

Raj Shrimali

Consultant Clinical Oncologist



I am a Consultant Clinical Oncologist and my primary interest is non-surgical management for Lung cancer. I have a very keen interest in technically-advanced radiotherapy including VMAT, cone beam CT based IGRT and SABR for lung cancers, using 4DCT for target definition.

After my higher specialist training (March 2010) at the Beatson Cancer Centre at Glasgow, I moved to the Christie Hospital, Manchester to take up the role of a Research Fellow in Lung cancer, before taking up a consultant post at Aberdeen.

During my research fellowship in 2010-11 at the Christie, I worked on the development of SABR for lung cancer using 4D scanning & on-line cone beam verification. Also helped develop and review the use of image-guided advanced RT techniques (IMRT and IGRT) for lung cancer and cone beam CT-based adaptive RT in lung cancer.

Subsequently, I moved to Kolkata, India, transferring skills I had learnt within the NHS to Tata Medical Center, a relatively new philanthropic hospital, where I worked for nearly 5 years. Supported by an excellent medical physics team, I played an important role in the development of advanced radiotherapy techniques (VMAT) and altered fractionation for locally-advanced lung cancers, and subsequently four dimensional imaging (4D-CT) based planning and lung stereotactic ablative body radiotherapy (SABR). I believe that my specialist training at Glasgow and my research fellowship at the Christie helped to shape my career with research and development.

Incremental work published from my role in helping develop radical lung RT and chemoradiotherapy services, including appropriate use of IMRT and SABR, in a different healthcare system in the developing world, has resulted in my PhD, awarded by the University of Warwick.

As a consultant clinical oncologist at the UHCW, I am working on setting up investigator-initiated research, often on basic questions pertaining to physiology and toxicity from cancer treatment. My interest in basic sciences pertaining to oncology is reflected in my active involvement with the examination board for FRCR part-I for Clinical Oncology.

I am also the CI for EARLY Study, looking at evaluating asymptomatic lung injury from contemporary thoracic RT. I am also collaborating with cardiologists and basic scientists while working towards developing another study assessing cardiac toxicity from lung cancer RT. I have successfully obtained a competitive grant to develop a study on moderately hypofractionated RT aimed at reducing the number of treatment fractions and number of hospital visits for high-dose palliative RT for lung cancer.

As an experienced consultant with added responsibility of Clinical Service Lead in oncology, I have walked a more tortuous path into research. I strongly believe that the NHS, as an integrated healthcare system, is uniquely placed to enable and allow clinical research that really matters, as demonstrated during the COVID19 pandemic. Within the NHS, we are best placed to design and carry out multi-disciplinary research with collaboration across disciplines and hospitals.

I have been very fortunate to have received fantastic support from my oncology colleagues and the UHCW R&D team. My research experience has helped make me become a better doctor and has enabled me to look at information/data more critically and scientifically for the benefit of my own patients and the wider lung cancer patient population.

