

Tribute

Remembrance Through Research

NEWSLETTER OF THE GALLIPOLI MEDICAL RESEARCH FOUNDATION

VOLUME 17 SPRING 2016




COUNT ME


IN

Because cancer affects my whole family...

Carissa Price, breast cancer patient at The Cyril Gilbert Cancer Centre since 2011

 Our Community - working together to discover solutions

 Addressing Australia's liver health crisis

 Taking care of our veterans

Gallipoli Medical Research Foundation is proudly supported by –

 **Greenslopes
Private Hospital**
Part of Ramsay Health Care

Because treating cancer takes caring **count us in!**



GPH CANCER WELLNESS PROGRAM

Your support is changing the lives of cancer patients and their families.

The road to beating cancer is a long one – both for the individuals and families directly affected by cancer and for the research labs around the world committed to developing treatments. The goal of our cancer research is clear:

We are committed to innovative research that can change cancer from a death sentence to a treatable chronic illness within our lifetime.

That's the long term goal in the fight against cancer and you can read more about our research on page 9. But what about the families who are facing this battle right now?

As cancer patients can experience a number of unmet needs and issues during treatment and in the months and years after completing treatment, the development of a program that identifies needs and interventions to address these issues is an essential element of cancer care.

GMRF has worked closely with the staff at the Cyril Gilbert Cancer Centre (CGCC) based at Greenslopes Private Hospital (GPH) for a number of years, providing patients access to clinical trials for new cancer therapies. Whilst recognising the need for a cancer wellness program, the team at the CGCC did not have the capacity to develop and deliver such a program and approached GMRF for help.

With seed funding from three of our donors, the nurses at CGCC are developing a program which will take a tailored approach to needs assessment and follow-up to ensure optimal patient centred care is delivered during and post oncology. The program will identify unmet patient psychosocial needs like counselling, advice on diet and exercise, and advice and support for carers which will enhance existing cancer treatments.

Because we care about our patients... Count me in!

Jo, one of the nurses at CGCC, recently took the time to tell us a bit about herself and what the Wellness Program will mean for her patients.



How long have you been here, Jo?

I have worked at GPH for over 15 years and have been here at the CGCC for seven, which had just opened when I started.

Oncology is my specialty area. It is special because I had a new patient today who was so surprised at how positive everyone was, she couldn't believe that everyone was being treated for cancer. People have bad days but the feeling here is not one of sadness.

Why do you love working here?

I love it because I really enjoy the patient contact. The layout of our department is very open plan which ensures that our patients never feel isolated and feel very much part of the day. It is quite intimate contact we have with our patients because they are all very physically close to us here so everywhere you go you get to see all the patients, even the ones that you are not looking after.

We get to know our patients over a long period of time as many patients have on-going treatment that goes for years. In other areas of nursing you don't have that long term relationship. Even short term treatment here is six to nine months. The patients bring their family members with them so we see families grow up here which is amazing and wonderful.

Why is the Cancer Wellness Program important?

It allows us to reach out to patients and provide an extended service which is important because cancer affects the whole family. Family members support the patients when we are not there which can be large periods of time. The Wellness Program will give patients and their families what they need when they finish treatment and in-between treatment when they are on their own. If we can provide this extra care it can prevent issues down the track.

Empowering people to take action is important, so providing education, information and services around prevention of potential issues allows for a much better long term outcome.

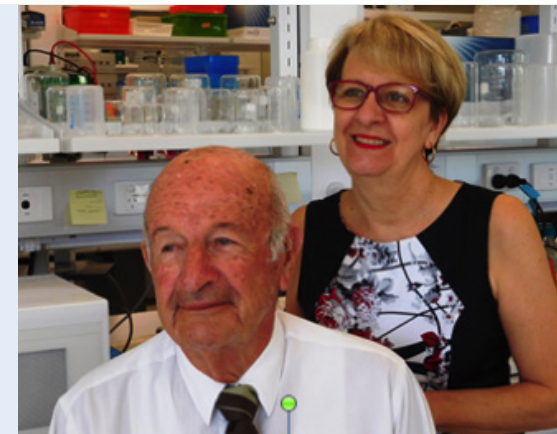
Why should people support this program?

Because those extra services are important for overall wellbeing, long term care, family care, prevention of side-effects and best quality of life possible, not just surviving treatment.

Because my wife received such wonderful care at the Cyril Gilbert Cancer Centre... Count me in!

When you're facing a battle with cancer, the little acts of support and kindness can go a long way. It's something GMRF Discovery Partner, Blair Smith, experienced firsthand at the Cyril Gilbert Centre. In 2011, his wife, Joy, spent a great deal of time receiving treatment at the centre. Sadly, she passed away that year, but Blair has never forgotten the tremendous care they received from staff. Catering staff would ensure they were both well fed. Volunteers and nurses constantly went the extra mile to ensure they were comfortable, and even the cleaning staff offered their condolences to Blair at Joy's passing. 'Greenslopes Private Hospital treats you like a person, not a number,' Blair says.

