

Emerging Investigator: Dr. Glen Hazlewood

What inspired you to focus your research on drug effectiveness and patient treatment preferences?

First, it was great mentors! My research interest started through my involvement in the CRA Rheumatoid Arthritis (RA) Guidelines. I started this as a fellow, and became interested in how treatment decisions are made, both within guidelines and with individual patients. It also opened my eyes to how much we still don't know about the decisions we make every day.

Recently, you have been awarded a four-year grant to conduct a multi-centre randomized controlled trial of drug reduction in patients with RA in sustained clinical remission. What are your hopes or expectations regarding the outcome of this study?

Our hope is that, through this trial, we can show it is possible to safely reduce medication in many patients who are doing well (in remission). Importantly, we are designing our trial to be as "pragmatic" as possible, meaning that it reflects how tapering would typically occur in actual practice. Our hope is that the results will help patients and rheumatologists decide whether tapering (reducing treatment) is appropriate or not once patients have achieved sustained remission.

How do you manage teaching students as an assistant professor on top of running your research programs?

If things work well, it actually makes everything easier! Not to mention, it ensures you stay up to date.

You have established a collaboration between several international groups, including Cochrane and the American College of Rheumatology, to conduct collaborative "living" evidence reviews. What type of emerging results have you noticed and how will this impact



the RA treatment landscape?

A major challenge with guideline development is staying on top of rapidly changing evidence. There is also a lot of duplication of effort. Our hope with this project is that guideline groups can collaborate on the evidence-review aspect of guideline development and maintain this effort over time. An early lesson I've taken from this work is that effective collaboration benefits everyone.

You already have many long-term research projects running at once, but what other future directions would you like to focus on? What are your hopes for the

general direction of development in the field of rheumatology?

Treatment choices are becoming more complex. We have more treatments, and will see more evidence to inform treatment selection, including typical evidence (randomized and non-randomized studies) and newer precision diagnostics. A major challenge will be how to integrate this evidence to inform patient-centred treatment decision-making. My hope is that we can solve these challenges by considering the entire decision process when prioritizing and designing research studies.

What are some of the highlights and challenges you have experienced thus far in your career? How have you overcome these challenges?

The nice (and hard) part of academic medicine is that you get constant little rewards (and disappointments). Balancing clinical, academic and family life is also challenging – but also keeps me grounded. My kids couldn't care less if my paper is rejected!

What was your first thought when you learned you would receive this award?

Thrilled!

For those wanting to pursue rheumatology and a career in research, what advice would you give them?

Try it, even if you're unsure. I never had thought about rheumatology until I tried it right before the Canadian Resident Matching Service (CaRMS) match, and hadn't really thought about research until I tried it in my fellowship.

Your success in obtaining research funding is commendable, with over one million dollars as a principal investigator. Any tips you can offer on the subject of making a solid grant proposal?

Keep it simple, add something a bit novel, and don't oversell what you are doing. Get someone who can be objective to read/critique your grant and keep trying because there's a lot of luck involved.

If you weren't pursuing research as a career, what would you be doing?

Clinical rheumatology – which I still really enjoy! Probably more vacations as well. Wait a second, that sounds quite nice...

Are you more of a morning or night person?

Morning – although it depends on the day!

How many cups of coffee does it take to make a productive day?

At least three.

If you could eat one food for the rest of your life, what would it be?

Sushi.

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Dr. Glen Hazlewood receiving his award from Dr. Vandana Ahluwalia.