CABRINI RESEARCH

ANNUAL REPORT 2022-23

Cabrini

75 YEARS OF CARE FROM THE heart
1948-2023

OUR MISSION

Who we are

We are a Catholic healthcare service inspired by the spirit and vision of the Missionary Sisters of the Sacred Heart of Jesus.

What we believe

We are a community of care, reaching out with compassion, integrity, courage and respect to all we serve.

What we do

We provide excellence in all of our services and work to identify and meet unmet needs.

OUR VALUES

Our values are drawn from Mother Cabrini's life and reflect heart, spirit, conviction and approach.

Compassion: Our drive to care is not just a professional duty to provide excellent quality care but is born of a heartfelt compassion for those in need, motivated by God's love for all people.

Integrity: We believe in the power of hope to transform people's lives and remain faithful to the bold healing mission and legacy of Mother Cabrini.

Courage: We have the strength, determination, vision and conviction to continue the work of Mother Cabrini and the Missionary Sisters of the Sacred Heart of Jesus.

Respect: We believe every person is worthy of the utmost respect and the best possible healthcare. We know that our resources are entrusted to us to use for the benefit of others.

ACKNOWLEDGMENT OF COUNTRY

We acknowledge the Boon Wurrung and Wurundjeri Peoples of the Kulin Nation, who are the traditional custodians of the land and waters where Cabrini Health is situated, and pay our respect to elders – past, present and emerging.

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$7M
in revenue

38%
of all oncology trials are early phase

59
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39%
of approved projects are cancer-related

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9
first in-human oncology clinical trials conducted

51
staff

46%
of all active projects are cancer-related

$434,436
in Cabrini Foundation grants

Year in review

MESSAGE FROM CABRINI RESEARCH GROUP DIRECTOR

Coming out of the COVID-19 pandemic or, more accurately, trying to normalise life with it, has left enormous challenges for the world at large.

These include fiscal constraints due to inflation and resulting higher interest rates; declining trust in our government, leaders, and institutions; and a reprogramming of workforce attitudes, with people pursuing greater work-life balance.

This year, the COVID-19 pandemic has once again highlighted the importance of medical research in supporting the health and wellbeing of our communities. It has been a driver for change, and Cabrini Research has been no exception. Our staff and community have clearly missed a critical connection over the last three years, with a palpable sense of energy surrounding Cabrini these past twelve months. 'Corridor conversations' have once more provided a vital touchpoint, allowing us to reconnect with our supporters, who remained steadfastly behind us during these difficult years. The support of all our donors has allowed us to steadily grow our established research streams and develop new ones to meet the needs of the future.

Highlights of the year include the addition of a second endowed chair to Cabrini Research, this time in colorectal cancer research. This amazingly generous donation has cemented an important research program at Cabrini, while also strengthening our partnership with Monash University through genomics-led and translational research. We have been successful in a number of external grants this year, and once again provided an internal grant round thanks to the Cabrini Foundation. Our Research Governance Structure has expanded dramatically, as has our research support infrastructure, incorporating biostatistics and grant writing to support our researchers.

A major challenge has been the implementation of the National Clinical Trials Governance Framework (NCTGF). To support the delivery of high-quality clinical trial services, the Australian Commission on Safety and Quality in Health Care has developed the NCTGF on behalf of all jurisdictions in collaboration with the Commonwealth Department of Health and Ageing. It is a key initiative that consolidates and improves upon the unstructured collection of national- and state-level protocols regulating clinical trials activity. By providing actions, the NCTGF will clearly outline the requirements that need to be met by all health service organisation to be accredited to conduct clinical trials. The Framework will also be responsible for evaluating compliance, while also supporting the transition to this centralised national model. Just as health service organisations need to meet the requirements set in the the National Safety and Quality Health Service (NSQHS) Standards when they are accredited, the actions in the NCTGF are similarly mandatory for all clinical trial sites. This has required a tremendous amount of work, so a great degree of thanks goes out to the Research Governance Office for taking this on.

Another major venture has been the formation of a consumer advisory board, formalising our strong history of consumer engagement. The Cabrini Research Consumer and Community Involvement Committee will allow us to actively hear from consumers their invaluable first-hand knowledge of what it is like to have a particular disease, illness, or health condition. Often those living (or caring for someone) with a condition become experts in not only the condition itself, but also related symptom management. As a result, they are able to provide an alternative view based on their intimate knowledge and experiences, providing researchers with real insights into what consumers and the community think of their work. The value of consumer involvement is clearly articulated by the National Health and Medical Research Council and the Consumers' Health Forum of Australia. Our Committee has been established to build a framework for meaningful consumer engagement and involvement that aligns with Cabrini Research's current and future strategy. With end users, those with lived experiences of the health system, the ultimate goal is to work in partnership to ensure that consumer- and community-prioritised research and healthcare improvement is undertaken. This will facilitate greater translation of research evidence towards improved health outcomes as consumers are tasked as partners to make decisions about our research priorities, policies, and practices. So far, there have been a significant number of patients and carers willing to give up their time to support Cabrini Research as it seeks to achieve these goals.

Areas of research that have thrived over the year include our clinical trials program in medical oncology, urology and cardiology; our translational organoid program in colorectal, breast, and ovarian cancer; and the Monash Partners Comprehensive Cancer Consortium Precision Medicine Program. The Department of Surgery continues to push forward with its four pillars of research: data collection and generation, Electronic Patient Reported Outcome Measures (ePROMs), organoid development, and biomarker and target discovery. In the Department of Urology, there has been increased clinical trial activity both in malignant and non-malignant urological conditions. Additionally, the Theranostic Trial Program continues to expand in partnership with GenesisCare, alongside ongoing work in the Translational Xenograft Program in collaboration with Professor Gail Risbridger's laboratory at Monash University.

Cardiology has conducted multi-site national and international clinical trials and have also conducted work exploring the effectiveness of novel surgical methods. Medical Informatics continues to centralise and manage data while developing more efficient and comprehensive data mining methods for our research databases. Our collaboration with Monash University continues to grow, particularly through the Department of Nursing Research. Over the next 12 months, Cabrini will be working with Monash University on two large national studies, one involving infection control in hospitals, and the other related to falls prevention. ICU remains very active in investigator-led and group research projects. Their research program expanded significantly during COVID-19, and this momentum has continued during the past year.

Finally, our research in mental health has commenced the first of two joint Cabrini-Alfred studies at the Lisa Thurin Women's Health Centre. I extend my great thanks to the Heads of Departments and their teams for the incredible diversity of research conducted.

Research output has also been excellent. Publication numbers have increased throughout all our research departments. The Annual Cabrini Research Forum was also successful, providing an online platform to share and highlight research and quality improvement projects currently being undertaken across Cabrini and in collaboration with other institutions. Over the past several years, it has become an opportunity for all researchers and clinicians, and anyone involved in our work, to showcase their efforts, learn from others, and be recognised for their outstanding achievements. The event was held in October 2022, with 55 abstracts received across a wide variety of research disciplines, a 10% increase on the previous year's event. Congratulations to the students and researchers of all experience levels who received awards.

The foundations for success were laid well before I started as Group Director. In particular, Anne Spence has been instrumental in developing our governance structures. Anne retired from her position as Director of Research Infrastructure in late 2022 after a long career that epitomised the values of Mother Cabrini, displaying courage and integrity in all areas of her work, and deep compassion and respect for everyone she dealt with. Throughout the time I was privileged to work with Anne, she was always selfless and mentored many staff members through their employment at Cabrini. There was no better example of this than during the COVID-19 lockdown, where she was able to keep all of Cabrini Research connected, positive, and productive. No one could replace Anne, so we created the Director of Research Operations role and were lucky enough to have Gavin Horrigan join from the Central Clinical School at the Alfred. A seasoned senior manager with over 20 years' experience in higher education, Gavin has held a number of key roles within the Faculty of Medicine, Nursing and Health Sciences at Monash University. He has strong strategic and financial skills, and experience in commercialisation, income diversification, and philanthropy. He has already been invaluable in taking the institution forward in the months he has been with us.

Cabrini Research is in the process of reviewing its strategic and operational plan to ensure that our research efforts have a common vision and purpose within a supportive framework. The updated plan will assist us to strategically invest resources in clinical and translational research and conduct quality improvement projects aligned with Cabrini's clinical priorities in cancer, cardiology, and orthopaedics. This will occur while we continue to investigate the potential of new areas of research. The plan will provide greater operational rigour establishing key performance indicators and timelines, which will be monitored regularly through existing research meetings and external reviews. The plan will also have a focus on moving Cabrini Research and its operations towards cost neutrality, securing a sustainable future for research.

I wish to express my deepest gratitude to everyone at Cabrini Research, and all members of the Cabrini Research and Scientific Advisory Committees who generously give their time to improve our efforts. I would also like to thank the Cabrini's Chief Executive Officer, Sue Williams, the Cabrini Board, and the Cabrini Sisters.

Finally, thanks to you, the donors, for your generous contribution to our medical research efforts. Your support has played a crucial role in advancing our understanding of various diseases and developing innovative treatments that have the potential to improve and save countless lives. Through your donations, we have been able to fund ground-breaking research projects, acquire state-of-the-art equipment, and attract top-tier scientists and researchers to our institution. Your faith in our work not only demonstrates your belief in the power of scientific exploration but also reflects an investment in our collective future as we make a meaningful difference in the field of healthcare together. It is important for you to know that you have made a direct and positive impact on medical research in Australia. With your continued support, we can ensure that this grows as we pursue more ambitious studies, explore new avenues of treatment, and ultimately work towards cures for some of the most challenging diseases facing humanity.

Professor Gary Richardson OAM
Group Director, Cabrini Research

Cabrini Research Committee

MESSAGE FROM THE CHAIR

The financial year ending 2023 represented a year of stabilisation, consolidation, and steady growth for Cabrini Research.

The restructuring of past years, alongside our slow transition out of the pandemic, have made way for a renewed spirit across our departments. The adoption of scientific and technological breakthroughs, such as genomics capable of spatially mapping the cellular network of disease, has accelerated this as we remain committed to the delivery of impact for our patients. Embedded within our strategic values and reflected in our research priorities, this year has again reminded us of the importance of our community, as we seek to shape a healthier future for patients, families, and caregivers.

The Wright Review in 2020 provided an opportunity to reflect on the research and education functions of the Cabrini Institute. From its recommendations, Cabrini Research was established as a consolidated 'one-stop-shop', capable of coherently supporting the various functions of medical research across the hospital. Since this period of change, our historical strengths in medical oncology, surgery, and urology have remained. The addition of the Department of Cardiology Research has, under the leadership of Associate Professor Nathan Better, proven an important decision, with its publications, registries, and clinical trials expanding significantly. Similarly, expansion in nursing, mental health, and clinical research has resulted in a number of important outcomes that have enhanced our hospital workflows and patient-centred approach to healthcare. Professor Philip Russo continues to lead national efforts in improving the Australian healthcare system, most recently through the HAPPEN Study, a four-year project developing a preventative framework for hospital-acquired pneumonia. Additionally targeted and clinically aligned projects, streamlining patient-clinician communication and evaluating novel prognostic indicators of heart attack, have been developed by clinicians at the Alan, Ada, and Eva Selwyn Emergency Department, generating substantial benefits for our patients and their experiences during and after treatment.

Cabrini's clinical trials program also remains strong, ensuring that scientific discoveries made in biomedical research translate into clinically relevant and impactful results. While the benefits of this program can be counted in the lives saved, 2023 highlighted their multi-faceted importance. For Cabrini, they have provided a vital avenue for our community to directly engage with our research. Moreover, growth not only in patient numbers but also in terms of their diversity has been an important milestone in our commitment to more equitable healthcare. This has been and will continue to be of critical importance as we navigate through the National Clinical Trials Governance Framework, a Commonwealth initiative assessing all clinical trials programs for compliance to National Safety and Quality Health Service Standards. Upon our evaluation in the coming months, we hope to be able to reaffirm the safety, quality, and governance of our existing clinical trials methodologies while identifying areas for further improvement as we strive to remain a leading site for clinical trials in Australia.

Notable progress has also been made in our translational research capabilities, particularly in our organoid program, which now includes breast, colorectal, ovarian, and prostate cancers. Organoids are created in the laboratory based on tissue samples taken from a primary organ or organ-like structure, such as tumours. Upon development, these three-dimensional models are able to closely replicate the key biological features and functions of the primary organs from which they are derived. Cabrini's commitment to the development of organoids stems from this replicability, presenting an opportunity to explore and evaluate tumours without impacting patients and their quality of life. Demonstrating the requisite scale and timeline of research, Cabrini's emergence as a leader in this field is a result of a decades' long process optimising complex cell culture technologies involved in organoid development. Today, our researchers are on the cusp of seeing the benefits of this work, where newly formed techniques now enable them to rapidly generate organoids to test the efficacy of anti-cancer drugs before they are administered to patients.

These advances have only been achievable through the strong governance foundations installed over the past few years. Anne Spence, who retired late 2022, has been instrumental to this as Director of Research Infrastructure. The Cabrini Research Committee thanks her for her decades of dedicated service to healthcare, education, and research, including her eight years as Head of Research Infrastructure. Reflecting on our past presents an opportunity to also look into the future and begin forming a long-term strategy for the next decade. This significant undertaking is timely, with the strategic recruitment of Gavin Horrigan as Director of Research Operations and the return of Dr. Emma Baker, Director of Medical Research, from maternity leave. They will spearhead this strategic initiative and lead a professional support team that has begun to lay the structures needed to consolidate and enable expansion across all our research departments over the medium- to long-term. This includes the implementation of protocols that have already streamlined support mechanisms for researchers in terms of ethics approval, knowledge and material sharing, and the grant application process. This allows us to look ambitiously forward, with the confidence and understanding that the foundational groundwork is in place to support growth.

The development of our strategic vision coincides with a broader transformation taking place at Cabrini Health. Input from stakeholders will be key for Cabrini Research to understand how it is placed not only with relation to medical research, but the wider healthcare landscape. Sustainably achieving this will be integral to our on-going success as national health priorities aim to address the rising burden of disease resulting from an ageing population with higher rates of chronic disease. Greater urban concentration and increased global connectivity also heightens the potential for future infectious disease outbreaks to rapidly evolve into global pandemics. As Cabrini Research evolves, it is well placed to make a significant contribution in solving these generational and demographic problems. Realising this will require several intermediate steps, a number of which we have already made progress towards:

- Recognising the importance of adapting to modern healthcare needs, we have begun to create virtual representations of several processes, including inpatient communication, outpatient consultations, and induction into our clinical trials program.
- Ensuring the comfort and well-being of vulnerable patient groups, we continue to implement and optimise the use of electronic patient-reported outcomes measures, augmenting our remote monitoring abilities and strengthening patient-clinician communication.
- Understanding the importance of our team, investments have been made to address shortages across the specialist workforce through training programs, foster a culture of values-based care through consumer engagement initiatives, and promote needs-driven collaboration by expanding professional capabilities in data management, health economics, and research development and commercialisation.

As evidenced by this past year, Cabrini Research is especially well positioned to drive change in healthcare. The intermediate goals outlined above will go a long way in realising this and serves as performance indicators for the coming year. In reaching those targets, the importance and clinical relevance of research will be further demonstrated and embedded within Cabrini's identity. Moreover, it is hoped that this will fundamentally transform existing relationships between researchers, clinicians, and professionals into a network bound by high-throughput engagement, working towards common projects of increased scale. These synergies will accelerate the translation of research into clinical practice, driving our work towards a healthier patient community. The Cabrini Research Committee looks forward to the progress made towards those objectives over the coming year.

Professor David Copolov AO
Chair, Cabrini Research Committee

RESEARCH LEADERSHIP

Cabrini Research Committee

MEMBERS

Professor David Copolov AO | Chair
MBBS PhD FRANZCP FRACP

Professor David Copolov is the Pro Vice-Chancellor, Major Campuses and Student Engagement at Monash University. He is also Professor of Psychiatry at Monash and at the University of Melbourne and is an Honorary Professorial Fellow at the Florey Institute for Neuroscience and Mental Health. He was the Executive Director of the Mental Health Research Institute of Victoria between 1985 and 2004. At the Institute, his research focused on the clinical and neurobiological aspects of schizophrenia. In 2020, he was appointed a Director of Cabrini Health having served as Director of the Board for the Royal Women's Hospital (RWH) from 2014 to 2020. For nine years until 2013, Professor Copolov was a Director of the Board for the Peter MacCallum Cancer Institute (Peter Mac), the last six as Deputy Chair. He was also Chair of the Research Committees for both RWH and Peter Mac. From 2008 to 2016, he was a Director of the Australian Nuclear Science and Technology Organisation and has held several advisory appointments to the Commonwealth and State Governments, including 12 years as a member of the Victorian Ministerial Advisory Committee on Mental Health and eight years as the psychiatric expert on the Australian Drug Evaluation Committee. In 2016, Professor Copolov was made an Officer of the Order of Australia for his distinguished service to tertiary education, medicine, mental health research, and the community.

Professor Warwick Anderson AO
BSc PhD FAHA FRCPA FAHMS

Professor Warwick Anderson AO is Emeritus Professor, Monash University. After completing postdoctoral training at Harvard Medical School, the University of Sydney, and the Baker Medical Research Institute, he was Head of the School of Biomedical Sciences and Professor of Physiology at Monash University. His research examined the renal causes of high blood pressure. From 1997 to 2003, Professor Anderson chaired the National Health and Medical Research Council's (NHMRC) Research Committee and was the inaugural CEO of the newly independent NHMRC from 2006 to 2015. During his tenure, he implemented sweeping changes to the research review and funding process, expanded NHMRC's global reach, and introduced a number of Indigenous health research programs. He served as the Secretary General of the International Human Frontier Science Program Organisation from 2015 until 2021. He has been a member of numerous international and national scientific bodies, including the Prime Minister's Science Engineering and Innovation Council and currently chairs the Global Biodata Coalition. In 2023, Professor Anderson was made an Officer of the Order of Australia for his distinguished service to health and medical research organisations, and professional associations.

Associate Professor Caroline Brand
MBBS BA MPH FRACP

Associate Professor Caroline Brand is a consultant rheumatologist and holds appointments with the School of Public Health and Preventative Medicine at Monash University and the Faculty of Medicine, Dentistry, and Health Sciences at the University of Melbourne. Throughout her career, she has had extensive inpatient and outpatient experience across both public and private healthcare sectors. Her work has focused upon the design, implementation, and evaluation of new models of care for patients with chronic conditions. More broadly, she has actively contributed towards quality and safety improvements in a number of healthcare setting across Australia. She was previously Director of the Clinical Epidemiology and Health Services Evaluation Unit, the predecessor to Melbourne EpiCentre, between 2004 and 2010. Professor Brand has contributed to a number of professional organisations and government committees including as president of the Victorian Branch of the Australian Rheumatology Association, the Cabrini Patient Experience and Clinical Governance Committee, and as Chair of the Cabrini Research Committee.

Professor Sally Green
PhD

Professor Sally Green the is Co-Director of Cochrane Australia and Deputy Head (Research) of the School of Public Health and Preventive Medicine at Monash University. Upon completing clinical qualifications in physiotherapy and doctoral studies in epidemiology and preventive medicine, she has conducted over 60 competitively funded research projects across a diverse portfolio that includes Indigenous health, behavioural determinants of disease, and health systems management. Throughout much of her work, Professor Green investigates effective and efficient translational pathways that take research outcomes through to sustained changes in clinical practice and policy. This is underpinned by her commitment towards improved health outcomes through research. Professor Green is a member of the National Health and Medical Research Council (NHMRC) Synthesis and Translation of Research Evidence (SToRE) Advisory Group and Cochrane's International Governing Board, while also an active Cochrane reviewer.

Associate Professor James Lee
MBBS PhD FRACS

Associate Professor James Lee is an academic endocrine surgeon at the Alfred Hospital, Monash Health, and Epworth HealthCare. He underwent training at the Mayo Clinic, and the Austin and Royal North Shore Hospitals, and is the only Australian to have received the T.S. Reeve International Endocrine Surgery Fellowship. His research focuses on the development of precision medicine in thyroid cancer care, with his current research developing molecular biomarkers to improve the diagnosis of thyroid cancer on cytology. Professor Lee examined mRNA biomarkers of papillary thyroid cancer towards his doctoral degree and was a previously a recipient of the Surgery Senior Lecturer Fellowship from the Royal Australasian College of Surgeons (RACS) Foundation. He has secured support for his current research through grants from the Aftershock, IMPACT Philanthropy and the Epworth Research Institute. Other areas of research include patient reported outcomes in collaboration with the Australian and New Zealand Thyroid Cancer Registry (ANZTCR) and the application of artificial intelligence in endocrine surgery. Professor Lee serves on the RACS Court of Examiners, is an executive committee member for Australia and New Zealand Endocrine Surgeons, and on the steering committee of the ANZTCR.

Professor Stephen Nicholls
MBBS PhD FRACP FACC FESC FAHA FAHMS

Professor Stephen Nicholls is the Director of both MonashHeart and the Victorian Heart Institute, and Professor of Cardiology at Monash University. He completed specialty training in cardiology at John Hunter Hospital and his doctoral research at the University of Adelaide, prior to holding a postdoctoral fellowship and faculty appointment at the Cleveland Clinic and the South Australian Health and Medical Research Institute. His research interests focus on the role of metabolic risk factors and imaging in atherosclerosis, with work spanning from early discovery to leadership of large clinical trials. He is Chair of the Australian Atherosclerosis Society Clinical Council, Australia and New Zealand Alliance for Cardiovascular Trials, Asia Pacific Cardiometabolic Consortium, and Secretary of the Cardiac Society of Australia and New Zealand. Professor Nicholls is also Fellow of a number of professional associations including the Australian Academy of Health and Medical Sciences.

RESEARCH LEADERSHIP

Cabrini Research Committee

MEMBERS

Professor Gary Richardson OAM
MBBS FRACP

Professor Gary Richardson OAM joined Cabrini in 2001 as Director of the Cabrini Monash University Department of Medical Oncology before becoming Group Director of Cabrini Research in 2019. A Fellow of the Royal Australasian College of Physicians, Professor Richardson has trained at St Vincent's Hospital, the Peter MacCallum Cancer Institute, and the National Cancer Institute in the United States. As Professor of Medicine at Monash University, he developed the clinical research program in haematology and oncology at Cabrini and continues to be involved in its clinical trials. Outside of Cabrini, Professor Richardson has actively contributed to men's health, previously serving as Chairman of Foundation 49 while also an advisory board member for the National Male Health Policy and the Victorian Men's Health and Wellbeing Strategy. He was awarded the Medal of the Order of Australia in 2017 for services to medical oncology.

Bob Santamaria
BCom LLB

Mr Bob Santamaria has over 40 years' experience across a diverse portfolio that includes a number of landmark transactions that shaped the corporate Australia. He retired as ANZ Group General Counsel in 2019, after 12 years in that role. During this time, he oversaw all major litigation for ANZ and led its response to the Banking Royal Commission. Prior to ANZ, he was a partner at Allens Arthur Robinson for 20 years, specialising in mergers and acquisitions, and corporate reconstructions, and was the Executive Partner for the firm's Corporate Department. Since retirement, Mr Santamaria has actively contributed to the community, joining the Cabrini Research Committee upon its formation after having joined the Board of Cabrini Australia in 2020. In addition to these roles, he serves on the board of Villa Maria Catholic Homes, which delivers aged care services and support for disability and homeless communities, and the Orygen Youth Mental Health Foundation.

Sue Williams
BBus MBA AMP GAICD

Ms Sue Williams was appointed Chief Executive of Cabrini in 2019, transitioning from her previous role as Chief of Health Operations. She has over 25 years' experience in the healthcare industry at the senior management level in both public and private sectors. She has held various roles including as Director of Nursing at the Royal Melbourne Hospital, Chief Operating Officer of Hospitals at Healthscope, and Group General Manager at Spotless Group. Previous to joining Cabrini, she served as Chief Executive Officer for Peninsula Health, where she oversaw the delivery of mental health and community services to a patient population of over 300 000 people. Clinically trained as a nurse, Ms Williams has received postgraduate qualifications in business management, from Monash University, Harvard Business School, and the Australian Institute of Company Directors. Underpinning her numerous executive achievements is a commitment to patient-centric care, resonating across the Cabrini Health network.

Kee Wong | Consumer
BE MBA FAICD

Mr Kee Wong is the founder of e-Centric Innovations – a technology consulting firm that operates in Australia, Malaysia, and Singapore, serving large multinational enterprises and governments. His invests across a broad portfolio of industries that include technology, retail, property, professional services, and food and beverage industries in Australia and abroad. He also plays an active role in supporting socially impactful start-ups. Mr Wong is currently a board member for ASX100 listed companies Carsales.com and Invocare. He also holds numerous directorships including the Walter and Eliza Hall Institute of Medical Research, the Arts Centre Melbourne, the Victorian Government Investment Fund, and the Australian Institute of Company Directors, only a few of the organisations he serves. Amidst these commitments, Mr Wong is also Adjunct Professor of Computer Science and Information Technology at La Trobe University.

