

Tribute



NEWSLETTER OF THE GALLIPOLI MEDICAL RESEARCH FOUNDATION

Volume 18 Autumn 2017

We will remember them...



GMRF launches new programs and research projects to enhance veteran health

- The journey home for our veterans
- Leading the way in innovation
- What inspires our community
- Our plan for beating liver cancer

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Working together to fight the impact of PTSD

Acceptance and treatment of post traumatic stress disorder (PTSD) have come a long way from the days where it was dismissed as merely 'shell-shock' or 'combat fatigue'. Yet there's still a lot of work to be done for the sake of our current and former service personnel. The Gallipoli Medical Research Foundation's Vietnam Veteran study, in partnership with RSL Queensland, provided an in-depth look into both the psychological and physical toll of PTSD. The study is now in its final stages and it is time to put the research into action...

GMRF and RSL Queensland are using the findings from the Vietnam Veteran study to launch a national GP education program. This program will better equip doctors and other healthcare professionals to identify the physical signs and symptoms of PTSD. The GP education program will include three components; expert videos, an online education module and a GPCE program (national conference program).

GP Education Program Ambassador: Dr Phil Parker

Prior to becoming a general practitioner, Dr Phil Parker served as a uniformed doctor within the Australian Defence Force for over 27 years, including a deployment to Afghanistan in 2012 as the Senior Medical Officer. Dr Parker remains committed to supporting the health of military veterans as they endeavour to establish new lives outside the Australian Defence Force (ADF).

Why did you choose to get involved in GMRF's GP Education Program?

"As a general practitioner with an extensive background of military service, I feel that I am well positioned to provide a contribution to the development of effective healthcare for ADF veterans. I have served on operations in Afghanistan, which provides me with a good understanding of the conditions that often lead to the development of chronic conditions including PTSD."

What impact could the GP education program have for sufferers of PTSD?

"It is important for general practitioners to understand the needs of PTSD sufferers. The program provides guidance to GPs on the resources available to provide

these patients and their families with effective avenues to seek specialised treatment."

What symptoms should alert the GP to consider a diagnosis of PTSD?

"From the study findings we know that PTSD impacts various body systems, however particular attention should be paid to sleep and gastric complaints. Any time a patient reveals a history of previous military service should alert the GP to the likelihood of multiple medical conditions, including PTSD. GPs should enquire about sleep disturbances, frequency of nightmares and any disturbances of mood."

What are some other conditions associated with PTSD?

"Many veterans will often present with other conditions during an initial consultation with a GP. These patients will often assess whether they can engage with a potential doctor before revealing their mental health issues. Trust is essential. Other health conditions experienced by veterans are quite similar to the remainder of the population, but there will be a greater number of patients with musculoskeletal issues. Common conditions include chronic back pain and other joint conditions. PTSD sufferers may also suffer chronic pain conditions."

What can GPs do to support patients and their families with PTSD?

"It is important GPs demonstrate willingness to commit to the care of PTSD patients and their families. They should understand PTSD will rarely be the sole condition suffered by the individual and be willing to provide holistic care for all conditions. It is important to ask about the general health and wellbeing of family members providing support to the PTSD sufferer."



It is estimated that over 1 million Australians suffer from PTSD at some point in their lives.

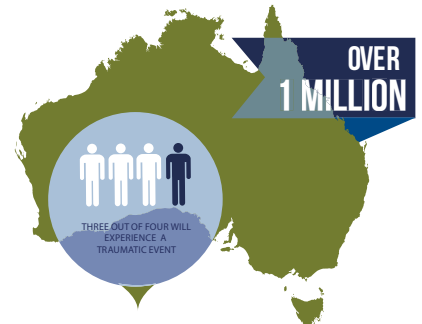
How important is the patient's support network (or family) in the process of treating a patient with PTSD?

"The importance of the support network for any PTSD sufferer cannot be overstated. Families have often had to endure the negative effects of PTSD for years. They tolerate mood disturbances including irritability and low mood. Through all of this, they remain the stable foundation for the patient. It is important for GPs to consider involving partners in the development and maintenance of patient treatment plans."

From a GP perspective, what has changed in overall awareness and management of PTSD?

"Once a relatively unknown condition, many Australians now know that PTSD is a condition suffered by individuals who are employed in roles where their safety is put at risk. Acceptance of PTSD by the general population as a 'real' condition continues to increase over time. It continues to gain increased media exposure with a wider perception that it has a real social cost for the country. This is important because it instils confidence amongst sufferers that medical treatment is available."

