.

### **Dr. Wong, would you tell us a bit about your time at The George Institute for Global Health?**

I first got the opportunity to work as a part-time researcher at The George in 2013. As a younger doctor at the time, it certainly addressed some of my urge as a clinician to be able to spend dedicated and protected time focusing on research. The mission at The George aligned with my own to address gaps in healthcare and evidence, and people with unmet needs—especially middle and lower income populations. The George is a very positive place with a healthy culture—a lot of people working at all levels of the organization dedicated for the same reasons—very supportive and inspiring. Their track record is more than commendable, and they offer an ideal nurturing environment. It's been a positive experience with many opportunities—learning not only about clinical research, but also administration and how trials should be run, and also supportive of career building.

### **What made you choose nephrology as a specialty?**

Nephrology became my focus because there are so many with unmet needs—it's a silent and chronic disease that progresses over time to a poor quality of life, even in high income areas—let alone in low income countries. There's so much room for improvement in prevention and treatments.

It really started when I was a resident in Malaysia. I attended a patient-staff get together where a group of dialysis patients were bringing in self-prepared food and performing to all the staff, and I realized they were living relatively normal lives because of dialysis—but what would their lives be like if they weren't on dialysis? And there are millions of people in the world who don't have access when they need it.

Nephrology is very rewarding from a professional point of view—from a stimulating point of view—and also in outcomes when you can make a change for someone who is young that will help them avoid dialysis or transplantation and improve the quality of their life. There are still a lot of unmet needs—lots of areas that we still need to explore, and that excites and inspires me.

### **How has your multicultural experience and ability to speak several languages benefited your work?**

Well yes, I do have experience across the Asia Pacific and do speak several languages including Mandarin, Malay and several dialects, and this does aid in my work because language is an important bridge to communication. Nephrology is a large community. Strength in the APAC region—being able to appreciate local cultural aspects as well as having a linguistic advantage—helps me to maneuver the process of clinical trials more efficiently.

I can put that knowledge to use to help drive improvements. For example, I am running a large trial in China to assess the risk-benefit of low dose aspirin in patients receiving dialysis that will eventually enroll 9,000 patients. Knowing the language and understanding the culture has helped in negotiations and patient recruitment, and we've been able to recruit nearly 850 participants in less than 12 months.

### ***How has your experience with George Clinical been?***

I started working with George Clinical soon after becoming involved with The George Institute. George Clinical offers the opportunity to be involved in conducting studies that leverage the skills and knowledge of the academic side of The George Institute—building a bridge from researchers to clinicians and also patients. I am able to work in trials as an advisor and to support operational aspects—from daily operations to endpoint adjudication, as well as scientific leadership on regional, national and global levels.

By using the peer-to-peer connections and influence, we can network to facilitate everything from recruitment and retention to problem solving and more fully meet challenges in local and regional regulatory and operational needs. This leads to timely and successful completion of trials and also, importantly, to publicizing and disseminating information gained from a trial.

The peer-to-peer scientific leader model is what makes George Clinical different from many large operational CROs. We don't just "run the trial"—we make connections between the sponsors and investigators and patients through our network of expertise at a high level and across therapeutic areas, literally around the globe.

By involving experts who are both researchers and clinicians from steering and adjudication committees to trial operations, we can help a trial to remain focused—ensure that a trial is what it was meant to be in the interests and aims of the science.

And the George Clinical scientific leaders—many of us on boards of regional and international societies—have both deep understanding and influence. It's a very bi-partisan relationship where there is a conduit linking all aspects of a trial to generate a flow of events that allow clinicians to network in various regions of the world. George Clinical's scientific leadership model of supporting a trial from design to operations to dissemination has been extremely rewarding—we are changing clinical practice—the track record speaks for itself in trials like CREDENCE, SONAR



and ASCEND Programs. Trials like these will make a difference in the health of patients.

### ***You have spent time in pre-clinical research. Has that been valuable in your career?***

Yes, in 2006 I spent a year of research fellowship in Japan in animal studies with several models of chronic kidney disease, and in Sydney during my PhD with Professor Carol Pollack to identify various therapeutic agents to combat kidney fibrosis. And I continue to be involved in basic science research with one of my current PhD students. Being trained fundamentally in the background of basic science research has equipped me with a better understanding of the mechanisms and translational aspects and given me a better appreciation of the processes we go through to arrive at clinical research. I still have some ongoing basic science research with the Kolling Institute, and it remains a part of me that I enjoy. I think that it's important for us to continue to invest both time and funding into this area even though we don't always see immediate rewards.

### ***What's exciting about the future in nephrology research?***

Over the last 5–10 years we certainly have a lot of breakthroughs in treatment and in delaying diabetic kidney disease. This is an exciting time because typically nephrology has been seen as a specialty using traditional treatments not well supported by strong evidence-based practices. That is because most clinical trials exclude patients with kidney disease due to concerns over their risk factors.

But things are changing—the most exciting is the discovery of Sodium-glucose Cotransporter-2 (SGLT2) Inhibitors—which has already changed clinical practice and I'm certain will continue to do so as more research is been done—for example, in the advanced CKD cohort including those who receive dialysis. Also, in IgA nephropathy, a space I am working in at the moment, we are about to publish TESTING, the largest trial on IgA nephropathy using steroids. In addition, there are a lot of exciting novel agents in clinical trials in the glomerulonephritis. In these two areas there will be tangible excitement over the next year or two.

There's also the ASCEND trials that will provide more insights on the safety and efficacy of HIF-1a stabilizing in treatment of anemia in CKD. It will also address their role in cardiovascular—even pre-dialysis and patients receiving dialysis. I am involved in the KDIGO Controversies Conferences on anemia management later this year.

***You are a busy man. How are you able to manage a work-life balance?***

It's a challenge for all of us who are doing this kind of work. We are striving to advance the treatment of these diseases that are keeping so many people from having quality of life—that are killing so many, and we want to move treatments forward as quickly as possible.

It's difficult, but I understand the importance of my family and time with them. I guess we researchers are driven. That's why places like The George Institute and other academic institutions are vital—they give protected time for dedicated research. As clinicians we still have the passion for research, but it's not a part of the job description. So it's done outside of a clinician's regular duties. Having that protected time for dedicated research is extremely valuable.

It's important to try and balance life and that's difficult when you are passionate about the work. I do garden some—although I find I have to share with the Australian possums (they particularly love to eat my coriander down to the root). And my wife and three kids are very important to me. We like to take walks and go to the beach. At home, I may work late into the night, but I take the time to put the kids to bed and read a storybook.



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[info@georgeclinical.com](mailto:info@georgeclinical.com)  
[georgeclinical.com](http://georgeclinical.com)  
[georgeclinical.cn](http://georgeclinical.cn)