Professor Sophia Zoungas
MBBS PhD FRACP

Professor Sophia Zoungas is an endocrinologist as both a clinician and scientists across basic, translational, and clinical-stage research. She is currently Head of the School of Public Health and Preventive Medicine and Professor of Diabetes, Vascular Health, and Ageing at Monash University. Her research focuses upon the generation and implementation of evidence for the prevention, screening, and management of chronic conditions such as diabetes and its complications with relation to kidney and cardiovascular disease. She holds clinical appointments as a senior staff specialist in endocrinology and diabetes at Alfred and Monash Health hospitals. Through her various roles, Professor Zoungas directs and supports research and educational programs in healthcare delivery as well as advising on clinical epidemiological methods and the design, conducting, and reporting of clinical trials. Amongst her work, she is the Principal Investigator of STAREE, the world's largest study exploring the preventive effects of statins in healthy populations aged over 70. She is also the immediate past President of the Australasian Diabetes Society while continuing on as its Clinical Director, and leads the Australian National Diabetes Audit and Diabetes Clinical Quality Registry.

Scientific Advisory Committee

YEAR IN REVIEW

This year marked a crucial point for Cabrini Research as it continued its nationally recognised work in cancer, while expanding into other areas of clinical research.

Moves to consolidate its collaborative relationship with Monash University were facilitated by conjoint meetings between Cabrini and Alfred/Monash clinical research Departments. Significant progress towards genomics-led research was also made. The year also saw an expansion in our extensive clinical trials program, with the Department of Cardiology Research conducting several notable studies. There has also been a critical evaluation of Cabrini's research infrastructure, with the Scientific Advisory Committee (SAC) providing guidance regarding consumer engagement and grant funding for a future of sustainable growth and discovery.

Cabrini has a long-established reputation in the delivery of world-class cancer care, with research across the Departments of Medical Oncology, Surgery, and Urology headed by leading clinicians.

Their leadership has ensured that patient priorities are always central to our goals, leading to a more holistic approach to cancer care. This has involved the incorporation of evidence-based supportive therapies to conventional treatment, aimed at enhancing patient outcomes and their quality of life. A key component of this more integrated approach has been the introduction of exercise into standard care. The introduction of this relatively nascent clinical discipline has proven transformative for Cabrini's patients, with its demonstrated effectiveness creating collaborative pathways with major hospitals throughout the greater Melbourne area. Through its commitment towards greater healthcare equity, Cabrini Research has begun to explore cost-effective live-remote exercise regimes delivered through technology-enabled platforms. This will prove invaluable, not only for rural and regional communities, but also for patients from disadvantaged populations who are often unable to access such supportive therapies as part of their cancer treatment routines.

Complementing this have been efforts to integrate genomics to ensure personalised cancer treatment that meets the unique needs of each patient. Representing the next phase for the Cabrini Cancer Institute, genetic profiling will enable clinicians to make informed decisions as to which targeted treatments will prove effective for their patients. This will forego the need for ineffective options that do little to help improve cancer outcomes while delivering adverse side-effects to patients. During the past year, research has been conducted to further Cabrini's efforts towards this goal, supported by a Research Operations team that has begun developing the systems and workflows that will facilitate its implementation. This will leverage Cabrini's on-going participation within the Monash Partners Comprehensive Cancer Consortium, which aims to generate multi-disciplinary innovations in oncology, while reinforcing its relationships with Monash University and its Central Clinical School and Biomedicine Discovery Institute. Through this network, Cabrini Research will be able to access world-leading genomics and imaging technologies to advance personalised treatment, and also the discovery of biological targets that may be developed into early-stage diagnostic tools and therapeutic products for cancer.

Partnerships are an integral component of Cabrini's research strategy. The rapid expansion of the Department of Cardiology Research has benefited from joint academic and clinical appointments with universities, medical research institutes, and hospitals throughout Victoria. The establishment of the Monash/Alfred/Baker Centre for Cardiovascular Research, located in the Alfred Research Alliance precinct, has cemented this and presents a number of exciting opportunities for Cabrini Research. The Centre's inaugural Director, Professor David Kaye, serves on Cabrini Research's SAC, with a number of existing research collaborations in cardiac pacing and arrests already being conducted with consortium institutions. The Centre will enable Cabrini to further enhance its translational and clinical cardiovascular research through new areas, such as nuclear imaging and cardio-oncology. As these partnerships develop further, it will bring our patients closer to cutting-edge innovations, while for early-career clinicians, greater opportunities to conduct research with internationally recognised experts in heart-related disease will be fostered.

Training and education in research are not exclusive to cardiology however, with the past twelve months seeing a number of initiatives across our Research Departments. The Department of Urology has implemented specialist programs for prostate cancer care and research and partnerships

with both Alfred Health and Monash Health have promoted participation in research for early-career clinicians. These efforts have not only focused on funding, but also access to support mechanisms delivered through the Cabrini Research Operations team. Industry supervision through the MD Scholarly Intensive Placement has also been provided through the Department of Health Informatics, exposing medical students to the clinically meaningful research being conducted at Cabrini. Additionally, clinical trials have continued to serve as an important forum for clinician involvement in research, specifically regarding the design, implementation, and evaluation processes needed to conduct rigorous studies. While oncology still accounts for a large proportion of these trials, national and international studies in cardiology, including Syncope-Stopper, SNORE-AF, and OCEANIC, along with novel surgical method assessments have begun to expand Cabrini Research's clinical trials portfolio, broadening its engagement with early-career clinicians.

Frequently shared amongst SAC members is the truly rewarding experience of bringing together our collective experiences from a range of scientific and medical backgrounds to advise Cabrini Research and its important work. One particular highlight of 2022-23 has been the establishment of the Cabrini Research Consumer and Community Involvement Committee (CCIC). As greater consumer involvement is prioritised across the Australian research landscape, the CCIC formalises Cabrini's already strong record of patient and advocate engagement. Moreover, it reflects our broader values of inclusion and diversity, not only drawing from lived experiences across a diversity of backgrounds but proactively integrating these insights into our research methodologies.

Continued progress through such milestones will only be possible through strong fiscal governance. With a view towards sustainability, the SAC conducted an evaluation of grants at Cabrini Research this year. In continuing our work towards multi-year external sources, it was agreed that channelling grants through academic partners while ensuring avenues for direct grants represented an effective path forward. In the coming year, further developing this strategy in coordination with the Cabrini Research Committee will remain a priority in order to ensure that the resources needed to meet the ambition of our researchers are always available.

The SAC wishes to congratulate Cabrini Research for its achievements over the past year and express its profound gratitude to all stakeholders for their support. Together, we look forward to another year of discovery, enhanced patient care, and research excellence.

Professor Stephen Jane
Chair, Cabrini Scientific Advisory Committee

RESEARCH LEADERSHIP

Scientific Advisory Committee

MEMBERS

Professor Stephen M. Jane | Chair
MBBS PhD FRACP FRCPA

Professor Stephen Jane is chair of the Scientific Advisory Committee for Cabrini Research and Director of Research at Alfred Hospital. He also holds a number of roles with Monash University including Foundation Dean for the Sub-Faculty of Translational Medicine and Public Health, Head of the Epidermal Development Laboratory, Co-Head of the Red Cell Research Group within the Division of Blood Cancers and was previously Head of the Central Clinical School. His broad research interests include both developmental and acquired disorders of the blood and skin in mouse models. Upon completing his medical studies at Monash, he underwent training in both clinical and laboratory haematology at the Alfred before completing doctoral research under Professor Hatem Salem, Director of the Australian Centre for Blood Diseases. He then went to the United States, firstly as a postdoctoral fellow at the National Institute of Health and then as a member of faculty at St Jude Children's Research Hospital. He returned to Australia in 1995 as a Wellcome Senior Research Fellow at the Bone Marrow Research Laboratories across the University of Melbourne and Royal Melbourne Hospital. He became its Director in 2000, a Principal Research Fellow of the NHMRC in 2005 and a Professor of Medicine at the University of Melbourne in 2006. In 2011, he assumed his current roles with Monash University, including as member of the Clinical Haematology Service. Under his leadership, the School saw a four-fold increase in its competitive grant funding, recruiting over 400 new researchers and 30 laboratory heads.

Professor Chris Bain
MBBS MInfTech PhD

Professor Chris Bain is Professor of Practice in Digital Health at the Faculty of Information Technology, Monash University. An experienced clinician and health information management and technology (IMT) practitioner, he has diverse exposure to broad aspects of the healthcare system in Australia. His research focuses upon the design, implementation, and management of operational IMT functions in healthcare organisations, across a broad range of data and technology-driven applications. With 12 years' experience as a medical practitioner and 15 years in health IMT, he is one of few health informaticians in Australia with both extensive clinical and technological experience. Professor Bain has previously held leadership positions in the Australasian Institute of Digital Health and actively participates in jurisdictional committees on topics around Digital Health. In 2017, he was appointed by Monash University as its inaugural Professor of Practice in Digital Health and holds several adjunct appointments with the Faculty of Medicine, Nursing and Health Sciences while working with a multi-sectoral network of stakeholders across Faculties and Institutes at Monash.

Dr Emma Baker
BSc MSc PhD

Dr. Emma Baker joined Cabrini in 2015 and is the Director of Medical Research at Cabrini Research. She completed degrees in medical and molecular biology before completing her doctoral research at the University of Melbourne and the Peter MacCallum Cancer Centre. She went on to complete postdoctoral fellowships in cancer epigenetics at the Baker Heart and Diabetes Institute and St. Vincent's Institute of Medical Research. At St. Vincent's she led independent research in oncology, continuing her work in epigenetics while also focusing on preclinical drug discovery. She has been the recipient of Middows Research, NHMRC Peter Doherty, and Cure Cancer Australia Fellowships. With Cabrini, she played a central role in its organisational restructuring, which led to the establishment of Cabrini Research as an independent body in 2021. She continued to oversee its research activities, including its clinical research involving trials and health informatics.

Dr Maree Brinkman
BSc MSC PhD

Dr. Maree Brinkman is Director and Senior Researcher at the Nutrition Biomed Research Institute. She has undergraduate and postgraduate degrees in nutrition science and completed her doctoral research in biomedical science at Katholieke Universiteit Leuven, Belgium. Upon finishing an accomplished career as an accredited practicing dietitian, Dr. Brinkman has conducted research through the Nutrition Biomed Research Institute while holding honorary research positions at the Department of Complex Genetics and Epidemiology, Maastricht University and the Cancer Epidemiology Division, Cancer Council Victoria. Her pan-cancer research explores the behavioural determinants behind disease origin and progression. Along with her clinical and research background, Dr. Brinkman provides a critical consumer perspective to the Scientific Advisory Committee, having been the primary caregiver for her husband during his ten-year journey with metastatic colorectal cancer.

Professor Wendy Brown
MBBS PhD FRACS FACS

Professor Wendy Brown is Head of the Department of Surgery and holds a number of positions at the Alfred Hospital, including as Director of the Oesophago-Gastric-Bariatric Unit, Programme Director of Surgical Services, and Chair of the Monash University Department of Surgery, the first woman to be appointed to that role. In addition to these roles, Professor Brown is also the Clinical Director of the Australia and New Zealand Bariatric Surgery Registry and Clinical Lead of the Victorian Upper GI Cancer Registry. Her clinical focus includes bariatric and upper gastrointestinal surgery, including cancer and reflux disease. Her research complements her clinical work, examining the processes and benefits of weight loss and optimised surgical outcomes for patients. Through her interest in registry science, she led the development of the Bi-national Bariatric Surgery Registry and is involved in several translational and clinical research projects, actively collaborating with researchers in basic science. Additionally, Professor Brown serves in a number of leadership roles, including as Chair of the Global Registry Committee and previously as Scientific Chair of the International Federation for the Surgery of Obesity and Metabolic Disorders. She is also the past-President of both the Australia and New Zealand Gastro Oesophageal Surgery Association and the Obesity Surgery Society of Australia and New Zealand. Professor Brown has been a leading voice in shaping healthcare in Australia, serving on several government committees at both Commonwealth and State levels.

Professor Andrew Forbes
BSc PhD FAHMS

Professor Andrew Forbes is Head of the Division of Quantitative Research Methodology in the School of Public Health and Preventive Medicine at Monash University. Upon completing his doctoral degree in statistics from Cornell University, he worked at Ciba-Geigy Pharmaceuticals as a postdoctoral fellow in clinical trials design and analysis. He then joined Monash University in 1992 and continues to head the Biostatistics Unit with research interests in the development of analytical methods for interrupted time series designs, the application of causal modelling principles to practical problems, and latent variable methods. Professor Forbes also leads the Biostatistics Collaboration of Australia, a consortium of five universities delivering biostatistical education, and co-leads the Australian Clinical Trials Alliance Statistics Interest Group. In 2020 he was elected as Fellow of the Australian Academy of Health and Medical Sciences for his contributions to the discipline of biostatistics and its applications in clinical and public health research.

RESEARCH LEADERSHIP

Scientific Advisory Committee

MEMBERS

Associate Professor Caroline Gurvich
BSc PhD

Associate Professor Caroline Gurvich is a clinical neuropsychologist at Cabrini's new Women's Mental Health Centre and the Deputy Director of the HER Centre Australia. She leads the Hormones and Cognition research group where her research focuses on hormonal influences on cognition and their interactions with psychological and lifestyle factors, such as stress and early life trauma. She has over 100 publications that have ultimately contributed to a better understanding of neuropsychology in women's mental health. She is the recipient of several awards, prizes and competitive grant funding, including NHMRC project grants, an NHMRC early career fellowship and a Rebecca Cooper Foundation project grant as well as institutional and philanthropic funding.

Professor Stephen Hall
MBBS MMSc FRACP

Professor Stephen Hall is a clinical rheumatologist at Cabrini, Professor within the Monash Faculty of Medicine, Nursing and Health Sciences, and Founder and Medical Director for Emeritus Research, an independent clinical trials centre in Melbourne. After finishing his medical degree at Monash University, he completed training in rheumatology at the Mayo Clinic. He has led over 250 clinical trials and is committed to the integration of new medical advances into clinical workflows for the purpose of improving patient care and safety. He has previously served as Chair of the Australian Rheumatology Association Education and Training Committee and the Scientific Programme Committee for the Australian Rheumatology Association. Committed to to population-scale health care, Professor Hall was the Visiting Speaker at the Infectious Diseases Institute, Makerere University in Uganda where he conducted specialty clinics in one of the largest HIV hospitals in the world, while also working as a consultant rheumatologist for several hospitals throughout Cambodia.

Professor Anne Holland
BAppSci (Physio) PhD FThorSoc

Professor Anne Holland is Head of Respiratory Research at Monash University and Alfred Health, and Professor of Physiotherapy at Monash University. She is currently an NHMRC Leadership Fellow and Chief Investigator for two NHMRC Centres of Research Excellence in Pulmonary Fibrosis and Treatable Traits. Her research investigates supportive non-pharmacological therapies for people with chronic respiratory disease, including pathways for implementation. These have involved a number of clinical trials evaluating new models of pulmonary rehabilitation that address barriers of access in conventional approaches, such as the HomeBase Trial. Professor Holland's research has informed more than 30 clinical guidelines globally and has led to several awards, including the Society Medal from the Thoracic Society of Australia and New Zealand, and the European Respiratory Society Gold Medal for Allied Health Professionals. Professor Holland currently serves as President of the Thoracic Society of Australia and New Zealand.

Professor David Kaye
MBBS PhD FRACP FACC DDU FESC FAHMS

Professor David Kaye is Director of the Department of Cardiology and a Senior Cardiologist in the Advanced Heart Failure and Transplant Service at the Alfred. He is also Head of the Heart Failure Research Group at the Baker Heart and Diabetes Institute and appointed the inaugural Director for the Monash Alfred Baker Centre for Cardiovascular Research. His research examines the pathophysiology of heart failure, focusing on the identification of novel mechanisms that can be targeted for therapeutic intervention. Professor Kaye has extensive experience in translational research and commercialisation, with his work going on to form three early- to mid-stage medical device companies, one of which includes ASX-listed Osprey Medical. All are clinically active and are supported by 13 US patents. Profesor Kaye is also the recipient of the Eric Susman and RT Hall Prizes for research excellence from the College of Physicians and Cardiac Society respectively, and in 2012, he was awarded the 2012 Eureka Prize for Medical Research Translation. In 2015 he was elected Fellow to the Australian Academy of Health and Medical Sciences.

Associate Professor Julia Morphet
RN MN PhD

Professor Julia Morphet is Head of the School of Nursing and Midwifery at Monash University. She is an experienced emergency nurse with more than 15 years of clinical experience. Transitioning to academia to deliver a postgraduate emergency nursing program, she has since gone on to become a leading researcher in healthcare workforce participation and training, exploring their impact on patient outcomes. Professor Morphet has held several senior leadership roles in nursing, including as Director of Education and Deputy Head of School at Monash University, and currently serves as National President for the College of Emergency Nursing Australasia. She plays an important role in shaping Australian healthcare policy, promoting safe quality care for patients and clinicians through several committees and working groups for both the Commonwealth and Victorian Governments. In 2021, Professor Morphet received the Julie Finucane OAM Medal for Leadership in Emergency Nursing, the highest honour of the College of Emergency Nursing Australasia.

Professor Terence J O'Brien
MBBS MD FRACP FRCPE FAHMS FAES

Professor Terence O'Brien is Chair of Medicine (Neurology) and Head of the Central Clinical School at Monash University. He is also Program Director for Alfred Brain and Deputy Director of Research at Alfred Health. He was previously the Van Cleef Roet Chair of Neuroscience at Monash University and the James Stewart Chair of Medicine at the Royal Melbourne Hospital and the University of Melbourne. Professor O'Brien is a specialist in neurology and clinical pharmacology, with particular expertise in epilepsy and neurodegenerative diseases. He leads a large translational research team undertaking work in both basic and clinical research, focused on developing improved treatments for people with epilepsy and related brain diseases. Through his research, he has received 18 awards from national and international scientific bodies, including the Ambassador for Epilepsy Award from the International League Against Epilepsy, the Dreifuss-Penry Epilepsy Award from the American Academy of Neurology, and the James Lance Oration and Award, the highest honour of the Australian and New Zealand Association of Neurologists. Professor O'Brien serves on a number of professional societies including as President of the Epilepsy Society of Australia and in 2016 was elected Fellow of the Australian Academy of Health and Medical Sciences

Scientific Advisory Committee

MEMBERS

Professor Mark Shackleton
MBBS PhD FRACP

Professor Mark Shackleton is a Professor of Oncology at Monash University and Clinical Research Fellow for the Victorian Cancer Agency. He also serves as Director of Oncology at Alfred Health, Chair of Melanoma and Skin Cancer Trials, and Co-Director of the Monash Partners Comprehensive Cancer Consortium. After training in medical oncology and at the Ludwig Institute in Melbourne, he undertook doctoral studies at the Walter and Eliza Hall Institute of Medical Research and completed postdoctoral training at the University of Michigan. His clinical interests centre on skin cancer, with his research focusing on cancer biology, developmental biology, oncogenic signalling pathways, and clinical trials. Professor Shackleton has received several major prizes for his research including the Victorian Premier's Award for Medical Research, a NHMRC Achievement Award, a Pfizer Australia Fellowship, and a Victorian Cancer Agency Clinical Research Fellowship. In 2012, he was awarded the Australian Science Minister's Prize for Life Scientist of the Year.

Professor Karen Walker-Bone
MB PhD FRCP

Professor Karen Walker-Bone is Director of the Monash Centre for Occupational and Environmental Health and Professor of Planetary Health at the School of Public Health and Preventative Medicine at Monash University. Also a clinically qualified rheumatologist, her research focuses on musculoskeletal health in the workplace with broader interests in workplace physical and mental health promotion, particularly with relation to both women and older workers. Before joining Monash University in December 2022, Professor Walker-Bone was Director of Medical Research Council Versus Arthritis Centre for Musculoskeletal Health and Work in the United Kingdom. She continues to hold honorary appointments in occupational rheumatology at the University of Southampton. Professor Walker-Bone was the recipient of the Arthritis Research UK fellowship and is a Fellow of the Royal College of Medicine.

Consumer and Community Involvement Committee

Cabrini has steadfastly embraced the need to incorporate consumers into the research process to not only meet its patient-focused values, but to also deliver research that is based in real-world outcomes relevant to patient populations.

While these efforts have been made throughout Cabrini's history, it was only last year that these relationships were formalised through the Cabrini Research Consumer and Community Involvement Committee. Chaired by Professor Gary Richardson, the Committee has played a central role in strategically directing research priorities and approaches.

The contributions of the Committee took on even greater importance during 2022-23 as Cabrini prepared for the introduction of the National Clinical Trials Governance Framework (NCTGF). Embedded within the NCTGF is the Partnering with Consumers Standard that outline requirements involving:

- Clinical governance and quality improvement systems to support partnering with consumers
- Partnering with patients in their own care
- Health literacy, and
- Partnering with consumers in organisational design and governance.

To gauge where Cabrini currently stands and where it needs to go, a workshop was conducted in mid-2023. The intention was to gauge opinions in lights of the NCTGF while also gathering feedback for the development of the Cabrini Virtual Patient Tour. Some key topics raised with regards to Cabrini's clinical trials included:

- Continuity of care, harmonising research and clinical services, and also across departments, while maintaining a point of contact and support for clinical trials patients
- Patient demographic profiles, informing how clinical trials are both communicated and conducted with accommodations made to meet patient needs, specifically the types of trials conducted and the use of an interpreter when necessary
- Improved and frequent communication, providing plain English and non-English material with relation to clinical trial participation and subsequent trial progress and results, and
- Diverse engagement methods, implementing both formal and informal methods to better understand patient perspectives and reasons for withdrawal when they occur.

While the intent was to focus on clinical trials, the discussion was ultimately far-reaching and struck at the core of Cabrini's identity while forming thematic pathways for continued leadership in patient-centric medical research. These have been formative for Cabrini Research in the months since and are under consideration as the post-2025 strategic plan is being formed. Central discussion themes included efforts towards:

- Greater health equity and inclusivity, with one consumer noting "I've noticed they're making an effort to include a wider range of voices, from younger patients to those from multicultural backgrounds"
- Genuine consumer engagement, with another consumer observing how "collaboration with local groups means they are hearing from real people in the community, not just those who can make it to meetings", and
- The integration of feedback through an iterative quality improvement model, described by another consumer as "genuinely tak[ing] our feedback on board. After a recent workshop, I saw changes implemented based on our discussions".

Such invaluable insights only reinforce the need for Cabrini to continue its focus on consumer engagement, now facilitated through the Consumer and Community Involvement Committee. Cabrini Research would like to thank all the consumers and advocates who have sacrificed their time in supporting our work.

Consumer engagement workshop

Director of Research Operations

ANNUAL REVIEW

In 2020, the Wright Report recommended the separation of research from teaching and training at Cabrini.

Enacting this recommendation saw the creation of Cabrini Research, a group of clinical academics, research scientists, and professional support staff with the specific charter of bringing innovation, excellence, and focus to Cabrini's research endeavours. Since my appointment as Director of Research Operations in February 2023, I have had the privilege to witness and take part in this work, so I am delighted to provide an update on what has been done to support research excellence at Cabrini this past year.

Oncology clinical trials are a major focus for Cabrini Research. Cabrini treats over 4 000 cancer patients each year, making it the second largest integrated cancer service in Victoria. Sponsored and investigator-led trials are important in increasing awareness of treatment options and provide pathways for those not responding to standard of care therapies. Over the past fiscal year, oncology trials continued to grow in line with our strategic objective of having 1,000 trial participants by 2030, with three hundred enrolled across one hundred studies at the end of June 2023. Our clinical trials team has expanded to meet extra demand with several specialist positions created for greater operational efficiency. Throughout the next year, a number of strategies will be progressively implemented to ensure that growth in clinical trials continues.

Good research governance is essential for high-quality, ethical, patient-based clinical research.

Cabrini Research is fortunate to have a highly skilled group assisting our researchers, visiting medical officers (VMOs), and external collaborators wanting to engage with Cabrini's patient population as part of multi-site studies. During 2022/23, Michele Tonkin was promoted to manage the Research Governance Office in recognition of her leadership over an extended period, and her expertise in effectively managing our rapidly growing portfolio of projects. The Research Governance Office also welcomed two new members. Dianne Biermann joined us from the Peter MacCallum Cancer Centre and is the Project Lead for Cabrini's implementation of the National Clinical Trials Governance Framework. This framework has been mandated by the Commonwealth Government for all health services conducting clinical trials and Dianne has already had a major impact in ensuring our compliance to these new guidelines. Donna Li has also transitioned into the team from her previous role with Cabrini Research, as the Office looks forward to a year of increased research activity with poise and confidence.

