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INTRODUCTION

WELCOME TO THE INAUGURAL CHA MEDICAL RESEARCH SYMPOSIUM

The Medical Research Symposium brings together CHA researchers from across Australia to encourage networking, learning, to celebrate achievements and ongoing initiatives in research, and importantly - to showcase the essential work being done by all of you, within the Catholic health and aged care sector.

This year’s Symposium, the first of its kind, is packed with valuable content, delivered by distinguished medical scientists Sir Gustav Nossal AC CBE, Prof Chris Baggoyle AO, and a number of accomplished clinical researchers representing CHA’s member health services.

With the valued support of Major Sponsor HPS Pharmacies, CHA will be awarding cash prizes to the winning abstracts submitted to the 2016 Rising Stars in Medical Research Awards. Travel Awards Sponsor Catholic Super has generously supported a number of today’s attendees with travel sponsorship, helping to assure broad representation by CHA member organisations, spanning the length and breadth of the country.

Welcome to Melbourne, and enjoy the Symposium!

MAJOR SPONSOR & PROUD SPONSOR OF THE RISING STARS AWARDS

HPS and its network of pharmacies is a leading national supplier of pharmacy services to over 280 hospitals and health facilities around Australia, with the aim to deliver individualised patient care.

Founded in 1975, the business is built on a strong foundation, offering a specialised blend of knowledge, innovation and industry experience.

HPS is proud to support Catholic Health Australia as Major Sponsor of the inaugural Medical Research Symposium, as well as the 2016 Rising Stars in Medical Research Awards.

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TRAVEL AWARDS SPONSOR PROUDLY SUPPORTING CHA RESEARCHERS TO ATTEND THIS EVENT

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GUSTAV NOSSAL, AC, CBE, FAA, FRS was born in Bad Ischl, Austria, in 1931, and came to Australia with his family in 1939.

He studied Medicine at The University of Sydney and, after two years' residency at Royal Prince Alfred Hospital, moved to Melbourne to work at The Walter and Eliza Hall Institute of Medical Research, where he has spent most of his research career in Immunology. He has written seven books and over 530 scientific articles in this and related fields.

Nossal has served as President of the Australian Academy of Science, President of the International Union of Immunological Societies, Chairman of the Victorian Health Promotion Foundation, Chairman of the committee overseeing the Global Programme for Vaccines and Immunization of the World Health Organization, Chairman of the Strategic Advisory Council of the Bill and Melinda Gates Foundation’s Children’s Vaccine Program and Deputy Chairman of the Council for Aboriginal Reconciliation.

He was knighted in 1977, made a Companion of the Order of Australia in 1989 and has received numerous honours from 16 countries. In 2000 he was appointed Australian of the Year. He is currently Professor Emeritus, Department of Pathology, The University of Melbourne and a Principal of Foursight Associates Pty Ltd.

PROFESSOR CHRIS BAGGOLEY is Chief Medical Officer for the Australian Government and is the principal medical adviser to the Minister and the Department of Health. He also holds direct responsibility for the Department of Health’s Office of Health Protection.

Prior to his appointment Professor Baggoley was the Chief Executive of the Australian Commission on Safety and Quality in Health Care. He is a former Chief Medical Officer with the South Australian Department of Health. His clinical career has been in emergency medicine.

Professor Baggoley was the President of the Australasian College for Emergency Medicine, Chair of the national Committee of Presidents of Medical Colleges and Chair of the Board of the National Institute of Clinical Studies and his previous medical positions include Professor-Director of Emergency Medicine at the University of Adelaide and Royal Adelaide Hospital; Director of Emergency Medicine at Flinders Medical Centre; the inaugural Director of Emergency Services at the Ashford Community Hospital.

In the Queen’s Birthday honours for 2013, Professor Baggoley was made an Officer of the Order of Australia (AO).
Prof MARK COOK

The Sir John Eccles Chair of Medicine and Director of Clinical Neurosciences at St. Vincent's Hospital, Professor Cook specialises in the treatment of epilepsy. He is recognised internationally for his expertise in epilepsy management, particularly imaging and surgical planning. Under his directorship, both the research and clinical components of the Neurology Department at St Vincent's have been significantly enlarged.

Currently one of the largest units in Australia for the surgical treatment of epilepsy, this was a direct extension of work he began in London, where he developed techniques for the accurate measurement of hippocampal volumes, and established their position in non-invasive assessment of surgical candidates.