Below: Dr Phil Parker (second from left with US Navy Surgeons)



Three out of every four Australians will experience a traumatic event in their lives.

Depression and anxiety disorders are more common in young adf male members

Suicidal thoughts or plans are more common in adf members

PTSD IS MORE COMMON IN ADF MALE MEMBERS THAN IN THE WIDER AUSTRALIAN COMMUNITY

ADF MEMBERS WITH PTSD AND DEPRESSION ARE AT HIGHEST RISK OF SUICIDE



Research to give our veterans a voice

Transitioning from service to civilian life is a complex process, both practically and psychologically. All at once, veterans can find themselves overwhelmed with the prospect of finding work, navigating the health care system, interacting within an alien social culture while attempting to build new relationships and a place in society. Many veterans are struggling with the transition, yet there is very little research within Australia examining the complexities of this adjustment process.

GMRF aims to help bridge this gap in research through the Veteran Mental Health Initiative (VHMI) Reintegration Study, in partnership with RSL Queensland. This study is unique as it is the only qualitative research study being conducted in Australia focussed on cultural reintegration and the psychological transition from the ADF. Head of the VMHI, Dr Madeline Romaniuk believes it has helped give veterans and their partners the chance to have their voices heard on this issue – in many cases, for the first time.

To an observer, Dr Romaniuk's interviews may look like casual conversations, but therein lies the value. They provide a more in depth look at an issue by allowing participants to comprehensively describe their experiences rather than ticking a box or rating an issue on a scale of one to ten.

"Our participants have appreciated the fact that their participation has really just been about sitting down with somebody who listens, having a conversation about their experiences, and not feeling forced into a pre-determined check-box," Dr Romaniuk says.

"We needed to start with qualitative research because we didn't properly understand the area of transition, reintegration and the lived experiences of our ex-service personnel. No one was listening to the people who had transitioned so we didn't know what it was like – yet there was emerging evidence indicating that for some, the process of transitioning out of the military is extremely challenging. But how do we improve this, if we don't really understand what is occurring?"

From the interviews, Dr Romaniuk and her team will collate the experiences and identify patterns based on recurring issues raised by participants.

A battle for the whole family...

Qualitative vs Quantitative Research

Quantitative – numerical data often captured through standardised questionnaires.

Qualitative – data as words, providing further understanding, opinions or motivations, often captured through interviews.

The impact of a veteran struggling with reintegration is not just felt by the individual. From Dr Romaniuk's conversations with the partners of veterans, many have been left feeling forgotten.

"I am interviewing partners as part of the study. There can be a tremendous burden on the partners, and in a lot of cases the care and the responsibilities fall on them when the veteran is struggling to function with day-to-day life."

"Something I'm hearing a lot is partners actually feel at times

they may been the only thing keeping their spouses alive, as they were the only ones helping them to navigate the outside world. So, we're really seeing the importance of partners in this process. More research is needed around this area of how the family unit operates through reintegration," Dr Romaniuk says.

To improve the reintegration process, greater understanding, education and support services are required – and it all starts with research.

Dr Romaniuk's journey from clinician to researcher



I have been working in the area of veteran mental health for a number of years, and myself and my colleagues were noticing this ongoing pattern of reintegration difficulties which seemed to be a standalone issue, separate from clinical psychological diagnoses.

We would run treatment programs for post traumatic stress disorder (PTSD), as well as depressive and anxiety disorders and we would see the same reintegration difficulties for people over and over again, despite a reduction in clinical symptoms.

We commonly treat Vietnam veterans who have discharged from the military decades ago, yet continue to struggle to adjust to a non-military culture and society. Their clinical symptoms may be well managed, but they still have difficulty functioning in daily life because of the cultural barriers coupled with a compromised psychological adjustment process.

As clinicians, we see this frequently. We unofficially termed it 'adjustment to society disorder' as shockingly there was no scientific or clinical literature in Australia investigating this issue. That's when I thought, we've got to do something about this, we have to target the issue properly – through research – for people who are still struggling decades after discharge.

One veteran interviewed by Dr Romaniuk said;

"I know people who have killed themselves because they couldn't survive after they got out. Once they are out they have been cut off from their mates, from their everyday way of living. What they are used to is now gone. It's like getting someone, picking them up and putting them in a strange country and going 'Alright. You're on your own. Survive.' That's what it's like."