Research Operations Team, from left to right: Dianne Biermann, Ioana Logan, Gavin Horrigan, not pictured: Michele Tonkin, Deb Macdonald, Donna Li, Fiona Beckwith, Brenton Um

Our administrative staff have also provided seamless practical support to Cabrini's researchers. Together, they oversaw this year's Annual Internal Grants Round funded by the generosity of our donor base with assistance from the Cabrini Foundation. This year, seven grants were competitively awarded to Cabrini researchers and VMOs, totalling $434 436. I offer sincere thanks to our administrators as well as the scientific and executive panels who reviewed and ranked the applications.

Our administrators are the invisible glue that supports the myriad of vital activities constantly occurring in the background, which are required for our research to take place.

The Research Operations Team has also played a significant role in supporting our monthly Cabrini Research Sessions seminar series and other committee activities. These have included our regular Consultative Committee Meetings with Monash University, our key academic partner. These meetings have provided a forum for us to better align Cabrini Research with the University's research and administrative resources.

Additionally, the Team played an integral role in increasing Cabrini's consumer engagement profile. By the end of June, our consumer group had grown to fifteen people, including patients, caregivers, clinical trial participants, and donors. We are profoundly grateful for their insights as to how we can make our work more focused and meaningful for patients at Cabrini and elsewhere.

I would also like to acknowledge the superb support my team has received from other parts of Cabrini. Our colleagues in the Foundation have used their donor relationships to locate the funding needed to realise the aspirations of our researchers. Other core service providers such as Finance, People & Culture, Legal, Marketing, and Work Health & Safety, have been instrumental in supporting our activities. Their continued efforts will ensure that we are well placed to have an even more productive year in 2023/24.

Gavin Horrigan
Director of Research Operations

Strategic overview

OUR STRATEGY: PAST PROGRESS AND PREPARING FOR THE FUTURE

Cabrini Australia's Group Strategy outlined a five-year plan for the organisation, across Health, Research, Technology, and Outreach. Beginning in 2021, this year signals the halfway point of this strategy and provides an opportunity to reflect on the past as we begin to prepare for a future beyond 2025. Overall, significant progress has been made, allowing Cabrini Research to begin planning for an ambitious future of sustainable growth across its research departments.

Underpinning every aspect of Cabrini's work are its values of compassion, integrity, courage, and respect, drawn from its rich and living heritage as a Catholic health group. It was upon this that Cabrini Research aimed to become a nationally recognised private institute with a strong focus in oncology, cardiology, and musculoskeletal research. This would be achieved through an emphasis upon clinical and translational research, supported by health informatics capabilities to ensure a data-driven approach.

The 2021-2025 Group Strategy identifies four key outputs for Cabrini Research to benchmark its progress. Despite the challenges presented by SARS-CoV-2, notable progress towards each of these can be reported.

Cabrini Cancer Institute: Assisted by a $5 million grant from the Commonwealth Government and large philanthropic contributions from donors, the Cabrini Cancer Institute was established in 2021 as a research and clinical oncology facility. Currently in the initial of two phases, goals aimed at doubling the number of clinical trials and forming a world-class exercise oncology laboratory have been realised. As it transitions into phase II of its development, the Institute will grow its programs in organoid- and genomics-based precision medicine.

Strategic Expansion of Clinically Aligned Research: Cancer remains a core strength through research departments in medical oncology, surgery, and urology, reflecting Cabrini's standing in cancer care. By further optimising precision medicine, surgical methods, and patient-clinician communication, research continues to be clinically aligned. The past three years has also seen significant growth in cardiology research, with nursing research establishing the foundations for future expansion. The next year also presents an opportunity to rebuild the musculoskeletal department towards Cabrini Research's strategic vision.

Capability-Building in Translational Research: In focusing upon a patient-centric and clinically impactful approach, Cabrini has invested in its translational research capabilities. Its robust organoid program has expanded to now include breast, colorectal, ovarian, and prostate cancer types. Continued collection of clinical data augmented with patient-derived samples also represents significant translational potential, as does improved methods in predictive analytics. These provide a critical bridge for precision medicine, while providing a rich source of information from which biological targets can be identified for downstream development. This has been made possible through Cabrini's collaboration with Monash University's Biomedicine Discovery Institute.

Professor Gary Richardson speaking at the opening of the Cabrini Cancer Institute

Integration of Health Informatics: At last count there were more than sixty active clinical registries at Cabrini. They provide important information for quality improvement, streamlining clinical workflows and ensuring the highest standards of care are delivered. The majority of these registries have reached a critical mass capable of answering important research questions. Alongside applications in precision medicine and biological target discovery, noted above, they have enabled a data-driven approach for research conducted by external collaborators, broadening the clinical impact of Cabrini Research.

The strategic progress achieved is a testament to the dedication of Cabrini's researchers and professional support team.

Together, they have created a culture bound by a shared belief in the power of research to change the lives of not only its patients, but also the global health community, now and into the future. Alongside Cabrini's values, the Group has been able to realise its achievements through four core operating principles.

Our People: Cabrini Research takes pride in attracting, developing, and retaining a high-quality workforce comprised of clinical academics, research scientists,and research support professionals. This team works cooperatively across our departments and external collaborators, supporting one another in order to generate advances at each stage of the patient journey.

Our Consumers: Engagement with the community has increased significantly not only at Cabrini but across Australia as it is now a core component in national research frameworks. While also expanding in number, Cabrini has continued its track-record of genuine and substantive engagement, made possible through our knowledgeable consumer advocates. They generously sacrifice their time to provide critical insights for specific projects and, more broadly, the future strategy and direction of Cabrini Research.

Our Innovation: A forward-looking focus has positioned Cabrini Research to adopt new technologies and services in creating cutting-edge solutions to the scientific and clinical questions explored by our researchers. This is not a recent development, with Cabrini having established an extensive library of registries and datasets through a decade's long belief in data-enabled research and healthcare. More recently, spatial genomics technologies, artificial intelligence-enabled models, and organoid techniques have been adopted, driving progress towards the next generation of diagnostic tools and therapeutic products. Our nationally recognised Clinical Trials Program has developed innovative methods that will ensure that these discoveries translate into clinical impact and meet the needs of the future.

Our Partnerships: Cabrini has continued to benefit from its relationship with a number of schools across the Faculty of Medicine, Nursing, and Health Sciences at Monash University. This is reflected in the membership of the Cabrini Research and Scientific Advisory Committees. Monash also provides us with access to scientific resources and infrastructure, alongside a wealth of expertise that augments our research output. In addition to Monash, Cabrini Research has actively developed links with government at both Commonwealth and State levels and continues to maintain genuine exchanges with a network of donors, who generously support our work.

Although the existing organisation-wide strategic plan is only at its mid-point, the progress made thus far has positioned Cabrini Research to commence development of a more focused strategic and operational plan. Currently, comprehensive engagement with both internal and external stakeholders is being conducted with a new plan to be drafted by the start of 2024. A review process will follow and establish a path for sustainable growth that delivers meaningful impact for patients and the broader Cabrini community.

Transition in Leadership

It is difficult to capture the totality of Anne Spence's contributions to Cabrini.

Since joining Cabrini in 2002, she has consistently supported the growth and evolution of research. Many of the programs conducted at Cabrini Research today are a direct result of her work. She played a formative role in establishing the governance structures that ensure research is conducted ethically, while also developing educational modules that continue to support the development of future researchers and clinicians.

In 2010 Anne was awarded the Sister Irma Jubilee Award for her contributions to Cabrini's mission and outreach activities. She led the design and development of the Patricia Peck Education and Research Precinct, a multipurpose facility which since 2013 has been the home for Cabrini's research and teaching. In 2014, she was appointed Director of Research Infrastructure and played a leading role in the Wright Review and the implementation of its recommendations.

Over the past few years, she has instilled stability and direction at Cabrini Research as it restructured both its governance and funding models for a future of sustainable and continued growth. At the end of 2022, Anne announced her retirement and while she departs from the everyday functions of Cabrini Research, she remains involved in a number of initiatives that are close to heart. The researchers, clinicians, and professionals, over the decades and now thank Anne for her years of tireless service that have allowed Cabrini to be where it is today.

In February 2023, Gavin Horrigan joined Cabrini Research as Director of Research Operations.

Having graduated with a Bachelor of Science and Master of Business Administration from the University of Melbourne, he brings a wealth of expertise, accumulated throughout his experience in both the pharmaceutical industry as well as higher education. While at CSL Limited, he was head-hunted as the Chief Operating Officer of the new-established Monash Institute of Health Services Research in 2000. In 2004, he was appointed General Manager of the Southern Clinical School based at Monash Medical Centre and in 2011, became the Precinct Manager for the Alfred Medical Research and Educational Precinct. During this time, he oversaw the Central Clinical School and the School of Public Health and Preventive Medicine, playing an integral role in the rapid growth of their research and teaching activities.

Having worked closely with Anne in his roles at Monash, Gavin will ensure a smooth transfer of leadership as Cabrini Research prepares for a new phase of its development. His track-record in strategy and operations expertise will be critical to this initiative, which will involve an expansion of Cabrini Research's commercial and philanthropic activities. It is rare for an organisation to be able to transition so easily while planning for projects of large-scale significance. Yet the past several months has shown that this is possible through the foundational work by Anne over the past several decades and the highly-qualified skills and vision that Gavin brings to Cabrini.

Research Governance

The Cabrini Research Governance Office (CRGO) is responsible for the approval and on-going oversight of research projects at Cabrini, ensuring the highest ethical standards are met by researchers while protecting their scientific freedom.

Maintaining this balance requires engagement with not only researchers, but also patients, external collaborators, and regulatory bodies throughout both Commonwealth and Victorian Governments.

Alongside responsibilities similarly carried out by other research governance offices, CRGO makes sure that research is aligned with Cabrini's values while also promoting a model of collective responsibility.

Throughout the past year, the CRGO has continued to execute on this mandate while overseeing Cabrini's compliance with the newly introduced National Clinical Trials Governance Framework (NCTGF). Despite a vibrant ecosystem of clinical trials activity in Australia, there has long been a need to consolidate clinical trials and establish consistent methods of surveillance and assessment for greater safety and quality. In response to this, the NCTGF was designed, building upon the National Model Clinical Governance Framework and the National Safety and Quality Health Service standards to form a rigorous collection of protocols that touch upon every facet of clinical trials activity.

For 2022-23, the CRGO has introduced sweeping evaluation and implementation measures to ensure Cabrini's compliance with the NCTGF. These have been anchored in five components: governance, leadership and culture; patient safety and quality; improvement systems; clinical performance and effectiveness; safe environment for the delivery of care; and partnering with consumers. To undertake this task, Dianne Biermann has joined Cabrini as NCTGF Project Lead, bringing with her a wealth of experience in research governance and an extensive network spanning the Victorian healthcare and medical research sectors. She has completed the Assessor Training Program delivered by the Australian Commission on Safety and Quality in Health Care and has developed implementation workplans that involve the collection of metrics and evidence in line with NCTGF assessment standards. Additionally, Donna Li has taken on an expanded role with the team, provided invaluable corporate knowledge critical to the whole-of-institute response needed to ensure Cabrini's compliance.

From July 2023, Cabrini, along with all clinical trials sites, has been part of the NCTGF's mandated short-notice assessments program, designed to ensure alignment with these new clinical trials standards. These rigorous assessments will be conducted with just 48-hour's notice and depending on the number of approved active trials at the time of notification, involve the evaluation of anywhere between 5 to 30 clinical trials. CRGO welcomes this approach, viewing it as an opportunity to showcase a long-established commitment to clinical trials excellence. Initial evaluations will employ a maturity scorecard, categorising Cabrini's systems as either Initial, Growing, or Established, with a subsequent transition to the Australian Health Service Safety and Quality Accreditation for subsequent evaluations. The eventual outcome of this process is to determine accreditation in line with the NCTGF and maintain this status through repeated reviews.

This confidence is measured, however, demonstrated through the meticulous and on-going work of CRGO and a shared sense of humility that these standards are critical in strengthening our healthcare system.

At its core, the NCTGF aims to improve the quality of clinical trial services, an aspiration that Cabrini unreservedly shares.

Moreover, having worked closely with the clinical trials team, the CRGO recognises the vital role clinical trials play in allowing patients to access potentially life-saving therapeutic innovations when they need it most. Taking all possible steps to secure accreditation protects Cabrini's ability to continue this vital work well into the future.

Clinical trials

Over the years, clinical trials have been a core priority for Cabrini, connecting patients to therapeutic innovations while ensuring that biomedical research remains clinically relevant and impactful. As the number of clinical trials grew, the Cabrini Clinical Trials Program has emerged as a collaboration of researchers and clinicians, supported by a team of managers and coordinators who oversee patient engagement, logistics, and operations. Together, they drive some of Cabrini's most important research outputs in assessing the safety and effectiveness of medical products not only for participating patients but also the wider Australian population.

A YEAR OF GROWTH AND CHANGE FOR THE FUTURE

2022-2023 represented a significant period of change for the clinical trials program at Cabrini. A result of steady growth over the past several years, a number of factors have contributed to a shift in how clinical trials are managed at Cabrini.

Towards an independent clinical trials program

Historically, the vast majority of clinical trials at Cabrini have involved anti-cancer drugs and consequently, clinical trials were embedded within the Department of Medical Oncology. However, recent years has seen greater diversity in the types of trials being conducted, with cardiology accounting for a growing proportion of the Program's portfolio. Last year, two key trials were conducted, including:

- The OCEANIC Trial, led by Dr. Swati Mukherjee, which sought to determine the effectiveness of asundexian as a preventative pharmaceutical measure against ischemic stroke, and
- The SNORE-AF Study, led by Professor Peter Kistler, investigating the impact of sleep apnoea therapy for patients recovering from atrial fibrillation surgery through a technology-enabled monitoring system.

The increased number of trials has also occurred in other non-oncological areas, including novel surgical methods and patient selection strategies. While the Clinical Trials Program continues to work closely with the Department of Medical Oncology as the Oncology Research Team, the acquisition of independent trial chairs and an increasingly diversified portfolio has created a new operational reality. In adapting to this, clinical trials have organically begun to function as an independent unit, better suited to serving the multi-disciplinary needs of Cabrini Research.

Romaniya Fernando, Cardiology Research Assistant for the Department of Cardiology Research

Cabrini clinical trials team, top left to right : Gabriel Qi, Kate Hurford, Demis Balamatsias, Dulash Fernando, Koby Scarff, Ella Knox, Betty Dassios. Seated: Romaniya Fernando, Dina Cherfi, Rochelle Woods.

Growing team, growing capabilities

Operational independence has also coincided with important changes within the Program's team. With the departure of Micheleine Uhe to Alfred Health, Rochelle Woods was appointed Team Manager, taking over responsibilities in May 2023. This has occurred alongside several additions including:

Dianne Biermann, who currently oversees Cabrini's implementation of the National Clinical Trials Governance Framework as Project Lead;

Gabriel Qi as the Clinical Trials Business Manager;

Caitlyn Wannenburg as the Clinical Trials Administration Assistant;

Ella Knox and **Dulash Fernando** as Oncology Clinical Trials Study Coordinators;

Romanyia Fernando as the Cardiology Clinical Trials Study Coordinator;

Judith Ortega as the Clinical Trials Laboratory Assistant in Oncology Research; and

Jogi Baby and **Shelly Xu** as dedicated Oncology Clinical Trials Nurses.

With the Program's new team, there has been a concerted effort to further expand capabilities. The centrepiece of this has been the virtualisation of the onboarding process through the development of an online tour for both patients and sponsor organisations. Once complete, a digital walkthrough will be made available, outlining the requirements of each induction step. It is anticipated that in providing information transparently and ahead of time, patient experiences will be enhanced. Moreover, clinical trials will be more accessible to the general patient population, contributing towards greater healthcare equity by overcoming socioeconomic and geographic barriers.

This project will take place alongside other technology-enabled initiatives, including a predictive model for trial chair usage. This will provide indicators for patients waiting to begin their clinical trial therapies, while allowing the Platform to plan its on-going capacity-building efforts.

A proactive approach in meeting patient needs

These developments have established the foundations for the Clinical Trials Program to pursue a paradigm shift in its stakeholder engagement strategy. Previously, the Program operated on a demand-driven model, where research institutions, pharmaceutical companies, and contract research organisations would initiate collaborations based on their respective research agendas, predominantly the clinical evaluation of drug candidates for cancer. However, the Program's growth will now enable it to pivot towards a more values-based approach, transitioning towards a strategic alignment model. This will involve proactively identifying and prioritising trials that resonate with Cabrini's strategic objectives, rooted in patient- and community-based research and healthcare.

The plans currently being developed by the Program's team lead to an exciting future. By leveraging a proactive portfolio management approach, it is expected that resources can be optimally allocated in order to foster synergies with trial partners that promise the highest return on investment in terms of patient outcomes. This strategic realignment enhances the value it can offer to stakeholders, underscores the Program's commitment to operational excellence, and reinforces its vision to support Cabrini's pursuit of patient-centric clinical research.

GLOBAL FIRST IN ONCOLOGY CLINICAL TRIALS

This year saw Cabrini reaffirm its place within the Australian cancer research landscape by enrolling the world's first patient to the HMBD-001-102 trial.

A globally significant moment for medical oncology, it signalled the beginning of an international program aimed at evaluating HMBD-001. Developed by Hummingbird Biosciences, this antibody therapy targets HER3, found to drive both tumour growth and drug resistance. Cabrini will be the only site in Victoria trialling this treatment, which will focus on patients with squamous non-small cell carcinoma.

The trial is also a significant development for precision oncology. In partnership with Omico, participants have been identified through a transformative process where patients populations are genetically profiled. This generates genetic data, which can be scanned for individuals possessing the biological features most suited for a given treatment.

By connecting patients in this way, truly personalised cancer care can be delivered, minimising the need for unnecessary treatment.

For clinical trials, it accelerates enrolment by aligning patients with effective therapies through a centralised and streamlined platform. Cabrini's on-going involvement with HMBD-001 will form an important contribution to the international clinical trials program. Moreover, it signals a focus on developing capabilities in genomics-led precision oncology. Similar to the integration of genetic profiling conducted by Omico, the Department of Medical Oncology will aim to establish a program that will catalogue the unique genetic profiles of patients and connect them to a global library of anti-cancer therapies. Clinical trials will remain a vital part of this work, allowing for a better understanding as to the effectiveness of personalised cancer care.

Clinical trial patient with Demis Balamatsias, Senior Clinical Trials Coordinator

Biostatistics

World-class research from Associate Professor Mohammad Asghari-Jafarabadi

Associate Professor Mohammad Asghari-Jafarabadi was amongst the top 2% of global scientific researchers for the 2022 calendar year, ranking 1021st from over 300,000 medical researchers.

This outstanding achievement is based upon an innovative c-score methodology developed at the Meta-Research Innovation Centre at Stanford University, designed to capture the actual impact of a researcher's work rather than the number of publications. In doing so, it integrates multiple metrics to come to a more holistic understanding of a researcher's publication output and the extent to which they have shaped their respective fields.

From the 67 published papers Professor Asghari-Jafarabadi was involved in last year, the following are some notable highlights:

- A study conducting a systematic analysis of global cancer has been cited on 491 occasions, amongst the highest in the world and ranking first amongst articles published in JAMA Oncology, itself the 4th most impactful journal for cancer research in terms of Scopus CiteScore.
- Two papers, one concerning health systems performance in Iran and the other related to attributable risk factors for cancer, were published in the Lancet, which ranks second amongst all medical journals by Scopus CiteScore.
- The depth of Professor Asghari-Jafarabadi's biostatistical research was also complemented by its breadth, with articles in colorectal cancer and rheumatoid arthritis published in the Lancet Gastroenterology and Hepatology and Phytotherapy Research respectively, both discipline-leading journals.

As Cabrini Research continues its commitment towards research excellence, Professor Asghari-Jafarabadi's global ranking cannot be overstated and represents an important organisational milestone. His research output, whether measured through traditional or non-traditional metrics, is globally significant and serves as an inspiration for all our researchers.

Cabrini Data Management

Data has been a key priority for a number of decades, providing an important source of information from which Cabrini can identify areas for quality improvement.

Over time, the volume and sophistication of these datasets and registries has allowed both researchers and clinicians to integrate this data into their workflows and come to evidence-based decisions. From the beginning, Cabrini Research has played a critical role in accumulating, managing, and disseminating data, which now covers a diverse range of areas, including oncological and surgical outcomes, that have supported countless applications from precision medicine, basic research, and drug discovery.

As patient-centred care remains at the heart of both Cabrini's clinical and research priorities, datasets and registries are similarly focused on monitoring patient outcomes and experiences. This provides a platform for quality assurance activities, while enabling research aimed at answering questions around the effectiveness of existing diagnostic, therapeutic, and rehabilitative protocols. The impact of such robust evaluation is far-reaching, moving beyond Cabrini to play a crucial role in national discussions concerning healthcare delivery. Uniquely operating as a private non-profit healthcare provider, Cabrini is uniquely positioned to provide data points not possible in other settings. As a result, its over 60 datasets and registries have played a growing role in national clinical quality registries (CQRs) as part of a framework overseen by the Australian Commission on Safety and Quality in Health Care. Embedding itself with these national CQRs ensures that Cabrini's data management complies to best practice and that all ethical considerations are taken when sharing patient data.

As this work continues, the last year has seen particular growth in the collection of patient-reported outcomes (PROMs) and patient-reported experience measures (PREMs) so as to further augment the utility of the clinical information gathered. By capturing patient perspectives of their quality of life, treatment, and outcomes, a more holistic view of care can be reached. The integration of these metrics has been a multi-year process, with significant progress having been made over the past year.

As a result, Cabrini is now able to gauge a better understanding of the care they provide while fostering greater collaboration with clinical and research partners, along with government and peak bodies, reinforcing Cabrini's reputation for patient-focused evidence-based healthcare.

The following provides an overview of some of the data management work currently being carried out at Cabrini.

Cabrini Breast Cancer Database

Since instituted in 2016, the Cabrini Breast Cancer Database has grown steadily to now have nearly 3000 currently enrolled patients. The database is instrumental in elevating the safety and quality of cancer treatment for patients diagnosed with early and locally advanced breast cancer at Cabrini. It catalogues clinical information regarding diagnosis, tumour characteristics and progression, and both treatment and its outcomes. This enables clinicians to monitor and measure the quality of care delivered, benchmarked against national and international standards. Additionally, the real-world information drawn by this database is invaluable for research, supplementing drug trials and its clinical-stage assessment data. The contents of the data remain confidential, through a robust de-identification process, allowing it to be requested for ethically approved projects. This application has seen continued growth the past year, providing data-driven clinical and translational research amongst both Cabrini and external investigators. Additionally, the Cabrini Breast Cancer Database saw the addition of Dr. Mary Temidayo as Data Manager from the Baker Heart and Diabetes Institute. A bioinformatician in cellular genomics, Dr. Temidayo's addition is a critical development in the Department of Medial Oncology's broader ambition to further its capabilities in genomics-based translational and clinical research.

Cabrini Gynaecological Oncology Registry

The Cabrini Gynaecological Oncology Registry (CGOR) achieved a number of substantive milestones in 2023. Throughout the year, the CGOR implemented measures to better align its data fields with the National Gynaecological Oncology Registry. In doing so, reporting processes were streamlined, generating workflow efficiencies for what was previously a labour-intensive task. Resulting from this has been the opportunity to place greater attention on the CGOR's continued development, which led to notable growth in the registry not only in terms of total volume but, perhaps more importantly, the categories of participants enrolled. As gynaecological cancers account for nearly 10% of all new female cancer cases, this expansion and diversification is vital to the clinical relevance of the CGOR and its multi-application utility. Moreover, it reflects the Team's on-going efforts towards a more representative registry, further contributing towards greater health equity in Australia

Cabrini Monash Colorectal Neoplasia Database

Since 2010, the Cabrini Monash Colorectal Neoplasia Database (CMCND) has facilitated research and quality assurance programs, while enhancing clinical care through the analysis and monitoring of surgical and patient outcomes. During that time it has been adopted by the Colorectal Surgical Society of Australia and New Zealand, expanding into the Bowel Cancer Outcomes Registry. This year, several initiatives leveraging this extensive dataset have been launched, including projects:

- Assessing the impact of BMI on postoperative outcomes
- Predicting colon cancer survival, and
- Identifying determinant factors in early-stage colorectal cancer recurrence.

The CMCND Team has also engaged with several research partners in providing data that has gone on to form the empirical basis for publications in in high-impact journals including, PLoS One, the International Journal of Surgery, and the Australian and New Zealand Journal of Surgery. As it continues to build-upon the 7000 years of patient data already accumulated, the CMCND will remain an invaluable resource for translational and clinical research, while supporting the optimisation of colorectal cancer care in Australia.

