



CABRINI RESEARCH IN REVIEW

A/Professor Lawrence St Leger and A/Professor Peter Lowthian

The last 12 months has seen ongoing growth in the work of the Cabrini Institute, as well as the establishment of our fifth academic department.

The Institute Council continues to support and guide the work of the Institute. Ms Kathy Keele resigned as Chair and Member of Council in December, following her appointment as Chief Executive of the Australia Council, which necessitated her moving to Sydney. Kathy has led the Institute Council through a period of growth and change, and we are indebted to her for her support and advice.

Longstanding Council member Mr David Curtain QC left the Council in January on his appointment to the Governing Board of Cabrini Health. This year we have welcomed to Council Professor Peter Phelan, Associate Professor Wilma Beswick and Mr Jeremy McCarthy, who bring their respective expertise and experience in medical research and education and in law.

Research at Cabrini is fortunate to have an effective Cabrini Human Research Ethics Committee (HREC). Associate Professor Douglas Lording stepped down as the Chair of the Cabrini HREC in June, having held that position since February 1999. Doug has provided successful clinical and research leadership at Cabrini for many years.

The Cabrini Sisters and the Governing Board, the Cabrini Health Executive and the Cabrini Foundation continue to provide enormous support for the work of the Institute.

DEVELOPMENTS IN OUR ACADEMIC DEPARTMENTS

In 2006 the Institute established the Cabrini – Monash University Department of Medicine, as our fifth academic department, to provide a focus for academic medicine amongst physicians within Cabrini Health. Associate Professor Michele Levinson was appointed as head of the department in September. The department joins our established joint Cabrini – Monash Departments of Surgery, Medical Oncology and Clinical Epidemiology and the Cabrini – Deakin Centre of Nursing Research.

Professor Tracey Bucknall was appointed as the Chair and Head of the Cabrini – Deakin Centre for Nursing Research in March. Professor Bucknall came to Cabrini from the University of Melbourne and from Western Health, where she was the Director of Nursing Research and Development.

The last year has been a busy and successful period for Professor Rachele Buchbinder. In January she was promoted to a full Chair within the Monash Department of

Epidemiology and Preventive Medicine, and in June was awarded one of three commendations awarded as part of the prestigious 2007 Premier's Award for Medical Research. The award was for Rachele's work in evaluating the Workcover Authority's Back Campaign, and the consequences around the world of that work.

As resources allow, we are gradually building up the research support components of the Institute. This year we appointed our first biostatistician, Dr Margaret Staples, who is providing support to staff and projects within Clinical Epidemiology, the other Institute departments and the hospital.

EDUCATION AND THE INSTITUTE

The extent of medical and nursing undergraduate and postgraduate education is increasing at Cabrini Health, with the support of the Institute Council and the Governing Board. The issues involved in progressing clinical education in the private healthcare setting are complex and we are aware of the need to respect the private nature of the hospital and our patients and doctors. The Institute has established working parties to assist in these areas.

THE YEAR AHEAD

In October we will be launching the Cabrini Cardiac Research Foundation. The founding donors are our wonderful supporters Mrs Helena and Mr Joseph Fröhlich West. The Foundation will be used to fund research into treatment and prevention of heart disease which will be conducted within the department of Medicine.

The eleventh annual Cabrini Research Day will be held on Thursday 15th November 2007. The theme of the day is "The Impact of New Technology in Medicine. Will it Improve Outcomes for Patients?". The keynote lecture will be presented by Professor Guy Maddern from Adelaide.

Our researchers continue to be successful in obtaining competitive research grants, but we remain dependent on the ongoing support of our generous donors, supporters and Cabrini Health. The research, hospital and University sectors face increasing challenges, but with all of your support, we look forward to the year ahead.

A/Professor Lawrence St Leger
Institute Council Chair

A/Professor Peter Lowthian
Executive Director



Professor Tracey Bucknall

CABRINI DEAKIN CENTRE FOR NURSING RESEARCH

Head of Department:

Professor Tracey Bucknall

Associate Professor Anne Gardner (until 17 August 2007)

Research Fellow, Cancer and Palliative Care:

Lera O'Connor

Research Fellow:

Helen Smenda

Doctoral Candidate, Deakin University:

Linda Baker

Master of Nursing (Research) Candidate, Deakin University:

Nicky Hewitt

Research Assistants:

Fiona Ryan and Jill McHenry

The Cabrini – Deakin Nursing Professorial Unit was established in 1997 as the Institute and Cabrini's first Academic Department.

Current research within the Centre concentrates on the generation and use of research evidence to improve patient outcomes. The research focuses on the decision making of clinicians to improve the quality of care and minimize the risk of adverse events to patients receiving treatment. Other research specifically focuses on patients and their involvement in treatment decisions such as pain and symptom management and health care maintenance.

Research funding has been received from local, national and international bodies to support this work.

RECENT HIGHLIGHTS

Introduction of a comprehensive program to integrate research into practice, partially funded by a national grant from Medibank Private through its Safety and Clinical Improvement Initiative Program (MPSCIIP).

Based on recently released national guidelines, new policies and procedures for the prevention and management of falls were developed and implemented. The project is an important demonstration of the outcomes that can be achieved with a partnership between hospital-based nursing researchers, administrators and clinicians.

Awarding of a national competitive research grant to a team including Chief Investigator A/Prof Anne Gardner.

Australian Research Council funds of \$575,000 over three years were awarded, with another \$170,000 from industry. This research project will shortly commence to investigate the profile, process and outcomes of nurse practitioner

service in Australia. Industry partners include Chief Nurses from all states and territories where there are currently authorised nurse practitioners, and the Australian Nursing and Midwifery Council, demonstrating an unprecedented level of national health industry support.

Completion of several important quality and safety projects that have identified what we do well in the clinical nursing services and where we can improve.

Projects included a pressure injury point prevalence survey and a review of reported medication errors. The findings are being used to develop projects that will improve the safety of care delivered to Cabrini Health patients.

Mentoring clinical nursing staff in research training has been an ongoing commitment at the Cabrini-Deakin Centre for Nursing Research.

Three nurse clinicians from medicine, urology, and cancer and palliative care have been engaged in clinical nursing research that has direct impact on their Cabrini patients. These staff have not only produced research evidence to support their roles but also achieved significant personal fulfilment in obtaining tertiary qualifications and further research appointments.

AREAS OF FOCUS FOR NEXT 12 MONTHS

Improving clinical decisions that impact on patient care and recovery from acute illness.

By understanding the decisions and the sources of influence on decisions that clinicians make in practice, we may be able to improve those decisions and patient care. A major focus of our research will be on nurses' decisions that impact on patient safety and care during their stay at Cabrini. For example, poor communication is often cited as a problem in healthcare that may at worst lead to death or permanent disability for patients. One of our studies will examine nurses' handover to identify the types of information passed between nurses that may impact on the management and timeliness of treatments. Other continuing projects reviewing medication errors will assist us to understand the context of medication errors and plan strategies to decrease errors.

Exploring the role of the carer in promoting health

Carers are people who provide unpaid, informal care to support individuals who are frail aged or have a chronic condition, disability, or mental illness. The physical changes of patients, either as a result of their disease and/or treatment, may result in them being dependent on others for very basic and personal activities of daily living when

they return home. Yet, the experience of caring for a close family member can be exhausting and challenging. We aim to develop an understanding from the perspective of carers of the needs of Cabrini patients with cancer and dementia to assist the organisation in providing support for carers in caring for family members at home.

Examining nursing models of care to improve patient outcomes

Increasing complexity in patient care requirements and an international shortage of nurses has provided the impetus to review traditional models of nursing, to evaluate practices and introduce new nursing roles into Cabrini such as Breast Care Nurses (BCNs). These roles need to be scientifically evaluated to determine the benefits for Cabrini patients. One study underway aims to determine the types of information being sought by early diagnosis breast cancer patients from the BCN and the impact on patient outcomes. We will be mapping the information sought and used by patients' who visit the BCN and the impact on their symptom management

and quality of life for two years after diagnosis. Another study nearing completion explores cancer patients' recovery experience at home to assess whether the education and support given to patients addresses their needs during their recuperative phase. The results of these studies will inform nursing services and patient support programs in oncology.

Studying approaches to assist clinicians to integrate research findings in practice

Despite an ever-increasing volume of evidence to guide practice, the uptake of research is frequently a complex and protracted process. Yet the research examining the best way to influence clinicians in using research evidence remains limited and somewhat undecided. We are involved in an international study synthesising the literature on the approaches used, and impact on changing clinician behaviour to improve patient outcomes. At Cabrini, we will also be evaluating some of these approaches in improving pain and symptom management.

