

Tribute

NEWSLETTER OF THE GALLIPOLI MEDICAL RESEARCH FOUNDATION

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Cyril Gilbert Testimonial Fund fighting cancer



Cyril proudly presents Dr Heathcote's research group with their award. Featured left to right are: Prof Ross Young (Chair of the GMRF Research Committee and Executive Dean QUT), Dr Sonja Greenslade (PAH), Dr Simon Wood (Greenslopes Private Hospital), Dr Paul Thomas (RBWH), Pamela Russell (Australian Prostate Cancer Research Centre PAH), and Prof Colleen Nelson (Australian Prostate Cancer Research Centre PAH)

The Cyril Gilbert Testimonial Fund was established to harness the enduring spirit of one of Australia's great war heroes in our fight against cancer. By 2013, donations from kind supporters like you made it possible to award three grants of \$50,000 each to research projects including a prostate cancer study, led by Senior Urologist Dr Peter Heathcote.

Each year in Australia, close to 3,300 men die of prostate cancer. It is the most frequently diagnosed cancer in men, with around 20,000 new cases in this country every year. Early detection is important because, if confined to the prostate gland, it is often curable. Frighteningly, current diagnostic methods are unreliable at best - and wholly inaccurate at worst.

Dr Heathcote's research project aims to better diagnose prostate cancer by using two new and improved diagnostic methods including innovative PET scanning technology specially designed for prostate cancer. This improved technique targets a protein on the membrane of prostate cancer cells and is able to show cancer in lymph nodes only a few millimetres in size - a huge improvement over other imaging methods. The second scanning technology to be used will be a complex MRI scan that looks at a range of imaging to help show differences between prostate cancer, the normal prostate and other non-cancerous prostate disorders.

The researchers believe these scans could revolutionise prostate cancer care. Previously, the inaccurate diagnostic methods have left urology surgeons - and more importantly

patients and their loved ones - in the difficult position of going into surgery without knowing the exact location or spread of the cancer. Now, as a result of these new methods of imaging, it is envisaged that they will go into surgery clearly informed about the location of cancer in a prostate patient's body; they will have a clear direction on what they should remove. Dr Paul Thomas (Co-investigator and Assistant Director of the Queensland PET Service at RBWH) explains:

"Urologists have been really operating blind. Now they're saying 'you mean you're going to be able to tell me where the cancer is before I go in and operate?'"

In terms of patient care, this research will have major impact. If we can routinely - and reliably - scan patients who have suspected or confirmed prostate cancer there would be no need for many to undergo futile surgery. As recovery from radical prostatectomy takes up to 6 weeks and leads to side effects such as erectile dysfunction, this is an important factor for many men and leads to a sense of ownership about their treatment options. Similarly, younger men can engage in active surveillance without the need for twice yearly invasive biopsies or sometimes misleading PSA tests.

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Further research will be required to fully realise the highly impactful and translational results of this initial study but, thanks to the vision of GMRF donors who provided the seed funding for this first study, the chance of attracting government funding for further research will be much higher.

Our researchers look forward to sharing the results of their work, showing the value of mateship instilled in our community. Something Cyril is proud to give his name to.

If you would like to learn more about the details of this study please visit the GMRF website at www.gallipoliresearch.com.au

Mrs Jean Pockett – keeping our researchers in line

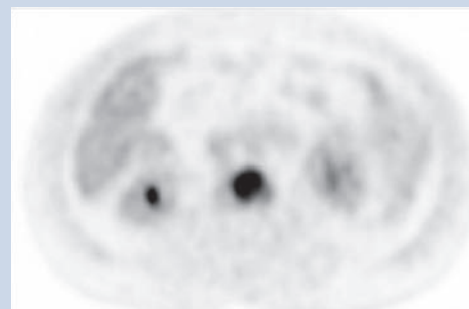
Mrs Jean Pockett has always been an active member of the community. She believes in taking action rather than talking about it and emphasises the importance of committing for the long haul. This was proven by her role as a volunteer in Greenslopes Private Hospital (GPH) for more than 40 years. Like so many of you who have attended GPH she declares in no uncertain terms that it is “the best hospital in Australia”.