Cabrini Lung Cancer Database

The Cabrini Lung Cancer Database (CLCDB) enrols newly-diagnosed lung cancer patients and collects data throughout their respective clinical journeys. Made possible through the philanthropic contribution of Freda and George Castan, the Database was developed in collaboration with the Victorian Lung Cancer Registry. Today, the CLCDB includes over 230 patients, each providing vital information as they transition through their treatment, with post-treatment and survival outcomes incorporated thereafter. This year, the CLCDB has undergone several enhancements so as to align data management practices with other national and international databases. This has augmented its value as it is now able to better contribute towards collaborative efforts aimed at forming reference data for scientific, clinical, and health policy purposes. A key component of this work has been the integration of PROMs and PREMs, incorporating patient perspectives so as to create a more holistic representation of clinical care in lung cancer.

PHILANTHROPY

A year of philanthropic impact

Cabrini Research holds a special place for many. When asked why, the countless reasons put forth can ultimately be tied to a unique sense of community that runs counter to the unemotional exactness of medical research.

While this is embedded within our identity internally, the patients and family-members who connect with Cabrini point to the clinically relevant nature of the research being conducted.

Clinician researchers make this possible, linking their work in the laboratory to the point of care.

This has led many of Cabrini's patients and their families to become donors, forming a philanthropic network that actively engages with researchers and their work. Over the past 12 months, as has been the case throughout Cabrini's history, the generous contributions made by this network have led directly to life-saving discoveries and innovations. In seeing this impact first-hand, donors have sought to contribute further to research, and in several instances, made commitments that will last into perpetuity.

This year, Cabrini Research would like to recognise three such contributions, made by Peter Greenham, the Selwyn Family, and the Pratt Foundation.

Peter Greenham Bequest to the Cabrini Cancer Institute

A titan of industry, Peter Greenham recognised the role various organisations had played in shaping his life, expressing this through his philanthropy across several Melbourne institutions. Amongst them was Cabrini where his support, spanning several decades and involving multiple causes, has left an indelible mark that is felt to this day. In understanding the generational potential of research, he directed his bequest towards the founding of the Cabrini Cancer Institute.

The Institute he helped establish will play a major role in the future of Victorian cancer care, enabling Cabrini to provide the highest standards of cancer care to its community. It has since expanded its clinical trials program, become a national leader in integrative oncology, and laid the foundations for genomics-led anti-cancer drug discovery. In 2020, Peter sadly passed away, yet with each life changed, his vision and commitment to research not only continues but grows.

"I'm very proud of what he's done. It's really something for future Greenhams to look back on and say: 'look what great-great-grandpa did.' I think it's amazing," Peter Greenham Jnr

Peter Greenham

Alan, Ada and Eva Selwyn Endowed Chair in Colorectal Cancer Research

Alan and Ada Selwyn shared a lifetime of philanthropy, devoting themselves to several causes that spanned hospitals, medical research, and the arts. They were instrumental in the advancement of humanitarian causes across the globe, and their daughter Eva continues this legacy in their honour.

Alan and Ada's philanthropic journey with Cabrini has been a long and extremely generous one, and in 2017 the Alan, Ada, and Eva Selwyn Emergency Department was opened. This year, Eva continued her parents' commitment by supporting the Alan, Ada and Eva Selwyn Endowed Chair of Colorectal Cancer Research.

Currently held by Professor Paul McMurrick, the impact generated by an endowed chair goes well beyond any one individual.

Rather, it will have a lasting influence on the Cabrini Monash University Department of Surgery as it searches the complex biology of colorectal cancer to address its disproportionate burden of disease in Australia.

Eva, Ada and Alan Selwyn

Pratt Foundation Grant in Support of Prostate Cancer Research

Richard Pratt was universally recognised for shaping corporate Australia. (But) prostate cancer research is something that is very close to the family, as Richard sadly passed away of prostate cancer at only 74, 14 years ago. As a patient, he began a close friendship with Professor Mark Frydenberg AM who heads the Department of Urology.

It was through this bond that Fiona Geminder, Richard's daughter, sought out a way in which the Pratt Foundation could further prostate cancer research at Cabrini. While this contribution will resonate throughout all of the department's work, it will focus on two key areas: therapeutic breakthroughs in prostate cancer; and training programs for the next generation of specialist urologist. This will ensure not only the development of new and effective treatment approaches, but also the clinicians administering them.

The generosity of the Pratt Foundation Grant for prostate cancer research will immediately touch the lives of countless patients seeking care at Cabrini. More importantly however, it will put in place a long-term plan, securing the ongoing sustainability of urological research in Australia.

Fiona Geminder

Cabrini Foundation

As a private healthcare network with modest external funding, Cabrini's research relies upon the generosity of its community and their contributions in the form of donations, grants, and bequests.

The Foundation oversees Cabrini's donor relationships and over the decades has fostered a unique and powerful bond. At the core of this is a direct connection between donors and the research they help realise. Through these pathways, donors play an active role in shaping the clinical, research, and educational direction of Cabrini. As a result, our ability to save lives and deliver impact is only possible with the countless donors who share in our vision of investing in research today for healthcare tomorrow.

Cabrini Research and Cabrini Foundation would like to thank all the donors and their families who supported our work this year.

Donors

Alan and Mary-Louise Archibald Foundation
Bamford Family Foundation
George and Freda Castan and Family
Maureen Coomber
Robert Dalziel AM and Barbara Dalziel
O'Connor Duffy Foundation
Mr Andrew C Facey
The Fox Family Foundation
Highland Foundation
Mr Russell Hutchinson
Lee and Brian Johnstone, Auric Innovation Fund
Johnstone Family Foundation
Mary and Charles Kerstjens
Eirene Lucas Foundation
Darren Lockie
Mr David and Mrs Barbra MacDonald
Peter Marriott
Christine and Denis McConnell
Beatrice, Jessica and Caroline Mense
John and Gaye Newton
Natalie Postma
Pratt Foundation
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Paula and Alexander Reinders
Grace Saunders
Leslie Alfred Shapland
Brian J Sutton FRCNA
Hugh Lauder Wallace
Mioko Wood

PHILANTHROPY

Research grants

Since 2015, Cabrini Research has provided an annual internal granting round to support researchers as they continue their work towards scientific and clinical discoveries and innovations. Through the support of the Cabrini Foundation, this funding has been integral to the development of several projects that have gone on to make a significant impact both for the Cabrini community and the wider Australian population. Additionally, they reinforce Cabrini's commitment towards an end-to-end approach to healthcare delivery, further improving the care delivered in its hospitals through the research conducted in its laboratories. This year has seen the success of seven Cabrini grants, each aiming to further this tradition.

2023 Auric Innovation Grant

Development of a novel computational pathology platform to identify bowel cancer patients at risk of relapse.

Dr Rebekah Engel | Senior Research Fellow
Cabrini Monash University Department of Surgery

The Auric Innovation Grant supports projects that have the potential to fundamentally change perspectives of healthcare. Established through the on-going philanthropy of Mrs Lee and Mr Brian Johnstone, the Grant aims to accelerate the development of ideas into practice, streamlining pathways towards clinically impactful methods, tools, and products.

This year, the Auric Innovation Grant has been awarded to Dr. Rebekah Engel and her work on predictive oncology. Responding to management challenges in early-stage bowel cancer, the project will address limitations in conventional approaches, which largely focus upon only the tumour itself. This narrow scope often results in the under- or over-prescription of treatment, indicating a need for improved predictive accuracy.

Dr. Engel's research will develop an artificial intelligence (AI)-enabled predictive model that will be able to accurately determine the likelihood of recurrence for patients with early-stage bowel cancer. Conducted through the Cabrini Monash University Department of Surgery, and in collaboration with the Monash Biomedicine Discovery Institute, the project leverages an extensive library of tissue samples, along with clinical data from over 7 000 patients. This source of information is augmented through the use of advanced multiplex immunofluorescence, forming the basis for an AI-based algorithm. In achieving this, diagnostic methods for bowel cancer will improve, facilitating better clinical decisions when deciding the most appropriate form of treatment.

Upon the development of the platform, its clinical application will represent a significant shift in predictive treatments for bowel cancer. The need for this tool is well established across the medical community, with over 8 000 Australians diagnosed with early-stage bowel cancer annually. It will also provide clinicians with the requisite tools to make evidence-based informed decisions while monitoring and treating their patients. Resulting patient outcome information will be added to the clinical databases, continually improving the algorithm's predictive power while offering new insights into the biology of bowel cancer for diagnostic and therapeutic target discovery. In alignment with Cabrini's values-based approach to clinical care, Dr. Engel's work reflects the critical importance of technology and innovation adoption in research. Only by doing this can Cabrini ensure its continued relevance in a rapidly changing medical research landscape.

Foundation grants

This year, six Cabrini Foundation Grants were awarded to researchers across urology, allied health, oncology, and cardiology. Each share a common understanding as to the importance of improving today's approaches in order to meet the needs of the future.

Cabrini Foundation Grant recipient Dr. Yen Kylie Lim

Dr. Yen Kylie Lim will aim to incorporate artificial intelligence (AI) to refine prospective patient selection for focal therapy (FT) in intermediate-risk prostate cancer. Current selection methods result in sub-optimal cancer outcomes. However, by developing an AI-guided platform, based on augmented pathology and diagnostic imaging datasets, the project aims to accurately identify and characterise tumours, thereby optimising treatment and reducing the risk of recurrence. This innovative approach has the potential to significantly impact clinical decision-making and advance the personalisation of prostate cancer treatment strategies.

Isabella Smith's qualitative study will explore best practice physiotherapy approaches for rotator cuff disorders (RCD), a prevalent cause of shoulder pain in Australia. The research aims to explore the barriers, enablers, and acceptance of single-session physiotherapy interventions, contrasting existing perspectives held within the physiotherapy community. Anticipated to fill a critical knowledge gap in the discipline, the study could reassess RCD treatment practices and demonstrate the financial and health economic benefits of single-session approaches.

Dr. Eva Zopf is leading the ChemoFit Study through the Cabrini Cancer Institute, and intends to further investigate the impact of exercise on chemotherapy completion rates. The project will compare patients undergoing an exercise program during adjuvant chemotherapy to a historical control group. The innovative research aims to uncover whether exercise can improve treatment tolerance, physical performance, nutritional status, and patient-rated health outcomes, while reducing hospitalisations. If conclusive, the findings could influence guidelines and policy more broadly, further integrating exercise into routine cancer care.

Recognising the significant challenges posed by ovarian cancer, **Dr. Carolina Lliberos**'s research project employs organoid technology to develop personalised therapies. In emulating the behaviours of their parent tumours, organoids enable the accurate evaluation of anti-cancer therapeutics within a laboratory environment. Drawing from Cabrini's nationally recognised ovarian organoid library, the project will test several drugs, examining tumour heterogeneity and resistance mechanisms in order to expedite personalised treatment delivery. The research could potentially reshape treatment paradigms for ovarian cancer, mitigating adverse side effects and reducing the delivery of ineffective care.

The SAFER-TAVI Trial, led by **Associate Professor Dion Stub**, aims to address vascular and bleeding complications associated with Transcatheter Aortic Valve Implantation (TAVI), a prevalent treatment for severe aortic stenosis. Approximately 25% of complications stem from secondary access during the procedure. The trial investigates the effectiveness and safety of radial valve access compared to traditional femoral approaches, hypothesising that radial access may reduce complications. This multi-centre trial, involving 560 patients, seeks to fill a critical gap in the existing literature and has the potential to reshape clinical guidelines, improve patient outcomes, and lessen the disease burden of aortic stenosis.

Dr. Swati Mukherjee's proposal addresses the inadequacy of conventional predictive tools in estimating cardiovascular disease (CVD) risk among Australian women affected by non-traditional risk factors. The study aims to develop a prevention strategy, utilising coronary artery calcium (CAC) scores and non-contrast CT scans. Through this research methodology, it is expected that CAC-based approaches will enhance CVD detection and facilitate personalised, evidence-based clinical decisions. If demonstrative, this project could identify female-specific risk factors, promote early-stage CVD prevention, and inform the development of more equitable healthcare policies.

Research events

Cabrini Research Sessions

Throughout 2023, the Cabrini Research Sessions have allowed researchers to showcase their most recent research findings. As in past years, this has facilitated inter-disciplinary discussions that have gone on to improve experimental designs and, in some instances facilitate collaboration. The Sessions continue to be held in their virtual format, allowing the wider Cabrini community to directly engage with researchers through a publicly accessible link.

Dr. Darren Lockie awarding the Peter Meese Study and Travel Scholarship to members from the Cabrini Neuro-Oncology Nursing Team

2023 Cabrini Research Sessions Schedule

Month	Speaker	Research Topic
2022		
JULY	THE DEPARTMENT OF EMERGENCY RESEARCH AND NURSING RESEARCH	
	Alexandra Mullins	An exploration of log data to understand My Health Record use in the emergency department
	Ali Tehrani	Digital health platform ecosystem and patient-centered care enhancement: Healthcare stakeholders' perceptions of heavyweight and lightweight IT in innovation, adoption, and scaling
AUGUST	MONASH ALFRED PSYCHIATRY RESEARCH CENTRE (MAPRC)	
	Prof Jayashri Kulkarni AM	Innovating women's mental health
	A/Prof Caroline Gurvich	The potential for cognitive training in mood and complex trauma disorders
	Mr Anthony de Castella	Current clinical trials in psychiatry at Cabrini/Alfred
SEPTEMBER	CABRINI MONASH UNIVERSITY DEPARTMENT OF SURGERY	
	Sara Hlavca	Defining the role of the revival stem cell during growth and therapy resistance in colorectal cancer
	Dr Simon Wilkins	Regulation of the immune response in the colorectal tumour microenvironment
OCTOBER	MONASH MEDICAL STUDENT RESEARCH SCHOLARSHIP PRESENTATIONS	
	Amanda Nguyen	The comparison of Australia's inaugural cervical cancer clinical quality registry indicators according to international best practice
	Denise Tiong	Reconciliation of Medical Records and Review of Opioid Prescribing at Cabrini Health
	Jessica McKie	To determine whether menopausal status is a predictor for toxicities that result in a change in or cessation of endocrine treatment in the setting of estrogen receptor positive, early breast cancer
	Jessica Xue	Mesothelioma outcomes between 2020-2021 in Victoria, Australia: a retrospective analysis
	Lachlan Coman	Implementation of a multi-centre lymphoma registry (LaRDR) at Cabrini: an overview of lymphoma and treatment at Cabrini, and lessons and challenges of registries
NOVEMBER	MONASH MEDICAL STUDENT RESEARCH SCHOLARSHIP PRESENTATIONS	
	Varun Jahagirdar	Creating guidelines for failed fundoplication
	Yijie Neo	Patient selection for primary debulking vs interval debulking surgery – a review of current guidelines for epithelial ovarian cancer
	Roxanne Lim	A Retrospective Review of 'Code Grey' Emergency Response Calls at Cabrini Malvern
	Chelsea Lin	The Australian New Zealand Spontaneous Coronary Artery Dissection (ANZ-SCAD) Registry – Cabrini Sub-Study
	Prof Gary Richardson OAM	**Announcement of the Cabrini Research Forum 2022 poster awards**
DECEMBER	AWARDS SESSION	
	Savannah Vote	Falls Prevention at Cabrini hospital: an evaluation and improvement of the FRI-PAP tool
	Prof Gary Richardson OAM	**Announcement of the 2022 Doug Lording Research Award**
	Prof Gary Richardson OAM	**Announcement of the 2022 Cabrini Publication of the Year Award**
2023		
FEBRUARY	UPDATE AND WELCOME PRESENTATION	
	Prof Gary Richardson	**Research in 2023: Our opportunities and challenges**
MARCH	CABRINI MONASH UNIVERSITY DEPARTMENT OF MEDICAL ONCOLOGY	
	Dr. Dilys Leung	Multi-omics characterisation of breast cancer organoids
	Dr. Anis Hamid	Clinico-molecular determinants in advanced, lethal prostate cancer
APRIL	CABRINI MONASH UNIVERSITY DEPARTMENT OF NURSING RESEARCH	
	Dr. Lucy Kerr	Exploring post-falls management pathways and the experience of the patient: Preliminary findings
	Prof Philip Russo	The effect of COVID-19 on healthcare associated infections
MAY	DEPARTMENT OF CARDIOLOGY RESEARCH	
	A/Prof Dion Stub	The PROTAVI Project
	Dr. Swati Mukherjee	Starting pharma trials in cardiology: The OCEANIC Trial
	A/Prof Nathan Better	The I-TAC Study: Opportunities to optimise cardiac ATTR amyloid
JUNE	DEPARTMENT OF UROLOGY	
	Dr. Yen Lim	An Introduction to Nanoknife: Cutting-edge treatment
	A/Prof Weranja Ranasinghe	PSMA expression in ductal prostate cancers
	Dr. Yash Khanna	Can 68Ga-PSMA PET and mpMRI guide treatment for biochemical recurrence after radical prostatectomy?

Cabrini Research Forum

An extension of these seminars is the Cabrini Research Forum. An annual event sharing the work being conducted across our research departments, it is an opportunity to celebrate the achievements of the past year.

The 2022 Cabrini Research Forum received 55 poster submissions, which were viewed throughout the month of October. These submissions have played an important role in shaping Cabrini's rigorous culture of critical analysis in research. In recognition of this, awards are given in six categories and last year were determined by a multi-disciplinary panel of seven experts and three consumer advocates, with the People's Choice Award decided by over 400 votes.

Cabrini Research Forum Poster Awards

Award	Awardee	Research Topic
Medical (or other) student undertaking a research scholarship, or Honours degree	Yi Jie Neo	Patient selection for interval debulking surgery in ovarian cancer: A review of current guidelines
Student undertaking higher degree study – Masters or PhD	Dr Neville Fields	CO-Sprout: A pilot double-blinded randomised control trial of broccoli sprout for pregnant women with COVID-19
Early Clinician Researcher	Dr Daryl Thompson	Patient reported reasons for accepting or declining a testicular prosthesis following orchidectomy: A survey of Australian patients
Early-Career Researcher	Dr Steve Foulkes	Exercise for the prevention of anthracycline-induced functional disability and cardiac dysfunction: The 12-month Breast cancer Randomised EXercise InTervention (BREXIT) Study
Experienced Researcher/ Lead Researcher Award	Professor Gary Richardson	A phase I safety and tolerance study of FN-1501, a novel FLT3 inhibitor in patients with advanced solid tumours and acute myeloid leukaemia
People's Choice Award	Dr David Chieng	Effects of habitual coffee consumption on incident cardiovascular disease, arrhythmia, and mortality: Long term outcomes from the UK biobank

Peter Meese Memorial Lecture

Professor Patricia Davidson

Vice-Chancellor and President,
University of Wollongong

The Peter Meese Memorial lecture is a day to remember the impact made possible through the dedication of one individual, capable of transforming communities, populations, and generations.

The life and work of Dr. Peter Meese stands as a testament to this, advocating for those infected with HIV/AIDS at a time of fierce stigmatisation, fuelled by the epidemiological uncertainties surrounding the disease. Today, Dr. Meese is remembered not only as a clinician but also as a leader whose compassion helped countless individuals outlive the death sentence attributed to HIV/AIDS at that time.

Through a life-long commitment to nursing, Professor Patricia Davidson embodies these same values and was invited to deliver this year's Peter Meese Memorial Lecture.

Currently Vice-Chancellor and President of the University of Wollongong, Professor Davidson is recognised for her work in developing patient-centric and evidence-based models which have made significant contributions towards cardiovascular science and healthcare delivery for vulnerable populations. Previous to her current role, she served as Dean of the Johns Hopkins School of Nursing, Secretary-General of the Global Network of World Health Organisation Collaborating Centres, and Counsel-General of the International Council on Women's Health Issues.

Highlighting the acts of compassion and care emerging through the global response to SARS-CoV-2, Professor Davidson spoke of the opportunity to reflect on the central role caregivers play for health outcomes. For Australia, this is particularly pronounced, given that nearly 10% of the general population acts as a caregiver in some capacity, oftentimes within the informal structure of family. For Professor Davidson, a national conversation is needed as to whether the requisite support mechanisms are in place to help such caregivers, moving beyond a purely clinician-focused lens.

The lecture continued, noting the extent to which health outcomes are shaped by social determinants. In Australia, where disparities continue despite universal access to healthcare, there is significant explanatory potential in this societal approach. This would, however, demand a pivot in how we view healthcare. In comparing the four decades needed to create a polio vaccine to the rapid vaccine development for SARS-CoV-2, Professor Davidson has, throughout her career, witnessed unimaginable progress in the advancement of human health. Yet this has not been fully reflected in healthcare's social aspects, representing a critical gap that needs to be bridged.

Looking forward, Professor Davidson suggests that nurses will be required to play a vital role if this future is to be realised. During the course of her lecture, she was reminded of her first American Health Association's Annual Meeting. There she heard Professor Kathleen Dracup, previously Dean of the School of Nursing at the University of California San Francisco, speak to an audience of cardiologists about the importance of families and caregivers. This moment would go on to inform Professor Davidson's career, reinforcing the awesome impact individuals possess, as Dr. Meese did, in ensuring that the human voice of healthcare is always heard.

The Peter Meese Memorial Lecture is support by the philanthropic contribution of Dr. Darren Lockie, Dr. Meese's partner, who presented the 2022 Peter Meese Study and Travel Scholarship to the Cabrini Neuro-Oncology Nursing Team. Echoing Professor Davidson's past experience, these funds will go towards their attendance to the 15th Annual Scientific Meeting for the Cooperative Trials Group for Neuro-Oncology.

2022 Doug Lording Research Award

Professor David Kissane AC

Chair of Palliative Medicine Research, University of Notre Dame Australia
Professor Emeritus of Psychiatry, Monash University
Head of the Szalmuk Family Psycho-Oncology Research Unit, Cabrini

The Doug Lording Research Award is named after the founder and Inaugural Director of Cabrini Research, Associate Professor Doug Lording AM. Awarded annually, it recognises outstanding achievements in clinical, applied, or basic research and is the highest honour given by Cabrini Research. Assessed upon the totality of one's career, it considers the impact, vision, and continued significance of an awardee's work.

This year's Doug Lording Research Awardee is Professor David Kissane AC *(pictured)*. Globally recognised for his contributions to the early development of the field of psycho-oncology, Professor Kissane is responsible for widely implemented psychiatric tools including the Demoralisation Scale, and the Shame and Stigma Scale. Additionally, he has developed evidence-based group and individual psychotherapy models in cancer care through a number of randomised controlled trials. Professor Kissane has also authored nine books and over 400 publications, and has served as senior editor for the Oxford Textbook of Communication in Oncology and Palliative Care. Currently Head of the Szalmuk Family Psycho-Oncology Research Unit at Cabrini, he is also the Chair of Palliative Medicine Research at the University of Notre Dame Australia, and Professor Emeritus of Psychiatry at Monash University.

Previously, Professor Kissane has held roles as Head of the Psychiatry Department at Monash University and Foundation Chair of Palliative Medicine at the University of Melbourne. Additionally, he served as Chairman of the Department of Psychiatry and Behavioural Sciences at Memorial Sloan-Kettering Cancer Centre, the leading comprehensive cancer centre in the world and where observational studies during the 1970s formed the foundations upon which the discipline of psycho-oncology was first established.

An advocate for education, he has advanced communication skills training in oncology, while actively shaping national policy surrounding mental health issues experienced by cancer patients. His research and clinical innovations have generated both global and generational impact, as he continues to work on psychotherapy trials for those nearing end-of-life. Alongside the Doug Lording Research Award, Professor Kissane has received a number of awards for his lifetime of service and was made Companion of the Order of Australia Award for eminent service to the development of the disciplines of psycho-oncology and palliative care in 2017.

2022 Publication of the Year Award

Dr. Alan Xue and Professor Mark Frydenberg AM

Dr. Alan Xue and **Professor Mark Frydenberg AM** *(pictured)* have been awarded the 2022 Publication of the Year Award for their article *^{68}Ga-Prostate-Specific Membrane Antigen Positron Emission Tomography Maximum Standardized Uptake Value as a Predictor of Gleason Pattern 4 and Pathological Upgrading in Intermediate-Risk Prostate Cancer*. An important contribution towards prostate cancer diagnostics, their findings were published in the Journal of Urology, the official journal of the American Urological Association, and the most highly read and cited journal in the field of urology.

Their research explores the diagnostic potential of 68Ga-Prostate-Specific Membrane Antigen Positron Emission Tomography (68Ga-PSMA PET) for prostate cancer. This method takes Gallium-68 (68Ga), a radioactive isotope commonly used in medical imaging, and combines it with molecules to carry out positron emission tomography (PET) scans to visualise and diagnose various diseases, such as prostate cancer. Dr. Xue and Professor Frydenberg's research examines the efficacy of this imaging technique in determining the severity of a given prostate cancer.

