Royal College of Physicians

Professor Denton Biography

Professor Denton studied medicine at Guy's Hospital in London, and trained in medicine and rheumatology in London at Guy's, Northwick Park, St Thomas's and Royal Free Hospitals. He obtained a PhD from University College London and trained in connective tissue diseases in London. Following a Wellcome Trust Advanced Fellowship in molecular genetics at the M.D. Anderson Cancer Center in Houston, USA he was awarded an Arthritis Research UK Senior Research Fellowship 2000-2010. He is Professor of Experimental Rheumatology at UCL and a consultant Rheumatologist at the Royal Free Hospital in London. He has published extensively on laboratory and clinical aspects of connective tissue disease including pulmonary hypertension.

He leads a large clinical and translational research programme in scleroderma at the Royal Free Hospital and co-ordinates multidisciplinary care for more than 1700 patients. He currently chairs the UK Scleroderma Study Group (UKSSG).

Presentation summary

Topic: Scleroderma – making progress in a hard disease

Scleroderma is a hard disease in many senses. In its most severe form, systemic sclerosis (SSc), causes scarring, or hardening, of the skin, blood vessels and internal organs leading to potentially lethal complications such as lung fibrosis, scleroderma renal crisis and pulmonary hypertension. The intransigent nature of this organ based fibrosis, and high disease-related mortality, also make SSc an extremely hard condition to treat. Fortunately, outcomes have improved over the past three decades so that now most patients live with SSc for many years rather than dying or developing a major complication within the first five years of onset. This progress is underpinned by better understanding of the diverse forms of SSc and more systematic detection of complications. However the most important progress has been in the area of effective vascular therapies for renal crisis or pulmonary hypertension and the promising impact that immune suppression is having on skin and lung fibrosis. In some cases intensive immune suppression with haematopoietic stem cell rescue can be almost curative. Current focus is moving towards more targeted therapies including biological agents that may give the benefit of high intensity immunosuppression without the associated risks or toxicity. One consequence of progress is that the non-lethal burden of SSc is becoming more prominent as patients live longer and lethal complications are treated more effectively. Reducing this more global disease burden will be a major medical challenge for the coming decades.