

# THE FONT

THE NEWSLETTER OF ST VINCENT'S HOSPITAL MELBOURNE



ST VINCENT'S  
HOSPITAL  
MELBOURNE

ISSUE 06  
SEPTEMBER 2013

p3

INAUGURAL ACMD  
RESEARCH WEEK

p4

GOAL SETTING  
HELPS STROKE  
**PATIENTS WITH  
DEPRESSION**

p8

LUNG CANCER  
UNDER THE  
**MICROSCOPE**

## CONTENTS

- 03 RESEARCH  
PARTNERS COME TOGETHER  
TO MAKE INAUGURAL ACMD  
RESEARCH WEEK A SUCCESS
- 04 FEATURE  
PHYSIO'S WORK INTO  
STROKE RECOGNISED AT  
ACMD RESEARCH WEEK
- 06 OUR PEOPLE  
ACMD ART PRIZE – BRINGING  
SCIENCE AND ART TOGETHER
- 07 INNOVATION  
NOCTURNAL  
HAEMODIALYSIS
- 08 RESEARCH  
LUNG CANCER UNDER THE  
MICROSCOPE
- 10 INNOVATION  
A NEW POLICY TO GUIDE  
ADVANCED CARE PLANNING
- 11 OUR PEOPLE  
BARRY SHARES THE BENEFITS  
OF AN ACTIVE LIFE FOR ALL
- 11 OUR PEOPLE  
ST VINCENT'S CLINICIANS  
IN INAUGURAL INDUCTION  
OF ACADEMY OF CLINICAL  
TEACHERS
- 12 FEATURE  
COLIN'S DRY JULY  
PAYS OFF



## MESSAGE FROM THE CEO

Welcome to the September issue of *the Font*.

St Vincent's has long been at the forefront of medical research. Since 1991, St Vincent's Research Week has brought together researchers and clinicians and inspired them to work towards discoveries with the potential to bring about life-changing realities. Research Week may have turned 21 last year, but it is this year when it truly came of age.

When opening the inaugural Aikenhead Centre for Medical Discovery (ACMD) Research Week last month, Chief Medical Officer A/Prof Wilma Beswick said that if she were asked to identify a trend over the past 20 years it would come back to one word – 'collaboration'.

There is no doubt that the term multi-disciplinary has long since grown beyond the status of a buzzword to become accepted practice. Whether you call it cross-disciplinary, partnership or collaboration, the importance of multi-faceted, multi-talented teams united by a common purpose is only going to grow in importance.

No single institute has the full suite of skills, disciplines and resources to make the big breakthroughs. Basic research needs to connect to the bedside and clinicians need pathways to researchers and opportunities to pursue research themselves. This is the key to our collective reputation as leaders in translational research; a reputation that is substantial and growing.

Now is the time to capitalise on and cement our leadership. We need to support the collaborative spirit which has developed on this campus and give it room to grow. We need to ensure a future for the extraordinary research talent and experience in partner organisations. We need to foster a passion for research in our new clinicians.

The way to do that is through the ACMD. Our determination to see it take shape is matched only by the tenacity of you, our researchers and clinicians, who have always found ways to work together. You have found ways to work together to deliver real and transformative benefits for patients.

I do hope you enjoy reading this edition of *the Font*.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'Patricia O'Rourke', written in a cursive style.

**Prof Patricia O'Rourke**  
Chief Executive Officer

# PARTNERS COME TOGETHER TO MAKE INAUGURAL ACMD RESEARCH WEEK A SUCCESS

The inaugural Aikenhead Centre for Medical Research Research Week, held last month, was a great success. This three-day annual event provides an opportunity for campus researchers to showcase their work and network with other researchers.

Known as St Vincent's Research Week since the first event in 1991, the name was changed this year to better reflect the collaboration in research between St Vincent's and partner institutes which will be at the heart of the proposed Aikenhead Centre for Medical Discovery (ACMD).

Chief Medical Officer A/Prof Wilma Beswick officially opened ACMD Research Week, reflecting on what Research Week had enabled in the past, and what it will mean for research in the future.