Mrs Pockett has been a valued member of the GMRF Board since its inception. She believes the Board plays a vital role: “when you are dealing with other people’s money it’s important that the researchers report back and we ensure funds are being allocated correctly”, adding with a smile “We keep them in line”.

At 91 years of age, Mrs Pockett is an example to us all but she insists that our diggers are the real role models. In their honour, she plans to travel to Gallipoli for the Anzac Centenary commemorations next year. She acknowledges that not everyone can make that trip but she praises all of you – individuals, community groups, and businesses – who have been inspired by our veterans and, as we approach 2015 together, have embraced the spirit of Remembrance through Research.



a) Using the previous screening methods, this patient appeared to be cancer-free. No tumor shows on the left side of his scan.



b) The improved PET scan technique clearly shows a tumor on the left side, indicating a need for surgery.

Acknowledgment: Afshar-Oromieh Eur J Nucl Med Mol Imaging DOI 10.1007/s00259-012-2298-2



Mrs Pockett and Ms Janette French of Sullivan Nicolaides Pathology (SNP) enjoy a chat at the GMRF Supporter High Tea 2013. SNP have been committed supporters of GMRF since the launch of the Foundation.

Learn how you can support
Remembrance through
Research by contacting our
Philanthropy Manager
Anna Coles at 07 3394 7284

New research to tackle diabetic blindness



Diabetic Retinopathy

Dr Christopher Layton is one of Australia's very few clinician scientists in the area of ophthalmology. He was trained as a researcher in one of the biggest eye labs in the world at Oxford University and has worked as a medical retinal subspecialist in Greenslopes Private Hospital for 6 years. He now joins GMRF to lead research into diabetic retinopathy (blindness caused by diabetes).

Why is research into diabetic blindness important?

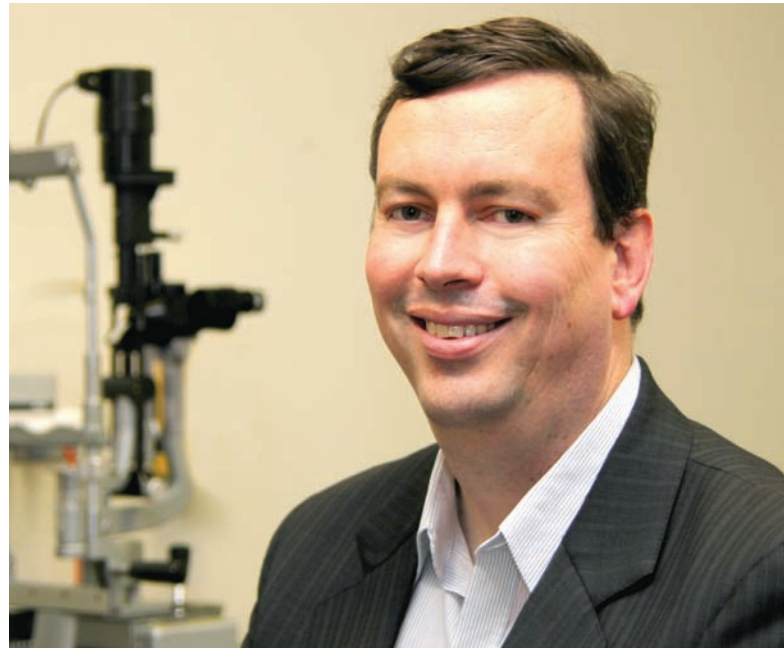
This morning I had two patients who are both fathers; the sole breadwinners to large families. They are both likely to lose their ability to work because of their diabetic retinopathy. One of them has perfect vision right now and had no idea that in 2 or 3 months he's not going to have that. I had to tell him. It's a tragedy not just for him but also for his family. I want to do this research so that, at some point, we won't have to have that conversation with people anymore.

Why did you choose to work with GMRF?

The support goes directly to the researchers and the work here. It's not about creating a larger enterprise. That's important to me. More importantly, the combination of the efficient administration of the Foundation based within the same building – in fact, right above – the only private, fully functioning eye department in Australia is completely unique.

What are the challenges of working in medical research?