PUBLICATIONS 2006-2007

1. Osborne S., Gardner G., Gardner A., Franklin S., Tuohy E. & Fisher A. (2006) Using a monitored sip test to assess risk of aspiration in postoperative patients, *AORN Journal*, 83(4): 908-928.
2. O'Keefe, E.J., Gardner, A., Currie, M.J., Garland, S., Tabrizi, S. & Bowden, F.J. (2006) Prevalence of genital human papillomavirus DNA in a sample of senior school-aged women in the Australian Capital Territory, *Sexual Health*, 3(2): 91-94.
3. Ski, C. & O'Connell, B. (2006) Mismanagement of delirium places patients at risk. *Australian Journal of Advanced Nursing*.23(3): 42-46.
4. Feeley, K. & Gardner, A. (2006) Sedation and analgesia management for mechanically ventilated adults: literature review, case study and recommendations for practice, *Australian Critical Care*, 19(2): pp. 73-77.
5. Gardner, G., Carryer, J., Gardner, A. & Dunn, S. (2006) Nurse Practitioner competency standards: findings from collaborative Australian and New Zealand research. *International Journal of Nursing Studies*, 43: 601-610.
6. O'Connell, B., Wellman, D., Baker, L. & Day, K. (2006) Does a continence educational brochure promote health-seeking behavior? *Journal of Wound, Ostomy and Continence Nursing*, 33(4): 389-395.
7. Gardner, G., Dunn, S., Carryer, J. & Gardner, A. (2006) Competency and capability: Imperative for nurse practitioner education, *Australian Journal of Advanced Nursing*, 24(1): 8-14.
8. Ryan, F., O'Connell, B. & Gardner, A. (2006) How ophthalmic day surgery patients convalesce at home: An exploration of the salient issues, *Day surgery Australia*, 5(3): 11-16.
9. Gardner, A., Dunk, A.M., Eggert, M., Gardner, G., & Wellman, D. (2006). Pressure injury: an exploration of the relationship between risk factors and interface pressure, *Primary Intention*, 14(4): 140-149.
10. Gardner, G., Dunn, S., Carryer, J. & Gardner, A. (2006) Competency and capability: Imperative for nurse practitioner education, *Australian Journal of Advanced Nursing*, 24(1): 8-14.
11. Ryan, F., O'Connell, B. & Gardner, A. (2006) How ophthalmic day surgery patients convalesce at home: An exploration of the salient issues, *Day surgery Australia*, 5(3): 11-16.
12. Gardner, A., Dunk, A.M., Eggert, M., Gardner, G., & Wellman, D. (2006). Pressure injury: an exploration of the relationship between risk factors and interface pressure, *Primary Intention*, 14(4): 140-149.
13. O'Connell, B., Baker, L., Gaskin, C. & Hawkins, M. (2007) Risk Items that Predict Patient Falls in Acute Care Settings, *Journal of Nursing Care Quality*, 22(2):130-137.
14. O'Connell, B., Baker, L. & Munro, I. (2007). The nature and impact of incontinence in men who have undergone prostate surgery and implications for nursing practice, *Contemporary Nurse*, 24(1): 65-78.
15. O'Connell B, Gardner A, Takase M, Hawkins MT, Ostaszkiwicz J, Ski C, Josipovic P. (2007). Clinical usefulness and feasibility of using Reality Orientation with patients who have dementia in acute care settings. *International Journal of Nursing Practice*, 13: 182-192
16. Carryer, J., Gardner, G., Dunn, S. & Gardner, A. (2007) The capability of Nurse Practitioners may be diminished by the use of controlling protocols, *Australian Health Review*, 31(1): 108-115.
17. Gardner, A. (2006) Functional status after bloodstream infection: the survivor's trajectory. *Australian Infection Control*, 11(4): 147.
18. Thompson, C., Bucknall, T.K., Estabrooks, C. et al. (2007) Nurses' critical event risk assessments: A judgment analysis. *Journal of Clinical Nursing* (in press)
19. Bucknall, T.K. (2007) A gaze through the lens of decision theory towards knowledge translation science. *Nursing Research* (in press).
20. Manias, E., Dalton, K., McColl, G., Bucknall, T.K. & Brand, C. (2007) Managing complex medication regimens: perspectives of consumers with osteoarthritis and health professionals *Annals of Pharmacology* (in press).

Non Refereed Journals

1. Gardner, A. (2006) Pandemic containment and management, *Australian Nursing Journal*, 14(3): 25-27.



Professor Adrian Polglase

CABRINI MONASH UNIVERSITY DEPARTMENT OF SURGERY

THE FRÖHLICH WEST CHAIR OF SURGERY

Head of Department:
Professor Adrian Polglase

Principal Research Investigators:
A/Prof Simon Woods, Mr Paul McMurrick, Mr Stephen Bell, Mr Peter Carne, Mr Chip Farmer, Mr Roger Berry, Mr Andrew Smith, Mr Martin Chin, Mr Roger Wale

Honorary Research Fellows:
Dr Paul Simpson (2006), Dr Vinay Rane (2007)

Clinical Assistant Research Nurses:
Jane McCasker, Helen White, and Kate Brady

The Chair of Surgery at Cabrini Hospital was established in 1998, as a first of its kind in the Victorian private medical sector and one of the first in Australia, and as a joint venture between Cabrini Clinical Education & Research Institute and Monash University. Adrian Polglase was appointed as Professor of Surgery and Chairman of the Cabrini Monash University Department of Surgery with the chair being endowed as the Fröhlich West Chair of Surgery in 2004. A major role of the department has been to pursue surgical research into diseases of the colon, rectum and anus with a particular interest in bowel cancer. The department has been principally responsible for establishing the very successful undergraduate and postgraduate surgical teaching programme.

CURRENT CLINICAL RESEARCH

Last year saw the completion of a prospective randomised trial comparing the continuous wound infusion of local anaesthetic with placebo for post-operative pain control following colorectal surgery. Results indicated that our routine management of post operative pain is not enhanced by the local anaesthetic infusion management. The manuscript produced from this study is currently in press (*Diseases of the Colon & Rectum*).

Recent developments in the use of local anaesthesia to control post operative pain have highlighted the fact that a specialised technique used to achieve infusion of local anaesthetic into the wound may be more efficient and effective in controlling pain. We are currently examining methods to achieve funding of a new prospective trial to begin in 2008 to assess the technique.

Our major focus over the past 12 months has been the Colorectal Database Registry. This prospective database

has been put in place by a committee led by Mr Paul McMurrick, Clinical Dean in the Cabrini Monash University Department of Surgery.

This registry is unique in Australia in that it incorporates data from both the public and private sector with a far more concentrated examination of the affect on outcome of patient medical co-morbidities than any previous database. In addition, with the support of the Cabrini Institute and Monash University Department of Surgery, as well as Johnson & Johnson Medical, funding has been secured and a custom-written browser based software interface created for data entry. The registry will provide the background information and provide the framework for all future clinical studies of outcome in colorectal cancer treatment at the Monash University affiliated hospitals.

Currently we are conducting a study entitled "Cabrini – A Bowel Cancer Free Zone" which is investigating Cabrini employee's intention to screen for bowel cancer. The study aims to identify barriers to screening that may exist among employees and to remove some of these barriers by providing information about bowel cancer and the faecal occult blood (FOB) test to Cabrini employees. Barriers that might discourage people from participating in bowel cancer screening include negative attitudes to the disease and to the FOB test, as well as a lack of knowledge about bowel cancer. The results of the study will provide useful information about why people do or do not participate in bowel cancer screening programs, which will help with the planning of future screening programs.

Another project that has been completed this year is the rigid sigmoidoscope trial. Over 100 patients were recruited and the results are currently being analysed. The study examined infection control issues in relation to the use of disposable and re-usable sigmoidoscopes.

The Cabrini Monash University Department of Surgery is extremely grateful for the philanthropic support received, without which the research program would not be possible.

EDUCATION

The teaching of Monash University medical students continues to be one of the principal roles of our department. Cabrini has been involved in the Monash undergraduate teaching program since the early 1980's. Until 2005, students rotated through Cabrini for 6-8 week terms. In 2006 Cabrini Health commenced a new medical student program as part of the Monash University 5 Year curriculum. Twelve 3rd year students came to Cabrini for a 12-month placement

in 2006 and this year sixteen students have participated in the program, which includes 6-month rotations in surgical and medical practice. The students are enthusiastic towards the variety of clinical experience they are exposed to and the teachers are committed to making it a successful and enjoyable program.

Postgraduate surgical education continues with the ongoing accreditation of Cabrini Health by the Royal Australasian College of Surgeons (RACS) for advanced surgical training. Since 2005, Cabrini is the only private hospital in Australia to have such independent accreditation for the training of surgeons. With the support and supervision of RACS and other private hospitals, it is hoped that more accredited positions within the private sector can be achieved in the future.

The Alan, Ahda & Evi Selwyn Family Research Scholarship

The 2007 recipient of the research prize is Ms Jane Hayman, a young researcher who was awarded for her work as the key investigator of the "Cabrini – a Bowel Cancer Free Zone" project.

The Sir Edward Hughes Memorial Clinical Research Prize in Surgery

The Sir Edward Hughes Memorial Clinical Research Prize in Surgery is now in its 9th year, and gains momentum and strength each year. The Award is held annually in October, where surgical residents and registrars who have entered, or intend entering an accredited surgical training program in Australasia, are invited to submit a research project abstract for consideration. From these submissions 10 finalists are selected to present on the day.

In 2006 the prize winner was Dr Alkis J Psaltis for his presentation entitled "An animal model for the study of biofilms in rhinosinusitis."

AWARDS & CONFERENCE PRESENTATIONS

"Continuous infusion of local anaesthetic in the control of pain following elective abdominal colorectal surgery"

Best Oral Presentation – Cabrini Research Day 2006.

Presented at the 76th Annual Scientific Congress of the Royal Australasian College of Surgeons – Christchurch 2007 by Professor Adrian Polglase.

PUBLICATIONS 2006-2007

Colorectal Cancer – MIMMS Disease Index article update

Revised April 2007. AL Polglase

Local Anaesthetic reduces the pain of drain tube removal. ANZ Journal of Surgery, (2007) 77 p396-397. J Chee, S Woods, C Ooi.

Foramen of Winslow Hernia: report of 2 unusual cases. "Surgical Practice" The Journal of the College of Surgeons of Hong Kong, (2007) 11 p81-83. C Koh, V Usatoff & S Woods

Large Bowel Obstruction. Textbook of Surgery; Chapter 20, 3rd Edition, 2006

A Polglase. Editors: J Tjandra, G Clunie, A Kaye, J Smith

Governing the surgical count through communication interaction.

Quality and Safety in Health Care; 15(5) 2006, p369-74. R Riley, E Manias, A Polglase

The Pentax Confocal Endomicroscope – A novel Imaging Device for In Vivo Histology of the Upper and Lower GI Tract. Expert Reviews of Medical Devices; 3(5) 2006, p549-56.

A Polglase, W McLaren, P Delaney.

Maternal and fetal outcome after colectomy for fulminant ulcerative colitis during pregnancy: case series and literature review. Diseases of the Colon & Rectum. 2006 Jan; 49(1): 64-73.

E Dozois, B Wolff, W Tremaine, W Watson, E Drelichman, P Carne, J Bakken.

Rare tumours of the anus and rectum. In Shackelford Surgery of the Alimentary Tract, 6th Edition. Shackelford's. Jan 2006. P McMurrick, P Carne, M Johnson.

Bowel Cancer Guide for the GP. Australian Family Physician, V30, No 4 April 2006

P McMurrick, J Shapiro, S Derion

In the press

Continuous infusion of local anaesthetic in the control of pain following colorectal surgery.

Diseases of the Colon & Rectum. AL Polglase, P McMurrick, P Simpson, R Wale, P Carne, W Johnson, R Buchbinder, J Chee, C Ooi, J Chong, S Kingsland.

How to Treat: Bowel Cancer. Australian Family Physician. P J McMurrick



Professor Rachelle Buchbinder

MONASH DEPARTMENT OF CLINICAL EPIDEMIOLOGY AT CABRINI HOSPITAL

Head of Department: Professor Rachelle Buchbinder

Research Fellow: Dr. John Oldroyd

Australian Coordinator Cochrane Musculoskeletal Group:
Miranda Cumpston

NHMRC Health Practitioner Research Training Fellow:
Dr. Peter Kent

Biostatistician: Dr. Margaret Staples

Post Doctoral Fellow: Dr. Melissa Barber

Research Assistants: Bridie Murphy, Di Hirsh and
Lainie Wengier

Current research within the department focuses on clinical trials of innovative new therapies for shoulder pain, osteoarthritis and osteoporotic vertebral fractures. Other areas of interest include health literacy and improving the quality of written patient information.

