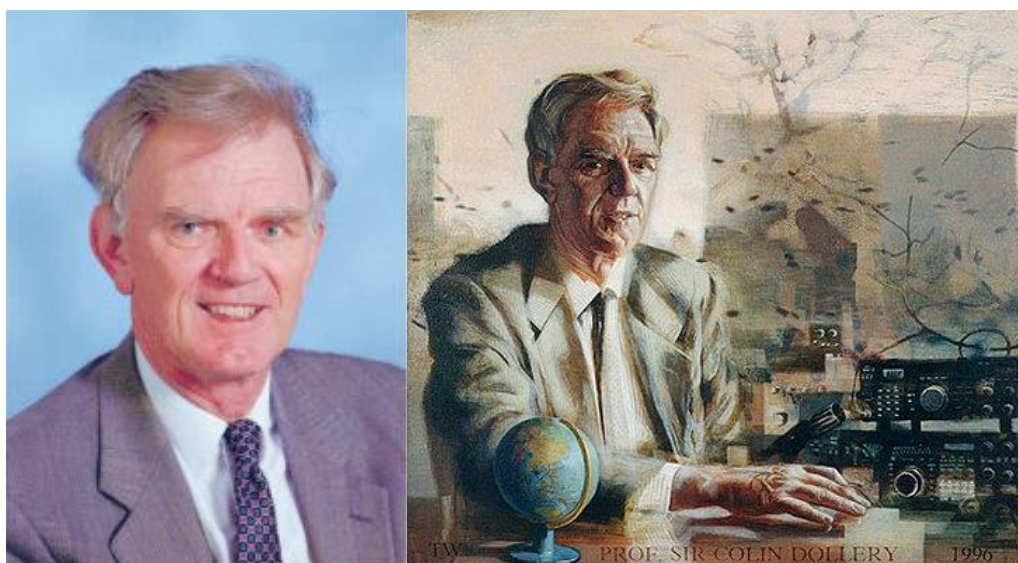


## Sir Colin Dollery



We are very sad to announce that Professor Sir Colin Dollery passed away on 12 December 2020. Sir Colin was a staunch supporter of IUPHAR, being on the committee from 1975-78, vice-president 1978-1981, and then President of IUPHAR, 1987-1990. He was one of the main drivers for clinical pharmacology worldwide and had a glittering scientific career. Sir Colin was granted the EACPT Lifetime Achievement Award in Clinical Pharmacology in 2011. He was the recipient of the Lilly Prize in 1983 and the Wellcome Gold Medal in 2007. He was knighted in the Queen's 1987 birthday honours.

As President, he had a lasting impact on pharmacology, particularly in persuading Paul Vanhoutte, who also sadly passed away this year, to initiate the Nomenclature Committee of IUPHAR (NC-IUPHAR), which then structured modern pharmacology. Colin was an ardent contributor to NC-IUPHAR from then on, bringing clinical pharmacology knowledge into basic science. When I was chair, he was an immense help. NC-IUPHAR sorely misses his presence.

Colin was born in 1931, and then obtained a Bachelor of Science, Medicine and Surgery from the University of Lincoln, 1948. He was Professor clinical pharmacology Royal Postgraduate Medical School, London, 1964—1987, becoming Chairman department medicine, 1987—1991, Dean, 1991—1996. Pro vice chancellor medicine University London, 1992—1997. Colin was also the Senior consultant Research and Development GlaxoSmithKline, from 1996 to 2017, having a major influence on policy and science. He thus straddled medicine, clinical research and industry professionally.

He married Diana in 1958, and had two children, Peter and Clare. They enjoyed travel, but Colin was also an amateur radio enthusiast, thriving on the technical aspects. Indeed, his last publications were on technology. I much appreciate: single cell and brain metabolomics (on glycosphingolipids) using Orbitrap technology.

Perhaps one of the best ways of appreciating this remarkable man is to read an excellent review of his on the history of translational medicine, freely available in Pubmed: Colin T Dollery Lost in Translation (LiT): IUPHAR Review 6, Br J Pharmacol. 2014 171(9):2269-9:

*Translational medicine is a roller coaster with occasional brilliant successes and a large majority of failures. Lost in Translation 1 ('LiT1'), beginning in the 1950s, was a golden era built upon earlier advances in experimental physiology, biochemistry and pharmacology, with a dash of serendipity, that led to the discovery of many new drugs for serious illnesses. LiT2 saw the large-scale industrialization of drug discovery using high-throughput screens and assays based on affinity for the target molecule. The links between drug development and university sciences and medicine weakened, but there were still some brilliant successes. In LiT3, the coverage of translational medicine expanded from molecular biology to drug budgets, with much greater emphasis on safety and official regulation. Compared with R&D expenditure, the number of breakthrough discoveries in LiT3 was disappointing, but monoclonal antibodies for immunity and inflammation brought in a new golden era and kinase inhibitors such as imatinib were breakthroughs in cancer. The pharmaceutical industry is trying to revive the LiT1 approach by using phenotypic assays and closer links with academia. LiT4 faces a data explosion generated by the genome project, GWAS, ENCODE and the 'omics' that is in danger of leaving LiT4 in a computerized cloud. Industrial laboratories are filled with masses of automated machinery while the scientists sit in a separate room viewing the results on their computers. Big Data will need Big Thinking in LiT4 but with so many unmet medical needs and so many new opportunities being revealed there are high hopes that the roller coaster will ride high again.*

Our thoughts are with his family.

Michael Spedding

Painting by Tom Wood