It is a long process. But, if the work isn't done, then there won't be any movement forward. It's my hope that someone who, right now, doesn't even suspect that they could be blind in 10 years' time will be saved that fate because of the research GMRF supporters are making possible.



Dr Christopher Layton - GPH specialist and GMRF Head Researcher

FACT>



50% of sufferers of diabetes will have signs of diabetic retinopathy **15 years** after the onset of the disease.

90% of sufferers of diabetes will have signs of diabetic retinopathy **30 years** after the onset of the disease.

Your support helping to keep patients safe

Many of you have told us that you came to support medical research because of the care you, or a loved one, received during illness. In response to this, we developed the GMRF Innovation Grants in 2012 to encourage the research endeavours of nurses and allied health professionals at Greenslopes Private Hospital (GPH).

Last October, Elizabeth Lane (Nurse Unit Manager) was awarded \$4000 to explore how to prevent alarm fatigue in the Intensive Care Unit (ICU). The large and confusing variety of alarms in the ICU can lead to adverse outcomes for patients, up to and including death. Elizabeth's project aims to have all alarms actionable within 15 seconds. She recently took the time to tell us more about her project:

What are the unique challenges of working in the ICU?

Making sure we're staffed well enough and that everybody leaves here in one piece. Even though you only have one or two patients in ICU, if they're sick patients it really is a full-fledged job.

What types of alarms typically ring?

There are all kinds: ECG alarms, blood pressure, ventilator, IV pump, lots and lots more. The worst alarm to hear would be one of the bad rhythm alarms. That needs to be answered straightaway. If you didn't, there's a chance you wouldn't be able to revive that person.

Is it true to say none of us know when we could end up in ICU?

Anybody could have to come here. It's medical, surgical, doesn't matter. A lot of our admissions are patients that have surgery, they are planned to come here so we know beforehand. Unplanned admissions are a challenge in here because you never know when they're going to come. Somebody could come through emergency or somebody could have something go wrong in the ward.

What would you like to say to GMRF donors who have funded your project?

If we can focus on making sure we're diligent in answering things as quickly as possible, it will lead to the best outcomes come for the patients. The bottom line is it'll make the patients safer.



Dr Christopher Strakosch presents Elizabeth with her grant certificate at the 2013 GMRF Research Awards Evening.

You can learn more about how your donations are funding valuable projects like the GMRF Innovation Grants on our website

www.gallipoliresearch.com.au

New in 2014

"We are delighted to sponsor the **Hanrick Curran Innovation Grant** enabling the valuable enhancements to care delivered by those closest to the patients. As a trusted adviser to many specialists, doctors and other health care professionals, we see the dedication and passion of many health care professionals

to improving the lives of others so are pleased to make our contribution in this way to show our support."

Tim Taylor, Partner, Hanrick Curran.

hanrickcurran
ACCOUNTANTS. STRATEGISTS
experience. new thinking

GMRF donors help PhD students soar

Support from you – our donors – brings scholars like Amy Sobbe to the state of the art facilities here at GMRF.

Professor Darrell Crawford (GMRF Director of Research) wants you to know that you are helping to shape the scientific minds of tomorrow: “We can be the role models for eager students in the lab but none of their work would be possible without our donors”.

As a country girl, Amy particularly understands the benefit of this support to our rural population: “The government provides a scholarship... It pays your tuition to the University and it’s a living allowance but it in no way would it be enough for you to live in a major city”. Without your help, many students like Amy would not be able to pursue careers in medical research.

Amy’s PhD research focused on ways to treat scarring of the liver (or cirrhosis) with the aim of ultimately reversing the condition or stopping its development. The drugs involved, which had shown promising results in other studies, did not show an effect on the models Amy used to replicate human conditions. Her work has saved the expense and the patient effort of conducting a clinical trial for this drug. Most importantly, it suggests that individualised treatment for patients may be required depending on their type of liver injury and the stage of disease.

Amy praises GMRF donors with giving a sense of stability to the lives of young students. “Scientific research funding is year to year, you don’t know where your salary is going to come from at the end of a grant.” She feels the situation is improving through the independent work of research foundations like GMRF but stresses that more funding is needed.