The work has been supported by various local, national and international bodies.

RECENT HIGHLIGHTS

Completion of health literacy survey

This population survey was funded by the Ian Potter Foundation and the ANZ Trustees of Victoria Program. We employed and trained 8 interviewers who interviewed 312 people randomly selected from the electoral roll across a range of socio-economic strata. Our results indicate that a significant proportion of people in the general community have limited health literacy skills and may have difficulty communicating with health care professionals and understanding even simple written materials. This is likely to result in poorer health. Interventions to identify and help those at higher risk are needed. Several papers are being prepared.

We are now planning further studies aimed at understanding the impact of poor health literacy on individuals. This will form the basis of a PhD project which will commence in 2007.

We have also submitted an NHMRC project grant proposal to perform a randomised controlled trial examining the efficacy of a multimedia education program aimed at improving patient understanding of methotrexate when commenced for rheumatoid arthritis. This forms the basis of another PhD project.

Designing and evaluating mass media campaigns for back pain

We ran a workshop at the Low Back Pain Forum VII for Primary Care Research on Low-Back Pain held in Amsterdam in June 2006. This meeting brings together the best back

pain researchers from around the world. The workshop aimed to further our understanding of the characteristics of effective public health interventions for back pain and methodological challenges in evaluating their effects. We described several of the mass media campaigns and evaluations that we had been involved with and their strengths and limitations. A paper based upon the workshop has been submitted to *Spine* and is under review. The aim of the paper is to assist others planning mass media campaigns and their evaluations.

Is the way doctors treat simple back pain influenced by their special interests in this area or by post graduate education on this topic?

We examined data from 3831 general practitioners collected in 3 mailed surveys conducted in Victoria and NSW in 1997, 1999 and 2004. We found that having had education about management of back pain in the previous two years did not seem to influence doctors beliefs about treatment. On the other hand, having an interest in back pain or musculoskeletal medicine is associated with back pain management beliefs that are contrary to the best available evidence. These doctors tended to believe that back pain should be rested, that physical activity should not be encouraged, that people with back pain shouldn't go back to work until the pain is completely better; and they also thought that X-Rays are useful in the initial work up. These results have important implications for best practice clinical care. They also confirm previous data that suggests that postgraduate education is ineffective in changing doctors' behaviour.

Finding effective treatments for shoulder pain: Physiotherapy following arthrographic distension of the shoulder for frozen shoulder

We completed this NHMRC-funded trial and presented our results at the Australian Rheumatology Association Annual Scientific Meeting in 2006. This presentation won the best clinical paper at the meeting. We also gave a presentation at the American College of Rheumatology Annual Scientific Meeting in November 2006. The trial confirmed the value of distension of the shoulder for frozen shoulder and also found that physiotherapy provided additional benefits in terms of range of movement and perceived improvement. The results of our work in shoulder disorders are also being disseminated by giving invited talks. For example, Rachelle Buchbinder was invited to give presentations to both the South Australian and Queensland annual rheumatology meetings in 2006. She also gave a public lecture about shoulder pain in Adelaide. The results of this trial and others performed by the department are already changing clinical practice and will likely lead to improvements in outcome for people with shoulder pain.

AREAS OF FOCUS FOR THE NEXT 12 MONTHS

Australian Rheumatology Association Database (ARAD)

With the aid of an NHMRC Enabling Grant, ARAD has developed at a fast pace over the past 12 months. As well as a marked increase in recruitment, we have begun to perform some analyses to determine the risk of infections, and the baseline co-morbidity of patients commencing biologicals. We have also begun recruitment of controls. This will be a very important resource that will yield crucial information about long term outcomes of taking biological therapy in the real world. This data cannot be obtained in any other way.

In the next 12 months we will continue to optimise our systems for collecting long-term data from participants in this database. We will analyse Medicare Australia data to determine the health care use of patients on biologicals. We will also perform linkage with the Australian Institute of Health and Welfare database which includes data from all the state cancer registries and the national death registry. We will continue to use the database to answer clinically important and novel questions. The results will be provided to the treating clinicians to enable optimal management of their patients.

Vertebroplasty

This NHMRC-funded trial is now in its 4th year. We have now recruited 66 patients who have participated in the trial which will determine both the efficacy and safety of this procedure. In the past 12 months further reports have been published that suggest an increased risk of further spinal fractures with vertebroplasty. There have also been more calls for data from well-conducted trials. Our trial will provide important information to guide clinicians about the value of this treatment.

Improving written patient information

We plan to further our work improving the quality of written patient information about medications. An Arthritis Australia

grant and a Cabrini Institute Research Grant have been provided to further our linguistic work in this area. Leaflets developed by the Australian Rheumatology Association will be reviewed. We will also conduct focus groups of patients and individual in-depth interviews to obtain patient views about our approach. Finally we will develop and evaluate a teaching kit to enable others to improve their skills in writing patient information materials. This will likely lead to better communication between clinicians and patients, better agreement about the need for therapy and monitoring and may also improve patient outcomes.

AWARDS 2006-2007

2006

R Buchbinder

Best Clinical Science Paper, Annual Scientific Meeting, Australian Rheumatology Association

A Briggs

Best Clinical Science Paper, Adelaide Centre for Spinal Research

M Barber

Commendation, Cabrini Research Day

2007

R Buchbinder

Monash University Mollie Holman Doctoral Medal for best PhD, Faculty of Medicine, Nursing and Health Sciences, 2006

Commendation for the Premier's Award for Medical Research

Best Clinical Science Paper, Annual Scientific Meeting, Australian Rheumatology Association

P Kent

La Trobe University Outstanding Thesis Award, Faculty of Health Sciences, 2006

PUBLICATIONS 2006-2007

Peer review publications – 2006

1. Clerehan R, Buchbinder R. Towards a more valid account of functional text quality: the case of the patient information leaflet. *Text & Talk* 2006; 26(1):37-66.
2. New PW, Buchbinder R. Review of the Rankin Scale and its derivatives. *Neuroepidemiology* 2006; 4-15.
3. Stockman A, Tait BD, Wolfe R, Brand CA, Rowley MJ, Varney MD, Buchbinder R, Muirden KD. Clinical, laboratory and genetic markers associated with erosions and remission in patients with early inflammatory arthritis: a prospective cohort study. *Rheumatol International* 2006; 26(6):500-9.
4. Buchbinder R, Hall S, Youd JM. Functional health literacy of rheumatoid arthritis patients attending a community-based rheumatology practice. *J Rheumatol* 2006; 33(5): 879-886.
5. Radford JA, Burns J, Buchbinder R, Landorf KB, Cook C. Effectiveness of low-Dye taping on kinematic outcomes: a systematic review. *J Orthopaed Sports Phys Ther* 2006; 36 (4): 232-241.
6. Whitfield K, Buchbinder R, Segal L, Osborne R. Parsimonious and efficient assessment of health-related quality of life in osteoarthritis research: Validation of the Assessment of Quality of Life (AQoL) instrument. *Health Quality of Life Outcomes* 2006; 4:19.
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8. Buchbinder R, Green SG, Struijs P. Tennis elbow (lateral epicondylitis). *Clinical Evidence* 2006; web publication Oct 1, 2006.
9. Buchbinder R, Green SG, Youd JM, Assendelft WJJ, Barnsley L, Smidt N. Systematic review of the efficacy and safety of shock wave therapy for lateral elbow pain. *J Rheumatol* 2006; 33(7):1351-63.
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14. Coghlan JA, Buchbinder R, Green SE, Bell SN. Surgery for rotator cuff disease. (Protocol) *Cochrane Database of Systematic Reviews* 2006, Issue 1. Art. No.: CD005619. DOI: 10.1002/14651858.CD005619.
15. Maxwell L, Santesso N, Tugwell PS, Wells GA, Buchbinder R and the Editorial Board of the Cochrane Musculoskeletal Group. Method Guidelines for Cochrane Musculoskeletal Group Systematic Reviews. *J Rheumatol* 2006; 33:2304-11.
16. Santesso N, Maxwell L, Tugwell PS, Wells GA, O'Connor AM, Buchbinder R and the Editorial Board of the Cochrane Musculoskeletal Group. Knowledge Transfer to Clinicians and Consumers by the Cochrane Musculoskeletal Group. *J Rheumatol* 2006; 33: 2312-8.
17. Osborne R, Ackerman I, Buchbinder R. Can patient self-management education programs improve outcomes of people with osteoarthritis? [ACTRN012606000174583] [Protocol] *BMC Musculoskeletal Disorders* 2006; 7:90.
18. Greenberg P, Buchbinder R, Walker C. Optimising communication between consumers and clinicians. [Editorial]. *Med J Aust* 2006; 185 (5): 246-7.
19. Buchbinder R, Osborne R. Vertebroplasty: a promising but as yet unproven intervention for painful osteoporotic spinal fractures. [Editorial]. *Med J Aust* 2006; 185 (7):351-2.
20. Malliaras P, Cook JL, Kent P. Reduced ankle dorsiflexion range may increase the risk of patellar tendon injury among volleyball players. *J Sci Med Sport* 2006; 9(4):304-309.
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A/Professor Gary Richardson

SZALMUK FAMILY DEPARTMENT OF MEDICAL ONCOLOGY

Head of Department: Associate Professor Gary Richardson

Principal Investigators:

Dr Jeremy Shapiro, Dr Ben Brady, Professor Miles Prince,
Dr Ian Haines, Dr Lara Lipton

Haematology Registrar: Dr Saar Gill

Research Manager: Barbara Scher

Study Coordinators:

Alice Newman, Julia Rontogiannis and Mary Lane

Genetic Counsellor: Lynne McKay

Administrative Assistant: Vicki Cresia

The Szalmuk Family Department of Medical Oncology was created in 2001. Our main aim is to provide compassionate, state-of-the-art care for the cancer patient of today and continued advancements in the prevention, diagnosis, treatment and cure of cancer in the future. We seek to accomplish this through a combination of research, education and clinical practice.

We use a multidisciplinary team approach to each patient's needs and, for many patients, offer the opportunity to participate in clinical trials that test the newest treatment alternatives available. We participate in clinical research programs that transfer laboratory findings into improved diagnoses and treatment alternatives, educational programs to disseminate information to patients, families, the public and health professionals, and personal support programs to address patients' psychological, social and spiritual needs during and after illness.