To honour his wife's memory, and as a thank you to the staff at the CGCC, Blair has counted himself in for the GPH Wellness Program. He and his daughter, Joanne, provided a significant portion of the seed funding for the program. Thanks to their generosity the program will go from an idea to reality, which will mean an even greater level of care for other families battling cancer.



MUM'S LAST WISH WAS TO HELP OTHERS.
THIS IS HER LEGACY. COUNT US IN!

GPH CANCER WELLNESS UNIT

Because cancer steals lives... Count me in!

Robert Kemp passed away in February this year after a brave battle with Lymphoma. His wife, Peta, chose to honour his memory by making a \$5,000 donation to GMRF so that his name could be added to the Cyril Gilbert Testimonial Board, proudly displayed outside the centre. Peta visited our labs and talked to the researchers so she could see the impact she's making in the fight against the disease that took her husband from her much too soon.

Peta has joined our *Count Me In* campaign in support of the GPH Cancer Wellness Program because cancer continues to steal the lives of people who should have many more years ahead of them.

Just recently, Peta and her son Bruce made an additional donation to the Cyril Gilbert Testimonial Fund so their names can be next to Rob's – a very touching tribute!

You can donate in memory of a loved one who received treatment at the Cyril Gilbert Cancer Centre so their name is remembered amongst those who helped progress cancer research. Call us on 07 3394 7284 to find out more.



Our Community – you don't have to be a scientist to help cure cancer...

One of the most inspiring things about our work is that it is powered by the local community. Significant breakthroughs in the treatment of devastating diseases and illness are being made possible by ordinary people who pitch in to help anyway they can.

Here is just a glimpse of what has been happening in our community. We hope it inspires you to get involved...

Perfect your swing while helping progress cancer research

Cancer research can be a tough slog but fundraising for it doesn't have to be. A classic example of this is a group of mates who meet every year for a well-spirited round of golf and a few drinks. While the event is always good fun, the focus is on what brought them together. In 2011, Col Shields, a former teacher, passed away from cancer in the Cyril Gilbert Cancer Centre at Greenslopes Private Hospital. Col's friends and family decided to honour his memory through the formation of the Col Shields Memorial Golf Day to help raise money for cancer research.

This year's event raised \$2,115 – not a bad effort for a round of golf! What's even better is that the group have now raised a total of \$5,000 for GMRF's work which means Col's name will be inscribed on the Discovery Partner Honour Board in the hospital foyer.

It's a fitting tribute to a man who helped so many people in so many ways through his teaching career, his community involvement and his family life.

Getting the word out

It's alarming to think about how little public attention liver disease receives in Australia, despite it affecting one in three adults. The more attention this disease gets, the more support we will receive and the more resources that can go into developing solutions.

The Caledonian Lodge in Ipswich recently got to hear firsthand the difference their support is making. The Lodge have made a number of generous donations to GMRF to assist with the purchase of equipment and other resources, and a community presentation was the perfect way for them to hear how their contribution is being put to work.

The GMRF Team love visiting community groups to spread the word on the importance of medical research and how people can love their liver. You can arrange a visit by calling us on 07 3394 7284.



Top blokes: the winners of the competition donated their \$200 Dinner Voucher prize to GMRF to raise even more funds!



Share a laugh with These Old Bastards

Gill's Old Bastards keep their mission simple, 'For good times and doing some good'. We think it's a great motto to live by, particularly since the group have collected over \$42,000 for GMRF's medical research, and had a lot of good laughs along the way.

You can now join in the laughter, with GOB's Ian Rennie recently releasing *These Old Bastards*. The book is a collection of anecdotes from across Australia and around the world, celebrating the odd, the funny, and even the irritating. Ian has generously agreed to donate the proceeds of the book to GMRF. If you'd like to buy a copy call us on 07 3394 7284.



Jane Francis, Greenslopes Private Hospital patient and new supporter of GMRF, shares how she came to believe in charitable giving and liver cancer research at GMRF.

In 2012, my father passed away and I inherited some money from his Estate. It wasn't a huge amount but I decided I wanted the money to be used for good. I never would have thought I'd be into charitable giving but my first donation was to the child care centre at the school I used to work at when they were fundraising to renovate the playground.

I didn't want to donate to a great big organisation as I don't believe all the funding goes where they say it goes and I would never see what my money actually did, whereas I can go anytime and play with the children and see something that I have contributed to. I cried the first time I went there to see it. I felt proud that I had been able to help and also, I lost my first child when he was a few days old and I felt this was a lovely tribute to him. I look at the playground and compare what it was to what it is now and to see all the lovely trees the children can climb and many ways they can play in the natural environment and it makes me feel good as I know how important that kind of play is for a child's development.

After I had donated once, I wanted to do it again and my next donation was to AEIOU which was started by my doctor, James Morton. From my work in early childhood I know how important the work is that AEIOU does for children with autism and I wanted to support that. I was shown around Nathan Campus and got to see the specialist teachers working with the children and see firsthand the patience and dedication those teachers have and exactly what my money would be supporting.

