

Professor Fiona Jane Gilbert

QUALIFICATIONS:

1978	MB ChB (Glasgow)
1981	MRCP (UK)
1984	DMRD (Aberdeen)
1986	FRCR
1991	FRCP (Glasgow)
1994	FRCP (Edinburgh)
2016	MA (Cambridge)



APPOINTMENTS:

Head of Radiology Department, University of Cambridge. 2011 – Present

Radiology Academic Lead for Research, CUHFT. 2014 – 2017

Deputy Divisional Director Research Lead, CUHFT. 2012 – 2014

Head of Imaging Research Programme. University of Aberdeen. 2006 – 2011

Professor of Radiology, Head of Department -1996 – 2011. University of Aberdeen

Clinical Director North East Scotland Breast Screening Programme. 1989 – 2001

Consultant Radiologist, Aberdeen Royal Infirmary, Honorary Senior Lecturer, University of Aberdeen. 1989 – 1999

Senior Registrar in Radiology, Aberdeen Royal Infirmary. 1984 – 1989

Registrar in Radiology, Aberdeen Royal Infirmary. 1982 – 1984

Registrar in General Medicine, Aberdeen Royal Infirmary. 1981 – 1982

Senior House Officer in General Medicine, Aberdeen Royal Infirmary. 1980 – 1981

Research Assistant in Oncology with Professor K C Calman, Gartnavel General Hospital, Glasgow. 1979 – 1980

CURRENT RESEARCH

I am interested in all aspects of breast imaging particularly new techniques which offer more accurate diagnosis or new insights into the tumour microenvironment. My experience with the health technology assessment board and undertaking assessment of MRI in low back pain, MRI in internal derangement of the knee and endoscopic ultrasound in oesophageal cancer has given me excellent experience in the evaluation of imaging technology in the setting of large clinical trials. I have assessed the place of computer aided detection in reading screening mammograms (30,000 women), undertaken systematic reviews and individual patient data analysis to assess the evidence for mammographic surveillance after breast cancer and completed a reading study of breast Tomosynthesis in the NHSBSP.

I am particularly interested in understanding the tumour microenvironment and have used multimodal functional imaging to monitor changes during neo adjuvant chemotherapy in patients with breast cancer. I am keen to develop predictive and surrogate response biomarkers using these functional imaging tools with the aim of improved targeting of treatment to appropriate patient sub-populations. Our new breast project on the 3T MRI involves rigorous assessment of diffusion weighted imaging and spectroscopy. Our team has applied imaging knowledge gained in breast tumours to cervical, rectal and oesophageal cancers. In Cambridge we have added multi b value DWI to rapid DCE MRI, Magnetisation transfer and spectroscopy and are developing sodium imaging. In PET we are exploring FLT, HER2, FES as predictive and prognostic biomarkers.

I have had a longstanding interest in musculoskeletal imaging and worked closely with the successful bone group in Aberdeen. Previous projects were in osteoarthritis to determine early imaging changes in the shape of the hip and in the relative fat content of the underlying cancellous bone. Other related projects are development of an imaging biomarker for sarcopenia. Translational work with the basic scientists involves imaging a mouse model of club foot, and human foetal, neonatal development and infant imaging of the foot and leg to improve understanding of this deformity. In Cambridge working the McCaskie group we will develop biomarkers of OA.