RECENT HIGHLIGHTS

CO-17 Study

We participated in a randomized, multi-center, phase 3 trial conducted by the National Cancer Institute of Canada Clinical Trials Group in collaboration with the Australasian Gastro-Intestinal Trials Group. It compared cetuximab, an antibody against the epidermal growth factor receptor (EGFR), plus best supportive care to best supportive care alone in patients with metastatic colorectal cancer whose disease was no longer responding to all available chemotherapy, including irinotecan, oxaliplatin and fluoropyrimidines. We recruited 16 of the 572 colorectal cancer patients entered into the study. It was found that cetuximab improved survival time and slowed progression of the disease.

This is the first time a single agent biologically targeted therapy has demonstrated a survival advantage in patients with colorectal cancer, and it is also the first time an EGFR-targeting drug has achieved this goal. While some patients receiving cetuximab in the CO-17 study had significant tumor shrinkage, many more had the cancer growth arrested, delaying progress of the disease and resulting in patients living longer. These promising results will lead to further National Cancer Institute of Canada trials in which cetuximab will be combined with other therapeutics to treat metastatic colorectal cancer.

Panitumumab Study

We participated in an open-label, multinational, randomized, controlled trial conducted in Europe, Australia and Canada, that enrolled 463 subjects with EGFR-expressing, metastatic carcinoma of the colon or rectum. In this randomized Phase 3 trial involving 463 patients, those who received panitumumab every two weeks showed a 46 percent decrease in tumor progression rate versus those who received best supportive care alone (p less than 0.000000001). This result exceeded the pre-specified measure of progression-free survival that the trial was designed to demonstrate (i.e., a 33 percent decrease in tumor progression rate in patients receiving panitumumab versus those receiving best supportive care, as assessed by central radiology review). A secondary endpoint of objective response rate, as assessed by central radiology review, was also met. We are very encouraged by the results of this pivotal study and what panitumumab could mean for patients with advanced colorectal cancer who have failed multiple other chemotherapeutic regimens.

XELOX NO16966

We participated in a randomized 2x2 factorial phase 3 trial of XELOX vs FOLFOX4 + bevacizumab or placebo in first-line metastatic colorectal cancer. FOLFOX-4 (infused 5-fluorouracil/leucovorin plus oxaliplatin) is the current standard therapy for patients with advanced colorectal cancer. XELOX, oral capecitabine plus oxaliplatin, was found to be as effective as FOLFOX-4 but more convenient to administer. Avastin was shown to improve responses and survival when combined with chemotherapy for patients with advanced colorectal cancer. These important survival results continue to affirm our initial hypothesis that XELOX is a viable, effective alternative to the current standard of care for advanced colorectal cancer. These data underscore the tremendous promise of combinations using cornerstone therapies such as Xeloda (capecitabine), and the potential benefit of adding Avastin to achieve greater progression-free survival. Now, with evidence of overall survival in addition

to progression-free survival, we can move closer to offering patients a convenient option of an oral component to their chemotherapy treatment.

BCIRG-006 Study

We participated in an important study in women with early breast cancer. The study was a randomised, controlled trial that evaluated the combination of doxorubicin and cyclophosphamide (AC) followed by docetaxel, with or without Herceptin, and carboplatin plus docetaxel and Herceptin (TCH), in women with early-stage HER2-positive breast cancer. Both lymph node-positive and lymph node-negative patients were eligible for entry into the trial. Enrolment to the BCIRG 006 trial began in March 2001 and approximately 3,200 patients have been enrolled in 43 countries. The analysis showed statistically significant improvements in disease-free survival (the length of time after treatment during which no disease is found) and overall survival for both Herceptin-containing arms. The reduction in the risk of disease recurrence versus chemotherapy alone was 51% in the arm adding Herceptin to docetaxel following AC, and 39% in the TCH arm. This study follows three earlier phase 3 studies which we also participated in, which also confirmed Herceptin's superiority to chemotherapy alone in early-stage breast cancer. HER2-positive breast cancer is a particularly aggressive form of the disease which affects approximately 20 – 30% of women with breast cancer. The results from Herceptin's development programme in early breast cancer have been nothing less than remarkable, and will benefit many women around the world with HER2-positive breast cancer.

AREAS OF FOCUS FOR THE NEXT 12 MONTHS

Psycho-oncology

Psycho-oncology addresses the two major psychological dimensions of cancer: the psychological responses of patients to cancer at all stages of the disease, and that of their families and caretakers; and the psychological, behavioral and social factors that may influence the disease process. Psycho-oncology is highly multi-disciplinary. It shares boundaries and interests with the major specialties within oncology including the clinical disciplines (such as surgery, internal medicine, pediatrics, and radiotherapy), cancer epidemiology, immunology, endocrinology, cancer biology, pathology, bioethics, palliative care, rehabilitation medicine, clinical trials research, experimental design, clinical decision making and, of course, psychiatry and psychology. Cancer is, after all, a disease of both the body and the mind. We have major research initiatives in this area, including implementation of tools to assess distress levels in patients receiving

chemotherapy, assessment of long-term quality of life in patients successfully treated for colon cancer, and attitudes to changes in prostate specific antigen (PSA) levels in patients with prostate cancer.

Cancer Genetics

In some families, cases of cancer occur more often than would be expected by chance, which may be due to an inherited gene alteration. It may be possible from the family history alone to give an estimation of the risk that a family member has of developing cancer. However, the precision with which we can estimate the risk for a family member may now be greatly increased by a genetic test for known hereditary cancer syndromes. The familial cancer clinic at Cabrini Hospital offers hereditary cancer risk assessment by specialist genetic counsellors and medical professionals for people concerned about their personal or family history of cancer. We aim to help people come to decisions about managing their risk of cancer with preventative and early detection strategies. The program participates in the The Kathleen Cuninghame Consortium for Research into Familial Breast Cancer (KConFaB) project, which recruits high risk families. It involves collection of blood and tumour tissue to be stored in the tissue bank, a world class resource, providing valuable information and tissue to researchers across Australia and overseas working on projects looking at the link between cancer development and a family history of the disease.

Initiation of CO-20 Study

Jeremy Shapiro, one of the medical oncologists at Cabrini, has been asked to act as principal investigator for Australia for the newly developed CO-20 study, which follows the conclusion of the CO-17 study. This involves treating patients with metastatic colon cancer who have failed two prior chemotherapy regimen with either cetuximab alone, or cetuximab plus a novel growth-regulating agent. It is hoped the combination will be more effective than cetuximab alone in controlling the cancer, offering patients longer survival and a better quality of life.

Development of Haematological Malignancy Services

This will involve continued treatment of lymphoma and myeloma, the transfusion service, and apheresis, and development of adult stem cell therapies and high-dose chemotherapy protocols. Increased research activities will occur under the auspices of Prof Miles Prince. One early research project to be initiated is an innovative study in multiple myeloma using KOS-953

Hsp90 (heat shock protein 90)

Hsp90 is a protein chaperone that binds to several sets of signaling proteins, known as "client proteins." These client proteins include a "who's who" list of cancer-relevant targets such as mutated p53, Bcr-Abl, Raf-1, ErbB2 and other kinases, as well as steroid hormone receptors. Disruption of the Hsp90-client protein complexes leads to proteasome-mediated degradation of client proteins. KOS-953 binds to Hsp90 and cause its dissociation from, and consequent

degradation of, the client proteins, leading to cancer cell death. Because the Hsp90 client proteins are so important in signal transduction and in transcription (processes critical to the growth and survival of cancer cells), KOS-953 may serve as a valuable chemotherapeutic agent in a number of cancers. The pivotal trial will compare KOS-953 plus Velcade versus Velcade alone in a first-relapsed patient population with multiple myeloma, and a second trial will test KOS-953 plus Velcade in relapsed refractory disease.

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A/Professor Michele Levinson

Head of Department: Associate Professor Michele Levinson

Research Assistant: Fiona Clay

The Cabrini – Monash University Department of Medicine was established in September 2006, to provide a focus for academic medicine amongst physicians within Cabrini Health and enhance the academic standing of Cabrini as an academic tertiary institution.

The Department of Medicine research program is focused on improving patient care at all levels – from patient contacts with the Emergency Department through the hospital experience through to discharge back home. The department has chosen to focus on some common medical problems and the initial areas of research include improving the care of patients with fractured hips and osteoporosis, and of patients who collapse at home. Other research initiatives include a comparison of oral vs intravenous antibiotics in the management of community acquired pneumonia in the home, a cardiology research group, research evaluating health literacy and osteoporosis knowledge in patients with hip fracture and the use of evidence in hospital based medical practice.

The Department of Medicine is responsible for undergraduate general medicine education for Monash University third year medical students. The department provides bedside teaching, problem based learning and education in investigative medicine over a twelve month period.

AREAS OF FOCUS FOR THE NEXT 12 MONTHS

Implementing Strategies for Improved Outcomes in Minimal Trauma Fracture

We have conducted an audit of the assessment of bone health in all patients admitted to Cabrini hospital with hip fracture over a 12 month period, as well as a subsequent survey of the beliefs held by the treating doctors. Possible barriers to the implementation of evidence based treatments were identified. The focus over the next 12 months will be to assess the health literacy and osteoporosis knowledge in patients with hip fracture. This will inform strategies for patient education and improved medication compliance. We will also aim to test interventions directed at the process of care to improve the use of evidence based treatments in minimal trauma fracture.

Cardiology Research Group

A trial of two regimens for the treatment of high blood cholesterol is in progress to look at relative efficacy. The trial is part of a multi-centre cooperative study.

The focus for the next 12 months will be to establish a broader research base in cardiology.

Emergency Department Related Projects

Over the next 12 months we will be conducting research into two important problems, which cause patients to present to the Emergency Department. We will be investigating patients who present with pneumonia and older patients who present with collapse. The community acquired pneumonia study will be a collaborative project with the Cabrini Hospital-in-the-Home service.

Undergraduate Education

This year, the Clinical School has been responsible for 16 students. The Department of Medicine is responsible for delivering the curriculum in general medicine for 8 of the students for the first semester and then the alternative 8 students for the subsequent semester. The focus for this year has been to develop and evaluate a program designed to improve clinical skills of the medical students. Our previous experience with third year students was that they had difficulty in applying the clinical skills education received in first and second year into third year when greater participation in patient assessment is required. This year, a 5 week program was devised to address these issues. An evaluation of this education was done 2 weeks after completion of the program and will be reassessed at the end of the year when the students will have the benefit of the experience of the third year curriculum to evaluate the content of the program. Another focus of this year's educational program has been to increase the number of participating physicians in the teaching program to provide diversity of experience for the students, and to develop modules for the teaching of chronic disease.