From the RSL News Desk



RETURNED & SERVICES
LEAGUE OF AUSTRALIA
QUEENSLAND BRANCH

RSL Queensland has recently launched an online portal dedicated to providing information and resources around post traumatic stress disorder (PTSD). This comes in response to significant demand from current and former serving personnel as well as their families who are seeking information on the physical and psychological disorder.

It was identified that more than 18,000 internet searches about PTSD were made across Australia in September last year alone, with nearly 3000 of these searches originating in Queensland.

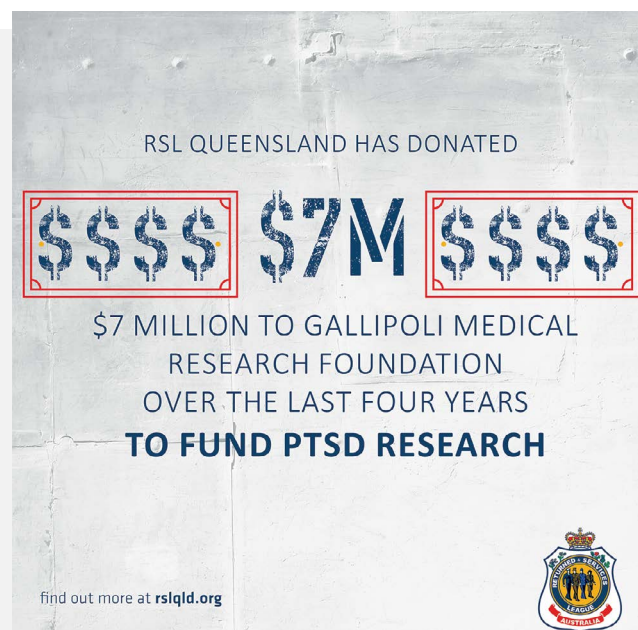
"As RSL Queensland evolves and upgrades its services to meet the needs of the modern veteran, we are finding a new and younger community looking for connection and information," RSL Queensland Chief Executive Officer Luke Traini said.

"Many of the people looking for answers are also veterans' families – spouses, parents and children – who are often the invisible victims of PTSD. They are on the frontline, supporting their loved ones with incredible strength and dignity."

The new RSL Queensland online portal provides information about the symptoms of PTSD as well as a range of support and referral programs, and will be continually updated as fresh findings come to light from research that has been funded by RSL Queensland and is being undertaken by the Gallipoli Medical Research Foundation.

The research results are expected to lead to a better understanding and treatment of all people suffering PTSD across Australia. In the meantime, veterans and their loved ones needed to be able to find and access support easily; the online PTSD portal aims to let service men and women and their families know that they are not alone, and we can help them find the support they need.

View the PTSD online portal:
www.rslqld.org/ADF-Community/PTSD



PTSD's ripple effect reaches far into our communities, so we need to make it easier for our veterans and their loved ones to reach out and get help. The RSL Queensland website features a powerful documentary made by Griffith University researcher Kym Melzer, titled *The Ripple Effect*, which tells the personal stories of wives, daughters and other people living with someone suffering PTSD.

Ipswich teenager Marissa Josephs knows first-hand how hard it can be to live with someone with PTSD. Her mother Andrea, a veteran of East Timor, has the disorder.

"Mum was very different to my friends' parents, and I was embarrassed by that," said Marissa.

"I think I knew about her mental health issues before she did, even though it was hard for me to understand what she was going through. I had to step in to support my sisters – cooking dinners, helping them with their homework, keeping them quiet when she had her dark moments."

Marissa said the turning point for her family came when her mother opened up about her illness.

"Mum didn't want us to know that she had weaknesses. But when she sat us down and explained what she was going through, it brought us closer together," said Marissa.

Observations lead to innovation...

The research you support will help uncover the cures and treatments of the future, but it will also help discover improvements for patients right now. The GMRF Innovation Grants empower nurses and other allied health professionals at Greenslopes Private Hospital to use their experience and knowledge to help improve outcomes for their patients.

Senior Physiotherapist Pauline Teng observed the recovery process for patients who had received a total knee replacement. Immediately following the procedure, patients received two attachments; pain relief in the form of a patient controlled analgesia (PCA) and an indwelling catheter. Because of these attachments, two staff members were required to assist with patient mobilisation, transfer, and assistance with hygiene care.

