THE SCAR FREE FOUNDATION

SUPERVISOR PROJECTS 2020

INTRODUCTION

In this paper there is a list of experienced academic clinicians and academics who are willing to act as supervisors. Some have offered projects, and some are happy to act as supervisors on student's projects.

Please note: the projects below are offered on a first come first served basis. It is not possible for two students to apply to undertake the same project.

If you are interested in applying for one of the below projects:

- Please contact the prospective supervisor a minimum of six weeks before the closing date.
- Please allow ample time before the deadline date to allow your proposed supervisor to review and sign-off your application.

If you have a project idea and are interested in approaching one of the below supervisors:

- Prior to contacting the supervisor, please 'work up' your idea and speak to your tutor about the project.
- Please contact the prospective supervisor a minimum of six weeks before the closing date with project information and an idea of the timescale for undertaking the project.
- Please allow ample time before the deadline date to allow your proposed supervisor to review and sign-off your application.

We ask that you make contact directly with the supervisor via email to discuss your interest rather than the Scar Free Foundation office. If you have questions about the application process please contact Ellie Carden, Research Officer at eleanor@scarfree.org.uk, or call 020 3958 5805.

PROJECTS

Otological Profile of children with Apert syndrome: a genotype/phenotype analysis.

Ms Sarah Kilcoyne, Principal Specialist Speech and Language Therapist, Oxford Craniofacial Unit and Spires Cleft Centre, Sarah.Kilcoyne@ouh.nhs.uk

Please contact Ms Kilcoyne for an informal discussion about this project before completing an application.

Apert syndrome is caused by the heterozygous presence of one of two specific missense mutations of the fibroblast growth factor receptor 2 (FGFR2) gene. The two adjacent substitutions, designated p.Ser252Trp and p.Pro253Arg, account for >98% of cases. The syndrome is characterised primarily by abnormal development and premature fusion of the cranial sutures (craniosynostosis) accompanied by severe syndactyly of the hands and feet, along with a wide variety of other features. Previous research has identified elevated hearing difficulties in this population. However, the influence of FGFR2 genotype on the ontological profile of children with Apert syndrome not been examined.

This project will examine the ontological profile of children according to genotype to better understand the presentation of children with p.Ser252Trp and p.Pro253Arg related Apert syndrome.

Speech sound production in patients with facial palsy.

Ms Sarah Kilcoyne, Principal Specialist Speech and Language Therapist, Oxford Craniofacial Unit and Spires Cleft Centre, Sarah.Kilcoyne@ouh.nhs.uk

Please contact Ms Kilcoyne for an informal discussion about this project before completing an application.

Facial Palsy is a debilitating condition that affects approximately 20,000 patients in the UK, with an annual incidence of 70 cases per 100,000 (Rowlands et al., 2002). Facial weakness may adversely impact both appearance and function, affecting speech, vision, eating, drinking, hearing and communication (Shindo et al., 1999; Benecke, 2002; Schrom et al., 2009).

Whilst the impact of facial palsy on oro-motor function has been broadly acknowledged, limited literature has documented the impact of facial palsy on speech sound production.

This project will evaluate patient's perceptions of their speech sound production, as well as an objective measurement of speech to better understand the functional implications of facial palsy for speech sound production in patients with facial palsy.

The role of cell senescence in scarring

Professor Janet Lord, Director of the Institute of Inflammation and Ageing Director of the MRC-Arthritis Research UK Centre for Musculoskeletal Ageing Research, University of Birmingham J.M.LORD@bham.ac.uk

Due to diary restrictions, Professor Lord is only able to supervisor students between April/May 2020. Please contact Professor Lord about availability before applying.

Triangulating evidence from multiple control groups to study the causes and consequences of being born with cleft lip/palate

Dr Gemma Sharp, Ms Amy Davies, Ms Rosie Cornish, The Cleft Collective, University of Bristol, A.Davies@bristol.ac.uk gemma.sharp@bristol.ac.uk

Background

The Cleft Collective is a UK-wide case-only cohort study of around 3000 children born with a cleft lip and/or cleft palate. The study was set up to study both the causes of cleft and the development and long-term outcomes of children born with a cleft. To facilitate both these aims, we need to identify an appropriate set of control children/families who are unaffected by cleft. Controls can be sourced from several birth cohorts, including ALSPAC, Born in Bradford, ALSPAC-G2 and the millennium cohort study. However, differences between each of these cohorts and the Cleft Collective mean that none would provide a perfect control set, and therefore it would

be difficult to know that any differences in outcomes or exposures were related to cleft and not any other cohort-related factor. Triangulation of evidence garnered using several control sets could help provide confidence that any differences are truly due to differences in cleft status.

Aims

In this project, we aim 1) to identify differences between participants in the Cleft Collective and each of these other cohorts (such as differences in age, year of birth or geographical region); 2) to assess the direction and degree of bias these differences might impose on effect estimates; and 3) if the biasing effects of these differences are unrelated, to triangulate evidence garnered using each set of controls to hopefully gain confidence that any differences we see between cases and controls are related to cleft.

SUPERVISORS

The following supervisors are happy to receive approaches from students wishing to undertake projects in the areas outlined below.

Mr Adam Reid, Senior Clinical Lecturer & Honorary Consultant in Plastic & Reconstructive Surgery, University Hospital of South Manchester & Blond McIndoe Laboratories University of Manchester Adam.Reid@manchester.ac.uk

Mr Reid is happy to hear from students wishing to undertake projects centred on limb trauma, peripheral nerve injury science or adipose stem cells.

Mr Jason Wong, Academic Consultant in Plastic Surgery and Senior Lecturer in Plastic Surgery, Manchester University Foundation Trust, Jason.K.Wong@manchester.ac.uk

Mr Wong is happy to hear from students These projects could relate to scarring beneath the skin, vascular tissue engineering, tissue regelation. If clinical, the project could be on scarring after healing of complex wounds.

Mr Baljit Dheansa, Consultant Plastic Surgeon, Queen Victoria Hospital, East Grinstead. b.dheansa@nhs.net

Mr Dheansa has available projects on:

- Scar Tissue
- Enzymatic Burns Debridement
- Skin graft take and impact,
- pH testing of burn wounds and healing time
- Scar scoring donor sites.

Mr Dheansa is also happy to supervise any project that a student would like to do. Please contact Mr Dheansa about any of these projects prior to applying.

Professor Kayvan Shokrollahi, Consultant Burns, Plastic & Laser Surgeon, Mersey Regional Burns Service, Whiston Hospital & Medical Director of the Katie Piper Foundation.
kshokrollahi@hotmail.com

Professor Shokrollahi has hosted numerous medical students on Elective, including collaborative projects affording travel to other units including South Africa and Belgium, as well as work interfacing with The Katie Piper Foundation.

There are sufficient numbers of projects in the areas of scars, burns and reconstructive surgery to accommodate students according to their interests.

Previous students can be contacted to get a more detailed understanding of the opportunities and experiences available.