Dear Doctor

Welcome to the latest edition of our GP e-News. Over the past year, we’ve continued to work in tandem with the Faculty of Medicine and Health Sciences in the development of an overarching structure now called the Macquarie University Health Sciences Centre, and marketed as MQ Health.

The research and education activity that has been produced by the Faculty of Medicine and Health Sciences in the past year has grown at an extraordinary rate. As always our Hospital continues to provide the highest levels of clinical care. In many areas, this care is directly enhanced by the translational model of research that sees academic work from the Faculty make its way into patient care. Together our joint facilities are realising MQ Health’s shared purpose – to Heal, Learn and Discover.

I’d like to take this opportunity to congratulate my colleagues at the Faculty on launching the Macquarie MD program. Commencing in 2018, the four-year graduate medical program will provide an innovative learning experience for its students, offering a comparative, global approach to learning in authentic clinical and research-active environments.

The Macquarie MD program will provide students with top-quality teaching, early patient contact, top-of-the-range facilities and exceptional clinical education and training. With a small cohort of 60, students will also benefit from small class sizes. A significant component of the program will be taught at Macquarie University Hospital. I do hope you enjoy reading about the many extraordinary developments that are taking place at the Hospital and, more broadly, at MQ Health.

Carol Bryant, CEO
Macquarie University Hospital

If you would like to receive further information about our GP education activities for 2017, please email events@muh.org.au
Macquarie University Hospital has added a new clinical testing service that includes the capacity to measure both central aortic pressure and arterial stiffness. This clinical service extends the standard technique of ambulatory blood pressure (BP) measurement.

“As evidence accumulates to show the link between arterial stiffness and blood pressure – with implications for both heart and brain disease – more precise measurements will enable doctors to select the best treatments for various cardiovascular conditions,” said Associate Professor Edward Barin, Co-Director of Cardiology at MQ Health and Clinical Associate Professor at Macquarie University.

“These laboratory measurements extend our understanding of blood pressure, heart failure and heart structure changes, and can then be used by treating doctors to adjust medication or consider other treatment options.”

The diagnosis of hypertension can be confirmed or refined. Ambulatory BP clarifies, for example, the diagnosis of ‘white-coat’ hypertension, masked hypertension, or nocturnal hypertension.

“The new service is particularly useful for ageing patients, given the link between arterial stiffness and ageing, and the non-invasive nature of the assessment,” said Associate Professor Edward Barin.

**ABOUT THE ARTERY AND BP ASSESSMENT UNIT AT MQ HEALTH CARDIOLOGY**

This is a weekly clinical service for patients with Hypertension and Vascular disorders. It is run by Associate Professor Edward Barin, Professor Alberto Avolio, Dr Mark Butlin and Dr Isabella Tan.

The Unit is able to see patients quickly, and can coordinate any additional diagnostic tests or treatments at Macquarie University Hospital that might be required.

Led by Professor Avolio, the Unit is involved with data collection and contributes to international collaborative clinical studies in the field of optimising blood pressure measurement.

**With the addition of two new dimensions to the standard arm cuff measurement for blood pressure, MUH is now the most comprehensive arterial assessment service in the Sydney area.**

Blood pressure recording over 24 hours showing not only elevated arm (brachial) readings but central (aortic) measurements throughout the day and night.
DOUBLE DUTY

Earlier this year, Macquarie University Hospital generously took on a compassionate case for a young Irish National adult man with severe congenital heart disease who was unable to access a viable treatment option elsewhere. Interventional cardiologists Dr Philip Roberts and Associate Professor Andy Yong performed a minimally invasive procedure that included a double-valve replacement and a stent insertion for the 26-year-old man. They were assisted in the procedure by the Head of Anaesthetics Dr Bill O Regan and Dr Jason Kaplan provided imaging support.

Multiple previous open-heart surgeries for the patient had resulted in complications – including stroke, infection and right heart failure. So when the Queensland-based patient developed a further complication, he and his family were reluctant about further traditional surgery.

“My son was declining quickly,” said his mother. “He was experiencing fatigue, and couldn’t walk up stairs. He definitely was not well enough to travel back to Ireland, where we would have had access to public health.”

Dr Jason Kaplan, Lead of the Cardiovascular Program at Macquarie University says that his case was known to cardiologists in Queensland and New South Wales.