Prof SUSAN WALKER

Professor Susan Walker is Director of Perinatal Medicine at Mercy Hospital for Women, and is the Sheila Handbury Chair of Maternal Fetal Medicine, University of Melbourne. She is currently the clinical director of the Victorian Fetal Therapy Service, a 3 centre collaboration responsible for delivering fetal surgery services to the women of Victoria.

She serves on numerous RANZCOG committees, including as Deputy Chair of the Women’s Health Committee and Chair of the Maternal Fetal Medicine sub-specialty. She teaches at both University of Melbourne and University of Papua New Guinea. Her research interests focus on improving the detection and management of fetal growth disorders, treatments for pre-eclampsia and prevention of stillbirth.

Prof SAILESH KUMAR

Professor Kumar is the Head of Discipline for Obstetrics & Gynaecology. He trained in Obstetrics and Gynaecology in Singapore, the United Kingdom and Australia and has a Doctor of Philosophy degree from the University of Oxford. He is a Fellow of the RCSI(Ed), RCOG and RANZCOG.

Prof Kumar is an accredited MFM subspecialist both in the UK and Australia and joined the Mater Mothers’ Hospital and Mater Research Institute-University of Queensland in 2013 as Professor of Obstetrics & Gynaecology and Senior Staff Specialist in Maternal & Fetal Medicine/Obstetrics & Gynaecology. His area of research interests is in fetal imaging, placental biomarkers and the prediction of adverse perinatal outcomes and has numerous publications in this area.

Prof RACHELLE BUCHBINDER

Rachelle Buchbinder is a rheumatologist/clinical epidemiologist and a NHMRC Senior Principal Research Fellow. She is Director of the Monash Department of Clinical Epidemiology, Cabrini Hospital; Professor in the Department of Epidemiology and Preventive Medicine, Monash University; and Coordinating Editor of the Cochrane Musculoskeletal Group.

She combines clinical practice with research in a wide range of multidisciplinary projects relating to arthritis and musculoskeletal conditions as well as improving communication with patients and health literacy.

Prof STEVE WEBB

Dr. Steve Webb (MBBS, MPH, PhD, FCICM, FRACP, FAHMS) is a Senior Staff Specialist in Intensive Care Medicine at Royal Perth Hospital and a Clinical Professor at the University of Western Australia and Monash University.

He is a past Chair of the ANZICS Clinical Trials Group, a founding Director of the Australian Clinical Trials Alliance, and a foundation Fellow and member of Council of the Australian Academy of Health and Medical Sciences.

He is a recipient of more than $70M in grant funding and has conducted multiple clinical trials that provided definitive guidance on optimal management for patients with various forms of critical illness.

Dr FIONA RUNACRES

Fiona Runacres is a palliative care specialist, working at Calvary Health Care Bethlehem and Monash Health in Melbourne, Australia. She works across a variety of settings, including inpatient, community and hospital consultation services, and she is an Adjunct Lecturer at Monash University.

Her research areas of interest include palliative rehabilitation, and integrating specialist palliative care within geriatric and rehabilitation settings. Fiona’s research in restorative care and patient outcomes resulted in the creation of the Maintenance and Independence Unit at Calvary Health Care Bethlehem.
Medical Research Symposium

The Program
SESSION ONE  Keynote Speaker Sir Gustav Nossal

**Chair:** Dr Tam Nguyen, St Vincent’s Health Australia

8:30-8:45 Medical Research Symposium Welcome by Catholic Health Australia Chief Executive Officer, Suzanne Greenwood

8:45-9:40 Keynote Speaker Sir Gustav Nossal on Innovation and Global Health, followed by an opportunity for Q&A

9:45-10:30 Medical Research in the Catholic Sector: an Overview

10:30-11:00 Morning Tea: an opportunity for research discussion, poster viewing and networking with fellow researchers from around the country

SESSION TWO  Prof Mark Cook, Prof Sailesh Kumar, Prof Rachelle Buchbinder & Prof Sue Walker

**Chair:** Assoc Prof Leanne Boyd, Cabrini Health

11:00-11:25 Prof Mark Cook, St Vincent’s Hospital Melbourne (SVHM) on Innovations in Epilepsy Management

11:25-11:50 Prof Sailesh Kumar, Mater Hospital Brisbane on Prediction of Intrapartum Fetal Compromise

11:50-12:15 Prof Rachelle Buchbinder, Cabrini Health on Crossing the Valley of Death: what can we do to improve translation of evidence into practice?