Monica Rider (GPH Volunteer and GMRF donor) introduced me to GMRF and the research they are doing in liver cancer. I was originally not planning on donating until the end of the financial year but when I came down to tour the labs and saw what was being done, I knew I had to give the money because you needed it now, not later. If I could give more I would because my husband has colon cancer which has metastasized to his liver. Whilst he is doing really well now, I know what the final outcome is going to be and I whilst I know my donation won't help him, I believe that it will help my children and my grandchildren down the track. I know the money I have given you is being used usefully and immediately. I feel it is a very worthwhile thing to do.





The power of your will

Hear from an expert:
Karen from Thynne + Macartney Lawyers

I've been an estates lawyer for over a decade and had the privilege of helping clients work through their estate plans. I have also advised many family members on a difficult estate administration or who had the prospect of approaching the Supreme Court for assistance. So I thought I would share my top three Tips (and Traps!).

1. Make a will!

It sounds so obvious (and easy!). But with so many of us being time poor, it is easy to put off making a will.

However, if you don't make a will, you run the risk of the dying "intestate" and the rules of "intestacy" apply. These are a "standard" set of rules for the distribution of an estate where there is no will. Unfortunately, the intestacy rules rarely represent how you would choose to distribute your estate.

2. Engage a lawyer to prepare your will

I have seen hundreds of wills during my career, including "homemade" or "newsagent" wills. With few exceptions, the majority of such wills result in costly court appearances to ensure that the will-maker's intentions were upheld. This seemed very unfair as the main reason usually given by the will-maker for not seeking legal advice at the time was a desire to avoid costs.

There are many specific rules which lawyers experienced with wills can assist you to successfully navigate.

For example, it is particularly important to ensure that the identity of any beneficiary is properly described. In the case of a charitable beneficiary, this means getting the proper name of the charitable beneficiary from the

organisation itself as the name it is most commonly known by may be different.

A failure to do this will almost certainly mean an application to court. The court may need to decide whether the words used in the will can be interpreted as referring to a particular charity. For example, if evidence can be produced that the will-maker often contributed to a similarly named charity, this may be sufficient for the court to order that the gift be paid to that charity.

However, in other cases where there is no such history, if more than one charity fits the description, or if the charity has ceased to exist, the court may administer the gift "cy pres"; i.e. the Court will order the gift be given to one or more organisations that fit the will maker's description.

While many problems with homemade wills can be rectified, this usually requires Court intervention. It would not be unusual for the costs to be in excess of \$10,000 and often more. Such costs (not to mention stress for your loved ones at a difficult time) can easily be avoided by the modest cost of engaging a lawyer to prepare a will.