Taking the maximum standardised uptake value (SUVmax) as an indicator for radioactive signal intensity, their research sought to confirm a relationship between SUVmax numbers and aggressive forms of prostate cancer. Their findings confirmed a distinct correlation, particularly in highly aggressive manifestations. This was achieved through the use of innovative imaging techniques made possible through the Siemens Biograph Horizon PET/CT scanner. In demonstrating the reliability of SUVmax as an indicator of prostate cancer, Dr. Xue and Professor Frydenberg propose an innovative and powerful diagnostic tool capable of supporting clinicians as they come to an informed decision concerning their patient's treatment.

Cabrini Medical Student Awards and Scholarships

2022 Best Medical Student Presentation Award

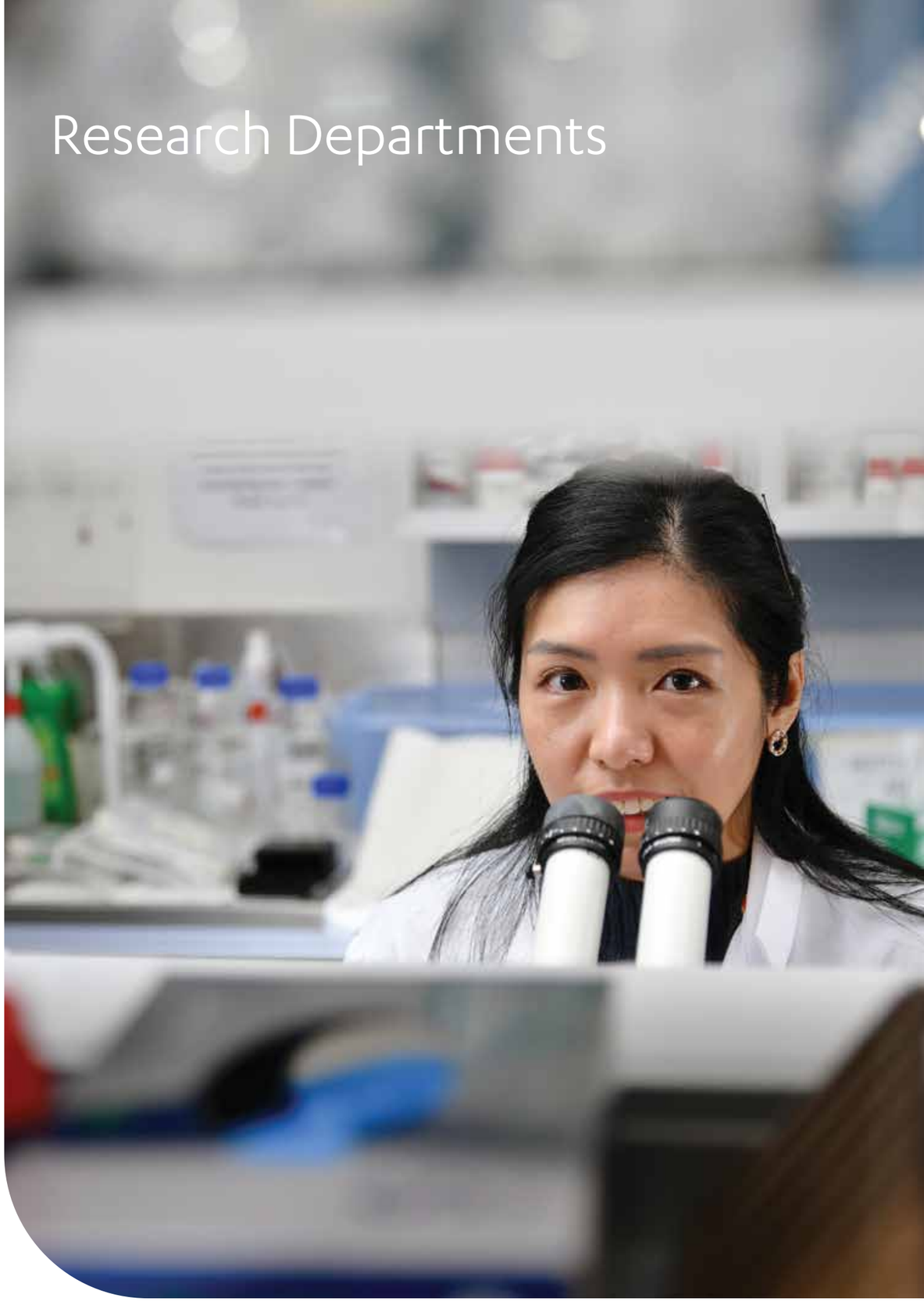
The Best Medical Student Presentation Award recognises the most exceptional presentation by a research program scholar delivered during that year's Cabrini Research Sessions. In 2022, this was awarded to YiJie Neo for her project *Patient selection for primary debulking vs interval debulking surgery: A review of current guidelines for epithelial ovarian cancer*.

2022-2023 Medical Student Research Scholarships

Each year, the Senior Medical Staff Association at Cabrini offers competitive research scholarships to third and fourth year medical students at Monash University currently undertaking clinical placements at Cabrini Hospital. The scholarship program offers students the opportunity to also undertake research within one of Cabrini's research teams. In 2022, ten scholars were selected.

Scholar	Research Topic
Annie Guo	Treatment and outcomes in early-stage pancreatic cancer patients treated across private and public Australian hospitals
Roxanne Lim	A retrospective review of code grey emergency response calls at Cabrini Malvern – Part 2
Hazel Lo	ED presentations for Epistaxis, is undiagnosed OSA a risk factor?
Chania Lobo	Readmissions within 7 days
Demi Markakis	Towards ocular gene therapy - Identifying patients with inherited retinal disease (IRD) who have been misdiagnosed with age-related macular degeneration
Mark McDonald	A retrospective review of code grey emergency response calls at Cabrini Malvern – Part 2
Lucy Porter	How long do nosocomial pathogens persist on inanimate surfaces? A systematic review
Neha Shibu	Efficacy of Out-patient Services in Reducing Readmissions
Ola Sultan	How long do nosocomial pathogens persist on inanimate surfaces? A systematic review
Caitlin Zhou	Systematic Screening for Psycho-existential Symptoms in Patients with Pancreatic Cancer: A Cohort Study

Research Departments



RESEARCH DEPARTMENTS | MEDICAL ONCOLOGY

Cabrini Monash University Department of Medical Oncology

76
PUBLICATIONS

118
ACTIVE PROJECTS

62
CLINICAL TRIALS

Cabrini remains a national leader in the delivery of cancer care, supported by the research carried out by the Department of Medical Oncology.

This past year, the synergies between the Department's research and clinical activities have further strengthened through projects in clinical and translational oncology. In doing so, the Department has been able to connect patients directly to discoveries made in the laboratory, ensuring both clinical relevance and impact. Key milestones over the past twelve months include:

- Improved organoid development techniques, creating pre-clinical organoid models capable of replicating human immune responses with greater accuracy;
- The integration of technology-enabled data-driven tools into standard clinical practice, improving and streamlining hospital workflows; and
- Genomics-led discovery of biological targets, forming the basis for next-generation diagnostic tests and anti-cancer therapies.

Additionally, the Department continued to oversee a robust clinical trials program, which included more than 70 projects this year, involving partnerships with globally recognised universities, medical research institutes, healthcare providers, and pharmaceutical companies. These have not only reaffirmed Cabrini's commitment to collaboration in research but also its national standing as a leading private institute in oncology research. 2023 also saw Dr. Anis Hamid's return to the United States as he takes up his fellowship in genitourinary oncology at Memorial Sloan Kettering Cancer Centre, having previously been at the Dana-Farber Cancer Institute before joining Cabrini. This coincides with the departure of Micheleine Uhe for Alfred Health. The Department thanks both for their tireless efforts in leading oncology clinical trials over the past several years.

Looking back on the progress achieved this year, the following promises to be an exciting period of innovation for the Department as it pushes boundaries towards a more holistic approach to cancer care. Our direct connection with clinical services ensures an end-to-end and consolidated approach to research, spanning from basic and translational science right up to the point of care, while also including several complementary therapies that define Cabrini's integrative approach to oncology.

Head of Department

Professor Gary Richardson OAM (Phase I Trials, Gynaecologic Cancers, Lung Cancer)

Oncology Clinical Trials Program

Principal Investigators

Associate Professor Yoland Antill (Breast Cancer)
Associate Professor Ben Brady (Melanoma, Lung Cancer)
Dr Anis Hamid (Phase I Trials)
Dr Andrew Haydon (Gastrointestinal Cancers, Melanoma)
Dr Kirsten Herbert
Associate Professor Melita Kenealy (Haematologic Malignancies)
Dr Ben Markman (Lung Cancer)
Dr Shehara Mendis (Gastrointestinal Cancers, Phase I Trials)
Associate Professor David Pook (Genitourinary Cancers)

Associate Investigators

Dr Michael Dickinson
Dr Lucy Gately
Dr Sanjeev Gill
Associate Professor Ian Haines
Dr Despina Handiolias
Dr Henry Januszewicz
Dr Sem Liew
Associate Professor Lara Lipton
Professor Max Schwarz
Associate Professor Jeremy Shapiro
Dr Gaurav Srivastava
Dr Robert Stanley
Dr Karen Taylor
Dr Mark Voskoboynik
Dr Michelle White
Associate Professor Max Wolf

Research Coordinators

Rochelle Woods (Team Manager)
Demis Balamatsias
Kate Chandler
Dina Cherfi
Kate Hurford
Simer Khaira
Koby Scarff
Leyna Tran
Dulash Fernando
Betty Dassios
Ella Knox

Clinical Trials Assistants

Judith Ortega
Caitlyn Wannenburg

Research Nurses

Shelly Xu
Jogi Baby

CTA Specialists

Cynthia Kerr
Dr Luz Yévenes
Emily Pollock
Damien Piazza

Translational Research Program

Associate Investigators

Mr Peter Gregory
Miss Joanna Morgan
Miss Christine Ooi

Research Fellows

Dr Dilys Leung
Jasveena Kaur

Oncology Exercise Research Program

Exercise Scientist – Program Lead

Dr Eva Zopf

Exercise Science Research Assistant

Clare Kennerley

Breast Cancer Database Manager

Dr Mary Temidayo

Acknowledgement to staff who have left

Jon Anderson
Kelcey Bland
Tilly Davies
Dr Tali Lang
Micheleine Uhe
Melissa Vereker

Genomics-led oncology research and clinical care

When established, the development of the Cabrini Cancer Institute was staged over two phases, the first focusing on an expansion of the Department's clinical trials program.

As the Institute moves into phase two, the coming years will signal a shift in focus towards the use of genomics and molecular profiling to better understand the intricacies of cancer genesis and progression. Through their respective studies, Associate Professor Yoland Antill and Professor Gary Richardson have independently led this transition, each presenting new perspectives on the diverse and complex biologies of tumours through multiomic technologies that offer a glimpse into the complex genetic mutations that drive cancer.

2022-2023 saw Professor Antill publish key findings regarding the genetic foundations of colorectal cancer in *Clinical Epigenetics* and *Translational Medicine*. By utilising genome-wide DNA methylation profiling and targeted panel sequencing, her research sought to identify specific genetic alterations, known as MLH1 epimutations, that have been found to cause and accelerate colorectal cancer. This research provide a deeper understanding of the mechanisms underpinning colorectal cancer growth. An extension of this work, Professor Antill was also involved in a study delving into the molecular diversity and evolutionary changes in high-grade serous ovarian cancer. Published in *Nature Genetics*, multiomic analyses were used to uncover the determinant genomes behind drug resistance, rendering a nuanced understanding of ovarian cancer's adaptive nature.

Professor Richardson's genomics-led research sought to resolve the diagnostic uncertainties surrounding cancer of unknown primary (CUP), a special subtype of metastatic cancer where the original location, or primary tissue of origin (TOO), cannot be determined. Two articles were published with relation to CUP, the first in the *Journal of Pathology*, which compared the diagnostic utility of RNA and DNA tests to predict the primary TOO. The other, published in *ImmunoTherapy of Cancer*, used immune and genomic biomarkers to inform treatment strategies for CUP. Here, biomarkers were evaluated for their ability to predict which biological features could serve as predictive tools in selecting patients most likely to respond to certain treatments.

The research contained in these publications highlighted the future direction of oncology research not only at Cabrini but across the biomedical research community.

As the Cabrini Cancer Institute transitions into its second phase, this will become increasingly apparent highlighting the need to further incorporate genomics-based technologies into the Department's research workflows. In coordination with its network of donors, ensuring these capabilities will be a priority throughout the next year, securing the Department of Medical Oncology's ability to explore the complexities of cancer and translate these discoveries into applications for clinical impact.

RESEARCH DEPARTMENTS | MEDICAL ONCOLOGY

Rochelle Woods: Leading the next phase of clinical trials at Cabrini

In May 2023, Rochelle Woods was appointed Team Manager of Oncology Research.

Through a diverse educational background including a Bachelor of Fine Arts at RMIT University, Bachelor of Exercise and Sports Science from Deakin University, and now a Master of Business Administration from the University of Melbourne, she has brought a unique and powerful perspective since joining Cabrini in 2019. While completing her sports science internship at the Victorian Institute of Sport, Rochelle decided to pursue a career in patient-focused healthcare. Beginning her Cabrini career as an Oncology Clinical Research Study Coordinator, she was able to fulfil this goal through her engagement with patients participating in the Cabrini's clinical trials program. Progressing to a Business Manager role, she took on broader operational responsibilities, contributing to the Program's expansion into cardiology trials. During this time, she played a pivotal role in managing Phase I trials for Adagene, which would go on to demonstrate promising findings for patients with advanced and/or metastatic solid tumours.

Rochelle's appointment represents a significant moment for clinical trials at Cabrini. She provides an important voice for consumers through the Cabrini Research Governance Committee, reaching a wider audience having been invited to speak at the Cancer Trials Australia Research Manager's Day. In line with this, the clinical trials program will soon transition into a push strategy, where it will now actively identify the needs of patients, researchers, and clinicians. These will inform which research institutions, pharmaceutical companies, and contract research organisations will be engaged in order to satisfy the Cabrini's priorities. Described further in the Clinical Trials section of this Annual Report *(see page 26)*, this strategic change in approach signals an important moment in Cabrini Research's corporate culture, validating a continued emphasis upon professional development and the fostering of internal talent through to leadership positions.

Rochelle Wood, Oncology Research Team Manager

Integrating exercise into routine cancer care

In 2021, the Cabrini Cancer Exercise and Wellness Centre was established within the Cabrini Cancer Institute, aimed at delivering an integrated approach to care where treatment moves beyond just the cancer itself and towards the patient and their needs as a whole.

From the beginning, research has been a vital component of this, developing innovative methods that leverage the clinical advantages of exercise during and after treatment across several cancer types. Department projects evaluating the clinical impact of exercise oncology have been conducted in order to optimise and standardise methods in what is a relatively nascent field.

As the success of the Centre's clinical and research activities continue at Cabrini, researchers have begun to look more broadly. Insights over the past year have laid the foundations for a clinical framework, outlining the design and implementation process for such programs in Australia. Led by Dr. Eva Zopf, the intent of these frameworks is to facilitate the incorporation of exercise as a non-pharmaceutical tool in standard clinical practices. Doing so would address a critical clinical gap in integrative cancer care and represent an important development for exercise oncology.

In order to realise this ambition, Dr. Zopf and her team have begun to investigate ways through which the effectiveness and feasibility of exercise programs can be communicated to not only the medical community, but also to consumer, industry, and government stakeholders. This focus is the culmination of Dr. Zopf's experience in shaping health policy, including the development of a rehabilitative sports group program for prostate cancer patients in Germany. As a result of those efforts, over 85 such groups have since been established, with exercise sessions fully subsidised by statutory health insurance companies.

Such population-scale impact will only be achievable by identifying and communicating the causal link between exercise and oncological outcomes, which remains an on-going barrier to wider adoption. The on-going ChemoFit Study seeks to change this by examining whether exercise leads to improved chemotherapy completion rates. When available, the findings of this research will provide an important data point for the integration of exercise into cancer care, while validating the culture of innovation promoted throughout Cabrini Research.

ePROMs: Strengthening communication between patients and clinicians

Communication between patients and clinicians is critical to achieving optimal medical outcomes.

Yet it is also important to the emotional and psychological well-being of patients, particularly for those with cancer where the journey to survivorship extends well beyond treatment. In recent years, Cabrini's engagement with patients and consumer advocates highlighted the importance of such communication. From this, the Department of Medical Oncology has sought to introduce the use electronic patient-reported outcomes (ePROMs) systems in its clinical workflows.

ePROMs enable patients to provide real-time information on their symptoms and functionality, generating critical data for clinicians as they deliver on-going care. Given the dramatic impact delayed interventions and inaccurate information can have on patient outcomes, the improved responsiveness made possible by ePROMs is clinically meaningful. Moreover, they address limitations in conventional consultation-based approaches to symptom monitoring and management through a streamlined and standardised communication platform, optimised for oncological care.

While simple in theory, the development and implementation of an ePROMs system is complex and like any other healthcare tool, demands stringent testing. Therefore, it was only in gathering an inter-disciplinary team drawn from the Department of Medical Oncology, the Cabrini Technology Group, and Cabrini Research, that an ePROMs system could be developed for Cabrini's chemotherapy day unit. Together, they undertook the task of combining data from multiple sources to develop an easy-to-use platform that could operate seamlessly within Cabrini's existing hospital workflows.

This work began in 2020 and while used in varying capacities, it has only been during this past year of testing and optimisation that it has been conceivable for the Department's ePROMs system to be scaled beyond Cabrini. The timing of this progress coincides with an evolution in oncology, where healthcare providers have begun to focus their resources and attention on enhancing the lived experience of cancer patients. By promoting the broader adoption of ePROMs, the Department hopes to make a significant contribution to this movement, projecting its commitment to patient-focused cancer care.

RESEARCH DEPARTMENTS | SURGERY

Cabrini Monash University Department of Surgery

9
PUBLICATIONS

44
ACTIVE PROJECTS

6
CLINICAL TRIALS

2023 represented the 25th anniversary of the Cabrini Monash University Department of Surgery.

The first of its kind for the private healthcare sector in Australia, the department was led by Emeritus Professor Adrian Polglase who would be later appointed the Fröhlich West Chair of Surgery upon its endowment by Mr. Joseph and Mrs. Helen Fröhlich West. During his tenure, Let's Beat Bowel Cancer was established and has gone on to become a vital non-profit initiative for bowel cancer research and awareness.

Since 2006, the Department's research has continued to expand under Professor Paul McMurrick, while also remaining the leading provider of bowel cancer treatment in Australia. Amongst its programs of research, the Cabrini Monash Colorectal Neoplasia Database (CMCND) stands as one of the most clinically impactful achievements made in the field of bowel cancer research. Initially envisioned as a data management system to support clinical decisions at Cabrini Hospital, the Database has since evolved and was adopted by the Colorectal Surgical Society of Australia and New Zealand. Now the Bowel Cancer Outcomes Registry, it guides personalised approaches to bowel cancer care and provides critical reference data for basic, translational, and clinical research.

In recent years, department researchers have sought to identify new diagnostic, prognostic, and therapeutic targets and develop them for clinical application. Working across Cabrini Research and the Monash Biomedicine Discovery Institute, the Department has access to leading technologies such as the CosMx platform, one of only ten to be acquired globally in 2023. Looking towards the next 25 years, the Department has in place the scientific and technical expertise to accelerate its path towards new discoveries and innovations. The work over the past year has been instrumental to this, progressing the scientific community's understanding of the complex cellular and molecular networks that dictate the formation and progression of bowel cancer.

Head of Department

Professor Paul McMurrick, Consultant Colorectal Surgeon

Staff

A/Prof Stephen Bell, Consultant Colorectal Surgeon
Dr Peter Carne, Consultant Colorectal Surgeon
Dr Martin Chin, Consultant Colorectal Surgeon
Dr Chip Farmer, Consultant Colorectal Surgeon
Dr Joe Kong, Consultant Colorectal Surgeon
Dr Pravin Ranchod, Consultant Colorectal Surgeon
Dr Paul Simpson, Consultant Colorectal Surgeon
Dr Raymond Yap, Consultant Colorectal Surgeon

Dr Rebekah Engel, Senior Research Fellow
Dr Christine Georges (née Koulis), Senior Research Fellow
Dr Simon Wilkins, Senior Research Fellow

John Paul Plazzer, Data Manager

Dr Lauren Cohen, Clinical Colorectal Fellow (2022)
Dr Christopher Steen, Clinical Colorectal Fellow (2023)

Students

Completed

Dr Stephen Bell, PhD, Monash University
Dr Sara Hlavca, PhD, Monash University

Current

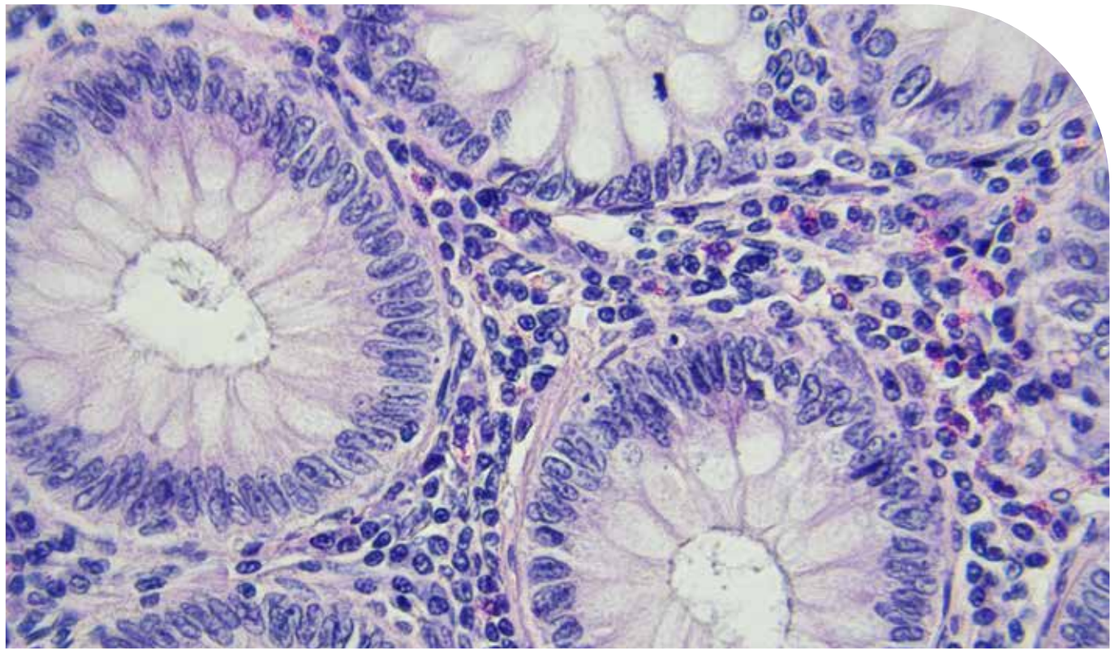
Harrison Boka, PhD, Monash University
Dr Caroline Lum, PhD, Monash University
Charla Chai, PhD, Monash University
Liam Skinner, PhD, Monash University

Personalised colorectal cancer care through data

During 2023, the Cabrini Monash University Department of Surgery made significant advances in its Colorectal Cancer Organoid Programme.

Through a close collaboration with the Epithelial Regeneration Laboratory at the Monash Biomedicine Discovery Institute, researchers led by Dr. Rebekah Engel have used the transformative capabilities of CosMX, a spatial imaging platform. Using this to analyse samples from patients with advanced bowel cancer, the biological nuances found in tumours have been mapped. This has facilitated a deeper understanding into the cellular behaviours and interactions pivotal in understanding disease progression and treatment outcomes, leading to the identification of new therapeutic targets and their potential development into next-generation anti-cancer drugs.

In recognising the unique cellular diversity of colorectal tumours, the Department has begun to curate an extensive drug library, currently comprising of over 80 therapeutic compounds. These compounds are rigorously tested on colorectal cancer organoids, or laboratory-generated models which closely replicate the tumours from which they are derived. The goal is to create a comprehensive pre-clinical tool that evaluates drug efficacy with unmatched precision. This approach will accelerate the development and application of personalised treatment strategies for colorectal cancer, enabling clinicians to tailor therapies based on a patient's specific tumour biology. Such precision not only promises enhanced survival rates, but also a better patient experience by minimising the delivery of unsuitable treatment and adverse side-effects. Moving forward, Dr. Engel will aim to further screen the drug library against organoid lines, ensuring the findings are translated for clinical application.



Predicting patient outcomes for colorectal cancer

Accurately providing a prognosis for patients with colorectal cancer is a difficult process.

