



**Cabrini
Institute**

Education
and Research

Research Day

Monday 15th August 2011

Cabrini Malvern Auditorium

12 Noon

Program

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Program

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12.00pm	Welcome	A/Professor Peter Lowthian	
Cabrini Research Oral Presentations Session 1		Chair: Prof Rachelle Buchbinder	
12.00pm	Circumferential resection margins after Abdomino-perineal excision of the rectum for adenocarcinoma.	Mr Peter Carne	21
12.15pm	Faecal Biomarker Discovery in Colorectal Cancer .	Jason Phung	22
12:30pm	What do nurses think about the Medical Emergency Team service at Cabrini Health?	Jessica Guinane	23
12:45pm	Risk of death on admission and length of stay in ICU: data from 1,952 intensive care admissions.	A/Professor Michele Levinson	24
1:00pm	Oracle HER2 Bond immunohistochemistry System Validation.	Trung Nguyen	25
1:15pm	The Psychosocial Impact Of Haematopoietic Stem Cell Transplantation On Relative Donors.	Brindha Pillay	26
1:30pm	Refreshments		

Cabrini Research Oral Presentations Session 2		Chair: A/Professor Michele Levinson	
2:00pm	High intensity focused ultrasound (hifu) treatment prostate cancer. A prospective clinical study of 95 patients.	A/Professor Peter Royce	29
2:15pm	Doctor-patient discourse: a multimodal investigation.	Alice Rouse	30
2:30pm	Rising Incidence of Ulcerative Colitis in children in Victoria, Australia: 1950-2009.	Dr Vered Schildkraut	31
2:45pm	A phase III study of cetuximab (CET) plus either brivanib or placebo in patients with chemotherapy-refractory KRAS wild-type advanced colorectal cancer (aCRC). An AGITG international multicentre trial, led by Cabrini.	A/Professor Jeremy Shapiro	32
3:00pm	Individual patient data meta-analysis of two randomised placebo-controlled trials of vertebroplasty.	Dr Margaret Staples	33
3:15pm	A validity-driven approach to the understanding of the personal and societal burden of low back pain: Development of a conceptual and measurement model.	Professor Rachelle Buchbinder	34
3:30pm	Refreshments & Panel		

<p>4:00 — 5:25pm</p>	<p>Panel Discussion</p> <p>“Clinical Protocols and Check Lists—Saviour or the Dumbing Down of Clinical Practice?”</p> <p>“I don’t need a checklist — I’m an expert”</p> <p>“Checklists in acute trauma centres: is there a place?”</p>	<p>Chair: A/Professor Peter Lowthian</p> <p>The Panel comprises:</p> <p>Professor Tracey Bucknall Head, Cabrini Deakin Centre for Nursing Research.</p> <p>Professor Russell Gruen— General & Trauma Surgeon; Director National Trauma Research Institute, Alfred Health</p> <p>Professor Bruce Barraclough AO Dean of Education, Royal Australasian College of Surgeons Member of Cabrini Health Board</p>
<p>5:25pm</p>	<p>Awards Presented for best poster and best oral presentation</p>	<p>A/Professor Peter Lowthian</p>
<p>5:30pm</p>	<p>Close</p>	<p>A/Professor Peter Lowthian</p>

Cabrini Research Poster Presentations

INTERPROFESSIONAL INTERACTION AND KNOWLEDGE TRANSLATION: A SYSTEMATIC REVIEW

Alison Hutchinson RN, BAppSc(Adv Nsg), Midwifery Cert, MBioeth, PhD
Claire Weeden BAsc BSc(Hons)
Tracey Bucknall RN, ICU Cert, BN, Grad Dip Adv Nurs, PhD
Caroline Brand MPH, BA(Fine Arts), FRACP, MBBS
Anne Sales RN, MSN, PhD
Bridie Kent RN, PhD, BSc(Hons), PG Cert (Teaching), RN
Mari Botti RN, PhD

Background:

Researchers have found that a gap exists between available research evidence and its application in practice. Studies are now focusing on why this gap occurs and ways to increase the application of research evidence in practice.

Aim:

To systematically review peer-reviewed literature about the effect of interprofessional interaction on translation of research into practice, and to identify gaps and/or weakness in the evidence base.

Methods:

A range of databases were searched using keywords related to interprofessional interaction and knowledge translation. Studies eligible for inclusion included qualitative and quantitative studies and restrictions based on date of publication or research design were not applied. After title and abstract review, eligible publications were independently assessed for quality and risk of bias by two reviewers, using instruments designed for qualitative and quantitative studies. Discrepancies were resolved by consensus. Data extraction was undertaken by one reviewer and the extracted data were double checked by a second reviewer. Study findings were synthesised within study design.

Results:

26,926 articles and dissertations were identified. Following de-duplication, 21,134 publications were screened. Screening resulted in the inclusion of 24 articles; 5 quantitative and 19 qualitative articles. Heterogeneity in study design and methods necessitated narrative review of the study findings. Qualitative research revealed the importance of *social influence* during interprofessional encounters and the *social construction of knowledge* on translation of evidence into practice. Quantitative study findings indicated that *communication openness*, increased *relational capital* and positive perceptions of *nurse-physician collaboration* were predictors of research use.

Conclusion:

The key findings suggest future efforts should be directed towards the design and testing of interventions to promote interprofessional interaction in order to facilitate knowledge translation and ultimately improve patient care outcomes.

THE INFLUENCE OF A PROCESS IMPROVEMENT PROGRAM ON PERCEPTIONS OF ORGANIZATIONAL CONTEXT AND UNDERSTANDING OF QUALITY IMPROVEMENT. A PILOT PROJECT.

Alison Hutchinson RN, BAppSc(Adv Nsg), Midwifery Cert, MBioeth, PhD
Claire Weeden BAsC, BSc(Hons)
Fran Brockhus RN, BComm, MHRM
Susan O'Neil RN, Grad Dip Nurs, MNsgSc
Tracey Bucknall RN, ICU Cert, BN, Grad Dip Adv Nurs, PhD

Background:

Cabrini Health Nursing Services have adopted a vision to achieve 100% right care, 100% patient satisfaction and 100% nurse engagement in order to achieve the goal of providing an outstanding patient experience and becoming the first choice for care. To help achieve this, a pilot *process improvement program* was initiated.

Aim:

To determine if the *process improvement program* resulted in a change in (1) staff perceptions of the unit context and (2) their knowledge and attitudes towards quality improvement.

Method:

Ward staff were surveyed before the introduction of the process improvement initiative (Time 0 or baseline), at one month following commencement of the initiative (Time 1), and six months following collection of the baseline data (Time 2). The Alberta Context Tool was administered to assess staff perceptions of organisational context (Time 0 and 2), and the Continuous Quality Improvement (CQI) survey was administered to determine staff knowledge of quality improvement processes (Times 0, 1 and 2).