12:15-12:45 Prof Sue Walker, Mercy Health on Still Birth associated with Fetal Growth Restriction: an old challenge needing a new solution

12:45-13:30 Lunch: an opportunity for research discussion and networking with fellow researchers from around the country

SESSION THREE  Prof Chris Baggoley, Prof Steve Webb & Dr Fiona Runacres

**Chair:** Prof Nik Zeps, St John of God Health Care


13:55-14:30 Prof Chris Baggoley, Department of Health on Clinical Research: a Commonwealth perspective, followed by an opportunity for Q&A

14:30-14:55 Dr Fiona Runacres, Calvary Health Care on Palliative Rehabilitation: a qualitative study of Australian practice and clinician attitudes

15:00-15:30 Morning Tea: an opportunity for research discussion, poster viewing and networking with fellow researchers from around the country

SESSION FOUR  Research Snapshots Presentations

**Chair:** Dr Leonie Walsh, Lead Scientist of Victoria

15:30-16:30 Research Snapshots & Rising Star Awards Presentations

16:30-18:30 Cocktail Reception
Mercy Health Research

Mercy Health's research is grounded in the Mercy mission of compassionate care founded by Catherine McAuley more than 150 years ago. Our researchers are proud to realise her vision to 'care first' for those in greatest need with a special focus on the health of women and babies.

Perinatal
- **Improved diagnosis of fetal growth restriction**: investigating the significance of slowing growth in late pregnancy on fetal wellbeing, to develop better ways to identify babies at increased risk for stillbirth.
- **Investigating the impacts of sleep disorders in pregnancy**: investigating the impacts of sleep disordered breathing, hypertensive disorders of pregnancy, and maternal position during sleep on fetal wellbeing and growth restriction.
- **New genetic technologies in prenatal diagnosis**: investigating the impact of non-invasive prenatal testing in pregnancy, and developing new diagnostics to predict preterm birth.
- **Medication based treatments to replace surgery for ectopic pregnancies**: developing a treatment approach that could end the need for surgical intervention and with it, the risk of long-term complications including infertility.
- **Diagnostics to monitor wellbeing of the sick fetus in the womb**: building on a landmark 2013 Mercy Health study, validating the discovery of placental molecules released when a baby is significantly starved of oxygen, to develop a clinically useful blood test that can identify babies at risk of stillbirth.
- **Improving pregnancy outcomes in obese women and women with gestational diabetes mellitus (GDM)**: researching methods and impacts of modifying gestational weight gain; developing a better understanding of how maternal diabetes and obesity damage the placenta; trialing the efficacy of phytophens in delaying preterm birth or preventing GDM; and searching for biomarkers that would enable early diagnosis of GDM.
- **Advancing nursing and midwifery care**: researching pregnancy and postpartum issues including increasing uptake of influenza vaccine and long-term effects of placental insufficiency.
- **Mercy Pregnancy and Emotional Wellbeing Study (MPEWS)**: longitudinal research into implications of severe mental illness during and after pregnancy on long-term mother and infant wellbeing.

Paediatrics
- **Advancing tertiary neonatal care across respiratory management and prevention of chronic lung disease; nutrition; brain injury; infection and immunity; palliative care and ethics and long term neurodevelopmental outcome**.

Gynaecology, gynaecology and urogynaecology
- **Advancing management of chronic pelvic pain and bleeding disorders through new treatment approaches**.
- **Advancing treatment of severe endometriosis with new diagnostics and improved medical and surgical interventions**.
- **Advancing early diagnosis and management of gynaecological cancers, with a focus on ovarian and cervical cancers**.
- **Advancing treatment approaches for prolapse and incontinence**.

Allied health
- **Advancing care of our community across pharmacy, geriatric evaluation and management and palliative care**.

**Associate Professor David Allen, Chief Medical Officer, Mercy Hospital for Women**
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Cabrini Health Facts & Highlights 2015

The Cabrini Institute Mission

The Cabrini Institute is committed to improving the clinical outcomes of patients of Cabrini. It embraces the mission, values and vision of Cabrini and works within an ethical framework.

The Cabrini Institute has a vital role in helping Cabrini to achieve its vision – that is: By understanding and addressing the needs of our community, we will grow by learning – by researching and continuously improving the quality of our care and by motivating staff committed to our healthcare mission to provide excellence in all our services – we will enhance health and quality of life by working with our patients and their families to anticipate, prevent and ease suffering.