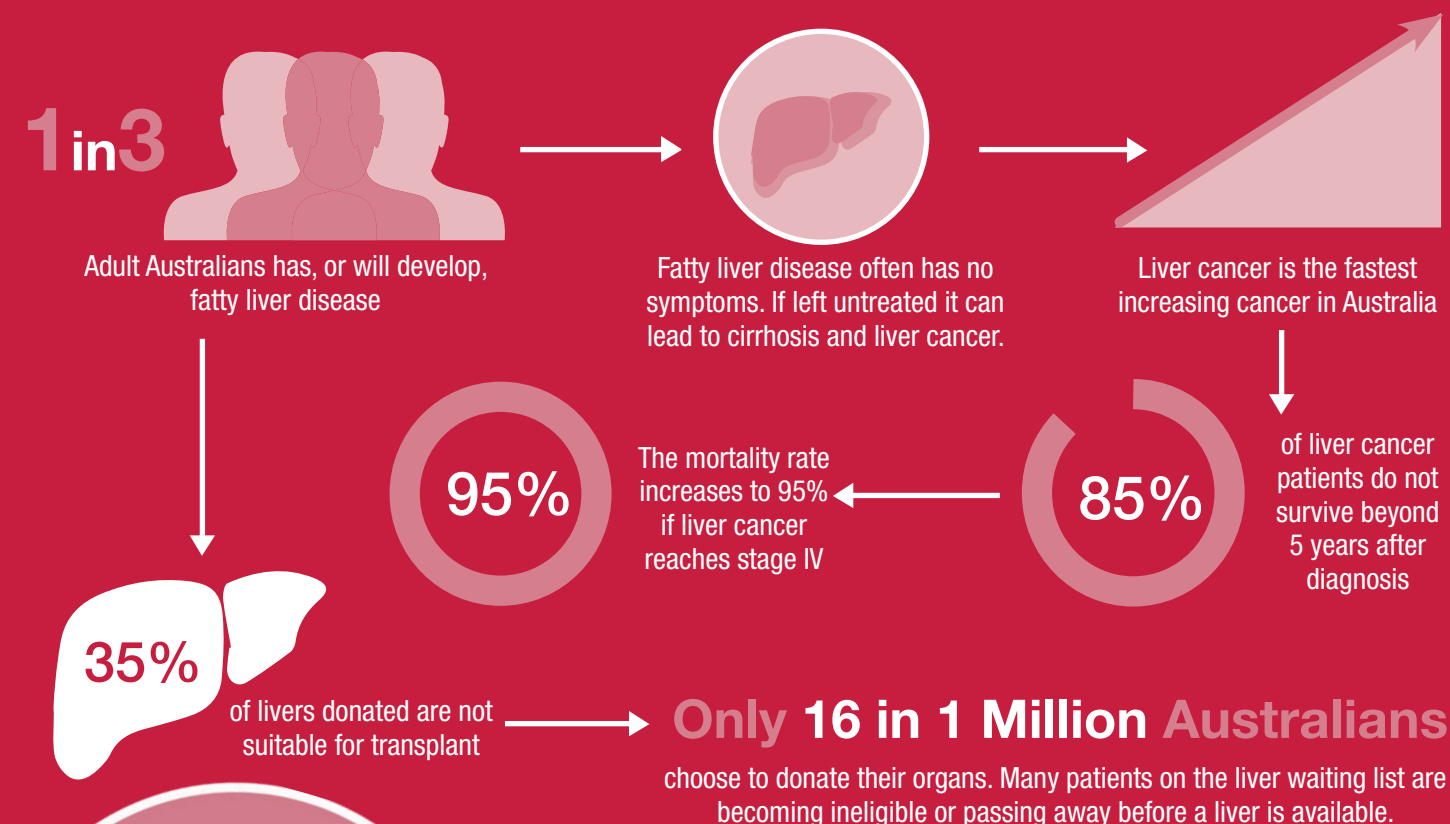
3. Regularly review your will

I recommend that clients review their wills at the same time each year. Some of my clients do this when filing their tax returns and others do it at New Year.

Most years no changes will be necessary. However, if you or any of your beneficiaries marry, divorce, die or are born (e.g., grandchildren) you may need to update your will. Some events (such as your marriage or divorce) automatically revoke your will or parts of it. For further information, please contact Karen Gaston, Head of Private Clients at Thynne + Macartney on kgaston@thymac.com.au or 07 3231 8835.

Australia's liver health crisis

What we're up against...



FATTY LIVER DISEASE

often has no symptoms. If left untreated it can lead to cirrhosis and liver cancer.

LIVER DISEASE

is ranked 12 in the leading causes of death worldwide.

But there is good news! Your support has helped GMRF establish Queensland's only dedicated liver cancer research unit.

Together we are working towards solutions.

You can read more about the impact you've made to Australia's liver health on pages 8 - 10.

Increasing the number of patients who get a life-changing phone call

Imagine waiting for a call that could save your life. How would you handle the expectation, the uncertainty? Right now, there are thousands of Australians on organ transplant waiting lists, hoping day and night for the phone to ring. But not every organ donated results in a phone call to a patient on the waiting list. One in three livers is ineligible for transplantation, and it's only getting worse.

Dr Janske Reiling, from GMRF's Liver Research Unit, is working to increase the number of livers suitable for transplantation to give more people a second chance at life. A key aspect of Dr Reiling's work is assessing the current liver non-use rate to identify those that could potentially have been used if they had been better assessed. Based on review of all Australian organ donors who donated at least one organ between 2005 and 2014, the number of donated organs is increasing, but so too is the percentage of those unsuitable for transplantation.

What Dr Reiling's research tells us...

The number of organ donors increased from 163 in 2005 to 332 in 2014 with 19% of these donated after circulatory death, which is after the donor's heart has stopped beating. The percentage of livers deemed unsuitable for transplantation increased significantly from 26% in 2005 to 43% in 2014.

Dr Reiling's research identified the Primary risk factors for a liver being ineligible for transplant as

- Donation after circulatory death
- Donor age: Every decade over 40 increases the likelihood of ineligibility
- Obesity
- Diabetes

In most cases, a liver is ineligible for transplant if it contains more than 30% fat, which is becoming more of an issue with the rise in fatty liver disease. With this disease now affecting one in three adult Australians, the rate of ineligibility is only going to increase, meaning more people on the transplant waiting list hoping for that phone call.

"There is a pressing need to increase the number of donor livers available for transplantation given the growing number of patients on the waiting list," Dr Reiling says.

You're helping Dr Reiling get her research into a clinical setting!

As a GMRF supporter, you are funding research that will improve the number of livers available for transplantation. Dr Reiling has developed a perfusion system that assesses the function of human livers. To date, perfusion has been performed on 10 human donor livers which were declined for transplantation due to the anticipated increased risk of malfunction. Using the perfusion system it was estimated that seven could potentially have been used for transplant. Dr Reiling is now in the process of getting her research into a clinical setting, with the application currently pending with the Human Research Ethics Committee.

The response to our 2016 Tax Appeal was truly staggering – over 70% more donated than any of our previous appeals.

This outstanding level of support is clear evidence of how important an issue liver health has become in Australia.

