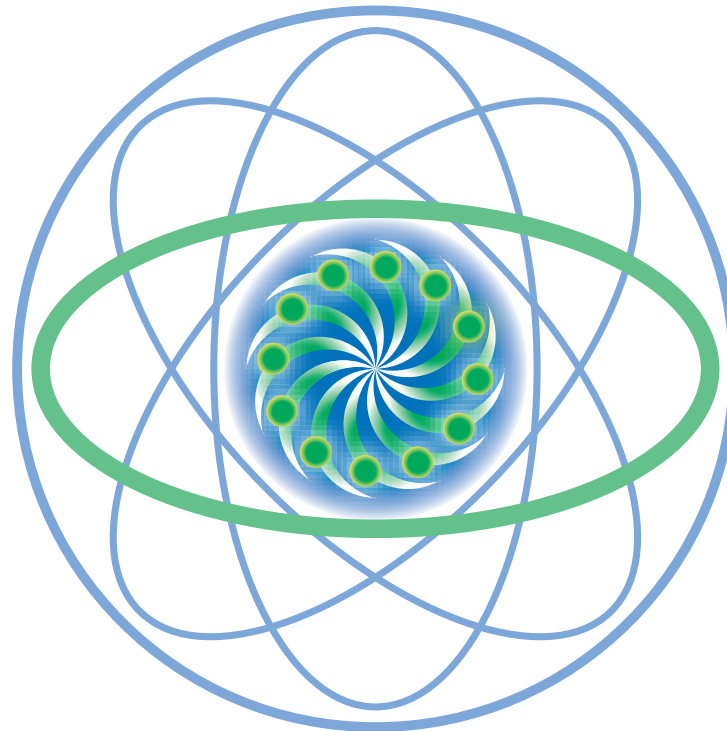


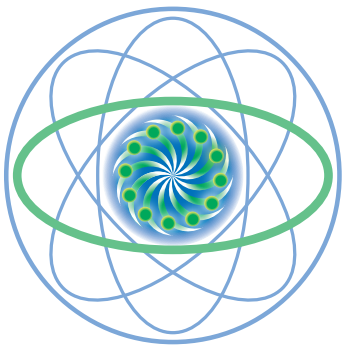
From Programmer to Patient, why it is good to be a Clinical Programmer when you are seriously ill.