"The attachments were impeding early mobilisation after surgery and making patients feel hesitant in their movements," Pauline says. "They'd feel sicker with the attachments in and it impacted on how mobile they viewed themselves."

Pauline believes early mobilisation is crucial to good recovery. Participation in exercise classes immediately

following a total knee replacement has been shown to improve patient's mental and physical wellbeing. The use of a PCA attachment impedes on a patient's ability to join these classes until three or four days after surgery.

"I'd love to see patients on fewer attachments. This would enable them to move with less restriction, participate in classes, and generally able to do more for themselves," Pauline says.

Pauline applied for a GMRF Innovation Grant so she could investigate whether the use of opioid analgesic patches compared to PCA will improve early mobilisation for patients and therefore lead to discharging from hospital sooner. Pauline was awarded an Innovation Grant in November 2016, along with two other recipients – totalling over \$32,000. By researching the impact of attachments, Pauline aims to shorten recovery time and improve overall patient wellbeing.

"This grant is so important to us because it can lead to improved outcomes for our patients. It reassures families that we've got the latest evidence and are doing everything we can for their loved ones," Pauline says.

Your support of GMRF helps fund this grants program. Thank you for equipping our frontline health workers in their efforts to do everything they can for their patients.

Below: Dr Glenda Powell, Dame Quentin Bryce, Pauline Teng, and Mark Sheridan (Hanrick Curran).





Expert Advice: Assessing Capacity – Tips & Traps

Karen Gaston | Thynne + Macartney

Capacity to take certain actions, such as making a will or an enduring power of attorney, is a legal question not a medical one. That is so even though both the courts and lawyers rely heavily on advice from medical professionals in assessing a person's capacity. We often write to a doctor to advise them what test must be met for any such assessment.

What test should be used?

How to determine what test should be used is determined by what document is to be created and signed. Where a person wishes to prepare a will, lawyers speak of "testamentary capacity". This requires a person to:

1. understand the nature of making a Will and its effects;
2. comprehend and recall the extent and value of their assets and liabilities;
3. comprehend and appreciate the claims of their family and /or friends;
4. evaluate and discriminate between the respective strengths of the claims of such persons, free of influence or mental disorder.

If the person wishes to execute an Enduring Power of Attorney, they must be able to understand that:

1. they may specify or limit the power of their Attorney;
2. they can specify when the power begins (and know when they have instructed it to begin);
3. they can limit the powers of their attorney if they wish;
4. they may revoke the EPOA at any time;
5. the attorney's power will continue if they lose capacity?

A person must meet each part of these tests. The capacity to execute an Enduring Power of Attorney is usually regarded as being higher than required for a Will.

Basic principles of capacity

Assessing capacity is often difficult. The following principles are useful to keep in mind.

1. Adults are presumed to have capacity until there is evidence to the contrary.
2. Capacity is fluid and changes over time - an adult may lack capacity temporarily, or on a short term or long term basis. They may regain capacity.
3. Capacity is domain specific - the test for capacity varies depending on content or subject matter of the decision.
4. Capacity is decision specific - an adult may have capacity to make simple decisions but not complex ones.
5. Capacity must be distinguished from the decision itself - a person may make whatever decisions they like, good or bad, so long as they have capacity.
6. Capacity should not be assessed on the basis of appearance, age, behaviour, disability or impairment.

Should you have any queries in relation to capacity please do not hesitate to contact Karen Gaston or Penny Loel of Thynne + Macartney's Wills & Estates Team on 07 3231 8835 or 07 3231 8753.

Thynne + Macartney Lawyers is a GMRF Discovery Partner and is a proud sponsor of the Innovation Grants Program and supporter of medical research to enhance veteran health.

**Thynne
Macartney
Lawyers**

GMRF Board member's royal encounter

It's not every day you get to meet Her Majesty Queen Elizabeth II, and it's an even rarer day when she is giving you some of her silverware!

This was the privilege recently granted to GMRF Board Member Emeritus Professor John Pearn. Late last year, Prof Pearn was awarded the King Edward VII's Cup in recognition of his research, advocacy and service to rescue, resuscitation, life-saving, injury prevention and safety promotion. "To have had a private audience with the Queen was an unforgettable experience," Prof Pearn says, "She was absolutely marvellous."