“Queensland and New South Wales public hospitals had offered him traditional surgical options ,” said Dr Kaplan. “Yet, given the fragility of his health and the previous complications he’d developed from open surgery, this was not the best option for him.

Dr Roberts and the team at Macquarie University Hospital felt that they could perform the procedure minimally invasively from the groin and provide a safe environment in which to perform the procedure and deal with any complications should they occur.

Dr Kaplan discussed the case with Macquarie University Hospital CEO Carol Bryant, who agreed to contribute the Hospital’s facilities at no charge. Dr Roberts, who performed the procedure, also offered his services pro bono. Medtronic donated the valves and Medtec the stent, also at no cost.
Macquarie University Hospital currently participates in more than 60 clinical trials through the MQ Clinical Trials Unit over four major areas of health: cancer, cardiology, neurology and respiratory medicine. The Clinical Trials Unit has doubled in size over the past two years, and will double again in the next two years. It tests both medical drugs and devices, making it somewhat unique in Australia.

Macquarie University is a growing leader in making available to patients the latest and most promising medical treatments. Immunotherapy trials for treating cancer have become one of the Hospital’s biggest and most important.

“We have grown so quickly in part because we keep getting asked to do more. It’s definitely well and we have good data quality, so we have a reputable trials unit set up. We recruit some patients, we are seeing cancers disappear. Cancer. So far it is showing great promise. In cells and tries to activate them to block the target the cancer. Instead, it targets the immune system back on at the microscopic level, ‘unproven’,” said Professor Howard Gurney, Director of Clinical Trials in the Faculty of Medicine and Health Sciences at Macquarie University.

“What immunotherapies aim to do is switch the immune system back on at the microscopic level where cancer cells and immune cells interact,” said Professor Howard Gurney, Director of Clinical Trials in the Faculty of Medicine and Health Sciences at Macquarie University.

“The big change is that this approach doesn’t target the cancer. Instead, it targets the immune cells and tries to activate them to block the cancer. So far it is showing great promise. In some patients, we are seeing cancers disappear.

“We have grown so quickly in part because we have a reputable trials unit set up. We recruit well and we have good data quality, so we keep getting asked to do more. It’s definitely an exciting place to be in terms of medical research.”

WHY PARTICIPATE?

“Participating in a medical trial makes you an expert,” said Professor Gurney. “You get access to the latest treatments eight years before others in your field. You become an expert, and you become a key opinion leader. It’s a fantastic chance to learn, to lead and to serve your patients better.”

While a clinical trial does bring additional work, the long-term benefits to your knowledge base and expertise, and ultimately to your patients, probably outweigh the time investment up front.

MQ Clinical Trials Unit also takes much of the administrative burden from doctors in handling some of the application, compliance and data handling work.

ADDRESSING PATIENT CONCERNS

Patients and doctors can shy away from participating in clinical trials, but they should think again, says Professor Howard Gurney of Macquarie University Hospital.

“There is a perception amongst patients that clinical trials are ‘experimental’ – in the sense that they carry risk because they are ‘unproved’,” said Professor Gurney.

“However, the opposite is true. Participating in a clinical trial will bring you the best standard of care. Patients who participate in clinical trials undergo additional testing and monitoring, which can have positive outcomes on their long-term health.

“More importantly, patients get the latest and the best treatment – and they get it now, years ahead of the therapy coming onto the market.”

In the long and convoluted process from testing a biological hypothesis in a laboratory, to getting a drug to market, clinical trials are the final hurdle. This means that they have undergone significant testing, and their probability of success is almost certainly guaranteed.

MAKING US A BETTER HOSPITAL

Macquarie University Hospital is a growing teaching hospital – the first of its kind in the private hospital sector in Australia. As a teaching hospital, we are required to have a clinical trials unit.

“Having a trial unit raises the expertise of the entire hospital,” said Professor Gurney.

“A strong trial unit at a hospital attracts the best staff, engages more doctors in keeping abreast of the latest medical advances, and is able to offer its patients the latest and best standard of care.”