Postgraduate Education

Postgraduate education in the Department of Medicine for trainee doctors has predominantly related to the informal education of the medical registrar as part of the general medical patient ward rounds twice weekly and participation of the registrar in the medical student teaching program. The focus of this year will be to develop models for formal postgraduate education of medical registrars within Cabrini Health. This is also a priority for the College of Physicians and the government due to an anticipated lack of sufficient training places within the public sector in the future.

INSTITUTE RESEARCHERS



FIONA CLAY

**Cabrini – Monash University
Department of Medicine**

My undergraduate and postgraduate training was in molecular biology and for many years I worked in laboratory based cancer research. My most notable achievement was the discovery and naming of a gene that is over expressed in cancer tissues. It is very likely that the gene will be the source of anti-therapeutic drug targeting in the near future.

I decided I wanted to move away from research involving mice and zebrafish to research involving people, so I undertook further training in Epidemiology and Biostatistics. In 2003 I commenced postgraduate studies in Epidemiology at Monash University and was accepted into a training program at Sherbrooke University in Montreal, Canada.

In February 2007, I started work as a Research Assistant with the Monash-Cabrini Department of Medicine under the direction and mentorship of Associate Professor Michele Levinson. My position involves the day to day running of projects that are focused on the use of evidence based research for the improvement of patient care at all levels – from patient contacts with the Emergency Department, during the in-hospital experience, through to discharge back home. Particular projects have included the audit of current care for patients presenting with a hip fracture or stroke.

I enjoy the fact that the role is challenging and provides the opportunity to gain new clinical knowledge and learn new skills. Effective clinical research requires a team approach and I have been privileged to work with many highly skilled people including medical records staff, library staff, academic researchers, ethics managers, administrative staff and clinicians. I am involved in seeking out research funding opportunities and in the preparation of grant applications for projects. I really enjoy the opportunity to teach and have been involved in teaching evidence based clinical practise to undergraduate medical students. The Institute offers a supportive environment where I can develop my research and project management skills.

The focus of research in the Department of Medicine is on acute common conditions that primarily effect elderly people. With the projected ageing of the Australian population, research designed to improve patient outcomes for older people is vital.



DR PETER KENT

**Monash Department of Clinical
Epidemiology at Cabrini Hospital**

For the last two decades I have worked as a musculoskeletal clinician (physiotherapy and chiropractic) while developing skills as a researcher (University of Melbourne and La Trobe University). The time commitment associated with these roles has recently reversed – during 2006 I completed a PhD in the School of Physiotherapy at La Trobe University and commenced a four year NHMRC Health Professional Fellowship with Professor Rachele Buchbinder.

The heart of my research has been the interface between clinical assessment and clinical reasoning in primary care, particularly in conditions where there is high diagnostic and therapeutic uncertainty. I am very interested in the capacity for predictive models and simple clinical prediction rules to enhance clinical reasoning in ways that improve patient outcomes.

There are four broad themes to the research that I am currently involved in:

- 1) Testing the idea that there are subgroups of people with non-specific low back pain who have different treatment needs.
- 2) Applying novel statistical techniques to improve prognostic modelling.
- 3) Exploring ways in which knowledge of clinical epidemiology can assist clinicians to make decisions that improve patient outcomes.
- 4) Investigating how innovative use of information technology can assist the research process.

Working at Cabrini has many positives. It is an efficient and responsive organisation staffed with capable people from diverse professional backgrounds. I enjoy the collegiality of working with teams of researchers on projects that draw on the diverse skill set of their participants. Some of these projects include collaborations with other researchers in Canada, Britain and Denmark.

As my research training fellowship is part-time, I have maintained a clinical load in private practice and also work in the Department of Physiotherapy, Monash University giving evidence-based lectures to undergraduate students and supervising research students.


DR SAAR GILL

**Cabrini Monash University
Department of Medical Oncology**

I am in my last year of haematology training, filling the role of a haematology fellow at Cabrini for the first time. This is a shared position with Peter MacCallum Cancer Centre.

My previous experience includes training at St Vincent's, Peter MacCallum Cancer Centre and the Royal Melbourne Hospital.

I completed my general medical training at St Vincent's Hospital in 2004 and have worked in the UK briefly.

Current role: My day-to-day duties include seeing patients in the Day Oncology ward and haematology inpatients receiving chemotherapy and doing haematology consults in the hospital. I attend haematology clinics at Peter MacCallum and at Cabrini. I provide liaison for coagulation and transfusion issues, with particular relevance to peri-operative patients.

With regard to research, I am running the first haematology clinical trial at Cabrini. This is an Australian multi-centre phase 2 trial on the use of the anti-CD20 monoclonal antibody, Rituximab, in idiopathic thrombocytopenic purpura (ITP). This antibody is used extensively in the treatment of B-cell non Hodgkin Lymphoma, but has an expanding role in the treatment of auto-immune conditions such as ITP. The aim is to allow patients with difficult-to-control ITP to reduce or eliminate their reliance on steroids, and perhaps to normalise their platelet counts and obviate the need for splenectomy.

Research focus: So far there has been only one clinical trial in haematology at Cabrini, but I can see a scope for expansion. I have been very impressed with the clinical trials set-up at Cabrini. The role of the haematology fellow is very conducive to participation in trials especially early phase trials, and I look forward to some more opportunities in future.

My personal research focus, however, will shift from next year to a three-year PhD programme at the University of London. I will be performing research into the role of allogeneic stem cell transplantation in B-cell non-Hodgkin lymphoma.

After that, I look forward to returning to the thriving academic haematology community in Melbourne.


MR PAUL MCMURRICK

**Cabrini Monash University
Department of Surgery**

I am currently a Senior Lecturer in the Cabrini Monash University Department of Surgery and the Clinical Dean for Cabrini Health.

I underwent undergraduate training at the Alfred Hospital and completed my FRACS in 1996. I then completed the International Colorectal Fellowship at the Mayo Clinic in 1997. Subsequent to that I held appointments as a visiting surgeon at the Alfred Hospital and Monash Medical Centre and was Head of Colorectal Services, Southern Health, 2001- 2005. Currently I work full-time at Cabrini Health.

I am a member of the Colorectal Surgical Society of Australia, the Victorian Clinical Oncology Group and Hereditary Bowel Cancer Groups of Cancer Victoria and a member of the Board of Faculty of Medicine for Monash University.

Current research interests include the following:

Audit and Risk Stratification in Colorectal Surgery

I am a co-author and project manager of the Monash University Department of Surgery Colorectal Database, based at Cabrini Hospital, Monash Medical Centre and the Alfred Hospital. This co-operative database will allow substantial expansion of a long-established track record of clinical research in the surgical management of colorectal cancer, focusing on risk stratification and assessing the risk of death after surgery. This initiative has allowed specialised browser-based software to facilitate the collection of data. This database will work in a co-operative fashion with the Bio21 and MIM collaborative statewide database. The initial project stemming from the database relates to evaluation of established risk models within surgical practice in Victoria.

Assessment of Laparoscopic Colorectal Surgery

I was the Victorian Chairman of the ALCCaS Trial, evaluating laparoscopic colorectal surgery for cancer. This trial has completed recruiting. The trial was funded by the NH&MRC.

Disinfection of Endoscopy Equipment

There is no standardised protocol for techniques of disinfection of rigid endoscopy equipment. We are currently evaluating several protocols.

**HELEN SMENDA****Cabrini – Deakin Centre
for Nursing Research**

I have accumulated 19 years as a registered nurse, working in the areas of clinical practice, education and research in four countries (New Zealand, England, Hong Kong, Australia). After consolidating my basic nursing qualification, I obtained a Bachelor of Arts (Nursing, Education) and a Master of Business (Research).

My research thesis was a collaborative effort between three industry partners and RMIT University. The project aimed to explore the ongoing problem Australia was experiencing in the recruitment and retention of newly qualified nurses. The outcome was to identify the key influences affecting newly qualified registered nurses (Division One) career trajectory.

As a research fellow at the Cabrini – Deakin Centre for Nursing Research, I am working in the field of nurses' clinical decision making. A significant research project that I am working on involves the analysis of clinical patient handovers between nurses and the information sources for patient care decisions.

The results from this study will inform the development of clinical handover decision aids that support patient care decisions by nurses and promote improved communication between clinicians.

I look forward to measuring the outcomes of this project and many others, building a foundation of research evidence that makes a positive impact on the care and safety of Cabrini patients and indeed, publishing the work for the improvement of nursing care in other health institutions, nationally and internationally.



CABRINI AS A TEACHING HOSPITAL

In 2006 Cabrini became a Regional Clinical School, of the Monash University Faculty of Medicine, Nursing and Health Sciences, in recognition of the role Cabrini fulfils in teaching undergraduate medical students and in recognition of the contribution made by the Institute academic departments and their research programmes.

Cabrini is also a partner with the Deakin University School of Nursing. During 2007 over 200 undergraduate nursing students will undertake clinical placements at Cabrini Malvern. In addition the Dietetics Department also partners with Deakin, taking undergraduate students and the Department of Medical Imaging also has student placements.

A post-graduate education committee has been formed to address the issues associated with post-graduate medical education within Cabrini Health. There is growing pressure from the Federal Government to fund additional training positions and settings, to accommodate the increased numbers of medical graduates coming from Victorian Universities over the next few years. By 2012, the numbers will have increased by over 60%. The committee is aware of the importance of maintaining Cabrini Health as a private facility, whilst also looking at embracing an increased role in post-graduate education.

THIRD YEAR MEDICAL STUDENTS

The third year medical student program was successfully implemented at Cabrini in 2006. In February 2007, 16 third year Monash University medical students commenced at Cabrini. As Cabrini is keen to foster an interdisciplinary approach to patient care the students were allocated two nursing shifts one on a surgical ward and the other on a medical ward during their first two weeks at Cabrini.



TOP CABRINI MEDICAL STUDENT FOR 2006

Kate Drummond was awarded the Cabrini Medical Staff Award for Academic Excellence, Third Year Monash Medical Student 2006.

CLINICAL DEAN

Mr Paul McMurrick was appointed as Clinical Dean in early April 2007. Paul is a colorectal surgeon at Cabrini and is currently a Senior Lecturer in the Department of Surgery.