Results:

High response rates were achieved: 86% (Time 0), 87% (Time 1) and 79% (Time 2). Baseline average scores for dimensions of organisational context were indicative of a positive perception of the ward context. A statistically significant improvement in knowledge and understanding of CQI was evident at Time 1 ($p=0.00$). Differences in perceptions of organisational context between Time 0 and Time 2 will be presented, along with a comparison between Time 2 knowledge scores and those of Times 0 and 1.

Conclusion:

The results of this study indicate (1) that staff had positive perceptions of the context in which they work prior to the introduction of the process improvement program, and (2) the program resulted in a statistically significant short-term improvement in knowledge of CQI.

SUPERIORITY OF DENOSUMAB TO ZOLEDRONIC ACID FOR TREATMENT OF METASTATIC BONE DISEASE

Gary Richardson, Allan Lipton, Karim Fizazi, Alison T Stopeck, David H Henry, Janet Brown, Denise A Yardley, , Salvatore Siena, Pablo Maroto, Michael Clemens, Boris Bilynsky, Veena Charu, Philippe Beuzeboc, Michael Rader, Maria Viniegra, Fred Saad, Chunlei Ke, Susie Jun.

Background:

Patients with advanced cancer often experience complications due to bone metastases, such as skeletal-related events, which cause substantial pain and morbidity. Denosumab, a fully human monoclonal antibody that inhibits RANK Ligand (RANKL), is a novel bone-targeted agent with a distinct mechanism of action relative to the bisphosphonate zoledronic acid, for prevention of skeletal-related events. This preplanned analysis evaluates the efficacy and safety of denosumab versus zoledronic acid across 3 pivotal studies.

Methods:

Patient-level data from three identically designed phase 3 trials of patients with breast cancer, prostate cancer, other solid tumors, or multiple myeloma were combined. Endpoints included time to first skeletal-related event, time to first and subsequent skeletal-related event, adverse events, time to disease progression, and overall survival.

Results:

Denosumab was superior to zoledronic acid in reducing the risk of a first skeletal-related event (hazard ratio, 0.83 [95% CI: 0.76 to 0.90]; $P < 0.001$) with a median delay of 8.2 months. The efficacy of denosumab was maintained for multiple events and in patient subpopulations. Disease progression and overall survival were similar between the treatments. In contrast to zoledronic acid, denosumab did not require monitoring or dose modification/withholding based on renal status, and was not associated with acute-phase reactions. Hypocalcemia was more common for denosumab. Osteonecrosis of the jaw occurred at a similar rate (1.8% for denosumab, 1.3% for zoledronic acid; $P = 0.13$).

Conclusion:

Denosumab was superior to zoledronic acid in preventing skeletal-related events with favorable safety and convenience in patients with bone metastases from advanced cancer.

NUTRITION INTERVENTIONS IN COMMUNITY DWELLING FREE-LIVING ELDERLY: A REVIEW

JC Oldroyd, MR Levinson, L Kent, J Barrett, G Stephenson, T Leeuwrik
Cabrin Hospital, 183 Wattletree Rd, Malvern, Victoria 3144, Australia

Objective:

To assess the evidence for the effectiveness of nutrition interventions designed to improve nutritional outcomes among free-living elderly people living in the community.

Design:

Literature review with narrative synthesis

Searches:

CINHAL, MEDLINE, 'related articles' in PubMed, hand searches of bibliographies

Limits:

Randomized controlled trials or controlled before and after studies, English, aged \geq 65 years, 01/01/2000 to 11/02/2011

Outcomes:

Change in body weight, anthropometry, quality of life scores, functional status, mortality between baseline and follow-up

Results:

Nine studies were included ranging in size from 30 to 253 participants. Eight (89%) were trials of oral liquid supplements in malnourished elderly of 2 to 12 months duration. One study evaluated the effect of a nutrition education intervention. The interventions aimed to provide between 120 to 600 additional kcal/day. Six (67%) studies found that nutritional supplements resulted in improvements in either body weight, hand grip strength, fat mass, mini-nutritional assessment, skinfold measurements, dietary intake or biochemical markers. Change in body weight as a result of the interventions ranged from 0 kg (in two studies) to 2.66 kg. Six (67%) studies showed improvements in either health related quality of life or functional ability. Five (56%) studies found no difference between groups in mortality.

Conclusion:

Nutritional supplementation in community dwelling free-living elderly can result in improvements in nutritional status. An examination of ways of systematically identifying elderly who are malnourished or at risk of malnutrition is warranted. This will allow appropriate supplementation to be initiated as early as possible.

PILOT OF A PROSTATE CANCER CLINICAL QUALITY REGISTRY

Wood J M¹; Evans SM¹; Millar JL^{2,3}; Frydenberg M^{3,4}; Davis ID⁵; Bolton D⁶; Giles GG⁷; Murphy D^{8,9}; Costello T⁸; McNeil JJ¹

1. NHMRC Centre for Research Excellence in Patient Safety, Monash University
2. William Buckland Radiotherapy Centre, Alfred Health and Latrobe Regional Hospital
3. Cabrini Health
4. Masada Private Hospital
5. Ludwig Institute for Cancer Research
6. Austin Health
7. Cancer Council, Victoria
8. Melbourne HealthPeter MacCallum Cancer Centre

Objective:

In this presentation we will describe the population-based prostate cancer clinical registry (PCR) and provide an overview of the registry's progress and results since its inception in 2009.

Methods:

The PCR was established to monitor the quality of care provided to men diagnosed with prostate cancer, irrespective of the management approach adopted. An explanatory statement is sent to men inviting their participation. Demographic, diagnosis and treatment data are collected from the medical records of consenting men.

Men are telephoned at 12 and 24 months post diagnosis and a quality of life tool is administered. The PCR is used to describe patterns of care and to monitor quality of care. A web-based system enables clinicians to view their patient list and outcomes. The PCR is overseen by a Steering Committee comprising clinicians, epidemiologists and men who have previously been diagnosed with prostate cancer.

Outcome:

The PCR has accrued 2177 patients since commencement, comprising 35% of all newly diagnosed cases of prostate cancer in Victoria. Six metropolitan and one rural hospital contribute to the registry including Cabrini Health. In the next six months the registry will expand to include 65% of all men diagnosed with prostate cancer in Victoria. The PCR has an opt out rate of 1.65% (Cabrini = 0.68%).

The clinical indicators collected by the registry monitor safety, effectiveness, timeliness and appropriateness of care. Doctors can use this information to inform practice. Recruitment rates, retention rates, patterns of care and outcomes will be further described in the presentation.

MAGNETIC RESONANCE IMAGING VERSUS ULTRASONOGRAPHY FOR ASSESSING ROTATOR CUFF TEARS IN PATIENTS WITH SHOULDER PAIN FOR WHOM SURGERY IS BEING CONSIDERED: A COCHRANE REVIEW PROTOCOL

Mario Lenza, Rachelle Buchbinder, Renea V Johnston, Robin Christensen, Nigel CA Hanchard, Flavio Faloppa

Aim:

To compare the diagnostic test accuracy of magnetic resonance imaging (MRI) versus ultrasonography (US) to detect any rotator cuff tears (partial or full thickness) in patients with shoulder pain for whom surgery is being considered.