CLINICAL TRIALS AND THEIR BENEFIT TO AUSTRALIA

Clinical trials improve the health of the population, enable provision of innovative treatments and are a valuable export income for the country. An Australian Trade Commission report from 2015 estimated that clinical trials generated more than one billion dollars in income annually for Australia with the world’s top 10 pharmaceutical companies alone investing around $200 million each year in clinical trials.


See Appendix 1 for a summary of clinical trials in Australia.)
TLC FOR HOSPITAL’S ART COLLECTION

The Hospital’s art collection is about to get some special attention as curators from Macquarie University Art Gallery refresh its presentation for patients and visitors.

The Hospital has a diverse art collection, with more than forty works across a broad range of periods and styles. The collection is interesting, eclectic and loved by patients, visitors and staff. “It’s a wonderful collection, varied and of relevance to the Hospital’s location,” said Dr Rhonda Davis, curator at the Macquarie University Art Gallery.

“For example, there are paintings by David Lever, which are extremely popular and provide a narrative about the life and times of Arthur Street, one of Sydney’s original graffiti artists active between 1939 and 1967,” Dr Davis. “There are atmospheric and evocative landscape photographs by British artist Jeremy Welsh depicting the Lizard Islands, and photographs by Effy Alexakis documenting her connections with the Parramatta River.

“Different forms of contemporary abstraction include works by Craig Waddell and Peter Griffen. Waddell is well known; his painting represents a local scene in the Dural region, with his vigorous use of paint and application retaining a raw and emotive energy. Aboriginal art includes spectacularly vivid works by Kudditji Kngwarreye of the Dieri, with his colours and application evoking ‘connects image with object. From their diverse collections, the Hospital is also a part of the cultural landscape of Macquarie University and its refreshed art collection will elicit new interpretations and stories from our viewers, an exciting venture to look forward to over the coming months.

All campus arts and cultural venues and activities are open to everyone, including Hospital staff, patients and families, and the general public.

“With their breadth of experience and relationships, elderly participants in the program bring a rich understanding to a work,” commented Dr Davis. “Being able to respond and discuss this gives them a sense of agency.

“Art opens up different emotions. On an individual basis, the arts have the ability to give us clues to everyday life, and can be a significant process in making meaning of the everyday.” Working in collaboration with Jane Thogersen from the Australian History Museum, also located on campus, the team has further developed the program by integrating art with related objects from the Museum. This has formed a unique arts engagement program for people living with dementia that connects image with object. From all accounts so far, there appear to be key indicators for prompting memory and associated stories. Currently, there are also early discussions around a staff wellness program that would include workshops and coffee mornings.
What is the study about?
You are invited to participate in a study that looks at people’s experiences of hearing loss, and healthcare professionals’ consultation approaches for people with hearing loss. This study aims to provide results that will enhance patients’ quality of life and improve services for patients with a hearing loss.

To participate in this study, you must consult, as a healthcare professional, with people with marked (severe-to-profound) sensorineural hearing loss that occurred after 5 years of age.

What does the study involve?
If you decide to participate, you will be asked to:

1. Participate in a 1.5-hour focus group discussion that will be facilitated and observed, with notes and an audio-recording of the discussion. You will not be identified in any way, and none of the data used, as a result of the focus group, will include your name.

2. Complete a brief, 3-page questionnaire immediately before or after the focus group discussion, containing non-identifiable information about yourself, and your professional experiences.

3. Complete a brief survey, at a later date, about your professional experience of working with patients who may need cochlear implants.

Participants will be provided with a stipend for travel time and participation, as a gesture of appreciation for their time and involvement in the study.

Who is carrying out the study?
The study is being led by Professor Frances Rapport from Macquarie University (T: 02 9850 2320, E: frances.rapport@mq.edu.au). This study is supported by Cochlear Ltd.

Want to be involved?
Please contact Mia Bierbaum, the study researcher, (T: 02 9850 2445, E: mia.bierbaum@mq.edu.au) to express an interest in participating in the study, or for more information about the study.
MQ HEALTH CARDIOLOGY IS DELIGHTED TO PRESENT AN EDUCATIONAL EVENT FOR GENERAL PRACTITIONERS ON WEDNESDAY 11 OCTOBER 2017.

MQ HEALTH CARDIOLOGY

A MASTERS IN MAKING A DIFFERENCE

START A NEW CHAPTER IN YOUR CAREER IN HEALTH WITH MACQUARIE’S INNOVATIVE MASTER OF PUBLIC HEALTH.