Facts & Highlights 2015

- Cabrini Institute is celebrating 20 years in 2016
- Cabrini Monash University Department of Surgery leads research in Colorectal Cancer and is grateful for funding support from Let’s Beat Bowel Cancer (LBBC)
- University partnerships:
  - Australian Catholic University (ACU)
  - Latrobe University
  - Monash University
  - University of Notre Dame (UND)
- Cabrini has been involved in specialist training since the inception of the Federal Government’s STP program in 2017. There are 22 Specialist Training Program positions at Cabrini
- Cabrini Institute houses the Musculoskeletal Cochrane Review
- Main areas of focus:
  - research
  - clinical education
  - health promotion simulation
- There are 9 academic departments:
  - Monash Department of Clinical Epidemiology at Cabrini Hospital
  - Cabrini Monash University Department of Medical Oncology the Szalmuk Family Department of Medical Oncology
  - Cabrini Monash University Department of Medicine
  - Cabrini Centre for Nursing Education and Research
  - Cabrini Monash University Department of Surgery the Fröhlich West Chair of Surgery
  - Clinical education at Cabrini
  - Szalmuk Family Psycho-oncology Unit
  - Allied Health Research and Education
  - Palliative Care
- 56 medical oncology clinical trials in collaboration with Cancer Trials Australia (CTA)
- 116 projects reviewed by Cabrini Human Research Ethics Committee
- Commenced medical student placements from University of Notre Dame in 2015
- 7 editorials, columns, letters to the editor
- 91 journal publications
- 79 presentations delivered
- Member of Monash Partners

Associate Professor Lee Boyd, Executive Director Nursing and Cabrini Institute

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Research at St Vincent's Hospital Melbourne

St Vincent's Hospital Melbourne (SVHM) is one of 5 tertiary teaching hospitals in Victoria with respected clinical education and research programs. Our clinical care is supported by an inspiring and very active translational research program, with a unique focus on biomedical engineering.

The Aikenhead Centre of Medical Discovery (ACMD) will be Australia’s first hospital-based biomedical engineering facility. Located at SVHM, the centre will be a hub fusing medicine, engineering, science and industry to yield a powerful economic, patient and healthcare outcomes. For more information visit: www.acmd.org.au.

Areas of Strength

- **Oncology / Haematology** – including lung cancer
- **Gastroenterology** – hepatitis B and C, inflammatory bowel disease
- **Neurosciences** – epilepsy, Parkinson’s disease, neurosurgery
- **Cardiology** – interventional, devices, clinical management
- **Endocrinology** – diabetes devices, complications, islet cell transplantation
- **Orthopaedics** – sarcoma, limb reconstruction
- **Respiratory** – α anti-trypsin deficiency
- **Palliative Care**
- **Rheumatology** – systemic sclerosis, SLE, arthritis
- **Psychiatry / mental health / Addiction medicine**
- **Anaesthesia**
- **Allied health** – social work, physiotherapy, dietetics, occupational therapy

Research Support

- **Research Ethics and Governance**: NHMRC certified HREC, AEC and IBC. SVHM is proud to be part of the NHMRC’s Good Practice Program which aims to streamline the site assessment and authorisation for clinical trial research governance and reduce start-up times.

- **Research Endowment Fund**: Internal funding for research projects - $760,000 in 2015.

- **Research Valet™ Service**: a lead site solution that provides full HREC submission preparation service and post-approval management research governance service.

- **Research Industry Partnership**: SVHM is an alliance site with Quintiles and PAREXEL and is a preferred HREC service provider for numerous CROs.

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Dr Tam Nguyen, Executive Officer, Research
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Dr Wade Kruger, Business Development Manager
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Mater Health Research

Mater Research Institute—University of Queensland currently supports over 400 research staff, postgraduate students and honorary clinical researchers allowing us to achieve increased connectivity and ultimately providing better health outcomes for our community.

A Snapshot

- Over 350 publications per annum shared in national and international health literature
- 2016 Cat 1-4 research income forecast $17.6 million; five NHMRC Senior Research Fellows
- Close relationship with Mater Misericordiae Ltd (treats >500,000 patients pa) and Mater Foundation
- Significant integration with University of Queensland, part of Faculty of Medicine & Biomedical Sciences
- Partner in the Translational Research Institute which houses >750 researchers focussed on translating research into better health

Our Programs

- **Mother’s, Babies’ and women’s Health** – Improving health in pregnancy, childbirth and early life
- **Cancer biology and care** – Preventing and fighting cancer
- **Neurosciences and cognitive health** – Improving brain and nervous system health
- **Chronic disease biology and care** – Improving treatment outcomes and prevention of chronic disease
- **Optimising acute care** – Exploring new approaches to optimise acute care and recovery

Our People

**Professor John Prins** is the Director of Mater Research. John is a clinician scientist endocrinologist and a member of the NHMRC Health Transition Advisory Committee

**Dr Geoffrey Faulkner** has been awarded the 2016 Ruth Stephens Gani Medal for his work in brain genetics, which could underpin future treatments for devastating brain disorders such as Alzheimer’s disease and schizophrenia.