Thanks to you, our Liver Research Unit can continue its vital work.

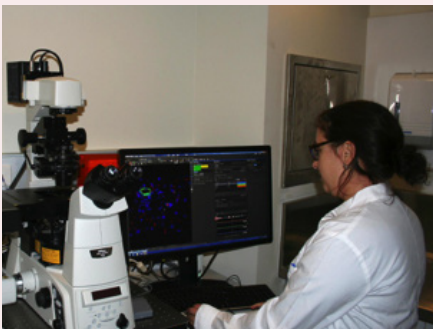
Darryl, who shared his story with us for the Tax Appeal, is continuing to do everything he can to treat his fatty liver disease. The good news is it seems to be working!

"My GP is over the moon about the direction of my blood sugar levels. Only time will tell, but it keeps going the right way," Darryl says.

The biggest difference, Darryl believes, has come through ramping up the physical exercise. "Exercise is key. If you can walk, get out and do it. If you can't walk, sit down and work out your upper body."

"Research is vital because that's where you get the qualified advice. We know what works based on research."

Thanks again - our medical research could not progress without you!



Your support is funding the next generation of cancer killers

Your contribution to GMRF is so much more than a donation, it's an investment. You're investing in the cures and treatments for major illnesses such as liver disease and cancer which might someday affect you or somebody you love. In doing so, you're investing in young researchers with an entire career ahead of them in which to make significant breakthroughs in medical research.

We caught up with one of our PhD students, Bijay Dhungel, to see what kind of return on investment he is giving you, our donors.

Let's start with an 'easy' question, Bijay. Can you sum-up your complex immunotherapy research in one sentence?

The way I like to describe it is I'm trying to design a bomb that will blast in liver cancer - and nowhere else.

Impressive! So what are you working on right now?

I've just worked out a protocol to manufacture viral vectors in large quantities. What I'm aiming to do is use these viral vectors to target the bad cells and not the healthy ones. I first tested them in cell lines, now I'm testing cells from major organs of the body. After that it'll be onto preclinical disease testing.

Most people see a virus as a bad thing. Are there safety concerns of using viral vectors?

I've chosen a virus that doesn't replicate on its own, which increases the safety of using it. Human clinical trials conducted across a range of diseases have established the safety and efficacy of this particular viral vector. Plus it doesn't have a natural genome – I've modified it by adding pieces of DNA to make it specific to cancer.

As everyone knows, beating cancer is not going to happen overnight. Where are we at with cancer research?

We're doing better. If you look at the survival rate there is a general improving trend. We're slowly getting there by increasing our knowledge on how the cancer develops and evades the immune system. The bar is set very low

for liver cancer. There aren't many treatment options in the advanced stage, just one drug, in fact. Thanks to our donors, our team is able to take a combined approach to treatment. The important thing for people to remember is that there is hope.

So what does a GMRF Scholarship mean to you?

The scholarship means I can spend my time working in the lab rather than having to work part-time just to pay the bills. I'm so thankful to our donors because there aren't a lot of opportunities for scholarships so it's highly competitive. Science is evolving so fast, to keep up with the technology you need to train young people. It's like a passing of the baton. The older generation equip the younger one so we can keep broadening the knowledge on liver cancer and hopefully come up with some answers.

What does an Immunotherapy Researcher do in his spare time... do they even have any spare time?

I'm in the labs on the weekend as well, but I really enjoy it. Outside of work, I love playing musical instruments – almost all of them – though particularly guitar.

I have a band but we don't even have a name yet! I also love sport. I play soccer four or five times a week, as well as cricket and table tennis. It's tough to fit it all in but you choose your priorities and just do your best to achieve those goals.

Thanks for your time Bijay, keep up the great work!



A small foundation with a big reach

It was Albert Einstein who said “Intellectual growth should commence at birth and cease only at death.” These wise words are especially true for those in the field of medical research. All of our researchers, whether they’re a first year PhD student or distinguished Department Head, understand the value of continuous learning.

Each year, our PhD students and clinical researchers have the opportunity to apply for a grant to attend or present at an international conference. This is made possible by a generous contribution from one of our Clinical Trials Unit Lead Investigators, Dr Victoria Atkinson, and you, our amazing donors.

Attendance at major conferences is a key way for our researchers to stay on top of their game. It provides an opportunity to present findings to the scientific community and for peer review. This raises the profile of our research foundation which helps open up further funding possibilities. As a small foundation, these conferences help put us on the map.

Earlier this year, Research Officer Aparna Jayachandran presented her work on identification and targeting liver cancer stem cells at the Colloquium on Emerging Metabolomics in Las Vegas, USA.