'Over the course of a few days each year, researchers, clinicians and other great minds have met and inspired each other at Research Week, sowing the seeds for new collaborations and fresh lines of scientific enquiry,' A/Prof Beswick said.

'We may not have the ACMD building just yet, but we have much to celebrate and build upon. Individually and together, the partners have an incredible record of achievement in research. This success is the inspiration for the ACMD and the reason it is so important.'

Keynote speaker Professor Anthony Hollenberg MD, Chief of Endocrinology and Director of Strategic Research at Boston's Beth Israel Deaconess Medical Centre, captivated attendees by asking whether we should be strategic and plan for the development of clinical and translational investigators, or leave it to serendipity alone.

The event was a great success thanks to the Research Week Committee, chaired by Prof Harshal Nandurkar, that has worked tirelessly to bring the event together.

Over 50 staff across the campus contribute to Research Week, with many volunteers assisting by judging abstracts, posters or oral presentations; chairing sessions; or providing technical support.

Congratulations to all award winners, who were given the opportunity to present their work in front of a multi-disciplinary audience.

Dr Sabine Jurado, from St Vincent's Institute (SVI), was the winner of the 2013 TJ Martin Medal, named in honour of Thomas 'Jack' Martin, former Professor of Medicine at St Vincent's and Director of SVI. The medal is awarded annually for the best MD or PhD student who was awarded their degree the preceding year, as judged by an independent panel. For her work on the DNA damage response protein ASCIZ, Dr Jurado receives the Medal and \$5,000, as well as her name inscribed on the permanent shield.

## TJ Martin Medal – Dr Sabine Jurado

### Senior Investigator Oral Presentations

The Professor Anthony d'Apice Award for the Best Senior Investigator Oral Presentation on the Day	Peter Cowan
---	-------------

Finalist	Alvin Chong
----------	-------------

Finalist	Meghan O'Brien
----------	----------------

Finalist	Mohammad Aziz Rahman
----------	----------------------

### Junior Investigator Oral Presentations

Award for the Best Junior Investigator Oral Presentation on the Day	Suang Suang Koid
---	------------------

Finalist	Puey Ling Chia
----------	----------------

Finalist	Chris Graven
----------	--------------

Finalist	Chacko Joseph
----------	---------------

Finalist	Kammy Mok
----------	-----------

Finalist	Bo Xu
----------	-------



# PHYSIO'S WORK INTO STROKE RECOGNISED AT ACMD RESEARCH WEEK

**Stroke is a leading cause of death and permanent disability worldwide. While the incidence of stroke is reducing, its prevalence is increasing due to an ageing population. A significant proportion of people who have had a stroke go on to develop depression.**

St Vincent's physiotherapist Chris Graven's research on improving outcomes for stroke patients was recognised at ACMD Research Week, winning a junior investigator oral presentation award prize. Her work has also been featured in the 2012 St Vincent's Research Report.

Chris wanted to look beyond traditional rehabilitation programs that work towards basic mobility and self-care activities. Instead, she began to focus on the effect of goal setting on post-stroke recovery, with a view to reducing the rate of depression in this patient group.

Up to one third of the population develop depressive symptoms post-stroke, which is very high. 'We decided to look at whether focussing on goals was one way of addressing this issue,' she says.

'When we talk about goals, the kinds of things we mean are returning to bowling, volunteering or babysitting for example,' Chris says. 'Activities that people valued prior to their stroke that impact on mood and wellbeing.'

The rehabilitation team recruited 110 participants for the study and interviewed each person while they were still inpatients at St Vincent's.

Each patient was asked to talk about their life prior to their stroke. The goals, just like the lives of the patients themselves, ranged widely.

'For some people a realistic goal was to walk to the letterbox daily to collect the mail, while for others it meant attending the RSL twice a week for lunch with friends.'

Chris says that some patients struggled to set goals, so staff set about establishing an activity profile for each patient, looking at what they did or enjoyed prior to their stroke, and what they wanted to get back to.

The group was split, with 55 participants in the control group who received the usual care, and 55 in the intervention group. The study formally reviewed patients at six months and one year after their stroke, and patients' mood status was measured using the Geriatric Depression Scale.