Tailor the program to your strengths and employer needs through cross-faculty study. Make a difference in a variety of health leadership roles in diverse sectors by selecting one of three specialisations – professional practice, cross disciplinary studies and research.

- **Professional practice** – take advantage of immersive professional placements over one or two semesters.
- **Cross disciplinary studies** – specialise in key areas or take the opportunity to diversify your learning.
- **Research** – in collaboration with experienced research supervisors design a year-long research project, with the option to progress directly to PhD studies (with appropriate academic performance).

**Complete in one-year** depending on your professional experience and previous study. Fit the course into your busy life through online learning and face-to-face sessions delivered in blocks.

Gain a deep understanding of theoretical and practical strategies used to address environmental health issues, globalisation and population health, public health policy, and health leadership. Join us for an information evening for this exciting course on **Thursday 9 November 2017** at Macquarie University’s Art Gallery. Canapes and light refreshments will be provided.

Click here for more information

We would like to invite all GPs to join us at this informative event.

If you would to register please contact Danielle McCaffrey on 02 9812 2900 or danielle.mccaffrey@mqhealth.org.au

Registration commences with dinner at 6.00pm, followed by an interactive presentation with an expert panel – Cardiologists Dr Jason Kaplan, Associate Professor Hari Raju and Dr Martin Brown. The event will conclude at 9.00pm.

GETTING SOCIAL

**COMMON TWITTER TERMINOLOGY**

- **@mention** Tag another user in your Tweet by placing the @ symbol in front of username.
- **@reply** Reply publicly to a single user by starting your Tweet with @ username.
- **DM** Send a private message directly to a user on Twitter who is already following you.
- **Retweet (RT)** Share a Tweet from another user’s account.
- **Hashtag** Using the # symbol in front of any word or phrase tags your Tweets. When someone clicks that hashtag, they see your Tweet and all the other Tweets using the same term.

**GETTING STARTED AND HELPFUL GUIDELINES**

Fill in your profile and biography so people will know more about you. Start following people you know and who know you. As you start tweeting more regularly start following people you are interested in.

You can use a maximum of 140 characters in your Tweet. A good tool to shorten URL’s is Bitly. So if you would like to share a link simply copy it and visit the Bitly website to shorten the link.

- Be current and topical.
- When you reference another Twitter user, use his/her name with a @ sign before it so the person can see that you mentioned them. It also shows others who you are talking about.
- Respond to your Twitter followers if you have something valuable to add to the conversation.
- Update your status regularly.

**WHAT NOT TO DO ON TWITTER**

- Don’t share information that you might regret making public.
- Don’t thank people for following you.
- Avoid using punctuation in your username.
- Don’t send an update when a direct message is more appropriate in particular when the message is only relevant to that person.
- Retweet – this shows that you find the Tweet interesting and that you think your followers would be interested.

Click here to view our current specialist directory

Click here to watch our new campaign video

Click here to watch
Prostate cancer week  
SPECIALIST PRESENTATIONS | 20 - 24 NOVEMBER 2017

Program

**PROFESSOR DAVID GILLATT**  
Leading UK prostate cancer surgeon Professor Gillatt is both Professor of Urological Oncology and Robotic Surgery and Director of Medical Services at Macquarie University Hospital. Professor Gillatt is recognised as one of the world’s foremost robotic surgeons in the treatment of both prostate and bladder cancers, having performed more than 2000 major resections in his career. He also has expertise in the discovery and optimisation of biomarkers for early prostate cancer diagnosis and prognosis, and in the effect of ketamine abuse on bladder function.  

**Topic:** Urine related prostate cancer  

**DR CHI CAN HUYNH**  
Dr Chi Can Huyhn is a Urologist with an interest in erectile restorative surgery and robotic prostate surgery and was the first in Australia to perform a robotic assisted nephro-ureterectomy. He also holds teaching positions with the Rural Medical School of the Australian National University and the Faculty of Medicine and Health Sciences (MQ Health), Macquarie University.  