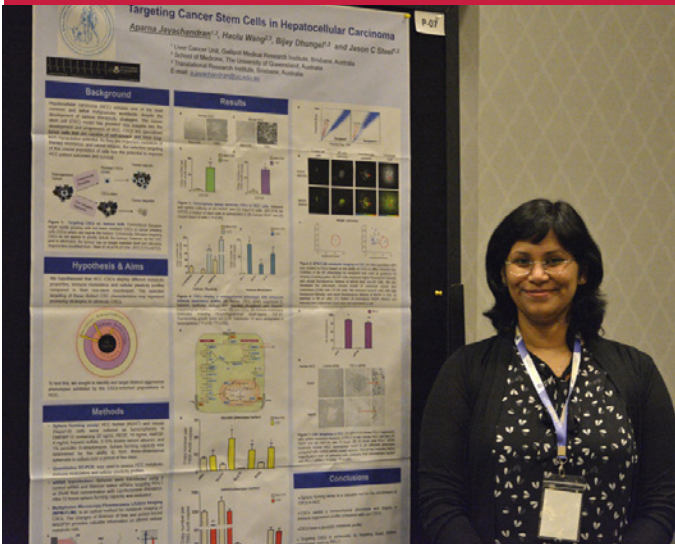
The conference gave Dr Jayachandran the opportunity to highlight research on applying an innovative technique of identification and enrichment of cancer stem cells from human and mouse liver cancer cells. She also presented our work on characterizing cancer stem cell properties.

“Participating and presenting at international research conferences are very important as it increases global exposure for GMRF and the Liver Cancer Unit and it also helps enhance my development as a researcher,” Dr Jayachandran says.

“I am very grateful for the generous travel grant I received from GMRF donors. Presenting our research work at the colloquium and obtaining feedback from international leading experts in the field was immensely motivating for me.”



PhD Student, Dr Janske Reiling (above), has been working on some ground-breaking research into the development of bile duct injury with the ultimate goal of increasing the number of livers available for transplant. She recently presented a poster on her work at the 12th World Congress of the International Hepato-Pancreato-Biliary Association, Sao Paulo, Brazil.



Aparna presenting her research at the Colloquium of Emerging Metabolomics

World-first research will lead to world-class training

The prevalence rate of post-traumatic stress disorder (PTSD) is 10 times higher in veterans than in the general population – 8.3-31% compared to 1.5-3.5%.

Veterans with PTSD are 80% more likely to experience other psychological disorders such as depression, anxiety, and other mood disorders.

After three years of comprehensive research and interviews, our PTSD Initiative study involving 300 Vietnam veterans is nearing completion. Made possible by RSL Queensland, the study provided an in-depth analysis of the psychological and long-term physical impact of post-traumatic stress disorder.

Our team found veterans with PTSD showed an increased risk of sleep disorders, gastrointestinal and liver problems, and negative effects on the cardiovascular and respiratory systems in those with PTSD compared to those without PTSD.

Veterans with PTSD were also found to have a four times higher risk of having had a heart attack in the past, two to three times higher risk of gastrointestinal symptoms of reflux, stomach ulcers, and irritable bowel syndrome, and twice the risk of abnormal liver texture.

So what’s next?

The PTSD Initiative identified the impact of this mental health issue on veterans’ physical health – now it’s time to get the word out.

As well as informing future studies, this research will be used to create an education program to improve veteran health. This program, funded by RSL Queensland, will provide veterans with important information on the physical impact of the mental health issues they may be facing. It will also give doctors the resources they need to be able to identify at-risk veterans and other sufferers of PTSD. You can read more about this program on page 13.

Christmas Care Concert

Featuring: Maggie, Tyrone & Katie Noonan

Special performances by: William Barton, Karin Schaupp, Anthony Garcia
Zac Hurran, Voices of Birrale, The Christmas Care String Quartet, Compere Victoria Carthew.

The Christmas Care Concert is a tribute to the dedicated specialists and hospital staff of Greenslopes Private Hospital who have cared for Brian Noonan and will continue to do so. This special event will raise much needed funds for the Gallipoli Medical Research Foundation.

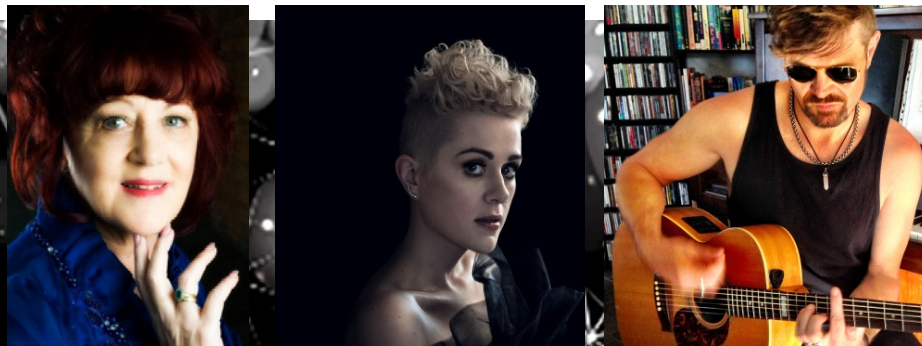
Brian’s wife, Maggie Noonan, is producing a magnificent Christmas feast of music.