Chris says they found that patients in the intervention group were empowered to be better at self-managing and coping with stress. 'The intervention perhaps gave the patients the tools to better problem solve or gave them their confidence back.'

The outcomes with regard to goal achievement were quite clear. There was a measureable improvement in the patients in the intervention group in reducing depression, facilitating goal attainment and enhancing self-efficacy during the first year post-stroke. Interestingly though, it did not change any health related quality

of life measures. 'We also didn't see any difference in their cognitive status or basic activity status,' Chris says.

The project was a collaboration between St Vincent's and the School of Social Work at the University of Melbourne, as part of Chris' PhD. It was funded through an Australian Research Council (ARC) linkages grant.

*'When we talk about goals, the kinds of things we mean are returning to bowling, volunteering or babysitting for example.'*

A key outcome of this study is the production of evidence to assist in the development of a chronic stroke resource toolkit. The kit gives community-based clinicians access to information on common problems post-stroke and how to screen for them and manage them. It advocates ongoing, targeted interventions by the full range of rehabilitation specialists – occupational therapists, physiotherapists, speech therapists, dietitians, nurses, diabetic and incontinence specialists and gerontologists.

The toolkit is currently being piloted in community rehabilitation centres, and will be re-written incorporating feedback from that pilot later this year.



## ACMD ART PRIZE – BRINGING SCIENCE AND ART TOGETHER

In a new initiative as part of ACMD Research Week, contemporary and emerging artists were invited to enter the inaugural Aikenhead Centre for Medical Discovery Art Prize, with many creative and high quality entries being submitted.

Artists were asked to respond to the theme 'Art in Science, Science in Art' by exploring the relationship between these two disciplines and highlighting the creative intersection that exists. Works were exhibited at the St Vincent's Art Gallery during August, and winners were announced at an opening night cocktail reception on 19 August.

*'The golden everlasting daisy symbolises the necessity of continuous creative experiments and new discoveries through research.'*

Melbourne artist Gina Kalabishis won the inaugural Acquisitive Award with her work, Golden everlasting cranium.

Ms Kalabishis received \$1000, as well as publication of her winning work on the cover of the Research Week 2013 Program and Abstract booklet.

'This drawing reflects upon Barack Obama's 2013 Brain Initiative,' Gina said. 'The golden everlasting daisy symbolises the necessity of continuous creative experiments and new discoveries through research. This enables us to better shape our understanding of the brain and its neurological systems in health and disease.'

The rare cranium specimen was drawn directly from life during Gina's short access residency at Melbourne University's Harry Brookes Allen Museum of Anatomy and Pathology earlier this year.

### 2013 Art Prize Winner

**Gina Kalabishis,**  
*Golden everlasting cranium,*  
2013, pastel on velour paper.

### 2013 Art Prize Highly Commended

**Anna Ng,**  
*Cosmic dance,*  
2013, perspex print, edition of 20.

### 2013 Art Prize Highly Commended

**Penny McKay,**  
*Breakthrough,*  
2013, mixed media, wax pigment,  
perspex on canvas.

### 2013 Art Prize Staff Award and People's Choice

**Adrian Zordan & Bruce Mercer,**  
*20,000 Chromosomes under the sea,*  
2013, photograph



Above: Nocturnal Haemodialysis allows Mathew Harrison to live a normal, active life.

## NOCTURNAL HAEMODIALYSIS

**Two years after introducing the Nocturnal In-Centre Dialysis program, the St Vincent's Department of Nephrology is experiencing considerable success, with improvements in both clinical outcomes and patient experience.**

Around one in nine Australians over 25 has chronic kidney disease, representing a growing issue in the community. The extreme cases of chronic kidney disease results in kidney failure and the need for life-sustaining dialysis treatment or a kidney transplant. Haemodialysis treatment is one form of dialysis, and the process for a patient's blood to be filtered through a dialysis machine that removes wastes and extra fluids that their kidneys are no longer coping with, becomes an essential part of life. The life-sustaining treatment usually takes four to five hours, three times a week, and takes its toll on a patient's well-being, and their work and family life.