Mater Researcher **Associate Professor Kristen Radford** has beaten out a competitive international field to be awarded the US$500,000 New Idea Award by the United States of America Department of Defense to research a prostate cancer vaccine.

**Professor Sue Kledge** and **Dr Yu Gao**, and **UQ’s Professor Sue Kruske**, have been recognised as part of a team of researchers highlighted in the 2014 National Health and Medical Research Council (NHMRC) publication – ‘Ten of the Best Research Projects’.

**Professor Michael McGuckin**  
Deputy Director Research, Mater Research  
E: Joyde.Frizzell@mater.uq.edu.au
St John of God Health Care Research 2015/16

St John of God Health Care fosters a high quality and ethical research culture that enhances clinical practice. We engage in research with the greatest potential to improve health care, whilst respecting and protecting participating patients. Our focus is on translational research - research that moves from ‘bench to bedside’ – improving outcomes for our patients. We appoint key research personnel, partner with external researchers based at various universities, research institutes, and other health care facilities, and work together on projects across disciplines.

Our research includes anaesthesia and pain medicine, intensive care, orthopaedics, neurosurgery, neonatal health, oncology, nursing practice and mental health. We had more than 100 projects active in 2014/15 and published about 50 peer-reviewed journal articles. Below lists research projects we are currently undertaking in cancer research and mental health.

For more information on our research projects see: http://www.sjog.org.au/hospitals/subiaco_hospital/research.aspx

Cancer Research (Oncology)

Most research at St John of God Health Care continues to relate to cancer care, with a greater focus on ways to improve the quality of life for cancer patients and support the families and carers of these patients. We currently have more than 20 oncology trials open to recruitment across our Subiaco, Murdoch, Bunbury and Ballarat hospitals. In addition we operate multidisciplinary team oriented research programs in breast, gynaecological and colorectal cancer that span surgical, laboratory (molecular pathology) and psych-oncology projects.

An example of recent projects include:

- A trial evaluating the effectiveness of mindfulness meditation courses to help manage fears about their cancer recurring led by St John of God Subiaco Hospital Director of Gynaecological Cancer Research Dr Paul Cohen in collaboration with The University of Western Australia and the Cancer Council Western Australia.

- A study looking at whether regulatory T cells inhibit the response of rectal carcinomas to neoadjuvant chemoradiotherapy led by Dr Mel McCoy and Prof Cameron Platell.

- An international study evaluating the pregnancy outcomes and safety of interrupting endocrine therapy for young women with endocrine responsive breast cancer who desire pregnancy led by Prof Christobel Saunders. Currently one patient on trial is pregnant, who also was the second patient recruited in the world.

- Women’s Wellness after Cancer Program. This study is funded by a National Medical Health and Research Council Partnership Grant. It is being led by Professor Deborah Anderson from Queensland University of Technology in collaboration with a team of researchers from QLD, VIC, WA and NSW universities and tertiary cancer hospitals across the country including Professor Leanne Monterosso from the Centre for Nursing and Midwifery Research.

Mental Health

- Post-traumatic stress disorder: St John of God Richmond Hospital has continued its strong research focus on post-traumatic stress disorder, led by Professorial Chair of Trauma and Mental Health, Professor Zachary Steel.

- Perinatal and Women’s Mental Health: St John of God Burwood Hospital continued its strong focus on perinatal mental health research and clinical excellence through its Perinatal Women’s Mental Health Unit and Mother and Baby Unit led by Chair of Perinatal and Women’s Mental Health, Professor Marie-Paule Austin. Prof Austin’s work, supplemented by further research by St John of God Raphael Services, allows St John of God Health Care to provide high quality psychosocial support services for new parents and their families.

Adjunct Professor Nikolajs Zeps, Director Medical Research Network, St John of God Health Care

E: Nik.Zeps@sjog.org.au
Calvary Mater Newcastle Research 2015/16

Calvary conducts multidisciplinary and medical research across its portfolio of health care services. The following provides a "spotlight" on one of those services, Calvary Mater Newcastle.