All artists are internationally acclaimed and giving of their talents freely. Join us for a beautiful evening of song to start the Christmas season.

Purchase tickets via
<https://www.trybooking.com/224736>

Adults: \$35
Concession/Students: \$25
Family: \$80

St John’s Cathedral, 373 Ann St Brisbane
Friday, December 2nd 2016 7.00pm



All proceeds to benefit The Gallipoli Medical Research Foundation

Helping soldiers take the big leap home

So far this year, 41 military personnel and veterans have died from suicide in this country.

It's the same number of Australians who were killed in Afghanistan during 13 years of war.

"We must do better for ex-service personnel who struggle to adjust to civilian life, and this is the first step."

Dr Madeline Romaniuk, Project Lead & Senior Clinical Psychologist, Veteran Mental Health Initiative

The mental scars many of our returning soldiers carry home can be deep and long-lasting. Making matters worse is the range of serious issues they face in the reintegration and psychological adjustment to civilian life.

Reintegration as a general term covers a range of areas of everyday life. These include employment, finances, activity levels, family relationships, social functioning, and community involvement. There are fundamental aspects of military versus civilian culture which are unable to be integrated and can lead to issues with social and relational functioning and mental health.

The GMRF Veteran Mental Health Initiative is working to address the critical gap in support services during the reintegration process. It is vital research, without which we risk repeating the same pattern after the Vietnam War - where one in three veterans developed post-traumatic stress disorder.

"We have had overwhelming support for this project from the veteran community so far, demonstrating the importance of addressing reintegration difficulties through research," Dr Romaniuk says.

Stage one of the VMH Initiative commenced in April; *From Soldier to Civilian: A Qualitative Analysis of Cultural Reintegration and Psychological Adjustment to Civilian Life Following Military Service*. This research will guide developments in procedures and practices to improve the wellbeing of the veteran community.

"I cannot thank our participants enough for their time – their experiences and interviews will shape the way we understand and manage the complexities of transitioning out of the military."

If you need help in a crisis, call Lifeline on 13 11 14. Veterans and their family in need of confidential support can contact the Veterans and Veterans Families Counselling Service on 1800 011 046.



GMRF works closely with the Australian Defence Force and ex-service organisations to enhance the health of our veterans. Pictured: GMRF CEO, Miriam, at ADF training exercises in Shoalwater Bay.

From the RSL News Desk

New doctor training to help treat veterans' mental health



Research into veterans' mental health is being used to create training courses for GPs, psychologists and other clinicians and help improve the care of Australian service men and women.

RSL Queensland-funded research into the physical impacts of post-traumatic stress disorder (PTSD) among Vietnam veterans revealed they are twice as likely to suffer stomach ulcers and sleep apnoea, and are four times more likely to have had a heart attack.

Findings from the \$1.75 million study, conducted by Gallipoli Medical Research Foundation, are forming the basis of a new training kit to help doctors and other health care workers improve the way they identify and treat mental health issues among Defence personnel.

"This research gives us insight into the how PTSD manifests as physical symptoms, which are vital clues when treating veterans who are reluctant to admit they have mental health issues," said RSL Queensland State President Stewart Cameron CSC.

"By providing doctors and clinicians with a better understanding of the physical manifestations of mental health problems, as well as training about the unfortunate stigma around PTSD, we hope they can provide more holistic health care for those who serve our country."

Gallipoli Medical Research Foundation CEO Miriam Dwyer said the three-year study was the world's first comprehensive study into the medical and psychological health of Vietnam veterans and was part of a \$7 million research program funded by RSL Queensland.

"The findings of the Vietnam veteran study are now informing the Veteran Mental Health Initiative which is studying the mental health challenges facing veterans who were deployed to conflicts, peacekeeping and humanitarian operations in Somalia, Rwanda, East Timor, Solomon Islands, Iraq and Afghanistan," Ms Dwyer said. "This project is studying the problems that veterans

experience adjusting to civilian life after service, as well as their risk of suicide. We expect to have the initial findings next year."

Mr Cameron said RSL Queensland would be partnering with GMRF, key veteran and health stakeholders to distribute the training packages to treating clinicians.

"Our veterans deserve the very best prevention and treatment solutions we can provide," he says.

Key findings revealed veterans with PTSD have:

- **More than triple the risk of acting out their dreams while asleep**
- **Twice the chance of being diagnosed with sleep apnoea**
- **Almost two times the tendency of restless legs**
- **Increased daytime fatigue and sleepiness**
- **Two times the chance of suffering stomach ulcers**
- **Double the chance of reflux**
- **Greater tendency to report constipation, diarrhoea and irritable bowel syndrome**
- **A four-fold higher risk of heart attack in the past**
- **Lower levels of 'good' cholesterol which contributes to an increased risk of heart disease**

The 'Old Doc' of 76th Fighter Squadron



Our donors come from all walks of life, each with their own reasons for being part of medical research. We love hearing from our supporters and we particularly cherish the stories from our veterans and their families. The courage and sacrifice of these men and women inspire us in our work. With your help we can honour their legacy by improving the health of future generations.