Patient outcomes are greatly improved with longer sessions of dialysis. Traditional dialysis unit settings cannot offer longer sessions due to demand on space and resources. Longer overnight dialysis sessions (Nocturnal Haemodialysis) have until now only been available to the small number of patients who are able to manage the demands of haemodialysis in their own home.

The desire to help more patients access longer dialysis sessions motivated Associate Professor Robyn Langham, Director of Nephrology, and Dialysis Unit Nurse Unit Manager Nuala Barker to develop an Nocturnal In-Centre Haemodialysis (NICH) program at St George's Health Service in Kew. For the trial, three patients, who were otherwise unable to undertake this treatment at home, volunteered to undergo eight hours of dialysis overnight, three times a week in a community dialysis setting.

Mathew Harrison, who has been having Nocturnal Dialysis at St George's since July 2011 commented, "On Nocturnal (Dialysis) you feel a considerable amount healthier, stronger and with vastly higher energy levels. I feel a great deal more sprightly! As a consequence of the longer treatment I have been able to substantially reduce my medications which is extremely rewarding both to my mental outlook of my illness and to my physical health.

'The benefits to my lifestyle are compounding. The better you feel, the more possibilities in life you have, thus the better you feel.'

The health benefits that come with longer dialysis sessions include better blood pressure control, improvements in medication requirements, blood chemistry and cardiac function.

There have also been added benefits for staff, according to Nurse Unit Manager, Angela Wignall.

'Nurses working the nocturnal shift do so because it is accommodating to their lifestyle and family commitments whilst at the same time assisting the patients to get the most out of their treatment and their lifestyle,' Angela said.

*'The benefits to my lifestyle are compounding. The better you feel, the more possibilities in life you have, thus the better you feel.'*

Mathew had only glowing feedback for the night staff saying 'I would say a huge part of the success of the program sits with the health care professionals that operate the program night in and night out. It is their professionalism, good character, big hearts and at times humour that makes this program ultimately succeed in the fashion that it does.'

The demand for more nocturnal dialysis places in the community means St George's has expanded to offer seven places every week.



# LUNG CANCER UNDER THE MICROSCOPE

**St Vincent's Pathologist Dr Prue Russell was last month informed she was to be appointed to a World Health Organisation (WHO) committee to contribute to the next edition of the *WHO Classification Guide for Lung Tumours*, the preeminent international publication describing tumours. Prue is the first anatomical pathologist from St Vincent's to be appointed to a WHO nomenclature group.**

Prue recently published significant work on the identification of lung adenocarcinoma, research that has emphasised the place of St Vincent's Pathology on the world map. This work has been cited over 50 times and the findings have literally changed the way clinicians treat lung adenocarcinoma. In the process, it has given Prue acknowledgment as an expert on lung tumour identification.

Prue always keeps the 'blue book', as it is often referred to, close to hand and is thrilled at the prospect of contributing to such an important publication.

'It is such an honour, I am actually a bit overwhelmed,' Prue said.

Prue can recall the exact moment she decided to embark on her ground-breaking research into lung adenocarcinoma.

'I was sitting on a train in 2008 and reading about how a group of pathologists could classify specimens of lung cancer in a different way that would predict patient survival. When I read that, I just knew that it would change my life,' Prue says.

Prue then taught herself how to recognise the patterns by reviewing images in published articles.

'I then started with the cases that came across my desk, but realised there were not enough. So I began collecting the slides from previous St Vincent's patients, and retrospectively reclassified those 500–600 cases,' she said.

Prue asked two key clinicians at St Vincent's to be collaborators. Lung surgeon Dr Gavin Wright and respiratory physician Dr Matt Conron understood the importance of Prue's research and its potential significance, and came on board in 2009.

A significant number of the cases, 210 in total, were patients of Dr Wright. In February 2010 Prue gave Gavin a list of those patients classified into the five new subtypes with some predicted outcomes in terms of patient survival based on what she was seeing through the microscope. She asked him to review them against actual patient histories.

In just under six weeks Gavin rang her to tell her that she had successfully predicted what had happened to these patients, completely validating the proposed reclassification system.

