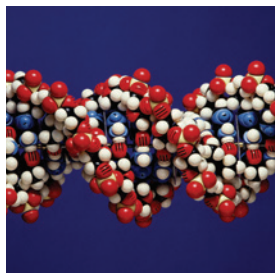


## Supporting Excellence in Clinical Research



### May 2014

Welcome to the 2014 edition of the St Vincent's Clinic Foundation newsletter.

This year the Foundation has continued to support research and education on the St Vincent's Darlinghurst Campus and the St Joseph's Campus. The successful grants for 2014 are listed inside this edition and they highlight the wealth of talent and clinical excellence that is an integral part of St Vincent's.

I thank our donors for their continued generous support – the work of the Foundation would not be possible without your generous support. We know that our researchers are grateful for your support and are always happy to discuss their work with interested supporters.

Since its inception the Foundation has funded more than 250 projects with grants exceeding \$11million supporting research and clinical practice at St Vincent's.

I would like to thank the Trustees for their ongoing support and dedication to ensuring the success of the Foundation.

Thank you also to the Scientific Committee for their time and commitment in reviewing the grant applications – with 36 annual grant applications, 17 multidisciplinary grant applications and 2 travelling scholarship applications to award, they are committed and generous with their time and expertise.

We farewell Dr Dudley O'Sullivan from the Scientific Committee – Dudley has been a member of the Committee since 2001. We acknowledge with appreciation Dudley's commitment and contribution to the Foundation.

The work of the Foundation continues to support and fund vital research that underpins clinical excellence at St Vincent's Campus Sydney and St Joseph's Hospital.

Yours sincerely

MR A E HARRIS AC  
President, St Vincent's Clinic Foundation

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## HOW YOU CAN PLAY YOUR PART – ST VINCENT'S CLINIC FOUNDATION

All donations are tax deductible and can be made in a number of ways.

- An annual donation of \$200
- An annual donation/one off donation of \$ \_\_\_\_\_
- St Vincent's Clinic Foundation has also developed the opportunity for donors to nominate the Foundation in their Estate. Please call us for further information.

☐ A cheque made payable to St Vincent's Clinic Foundation for the amount of ☐ \$200 or ☐ \$ \_\_\_\_\_

☐ Please debit my Credit Card. Nominate Card: Bankcard / MasterCard / Visa

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Please send to: **St Vincent's Clinic Foundation, 438 Victoria Street Darlinghurst NSW 2010**

☐ If you are not already a Friend of St Vincents Clinic Foundation (no charge) and would love to become a Friend please tick the box. Friends will receive an invitation to the AGM, Foundation functions, copies of "Proceedings" and other material related to the Foundation.

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Dr Jed Duff

## DR JED DUFF

We received a letter of thanks from Dr Jed Duff, a previous recipient of a St Vincent's Clinic Foundation multidisciplinary research grant. The following is an excerpt from the letter.

"I am happy to report that I recently received an NHMRC Translating Research into Practice (TRIP) Fellowship which will fund my position for the next two years to undertake implementation research on the St Vincent's Campus. I believe that the experience I gained from St Vincent's Clinic funded projects significantly bolstered my application and I thank the Board for their commitment to multidisciplinary patient focused research."

## ST VINCENT'S CLINIC FOUNDATION – 2014 GRANT RECIPIENTS

### SVPHS Ladies' Committee Sr Mary Bernice Research Grant \$100,000

A/Prof Diane Fatkin – Victor Chang Cardiac Research Institute

*"A novel zebrafish model of dilated cardiomyopathy"*

### Adult Stem Cell Research Grant

\$100,000

Prof David Ma – St Vincent's Centre for Applied Medical Research

*"Targeting of Leukaemic stem cells by anti-microRNAs to treat acute myeloid Leukaemia"*

### Tancred Research Grant

\$50,000

Dr John Moore – St Vincent's Centre for Applied Medical Research

*"Molecular determinants of Haematopoietic Stem Cell Ageing and Rheumatoid Arthritis Pathogenesis"*

### K&A Collins Cancer Grant

\$50,000

Prof Andrew Carr – St Vincent's Centre for Applied Medical Research

*"Understanding the immune mechanisms underlying spontaneous regression of high-grade anal squamous intraepithelial lesions"*

### Thelma Greig Cancer Grant

\$50,000

A/Prof Reginald V N Lord – St Vincent's Centre for Applied Medical Research

*"DNA methylation biomarkers for Barrett's oesophagus and oesophageal adenocarcinoma"*