Prof Pearn has served on the Board since the establishment of GMRF in 2005, but his commitment to military medicine goes back much further. Under his other title, Major-General Pearn has served in a number of military appointments, including an infantry positions in the Papua New Guinea Volunteer Rifles, as Training Major of the Number 1 Casualty Clearing Station and Surgeon-General of Australia from 1998-2000. Prof Pearn has also published original research on the life of John Simpson Kirkpatrick, the WWI Digger who bravely rescued and retrieved an estimated 300 casualties with the help of his donkey 'Duffy'. It is this well-known and much loved icon that GMRF derives its logo.

"All these things come together to form this wonderful privilege to serve at GMRF," Prof Pearn says, "the research program of GMRF is a focussed one of special relevance to veterans health, but results from this research will pay dividends to health care more broadly."



Leading the way in new patient treatments

The Clinical Trials Unit (CTU) is in the final stages of what are likely to be its final hepatitis C virus (HCV) Trials. Working with pharmaceutical companies, the CTU team has provided patients with access to novel Hep C treatments for the past nine years. Here's a snapshot of the results...

1. 28 HCV studies conducted involving 169 patients.
2. 137 patients achieved a SVR (Sustained Virological Response) which translates to an overall 81% success rate.
3. Inclusion of medication onto the Pharmaceutical Benefits Scheme (PBS), meaning more people with HCV able to access these life-changing treatments.

These results demonstrate the importance of clinical trials and the life-changing impact of medical research. Your support can ensure more patients get the treatments they need.



Our Community

Our community is as much a part of innovative research as our doctors, researchers and clinicians because without their generous support our work would simply not be possible. Every donation brings us closer to new treatments for liver cancer and other devastating illnesses.

In December last year, Maggie Noonan (centre of top photo), a renowned soprano opera singer, brought together a host of internationally acclaimed artists for the Christmas Care Concert. Over 500 people filled St John's Cathedral in Brisbane City to be delighted by beautiful music from Maggie, Katie and Tyrone Noonan, the Resonance of Birralelee choir, and many other talented musicians.

The event paid tribute to the staff at Greenslopes Private Hospital for their outstanding care of Maggie's husband Brian and helped raise vital funds for our innovative cancer research.

One woman dies from ovarian cancer in Australia every seven hours. It's a debilitating illness that is often not diagnosed until it is already too late.

For Janet Hooper (centre of photo on right) it began with what she thought was 'middle-age spread'. Little issues like a loss of appetite and bloating led her to the big diagnosis; ovarian cancer. Janet received regular treatment at GPH's Cyril Gilbert Cancer Centre and with the support of her family has fought her way through the difficult journey. Now, she's dedicated to ensuring other women don't face the same fight alone either.

Janet organised *Teal Hearts: An Evening at Tattersall's* to help create awareness of ovarian cancer and raise funds for the GPH Cancer Wellness Program. The event combined a gala dinner with an information session from Gynaecologist Dr Russell Land which highlighted the importance of early detection of ovarian cancer.

Have you got a great idea to raise funds and awareness for innovative medical research? Call GMRF on 07 3994 7284 to discuss your ideas.



Spot the warning signs of ovarian cancer

Four most frequently reported symptoms:

- Abdominal or pelvic pain.
- Increased abdominal size or persistent abdominal bloating.
- Needing to urinate often or urgently.
- Feeling full after eating a small amount.

Thank you 'Gac'

Remembering an inspirational woman

You could be doing everything right for your health, but the cruel nature of cancer sometimes determines that it's not enough.

In January 2014, the fear lurking in the back of Heather McDonald's mind was finally realised. For the second time in her life, Heather was diagnosed with melanoma. In 1983 it had been in her chest and was successfully removed. This time around, however, the melanoma was in her brain, lungs and spine.

Heather's doctor made it clear that once melanoma reached the brain treatment would be life-extending not life-saving. Such was her strength, Heather did not let the prognosis or treatment get in her way. Her husband Ken says Heather was active and healthy, and had won masters championships in swimming.

"She was pushing the boundaries but she had an amazing capacity to get things done. She was very diligent about skin protection and eating well and maintaining a healthy lifestyle. It was a huge shock for it [melanoma] to come back after so many years," Ken says.

In her later years, Heather dedicated herself to the development of her grandchildren; supporting their swimming lessons, encouraging them to sing and play music and helping with their overall education, particularly with books. Ken knew how much their grandchildren liked music so it seemed fitting to express their gratitude in song to their loving "Gac" (Granny Mac). The song was recorded by Heather's grandchildren, and made into a video by her son.