**Topic:** Erection dysfunction post radical prostatectomy and solutions  

**DR VINCENT TSE**  
Dr Vincent Tse obtained his FRACS in Urology in 2001, and afterwards completed a Fellowship in Urodynamics, Incontinence, Female Urology and Reconstructive Surgery at the University of California Davis Medical Center in Sacramento, USA in 2002-2003. His clinical and research interests include minimally invasive slings for female stress incontinence and post-prostatectomy incontinence, female pelvic floor reconstructive surgery, botulinum toxin for overactive bladder, and urethral strictures.  

**Topic:** Urinary incontinence and solutions past a radical prostatectomy  

**DR JUSTIN VASS**  
Dr Justin Vass obtained his FRACS in Urology in 2000. He was the first Urologist in Australia to obtain a Laparoscopic Fellowship. His interest is in minimally invasive surgery of the prostate and kidney and benign and cancerous conditions of the prostate and kidney. He is a member of the Australasian, American, British and European Urological Societies. He is a lecturer at both the University of Sydney and Macquarie University Faculty of Medicine and Health Sciences.  

**Topic:** Investigations related to prostate cancer  

**PROFESSOR HOWARD LAU**  
Professor Howard Lau has been a specialist in urology in Sydney for over 26 years. He is widely regarded as a key opinion leader for his expertise in minimally invasive urology having performed a number of Australian firsts in laparoscopic and robotic surgeries. He is a robotic proctor and regularly teaches and demonstrates robotic surgery to other surgeons. He specialises in kidney, adrenal and prostate diseases, offering services from diagnosis to treatments with experienced multi-disciplinary teams to provide the best care for his patients.  

**Topic:** Radical prostatectomy operations

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HEALTH TIPS

*Here are a few suggestions to help you be the best Mo Bro you can...*

**DON'T SMOKE**  
If you do smoke, take steps to stop.

**SLEEP WELL**  
The quality of your sleep can dictate how much you eat, how fast your metabolism runs, how well you can fight off infections and how well you can cope with stress.

**MANAGE YOUR STRESS**  
Stress, particularly long-term stress, can be a factor in the onset or worsening of IHL. Take some time out to reflect on what will make you feel better and do something you enjoy.

**STAY MENTALLY HEALTHY**  
Everyone deals with problems differently so if you’re not your usual self, be sure to reach out in a way that works for you. There is plenty of knowledge and tools out there to solve any problems that you may have. It’s important to remember that it’ll get better.

**DRINK ALCOHOL IN MODERATION**  
Alcohol can be part of a healthy, balanced diet, but only if consumed in moderation.

**KEEP SMILING**

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**DID YOU KNOW IN 2013 PROSTATE CANCER WAS THE MOST COMMONLY DIAGNOSED CANCER IN AUSTRALIA?**

The number of new cases of prostate cancer diagnosed increased from 5,646 in 1992 to 19,233 in 2013.

**Estimated number of cases of prostate cancer diagnosed in 2013:**

- **16,665** males  
  (2013 19,233 new cases diagnosed)

- **3,452** males  
  (Diagnosed in the 5 year period 2009-2013)

**Estimated % of all new male cancer cases diagnosed in 2013:**

- **23.1%**

**Estimated % of all new male cancer cases diagnosed in 2013:**

- **95%**

**Chances of surviving at least 5 years (2009-2012):**

- **94,114** males  
  (Diagnosed in the 5 year period 2009-2012)

**Estimated number of deaths from prostate cancer in 2013:**

- **1,024** males

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**MOVEMBER AT MUH**

Macquarie University Hospital proudly supports Men’s Health and Movember

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**Knowledge is power. Prevention is everything. Early detection is key.**
Grand Rounds
WEDNESDAY 18 OCTOBER
12:45 – 2:00PM

Location
Interactive Zone, Ground Floor,
Clinic Building (F10A)
12:45pm - 1:00pm
Sandwich lunch
1:00pm – 2:00pm
Clinical cases

On the day
Held at the end of each month
MQ Health Grand Rounds are
open to all clinical staff and
researchers.

Current and interesting medical
and surgical cases will be
presented with lively discussion.

Register your interest
For more information
contact Collette Tosen on
collette.tosen@mq.edu.au
by Tuesday 17 October 2017.

Pain in cancer survivors

Professor Paul Glare
Pain management
and supportive care

When proteins go bad -
why the devil is in the detail

Dr Robin Gasiorowski
Senior Lecturer,
Haematology