### Di Boyd Cancer Grant

\$30,000

Dr Helen Tao – St Vincent's Centre for Applied Medical Research

*"Role of ETS-related gene (ERG) in the pathogenesis of transient myeloproliferative disease and leukaemia in human Trisomy21"*

### Combined Froulop Research & Annual Grant

\$50,000

A/Prof Catherine Suter – Victor Chang Cardiac Research Institute

*"Fetal programming of cardiovascular disease risk"*

### Annual Grant 1

\$30,000

Dr Melissa Baysari – St Vincent's Hospital

*"Exploiting new opportunities with an electronic prescribing system to identify prescribers at risk of making prescribing errors"*

### Annual Grant 2

\$30,000

Dr Blanca Gallego Luxan – St Vincent's Hospital

*"Identifying hospitalised patients at high risk of potentially avoidable readmission"*

### Annual Grant 3

\$30,000

Dr Priya Nair – St Vincent's Hospital

*"Vitamin D dosing study in Intensive Care Unit (ICU) patients with the Systemic Inflammatory Response Syndrome (SIRS)"*

### Annual Grant 4

\$30,000

Prof Deborah Marriott – St Vincent's Hospital

*"Bad bugs need well administered drugs"*

## Annual Grant 5 \$30,000

Dr Jill Newby – St Vincent's Hospital

*"Development and evaluation of a novel internet-delivered cognitive behavioural treatment for severe health anxiety (hypochondriasis)"*

## Multidisciplinary Patient Focused Research Grant 1 \$25,000

Ms Lisa Robins – St Vincent's Hospital

*"Brief intervention for people with Type One Diabetes Mellitus and psychiatric comorbidity"*

## Multidisciplinary Patient Focused Research Grant 2 \$25,000

Mr Kenny Vuong – St Joseph's Hospital

*"Reducing falls among people with Huntington Disease"*

## Multidisciplinary Patient Focused Research Grant 3 \$25,000

Mrs Jane Rodgers – Nursing Research Institute / St Vincent's Hospital

*"The surgical patients' pressure injury incidence (SPPII) study"*

## Multidisciplinary Patient Focused Research Grant 4 \$25,000

Ms Tamra Langley – St Vincent's Hospital

*"Creating the St Vincent's Hospital Online Cardiac Health Centre"*

## Multidisciplinary Patient Focused Research Grant 5 \$25,000

Ms Tania Gardner – St Vincent's Hospital

*"The reboot pain management program - is cognitive function a predictor of outcome?"*

## Travelling Fellowship 1 \$10,000

Dr James Otton – St Vincent's Hospital

*"Echocardiography Fellowship - Kings College Hospital, London, UK"*

## Travelling Fellowship 2 \$10,000

Dr Alina Stoita – St Vincent's Hospital

*"Advanced Endoscopic Ultrasound (EUS) Fellowship, University College, London, UK"*

## 2013 Clinical Excellence Award – Scientist \$1,500

Ms Tamalee Roberts – St Vincent's Hospital – Technical Officer – Microbiology Department

## 2013 Clinical Excellence Award – Nursing \$1,500

Prof Jane Phillips – St Vincent's Hospital – Professor Palliative Nursing, Cunningham Centre for Palliative Care

## 2013 Clinical Excellence Award – Allied Health \$1,500

Dr Alishia Williams – St Vincent's Hospital – Director Experimental Research, CRUFAD

## DONATE ONLINE

Did you know you can now donate to the Foundation online? It's a fast, secure and easy way to donate, and we will email you a receipt straight away.

Visit [www.stvincentsclinic.com.au](http://www.stvincentsclinic.com.au) and look for the button picture below to help support our important research.

[→ DONATE ONLINE NOW](#)



Dr Dudley O'Sullivan

## THANK YOU DR DUDLEY O'SULLIVAN

Dudley joined the scientific committee in 2001. He has made a significant contribution in reviewing the grant applications and we thank him for his commitment.

"It was an honour to be invited to join the Scientific Committee and a privilege to work with my colleagues on the committee to review the grant applications. It has been very rewarding to be associated with the Scientific Committee and to have assisted the Foundation to support and fund research on this campus"

## INCREASING WELLBEING IN PARKINSON'S DISEASE PATIENTS – AN EARLY INTERVENTION PROGRAM

Parkinson's Disease is a growing health concern in Australia with an estimated 55,000 people affected by the neurological disorder. In the past, patients diagnosed with Parkinson's Disease relied on medication to control their symptoms, only receiving help from allied health services when their symptoms were unable to be managed by medication alone. Research shows that early intervention involving physiotherapy, speech pathology and occupational therapy can improve the wellbeing of Parkinson's Disease patients as their condition progresses by building physical skills before they become a problem. A new program, including a research assistant, funded by the St Vincent's Clinic and set up by allied health staff at St Joseph's Hospital, takes a multidisciplinary approach to early intervention that compliments the work of Neurologists to prepare newly diagnosed Parkinson's Disease patients to cope with their disease and avoid falls and hospitalisation.