The complexity of its biology alongside the diverse ways in which symptoms manifest makes it difficult to establish a single set of criteria upon which patient outcomes can be predicted. This is further complicated by the difficulties associated with detection, leading to late-stage diagnoses where only 60% of patients survive past five years. When treatment is provided, oftentimes through surgical chemotherapy, some patients fail to respond due to a specific protein mutation found in certain tumour types.

Despite these obstacles, work towards improving predictive analysis methods for colorectal cancer has been an on-going priority for the Department. Led by Dr. Christine Georges, the past 12 months has yielded a number of promising insights, through the use of tissue microarrays (TMAs). Capable of scale and speed through their ability to simultaneously evaluate multiple tissue specimens cost-effectively, TMAs offer a window through which the biologies of each patient's cancer can be better understood. The recent integration of artificial intelligence (AI)-enabled algorithms into existing computational pathology workflows is furthering this research, having the potential to predict cancer recurrence with unprecedented accuracy.

By further developing these tools, department researchers will be able to provide data-driven support for clinicians as they come to a prognosis. In terms of clinical impact, the most obvious benefit will be for treatment, ensuring that most appropriate option is delivered for each patient. Yet there is larger ambition for Dr. Georges and her team. In combining TMAs and AI-enabled tools, optimised treatment will be just one component of an integrated colorectal cancer platform, capable of also improving rates of prevention, early detection, and timely intervention. This would allow clinicians to proactively halt colorectal cancer before late-stage progression, improving the chance of survival for individual patients while reducing its overall disease burden on the Australian population.

Redefining hospital performance through PROMs

A focus on patients is a core Cabrini value, not only in the delivery care but also in its clinically aligned research.

For this reason, patient-reported outcomes measures (PROMs) serve as an important tool, facilitating a better understanding as to the needs of those receiving care across Cabrini's hospitals and clinics. While clinical metrics remain an important source of information, they are unable to capture how patients view the care they receive, along with their severity of their symptoms and the functional challenges experienced.

Building upon the launch of the Colorectal Cancer PROMs Program last year, the Cabrini Monash University Department of Surgery has played a global role in this space. Coordinated by Dr. Christine Georges, the implementation of standards set by the International Consortium for Health Outcomes Measurement (ICHOM) continues to be evaluated and improved, while generating an important source of patient-generated data relevant to the Australian context. Over time, PROMs will allow both clinicians and healthcare providers to:

- Incorporate patient perspectives into the clinical decision-making process
- Benchmark their performance against global peers for continual quality improvement, and
- Allocate resources more effectively and in line with patient needs and expectations.

The success of the PROMs Program at Cabrini was presented at the ICHOM Conference, hosted in Barcelona this year. Representing the largest values-based healthcare event in the world, the Conference gathered global leaders to form a healthcare framework where patients are better empowered. The only Australian representatives at the international event, Dr. Georges and Professor Paul McMurrick outlined Cabrini's cloud-based implementation of PROMs. Such efforts demonstrate the Department's continued efforts towards clinical impact through research, and its global leadership in developing patient-focused methods for colorectal cancer care.

Leading Australia's response to bowel cancer

Since 2006, the National Bowel Cancer Screening Program (NBCSP) is a Commonwealth Initiative, providing Australians aged between 50 and 74 screening kits every two years through the post.

Aimed at reducing the rate of bowel cancer mortality through early detection, the Program has proven effective, lowering the risk of bowel cancer mortality by 40%.

In 2020, an independent review of the NBCSP was commissioned and a Review Report finalised in 2022. It highlights five key areas with recommendations for their improvement, including:

- Time intervals between colonoscopies
- Methods of communication for participant follow-up
- Pilot programs for innovative colonoscopy access models
- Educational material on NBCSP-related clinical guidelines, and
- Performance monitoring against Colonoscopy Clinical Care Standards.

External stakeholders were then invited to provide input in response to the Report, with Professor Paul McMurrick providing one of 18 submissions made to the Commonwealth Department of Health and Aged Care. In early-September a set of Program Reform Actions were released, outlining potential changes to the NBCSP. Of note was a review of clinical guidelines for Aboriginal and Torres Strait Islanders, which would potentially lower the screening entry age to 40. Currently under consideration, these changes would occur alongside the Alternative Access to Kits Model introduced in October 2022, allowing all participating healthcare providers to provide kits directly to First Nations people.

As a leading clinician and researcher, Professor McMurrick has provided key opinions concerning the implementation of screening methods in effectively lowering the impact of bowel cancer in Australia. His continued work with Let's Beat Bowel Cancer is only one component of this, reflecting a culture of community engagement and leadership that serves as an undercurrent for the Cabrini Monash University Department of Surgery.

Prof Paul McMurrick

RESEARCH DEPARTMENTS | UROLOGY

Department of Urology

31
PUBLICATIONS

7
ACTIVE PROJECTS

6
CLINICAL TRIALS

Over the past twelve months, the Department of Urology has continued its work in Understanding the complex biology of prostate cancer.

This has been carried out through global collaborations seeking to evaluate life-saving drugs, explore conservative management strategies while also conducting internal projects aimed at improving diagnostic, prognostic, and therapeutic methods for the Department's clinical services. Across its clinical trials, artificial intelligence program, and efforts to further personalise medicine, research has been conducted by a dynamic group of researchers and clinicians with inter-disciplinary and nationally recognised expertise. In reflecting on the past year, these have contributed towards a marked shift in the Department's work, moving towards greater innovation and impact in prostate cancer research.

Head of Department

Professor Mark Frydenberg AM

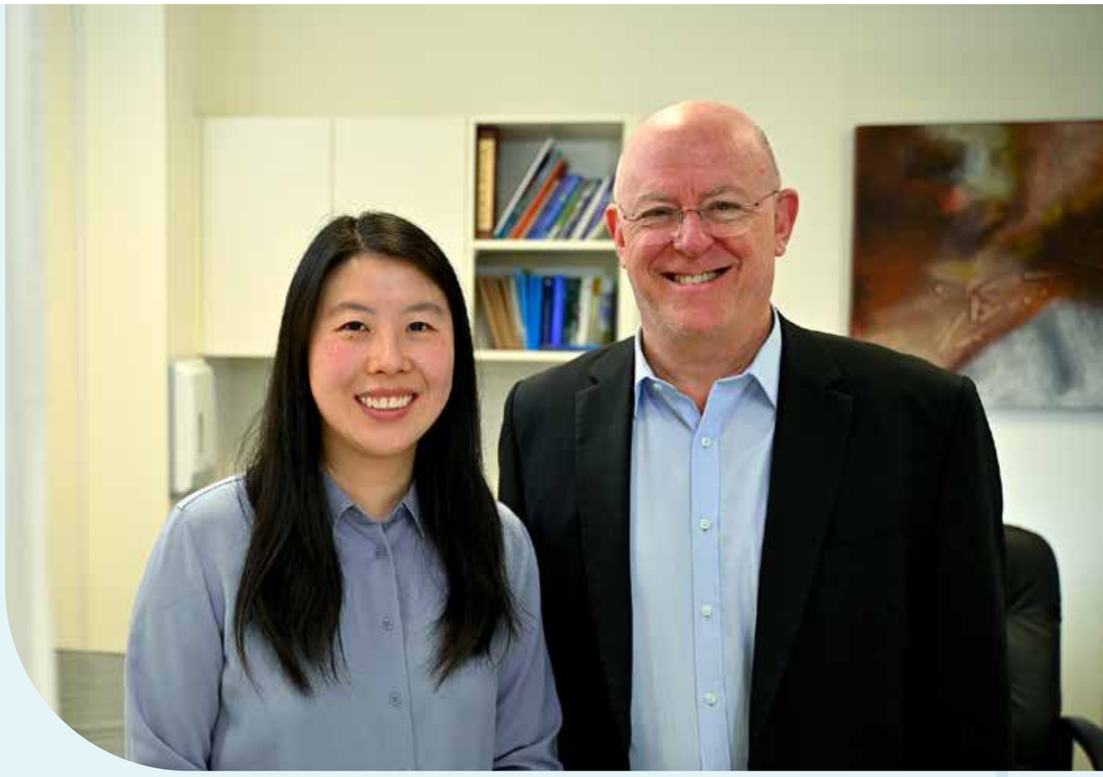
Staff

Dr Yen Lim, Urology Research Fellow

Associate Professor Jeremy Grummet, Urological Surgeon
Mr Uri Hanegbi, Consulting Urologist
Mr Adam Landau, Urological Surgeon
Associate Professor Daniel Moon, Consulting Urologist
Mr Ross Snow, Urological Surgeon

Research Associates

Professor Gail Risbridger
Associate Professor Renea Taylor
Dr Mitchell Lawrence



Dr Yen Lim and Professor Mark Frydenberg

Progress for personalised prostate cancer care

As in previous years, the Department of Urology has led projects with close relevance to the clinical work carried out in Cabrini's hospitals.

Continued progress on novel diagnostics, such as ^{68}Ga-PMSA-11 PET and MRI imaging prior to biopsy, have begun to establish new standards of best practice in accurately predicting the effectiveness and safety of treatment. This has also been achieved through on-going work in theranostics, which similarly allows clinicians to appropriately target treatment according to the needs of patients based on their imaging results, when other treatments have failed.

Efforts like these are part of a trend in urology, and healthcare more broadly, designed to tailor care according to the biological features of each tumour and increasingly, the biological profiles of each individual patient.

2022-23 saw a significant addition to this program of research in the form of Focal Therapy. The acquisition of the Irreversible Electroporation NanoKnife Platform early last year has provided clinicians access to an innovative technology that allows greater treatment localisation through a less invasive technique. Yet the ability to determine which patients will benefit from this Focal Therapy remains limited and represents a significant knowledge gap within the field of urology. Conventional selection methods oftentimes lead to inadequate treatment for larger or more aggressive tumour types.

In response, the Department has begun work on an artificial intelligence and machine learning (AI-ML) model based upon clinical and pathological information from patients previously undergoing Focal Therapy. Through continued development, it is hoped that this AI-ML model will be able to accurately assess the severity of the primary tumour, while also identifying out-of-field tumours for further investigation. This project builds upon the Department's on-going work in advancing precision medicine applications, by predicting tumour grades for diagnostic and prognostic purposes so as to improve oncologic outcomes while also preserving genitourinary function.

Training the next generation of urologists

The Pratt Foundation was established in 1978 by Richard Pratt and Jeanne Pratt AC, and has maintained an extensive portfolio of philanthropy that includes the creative arts, children's health, and food insecurity.

The Department of Urology has had a long relationship with the Pratt Foundation and the Pratt Family, with Mrs. Fiona Geminder cementing this through a transformative contribution earlier this year. While these funds will go towards a range of research initiatives, they will be of particular importance for Cabrini's efforts in training the next generation of Australian urologists.

The Pratt Foundation's support is timely in addressing an urgent need. In a study by the Royal Australasian College of Surgeons, it is expected that there will be a significant national shortage of urologists to meet a growing and ageing population. A large number of anticipated retirements over the next several years, coupled by a desire for greater work-life balance, have been noted as key contributing factors to this. Already long wait times to see a specialist urologist will only worsen as Australia aims to restructure its healthcare workforce model to be more self-sufficient, previously reliant upon overseas trained clinicians and incentivised migration pathways.

Addressing these complex and competing dynamics will be a challenge. Cabrini aims to play its part by delivering training programs, fostering a holistic approach to patient care that focuses upon both surgical proficiency and compassionate communication. The philanthropic commitment of the Pratt Foundation enables this effort and has already supported the addition of Dr. Yen Kylie Lim to the Department. Ultimately, this initiative will not only shape the careers of individual clinicians, but also contribute to the broader advancement and future sustainability of academic urological care in Australia.

RESEARCH DEPARTMENTS | UROLOGY

Global leadership towards the future of prostate cancer treatment

Recognising the importance of global collaboration, the Department of Urology has actively participated in multi-site international trials evaluating the next generation of drugs for prostate cancer.

This has continued this year through the TALAPRO Program, which aims to determine the effectiveness of Talzenna in combination with Xtandi in treating metastatic castration-resistant prostate cancer (mCRPC). A phase III clinical trial, TALAPRO has recently released positive results in its TALAPRO-2 studies which show statistically significant and clinically meaningful improvements in progression-free survival amongst those taking these drug combinations. Cabrini continues to recruit for TALAPRO-3, which will focus on patients with genetically defective mCRPC, found to resist conventional approaches to treatment.

In many ways, TALAPRO is an extension of the Department's previous contributions to the ENZAMET Trial, conducted across 83 global locations and including over one thousand male participants. This international study found that Xtandi, led to higher rates of survival at 67% as opposed to 57% amongst those undergoing standard treatment. This improvement was observed across different demographics and was consistent regardless of disease severity and supplementary dosages of docetaxel. The findings of this research were published in the Lancet Oncology in April 2023, co-authored by Professor Mark Frydenberg and Associate Professor David Pook. The article recommended that enzalutamide be considered as a potential treatment option for patients with advanced hormone-sensitive prostate cancer.

The continued involvement of the Department in such international trials gives Cabrini patients access to cutting-edge innovations, while reinforcing the Department priorities in clinically impactful patient-focused research.

Yet more importantly, it ensures the continued evolution of prostate cancer care for future patients and clinicians. This commitment is evident in the Department's association with the Global Action Plan Prostate Cancer Active Surveillance (GAP3). The largest of its kind, GAP3 is an initiative that has gathered data from prostate cancer patients across the world. Involving world-leading hospitals, universities, and medical research institutes, including the University of Cambridge, Johns Hopkins University, Memorial Sloan Kettering and MD Anderson Cancer Centres, it has served as a vital source of information for patients and clinicians, as they develop treatment strategies for prostate cancer.

Through the Department of Urology, Cabrini will play a leading role in this global consortium. As it enters into a new phase of development, GAP3 will not only continue to grow its database, but will also incorporate genomic analyses to develop an interactive tool that facilitates evidence-based clinical decision-making through an easily accessible platform. Over time, GAP3 and its data will support precision medicine approaches and the discovery of diagnostic and therapeutic targets that can be developed into future tests and drugs in prostate cancer care.

Department of Cardiology Research

103
PUBLICATIONS

21
ACTIVE PROJECTS

6
CLINICAL TRIALS

While cardiovascular disease persists as the leading cause of death in Australia, the efforts of clinicians and researchers, alongside countless other stakeholders, has seen a dramatic decline in its burden over the past several decades.

Yet SARS-CoV-2 and the damage it causes on the human heart, along with its whole-of-society impact resulting in delayed medical attention, caused a recent surge in cardiac arrests and deaths. In 2022, Victoria recorded the highest number of cardiac arrests in its history, reminding us not only of the continued impact of SARS-CoV-2, but also how fragile health trends and assumptions can be.

The last year has therefore been a challenging one for the cardiology community. There has been an energised effort to further understand heart-related disease so as to return to declining trends. This has been evident across the Department of Cardiology Research, where its specialist cardiologists have made important discoveries across a diverse program of research. Including nuclear medicine, surgical innovations, and international pharmaceutical trials, the Department has solidified its reputation as a leading hub of innovation and excellence in cardiovascular research and care.

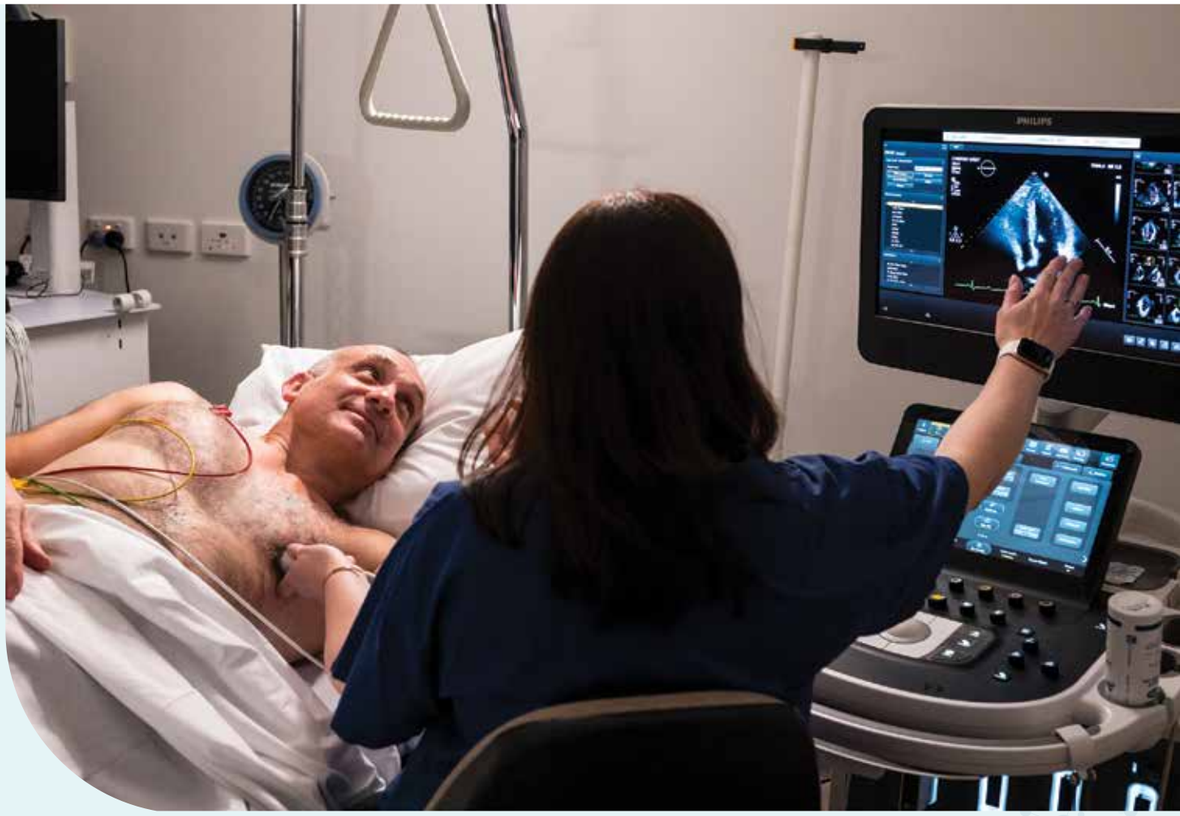
Head of Department

Associate Professor Nathan Better, Academic Director of Cardiology Research

Staff

Romaniya Fernando, Cardiology Research Assistant

Dr Arul Baradi
Dr Jonathan Habersberger
Professor Peter Kistler
Associate Professor Jeffrey Lefkovits
Professor Samuel Menahem
Dr Swati Mukherjee
Dr Frank Panetta
Mr Adrian Pick
Dr Manuja Premaratne
Dr Michael Seman
Mr Gil Shardey
Dr James Shaw
Professor Dion Stub
Associate Professor Gautum Vaddadi
Associate Professor Alex Voskoboinik



RESEARCH DEPARTMENTS | CARDIOLOGY

Our research department, our clinician researchers

Oftentimes overlooked are the people behind the discoveries that impact so many patients' lives. The Department of Cardiology Research is the culmination of its clinician researchers and their commitment to the advancement of their field for future generations of patients and cardiologists. In highlighting the following, the Department also recognises the tireless efforts of so many more who provide the highest standards of clinical care while devoting their time towards research.

Associate Professor Nathan Better
MBBS, FRACP, FCSANZ

Associate Professor Nathan Better is a clinical cardiologist and serves as Academic Director for the Department of Cardiology Research as well as Director of Physician Training and Postgraduate Research at Cabrini. Upon completing his internal medicine and cardiology training at the Austin Hospital, Melbourne, he undertook nuclear medicine training at the Heidelberg Repatriation and Alfred Hospitals. This was followed by fellowships in nuclear medicine at Harvard Medical School and then in cardiology at the West Roxbury Veterans Affairs Hospital, both based in Boston. Specialising in nuclear cardiology and cardiac computer tomography, his research interests revolve around the imaging of the heart. Professor Better is an expert lecturer with the International Atomic Energy Agency and holds roles as Chairman of the International Advisory Panel of American Society of Nuclear Cardiology, board member of the Australasian Association of Nuclear Medicine Specialists, and serves on the editorial board of the Journal of Nuclear Cardiology.

Professor Peter Kistler
MBBS PhD FRACP FHRS

Professor Peter Kistler is a cardiologist and electrophysiologist at Cabrini, Alfred, and Royal Melbourne Hospitals and Professor of Medicine at both Monash University and the University of Melbourne. He is recognised for pioneering the study of atrial tachycardia and catheter ablation techniques. His specialisation in electrophysiology began with fellowships at the Royal Melbourne and St. Bartholomew's Hospitals and has continued throughout his doctoral research and current clinical specialties. Committed to training the next generation of cardiologists, Professor Kistler actively supervises doctoral candidates at the University of Melbourne and is also a reviewer for several high-impact journals including Circulation and the New England Journal of Medicine. Amongst his numerous publications, of note is Alcohol Abstinence in Drinkers with Atrial Fibrillation, published in the New England Journal of Medicine and awarded the Cabrini Publication of the Year Award in 2021. Additionally, he serves on a number of professional and philanthropic committees, including the Cardiac Society of Australia and New Zealand, the American College of Cardiology, and the Heart Rhythm Society.

Dr. Swati Mukherjee
MD PhD FRACP FCSANZ FSCAI

Dr. Swati Mukherjee is a cardiologist at Cabrini and the Alfred Hospitals, while also serving as Director of the Victorian Heart and Lung Clinic. Upon completing her doctoral studies at Monash University, she undertook a fellowship supported by the National Medtronic Scholarship with the National Health Service, United Kingdom. Upon her return, Dr. Mukherjee remains one of just seventeen female interventional cardiologists in Australia and New Zealand. She has devoted much of her time to pursuing gender equity efforts within her discipline, carrying out active mentorship engagements with medical schools throughout Victoria. Additionally, her research and professional contributions aim to address demographic-based barriers to equitable healthcare for heart disease, including several national committees and working groups. Dr. Mukherjee's tireless work has made a material impact on policy, and in 2021 she became the first female Australian cardiologist to be made Fellow of the Society for Cardiovascular Angiography and Interventions, a peer-based clinical benchmark for global excellence in cardiology. Despite her broad commitments, Dr. Mukherjee was published in the Journal of the American Heart Association for her article, Prevention of Cardiovascular Disease in Women with Pregnancy-Related Risk Factors: A Prospective Women's Heart Clinic Study.

Professor Dion Stub
MBBS PhD FRACP

Professor Dion Stub is an interventional cardiologist affiliated with Cabrini, Monash Health, and the Alfred Hospital. He co-directs the Monash Centre of Cardiovascular Research and Education in Therapeutics and is a research fellow at the Baker Heart and Diabetes Institute. Professor Stub has been instrumental in developing Australia's first treatment pathway for patients with refractory cardiac arrest and has continued his interest in cardiac emergencies through both his research and clinical work. Upon completing his doctoral degree, he worked with Professor John Webb at St. Paul's Hospital, Vancouver, furthering his interests in transcatheter aortic valve replacement (TAVR). He has since become globally recognised in this speciality and structural heart interventions more broadly. From his diverse body of research, No Association between Out-of-Hospital Cardiac Arrest and COVID-19 Vaccination was published in Circulation earlier this year. Professor Stub currently holds a National Heart Foundation Fellowship and serves as a medical advisor for Ambulance Victoria and is a representative for the Australia Resuscitation Council.

Associate Professor Aleksandr Voskoboinik
MBBS PhD FRACP

Associate Professor Alex Voskoboinik is a cardiologist and electrophysiologist with Cabrini and the Alfred Hospitals and holds research positions with Cabrini, the Baker Heart and Diabetes Institute, and Monash University. Specialising in rhythm disturbances, he is clinically recognised in minimally invasive interventions for atrial fibrillation and supraventricular tachycardia. Upon completing his medical degree, finishing first in his graduating class at Monash University, Professor Voskoboinik went on to complete his fellowship at the Alfred and Royal Melbourne Hospitals before further training at the University of California, San Francisco. He then completed his doctoral degree at the Baker Institute and the University of Melbourne, exploring the relationship between alcohol and heart disease. There he was awarded the Ralph Reader Prize from the Cardiac Society of Australia and New Zealand. A current recipient of a National Heart Foundation Early-Career Fellowship, Professor Voskoboinik has published widely including Alcohol and Atrial Fibrillation: A Sobering Review in the Journal of the American College of Cardiology.

Towards a healthier heart: An overview of our research projects

Clinical studies are the primary vehicles of the Department's research. They allow clinician researchers to explore innovations in their respective specialties within cardiology, drawing from their years of experience across multiple environments.

Throughout this year, significant progress has been made on existing department initiatives, with several new projects established in collaboration with universities, medical research institutes, and hospitals throughout Melbourne and beyond. The following projects are just a snapshot of the vital and comprehensive body of research currently being conducted through the Department.