Associate Professor Simon Woods resigned as the Clinical Dean, after 4 years in the position. He provided excellent leadership for the development of the medical student program at Cabrini.



Left to right: Ms Lera O'Connor, Ms Heather McLaren, Ms Elizabeth Woolfe & Mr Rodney Anstee

CABRINI INSTITUTE 2006 SCHOLARSHIPS AND GRANTS

Cabrini Institute annually awards scholarships and grants to assist Cabrini Health staff to undertake further education or attend national or international conferences. A number of the scholarships and grants are generously donated by families or patients as a way of saying thank you for the care they have received at Cabrini. In 2006 Cabrini Institute awarded over \$27,000 for educational grants and scholarships.

DETAILS OF THE 2006 AWARDS

Rory Willis Grant

Awarded to Bernadine Fernando (EEG Dept) to assist her to attend the Epilepsy Society of Australia Conference.

John Allison Monkhouse Palliative Care Scholarship

Awarded to Lera O'Connor, (Cabrini Prahran and Cabrini – Deakin Centre for Nursing Research) to assist with her attendance at the International Observatory on End of Life Care Summer School at Lancaster University in the UK.

The Betty Elliott Acute Gerontology Scholarship

Awarded to Kerrie Palmer (3 South) to assist with completion of the Certificate in Pain Management.

Peter Meese Oncology Grant

Awarded to Rosemary Watson (Day Oncology) to assist her in completing the Graduate Diploma of Advanced Clinical Nursing Melbourne University.

Jean St Leger Memorial Nursing Education Award

Awarded to Sara Louise Matthews (3 Central) to assist her to undertake the Graduate Diploma Midwifery Deakin University.

Heartbeat Cabrini Cardiac Nursing Scholarship

Awarded to Elizabeth Woolfe (1 North Cardiothoracic) to visit Stanford Hospital, California USA to observe cardiothoracic nursing techniques and standards. Also to attend The Society of Thoracic Surgeons Annual Conference, San Diego California USA.

Eleanor Keamy and George Tate Cardiac Nursing Travel Grant

Awarded to Russell Moody (1 North) to attend the sixth 'Spark of Life' International Resuscitation Conference on the Gold Coast Qld.

Cabrini Institute Grant

Awarded to Joshua Sher (Cardio Respiratory Unit) to assist him to visit the American Society of Echocardiography in Seattle, The Mayo Clinic at Rochester, Minnesota & Mt Sinai & Cabrini Hospitals in New York City, USA.

Postgraduate Scholarships

Awarded to:

- Sue Grasby (1 North) to support a Graduate Certificate in Health Service Management at Monash University.
- Carolyn Mary Watley (Pathology) to support a Postgraduate Diploma in Health Services Management at LaTrobe University.
- Suzanne Wills (Brighton Theatre) to support a Masters of Health Science.

Dr Jenneth and Wolfgang Sasse Fund

Awards were made to support three projects involving nursing staff Jacqui Jeffery, Andrea McDonald, Jen McCambley, Anne McHugh, Anne Carolan, Barbara Selby, Fiona Ryan, Jenny Radnell and Anne Gardner. The projects were "Review of processes involving patient flow. Revision of current handover process & audit of patient transfers from ICU to 4 North", "Revision of charts in keeping with evidenced based practice" and "Timing of indwelling catheter removal".

Cardiac Conference Fund

Awarded to Bien Sison to attend the Johnson & Johnson Nurses Training Day a component of the Australasian Society of Cardiac & Thoracic Surgeons annual scientific meeting



CABRINI HEALTH EDUCATION DEPARTMENT

Left to right: Fiona Barker, Tony McGillion and Cate Rosewarne

2006 - 2007 has seen a deliberate focus on establishing Cabrini Health as a true learning organisation. The Cabrini Health Education and Staff Development Department and Cabrini Institute have managed a number of joint projects this year including a series of research seminars aimed at assisting new researchers as well as supporting the more experienced researcher. Another joint project has been the 'Continence Point Prevalence Survey' driven by the Cabrini Institute and supported by Education and Staff Development. This project is a follow up to the successful Pressure Ulcer Point Prevalence Survey conducted last year, the outcomes of which are already being translated into practice.

Examples of multidisciplinary learning at Cabrini Health include 'infection control for hotel services' and formal, nationally recognised courses run in conjunction with the Vocational Education and Training sector. These formal courses, run on site at Cabrini Health, include Certificate III in Health Service Assistance (Sterilisation Services, Operating Theatre Support, Client/Patient Services and Health Support Services). In addition to this, we have conducted Certificate III in Aged Care Services and Certificate IV in Pathology Specimen Collection. We are about to enrol staff in Certificate II in Food Support Services.

Education and Staff Development work closely with our major academic partners, Deakin University and Australian Catholic University, to provide an environment conducive to learning. Annually, more than 200 undergraduate nursing places are provided across the Cabrini Health campuses.

In addition Postgraduate Diplomas, conducted in conjunction with Deakin University, in Midwifery, Critical Care and Peri operative Nursing will ensure that we maintain a staff of highly skilled specialist nurses.

The Education Department has been involved in two major nursing projects this year. The first is a Medication Endorsement Course for Division 2 Nurses, run in collaboration with Kangan Batman TAFE. This 20 week program will enable our Division 2 participants to extend their scope of practice to the administration of certain medications. The second project, 'The Wattleree Program', an initiative designed to scrutinise workforce design and ensure that the skill mix required is congruent with the expected healthcare needs of the future. The Education Department involvement includes scope of practice development to enable competent clinical patient care and efficient teamwork.

Key Cabrini Health working parties continue to have integral input from Educators – an example of this is the Automatic External Defibrillation Working Party which is, at present, piloting the use of Automatic External Defibrillators in some key areas of Cabrini Health. Reducing the 'time to defibrillation' is an evidence-based recommendation from the Australian Resuscitation Council and will lead to better outcomes in patients suffering cardiac arrest.



CABRINI HUMAN RESEARCH ETHICS COMMITTEE

Cabrini Human Research Ethics Committee members: Dr McRae; A/Prof Poole; Anne Spence (invitee); Mr Robertson; Mr Parrington; Mr Mullaly QC; A/Prof Lording (Chairman); Dr Thomas; Rev Dr Ford; Dr Ben-Meir and Dr Debinski. (Absent: Prof Legg and Ms Davies).

This year the Cabrini Human Research Ethics Committee (CHREC) approved 67 research projects and 16 quality assurance projects, as listed.

The new *National Statement on Ethical Conduct in Human Research* was released by the NHMRC in April 2007. Fr Bill Uren, SJ, (a member of the Australian Health Ethics Committee (AHEC) working party who wrote the document and a member of the Cabrini Governing Board) spoke at our Twilight Seminar on 19 June and outlined the changes to the previous National Statement. The purpose of the previous statement read ...“the protection of the welfare and the rights of participants in research”. The purpose of the new Statement is “to promote ethically good human research. Fulfilment of this purpose requires that participants be accorded the respect and protection that is due to them. It also involves the fostering of research that is of benefit to the community.” Fr Uren reminded us that, as we are all the beneficiaries of medical research, perhaps we also have a debt.

At the same seminar, Dr Suzanne Hasthorpe spoke about the Victorian Government’s project on streamlining multi-centre research review. The session was fully-booked.

The new National Statement prompted many changes to our internal processes. Our hand-book and forms are available on www.cabrini.com.au. Regular informal monthly research forums continue to be led by A/Prof Anne Gardner; Anne Spence and Tony McGillion.

The Twilight Seminar marked the end of the CHREC’s Chairmanship of A/Prof Doug Lording. Doug had been Chairman since the Hospital Ethics Committee split into a clinical ethics committee and the CHREC at the end of 1989. Doug provided strong leadership. He read boxes and boxes of papers; facilitated discussions; considered all views; encouraged and supported researchers, CHREC members and Cabrini’s research agenda. He did it with a little humour and lots of goodwill.

We welcome Dr Adrian Thomas to the chair of the CHREC. Dr Henry Debinski will remain as vice chairman.

We are grateful for the contributions of other members who resigned or completed their terms during this year: Ms Margaret Coffey; A/Prof Stan van Hooft and Ms Alison Moran.

MEMBER

Dr Michael Ben-Meir
Ms Susan Davies
Dr Henry Debinski
Rev Dr Norman Ford SDB
Prof Sandra Legg
A/Prof Douglas Lording
Dr Roderick McRae
Mr Paul Mullaly, QC
Mr Jack Parrington
A/Prof Marilyn Poole
Mr John Robertson
Dr Adrian Thomas

NHMRC CATEGORY

Medical Graduate with Research Experience
Lay Person – Female (on extended leave)
Medical Graduate with Research Experience
Minister of Religion
Nursing Graduate with Caring Experience
Chairperson
Lawyer
Member of the Governing Board
Nursing Graduate with Caring Experience
Acting Lay Person – Female
Lay Person - Male
Medical Graduate with Caring Experience

PROJECTS APPROVED

ARTHRITIS

A randomised double-blind parallel group international study to evaluate the safety and efficacy of ocrelizumab in combination with methotrexate compared to methotrexate alone in methotrexate-naive patients with active rheumatoid arthritis.

A/Prof Stephen Hall

A phase 3 double-blind randomised placebo-controlled study of the safety and efficacy of AA4500 in the treatment of subjects with Dupuytren's contracture followed by an open-label extension phase.

A/Prof Stephen Hall

An observational study to examine the relationship between disease severity and health related utility in patients with rheumatoid arthritis.

A/Prof Stephen Hall

A phase 3 open-label study of the safety and efficacy of AA4500 in the treatment of subjects with Dupuytren's Contracture.

A/Prof Stephen Hall

A randomised double-blind parallel-group study of cardiovascular safety in osteoarthritis or rheumatoid arthritis patients with or at high risk for cardiovascular disease comparing Celecoxib with Naproxen and Ibuprofen.

A/Prof Stephen Hall

A 12 week phase 2a randomised double-blind placebo-controlled study to investigate the safety, pharmacokinetics and efficacy of PH-797804 administered orally once daily in subjects with active rheumatoid arthritis.

A/Prof Stephen Hall

A multicentre randomised double-blind placebo-controlled trial of Golimumab, a fully human anti-TNF monoclonal antibody, administered subcutaneously in methotrexate-naive subjects with active rheumatoid arthritis.

A/Prof Stephen Hall

Validation study for the selection of MRI imaging centres for a main prospective multi-centre international double-blind placebo-controlled study in the treatment of knee osteoarthritis.