Amy’s scientific training is now being put to good use in our Clinical Trials Unit (CTU). She loves her new role because “you see first-hand that the research is helping someone”.

“We need PhD students in medicine because they do a lot of the laboratory work that leads to new discoveries. A PhD scholarship really is a very generous thing for a donor to give.”

Prof Darrell Crawford, GMRF Director of Research and Head of the School of Medicine at the University of Queensland.



Amy Sobbe – graduate of GMRF’s donor-funded PhD Scholarship Program

YOUR IMPACT:

- ✓ GMRF donors currently support two PhD scholars financially in the area of liver research: Dr Laurence Britton and Ms Nishreen Santrampurwala .
- ✓ GMRF donors Brett & Zahra Godfrey support the PhD research of Dr Janske Reiling through full use of GMRF facilities and a grant to Prof Jonathan Fawcett to supervise the research.
- ✓ GMRF Head Researchers value continued education. Dr Rachel Thomson has recently completed her PhD research, conducted with QUT.
- ✓ GMRF Discovery Partners John and Wendy Thorsen have kindly provided funding for two additional PhD scholarships, the first of which is currently accepting applications in GMRF’s new research area of liver cancer.

Research report

Robotic cancer surgery

- Dr Stefan Antoniou presented at the EAU Robotics presentation in Stockholm in November 2013, focusing on GPH's da Vinci robot which was co-funded by GMRF. This robot technology is revolutionising prostate cancer surgery.

Liver Research Centre

- Dr Janske Reiling has received a research grant of \$50,000 for the liver transplant project entitled: *The role of TNF α in biliary stricture formation in vivo*. This study is a partnership between UQ and the Ochsner Health System department of surgery in New Orleans and Dr Reiling's work will be conducted in GMRF laboratories.
- In late 2013, Dr Laurence Britton presented at the Australian Gastroenterology Week in Melbourne and at the conference of the American Association for the Study of Liver Disease in Washington DC. Dr Britton is one of GMRF's current PhD scholars and his work focuses on the role of iron metabolism in fatty liver disease.
- At the GMRF Research Awards Evening 2013, Dr Terrence Tan was presented with an award in honour of his achievement as GMRF's first PhD graduate. Dr Tan said "I am so grateful but I want to share this with the GMRF supporters whose generosity made my work possible".

Diabetic Retinopathy

- In April, Dr Christopher Layton will present papers as an invited speaker at the 2014 Australian Vision Convention on the topics of New Developments in Diabetic Eye Disease and Approaches to Medical Retinal Disease.

Respiratory Research Unit

- Dr Thomson has been invited to speak at the American Thoracic Society meeting in San Diego in May 2014.
- In October 2013, Dr Rachel Thomson received a collaborative grant of \$50,000 to work with QIMR and The Prince Charles Hospital Cystic Fibrosis Unit on a study entitled: *Immunopathogenesis of mycobacterium abscessus infection in patients with and without cystic fibrosis*. Patients within Greenslopes Private Hospital who have this rare infection will be invited to participate in the study.



Dr Rachel Thomson – Head of GMRF Respiratory Research Unit

Your support helping to find answers

You may have spotted one of our Head Researchers, Dr Rachel Thomson, on the news recently.

Findings from her PhD research, conducted with QUT, have shown that certain species of nontuberculous mycobacteria (NTM) are present in Brisbane's water distribution system and match those that cause disease in Queensland.

These bugs have no effect on most of us. But, for some people, especially those at high-risk (such as patients with cystic fibrosis or emphysema) these bacteria can cause chronic infection and bronchiectasis. Dr Thomson has seen firsthand the hard times faced by those patients: "The big challenge is treatment. People who contract the infection usually have to take three different types of antibiotics for at least a year, often longer, and dealing with side effects can be tricky".

With your support, Dr Thomson will continue to seek answers for those who need our help.

GMRF donors help stop the medical research 'brain drain'

Dr Jason Steel is an Australian scientist who has specialised in developing immunotherapy approaches for cancer. Whilst working in the US he focused on a number of cancers including breast, prostate, lung, and head & neck cancer. Much of the research he conducted there can now be translated to liver research and he joins GMRF as head researcher of the Liver Cancer Unit.