Sadly, Heather lost her battle with melanoma in November 2016. "Thank-you Gac" played in front of over 250 friends and family at a funeral service that was a celebration of Heather's life and her influence on those around her. Ken chose to honour Heather's legacy by requesting donations be made to GMRF's cancer research in lieu of flowers.

Ken has been recording since the late 1990's and has now released seven original albums and two compilations. He creates music for the love of it, to inspire people and to help others in their journey with cancer. Since Heather's diagnosis in 2014, Ken has donated all proceeds of his album sales to the Gallipoli Medical Research Foundation, equating to over \$3,000 given to our cancer research!

Heather "Gac" McDonald 1950 - 2016

"Thank you Gac for helping us along,
Thank you Gac for making us strong,
Thank you Gac for helping us swim,
We're all connected by invisible string."

You can be a part of innovative cancer research.

There are currently no treatment options for melanoma once it has entered the brain. Our team of researchers are developing anti-metastasis therapy with the aim of saving lives by preventing cancer from moving through the body. Please donate today to help progress this vital research.



"Melanoma has been part of our family's journey for a long time and it seemed right to put time and effort into it through my music,"

Liver cancer: The hidden epidemic

Liver cancer is the fastest increasing cause of cancer mortality in Australia. The most common form of liver cancer is hepatocellular carcinoma (HCC) with the number of cases almost tripling over the past 25 years. The overall five year survival rate is a dismal 15%, this drops to just 1 to 3% for patients with metastatic disease (when the cancer spreads to other parts of the body). **With your support our Liver Cancer Unit, led by Dr Jason Steel, is tackling this health crisis head on...**

Our Four Step Action Plan to beat liver cancer

1. **Immunotherapy** - identifying cells which allow tumours to form and spread without being killed by the immune system. These cells present the biggest challenge when trying to develop new immunotherapy treatments for liver cancer. Volunteer researcher Ritu Shrestha is in the early stages of her experiments in developing new immunotherapy treatments.
2. **Targeting Cancer stem cells** – developing innovative techniques to identify cancer stem cells. It is the stem cells that initiate the cancer in the liver. Liver Cancer Unit Research Officer Aparna Jayachandran recently presented her work at a metabolomics conference in the USA to share the team's data with the scientific community.
3. **Anti-Metastasis therapy** - examining how cancer cells are able to spread throughout the body and developing methods to prevent these cells from moving. The team are continuing experiments on a range of drugs with early data showing promising results. University of Queensland Summer Student Michael Huang has joined the team to progress this research into anti-metastasis therapy.
4. **Gene Therapy** - specifically targeting and killing liver cancer while sparing the normal (good) cells of the body. Current treatments are limited by the underlying liver disease and poor liver function, resulting in few curative treatment options outside of removing part of the liver or a complete liver transplant. PhD student Bijay Dhungel is working on a novel treatment to kill the cancer without harming the liver. The abstract for his research has recently been accepted for a major US conference.



You are equipping our liver research team

A lot goes into ensuring our laboratory functions effectively. The range of equipment, tools and expendable resources required is extensive, but each item serves a valuable purpose in progressing innovative medical research.

Dr Kim Bridle, Laboratory Manager and Liver Disease Senior Research Officer within GMRF, says, "The scientists at GMRF are blessed to have state-of-the-art laboratories equipped with high quality instruments, all of which are expensive to purchase and expensive to run. Having these instruments on-site means we don't have to travel to other research institutions in Brisbane to undertake our life-saving work into liver disease and liver cancer. However, our work doesn't just involve these "big-ticket" items of equipment. On a day-to-day basis the scientists make use of a vast array of tools to ensure our work progresses quickly.

Donations are key to providing these tools." Here's a glimpse at what's required to keep the GMRF laboratory going in it's life-saving mission...

Tubes for storing blood - \$10 per bag

Storage of samples from patients with liver disease is performed every day in the GMRF labs. We use special plastic tubes for this and go through multiple bags of tubes per week.

Bottles of 'liquid food' - \$20 each

To understand the mechanisms of disease, our researchers use cell lines which are grown from livers and liver cancers. These cells require special media or 'liquid food' to survive. By studying these cells, our research teams can discover how diseases arise and most importantly we can use these cells to develop treatments for common liver diseases.