A man who has spent his life working for the health of others is Dr Charles Roe, a Digger, a doctor, and a GMRF donor. At 97, Dr Roe is the oldest living survivor of the WWII RAAF Veterans still living in his own home and looking after himself. And what a home! Dr Roe lives in tranquil paradise on South Stradbroke Island.

Dr Roe completed his studies at the University of Queensland in 1942 and was sent straight to work as a resident medical officer at the Brisbane General Hospital.

"I was told 'go into town and register as a doctor, have the weekend at home, then report for work 8am Monday morning'. The other resident doctor and I saw 70 patients that first day."

Dr Roe had always intended to join the services after completing his training, if the war lasted long enough. He had ruled out Navy due to his tendency to sea-sickness, and recalls the motivation behind joining the Royal Australian Airforce over the infantry.

"I had been most impressed with the glamour and excitement attached to the Spitfire squadrons of the Battle of Britain. Besides, the uniform of Air Force blue seemed to me more individual and prettier!"

From 1943-44, Dr Roe was stationed first as a medical examiner in Brisbane, then in Port Moresby. It was in early 1944 that an unexpected honour came his way.

Dr Roe was assigned as Medical Officer of the 76th Fighter Squadron, first in the Trobriand then the Admiralty Islands. It was a prize posting in an operational squadron, a position usually reserved for more senior officers. With a Commanding Officer who was 22, and pilots aged 19 to 23, Dr Roe found himself one of the 'old men' of the squadron – at 24 years of age. Dr Roe remembers an indifferent reception from the men, a response based on the previous medical officer who was more often off catching butterflies than awaiting the pilots return. But Charles 'Doc' Roe earned the squadron's respect with his attentiveness and work ethic, as well as his cheeky sense of humour.

The pilots would return, tense and tired, after four to six hours in the air, sometimes in air-to-air combat, and look for Dr Roe who was dutifully waiting in the hut where they came to make their reports.

"They'd say 'G'day Doc! Did ya see the landings?' and I'd say 'Yes, and yours was bloody awful!' or make some other rude comment. They'd giggle then and go on to the operations officer. But they always looked for me."

Dr Roe has countless stories to share from his days in the 76th Fighter Squadron. He told us of the bouts of malaria and other infections, the late night enemy raids and tragic mechanical mishaps, the abundance of the Americans stationed on the island and an exciting fishing trip involving a 250 pound bomb being dropped from a P40 Kittyhawk fighter!

As the physician responsible for the health of this 300 man squadron, Dr Roe said the mental health impact was not evident during active service.

"Everybody seemed to do their job as well as they could, and morale was high. The detrimental effects seemed to come after the war for most men."

Gradually the surrounding area was cleared of its Japanese defenders. At the time of the invasion, over 2,000 Japanese were stationed in the Admiralties. Only 12 were taken prisoner. Shortly before Christmas 1944 Dr Roe was notified that his tropical service had finished. He arrived home at 10pm on Christmas Eve to greet his wife and meet his first-born daughter, Dorothy, for the first time. After the war, Dr Roe served as the Senior Medical Officer at the RAAF Amberley Base.

Dr Roe donates to GMRF because he believes wholeheartedly in the need for continued research, particularly in mental health.

"It's not just about trauma to the brain; there are all sorts of illnesses that affect the state of health of the brain. It's such important research to support," he says.

Another motivation for donating was a particular connection he has to the name of our foundation. As the boats landed at Gallipoli in 1915 and the first minutes of the long, bloody campaign began, a young man by the name of Frank Hayman was disembarking. He was shot in the water and never made it to shore. Frank was Dr Roe's uncle.

Dr Roe's secret to longevity

When you're 97 years old, you've been around for the rise and fall of plenty of supposed secrets to long life. The mantra Dr Roe lives by predates most of them, a phrase coined in 1904 he says is yet to be refuted... "The blood should pound through the arteries at least once a day." Considering Dr Roe is the 2001 Mens 80+ years Double Tennis Champion of the World, we'd say the advice seems to work!

Dr Roe still goes out every day for a blood-pumping workout. In the morning it's 25 strokes of the axe to split some logs, then ocean swimming in the afternoon.

Our donors are a part of our team and the reason we can continue to strive towards medical breakthroughs. Call us on 07 3394 7284 if you'd like to share your story.



'Doc' Roe (middle row, third left) with some of the pilots of 76th Fighter Squadron. There were 24 P40 Aircraft in the squadron and 30 pilots. Dr Roe estimates it took nine ground crew to keep one aircraft fighting.



The Commanding Officer (right) offered Doc a joyride, saying "We'll take out the dinghy and parachute I sit on, Doc, you sit on the metal seat and I'll sit on your knees and drive. She'll be right!" Dr Roe declined, but later felt he'd missed out on a great story to tell!

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Dr Jason Steel – Head of GMRF Liver Cancer Unit



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