Colin Andrew Brown

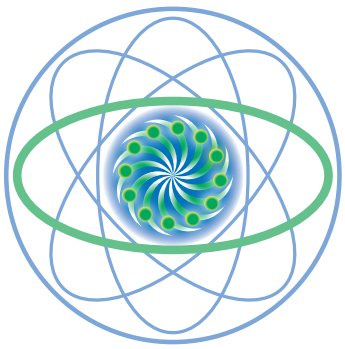
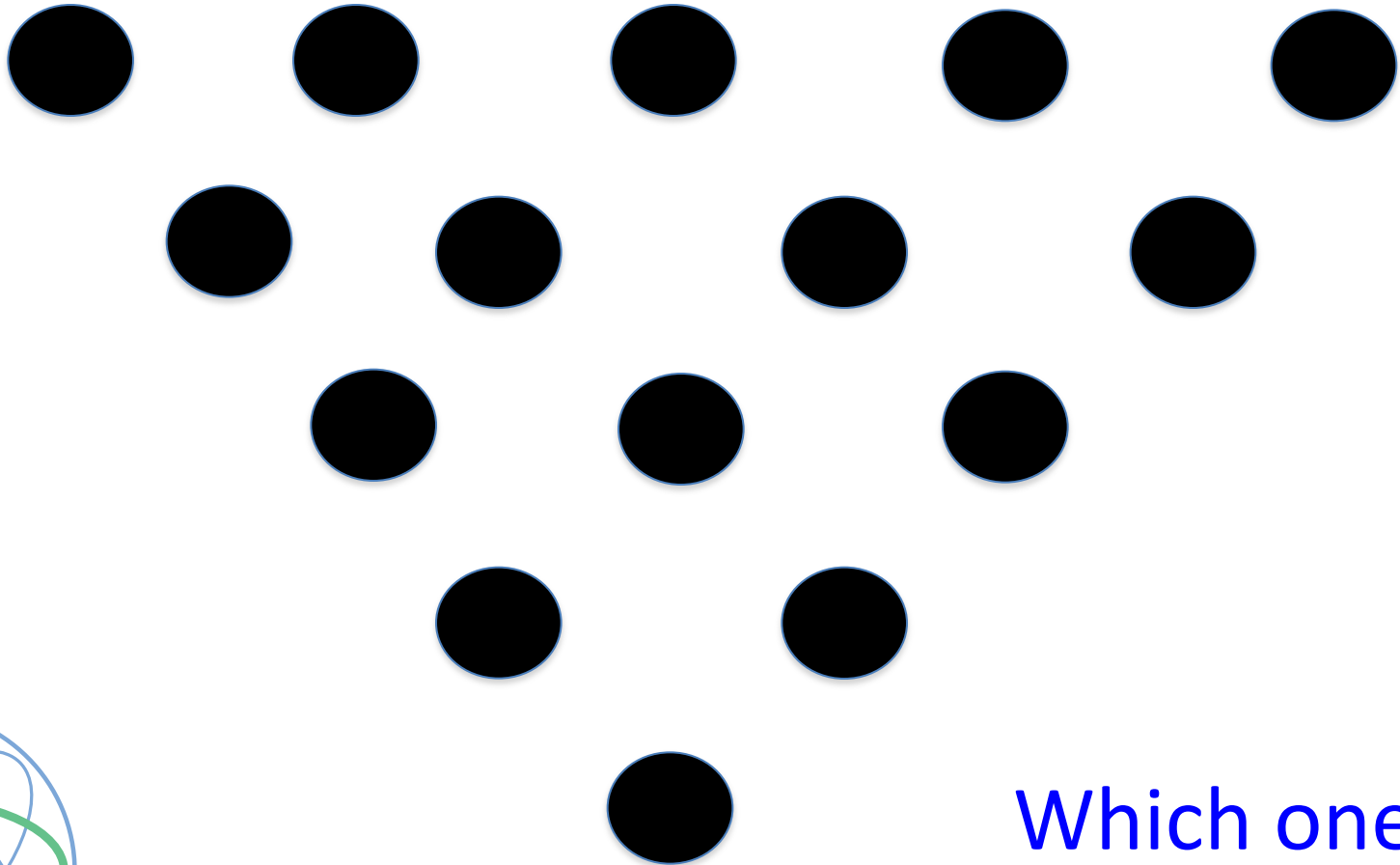
Hearththought Enterprises Ltd, Totnes, Devon, UK



The Beginning:



Lymphoma?



Which one?

Choice of Treatments

Triple Treatment

One trial of 30 patients with a 40% response rate

Triple Treatment

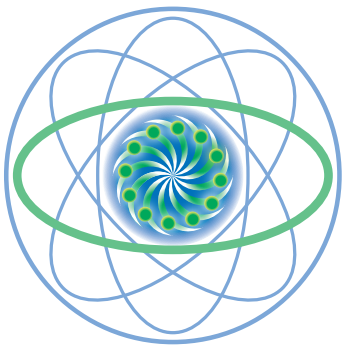
One Trial of 50 patients, interim result failed to get target 60% response rate

Double Treatment

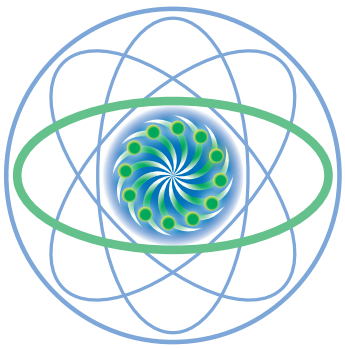
Many trials Gold Standard for squamous cell cancer