Head of Physiotherapy at St Joseph's, Elizabeth Taylor, said the new program aims to start improving skills such as strength, balance, coordination and communication.

One of the major risks for Parkinson's Disease patients is falls and the St Joseph's team have implemented a falls prevention strategy. The strategy includes working with physiotherapists to build strength and balance and working with occupational therapists to set up their home to minimise the risk of falls. Ms Taylor said that dual tasking activities, such as walking and talking at the same time, can be difficult for Parkinson's Disease patients and research shows that training in these skills can assist functionality.

All of the patients referred to the program in the early stages of their diagnosis have experienced an increase in mobility over an eight week period and Ms Taylor said that this allows them to see themselves gain strength and agility, factors that assist in preventing falls as the disease progresses.

While appropriate medication and care by neurologists and medical practitioners continue to be key treatments for Parkinson's Disease, Allied Health services add another dimension by providing education and addressing physical problems early to ensure strength and mobility are as good as



*The Physiotherapy Team at St Joseph's Hospital: L to R Jaclyn Chan (Physiotherapist), Belinda McDonald (Speech Pathologist), Elizabeth Taylor (Physiotherapist), Charles Ye (Physiotherapist), Elinor Tilman (Occupational Therapist)*

possible. The program also assists carers and family members to understand Parkinson's Disease so that they can plan ahead to assist patients.

Ms Taylor praised the St Vincent's Clinic for providing the grant for the project as it allowed staff to focus their energy to set up the program thoroughly and implement it into their practice. The team hope to help more early stage Parkinson's Disease patients maintain their wellbeing and avoid hospitalisation due to falls and fractures.

## TIME IS OF THE ESSENCE: FAST TRACKING STAPHYLOCOCCI IDENTIFICATION

A project funded by a St Vincent's Clinic Annual Grant has been testing a rapid identification system that will potentially fast track testing to identify Staphylococci from blood cultures and assist clinicians to make informed decisions about treatment.

After 12 months of testing, Associate Professor Debbie Marriott and Dr Indy Sandaradura from SydPath at St Vincent's Hospital are currently collating project data to ascertain the results of the project *Time is of the Essence: Rapid identification and speciation of Staphylococci from blood cultures using a new polymerase chain reaction technique*.

The project tested the ability of a novel platform, described by some as "an entire lab in a single cartridge", to determine whether a patient has a Staphylococcal infection and if so, which type. The Cepheid Gene Xpert MRSA / SA BC test takes an hour to complete and does not require specialised knowledge to perform and deliver results, meaning it can be completed by even the most inexperienced scientific staff. Considering current testing takes 48 to



*Professor Debbie Marriott Dr Indy Sandaradura*

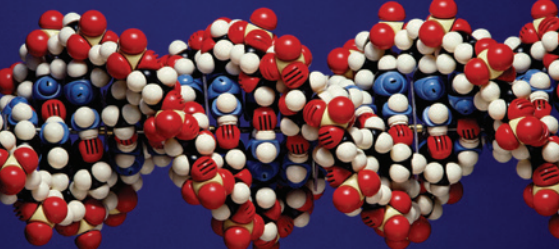
72 hours to deliver a result, the benefits are many. Laboratories can process results quickly, including outside normal business hours, and clinicians can take the right course of action for treatment much sooner. The test can also differentiate contaminated blood cultures from those significant staphylococcal infections such as Methicillin Resistant Staphylococcus Aureus (MRSA).

"The potentially exciting thing is that if a patient tests positive to a serious resistant Staphylococci infection, the doctors can

prescribe the right antibiotic immediately without having to try several different ones until they get it right. The test can also identify contaminants in a sample thus sparing unnecessary antibiotics and saving time and money by avoiding unnecessary follow-on investigations," said Dr Sandaradura.

The testing involved validation of the new test followed by the introduction into the laboratory workflow for all positive blood cultures with Staphylococci. Results were reported as soon as they became available to allow doctors to make timely clinical decisions. Results of the testing were compared for concordance with traditional lab testing and antibiotic prescriptions, subsequent blood cultures and time to discharge are currently being evaluated.

The researchers are most grateful to the St Vincent's Clinic Foundation for their support. The grant allowed them to conduct more tests than they originally budgeted for to investigate a potentially lifesaving and timesaving system.