How does immunotherapy work?

The goal is to stimulate an immune response against your cancer and there are different ways to do that. Cancer can trick your immune system by sending messages saying "we don't need you anymore". These messages switch off the immune system so it can not kill the cancer. I aim to block these messages and increase the 'good' messages telling the immune system to kill the tumour. The combination of these approaches will hopefully get a stronger immune response that the tumour won't be able to override.

Why are you focusing specifically on liver cancer now?

It's the fastest growing cancer in the country.

Here's a statistic for you: 85% of liver cancer patients die within the first five years. If it's late stage when they are diagnosed – and a lot of liver cancer is diagnosed at a late stage – the survival is 3-5%. Greater than 95% of those people will not be alive within 5 years.

Unfortunately few people are working on liver cancer in Australia so there is a great need for research focusing on this disease. I hope I can make a difference.



Dr Jason Steel - proud Aussie and head of GMRF's new Liver Cancer Unit

Why have you returned to Australia to conduct this research?

Because it's my home. When I had finished my PhD, I applied for a post-doctoral fellowship at the National Institute of Health (NIH) in America which is the number one research place in the world so when I got that I couldn't say no. I've been working away from Australia for 9 years now and I miss my home.

I also believe we have a problem with this 'brain drain' where people leave and often stay away. I've always wanted to bring the information that I've learnt over there back; to bring the skills and knowledge I learnt back home.

Our research, made possible ...

Women's Interest Group Society

Pictured from left to right are: Glenys Cross, Janelle Hale, Glenda Grimley, Fay Hosking, Miriam Dwyer (GMRF), Pauline Hoehnke, Elaine McLure, Yvonne Meggiorin, Gloria Lacey, and Shirley Ferguson.



The Women's Interest Group Society is an inspiring, self-started companionship group. Their inaugural meeting was held on 14th July 1974 and, since then, they have given almost \$112,000 to various charities. In the past, they held everything from trivia nights to 'mystery dinners'. More recently they have sold Entertainment Books to raise much-needed funds, in addition to donating personally to their favourite causes.

They have never forgotten their reason for starting the group and continue to embody an ethos of camaraderie. They share GMRF's belief in mateship through medical research and recently presented us with a very generous cheque for \$3,100.

As the group look forward to their 40th Anniversary this July, we would like to say a big "thank you" for helping GMRF to turn *Beliefs into Breakthroughs*.



Pictured from left to right are: Most Powerful Brother Peter Rowland (Head of the Order in Australia), Anna Coles (GMRF), Maria Noonan (GMRF), Worshipful Brother David Roberts (Secretary of the Board of Benevolence) and Eminent Brother Brian Ling (Grand Commander in Chief of the Consistory)

Freemason donation improves patient care

The City of Brisbane Consistory No1 A. & A.S. Rite of Freemasonry kindly donated \$5750 to purchase a much-needed ECG machine for our Clinical Trials Unit.



Miriam (GMRF CEO) explains the benefits of this very generous donation.

... by YOUR support!



Ray Langfield and Ron Richardson from the Royal Australian Air Force become scientists for the day and present Anna Coles (GMRF Philanthropy Manager) with a cheque for \$1,000.



Hudsons Coffee in GPH held their Cookies for Cancer event during GMRF's Remembrance through Research Week and raised \$1,120 for the Cyril Gilbert Testimonial Fund.

The Caledonian Lodge have shown their forward thinking by supporting a burgeoning area of GMRF research and donating \$600 to purchase a number of cell lines which will be used within research on diabetic retinopathy.



Gill's Old Bastards continue to be valued supporters of GMRF. Mr P.K. Tate (President) presents a cheque for \$6619 to Miriam (GMRF CEO) and Maria at the recent GOB's Trivia Night.



Mrs Joan Harris presents Miriam Dwyer (GMRF CEO) with the latest donation of \$20,000 from the Diggers' Dozen volunteers. The group continue to set their sights high and aim to reach a target of \$250,000 by the Anzac Centenary in 2015.