Calvary Mater Newcastle, in partnership with Hunter New England Local Health District and the University of Newcastle, forms a part of the Hunter Medical Research Institute, a multidisciplinary medical research hub in the Hunter Region of New South Wales, Australia.

Calvary Mater Newcastle is a world class leader in medical and radiation oncology, haematology, toxicology, psychiatry and palliative care research, ranging in scope from basic laboratory to large scale implementation studies. Over 80 per cent of all cancer research in the Hunter is conducted at Calvary Mater Newcastle which is currently the main centre for cancer clinical trials in the Hunter region.

Calvary Mater Newcastle is blessed with tremendous community support for its research efforts.

Examples from our Key Focus Areas:

Medical Oncology

- Implementing smoking cessation support for cancer patients in NSW: A feasibility study: P-SCIP
- Helping people to talk about and plan for future medical care? A proof of concept RCT
- Multiple clinical trials including MK3475-048: A Phase III clinical trial of Pembrolizumab (MK-3475) in first line treatment of recurrent/metastatic head and neck squamous cell carcinoma

Radiation Oncology

- The role of MRI in the staging of the locally advanced rectal adenocarcinoma
- RADICAL - RADiotherapy or Imiquimod in Complex lentigo mALigna
- Pattern of Care Study for Patients Diagnosed with Stage I Endometrial Carcinoma

Haematology

- End-of-life care: An investigation of advance care planning amongst haematological cancer patients
- M14-387: A Phase I/II study of ABT199 in combination with low dose Cytarabine in treatment naïve subjects with acute myelogenous leukaemia who are ≥ 65 years of age and who are not eligible for standard anthracycline based induction therapy

Palliative Care

- Future clinical trial of medicinal cannabis for loss of appetite, taste problems and weight loss an anonymous survey study
- BGPAX1001: A randomised, double-blind, parallel-group, placebo-controlled Phase II study to assess the clinical benefit of 3 doses of PAX1 as adjunctive treatment for persistent cancer pain

Brenda Ainsworth, National Director Public Hospitals
Calvary, Little Company of Mary Health Care
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Dr Scott King, Clinical Director Palliative Medicine
Calvary Health Care Bethlehem
E: Scott.King@calvarycare.org.au
Abstract 1. The Parkinson’s Disease Wellbeing Program: A proactive education and exercise intervention for people with Parkinson’s disease  

Jeremy Horne (1), Megan Campbell (1), Sue Harkness (1)  
(1) Calvary Health Care Kogarah NSW

Objectives  
Parkinson’s disease (PD) incidence is rising at a rate of 3% per year [1], yet remains inadequately serviced by the health system. A structured, proactive education and exercise program can contribute to positive outcomes for people with Parkinson’s disease (PwP) leading to increased client engagement, maximising health, developing compensatory strategies for symptom management and preventing inactivity related decline.

Methods  
PD patients (Hoehn–Yahr stage 1-3, MMSE >24) under the care of neurologists, were invited to attend the Parkinson’s disease wellbeing program (PWbP). The 5 week group program consisted of multidisciplinary intervention during 2 x 2.5 hour weekly sessions including education and exercise for 6-8 clients per session. Detailed allied health assessment was conducted at the commencement and completion of the 5 week PWbP and at 12 months.

Results  
Results from 135 patients (M:97; F:38); (Age: mean 70; range 30-91) over a 15 month period revealed significant improvements (P-value <0.01) in walking endurance, gait speed, 30 second sit to stand, timed up and go, balance and grip strength. A 30% reduction in falls and a 30% increase in planned exercise participation. Psychosocial measures including quality of life (PDQ-39); fatigue (PSF-16) and mood (DASS-21) all improved significantly (P-value <0.01). Clients also improved (P-value <0.01) in a measure of PD knowledge.

Conclusions  
The PWbP has conferred significant benefit in this cohort of patients in relation to motor function, quality of life, mood and knowledge about their disease. This benefit is evident across all three stages of the disease and was being sustained at 12 months.

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<td>3.83</td>
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<td>15.31</td>
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<td>8</td>
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<td>2.99</td>
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<tr>
<td>post</td>
<td>4.37</td>
<td>3.36</td>
<td>0</td>
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</table>
Abstract 2.  A model for Nursing Grand Rounds in Catholic Healthcare to maximise the application of evidence in nursing practice
Karen-leigh Edward (1,2,3), Tam C. Nguyen (4,5)
(1) Nursing Research Unit, St Vincent's Private Hospital Melbourne.
(2) School of Nursing, Midwifery & Paramedicine, Australian Catholic University.
(3) School of Health and Human Sciences, University of Huddersfield, United Kingdom.
(4) Research Directorate St Vincent's Hospital Melbourne
(5) RMIT University.