## TRAVELLING FELLOWSHIP: DR TIM SMALL LONDON – CAPE TOWN – SYDNEY



Dr Tim Small

In July 2012 Dr Tim Small undertook a six month fellowship in knee reconstruction and joint replacement at the Chelsea and Westminster Hospital, London, United Kingdom. He worked under Dr Andy Williams, whose elective practice is exclusively knee surgery. Dr Williams specialises in soft tissue knee reconstruction with a particular interest in multi ligament reconstructions and he is one of the world's most experienced practitioners in this technique. Approximately 70% of his private patients are professional athletes. Dr Williams is the primary knee surgeon for many of the United Kingdom's football, rugby and other professional sports teams.

*For Tim, the highlights of the London fellowship were being part of the on call medical team for the athletes at the London 2012 Olympics...*

For Tim, the highlights of the London fellowship were being part of the on call medical team for the athletes at the London 2012 Olympics, involvement in the orthopaedic management of some of the world's leading sporting professionals and visiting the institutions of some of Europe's leading knee surgeons.

*Tim spent six months completing an advanced knee fellowship at the Sports Science Institute of South Africa in Cape Town.*

After his time in the UK, Tim spent six months completing an advanced knee fellowship at the Sports Science Institute of South Africa in Cape Town. Tim's fellowship was under Dr Willem Van de Merwe who is an internationally renowned knee surgeon with an interest in knee reconstruction and joint replacement. Tim worked in both private and public health systems and found this to be a unique but contrasting experience.



Dr Tim Small flying high on Table Mountain, Cape Town, South Africa

In the private sector, Tim was involved in the orthopaedic management of

professional athletes, including many international cricket and rugby players.

He also worked at Groote Schuur Hospital within the public sector, participating in on call trauma, elective surgery and outpatient clinics. The waiting list for an elective total knee replacement in the public sector is around seven years and the majority of patients have severe fixed knee deformities and bone loss when they eventually have surgery. There is a lot of gang related violence in the surrounding townships resulting in a steady flow of gun shot and stab wounds presenting to the hospital.

*Tim believes the experience and knowledge he gained through these two contrasting fellowships has been invaluable for his future career and would like to sincerely thank the St Vincent's Clinic Foundation for their financial support.*

Tim was involved in several research projects while in Cape Town, including a gait analysis study post ACL reconstruction and a multicenter study looking at genetic factors that may predispose patients for an ACL rupture, based at the University of Cape Town. Tim believes the experience and knowledge he gained through these two contrasting fellowships has been invaluable for his future career and would like to sincerely thank the St Vincent's Clinic Foundation for their financial support. Tim hopes to incorporate his newly acquired knowledge and skills into his practice, helping to promote St Vincent's Campus as an international centre of excellence with regard to continued education, research and training.



## THE 2013 SANDRA DAVID ORATION

### Healthcare Rationalisation in Australia – Should the Young be favoured over the Elderly?

Healthcare allocation and funding for Australia's ageing population is a contentious issue with some policy makers advocating to favour the young in terms of healthcare rationalisation. The Most Reverend Anthony Fisher, OP, Bishop of Parramatta, spoke on this issue in his delivery of the 2013 Sandra David Oration that was held on 9 October 2013 and hosted by the St Vincent's Clinic Foundation.

Bishop Fisher spoke about the need for Australians not to view elderly citizens as just a demographic to be used in policy and budget balancing, but as people who have contributed greatly to society and deserve to be nurtured and respected in old age. He stated that age is not always a guide for prognosis of health and that biological ageing varies from person to person.

He reminded listeners that the elderly have contributed greatly in both taxes and general contributions to the community.

Bishop Fisher stated that health is not just a resource to be distributed by the government and free markets and he described the doctor patient relationship as a profound human service not captured by consumer language or resource allocation concepts. Providing dignified health care and aged care involves maintaining fundamental values about the sanctity of human life, concern for the weak and suffering, and respect for our elders.

Drawing on the words of The Blessed Pope John Paul II, Bishop Fisher urged people to preserve the covenant between generations by giving the elderly respect and regard in terms of health and general care and concluded the oration by stating:



*The Most Reverend Anthony Fisher, OP,  
Bishop of Parramatta*

"The elderly are not a problem of market or budget. They are real people, our own people, our ancestors and eventually, ourselves. Healthcare is not something to be kept from them."

For further information about Sandra David Oration visit:  
[www.stvincents.com.au/whats-happening/events](http://www.stvincents.com.au/whats-happening/events)

*"The elderly are not a problem of market or budget. They are real people, our own people, our ancestors and eventually, ourselves. Healthcare is not something to be kept from them."*