Be a mate, bring a mate

Pictured from left to right are: Kathy Pearce, Miriam Dwyer (GMRF), Harry Claassen (Welfare Coordinator), Brian Ryan, Alf Bowmaker (front).



The Sunnybank RSL Sub-Branch Welfare Team are the epitome of mateship and embody the ethos of Remembrance through Research. They recently visited our labs and presented GMRF with a donation of \$2,000.

We are pleased to announce that we will officially launch our PTSD Initiative this March. But we need you to make this research possible.

Our world-first clinical study will tackle the impact of post-traumatic stress disorder (PTSD). By doing so, we hope the research we will conduct here in Australia can serve as the catalyst for improving the treatment and prevention of this devastating illness worldwide.

Our initial 12-month focus is to better understand the genetics and long-term physical impacts of PTSD through a study involving Vietnam Veterans. Never anywhere in the world has a study examined the science behind PTSD combined with a thorough examination of the physical effects. **We need 300 Vietnam Veterans, with and without PTSD, to participate in the first project.**

If you are interested in taking part and would like to learn more, please go to the GMRF website www.gallipoliresearch.com.au or contact our PTSD study line on (07) 3394 7297. If you are not a Vietnam Veteran but you know someone who is - please help us by telling them about our research.



Ian Chappell was captain of the Australian cricket team during the latter part of the Vietnam War. He has now proudly come on board as our National Ambassador for this inaugural project. "It's important that we band together to help those affected by PTSD" he says.

Professor David Forbes (Director of the Australian Centre for Posttraumatic Mental Health) explains: "This study will provide a true 360 degree review of the physical and mental health of those affected by this condition 40 years after the Vietnam War ended." The results of this study can then go on to inform our future studies where we hope to focus on our contemporary veterans.

The PTSD Initiative is supported by Greenslopes Private Hospital, Sullivan Nicolaides Pathology, UQ and QUT with generous seed funding from RSL Queensland



Regular giving creates new research possibilities

Mrs Amy Throssell began donating to GMRF in 2008, in gratitude for the wonderful care her late husband Ian received at Greenslopes Private Hospital.

Knowing that her donations are helping is important to Amy and she thoroughly enjoyed hearing presentations from the 2012 GMRF Innovation Grant recipients at last year's Research Awards Night: "The nursing staff were fantastic. When the nurses spoke I could see that what I donated was making a difference."

Amy realised that the cumulative effect of her regular donations made these projects possible. Research can only be planned and paid for with the ongoing assurance of regular donations from donors like Amy. She felt reassured that whilst - in her mind - her monthly donations are "small", they are making a real difference right here in the hospital that she cares about.

Like many of you, Amy donates to a number of organisations. She always starts her donations at \$20 and sometimes - if she is satisfied the money is helping people - she increases this to \$30 or \$40. Since the Awards Night presentations Amy has increased her monthly GMRF donation to \$40.

Amy describes donating to medical research as "a different level of giving".

"Only with research is there to be any advancement. People have to spend a lot of time, sometimes years, to really reach their goal and it doesn't always show quick results but in the end it does. If not the goal, then it achieves something that wasn't there before."

Amy, from all the team at GMRF, THANK YOU!

To learn more about regular giving please contact GMRF Philanthropy Manager Anna Coles at 07 3394 7284.



Mrs Amy Throssell – One of GMRF's longest serving and most generous regular givers.

Amy's advice for those of you who would like to become GMRF Regular Givers:

"I think that direct debit is the way to go. You have no letters, no cheques and you get a receipt at the end of the financial year. That's all you do. It's easier and it saves the charity time too. It really is so easy for a donor. Even if it's \$10 a month the doctors will get to know more because of it."

Please fill out the form on the following page if you would like to sign up today.

Christmas Update

You might remember Bill and Wendy who shared their story in our Christmas appeal. We are happy to report that Bill remains in remission from cancer. He is still a regular visitor to the Cyril Gilbert Cancer Centre where our Clinical Trial nurses oversee his care. Whenever possible, Bill and Wendy love to go on road trips in their caravan during his treatment breaks.

Of course, like much medical research, Bill's treatment is ongoing and we need to continue to invest in the results. With our supporters on board, we can do just that.