Methods:

Search methods: We will search the Cochrane Register of Diagnostic Test Accuracy Studies, MEDLINE (from 1966), EMBASE (from 1980), LILACS (from 1982), trial registers and reference lists of articles. No language or publication restrictions will be applied. Selection criteria: All diagnostic accuracy studies that compare one or both index tests with surgical findings in patients suspected of having a partial or full thickness rotator cuff tear will be included. We will exclude studies which selected a healthy control group, or participants who have been previously diagnosed with other specific causes of shoulder pain such as osteoarthritis or rheumatoid arthritis. Studies with an excessively long period (more than six months) between the index and reference tests will also be excluded. Data collection and analysis: Two authors will independently extract data on study characteristics and results and assess risk of bias and of included studies. Meta-analysis will be performed in the included studies are sufficiently homogenous. Potential sources of heterogeneity will be assessed by conducting subgroup analyses according to characteristics of the population, tears and reference test.

Results:

The peer-reviewed protocol has been published in The Cochrane Library and the review is now in progress.

Conclusion:

This Cochrane review, when completed, will provide an up-to-date synthesis of the best evidence to guide clinical practice for the comparative diagnostic test accuracy of these two imaging modalities for detecting and assessing rotator cuff tears in patients with shoulder pain for whom surgery is being considered.

FAECAL BIOMARKER DISCOVERY IN COLORECTAL CANCER

J. Phung², P. McMurrick¹, E. Nice³

1 Cabrini Monash University Department of Surgery, Cabrini Health, Malvern, VIC, Australia

2 Faculty of Medicine, Nursing and Health Sciences, Monash University, Melbourne, VIC, Australia

3 Department of Biochemistry and Molecular Sciences, Monash University, Melbourne, VIC, Australia

Introduction:

Faecal biomarkers may act as an ideal screening tool for colorectal cancer, compared with occult blood. Proteomics potentially provides a rapid means of biomarker discovery in faeces. Current bottlenecks to clinical implementation as a screening tool include identification of proteins associated with CRC, rapidity and cost effectiveness of evaluation, and validation.

Methods:

Protein separation was achieved by SDS-PAGE on faecal samples, including i) colorectal cancer patients, ii) normal controls and iii) patients post curative resection. Proteomic analysis was primarily performed using a Matrix- Assisted Laser Desorption Ionisation (MALDI) based mass spectrometer. Using one sample, we also compared the proteins identified on MALDI against Electrospray- Ionisation (ESI) based mass spectrometers. MS and MS/MS data was compared against Swiss-Prot protein database using the MASCOT search engine.

Results:

170 proteins were identified amongst CRC patients, 187 amongst normal controls and 285 proteins were found in post CRC patients. A total of unique 476 proteins were found across all three patient groups. We further isolated 85 (of 169) proteins which were found only in CRC patients. MALDI identified 65 proteins, whilst 2 proteins were identified using ESI, however, only 5 proteins were common to both instruments.

Conclusion:

Proteomics offers an accurate means of rapidly identifying potential biomarkers in faecal samples. Proteins identified from this study are entered into a faecal proteomic library - which includes their MS and MS/MS data (their fingerprint). The use of MALDI as a complementary tool to ESI - the more popular instrument - is demonstrated as roughly twice the number of proteins are identified from the one sample. Ultimately, using MS and MS/MS data from our library and an emerging proteomic technology called Mass Reaction Monitoring (MRM), we can target particular proteins of interest in a sample and effectively validate them in a large clinical cohort.

SIGNALLING PATHWAYS THAT PRESENT NEW CHEMOTHERAPEUTIC TARGETS IN HUMAN COLORECTAL CANCER.

P. J. McMurrick¹, E. J. Andrews³, V. Dias², G. Hannigan², N. Watkins²

1 Cabrini Monash University Department of Surgery, Cabrini Health, Malvern, VIC, Australia

2 Centre for Cancer Research, Monash Institute of Medical Research, 27-31 Wright S, Clayton, VIC, Australia

3 Department of Surgery, Cork University Hospital, Cork, Ireland

Introduction:

Cell adhesion signalling via the integrin-extracellular matrix connection plays a critical role in the growth and survival of normal epithelial cells.

Integrin-linked kinase (ILK) is a protein that binds to and is critical for integrin function. ILK is up regulated in several human carcinomas and is associated with poorer prognosis. Dysregulation of the WNT developmental signalling pathway plays a key role in colon tumorigenesis. We sought to investigate whether ILK is involved in aberrant WNT signalling in CRCs.

Methods:

Immunohistochemistry was performed on 4 human colon cancer tissue microarray (TMA) blocks containing CRCs and normal colon tissue. Blocks were stained for ILK, β -catenin, MLH1 and MSH6 and independently scored for staining intensity (score between 0-5) with correlation analysis performed using the PRISM software.

Results:

TMA CRCs exhibited strong ILK staining in tumour stroma and relatively weaker ILK epithelial staining. Within tumour epithelium ILK staining was particularly strong at the invasive front of the tumor. Correlation analysis showed a significant positive correlation between ILK staining in tumour stroma vs. ILK staining in tumour epithelium (p value <0.001, R-value 0.56, R-squared 0.31). There was also a significant positive correlation between ILK staining and nuclear β -catenin staining in tumour epithelium (p value 0.0002, R-value 0.31, R-squared 0.09). There was no significant correlation between nuclear β -catenin vs. MLH1 and MSH6 staining within the CRC TMAs.

Conclusions:

Given the strong expression of ILK within tumour stroma and at the invasive front of CRC tumours, ILK may play a role in the tumour microenvironment and may contribute to tumour progression and invasion. Moreover, WNT signaling appears to be positively influenced by ILK epithelial expression, suggesting ILK may regulate aberrant WNT signaling in CRCs. These studies indicate the potential efficacy of combination treatments targeting ILK and WNT signaling for potential anti-cancer drug development.

IDEAL PROJECT – 2 NORTH

Project Leader: Ellen Heywood RN, BN, Grad Dip Cancer Nursing.

Project Team: Merran Balcombe RN, Julie Houghton B. Pharm., Grad Dip Clinical Pharmacy, Alison Hutchinson RN PhD., Fran Brockhus, RN, B.Com, MHRM.

Project Sponsor: A/Prof Susan O'Neill, RN, Onc Cert., BNSG, MNS, Wharton Fellow, MRCNA.

Background:

Cabrini Health Nursing Services have adopted a vision to achieve 100% right care, 100% patient satisfaction and 100% nurse engagement in order to achieve the goal of providing an outstanding patient experience and becoming the first choice for care. However definition and measurement of right care are hard to find in the clinical setting

Aim:

As part of the strategy to achieve the vision and "IDEAL" of 100% right care, patient satisfaction and staff engagement, the 2 North team aimed to define and measure 100% right care around medication administration.

Method:

A project team comprising of nursing, pharmacist and research partner from Cabrini Institute, undertook redesign and problem solving training to facilitate communicating the "IDEAL, establish continuous quality improvement (CQI) practices on 2 North and conduct audits and interventions around medication practices within four patient priority areas: admission, day to day administration, handover and discharge.