A/Prof Stephen Hall

A long-term safety study of Tramadol ER and Meloxicam combination in the treatment of moderate to moderately severe pain associated with osteoarthritis.

A/Prof Stephen Hall

The efficacy and safety of two doses of strontium ranelate (1g and 2g per day) versus placebo administered orally for 2 years in the treatment of knee osteoarthritis.

A/Prof Stephen Hall

A multicentre randomised double-blind placebo-controlled trial of Golimumab, a fully human anti-TNF monoclonal

antibody administered intravenously in subjects with active rheumatoid arthritis despite methotrexate therapy.

A/Prof Stephen Hall

A phase 3 double-blind randomised placebo-controlled study of the safety and efficacy of AA4500 in the treatment of subjects with Dupuytren's Contracture followed by an open-label extension phase.

A/Prof Stephen Hall

The comparison of the efficacy and safety of Arzoxifene versus Raloxifene in postmenopausal women with osteoporosis.

A/Prof Stephen Hall

Personal and societal burden of osteoarthritis

Prof Rachele Buchbinder

AUTO-IMMUNE DISEASE

A phase 3 multi-centre randomised double-blind placebo-controlled 52 week study to evaluate the efficacy and safety of Belimumab (HGS1006, LymphoState-B™) a fully human monoclonal anti-BlyS antibody in subjects with Systemic Lupus Erythematosus (SLE).

A/Prof Stephen Hall

CANCER

A randomised double-blind placebo-controlled phase 2 trial of Paclitaxel in combination with AMG386 in subjects with advanced recurrent epithelial ovarian or primary peritoneal cancer.

A/Prof Gary Richardson

A multicentre randomised double-blind study comparing the efficacy and safety of Afibercept versus placebo administered every 3 weeks in patients treated with Docetaxel/prednisone for metastatic androgen-independent prostate cancer.

Dr Jeremy Shapiro

Intention to screen for bowel cancer among hospital employees

Prof Adrian Polglase

A randomised phase 3 study of Docetaxel in combination with Sunitinib versus Docetaxel in the first-line treatment of advanced breast cancer patients.

A/Prof Gary Richardson

Open-label study of bevacizumab (Avastin®) in combination with platinum-containing chemotherapy as first-line treatment of patients with advanced or recurrent non-squamous non-small cell lung cancer.

A/Prof Gary Richardson

A randomised double-blind multicentre study of Denosumab compared with Zoledronic Acid (Zometa®) in the treatment of bone metastases in subjects with advanced cancer (excluding breast and prostate cancer) or multiple myeloma.

A/Prof Gary Richardson

A phase 3 international randomised double-blind parallel-group multi-centre study to assess the efficacy of ZD6474 (Zactima™) versus Erlotinib (TARCEVA®) in patients with locally advanced or metastatic (stage 3b-4) non-small cell lung cancer (NSCLC) after failure of at least one prior cytotoxic chemotherapy.

Dr Ian Haines

Phase 2 clinical trial of 17-allylamino-17demethoxy-geldanamycin (KOS-953) in metastatic melanoma.

Dr Ben Brady

Cognitive function substudy – investigating cognitive function without baseline information

A/Prof Gary Richardson

CARDIOLOGY

A multicentre randomised double-blind "crossover" design study to evaluate the lipid-altering efficacy and safety of MK-0524B combination tablet compared to MK-0524A + Simvastatin coadministration in patients with primary hypercholesterolemia and mixed dyslipidemia.

A/Prof Stephen Hall

Cardiovascular outcomes in renal atherosclerotic lesions (CORAL) trial. Randomised and multi-centre two-group clinical trial to assess the best treatment for patients with high blood pressure and renal artery stenosis: stenting with anti-hypertensive medical therapy, compared to medical therapy alone.

Dr Chris Wriedt

A multi-centre, randomised, open-label parallel groups study comparing the effectiveness and safety of treatment with VYTORIN® 10/40 (Ezetimibe 10 mg and Simvastatin 40 mg) versus Lipitor (Atorvastatin) 80 mg daily in subjects with a history of coronary heart disease and/or diabetes mellitus with uncontrolled lipids on statin therapy.

Dr James Shaw

A multicentre double-blind randomised study to compare the efficacy and safety of the combination of 145mg fenofibrate and 40mg simvastatin with 40mg simvastatin monotherapy in patients with mixed dyslipidemia at risk of cardiovascular disease not adequately controlled by 40mg simvastatin alone.

A/Prof Stephen Hall

ENDOCRINOLOGY

International multi-centre post authorisation surveillance study on the use of Nebido® to assess tolerability and treatment outcomes in daily clinical practice.

A/Prof Douglas Lording

A multi-centre randomised double-blind placebo-controlled efficacy and safety study of Testosterone Gel 1.62% for the treatment of hypo gonadal men.

A/Prof Douglas Lording

GASTROENTEROLOGY

A randomised double-blind placebo-controlled crossover phase 2a study to evaluate efficacy and safety of the 3-Adrenergic receptor agonist Solabegron in subjects with Irritable Bowel Syndrome.

Dr Henry Debinski

HAEMATOLOGY

A multicentre, single arm, open label study to evaluate the efficacy and safety of 1000mg fixed dose of rituximab on day one and fifteen among patients with refractory, relapsing or chronic idiopathic thrombocytopenic purpura (ITP).

Dr Saar Gill

A prospective observational study and retrospective chart review of subjects with Immune (Idiopathic) Thrombocytopenic Purpura (ITP).

A/Prof Stephen Hall

IMMUNOLOGY

A randomised international double-blinded (in-house blinding) controlled with Gardasil™ tolerability, immunogenicity and efficacy study of a second generation Human Papillomavirus (HPV) L1 virus-like particle (VLP) vaccine administered to 16 to 26 year old women.

A/Prof Stephen Hall

MEN'S HEALTH

Barriers to help seeking and quality of life among testicular cancer patients

Dr Sue Burney

MODELS OF CARE

Do the nutritional and fluid intakes of patients on texture modified diets and thickened fluids in an acute hospital setting meet estimated requirements?

Dr Mariagrazia De Luca

NEUROLOGY

An open-label study to examine the difference in tolerability associated with Titration Of Dose on initiation of Avonex therapy (TODAY).

Dr Judith Frayne

Prospective comparison of slow release and conventional release L-dopa preparation in conjunction with Entacapone in the prolongation of single dose duration of benefit.

Prof Robert Iansek

Open label extension study as an adjunctive therapy for Levodopa-treated Parkinson's Disease patients with motor fluctuations.

Prof Robert Iansek

An open label SLV308 safety extension to study S308.3.003 in early PD patients

Prof Robert Iansek

Educational initiatives for service providers (PCA and RNs) involved in care provision to people with Parkinson in residential accommodation.

Prof Robert Iansek

A multi centre randomised double-blind placebo-controlled parallel group study of the efficacy, safety and tolerability of E2007 in Levodopa treated Parkinson's Disease patients with motor fluctuations.

Prof Robert Iansek

A multicentre randomised double-blind parallel-group placebo and pramipexole controlled study to assess efficacy and safety of SLV308 monotherapy in the treatment of patients with early stage Parkinson's disease.

Prof Robert Iansek

NURSING

Palliative HomeCare Satisfaction Report: Carers' perspectives of quality of present service and suggested future improvements.

A/Prof Anne Gardner

Recovering at home following chemotherapy as a day patient: An exploration of the healthcare management issues for patients.

A/Prof Anne Gardner

OPHTHALMOLOGY

"Activity controlled therapy on choroidal neovascularisation (ACT on CNV study). OCT-monitored, disease activity-controlled, variable interval Lucentis (ranibizumab) dosing for choroidal neovascularization associated with choroidal neovascularisation."

Dr Wilson Heriot

An 8-week multicentre masked randomised trial (with an 18-week masked extension) to assess the safety and efficacy of 700µg and 350µg Dexamethasone Posterior Segment Drug Delivery System (DEX PS DDS) Applicator System compared with sham DES PS DDS Applicator System in the treatment of non-infectious ocular inflammation of the posterior segment in patients with intermediate uveitis.

Dr Anthony Hall

A 6-week multicentre masked randomised trial (with a 20-week masked extension) to assess the safety and efficacy of 700µg and 350 µg Dexamethasone posterior segment drug delivery system (DEX PS DDS) applicator system compared with sham DEX PS DDS applicator system in the treatment of non-infectious ocular inflammation of the anterior segment in patients with anterior uveitis.

Dr Anthony Hall

PAIN MANAGEMENT

A randomised double-blind placebo and active-control parallel-arm phase 3 trial with controlled adjustment of dose to evaluate the efficacy and safety of CG5503 extended release (ER) in subjects with moderate to severe chronic low back pain.

A/Prof Stephen Hall

A randomised double-blind active and placebo-controlled parallel group multicentre study to evaluate

the efficacy and safety of multiple doses of CG5503 immediate-release formulation in subjects awaiting primary joint replacement surgery for end-stage joint disease.

A/Prof Stephen Hall

A multi-centre randomised double-blind placebo-controlled parallel group exploratory study to investigate the efficacy, safety and tolerability of AD337 in the treatment of fibromyalgia in female subjects.

A/Prof Stephen Hall

Development of a conceptual framework for nonspecific low back pain

Dr Peter Kent

PATIENT INFORMATION

Improving the quality of written doctor-patient information about drug therapy.

Prof Rachelle Buchbinder

PSYCHIATRY

A 12-week randomised double-blind placebo-controlled parallel three-group study to assess the safety, tolerability and efficacy of two dose levels of PBT2 to slow progression of disease in patients with early Alzheimer's disease.

Dr Peter Drysdale

Efficacy of agomelatine (25 to 50mg/day) given orally on improvement of subjective sleep in patients with major depressive disorder. A randomised double-blind flexible-dose international multicentre study with parallel groups versus escitalopram (10 to 20mg/day). 12 week treatment plus double-blind extension for 12 weeks.

Dr Peter Farnbach

Efficacy of agomelatine (25 to 50mg/day) given orally on improvement of subjective sleep in patients with major depressive disorder. A randomised double-blind flexible-dose international multicentre study with parallel groups versus escitalopram (10 to 20mg/day). 12 week treatment plus double-blind extension for 12 weeks.

Dr Natalie Krapivensky

A 12-month prospective, observational study to establish the time to all-cause treatment discontinuation in outpatients at risk of medication non-adherence.

