

A portrait of a woman with long, dark hair, wearing a green blazer over a black top. She is sitting at a dark table with her hands clasped. The background is a blurred indoor setting with large windows and greenery.

INTERVIEW

**CARLA  
VAN DER KALLEN**

*New: CARIM Clinical Research Unit*

Between 2010 and 2020, over nine thousand people were included in The Maastricht Study, forming a unique cohort of individuals from the province of Limburg, focusing on type 2 diabetes, cardiovascular diseases and other chronic disorders. Almost half of these participants have now returned for a second series of measurements. “In all, we hope to include six thousand people in the second phase”, says Carla van der Kallen, who leads the research unit. Now that the last major grant is coming to an end, this is one more challenge.

Whereas The Maastricht Study was previously housed in a building near the hospital and the university, it moved to the Maastricht UMC+ itself a few months ago. The research facility is now called CARIM Clinical Research Unit (CARIM CRU) and is available to all CARIM researchers. For the past ten years, Carla van der Kallen has led The Maastricht Study research centre, and she now leads CRU. “These fifteen rooms used to belong to CARIM, but were not used intensively. We’ve redesigned them and done them up. Researchers can use these spaces for all kinds of activities, from blood sampling and cardiac ultrasound to eye measurements, spirometry and the Xtreme CT-scanner. We can also provide them with the staff to perform the measurements.” Managing the team is what gives her the greatest satisfaction. “Working together in a pleasant atmosphere and gathering useful data for science, that’s what makes me happy. Although hardly any of the team have a permanent appointment, people like working here. The often very tight planning means they’re working hard, and coffee breaks are sometimes skipped, but being appreciated and working in a good atmosphere make up for that. We give our staff a lot of responsibility, plus room to develop themselves further, if possible. I’m very proud of our staff members.”

### ENRICHED DATASET

In the past fourteen years, the team has included nine thousand individuals in the first series of measurements for the cohort study, and another four thousand for the second phase. “That means a huge enrichment of our dataset. You’re better able to study the timeline and distinguish between the chicken and the egg.” One of the findings of the study so far is that a third of adults in Limburg have diabetes or pre-diabetes. Other findings were that having a large social network is associated with less diabetes, that damaged

blood vessels can lead to depression, and that reducing the time spent sitting down by half an hour a day already reduces the risk of diabetes. The database and the biobank got started thanks to a large investment from the European Regional Development Fund, complemented by grants from the provincial authorities, the university and the hospital. “The infrastructure for cohort studies is usually funded by those kinds of parties, not so much by organisations like the Dutch Diabetes Fund or the Dutch Heart Foundation, who are more interested in the scientific projects.” At the time of the interview, it was not yet fully clear how the completion of phase 2 is to be funded, but CARIM is determined to complete the study and maintain the database.

### A NEW BEGINNING

The new location, at the hospital, is less stylish than the previous one. “But none of the participants have complained about that. They often already know their way around the hospital, making it easier for them to participate. Some of them even claim they’ve never been at the other site. Apparently, it didn’t make much of an impression on them. As for me, I’d rather have a nice team than a fancy room, and that probably also goes for the participants.” Whereas at the previous location, there was always a doctor present, in case someone became unwell or had other complications, the hospital is of course literally swarming with doctors. “Here you could theoretically also bring someone in for measurements who is in a hospital bed, which would not have been possible at the other site, nor at a university lab. Since we moved here, the number of requests from researchers for our data as well as for the use of our infrastructure has already risen. In short: this is an excellent place for us strategically. I hope that in five years’ time we’ll be able to say this was a good move for The Maastricht Study and for CARIM.”

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