85%

of liver cancer patients do not survive beyond 5 years after diagnosis

95%

The mortality rate increases to 95% if liver cancer reaches stage IV

35%

of livers donated are not suitable for transplant

Flasks to grow cancer cells - \$100 per box

The cells we grow also require special plastic flasks to study disease processes and potential treatments. These cells must be grown in specialised plastic flasks.

Tube of antibodies used to detect proteins - \$400 each

Every day the GMRF researchers use specialised reagents called antibodies to help them to detect changes in the body that occur with liver diseases like fatty liver disease. Antibodies are also used to show us whether potential treatments for liver disease are working or not.

Maintenance and servicing of a centrifuge - \$776 a year

A centrifuge is a device that rotates rapidly at a speed of 3000 revolutions per minute and separates substances into different densities. Our researchers use the centrifuge every day to prepare blood and cell samples. We need to ensure this equipment is maintained to the highest standards in order to ensure all research performed in GMRF is world-class.

Tube of SYBR green dye for use in the PCR machine - \$1,500 each

Our researchers use specialised fluorescent dyes to detect DNA and RNA in our patient samples. These dyes are essential for us to measure abnormal genes (or genetic changes) in our patient samples.

We're confident we have the team to tackle liver disease and liver cancer, but their work can't progress without your help. By making a donation to the Gallipoli Medical Research Foundation you are equipping world-class researchers with the tools they need to discover new treatment options for patients battling an illness of the liver.



Action Plan required for June 30, 2017

Planning in the lead up to June 30 is important to do every year, but 2017 holds some major reforms that should be given careful consideration. Hanrick Curran is a long-term partner of GMRF and has been the trusted adviser to business owners, medical professionals and individuals accumulating wealth for over 30 years. We pride ourselves on helping you make sense of the numbers with a keen eye on the future. This is to give you confidence so you can concentrate on what you do best.

Key changes you should consider

Superannuation is one of the most tax effective vehicles for accumulating wealth to fund a tax free income stream in retirement. Effective 1 July 2017, as a result of new Superannuation Reforms, the amount that can be contributed to Superannuation will substantially reduce. In addition, individuals who have previously commenced the popular Transition to Retirement Income Stream (TRIS) will lose their tax advantage. Opportunities also exist for those individuals with large superannuation balances to consider making and bringing forward non-concessional contributions before the new rules commence on 1 July.

It is highly recommended that you consider what these Reforms mean for you and allow ample time to act.

Key next steps

We recommend some simple steps to ensure you have an action plan that will maximise your after-tax earnings and tax effectively utilise your surplus income to build wealth for the future.

1. Forecast your income to June 30

Forecasting your taxable income through to 30 June gives you the advantage of considering options other than just paying the tax, and even if that's what you decide to do, by forecasting it you have plenty of time to provision for the tax bill.

2. Determine all your options

Everyone earning an income can benefit from tax planning. For example Medical professionals have a range of deductions available via salary packaging options or employment related expense claims that can be maximised if you act early.

Business owners and practice have a wide range of options including special small business concessions, prepayments, income streaming to family members in lower income tax rates if you have an optimal structure and of course superannuation contributions.

Undertaking year end tax planning with an accountant experienced in your industry could save you thousands.

How we can help

We are committed to providing comprehensive, hassle-free accounting and strategic solutions. Please contact Scott Hutton or Tim Taylor on 07 3218 3900 for a complimentary discussion to maximise your after-tax income.

Please note that this publication is intended to provide a general summary and should not be relied upon as a substitute for personal advice.

Hanrick Curran has generously supported the work of GMRF since 2009 and is a proud sponsor of our Innovation Grants Program.



Dr Aparna Jayachandran, Research Officer - GMRF Liver Cancer Unit



I wish to make a donation to GMRF's medical research
\$ _____

I wish to become a regular giver and donate \$ _____ per month to GMRF

☐ Please send me a copy of the GMRF's Bequest Brochure

☐ Please send me more information about the GMRF Discovery Partner Program

Phone: _____

☐ I have enclosed a cheque/money order payable to Gallipoli Medical Research Foundation

Or, Please debit my VISA or MasterCard Credit Card

(We regret that we are unable to accept donations via Amex)

Expiry Date

Card Number: □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ / □ □

Name on Card: _____

Signature:

All donations of \$2 or more are tax deductible.

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Or, Donate online via our secure website at www.gallipoliresearch.com.au

Please return to: GMRF, Greenslopes Private Hospital, Newdegate Street, GREENSLOPES QLD 4120.

cut here and return to us