Dr Peter Farnbach

Efficacy of agomelatine (25 to 50mg/day) given orally on quality of remission in elderly depressed patients after a 12-week treatment period. A randomised double-blind flexible-dose international multicentre study with parallel groups versus paroxetine (20 to 30mg/day). Twelve-week treatment plus optional continuation for 12 weeks.

Dr Natalie Krapivensky

A multicentre parallel-group randomised double-blind placebo-controlled study to evaluate the efficacy and safety of quetiapine fumarate as an add-on therapy in patients with post-traumatic stress disorder.

Dr Peter Farnbach

An eight-week multicentre randomised double-blind placebo-controlled study evaluating the efficacy, safety and tolerability of two fixed doses (100mg and 30mg once daily) of Saredutant in patients with Generalised Anxiety Disorder.

Dr Peter Farnbach

Efficacy and safety of agomelatine (25mg/day with potential adjustment at 50mg/day) given orally compared to placebo, in addition to a mood stabiliser in Bipolar 1 patients with a current major depressive episode. An 8-week randomised double-blind controlled parallel groups study followed by a double-blind extension treatment period up to 1 year.

Dr Natalie Krapivensky

Efficacy and safety of agomelatine (25mg/day with potential adjustment at 50mg/day) given orally compared to placebo, in addition to a mood stabiliser in Bipolar 1 patients with a current major depressive episode. An 8-week randomised double-blind controlled parallel groups study followed by a double-blind extension treatment period up to 1 year.

Prof Nicholas Keke

PSYCHOLOGY

A social identity approach to workplace bullying and co-worker cohesion among nurses.

Dr Lucy Zinkiewicz

RESPIRATORY

A 12 week double-blind randomised parallel-group multi-centre study to evaluate efficacy and safety of budesonide/formoterol (Symbicort® Turbuhaler®) 320/9µg one inhalation twice daily on top of tiotropium (Spiriva®) 18µg one inhalation once daily compared with tiotropium 18µg one inhalation once daily, in patients with severe chronic obstructive pulmonary disease (COPD).

Dr Allan Garfield

A randomised double-blind placebo-controlled parallel-group study to assess long term (one-year) efficacy and safety of Tiotropium inhalation solution 5µg (2 puffs of 2.5µ) delivered by the Respimat® inhaler in patients with Chronic Obstructive Pulmonary Disease (COPD).

Dr Allan Garfield

SURGERY

Total laparoscopic hysterectomy for the treatment of endometrial cancer -- quality of life: a multicentre randomised phase 3 clinical trial.

Dr Tom Manolitsas

Patient outcomes after open and minimally invasive surgery for prostate cancer

Prof Mari Botti

QUALITY ASSURANCE

ARTHRITIS

A longitudinal study of the long term effects of arthritis and its treatments in Australia

Prof Rachelle Buchbinder

CARDIOLOGY

Evidence based medicine in usual clinical practice

A/Prof Michele Levinson

EDUCATION

Survey of third year medical students

A/Prof Michele Levinson

EMERGENCY

The Australian resuscitation in sepsis evaluation (ARISE) study

Dr Felicity Hawker

ICU

Conflicus®: A one day prevalence study on ICU conflicts

Dr Felicity Hawker

Haemostasis Registry project

Dr Felicity Hawker

MEDICINE

Collapse in older persons – a prospective study of patients presenting to an emergency department

A/Prof Michele Levinson

NURSING

Continence point prevalence survey

A/Prof Anne Gardner

Putting the national guidelines for falls prevention and management into practice.

A/Prof Anne Gardner

Review of nurse satisfaction levels quality assurance project

A/Prof Anne Gardner

Handover quality assurance project at Cabrini Prahran

A/Prof Anne Gardner

NUTRITION

Improving the practice of nutrition therapy in the critically ill: an international quality improvement project

Dr Felicity Hawker

OSTEOPOROSIS

Fractured neck of femur study

A/Prof Michele Levinson

PAIN

Survey of primary care clinicians for the management of low back pain

Dr Peter Kent

Nonspecific low back pain conceptual framework

Dr Peter Kent

SURGERY

Private patients and medical students - patient attitudes survey

Dr Paul Simpson



KICKING GOALS WITH FOUNDATION 49

Foundation 49, originally the Tony Hitchen Foundation, was established in Tony's memory to promote education and research into Men's Health.

This year the Foundation has continued to spread its message throughout the country with some extraordinary results.

One of the most satisfying developments in the last financial year has been the growth of our workplace health screening assessments known as Decades of Life. This computer program is proving to be a valuable tool as it reaches out to men who might otherwise not have an annual health check with a community general practitioner. This health assessment can be conducted by a Foundation 49 nurse or an employer's own health professional who is trained by our team. It provides essential information and may alert a man to the need for further investigation if a problem is identified. The take-up has been encouraging with Foster's and Victoria Police signing-up. Following International Men's Health Week, when Foundation 49 received a significant amount of media coverage, other enquiries for health screening were received from several large national employers. The Victorian Government's physical activity unit also requested a presentation of the Decades of Life program.

In December 2006 we launched our free community magazine, A Whole New Ball Game. The magazine is attracting a lot of interest with many of the 30,000 readers being directed to the website (www.49.com.au) for more information about male health. Bright design, the support of celebrities like film star Kenny, Collingwood football players and TV celebrity Ben Dark, as well as prizes and information-rich text has provided a unique voice in men's preventative health.

To assist with communicating our message we have recruited a group of clinical experts as "health ambassadors" to enable us to offer the media accurate, timely and relevant advice on men's health. We have also developed a suit of brochures, fact sheets, stickers, posters and information kits that have been sent right around Australia to conferences, health centres, men's groups sporting and support groups. Our written information has attracted interest from Indonesia, Canada, the US and New Zealand.

This year, for the first time, the Foundation distributed 22 community grants across Australia in April, encouraging local communities to educate men on healthy lifestyles. Events ranged from prison-based football matches and health advice for Sudanese refugees to "one-pot" cooking demonstrations in housing commission flats and pit stop health checks at cattle sale yards. Extensive media coverage followed.

We gratefully acknowledge the generous support of our sponsors including, the Rotary Club of Brighton, the Collingwood Football Club, The Age, Sanofi Aventis, Roche and Coles.

Over the next twelve months we plan to promote the men's health message even more widely. We will be approaching union bodies, business corporations, diverse men's health groups, community health centres, neighbourhood houses, sporting clubs and government bodies.

Associate Professor Gary Richardson
Chairman



TACKLING BOWEL CANCER

Tackling Bowel Cancer was established by the Cabrini Monash University Department of Surgery in 2002 with the principal goal being to promote increased community awareness of the incidence and possible prevention of bowel cancer in the Australian community. Bowel cancer remains the most common internal cancer affecting Australians, both men and women almost equally.

This year has been an exciting time for Tackling Bowel Cancer, as we continue to further grow and develop our fundraising activities and community awareness campaigns.

The annual Cabrini Bottom Line Golf Classic 2007 is approaching once again. Last years event was a tremendous success, complete with a Hole-In-One in the first round, and again raised more than \$100,000 towards bowel cancer research and the educational activities of Tackling Bowel Cancer.

High-profile politicians Melbourne Lord Mayor John So and Deputy Lord Mayor Gary Singer kicked off the star-studded event last year at Kingston Heath Golf Club in Cheltenham, Victoria. Celebrity golfers including sporting heroes teed off to a 'shotgun' start in order to raise awareness around this important health issue, including: five-time British Open Champion Peter Thomson (Patron of Golf Classic); former Wimbledon doubles champion Todd Woodbridge (Ambassador); Davis Cup Captain John Fitzgerald (Ambassador); and AFL personality Sam Newman. We look forward to welcoming these champion sportsmen and celebrities again this year.

After recently taking professional marketing advice Tackling Bowel Cancer will soon re brand and become "Lets Beat Bowel Cancer". This in turn will lead into the development of a marketing campaign to generate awareness of the issues relevant to bowel cancer. As part of this process we hope Faecal Occult Blood tests (FOB Test) will be installed in pharmaceutical chains locally and eventually Australia wide. We anticipate the Internet playing a crucial role in achieving this goal so the development of the new website which both informs and educates is a major priority for us, and this will also be one of the ways we will distribute the FOB Tests. Along with our philanthropic donations, I believe "Lets Beat Bowel Cancer" will provide an ongoing income stream for departmental research, and also achieve the goal of community education and awareness. In doing so, we will be contributing to reducing the incidence of bowel cancer in Australia.

The success of Tackling Bowel Cancer, now Lets Beat Bowel Cancer, is largely due to the dedication and enthusiasm of our committee members who work tirelessly in approaching potential sponsors and coordinating our fundraising activities. I am very grateful to the committee for their commitment to beating this disease.

Professor Adrian Polglase
Chairman

BENEFACTORS

Accenture
Amgen
Aventis
Bensons Group of Companies
Bib Stillwell BMW
In Memory of Jan Bucknall
Cabrin Hospital
Cabrin Medical Staff
CAW Marketing
Construction Engineering
Mr Andrew C Facey
Mr Geoff & Mrs Lesley Freeman
Mr John Gandel AO
& Mrs Pauline Gandel
Mr Ian & Mrs Linda Gandel
Ms Michelle Gandel
Mr Tony & Mrs Helen Gandel
Mr & Mrs Higgins
Mr Alan Jackson AO
& Mrs Esme Jackson
Mr Des & Mrs Cheri Jackson
Jack & Sheila Jenner
Johnson & Johnson
Jreissati Foundation
Susan Kavals Memorial
Eleanor Keamy & George Tate
Mrs Judith Lang
& The Gideon Lang Foundation
Dr Laurence LeWinn Foundation
Darren Lockie
John Lloyd
Mr David Mandie AM OBE
Peter Meese Cancer Nursing Fund
Melbourne Pathology
In Memory of Hubert Frances
& Margaret Mary McCarthy
Mr John McMurrick
Mr Hugh Morgan AC
& Mrs Elizabeth Morgan
Richard and Dorothea Nossbaum
Ostomy Association
Pfizer
Pharmacia Pty Ltd
Radclin Medical Imaging
In Memory of Marlene Regan
Rotary Club of Brighton
Sambor Family
The Moniek Sambor Family
Memorial Research Fund
The Sanford Partnership
Sanofi-Syhelabo Australia Pty Ltd
The Late John Saunders AO
Schering Australia Ltd
The Estate of Mrs E C Seccull
Alan, Ahda & Evi Selwyn Family
The Stewardson Family Trusts
Mrs Anne Wollach-Szalmuk
Mr George Szalmuk
Mr George & Mrs Mira Szalmuk
Mrs Simone Szalmuk-Singer
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