Abstract
Grand rounds have been an important educational activity in many Australian hospitals.

Grand rounds have been formally understood as a formal meeting where physicians discuss the clinical case of one or more patients and originated as part of residency training. With the evolution of nursing as a profession, nursing research and evidence-based practice have also advanced significantly.

Nursing Grand Rounds (NGRs) offer a venue for nurses to meet the objectives of the organisation on many levels (such as accreditation, application of research to practice) through teaching and professional development. Usually intended for clinical education, these NGRs are also incorporating a strong research focus. In addition, although NGRs have been cited in the literature since the 1960s not much work has been published in this area.

As collaboration the research and education centres of St Vincent’s Private and Public hospitals (in Melbourne) and Australian Catholic University have initiated a model for NGRs in Catholic Health. The model modified from the Edward RAAAM model (Research Appreciation, Accessibility, and Application Model) has been launched in 2016 as part of the wider research facilitation initiative from the Research Directorate at SVHM and the ongoing research enculturalisation approach for nurses at SVPHM, with good attendance by nurses.

This presentation offers a detailed overview of how the model was developed, facilitated and implemented with a view to provide a basic template for implementation of NGRs at other hospitals within the St Vincent’s Health Australia Group.

Reference
Abstract 3. A Randomised Controlled Trial of Photodynamic Therapy vs Radiotherapy for Superficial Skin Cancer - The “PDRT” Study
Gerald Fogarty (1), Vanessa Paddon (2), Lianne Lee (3), Richard Epstein (4), Craig Smith (5)
(1) Radiation Oncology;
(2) Dermatology;
(3) Anatomical Pathology;
(4) Medical Oncology, St Vincent’s Hospital, Darlinghurst, NSW.
(5) Medical Faculty, University of Notre Dame Australia, Darlinghurst, NSW.

Background
The most common malignancies occurring in Caucasian individuals are superficial basal cell carcinoma (sBCC) and squamous cell carcinoma in-situ or Bowen’s disease (BD). These lesions can be treated with tissue preserving techniques such as photodynamic therapy (PDT) or radiation therapy (RT). The PDRT trial will compare these modalities in a randomised clinical trial (RCT). The hypothesis is that PDT is not inferior to RT in terms of oncological control and so will be preferred due to better cosmetic outcomes, ease of application and cost effectiveness.

Methods
A literature review searched for studies of over 50 subjects using either PDT or RT for sBCC or BD. Appropriate stratification factors were discovered. A summary table of clearance over time was produced. A power calculation was done, a protocol written and application for ethics approval was applied for.

Results
The clearance table is:

<table>
<thead>
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<th>Modality</th>
<th>sBCC 3 months</th>
<th>sBCC 1 yr</th>
<th>sBCC 2yrs</th>
<th>BD 3 months</th>
<th>BD 1 yr</th>
<th>BD 2 yrs</th>
</tr>
</thead>
<tbody>
<tr>
<td>PDT</td>
<td>90%</td>
<td>85%</td>
<td>80%</td>
<td>89%</td>
<td>88%</td>
<td>71%</td>
</tr>
<tr>
<td>RT</td>
<td>98</td>
<td>97</td>
<td>95</td>
<td>98</td>
<td>96</td>
<td>94</td>
</tr>
</tbody>
</table>

Based on these figures, 160 cases of both sBCC and BD are needed to show non-inferiority. Stratification factors include centre, BCC or BD, gender, immunocompetent or immunosuppressed. SVH ethics approval has been granted.

Discussion
This trial will be approached by way of an initial pilot study of 100 accrued over 2 years. Accrual is now underway at a regular SVH multidisciplinary clinic. Other sites, even international, may join. Interest in a translational sub-study is sought.
Abstract 4. Discussing sexuality with women considering risk-reducing surgery: An international survey of current practice in gynaecologic oncology

Paige E. Tucker (1,2), Max K. Bulsara (3), Stuart G. Salfinger (1), Jason Jit-Sun Tan (1,2,4), Helena Green (4), Paul A. Cohen (1,3)

(1) St John of God Hospital Bendat Family Comprehensive Cancer Centre
(2) School of Medicine, University of Notre Dame.
(3) Institute for Health Research, University of Notre Dame.
(4) Women Centre, 2 McCourt St, West Leederville WA 6007, Australia

Background
The lifetime risk of ovarian cancer in the general population is 1.3%, however women with familial cancer syndromes, such as BRCA1, BRCA2 or Lynch Syndrome, have a significantly greater risk, of 10-60%.