Double Treatment

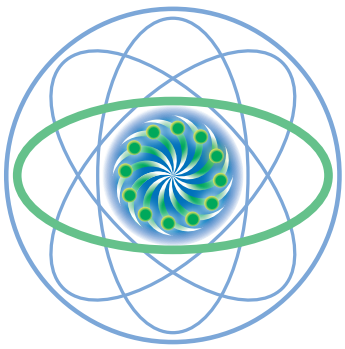
Standard chemotherapy regime



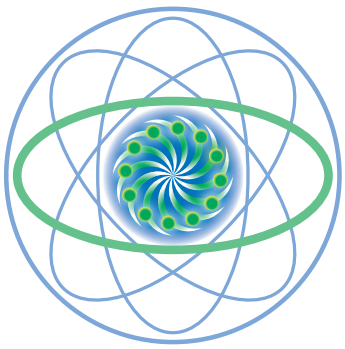
At the Beginning



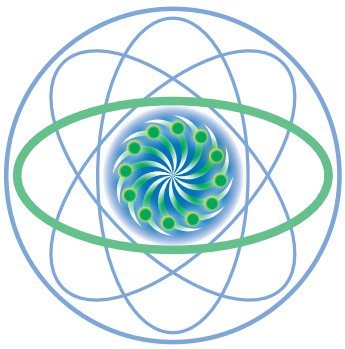
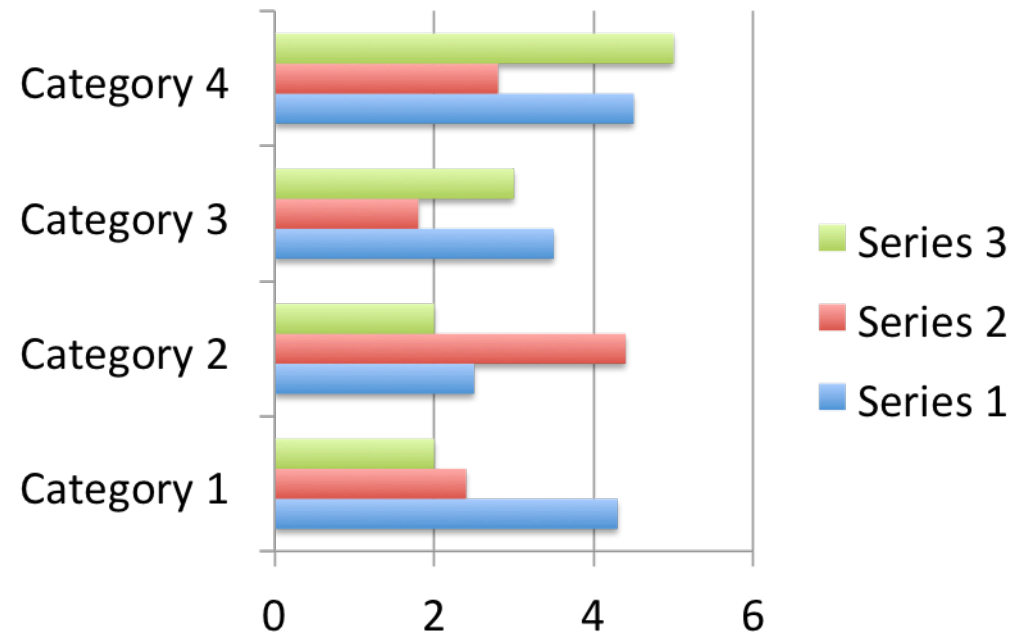
CEG Marker



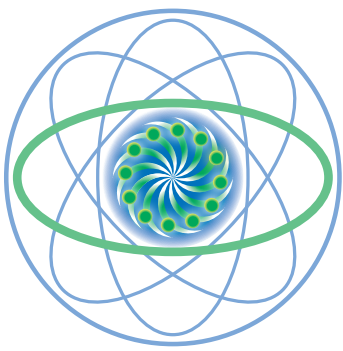
Chemotherapy



Beware of Statistics:



Doctor Meets Patient

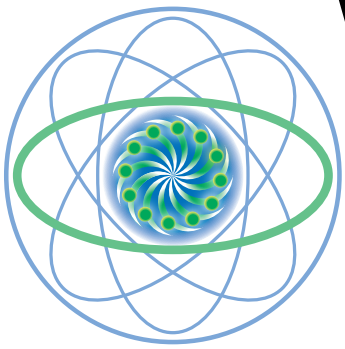


Its Good to be a Clinical Programmer

We Know About Clinical Trials

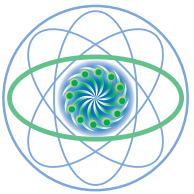
We Have Good Contacts To
Experts

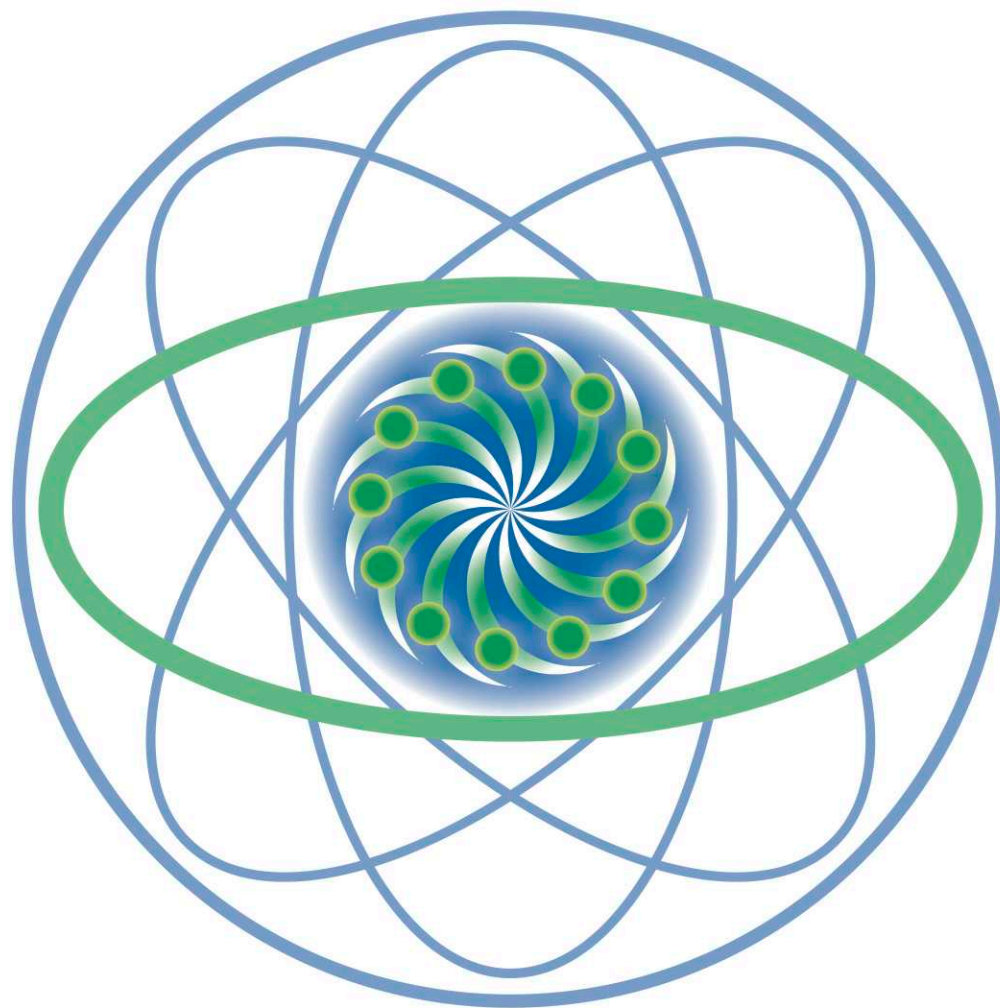
We Are Used To Pushy Doctors



Conclusions.

Its Good to be a Clinical Programmer





HEARTHOUGHT

Live Intuitively