'Of the five subtypes, there is one group that do not require any further treatment after the removal of the adenocarcinoma. Their five-year survival rate was 100 per cent. This means that any patients in future that show that same pattern can simply be reviewed at six and twelve months post-surgery,' she says.

Conversely, those at the other end of the spectrum require a far more proactive approach. The research can also help guide clinicians in the future on the sort of chemotherapy they will need, and can be used to target and trial new drugs.

'The patients in the intermediate three groups need to be watched— as there is a spread of relative percentages of 'good' and 'bad cells' so it is a matter of teasing out the percentages, and working on what is a significant proportion amongst these cells.'

*'This means that any patients in future that show that same pattern can simply be reviewed at six and twelve months post-surgery.'*

The real revelation in this research was that the St Vincent's results predicted outcome independent of whether they were stage I, II or III lung adenocarcinomas.

The significance of the recognition of this new classification emphasises the significant role that pathologists have in multidisciplinary cancer teams.

# A NEW POLICY TO GUIDE ADVANCE CARE PLANNING



**St Vincent's is proud to be the first Catholic healthcare provider to develop a policy that outlines our approach to helping patients and their families navigate the many difficult decisions regarding treatment and care options during the course of an illness and deteriorating health.**

Advance care planning is the process of working with patients and their families to determine their wishes and then discuss, record and implement actions which deliver the best care for each stage of that person's life.

*'The policy demonstrates our commitment to listening to patients, understanding and respecting their values, sharing our values and engaging compassionately in difficult conversations.'*

Working with patients who have a chronic illness or progressively deteriorating health can be extremely challenging. There are many decisions and choices to be made by patients and their families. Often, they look to our staff for guidance. Supporting patients and their families – the frail, elderly and irreversibly unwell – through these choices is a key expression of the mission and values of Mary Aikenhead Ministries.

St Vincent's policy 'Care planning in advance – BestCARE' lays the foundation for a hospital wide approach to this challenging area. The policy is intended to encourage clinical staff to hold discussions with patients and their families, and to assist them to consider and express their informed, free and autonomous preferences about their future health care needs and treatment goals.

The BestCARE policy is an important expression of our Mission because it invites patients to be active in their health choices, while providing a framework to support staff as they assist patients and their families in periods of emotional distress.

St Vincent's Director of Palliative Care, Associate Professor Mark Boughey, believes the policy recognises healthcare's place within the broader context of how we view our lives.

'The policy demonstrates our commitment to listening to patients, understanding and respecting their values, sharing our values and engaging compassionately in difficult conversations,' he says.

'It compels us to ensure that each person has access to the best treatment and appropriate care at every stage of their illness. The policy doesn't change the way we strive for excellence in the care we provide. We will seek to ensure that appropriate treatment will never be withdrawn from a patient with the intention of causing death. We also seek to ensure that a patient does not receive inappropriate care which may impose unnecessary suffering as his or her life draws to its natural end.'

The policy was developed in consultation with the Caroline Chisholm Centre for Health Ethics and has received the endorsement of Archbishop Denis Hart. A number of other health care organisations, including Catholic Health Australia have already expressed interest in learning from the St Vincent's experience.



## ST VINCENT'S CLINICIANS IN INAUGURAL INDUCTION OF ACADEMY OF CLINICAL TEACHERS

The Melbourne Medical School held their inaugural induction ceremony for the Academy of Clinical Teachers on 13 August, honouring a total of fifty teachers.

The Academy was established to recognise teachers who have shown continued dedication and expertise in teaching medical students.

Congratulations to the inductees from St Vincent's Hospital including Mr Patrick Hayes, Mr Naveed Alam, Dr Alvin Chong, Dr Jennifer Coller, Dr Christopher Plummer, Associate Professor Benny Katz, Professor David Castle and Dr Cathie Poliness.

'Awarding our inductees with Academy membership recognises the importance of education in a tertiary teaching hospital and recognises their dedication and their commitment to teaching and examinations,' said Director of Medical Education at St Vincent's, Associate Professor Justin Tse. 'We look forward to further nominations in the future at St Vincent's Hospital.'



Above: Nothing like the great outdoors! Barry getting out and about on his much loved bicycle.