Results:

After planned interventions, measurement around medication administration improved from 85 % to 97%; Supply of required medication improved from 97% to 99%, and the delivery of medications by the pharmacist increased from 31% to 89%. The indicators of 'Right medication order is available on the patients arrival to the ward' (93%), and 'A clear indication/order for discharge medication' (3%), were also measured but no interventions were done in this project

Conclusion:

The outcomes achieved have seen improved interdisciplinary working relationships and a deeper knowledge of how each department operates as well as a CQI culture established on the ward.

TOWARDS THE “THREE 100S” – CLINICAL GOVERNANCE

Dr Mark Lubliner, Jenny Radnell, Lucy Leiner, Angela Doherty, Deborah Goosen, Brooke Mackay – Cabrini Health

Aim:

In its 2010-2012 Strategic Plan, Cabrini Health made a commitment to delivering clinical service excellence and an outstanding patient and family health care experience. This paper describes the establishment of an integrated clinical governance system, which is defined as “the system by which the governing body, managers and clinicians share responsibility and are held accountable for patient care, minimizing risks to consumers, and for continuously improving the quality of clinical care”.¹

Methods:

Cabrini Health has adopted lean management principles to develop and implement its Clinical Governance Strategy, with measurable strategic objectives and critical success factors. This involved: establishing a clear *purpose* establishing quality improvement *processes*; and, investing in the development and involvement of *people* in problem identification and resolution.

Outcome/conclusion:

The application of lean has facilitated the development of patient-focused strategic goals: 100% right care, 100% patient satisfaction and 100% staff engagement. Clinical governance structures were revised and enhanced at Board and management level. Integrated quality improvement systems were introduced and/or strengthened, focusing on consumer involvement, integrated risk management, service redesign, and audit. Quality improvement planning and reporting systems incorporate qualitative and quantitative structural, process and outcome measures. Over 100 staff were trained and coached in lean improvement methodology, and a train-the trainer program was established.

In healthcare, most lean improvement efforts tend to focus on process improvement alone through “bottom-up” engagement using various lean management tools, which is unlikely to produce sustainable success. Our approach reinforces the importance of both a “top-down” and “bottom-up” focus: clarity of purpose, respect for people, and an appreciation of the complexity of operational processes.

¹ Australian Council on Healthcare Standards (ACHS). *ACHS News*. 2003, Issue 12. Adopted by the Victorian Quality Council.

A FOCUS GROUP STUDY INVESTIGATING QUALITY OF LIFE IN OCTOGENARIANS FOLLOWING CARDIAC SURGERY

JC Oldroyd, MR Levinson, G Stephenson, A Rouse, T Leeuwrik, JH Reeves,
G Shardey, J Lefkovits
Cabrini Hospital, 183 Wattletree Rd, Malvern, Victoria 3144, Australia

Objective:

In a study of ~200 octogenarians following predominantly elective cardiac surgery, we found no change in quality of life (QoL) or functional status by objective measures. 80% of participants, when asked, would do it again. We conducted a focus group study to understand the discrepancy between the objective and subjective reports of cardiac surgery in this group.

Design:

Qualitative study involving semi-structured questions administered to three focus groups to understand the QoL expectations and motivations for cardiac surgery.

Setting and participants:

We purposively sampled 10 cardiac surgery patients from 30 suitable men and women. Participants were sampled to provide rich data based on gender, type of cardiac surgery, number of co-morbidities, marital status, education level and most recent occupation. Those who refused to participate did so due to lack of time or poor overall health.

Participants:

10 men and women aged ≥ 80 years who had cardiac surgery in the previous 3-12 months

Results:

Octogenarians participate in cardiac surgery for survival and relief of symptoms with a strong influence of time convenience and the perception that it will maintain independence and social connectedness. They were passive in the decision-making process and described strong relationships with their doctors and faith in modern medicine. 80% of participants were happy with the results of the procedures which met their expectations despite some negative outcomes due to pre-existing co-morbidities or secondary complications. Octogenarians readily accepted these limitations.

Conclusion:

Octogenarians have numerous reasons for agreeing to cardiac surgery which may differ from evidence based data. Further work needs to be done to explore health care decision making in the elderly.

Acknowledgments:

We would like to thank BUPA Health Foundation for their generous financial support of this research.

RISING INCIDENCE OF ULCERATIVE COLITIS IN CHILDREN IN VICTORIA, AUSTRALIA: 1950-2009

Schildkraut V^{1,3}, Alex G^{1,3}, Cameron DJS^{1,3,5}, Hardikar W^{1,2,4}, Lipschitz B^{3,5,6}, Oliver MR^{1,2,4}, Simpson DJ¹, Catto-Smith AG^{1,2,4}

¹Department of Gastroenterology and Clinical Nutrition, The Royal Children's Hospital; ²Department of Paediatrics, University of Melbourne; ³Department of Paediatrics Monash Medical Centre; ⁴Murdoch Children's Research Institute; ⁵Department of Paediatrics, Monash University; ⁶Cabrini Hospital, Malvern, Australia

Background and Aims:

Clinical experience suggests a substantial increase in the number of children being diagnosed with inflammatory bowel disease (IBD) in Victoria and particularly in those with Crohn's disease. This has impacted on paediatric health care resource practice and utilisation. In this study, we wished to examine whether there had been a similar increase in diagnostic rates for ulcerative colitis in Victorian children using a collaborative approach across multiple hospital campuses in Victoria.

Methods:

We conducted a 60 year retrospective review (1950-2009) of children aged 16 years or less diagnosed with ulcerative colitis in the state's major paediatric centres. Data included demographic, diagnostic and clinical details.

Results:

1310 children with IBD were identified, of whom 342 had ulcerative colitis (26%, male to female ratio of 1.25:1.0, median age 10.9 years, interquartile range 7.0, 13.2). The overall median annual incidence of ulcerative colitis was 0.55/10⁵ children ≤ 16 years of age (interquartile range 0.18, 0.66). The number of reported cases increased by 11-fold during the study period ($p < 0.001$). This marked increase appeared to occur from the early 1990's and had yet to plateau. Children diagnosed during the last two decades were older at diagnosis (median 10yr vs. 11.6, $p < 0.0001$), and had higher weight- and height-for-age z scores than those diagnosed during the first 40 years (mean weight-for-age (standard deviation) 1950-89: -0.80 (1.56) vs. 1990-2009: -0.11 (1.17), $p < 0.001$. Mean height-for-age (standard deviation) 1950-89: -0.50 (1.15) vs. 1990-2009: -0.13 (1.12), $p < 0.05$). More recently diagnosed children also had more extensive disease (1950-89: 52% vs. 1990-2009: 71%, $p < 0.01$).

Conclusions:

The incidence of ulcerative colitis has increased markedly in Victorian children since 1990. The recognition of this sharply-defined increase has internationally important implications for our understanding of the pathogenesis of this condition and will influence both management and health care planning.