Due to the absence of an approved screening method and the poor prognosis associated with the diagnosis of advanced ovarian cancer, women at increased risk are recommended to undergo the prophylactic removal of their ovaries and fallopian tubes, around age 35-40, once childbearing is complete.

While this procedure, termed risk-reducing salpingo-oophorectomy (RRSO), reduces the risk of ovarian and breast cancer by up to 85% and 64% respectively, it can negatively impact on sexual wellbeing. Despite a majority of women indicating they would like to discuss sexuality with their surgeon, the actual rates of discussions by gynaecological oncological surgeons in this setting appear to be low.

Objectives
To determine how frequently gynaecologic oncologists discuss sexuality with women considering RRSO, and to assess the availability of resources, and barriers to discussing sexuality.

Methods
Members of the Australian Society of Gynaecologic Oncologists, the International Gynaecologic Cancer Society and the Society of Gynaecologic Oncology were invited to complete an online survey. Questions addressed frequency of, and barriers to, discussing sexuality, and availability of resources related to sexual issues.

Results
Three hundred and eighty-eight clinicians in 43 countries responded. Differences in practices and beliefs were observed between geographic regions, gender groups and experience levels.

Discussion
This research illustrates innovation in medical research through the utilization of an online questionnaire, which allowed the researchers to perform a global study of physician practices and beliefs in regards to discussions of sexuality with women prior to risk-reduction surgery.

Additionally, this research is innovative in raising awareness of the importance of sexual wellbeing in this cohort of women, with previous research in this area mainly focusing on cancer risk. This topic of research is especially timely with the recent surge in interest in risk-reduction surgery due to the ‘Angelina Jolie Effect’.
Abstract 5. The immunoproteasome: A novel therapeutic target for spontaneous preterm birth

Liong S (1,2), Parkington HC (3), and Lappas M (1,2)

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(2) Mercy Perinatal Research Centre, Mercy Hospital for Women, Heidelberg, Victoria, Australia
(3) Department of Physiology, Monash University, Victoria, Australia

Background
Preterm birth (PTB) is a significant global healthcare issue; ~45% of PTBs are a result of spontaneous preterm labour (i.e. myometrial contractions before 37 weeks gestation). A significant proportion of spontaneous PTBs are associated with infections. They induce an inflammatory cascade of events that initiate spontaneous uterine contractions that culminate in PTB. In nongestational tissues, a multi-subunit complex known as the immunoproteasome plays a central role in regulating inflammation.

Aim
To investigate the role of the immunoproteasome subunit LMP7 in mediating the inflammatory processes involved in preterm labour in myometrial tissue.

Methods
The effect of labour on LMP7 expression was determined by Western blot. For in vitro studies, loss of LMP7 function studies using the specific inhibitor ONX-0914 or siRNA knockdown on pro-labour mediators was assessed. For in vivo studies, PTB was induced by injecting mice with bacterial lipopolysaccharide (LPS) and the effect of ONX-0914 on the expression of pro-labour mediators assessed.

Results
LMP7 expression was significantly increased in term labouring myometrium. Inhibiting LMP7 significantly suppressed inflammation- and infection-induced expression of pro-inflammatory cytokines, cyclooxygenase (COX)-2 (the enzyme responsible for the labour-associated increase in prostaglandin synthesis) and prostaglandin secretion. Moreover, ONX-0914 significantly suppressed contractility in labouring human myometrial tissue in vitro. ONX-0914 also significantly suppressed pro-inflammatory cytokines and COX-2 expression in vivo.

Conclusions
LMP7 plays an important role in propagating the production of pro-labour mediators in myometrium. Importantly, ONX-0914 suppressed infection-induced contractions in vitro and pro-labour mediators in vivo. These findings indicate ONX-0914 could be a preventative for PTB.

An efficacious medical therapeutic that can stop preterm labour would be a major advance. Inflammation plays a central role in provoking preterm labour. Thus, anti-inflammatory agents may be a therapeutic approach to block contractions. Excitingly, we have uncovered a potential major role for the immunoproteasome in regulating the processes of human labour. The ability of the immunoproteasome inhibitor ONX-0914 to significantly suppress myometrial inflammation and contractions has significant implications as a tocolytic for preterm labour. Thus the results that arise from this study may provide an alternate treatment for women presenting with preterm labour.
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