## BARRY SHARES THE BENEFITS OF AN ACTIVE LIFE FOR ALL

**There are few people who can spruik the benefits of healthy living more convincingly than Barry Sheales. Between his work for St Vincent's Foundation and adventures with his seven children, the lively 82 year old enjoys nothing more than a long ride on his bike or a satisfying session in the gym.**

It's not surprising then that the University of Melbourne has recruited Barry to mentor and motivate participants in a new study on the impact of exercise on older, inactive adults who are at risk of early onset dementia. The innovative study aims to determine whether exercise can improve memory and reduce the risk of developing this disease, which is predicted to become the leading cause of disability in Australia by 2016.

'I really get out there and enjoy a full and active life. Encouraging other people to do the same has always been one of my real passions, so I definitely fit the bill as a qualified mentor for this study!' Barry laughs. 'I know from

first-hand experience that eating well and exercising regularly brings vital benefits no matter what your stage of life. In my work with St Vincent's, I'm always on the road meeting older people who change their lives through improvements to their diet and the introduction of some kind of exercise into their daily routines. It's fantastic to see – energy levels increase and attitudes become more positive. There are less ailments and much more enjoyment of all that life has to offer.'

The prevalence of dementia is growing and will increase from just over 300,000 people today to almost one million in 2050. Barry and the researchers at The University of Melbourne are hopeful that this new 18 month study will contribute to better understanding the onset of dementia and the ways it can be averted or reduced by adopting an active lifestyle. 'Old age is pretty miserable if you are in poor shape' reflects Barry, 'but I'm more than happy to both tell and show my peers that it really doesn't have to be that way. You can feel great at any age.'

## COLIN'S DRY JULY PAYS OFF

Above: Colin and Cathy preparing for the Dry July challenge

**Colin Green has long enjoyed spending chilly winter Saturdays with a beer in hand and a game of footy on the big screen. This July, he decided to forego the frosty lagers and focus on fundraising instead. Colin became the face of our first ever Dry July campaign and helped inspire over 870 participants to join him for four weeks of alcohol-free living, in support of the St Vincent's Cancer Centre. Together they raised over \$120,000.**

Dry July is a nation-wide campaign that sees thousands of Australians sign up online and pledge to give up alcohol for a month in return for sponsorship from friends, families and co-workers. All funds raised are used to directly benefit adult cancer patients and their families by creating better environments and support networks in nominated hospitals, like St Vincent's.

'I'm always keen to support St V's and this seemed like a great way to raise money for the Cancer Centre', explains Colin.

'I have to admit that I found it pretty hard giving up beer in the middle of footy season, but that's really nothing compared to what my partner Kathy has gone through since being diagnosed with cancer a couple of years ago. She's had treatment at the Cancer Centre since that time and I can't speak highly enough of the amazing staff that care for her. In a word, they've been awesome so I jumped at the chance to do something in return and do my bit for Dry July.'

Jan Chapple, the Cancer Centre's Nurse Unit Manager, says the funds raised will directly benefit the hundreds of patients who spend long periods of time receiving treatment in the Chemotherapy Day Unit.

'We just want to say a huge thank you to everyone who got involved and contributed so generously to Dry July,' Jan says.

'We are so excited the money raised will help bring some of the projects on our wish list to reality from the creation of a beautiful internal garden to an amazing mural which will transform the patient's view of a bare external wall. These improvements will make such a difference to our patients so, again – thank you.'

Colin is now happy to raise a glass to his fine fundraising efforts. 'Well I got through my first Dry July pretty well I have to say. But I also appreciated the refreshments during the first footy match of August!' Colin laughs. 'And yes, I'll definitely be signing up again next year. It's a great idea for a truly worthwhile cause and you can't get much better than that.' If you would like to find out more about Dry July, visit [www.dryjuly.com](http://www.dryjuly.com). You may even be inspired to join in the fun next year!



**ST VINCENT'S  
HOSPITAL**  
MELBOURNE

PO Box 2900 Fitzroy  
VIC 3065 Australia  
(03) 9288 2211  
[www.svhm.org.au](http://www.svhm.org.au)