PSYCHOLOGICAL DISTRESS AND EATING BEHAVIOUR AND ATTITUDES IN PEOPLE WITH CANCER: THE ROLE OF PERCEIVED CONTROL AND EMOTION REGULATION

E. Scott^{1,2}, S. Burney^{1,2,3}, P. Hasking¹, J. Fletcher^{1,2,3}

1. School of Psychology and Psychiatry, Monash University
2. Cabrini Monash Psycho-oncology Research Unit, Cabrini Health
3. Melbourne Psycho-oncology Service, Cabrini Health

Aim:

The aim of the current study was to explore the relationship between psychological distress and eating behaviour and attitudes in cancer patients across all tumour streams. Mastery and emotion regulation were examined as possible moderators of this relationship. A sample of 266 males and females with a mean age of 55.76 ($SD = 11.86$) years completed either an online or paper version of the study questionnaire. The questionnaire contained demographic and medical information, the Distress Thermometer (DT) with Checklist, Eating Attitudes Test (EAT-26), the Emotion Regulation Questionnaire (ERQ), and the Pearlin Schooler Mastery Scale. The results indicated a positive relationship between distress and scores on the EAT-26 and a negative relationship between distress and mastery and the reappraisal ERQ subscale. Multiple regression analyses were conducted to determine the nature of these relationships using the three EAT subscales; dieting, bulimia and food preoccupation, and oral control as the outcome variables. However, the moderating effect of mastery and emotion regulation strategies on the relationship between psychological distress and eating behaviour was observed only for bulimia and food preoccupation. There was a three-way interaction observed between mastery, reappraisal and bulimia and food preoccupation, which suggested that mastery and reappraisal did not buffer the relationship between food preoccupation and bulimic behaviour and distress. The results were contrary to the current theory regarding the protective effects of mastery and reappraisal when experiencing distress in a health crisis. The implications of the results were discussed.

Cabrini Research Oral Presentations

Chair: Professor Rachelle Buchbinder

CIRCUMFERENTIAL RESECTION MARGINS AFTER ABDOMINO-PERINEAL EXCISION OF THE RECTUM FOR ADENOCARCINOMA.

Peter Carne, William Wallace, Paul McMurrick, Chip Farmer, Stephen Bell, Martin Chin, Ian Cunningham, Adrian Polglase, Ian Jones, Roger Wale.

Background:

There has been increasing interest recently, especially in the United Kingdom, regarding high positive resection margin (R+) rates after abdomino-perineal excision of the rectum (APR) for adenocarcinoma. R+ rates of 12-28% have been reported. A change in surgical technique for APR has been suggested in an attempt to improve these results. Local observation would suggest that R+ resections are in fact rare; however there is no data to support this impression.

Aim:

The aim of this study was to ascertain the R+ rate after APR performed by specialist Colorectal surgeons at Cabrini to determine if a change in surgical technique is required.

Methods:

A retrospective chart review of all patients undergoing APR at Cabrini by specialist Colorectal surgeons for primary adenocarcinoma of the rectum between 2000 – 2009 inclusive. Primary outcome measure: R+ resection.

Results:

Of 118 patients undergoing APR for primary adenocarcinoma of the rectum at Cabrini, 2 had R+ margins. The R+ after APR was 1.7%.

Conclusion:

Given the low rate of positive resection margin rates after APR at Cabrini, there appears to be no indication to change the current surgical technique.

FAECAL BIOMARKER DISCOVERY IN COLORECTAL CANCER

J. Phung², P. McMurrick¹, E. Nice³.

1 Cabrini Monash University Department of Surgery, Cabrini Health, Malvern, VIC, Australia

2 Faculty of Medicine, Nursing and Health Sciences, Monash University, Melbourne, VIC, Australia

3 Department of Biochemistry and Molecular Sciences, Monash University, Melbourne, VIC, Australia

Introduction:

Faecal biomarkers may act as an ideal screening tool for colorectal cancer, compared with occult blood. Proteomics potentially provides a rapid means of biomarker discovery in faeces. Current bottlenecks to clinical implementation as a screening tool include identification of proteins associated with CRC, rapidity and cost effectiveness of evaluation, and validation.

Methods:

Protein separation was achieved by SDS-PAGE on faecal samples, including i) colorectal cancer patients, ii) normal controls and iii) patients post curative resection. Proteomic analysis was primarily performed using a Matrix- Assisted Laser Desorption Ionisation (MALDI) based mass spectrometer. Using one sample, we also compared the proteins identified on MALDI against Electrospray- Ionisation (ESI) based mass spectrometers. MS and MS/MS data was compared against Swiss-Prot protein database using the MASCOT search engine.

Results:

170 proteins were identified amongst CRC patients, 187 amongst normal controls and 285 proteins were found in post CRC patients. A total of unique 476 proteins were found across all three patient groups. We further isolated 85 (of 169) proteins which were found only in CRC patients. MALDI identified 65 proteins, whilst 2 proteins were identified using ESI, however, only 5 proteins were common to both instruments.

Conclusion:

Proteomics offers an accurate means of rapidly identifying potential biomarkers in faecal samples. Proteins identified from this study are entered into a faecal proteomic library - which includes their MS and MS/MS data (their fingerprint). The use of MALDI as a complementary tool to ESI - the more popular instrument - is demonstrated as roughly twice the number of proteins are identified from the one sample. Ultimately, using MS and MS/MS data from our library and an emerging proteomic technology called Mass Reaction Monitoring (MRM), we can target particular proteins of interest in a sample and effectively validate them in a large clinical cohort.

WHAT DO NURSES THINK ABOUT THE MEDICAL EMERGENCY TEAM SERVICE AT CABRINI HEALTH?

Professor Tracey Bucknall, Head, Cabrini-Deakin Centre for Nursing Research
Dr Jonathan Barrett, Deputy Director of ICU, Cabrini Health.
Dr Daryl Jones, ICU Consultant, Austin Health.
Jessica Guinane, Research Assistant, Cabrini-Deakin Centre for Nursing Research

Aim:

To determine nurses' perceptions of the medical emergency team (MET) service, MET calls and their impact on patient care and the nursing work environment.

Method:

Following ethics approval, all registered nurses working at Malvern and Brighton campuses in areas using MET were surveyed with the MET Attitudes Survey (Jones et al, 2006). Response frequencies and percentages were calculated. Demographics were analysed for relationships with nurses' attitudes and perceptions. Additional comments were assessed and grouped into themes.

Results:

With a 59% (n=426) response rate, the overwhelming majority of nurses (96%, n=411) felt the MET helped with patients' 'of concern'; preventing them from experiencing a cardiac or respiratory arrest (87%,n=369). Some nurses remain reluctant to activate a MET, fearing criticism for unnecessary calls (10%, n=43). About half the respondents (53%, n=225) said they would call the covering doctor before activating a MET for a deteriorating patient; yet 34% (n=144) believed MET calls were required because of inadequate management by doctors. Interestingly, if a patient fulfils MET criteria but still looks well, 35% (n=148) of nurses responded they would not activate the MET.