I-TAC: IAEA Transthyretin Amyloid Cardiomyopathy Study

Involving fifteen countries, I-TAC is a global study conducted through the International Atomic Energy Agency that aims to establish new diagnostic standards for Transthyretin Amyloid Cardiomyopathy (ATTR-CMP).

ATTR-CMP is a condition characterised by abnormal protein accumulation in the heart. This weakens the heart's ability to pump blood and over time, causing heart failure. Diagnosing ATTR-CMP remains difficult and is oftentimes invasive, however, a simple nuclear cardiology test has been found to be an effective alternative. While access to nuclear-based tools remains limited, particularly amongst lower-income populations, studies like I-TAC are critical in order to anticipate the needs of the future. Led by Associate Professor Nathan Better, Cabrini is the sole Australian participant in this landmark, five-year study, solidifying its standing as a national leader in nuclear cardiology.

OCEANIC Program: Phase III Clinical Trials

At the beginning of 2023, Cabrini formalised its involvement in the OCEANIC Program, which explores the preventative potential of asundexian in combating stroke.

Focused on the drug's anticoagulant properties, the study aims to enable patients with recent strokes to mitigate their risk of ischemic stroke, occurring when a blood clot reaches the brain. Additionally, the study will aim to determine the effectives of asundexian in preventing stroke for people with atrial fibrillation, or irregular heart rhythms. Currently undergoing Phase III clinical evaluation and development, the drug presents new possibilities for those struggling with heart problems by drastically reducing the likelihood of bleeding as a potential side effect of anticoagulants. Including over 700 sites, the OCEANIC Program represents one of the largest clinical trials ever conducted by Bayer, the German-based global pharmaceutical and biotechnology company.

TAVI: Transcatheter Aortic Valve Implantation

TAVI is a procedure that improves heart function by replacing damaged valves with those made of natural animal heart tissue.

The technique allows for the replacement of the valve through the groin, rather than open heart surgery. Critical to overall blood flow, heart valves degenerate due to congenital and age-related causes. A core intervention in the field of cardiology, TAVI has been an on-going area of focus for Professor Dion Stub. His investigation of gender-based discrepancies in TAVI waiting times, found a longer median interval for women, causing a material difference in surgical outcomes and on-going quality of life. Published in early- 2023 in the European Heart Journal, this research builds upon previous studies including ACE-PROTAVI, a multi-site project seeking to optimise TAVI procedures. In the coming year, the SAFER-TAVI Trial will also be conducted, exploring alternative surgical methods that lower the likelihood of bleeding-related complications.

SNORE-AF Study: Sleep Apnoea and Atrial Fibrillation

The SNORE-AF Study is a multi-centre trial evaluating the impact of sleep apnoea treatments on the recurrence of atrial fibrillation.

Sleep apnoea is a disorder where breathing stops and starts during sleep and is commonly remedied through the use of continuous positive airway pressure (CPAP) therapy, involving the use of a machine to support breathing during sleep. The application of this device for patients after atrial fibrillation surgery will be assessed through a WatchPAT device, capable of continuous monitoring for sleep apnoea. Over a 12-month period, the study will aim to understand the relationship between sleep apnoea and atrial fibrillation recurrence, offering valuable insights for on-going patient care.

Cabrini Monash Department of Nursing Research

8
PUBLICATIONS

6
ACTIVE PROJECTS

1
CLINICAL TRIAL

The Cabrini Monash Department of Nursing Research has continued its work, exploring the relationship between research and practice within nurse-led clinical settings.

Committed to enhancing both patient care and nursing outcomes, the Department reflects the pivotal and oftentimes under-explored role that nurses play within healthcare systems. Throughout this year, the Department has furthered its reputation as a leader in healthcare-associated infection, holistic healthcare delivery, and workforce resilience. For nurses, these areas speak to the immediate challenges experienced at the point of care, while also exploring systemic issues related to career development and satisfaction.

2023 also saw a particularly strong year for publications by the Department of Nursing Research. A systematic review was published in Infection, Disease and Health, outlining protocols through which the heightened risk of acquiring multi-drug resistant infections from prior room occupants could be determined. These guidelines will also explore the impact of effective room allocation and cleaning protocols. Another study in Antimicrobial Resistance and Infection Control assessed the influence of COVID-19 infection control practices on healthcare-associated infections, revealing the complex interplay of epidemiological patterns and hospital demographics and systems.

The widely-publicised mental health and well-being challenges amongst health and aged care workers during the COVID-19 pandemic has remained a focal point of the Department's research. Through a longitudinal cohort study that documented the escalating mental health issues faced by frontline workers, the results indicated a marked increase in symptoms of depression, anxiety, post-traumatic stress, and burnout. Featured in the Medical Journal of Australia, the article was the result of a collaboration of leading universities, medical research institutes, and healthcare providers, including Cabrini.

Head of Department

Professor Philip Russo

Acknowledgement of staff who have left (2022-23)

Dr Lucille Kerr

RESEARCH DEPARTMENTS | NURSING

Barriers to nurse participation in research

Last year, the department produced a workforce report, detailing factors affecting nursing involvement in research.

Surveying 109 nurses, over 90% found research relevant to their work, while more than 70% cited a lack of time, incentives, and access to research mentors as barriers. Qualitative findings confirmed these results, as clinical work demands, compounded by insufficient support and resources, presented considerable difficulties for nurses hoping to engage in research.

Given the central role nurses play in healthcare delivery, greater nurse-led research is a core objective of the Department. While also generating alternative career pathways, studies that integrate the perspectives of nurses are able to sufficiently capture the realities of healthcare delivery, further enrichening the value of the research being conducted. Such research appropriately values nurses and their work, holding the potential to address critical workforce shortages and rates of turnover in Australia.

In recognising this national challenge, Cabrini has established the Penny Diamond Nursing Scholarship for Future Leaders, a five-year scholarship program to support nurses as they undertake education to further their careers.

Funded by the Just Group, the program is an example of the types of initiatives needed to address these workforce issues, and the dynamics revealed through nurse-led and -orientated research.

This study was conducted by Professor Philip Russo and Dr. Lucille Kerr, who is now lecturer at the School of Nursing and Midwifery at Deakin University. The Department would like to congratulate and thank Dr. Kerr and wish her all the best for her future endeavours.

The HAPPEN Study: Hospital acquired pneumonia PrEveNtion

This year saw the beginning of the HAPPEN Study, a multi-year randomised control trial evaluating the clinical impact and cost-effectiveness of oral care interventions for hospital-acquired pneumonia.

Funded by the Medical Research Future Fund, the study will be carried out over three phases: co-design, trial, and translation. Cabrini will be a principal partner for the HAPPEN Study, which draws investigators from institutions across Australia, Singapore, and the United States.

Phase I of the trial is currently being conducted, with researchers determining existing practice, and both the barriers and facilitators of oral hygiene within healthcare settings. The HAPPEN Study is expected to conclude in early 2027.

Philip Russo appointed Professor of Nursing

Professor Philip Russo's recent appointment in Monash University's School of Nursing and Midwifery is not only a significant personal achievement, but a milestone for Cabrini Research and the broader nursing community.

Through his roles as Director of Research at both Monash and Cabrini, Professor Russo is globally recognised for his academic and professional contributions to the prevention of healthcare-associated infection. Of his many achievements, his leadership of the Australian National Healthcare Associated Infection Point Prevalence Survey is one that has touched countless lives. The first of its kind in Australia for 34 years, the project resulted in a critical overview of infection rates and their progression over time. These findings continue to be instrumental in shaping infection control policy and practice and have attributed towards improved patient and health systems outcomes.

This commitment towards socially impactful work has underpinned Professor Russo's diverse career.

During his clinical role as a nurse, his decision to undertake research in infection control was inspired by the rise of HIV/AIDS and the lack of evidence-based approaches to infection prevention. Since then, he has taken on leadership roles in several peak bodies and associations within his field, previously the President of the Australasian College for Infection Prevention and Control, and a member of the National Health and Medical Research Council (NHMRC) Infection Control Guidelines Advisory Committee. During the COVD-19 pandemic, Professor Russo provided a leading voice in Australia's public health response, serving as Deputy Chair of the Infection Control Expert Group for COVID-19 and as a steering committee member for the National COVID-19 Clinical Evidence Taskforce.

Professor Russo's research portfolio is equally as extensive and impactful. Previously a recipient of a NHMRC Early-Career Fellowship, he has been part of several multi-year national and international studies not only with relation to healthcare infection, but also spanning antimicrobial resistance, aged care, and pneumonia. This research has featured in numerous high-impact journals, including the Lancet Infectious Diseases, the Medical Journal of Australia, and the Journal of Hospital Infection.

The Cabrini Research community congratulates Professor Russo on this achievement and looks forward to sharing in his continued work that has already improved the lives of so many thus far.

Professor Philip Russo

RESEARCH DEPARTMENTS | PSYCHO-ONCOLOGY

Szalmuk Family Psycho-Oncology Research Unit

9
PUBLICATIONS

4
ACTIVE PROJECTS

2
CLINICAL TRIALS

Cancer is not only a physical disease but also entails mental health dimensions. Understanding the intricate interplay between the biological, psychological, and social aspects of cancer serve as the core purpose of the Szalmuk Family Psycho-Oncology Research Unit.

As it seeks out new approaches towards the holistic improvement of patient outcomes, the Unit has continued to develop clinical methods in psychiatry and psychology that complement and ultimately enhance the work of Cabrini's medical oncologists.

An integral component to this work is palliative care. Aimed at providing relief from serious illnesses, such as cancer, it seeks to address the emotional, psychological, and spiritual needs of patients and their families. The Szalmuk Family Psycho-Oncology Research Unit has integrated these aspects throughout its research, developing non-pharmaceutical pain mitigation methods for patients to improve their quality of life, alleviate suffering, and provide a supportive environment. In doing so, each point of a patient's cancer journey is appropriately considered, moving beyond the treatment of cancer itself and towards a patient-focused, family-centred, and holistic approach to cancer care.

Head of Department

Professor David Kissane AC

Staff

Dr Irene Bobevski, Research Fellow
Genevieve Murphy, Research Nurse, Cabrini
Jonathon Lennon, Research Manager, The University of Notre Dame Australia
Jane Appleton, Research Nurse, The University of Notre Dame Australia

Psycho-Oncology: 30 years of research

Psycho-Oncology has been at the forefront of research examining the nexus between the psychological and oncological dimensions of patient care.

The journal Psycho-Oncology has been the official publication of the British Psycho-Oncology and American Psychosocial Oncology Societies, and its pages have chronicled the growth and evolution of the field, capturing the challenges, breakthroughs, and innovations that have shaped contemporary cancer care.

In 2022, Psycho-Oncology celebrated its 30th anniversary. Since its inception, the journal has not only documented but also shaped both research and clinical practice, with psychological and psychiatric care core clinical components in the delivery of integrative oncology. In a commemorative issue celebrating this milestone, Professor David Kissane provided an overview of the last three decades in a special invited editorial.

During its history, the journal has published a wealth of research that has delved deep into the psychosocial intricacies of cancer. Studies highlighting the role of exercise in post-cancer wellness, the multifaceted challenges of anti-cancer treatments, including their impact on fertility, sexuality, and body image, and the profound existential distress that patients and families often face provide a glimpse into the diversity of this scholarship.

Dedicated to the delivery of holistic care, Psycho-Oncology has also served as a leading advocate for patient-centric approaches. It has consistently shed light on the unique challenges faced by different communities, including lesbian, gay, and bisexual individuals diagnosed with cancer. Such inclusivity underscores the journal's commitment to understanding the complex ways in which cancer intersects with personal and social identities. The journal has also been instrumental in promoting the importance of open communication within families, the potential benefits of family therapy, and the need for comprehensive support systems, especially during bereavement.

The 30th anniversary of Psycho-Oncology is more than a celebration of the journal itself. It is a reflection upon the discipline's progress and contributions towards the advancement of integrative oncology. As the journal looks towards the next three decades, it will continue to inspire and support researchers, clinicians, and caregivers, as they face countless new challenges in the delivery of compassionate and holistic cancer care.

Demoralisation: insights, interventions, and diagnostic challenges

For psychologists and psychiatrists attending patients with cancer, demoralisation is of paramount concern.

Its powerful hold, particular for those with late-stage cancer, has been linked to feelings of hopelessness, loss of meaning, and helplessness. In healthcare settings with limited access to both mental health resources and evidence-based management systems, demoralisation often goes undiagnosed.

Through its grant with the Commonwealth Department of Health's Palliative Care National Program, the Szalmuk Family Psycho-Oncology Research Unit has continued to work towards the development of reliable screening tools to recognise the mental state of demoralisation amongst advanced cancer patients.

This work will lay the foundations for early intervention approaches, with the goal of implementing national screening programs that are expected to reduce hospital admissions and amplify the quality of life of patients.

As part of this on-going project, research towards understanding the multidimensional nature of demoralisation has been conducted throughout the past year. In collaboration with the Federal University of Fronteira Sul in Brazil, compelling evidence tying demoralisation with spirituality was identified. These findings indicate that demoralisation intensifies with the impending reality of death, while spiritual well-being emerges as a protective element against demoralisation, a correlation that extends to caregivers as well. Highlighting the complex interplay between powerful psychological dynamics, the study demonstrated the highly nuanced nature of demoralisation and the challenges posed by its effective and consistent diagnosis.

Despite this, progress towards systematic methods and tools have been made. In a special article published in ESMO Open, a clinical practice guideline was published, outlining assessment and management protocols for depression and anxiety amongst cancer patients. Here, demoralisation was presented as being phenomenologically distinct from major depression, building upon previous work highlighting a profound association with suicidal ideation. Such work has allowed both clinicians and researchers to begin applying an evidence-based taxonomy of symptoms through which patients can be screened and provided support through early interventions.

This study was supported by research aimed at uncovering the types of clinical measures needed. Published in the Journal of Pain and Symptom Management, one article highlighted the Research Unit's work with the on-going application of the Psycho-existential Symptom Assessment Scale (PeSAS), emphasising the transformative potential of consistent monitoring and treatment of psycho-existential symptoms in palliative care settings. Another approach was proposed in an article on the Demoralisation Interview, published in General Hospital Psychiatry, which offers a robust diagnostic tool for identifying demoralisation, demonstrating its reliability and validity in detecting symptoms for the purposes of timely and comprehensive patient care.

As work towards a demoralisation screening program for Australia's cancer patient population continues, the research output from the Research Unit over the past year reveals the challenges that lie ahead. While capturing the complexity of this condition in its entirety, there is nevertheless a need to develop systematic methods for diagnosis and intervention. Balancing both will be a priority of researchers in the coming year as it serves to mitigate the psychological impact of cancer through a holistic and proactive approach.

RESEARCH DEPARTMENTS | WOMEN'S MENTAL HEALTH

Women's Mental Health Research at Cabrini

17
PUBLICATIONS

5
ACTIVE PROJECTS

The past decade has seen significant changes to the ways in which mental health is widely perceived. These shifting attitudes have led to increased attention, transforming clinical settings in mental health.

As part of its on-going mission to serve the unmet needs of its community, Cabrini has established programs aimed at developing systematic improvements to the delivery of mental health care for women.

Clinician researchers in psychiatry and psychology have continued this work throughout 2022/2023, identifying constructive interventions, alongside effective preventative and diagnostic strategies. This has been conducted through the Lisa Thurin Women's Health Centre, alongside Cabrini's on-going partnership with HER Centre Australia. Further work is required to fully understand the complex, interrelated, and gender-specific conditions that make up women's mental health. Yet the achievements over the past twelve months demonstrate what can be achieved through the dedication of researchers and clinicians, coupled by the resilience of an engaged patient population.

Head of Department

Professor Jayashri Kulkarni AM, Director, HER Centre Australia, Head of the Department of Psychiatry, Central Clinical School and Leader of the New Treatments for Acute Mental Ill-Health in Women Portfolio

Associate Professor Caroline Gurvich, Deputy Director, HER Centre Australia, Neuropsychologist and Leader of the Hormones and Cognition in Women Portfolio

Dr Leo Chen, Consultant Psychiatrist, Director of Training Alfred Psychiatry and Leader of the Therapeutic Brain Stimulation Treatment for Women Portfolio

Dr Elizabeth Thomas, Post-doctoral Research Fellow in Neuropsychology and Leader of the Infertility in Women and Mental Health Portfolio, Manager of the Brain Stimulation Team

Dr Eveline Mu, Post-doctoral Research Fellow in Trauma and Psychopathology, Manager of the HER Centre Australia Women's Health Team

Anthony De Castella, Department and HER Centre Australia Manager

Emorfia Gavrilidis, Clinical Trials Team Manager

Sharon Sherwood, Chief of Mental Health and Cabrini Outreach (left) and Professor Jayashri Kulkarni AM, Director, HER Centre Australia

PhD Students enrolled in Department of Psychiatry

Carolyn Breadon (Supervised by Prof Kulkarni)
Chen Zhu (Supervised by A/Prof Gurvich and Dr Thomas)
Harjit Surindera Bagga (Supervised by A/Prof Gurvich])
Anne Powell (Supervised by Prof Kulkarni and A/Prof Gurvich)
Emma Cholakians (Supervised by A/Prof Gurvich, Dr Chen and Dr Thomas)
James Tranter (Supervised by Prof Kulkarni and Dr Chen)

Honours Students

Elyssa Osianlis
Elle Haryanto
Laura Brulez
Tasmia Islam
Haniya Al-Azzawi

COGtrain: Cognitive Training for Women's Mental Health

Led by Associate Professor Caroline Gurvich, COGtrain aims to uncover the largely misunderstood relationship between reproductive hormones and cognitive function amongst women.

Conducted through the Lisa Thurin Women's Health Centre, in partnership with HER Centre Australia, the study will evaluate essential cognitive areas such as memory, concentration, decision-making, and goal-directed behaviour. Alongside this research, COGtrain integrates an educational component, equipping participants with a nuanced understanding of the drivers behind changed cognition, mood, and trauma.

Having devoted the past year towards the development of its experimental design, including extensive engagement with consumers and stakeholders, COGtrain will look to deliver an integrated clinical, educational, and research program to better understand the cognitive challenges uniquely faced by women. Such research is well overdue, with gender-specific cognition largely misunderstood, leading to sub-optimal diagnoses and treatment.

In the coming months, the project will carry out an open-label feasibility trial, seeking to validate its experimental design and evaluate clinical effectiveness of the program amongst 20 participants. It is hoped that this pilot program will determine the in neuropsychological and psychological benefits of COGtrain and identify areas for further improvement.

Projects like COGtrain exemplify the Lisa Thurin Women's Health Centre and its purpose as Australia's first privately-operated female mental health hospital. Amidst the challenges associated with gender-specific research, COGtrain represents an evidence-based attempt to understand and address women's mental health with the requisite nuance and context missing from a binary discourse.

Health Education Research: Continuing our relationship with HER Centre Australia

Over the past year, HER Centre Australia has been steadfast in understanding and addressing the unique mental health challenges faced by women.

Work throughout this year has built upon this commitment, with the Centre actively developing interventions and treatments to meet the distinct needs of women at various stages of their lives. From post-puberty depression to menopause-related mental health, this year has seen continued outreach and engagement from the Centre, rooted in the belief that every woman should receive the care and support she requires. This has been achieved through HER Centre Australia's integrated model for mental health, combining its clinical care with a robust portfolio of educational and research programs.

Throughout the past year, Cabrini's on-going partnership with HER Centre Australia has continued to grow, generating clinical and research impact. A key highlight was the hosting of the inaugural Asia-Pacific Conference on Women's Mental Health. Themed Metamorphosis, the conference represents an extension of the Centre's vision, exploring the changing nature of women's mental health across various life stages. Keynote speakers included Dr. Prabha Chandra, Professor Jayashri Kulkarni, Dr. Karen Magraith, Dr. Louise Newson, and Associate Professor Bronwyn Stuckey. Their collective expertise covered a wide range of topics, from trauma and eating disorders to fertility-related mental health issues and menopause depression. The conference served as a platform for open dialogue and collaboration, with a number of innovative approaches raised for future development and clinical application.

Another key initiative undertaken by HER Centre Australia was the launch of the Li Transformative Hub for Research in Eating Disorders (THRED). The research program focuses upon:

- Discovering the biological causes of eating disorders, and
- Developing new therapeutic strategies, including novel drugs, brain stimulation, and hormonal interventions.

With an estimated one million Australians living with an eating disorder, there is an urgent need for such efforts like THRED. Recent innovations in cellular genomics have expanded the limits of medical research, identifying causal links between eating disorders and brain biologies. THRED aims to explore this further, shifting the paradigm from talk-based therapies to one more rooted in the scientific realities of mental health.

Department of Health Informatics

3
PUBLICATIONS

9
ACTIVE PROJECTS

Today, digital information is generated at countless points across patient care, healthcare management, and medical research. Spanning from clinical datasets and registries to patient experience reports. Clinical data is equally as complex and diverse as it is large.

Throughout 2023, the Department of Health Informatics has continued to explore ways in which this data can be used to improve the delivery of healthcare. Supporting projects across Cabrini, it has enhanced methodologies by providing data-informed insights. This has involved its on-going work on accumulating, managing, and analysing Cabrini's extensive medical records, databases, and registries across a range of clinical disciplines. Alongside this, the Department has expanded its multi-institutional industry supervision program, notably including the Commonwealth-funded Digital Health Cooperative Research Centre.

Head of Department

Dr David Rankin, Director Clinical Governance and Informatics

Staff

Isabel LeonEscobar, Manager Clinical Business Analysis
Dorina Heng, Data Manager - Research Officer
Deepa Kandasamy, Business Intelligence Manager Clinical Informatics

Isabel LeonEscobar and Dr David Rankin

RESEARCH DEPARTMENTS | HEALTH INFORMATICS

Supporting the future of data-driven clinical research

The Department of Health Informatics has been at the forefront of integrating research into evidence-based clinical practice.

Its industry supervision program represents an extension of this, aiming to bridge the gap between theoretical knowledge and real-world application within academic settings. Through the Department, students from various institutions have the opportunity to work closely with discipline experts, gain hands-on experience, and meaningfully contribute to projects with tangible relevance to healthcare outcomes.

This year, the Department has provided industry supervision through the MD Scholarly Intensive Placement (SIP) in partnership with the Monash Faculty of Medicine, Nursing, and Health Sciences. Supporting over 40 fifth-year medical students annually, the SIP offers three streams through the Department of General Practice, including Research, Professional Practice, and the Bachelor of Medical Science Honours Program. Throughout 2023, four students undertook industry supervision with the Cabrini Department of Health Informatics, each producing clinically impactful scholarship during their six-week research placement.

Laura Gazzard's study explored the intricate relationship between preoperative anticoagulation and postoperative complications. By analysing data from the Patient Administration System at Cabrini, anticoagulation was found to have a prognostic significance with patient outcomes, underscoring the need for preoperative planning and patient management to mitigate its associated risks.

Chania Lobo studied the causes of unplanned readmissions occurring within a week of discharge. Her work sought to identify preventable causes for these readmissions, forming the basis of a clinical framework that can be employed to minimise such occurrences. Her findings noted the need to further emphasise patient assessment, timely intervention, and comprehensive discharge planning as part of a broader clinical workflow.

For private hospitals, the financial implications of post-discharge emergency department presentations are a pressing concern. Savannah Vote examined this dynamic within the context of Cabrini, highlighting the need for policy adjustments in Australian healthcare funding. Noting the inherent challenges involved in ensuring both financial sustainability and the delivery of the highest standards of care, it was found that these were particularly pronounced within private hospitals, signalling a need for not only patient-centric care, but also patient-centric funding in Australia.

Neha Shibu's retrospective cohort study underscored how pivotal cardiac rehabilitation is for patient outcomes after cardiac events. While the total number of readmissions remained unchanged, the study found that there were delays in the time to readmission for those who participated in a cardiac rehabilitation program. This research highlighted the importance of comprehensive post-discharge support and the need to reconsider the scope of cardiovascular care.

Partnering in the digitalisation of health

This past year, the Department of Health Informatics furthered the impact of its industry supervision, supporting doctoral students conducting research as part of the Digital Health Cooperative Research Centre (DHCRC).

Established in 2018, the DHCRC is a national initiative aimed at furthering the integration of data and digital technologies in healthcare. Supported by $110 million in funding from the Commonwealth Department of Industry, Science, and Resources, it invests in sovereign research and development capabilities, designed to bolster Australia's global competitiveness in digital health.

Cabrini's involvement with the DHCRC is part of a broader effort to establish critical synergies with stakeholders in health technology. Already, the Department of Health Informatics has implemented systems that leverage Cabrini's extensive collection of both clinical and research data. On-going efforts are being made towards genomics-enabled precision medicine and standardised patient-clinician communication systems. Running parallel to the DHCRC, these projects indicate Cabrini's close alignment with national priorities in digital health, while pointing to its leadership not only in innovation but, perhaps more importantly, implementation into clinical practice.

