

SCIENTIFIC LEADER SPOTLIGHT

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.



Sradha Kotwal, BHB, MBChB, FRACP, GDCE, PhD

Dr. Kotwal is a clinical nephrologist at Prince of Wales Hospital in Sydney Australia, Program Head of the Renal and metabolic division at The George Institute for Global Health and a senior clinical lecturer at the University of NSW. She is the principal investigator for the Glomerular Disease Registry and Biobank in Sydney and the Global Kidney Patients Trial Network (GKPTN). Her main interests include novel and pragmatic clinical trials and she is passionate about increasing clinical trial access for patients with kidney disease together with increasing personalized medicine capacity in Australia.

How did you get to George Clinical?

I came through the George Institute where I started my PhD in 2011. I was focused on addressing inequalities for rural patients with kidney disease in Australia and that fit very well with the ethos of the George Institute of improving the lives of millions of people worldwide. And once I started my PhD there, I just stayed.

During my medical training I spent a fair bit of time in rural New South Wales and then did fly in clinics and I really enjoyed it, but I always felt that the patients in rural areas were hard done by. And the patients with renal disease who have end stage kidney disease or are on dialysis have a huge healthcare burden to sustain therapy. I thought if I could make any difference there, it was a worthwhile pursuit. I chose nephrology because I liked the long-term relationships that you develop with patients, and I like thinking about and solving complex problems.

And how has your journey with the George Institute been?

It's been really good. My theme changed about halfway to the PhD when I got pregnant and couldn't travel as much.

The methodology became more quantitative, and my expertise subsequently became in the use of administrative data and statistics. Then I moved on to translating research into clinical practice. Once I started work as a nephrologist at a tertiary referral center, I had patients that I wanted to have the ability to participate in trials and have access to novel therapies, which has led to my current work.

A goal has been bringing more clinical trials to more patients and that involved establishing the GRIT registry—a registry and biobank for glomerular disease along with a cohort of trial ready patients to bring patients and clinical trials together. This had never been done before. The biobank component will allow us to grow personalized medicine capacities in Sydney and in Australia. And that's what led me to now be involved in GKPTN, the Global Kidney Trial Patient Network.

How would you briefly describe GKPTN to someone who had no idea what that was?

GKPTN is a global network of kidney patients who are interested in participating in clinical trials, and of sites and physicians who are interested in recruiting patients to

clinical trials—a global network that will help us run trials more efficiently, test more agents and work out quickly what does and doesn't work, rather than things taking five to 10 years.

GPKTN has brought together clinicians around the world who all believe in participating in clinical trials and want to offer their patients that opportunity. And I think patients are more interested in participation when their own doctor says, hey we've got a trial that might be good for you.

And on that line, another really key component of GKPTN is the consumer engagement piece where we've asked patients to be involved in contributing—not just as a patient who's participating, but as someone with the ability to give their opinion on the strategic directions of the project. The patient involvement is a work in progress and something we're growing.

For you, what is the value of having clinicians as Scientific Leaders in a clinical trial?

I think it's invaluable because it allows a good bridge between research and clinical practice. For example, as a researcher, I can understand what the researchers are saying and what type of data needs to be collected. As a clinician, I have a better insight into practical problem solving at sites and with patients. And that dual role of the Scientific Leadership team at George Clinical helps us take research and translate it into clinical practice—to disseminate and implement the research with patients in a much quicker and more efficient way.

Personally, for me, being a clinician makes me a better researcher, and being a researcher makes me a better clinician. Both roles can be challenging at times, but having both hats makes me better at both of them.

Speaking of challenges, I know you have two children. What are the challenges in balancing your work and your home life?

It is challenging. But I've been very fortunate that both my hospital and the George Institute have been very supportive in providing me flexibility. I think that's what a good workplace does for you—they give you flexibility



recognizing that you're a valuable asset. I also have a supportive husband and family—and I am very organized. I take the time to plan things and outsource every job possible to give me time with my kids who are now seven and ten. I think that's the only way this works.

On that note, what is the state of women leadership in healthcare?

We've got a long way to go but I think it's changing. I'm from New Zealand, so I'm a big fan of Prime Minister Jacinda Ardern. She's a young woman in her early 40s and her brand of leadership is kind, empathetic, firm, decisive, fair, and I think that's fantastic. A colleague of mine said to me that there's a certain skill set that a woman who has children has, because once you learn how to negotiate with your children, you can negotiate with anyone. When you can learn how to make all of your children feel loved and cared for then you can handle lots of different things.

Women are making progress—I would say that in Australia 60% of the nephrology trainees in the last five years are female, but that hasn't translated to senior positions. Part of that is because women don't want to work full time and want more flexibility, and sometimes the leadership roles don't have flexibility built into them because they want you to be available all the time, which can be challenging.

I don't think anyone has really stopped to think how we could fix that and it's a very interesting topic to pursue—a challenge for all of us. We need to dismantle some of these old structures. For me, I was lucky because the George Institute recognizes that, when people are good at something, it's important to capture the value of that person in a way that allows them flexibility in their lives.

What other things are you currently working on or will be in the future?

It's a busy time. I'm involved in another large investigator-initiated trial in acute kidney injury and in a vascular access trial with a Canadian group, and I've just finished a study looking at catheter related complications in 37 units across Australia. I am also the study physician for a randomized controlled trial in the Covid space which is a collaboration between sites in Australia and India with the bulk of the recruitment in India. There is also a new safety and efficacy study for patients with primary FSGS (ACTION3 Study) that I am National Leader for in Australia and New Zealand.

Other International collaborations are mostly related to the GKPTN—relationships that we have established with global registries such as in Canada, and we're in

conversations with the UK RaDaR registry and a few other registries around the world and in the APAC region. The GKPTN is a game changer—it's a model that allows something good for everybody.

With all this going on in your life, what do you do for relaxation?

I am a voracious reader and am usually reading a couple of books at a time—I'm notorious for staying up late to finish a book. I've also been doing some personal training over the last few years, and I really enjoy that. And I like food, so I experiment with recipes and I'm keen to get my kids into cooking, so I'll let them choose what we're going to cook. Sometimes we cook three-course meals with the kids helping with each dish. We've sold them on the idea that being a "foodie" is a really cool thing. We want them to understand that food is an important part of life and to have a healthy attitude towards food and exercise.

Spending time with my kids—my family—is an important part of the balancing act as well as having some time for myself, so it's a matter of organization and of priorities. I'm a firm believer in the concept that no one else is going to carve out the life you want—you have to do it yourself.



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