Conclusions:

Confusion regarding nurses' responsibilities and roles in activating the MET can lead to detrimental, yet frequently preventable, adverse events. Nurses' attitudes towards the MET service indicate that further clarity and education regarding the role and responsibilities of nurses in activating a MET and notifying the attending consultant are required. Optimisation of nursing assessment and timely intervention are required to improve patient outcomes.

RISK OF DEATH ON ADMISSION AND LENGTH OF STAY IN INTENSIVE CARE UNIT: DATA FROM 1,952 INTENSIVE CARE ADMISSIONS

JC Oldroyd, [MR Levinson](#), M Staples, JH Reeves, J Barrett, G Stephenson, T Leeuwrik
Cabrini Hospital, 183 Wattletree Rd, Malvern, Victoria, 3144

Aims:

To investigate the relationship between risk of death (ROD) and length of stay (LOS) in ICU and to describe in-hospital survival of ICU admissions.

Methods:

We collected data for consecutive ICU admissions for patients aged ≥ 18 years from 1st October 2009 to 1st March 2011 inclusive. Data included ICU and hospital LOS, age, sex, mortality and calculated ROD on admission (ROD_0). ROD was calculated from admission data using the Euroscore for cardiac surgical patients or MPM II _{zero} score for all other patients. Mortality was observed deaths in-hospital and a Kaplan-Meier survival curve was generated.

Results:

[1,952 adult patients were admitted to ICU](#) (mean age 69.9 (Standard deviation 13.5 years, 63.4% male). For all patients, the median ROD_0 was 10.8% (range 1.5% to 96.5%). Those remaining in ICU for up to 12 hrs had an ROD_0 of 4.6% (range 0.73%, 96.2%). For those in ICU for longer than 12 hrs the ROD_0 was positively correlated with LOS in ICU. Median ROD_0 in those still in ICU after three days was 14.2% (range 1.0%, 94.3%) and after seven days was 24.8% (range 3.4%, 94.4%). In total, there were 148 in-hospital deaths. The 21 day in-hospital survival for these patients was 90% (95%CI 88%, 92%).

Conclusions:

Patients with a longer LOS in ICU had a higher ROD score on admission to ICU. Reasons for longer stay may be increased disease complexity or severity.

ORACLE HER2 BOND IMMUNOHISTOCHEMISTRY SYSTEM VALIDATION.

Trung Nguyen

Key words.

HER2 - human epidermal growth factor receptor 2

IHC - immunohistochemistry

ISH - in situ hybridisation

Aims:

- 1: Optimise the Leica Oracle HER2 Bond IHC kit on archival breast cancer cases at Cabrini Hospital and use it to determine the HER2 IHC status of these breast cancers.
- 2: Compare the HER2 IHC status of these breast cancers stained with the Leica Oracle HER2 Bond IHC kit with the current validated testing regime at Cabrini Hospital and comment on the concordance achieved.

Methods:

1. For optimisation of the new kit, select 24 archival invasive breast cancers and perform HER2 IHC.
- 2: Select a further 80 archival invasive breast cancer cases and perform HER2 IHC.
- 3: Determine the HER2 IHC status of these 80 cases ranging from 0 (negative) to 3+ (positive) by way of blind scoring by consultant pathologist Dr. Tim Nottle (FRCPA, TissuPath)
- 4: Compare the Oracle HER2 Bond IHC scores to the original HER2 IHC score which was obtained by a different methodology and comment on the concordance.

Outcome or conclusion:

- 1: The overall concordance was low when the Oracle HER2 results were compared to the original and current methodology.
- 2: Some of the reasons are technical, and include a combination of over-retrieval of the HER2 antigen leading to overcalling HER2 scores in invasive breast cancers.
- 3: HER2 IHC is subject to a certain amount of bias when scoring. From 2010 onwards and before this study was completed, all invasive breast tumours now undergo HER2 ISH studies regardless of the HER2 IHC result at Cabrini hospital.
- 4: The Oracle HER2 Bond IHC kit requires further optimisation before it is considered for routine use at Cabrini.

THE PSYCHOSOCIAL IMPACT OF HAEMATOPOIETIC STEM CELL TRANSPLANTATION ON RELATIVE DONORS

Brindha Pillay^{1,3}, Stuart Lee^{1,2}, Lynda Katona², Susan De Bono², Jane Fletcher^{1,3}, Sue Burney^{1,3}

¹School of Psychology and Psychiatry, Monash University

²The Alfred Hospital

³Cabrini Monash Psycho-oncology Research Unit

The aim of this study was to investigate the psychosocial impact of peripheral blood stem cell donation before, during and after donation for sibling donors of adults undergoing Haematopoietic Stem Cell Transplant. Sibling donors have the dual role of family member as well as donor, making them psychologically vulnerable in a manner that is different from other family member/caregivers. A mixed methods research design was used to explore the ways in which people perceived or gave meaning to their experiences of donation. Participants included 13 men and 9 women, who underwent peripheral blood stem cell or bone marrow donation between 2007-2010 at The Alfred Hospital. Data were collected using a question schedule designed by the research team, using a combination of open-ended, Likert-type and check list format items. The results suggested that positive emotions experienced by the sibling donors included pre-donation excitement, relief and gratitude at being a match; satisfaction during donation that they could help; and post-donation relief that the recipient's suffering would be reduced. Negative emotions included pre-donation anxiety related to risk to self (e.g, from injections) and recipient; distress during donation over the potential for the transplant to be unsuccessful; and post-donation anxiety over unexpected fluctuations in the recipient's health; and guilt and responsibility for their outcome. Family dynamics, perceived adequacy of preparation and emotional support, and recipient outcomes also influenced the psychological impact. This study highlighted the multifaceted psychological and social impact of donation for siblings and the extent to which the act of donation is embedded within a network of familial ties that has positive and negative consequences.

Cabrini Research Oral Presentations

Chair: A/Professor Michele Levinson

HIGH INTENSITY FOCUSED ULTRASOUND (HIFU) TREATMENT PROSTATE CANCER A PROSPECTIVE CLINICAL STUDY OF 95 PATIENTS

Peter L Royce; Adjunct Clinical Associate Professor Department of Surgery Monash University. Director of Urology Alfred Hospital
Selva Sothilingam; Urology Fellow, Cabrini Hospital
Karen Scott; Data Manager; Urology Associates Cabrini Hospital
Margaret Staples; Biostatistician, Cabrini Institute

The study aimed to prospectively examine the clinical outcome of a new technology HIFU treatment for men with recently diagnosed, early stage prostate cancer. Cabrini Hospital was an original clinical site in Australia for HIFU treatment in 2005.

Men presenting with early stage T1-T3 N0 M0 prostate cancer were offered HIFU as a minimal invasive alternative to either surgery or radiation. Patients were consented on the basis that salvage surgery or radiation could be used if HIFU treatment failed. Sonablate 500 HIFU (Indiana USA) was administered under GA, and combined with mini TURP to facilitate early urinary catheter removal
Patients were observed overnight in hospital, and followed at 6, 12, 26 weeks, and yearly thereafter.
Prospective data was collected in regard to PSA, Prostate Biopsy pre/post HIFU, need for salvage treatment, and Health Related Quality of Life using validated patient completed questionnaire.