This is particularly evident in virtual care, where DHCRC-supported projects have sought to streamline telehealth platforms, hospital-in-the-home models, and remote monitoring. Similar aims are currently being pursued by researchers across Cabrini's departments, reflecting the oftentimes overlooked research conducted by our clinicians who strive to constantly improve the care they provide their patients. The virtualisation of our clinical trials program and mental health services, alongside our nationally recognised electronic patient-reported outcomes measures (ePROMs) platform are examples of this, highlighting Cabrini's unique place within the Australian medical research landscape.

Indeed, Cabrini and the DHCRC are just two entities within a broader research and development ecosystem that seeks to drive Australia towards a more digitalised healthcare future.

One of the core values underpinning this is the belief that through data and technology, a more sustainable and equitable health system can be realised, particularly for remote and disadvantaged communities.

This can only be achieved, however, through enhanced clinical analytics, harmonised data standards, and the interoperability of data collections. Education will prove critical to this, and the Department of Health Informatics looks forward to continuing its industry supervision for the next generation of digital health leaders.

Intensive Care Research Unit

10
PUBLICATIONS

11
ACTIVE PROJECTS

2
CLINICAL TRIALS

The Intensive Care Research Unit has continued its commitment to advancing the field of intensive care medicine, a cornerstone of Cabrini's clinical services.

As an integral extension of the Intensive Care Unit (ICU) located in Malvern, research helps inform its clinical work, which has provided specialised care to over 1600 patients, each grappling with severe or life-threatening conditions.

As in past years, intensive care research has been underpinned by three primary objectives:

- A rigorous assessment of existing ICU workflows
- The identification of areas for improved intensive care delivery, and
- The development of strategies that can be seamlessly implemented within medical facilities at Cabrini, and beyond.

Through synergistic collaborations amongst the Unit's clinician researchers, and those throughout the Cabrini Health network, research has enabled a deeper appreciation of the determinants influencing patient outcomes in both the immediate- and long-term.

Head of Department

Associate Professor David Brewster

Staff

Lisa Dougherty, ICU Research Co-ordinator

Associate Professor Vineet Sarode Director of Intensive Care Unit
Dr Chantal McNally Director of Anaesthesia

Professor Warwick Butt, Intensive Care Physician
Dr Josh Ilhe, Intensive Care Physician
Dr Dierdre Murphy, Intensive Care Physician
Dr Steve Philpot, Intensive Care Physician

Intensive care research highlights

The Intensive Care Research Unit has continued its research across a growing portfolio of projects, each furthering distinct aspects of intensive care medicine.

Amongst these, the BALANCE Trial, aimed to refine treatment guidelines for bacterial blood infections, specifically bacteraemia. By comparing 7- and 14-day antibiotic regimens in a randomised trial, it is anticipated that the optimal duration of antibiotic therapy can be determined, potentially elevating patient experiences during admission, and their overall quality-of-life upon discharge.

The international STARGATE Study, led in Australia by Associate Professor David Brewster, seeks to address the challenges associated with patient airway management during the administration of general anaesthetics. This multi-site observational study will offer a comprehensive understanding of air management techniques, building on the foundations established last year through the INTUBE Study.

Additionally, the Unit's participation in the SPRINT-SARI Study noted a pressing need for research on Short Period Incidence of Severe Acute Respiratory Infection. By mapping its global prevalence and in understanding its subtypes, the research will lead to the development of a robust management strategy for this condition, including rapid response protocols tailored for emergent infectious causes.

2023 also saw the publication of Leadership during airway management in the intensive care unit: A video-reflexive ethnography study, in Frontiers in Medicine. A product of the Unit's extensive work seeking to optimise methods in high-stress clinical environments, the research explores the intricate leadership dynamics inside ICUs during intubation for critically ill COVID-19 patients.

Additionally, the Intensive Care Research Unit also contributed to the publication of *The use of video laryngoscopy outside the operating room: A systematic review in PLOS One* late last year. The paper explores the efficacy of video technologies for airway management, which saw increased use during the pandemic due to the ability to remotely conduct procedures. While this method was found to improve specific processes, the research was unable to ascertain any causal links between this technology-enabled approach and improved patient outcomes. Amongst the authors was Dr. Arun Ilancheran, who completed his fellowship with the Cabrini Intensive Care Research Unit as the Felicity Hawker Fellow from Alfred Health.

Felicity Hawker Medal Awardee: Dr. Jonathon Begley

Dr. Jonathon Begley has been presented the Felicity Hawker Medal, awarded by the College of Intensive Care Medicine (CICM) to the best trainee paper presented at its Annual Scientific Meeting.

His pivotal research was conducted during the COVID-19 pandemic and was the first to assess the effectiveness and implications of aerosol box use during tracheal intubations.

The study's findings highlighted several potential hazards, including extended intubation durations and compromised personal protective equipment for clinicians. Dr. Begley's research led to the revoking of the United States Food and Drug Administration's approval for the use of aerosol boxes in emergency settings. His work, alongside Associate Professor Brewster, is the culmination of a multi-year research effort, emphasising the importance of rigorous testing for all medical equipment before their wider adoption.

The CICM oversees specialist intensive care training in Australia and New Zealand. Recognising excellence in research, the Medal is named in honour of Dr. Felicity Hawker, the inaugural Dean of the Joint Faculty of Intensive Care Medicine, the predecessor to the CICM. One of Australia's leading anaesthesiologists, she was Director of the Cabrini Intensive Care Unit from 1995 to 2008, before chairing the Deteriorating Patient Committee at Cabrini. She has devoted much of her career to training the next generation of intensive care clinicians and has championed the College's Gender Equity Action Plan.

Alan, Ada, and Eva Selwyn Emergency Department

1
PUBLICATION

4
ACTIVE PROJECTS

Established in 2019, the Alan, Ada, and Eva Selwyn Emergency Department delivers the highest standards of emergency healthcare to over 25,000 patients annually.

Recognised by the Australasian College of Emergency Medicine as an accredited emergency department, the Department serves at the frontline of Cabrini's hospitals, providing dedicated services for emergency care. Research is an integral component of its activities, ensuring that its stands at the forefront of innovation.

This year, the Department has been engaged in several projects that have delivered immediate improvements to patient outcomes and experiences. These have gone on to support emergency medicine more broadly, reinforcing the importance of clinical research in evolving the field for the next generation of patients and clinicians.

Head of Department

Dr Ian Turner, Director Emergency Medicine

Staff

Associate Professor Michael Ben-Meir, Emergency physician
Dr Gabriel Blecher, Emergency physician
Dr Lisa Brichko, Emergency physician
Dr James Ho, Emergency physician
Associate Professor Keith Joe, Emergency physician
Dr Kathryn Law, Emergency physician
Professor Katie Walker, Emergency physician
Blessing Gazi, ANUM Emergency Department

A/Prof Nathan Better and Dr Ian Turner

Predicting heart-attacks: From hallway conversation to clinical impact

The early and accurate prediction of heart attacks in patients presenting with chest pains is of paramount importance in emergency medicine.

Seeking to address this, the Emergency Department conducted research validating prognostic tools that utilised troponin levels as an indicator for the likelihood of heart attack. In line with existing evidence, troponin measurements were taken upon a patient presenting to the emergency department, with a further measurement taken one hour later. It was found that this methodology yielded significant potential as a predictive tool for heart attacks in emergency medicine settings.

Resulting from informal conversations within the hallways of the Alan, Ada, and Eva Selwyn Emergency Department, the project embodies the inter-disciplinary and collaborative culture of Cabrini. From the initial point of discussion between the Heads of both Cardiology and the Emergency Department, preliminary research findings were achieved within six months. The continued accumulation of supportive evidence will facilitate the implementation of this tool into routine emergency department systems.

Such efforts demonstrate the pressing need for timely and precise mechanisms in emergency settings. Moreover, they highlight the immediate impact achieved through agile and clinically meaningful studies, bridging the gap between workplace conversations and tangible improvements in healthcare delivery.

Quality improvement protocols in trainee education

The rapid pace of emergency rooms means that the development and implementation of quality improvement (QI) protocols remain an on-going challenge.

For trainees, such opportunities are further limited amidst the instability of clinical rotations, staffing shortages, and the pressures involved in treating a diverse range of complex cases. Self-development has therefore required trainees to volunteer time beyond their existing clinical hours, while also managing supervision and mentorship arrangements with senior clinicians.

Dr. Lisa Brichko's article, published in Emergency Medicine Australasia, explores these dynamics while also highlighting changes to these historical trends. Incorporating QI protocols, trainee education was revised by the Australasian College of Emergency Medicine (ACEM) in 2022 and is now being implemented in departments across Australia. The new curriculum was designed in order to provide trainees with the requisite skills to transition into their roles as newly qualified Fellows of ACEM.

For Dr. Brichko, the integration of QI standards is vital if medical processes in emergency departments are to evolve and, in turn, deliver improved patient outcomes. For clinicians, further benefits include enhanced workplace engagement and satisfaction, and the promotion of evidence-based healthcare practices. First-hand insights like these offer a glimpse into the rapidly evolving realities of not only emergency medicine but healthcare more generally, emphasising the need for standardised assessment methods, simultaneous to clinical practice.

Technology-enabled patient communication

When visiting hospital emergency departments, patients expect immediate care for acute medical conditions. Yet extended wait times are common, with limited communication placing physical, logistical, and psychological pressure on patients.

Responding to this, Cabrini clinicians participated in a multi-site project that developed and validated artificial intelligence (AI) models, capable of accurately predicting wait times in emergency department settings. Conducted from January to June 2020, the study's results were published last year in Emergency Medicine Journal.

The project's positive findings have led to the implementation of these AI models in Cabrini's Malvern emergency waiting rooms throughout the past year. Since then, communication of anticipated wait times has improved, coinciding with increased patient satisfaction scores. Through the generosity of Perry Sambor, the Department is now expanding these models through different applications. Over the coming months, bedside screens will provide estimated times for patients to receive test results, speak with their attending clinician, or be discharged. It is anticipated that this feedback-rich approach will further improve patient experiences and raise the standard of care in emergency medicine.

Exploring greater patient care through automation

Artificial intelligence (AI) is widely viewed as the next frontier for medical advancement, framed as replacing human error with automated precision through the support of countless data points.

In recognising the enormous potential of this new technology, and conscious of its possible misuse, the Department has developed a project evaluating the use of AI for discharge summaries. The aim is to leverage Chat GPT's language models alongside Cabrini's extensive electronic medical records to assess the proposed AI application.

In order to protect patient confidentiality, the project will meticulously de-identify all personal data. As a result of these risk mitigation precautions, ethics approval as a low-risk project has been granted, further supported by robust legal and regulatory reviews. Throughout the research period, discharge summaries will be generated by Chat GPT and assessed for their efficiency, accuracy and clinical relevance. This will be achieved by cross-referencing against traditional clinician-based summaries.

Over time, researchers will be able to determine whether AI allows clinicians to focus more on patient care and less on administrative tasks. If tangible productivity gains without compromising clinical standards are confirmed, further research towards the adoption of this technology will be carried out by the Department.

Approved projects

The following projects were approved by the Cabrini Research Governance Office over the period from 1 July 2022 to 30 June 2023.

CANCER

Project title	Principal investigator
To determine whether menopausal status is a predictor for toxicities that result in a change in or cessation of endocrine treatment in the setting of estrogen receptor positive, early breast cancer	Dr Michelle White
A phase 1, open-label, dose-escalation and dose-expansion study evaluating the safety, tolerability, pharmacokinetics, pharmacodynamics, and preliminary efficacy of D3S-001 monotherapy in subjects with advanced solid tumours with a KRAS p.G12C mutation [D3S-001-100]	Prof Gary Richardson
A phase 3, randomised, controlled, multicentre, open-label study to compare Tivozanib in combination with Nivolumab to Tivozanib monotherapy in subjects with renal cell carcinoma who have progressed following one or two lines of therapy where one line has an immune checkpoint inhibitor [TiNivo-2][AV-951-20-304]	Prof Mark Frydenberg
A phase 1/2, first-in-human, open-label, multicentre study evaluating the safety, tolerability, pharmacokinetics and efficacy of a trispecific EGFR/cMET/cMET antibody GB263T in subjects with advanced non-small cell lung cancer (NSCLC) and other solid tumors [GB263T-FIH001]	Prof Gary Richardson
A phase 1/2, first-in-human, open-label, dose-escalation study of TAK-280 in patients with unresectable locally advanced or metastatic cancer [TAK-280-1501]	Prof Gary Richardson
A multicentre, parallel arm, open-label trial of frontline R-CHOP/Pola-RCHP and glofitamab in younger, higher risk patients with diffuse large B cell lymphoma (DLBCL)[COALITION]	Dr Kirsten Herbert
The impact of cigarette smoking on colorectal cancer surgery pathology, perioperative and longterm cancer outcomes	Dr Lauren Cohen
A phase 1 study of SRF617 in patients with advanced solid tumours [SRF617-101]	Prof Gary Richardson
A Phase 3, Randomized, Open-Label, Multicenter Trial of ARV-471 (PF-07850327) vs Fulvestrant in Participants with Estrogen Receptor-Positive, HER2-Negative Advanced Breast Cancer Whose Disease Progressed After Prior Endocrine Based Treatment for Advanced Disease [VERITAC-2] [C4891001]	A/Prof Yoland Antill
The GLORIA Study: A Phase 3, Randomized, Open-Label Study of the Anti-Globo H Vaccine Adagloxad Simolenin (OBI-822)/OBI-821 in the Adjuvant Treatment of Patients with High Risk, Early-Stage Globo H-Positive Triple Negative Breast Cancer [OBI-822-011]	A/Prof Yoland Antill
Single Centre Outcomes of Adjuvant Nivolumab in Melanoma: Comparison of Outcomes of Cabrini Health Population in PRESERV MEL trial	Prof Ben Brady
Patient and tumour factors predisposing to recurrence in early stage cancers	Dr Rebekah Engel
Prospective cross-sectional study of 68Ga-PSMA PET/CT in addition to mpMRI in men undergoing 12-month confirmatory biopsy during Active Surveillance for low or intermediate risk prostate cancer [The "PIAS" Trial]	Prof Mark Frydenberg
Prospective multi-centre randomised trial of the additive diagnostic value of PSMA PET in men with negative/equivocal MRI in the diagnosis of significant prostate cancer [PRIMARY 2]	Prof Mark Frydenberg
A Randomised Phase 2 Study of Sequential 177Lu-PSMA617 and Docetaxel versus Docetaxel in Metastatic Hormone-Naive Prostate Cancer [UpFrontPSMA]	Prof Mark Frydenberg
SCANPatient: Synoptic reporting of CT scans assessing cancer of the pancreas. A multi-centre batched stepped-wedge, comparative effectiveness randomised controlled trial	Frederick Huynh
A Phase 1b/2, Multicenter, Open-label Basket Study Evaluating the Safety and Efficacy of Bemarituzumab Monotherapy in Solid Tumors with FGFR2b Overexpression [FORTITUDE-301] [20210104]	A/Prof Lara Lipton

CANCER

Project title	Principal investigator
A phase II, open-label, multicenter study evaluating the safety and efficacy of neoadjuvant and adjuvant tiragolumab plus atezolizumab, with our without platinum based chemotherapy, in patients with previously untreated locally advanced resectable Stage II, IIIA or select IIIB non-small cell lung cancer [Skyscraper05] [GO42501]	Dr Ben Markman
Sigmoid colon cancer staging using tumour deposits and extramural venous invasion computer tomography (CT-TDV): examination and validation of markers of recurrence	Prof Paul McMurrick
An open label, Phase 1 dose escalation trial, with dose confirmation and expansion of BI 1810631 as monotherapy in patients with advanced metastatic solid tumors with HER2 aberrations [1479-0001]	Dr Shehara Mendis
An open, multi-center, Phase 1 clinical study of ATG-022 in patients with advanced/metastatic solid tumours [CLINCH]	Dr Shehara Mendis
A Phase II open label, dose-finding run-in and cohort expansion study to evaluate the safety, tolerability and effectiveness of AUM001 in combination with pembrolizumab or irinotecan in metastatic colorectal cancer [AUM001-2001] [MK-3475-D65]	Dr Shehara Mendis
A Phase 2, randomised, open-label, study of two dose levels of Vobramitamab Duocarmazine in participants with Metastatic Castration-resistant Prostate Cancer [CP-MGC018-03] [TAMARACK]	A/Prof David Pook
Phase 1/2, multi-center, open-label, dose escalation and dose expansion first-in-human study to evaluate the safety/tolerability, pharmacokinetics and efficacy of MHB036C in participants with advanced or metastatic solid tumours [MHB036C-CP001EN]	Prof Gary Richardson
Phase 1/2, Two-Part, Multi-center, Open-label, Dose Escalation and Dose Expansion First-In-Human Study to Evaluate the Safety/Tolerability, Pharmacokinetics and Efficacy of MHB088C in Participants with Advanced or Metastatic Solid Tumors [MHB088C-CP001EN]	Prof Gary Richardson
A Phase 2 Open-label Randomized Study of Farletuzumab Ecteribulin (MORAb-202), a Folate Receptor Alpha-targeting Antibody-Dr.ug Conjugate, vs Investigator's Choice Chemotherapy in Women with Platinum-resistant High-grade Serous (HGS) Ovarian, Primary Peritoneal, or Fallopian Tube Cancer [CA116-001]	Prof Gary Richardson
Development of a novel personalised therapy platform for metastatic breast cancer [MBC]	Prof Gary Richardson
First-in-Human, Phase 1 study of AMT-151, an Anti-Folate Receptor Alpha Antibody-Dr.ug Conjugate, in Patients with Selected Advanced Solid Tumours [AMT-151-01]	Prof Gary Richardson
The Statins and prOgression of Coronary atheRosclerosis in melanomA patients Treated with chEckpoint inhibitorS [SOCRATES]	Prof Gary Richardson
Colorectal Cancer in the under 50's: lifestyle and comorbidity factors	Dr Simon Wilkins
Colon cancer survival differs from right side to left side: A Bayesian survival model and dynamic nomogram	Dr Simon Wilkins

CARDIOLOGY

Project title	Principal investigator
Sleep apNOea and atRial fibrillation: trEatment of sleep Apnoea, eFfects on ablation outcomes (SNORE-AF)	Prof Peter Kistler
Cabrini Electrophysiology Database	Prof Peter Kistler
Incidence and predictors of left atrial flutter post pulmonary vein isolation with Posterior Left Atrial Wall Isolation	Prof Peter Kistler
A multicenter, international, randomized, active comparator-controlled, double-blind, double-dummy, parallel-group, 2-arm, Phase 3 study to compare the efficacy and safety of the oral FXIa inhibitor asundexian (BAY 2433334) with apixaban for the prevention of stroke or systemic embolism in male and female participants aged 18 years and older with atrial fibrillation at risk for stroke [OCEANIC-AF]	Dr Swati Mukherjee
The Syncope-Stopper study: comparison of upfront pacing with standard care for high-risk patients with unexplained syncope	A/Prof Alex Voskoboinik
What is the prevalence of evidence based therapies on discharge following hospital admission for heart failure exacerbation in a single tertiary hospital?	Robert Wojnar

DIABETES

Project title	Principal investigator
Hospitalisation in people with diabetes: A pilot study	Prof Peter Kistler
Early environmental determinants of pancreatic islet autoimmunity: a pregnancy to early life cohort study in children at risk of type 1 diabetes [ENDIA]	Dr Jeremy Rosenbaum

EMERGENCY MEDICINE

Project title	Principal investigator
Readmissions within 7 days	Dr David Rankin

GASTROENTEROLOGY

Project title	Principal investigator
A Phase 2, multi-center, double-blind, placebo-controlled study to evaluate the safety, efficacy and pharmacokinetics of Induction Therapy with PRA023 in subjects with moderately to severely active ulcerative colitis [PR200-102] [ARTEMIS-UC study]	A/Prof Henry Debinski
Multidisciplinary surgical technique for management of giant presacral schwannomas: a retrospective study	Dr Christopher Steen
Intracorporeal versus extracorporeal anastomoses in laparoscopic and robotic right hemicolectomies: a retrospective analysis	Dr Christopher Steen
Does BMI influence adverse postoperative outcomes following colorectal cancer surgery?	Dr Simon Wilkins

HAEMATOLOGY

Project title	Principal investigator
A Phase 3 Randomized, Open-Label, Multicenter Study of Zanubrutinib (BGB-3111) Plus Anti-CD20 Antibodies Versus Lenalidomide Plus Rituximab in Patients with Relapsed/Refractory Follicular or Marginal Zone Lymphoma [BGB-3111-308] [MAHOGANY]	Prof Constantine Tam

INTENSIVE CARE

Project title	Principal investigator
Leadership during airway management in ICU: a longitudinal and case services video reflexive ethnography study	A/Prof David Brewster
Delayed MET call activation associated with poorer patient outcomes and the link between GOC discussions and MET calls	A/Prof Vineet Sarode
Prevalence and outcomes of patients with life limiting illness in a tertiary private intensive care unit	Dr Kate Wagner

MODELS OF CARE

Project title	Principal investigator
Review of haemorrhage/haematoma post-surgery and return to theatre	Dr David Rankin
Efficacy of Out-patient Services in Reducing Readmissions	Dr David Rankin
Outcomes for patients who present to ED with “falls for investigation”	Dr David Rankin

MUSCULOSKELETAL

Project title	Principal investigator
The Australian Vertebroplasty Registry [VAST Registry]	Dr Jeremy Druce

NEUROLOGY

Project title	Principal investigator
A retrospective study of factors affecting the diagnosis of myasthenia gravis, acute and chronic inflammatory demyelinating polyneuropathy, thyroid eye disease and their associated clinical outcomes	Prof Owen White

NURSING

Project title	Principal investigator
Exploring post fall management pathways and the experience of the patient [Falls Management Pathways]	Prof Philip Russo
Using disinvestment to investigate the effectiveness of mobilisation alarms in a stepped-wedge randomised trial design in tertiary hospitals	Prof Philip Russo
Current status and future trends in Hospital in the Home (HITH) care in Australia; Defining the undefined treatment groups	Kirby Young

OBSTETRICS

Project title	Principal investigator
Placental karyotyping for pregnancies which receive a false-positive prenatal cell-free DNA aneuploidy screening result, and associated risk of adverse pregnancy outcomes	Dr Shavi Fernando

OPHTHALMOLOGY

Project title	Principal investigator
A Phase III, Multicentre, Randomized, Double Masked, Sham Controlled Study to Investigate the Efficacy, Safety, Pharmacokinetics, And Pharmacodynamics Of RO7200220 Administered Intravitreally In Patients With Uveitic Macular Edema [Sandcat][GR44278]	A/Prof Anthony Hall

PALLIATIVE CARE

Project title	Principal investigator
The Impact of Voluntary Assisted Dying (VAD) on the Quality of Palliative Care Delivered by Palliative Care Services with a Conscientious Objection [Impact of VAD on palliative care]	A/Prof Natasha Michael
Systematic Screening for Psycho-existential Symptoms in Patients with Pancreatic Cancer: A Cohort Study	Dr Merlina Sulistio

PHYSIOTHERAPY

Project title	Principal investigator
Barriers, enablers and acceptability of implementing best practice physiotherapy advice for rotator cuff disorders: a qualitative study of physiotherapists' perspectives	Isabella Smith

SURGERY

Project title	Principal investigator
Long-term functional outcomes after transanal total mesorectal excision (taTME) in Australia and New Zealand	A/Prof Stephen Bell
A prospective audit of difficult airway trolleys across Victorian Hospitals	A/Prof David Brewster
Morphometric and Biomechanical properties of Human Fascia Lata (HFL) implications for pelvic reconstructive surgery	Dr David Hennes
Local relapse following rectal cancer surgery - a risk prediction model	Prof Paul McMurrick
Assessment of the safety and efficacy of biopsy or polypectomy during endoscopy in patients on anti-platelet or anti-coagulant medication: a retrospective single institution review	Dr Christopher Steen

UROLOGY

Project title	Principal investigator
Prostate cancer nanoknife database	ProfMark Frydenberg

Annual Publications

Cabrini Monash University Department of Medical Oncology

Abida W, Campbell D, Patnaik A, Bryce AH, Shapiro J, Bambury RM, Zhang J, Burke JM, Castellano D, Font A, Ganju V, Hardy-Bessard AC, McDermott R, Sautois B, Spaeth D, Voog E, Piulats JM, Pintus E, Ryan CJ, Merseburger AS, Daugaard G, Heidenreich A, Fizazi K, Loehr A, Despain D, Simmons AD, Dowson M, Go J, Watkins SP, Chowdhury S. (2023) Rucaparib for the Treatment of Metastatic Castration-resistant Prostate Cancer Associated with a DNA Damage Repair Gene Alteration: Final Results from the Phase 2 TRITON2 Study. Eur Urol. S0302- 2838(23)02828-2. doi: 10.1016/j.eururo.2023.05.021.

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