The clinical results will be presented to reflect the latest outcomes in this cohort of patients, and include the learning curve results and complications.

HIFU has been a safe and effective, minimal invasive treatment for men with early stage prostate cancer. It is widely recognised that prostate cancer has been overtreated, and HIFU provides an alternative option.

DOCTOR-PATIENT DISCOURSE: A MULTIMODAL INVESTIGATION

Alice Rouse, Associate Professor Michele Levinson, Dr Barbara F. Kelly, Dr Christopher Yeo, Dr Michael Rose, Dr Jonathan Barrett

The aim of this study is to identify and describe features of effective communication between doctors and patients in routine daily ward round consultations. It is intended that this description will provide a baseline account of and methodology for examining hospital discourse, allowing extension to other hospital settings.

Data for the study come from an ongoing research program examining forty-eight multi-camera recordings of hospital ward rounds in a dynamic Australian city hospital. Participants include 48 patients and ten clinicians involved in discussion regarding patient health during routine daily ward round consultations. Brief post-consultation interviews designed to elicit participant understanding of the interaction content, were also conducted. Data are analysed and coded using a Conversation Analysis framework to identify organisational patterns evident in the verbal communication. Additionally, a schema is presented for analysing nonverbal communications, such as the use of facial and manual gestures and shifts in physical stance.

This paper will report some preliminary findings on the role of silence and pausing in the maintenance and shaping of interactions. Detailed examination of doctor-patient ward round discussion indicates a relationship between approximately equal distribution of pauses both within and between speaking turns, and communicatively successful interactions. Overall, findings indicate that at a broader level, the majority of hospital ward round interactions are effective in the sense that both principal participants (doctors of varying seniority and patients) share a similar understanding of consultation contents and substance.

RISING INCIDENCE OF ULCERATIVE COLITIS IN CHILDREN IN VICTORIA, AUSTRALIA: 1950-2009

Schildkraut V^{1,3}, Alex G^{1,3}, Cameron DJS^{1,3,5}, Hardikar W^{1,2,4}, Lipschitz B^{3,5,6}, Oliver MR^{1,2,4}, Simpson DJ¹, Catto-Smith AG^{1,2,4}

¹Department of Gastroenterology and Clinical Nutrition, The Royal Children's Hospital; ²Department of Paediatrics, University of Melbourne;

³Department of Paediatrics Monash Medical Centre;

⁴Murdoch Children's Research Institute;

⁵Department of Paediatrics, Monash University;

⁶Cabrini Hospital, Malvern, Australia

Background and Aims:

Clinical experience suggests a substantial increase in the number of children being diagnosed with inflammatory bowel disease (IBD) in Victoria and particularly in those with Crohn's disease. This has impacted on paediatric health care resource practice and utilisation. In this study, we wished to examine whether there had been a similar increase in diagnostic rates for ulcerative colitis in Victorian children using a collaborative approach across multiple hospital campuses in Victoria.

Methods:

We conducted a 60 year retrospective review (1950-2009) of children aged 16 years or less diagnosed with ulcerative colitis in the state's major paediatric centres. Data included demographic, diagnostic and clinical details.

Results:

1310 children with IBD were identified, of whom 342 had ulcerative colitis (26%, male to female ratio of 1.25:1.0, median age 10.9 years, interquartile range 7.0, 13.2). The overall median annual incidence of ulcerative colitis was 0.55/10⁵ children ≤ 16 years of age (interquartile range 0.18, 0.66). The number of reported cases increased by 11-fold during the study period ($p < 0.001$). This marked increase appeared to occur from the early 1990's and had yet to plateau. Children diagnosed during the last two decades were older at diagnosis (median 10yr vs. 11.6, $p < 0.0001$), and had higher weight- and height-for-age z scores than those diagnosed during the first 40 years (mean weight-for-age (standard deviation) 1950-89: -0.80 (1.56) vs. 1990-2009: -0.11 (1.17), $p < 0.001$. Mean height-for-age (standard deviation) 1950-89: -0.50 (1.15) vs. 1990-2009: -0.13 (1.12), $p < 0.05$). More recently diagnosed children also had more extensive disease (1950-89: 52% vs. 1990-2009: 71%, $p < 0.01$).

Conclusions:

The incidence of ulcerative colitis has increased markedly in Victorian children since 1990. The recognition of this sharply-defined increase has internationally important implications for our understanding of the pathogenesis of this condition and will influence both management and health care planning.

A PHASE III STUDY OF CETUXIMAB (CET) PLUS EITHER BRIVANIB OR PLACEBO IN PATIENTS WITH CHEMOTHERAPY-REFRACTORY KRAS WILD-TYPE ADVANCED COLORECTAL CANCER (ACRC). AN AGITG INTERNATIONAL MULTICENTRE TRIAL, LED BY CABRINI

Jeremy Shapiro, Andrew Haydon, Ian Haines, Rob Stanley, Ben Brady, Gary Richardson

Background:

While anti-EGFR monoclonal antibody, CET, improves survival in KRAS WT chemotherapy refractory aCRC, dual biologic strategies may overcome observed resistance to therapy. BRIV is a tyrosine kinase inhibitor of the vascular endothelial and fibroblast growth factor receptors (VEGFR/FGFR). This study is designed to assess the added benefit of combining brivanib with cetuximab.

Methods:

Stratified by centre and ECOG performance status (PS), patients were randomized 1:1 to receive CET + BRIV vs CET + placebo. Primary endpoint is overall survival (OS), estimated to be 9.7 months for the CET+placebo arm. With a 1-sided alpha of 2.5% and 90% power, 536 deaths are required to detect a 3.2 months difference (a hazard ratio of 0.75) in median OS, after accounting for one interim analysis at 50% events. Final analysis will be conducted after at least 536 deaths have been recorded in patients with KRAS WT tumours. Secondary endpoints include PFS, ORR, QOL, Health Utilities, economic evaluation and safety. Analyses with stratified Cox proportional hazards model will also be completed.

Intervention:

Both study arms receive iv CET 400mg/m² d1 then 250mg/m² weekly. In addition patients receive BRIV 800mg po daily or matched placebo.

Eligibility:

Patients must have aCRC with measurable or evaluable disease, ECOG PS 0-2, and received a prior fluoropyrimidine and failed irinotecan and oxaliplatin, or have documented unsuitability for these treatments. One prior regimen including a VEGF inhibitor was permitted. Four months post-activation the trial was amended June 2008 to include only KRAS WT status patients. Patients with uncontrolled hypertension or thrombosis within 6 months were excluded.

Correlative studies:

Pre-specified molecular analyses include FGF-2, Collagen IV, amphiregulin, epiregulin and BRAF.

Results and Conclusions:

Will be presented at meeting

INDIVIDUAL PATIENT DATA META-ANALYSIS OF TWO RANDOMISED PLACEBO-CONTROLLED TRIALS OF VERTEBROPLASTY

Research team: Margaret P Staples, David F. Kallmes, Bryan A Comstock, Jeffrey G. Jarvik, Richard H. Osborne, Patrick J. Heagerty, Rachele Buchbinder

Aim:

Two recent double-blind randomised controlled trials of percutaneous vertebroplasty versus a placebo procedure for osteoporotic vertebral compression fractures found no significant difference in efficacy. However, some have argued that vertebroplasty is more effective than placebo for patients with pain duration ≤ 6 weeks, or with pain ≥ 8 on a 0-10 numerical rating scale.

Design:

We performed a meta-analysis of individual patient level data from the two multi-centred randomised controlled trials; one Australian-based the other US-based. There was a total of 209 participants (Australian trial $n=78$, US-based trial $n=131$) with at least one radiographically confirmed vertebral compression fracture; 57 (27%) had pain duration ≤ 6 weeks (vertebroplasty $n=25$, placebo $n=32$) and 99 (47%) had baseline pain score ≥ 8 (vertebroplasty $n=50$, placebo $n=49$). The main outcome measures were pain and the modified Roland Morris Disability Questionnaire (RMDQ) at one month.

Results:

For participants with pain duration ≤ 6 weeks, between group differences in mean change scores at one month for pain and RMDQ were 0.10 (95% CI -1.39 to 1.59) and 0.21 (95% CI -2.96 to 3.37) respectively. For participants with baseline pain score ≥ 8 between group differences for pain and RMDQ at one month were 0.34 (95% CI -0.83 to 1.50) and 1.39 (95% CI -1.15 to 3.94) respectively.

Conclusions:

Individual patient data meta-analysis from two blinded vertebroplasty trials, powered for sub-group analyses, failed to show an advantage for vertebroplasty over placebo for participants with recent onset fracture or severe pain. These results do not support the hypothesis that these subgroups benefit from vertebroplasty.

A VALIDITY-DRIVEN APPROACH TO THE UNDERSTANDING OF THE PERSONAL AND SOCIETAL BURDEN OF LOW BACK PAIN: DEVELOPMENT OF A CONCEPTUAL AND MEASUREMENT MODEL

Rachelle Buchbinder¹, Roy Batterham², Gerald Eldsworth², Clermont E. Dionne³, Emma Irvin⁴, Richard H. Osborne²

¹ Department of Clinical Epidemiology at Cabrini Hospital and Department of Epidemiology and Preventive Medicine, School of Public Health and Preventive Medicine, Monash University, Melbourne, Australia

²Public Health Innovation, Faculty of Health, Deakin University, Melbourne, Australia

³ Population Health Research Unit (URESP), Research Centre of the Laval University Affiliated Hospital and Department of Rehabilitation, Faculty of Medicine, Laval University, Quebec City, Canada

⁴Institute for Work & Health, Toronto, Canada

Aim:

To develop a conceptual and measurement model of the overall burden of low back pain from the individual's perspective using a validity-driven approach.

Methods:

To define the breadth of low back pain burden we conducted three concept mapping workshops to generate an item pool. Two face-to-face workshops (Australia) were conducted with people with low back pain, and clinicians and policy makers respectively. A third (USA) was with international multidisciplinary experts. Multidimensional scaling, cluster analysis, participant input and thematic analyses organized participants' ideas into clusters of ideas which then informed the conceptual model.

Results:

199 statements were generated. Considerable overlap was observed between groups and four major clusters were observed: Psychosocial, Physical, Treatment and Employment, each with between two and six sub-clusters. Content analysis revealed that elements of the Psychosocial cluster were sufficiently distinct to be split into Psychological and Social, and a further cluster of elements termed Positive effects also emerged. Finally, a hypothesised structure was proposed with six dimensions and 16 sub-dimensions.

Conclusion:

Using a grounded approach, this research has captured the full breadth of the burden of low back pain experienced by patients and observed by experts.

Panel Discussion

“Clinical Protocols and Check Lists — Saviour or the Dumbing Down of Clinical Practice?”

Chair: Associate Professor Peter Lowthian

The Panel comprises:

Professor Tracey Bucknall

Professor Russell Gruen

Professor Bruce Barraclough



Professor Tracey Bucknall

RN, ICU Cert, BN, Grad Dip Adv Nurs, PhD.

School of Nursing, Deakin University
Head, Cabrini -Deakin Centre for Nursing Research,
Cabrini Health

Tracey's primary research interests are clinical decision making and implementation of research into practice. Her research focuses on understanding how clinicians make decisions routinely and in uncertainty, the environmental and social influences on clinical practice, as well as interventions to improve the uptake of research in practice. She has successfully obtained research funding from NHMRC, ARC, State and Federal Health Departments, and Private and Professional Organisations. She has published and presented both nationally and internationally on decision making in clinical practice and research implementation. Tracey is an editor for *Worldviews on Evidence Based Nursing* as well as holding several Editorial Board positions on other international journals. She teaches in undergraduate and postgraduate nursing programs, and supervises Masters and PhD students in decision making research.



Professor Russell Gruen
MBBS, PhD, FRACS

Russell Gruen is Professor of Surgery and Public Health at Monash University, Director of the National Trauma Research Institute, and a general and trauma surgeon at The Alfred Hospital.

His clinical training was at the University of Melbourne, St Vincent's Hospital, and in trauma surgery and surgical critical care at Harborview Medical Centre in Seattle, USA. He has a PhD in health services research, a Graduate Diploma in Epidemiology and Biostatistics, a Harkness Fellowship in Health Care Policy at Harvard School of Public Health, and a Fellowship in Medical Ethics at Harvard Medical School.

Professor Gruen holds an NHMRC Clinical Career Development Award. He has authored over 70 peer-reviewed publications in journals including The Lancet, JAMA, New England Journal of Medicine, and Annals of Surgery, with 37 as first author.

As Director of the National Trauma Research Institute, his role includes fostering dialogue between researchers and the community, facilitating multi-centre trials and observational studies, and ensuring that knowledge generated from research translates into practice and policy improvement.



Professor Bruce Barraclough AO
MB BS FRACS DDU FACS FAICD

Bruce Barraclough is Dean of Education, Royal Australasian College of Surgeons, and Board Chair, Australian E-Health Research Centre. He is a Board Member of Cabrini Health, Victoria, He serves on working parties for WHO Patient Safety and is Past President of the International Society for Quality in Health Care. He was Associate Dean (Clinical Strategy) of the University of Western Sydney Medical School 2006 - 2010, Board Chair, New South Wales Clinical Excellence Commission 2005 – 2010, Senior Clinical Advisor to the Health Minister and Director General of Health, New South Wales 2009-2010, Professor / Director of Cancer Services, Northern Sydney Health and the University of Sydney (2000- 2005), Chair of the Australian Council for Safety & Quality in Health Care (2000 – 2005) and President of the Royal Australasian College of Surgeons (1998 – 2001).



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Cabrini Institute

183 Wattletree Road, Malvern, Victoria 3144

Phone (03) 9508 1375 Fax (03) 9508 1368 Email institute@cabrini.com.au

www.cabrini.com.au