united by research
flinders health
research research week
4-8 September 2017
flindershealthresearch.com.au

Showcasing research occurring in the southern health region, enhancing collaborations between Flinders University, SALHN and Flinders Foundation, and promoting engagement with our broader community.
Welcome to the inaugural Flinders Health Research Week

It is hard to imagine a world without antibiotics, blood transfusions and ultrasound, yet all of these modalities have existed for less than a century. The last century has been a golden age as far as medical research discoveries are concerned. However, we still have major health issues as our population continues to age and while not being able to be cured their diseases can be controlled to some extent. Hence the need for yet more research.

This week will showcase the research that is being undertaken at Southern Adelaide Local Health Network (SALHN) and Flinders University SA (FUSA). It shows the rich and varied research that is being undertaken by staff at all levels from students to senior Academics. There is something in this program or everyone from Arts in Health to Molecular Biology, Genomics and 3D printing.

This week would not have been possible without the support of SALHN, FUSA and The Flinders Foundation.

My thanks also to the members of the steering committee for their support and the staff of the Office for Research.

Enjoy the week.

Professor Villis Marshall
Director
Office for Research (SALHN)
<table>
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<th>Session</th>
<th>Area/Presenter</th>
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<tr>
<td>Monday 4 September</td>
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<tr>
<td>9am – 9.05am</td>
<td>Uncle Lewis O’Brien</td>
<td>Welcome to Country</td>
<td>FCIC</td>
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<tr>
<td>9.05am – 10am</td>
<td>Hon Jack Snelling MP Minister For Health, Professor Colin Stirling (Vice Chancellor Flinders University), Amanda Shiel (CEO Flinders Foundation) &amp; Professor Michael O’keefe (CEO SALHN)</td>
<td>Official Opening</td>
<td>FCIC</td>
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<tr>
<td>10am – 11am</td>
<td>Prof Jeffery Braithwaite</td>
<td>High Performing Hospitals, Implementation Science &amp; Patient Safety; Cracking The Code of Complexity</td>
<td>FCIC</td>
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<tr>
<td>11am – 12mid</td>
<td>Flinders Foundation</td>
<td>Inspirational and Dynamic Researchers within Cancer</td>
<td>FCIC</td>
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<tr>
<td>12mid – 1pm</td>
<td>Dr Jane Thompson</td>
<td>Public Involvement in Research, in general, and, in particular, in the development of the new Australian Clinical Practice Guidelines and Principles of Care for People with Dementia</td>
<td>FCIC</td>
</tr>
<tr>
<td>1pm – 2pm</td>
<td>Christine Putland</td>
<td>Arts In Health - A guide to evidence presentation</td>
<td>FCIC</td>
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<tr>
<td>2pm – 5.15pm</td>
<td>Repat General Hospital</td>
<td>Understanding patient and carer needs in clinical encounters</td>
<td>RGH</td>
</tr>
<tr>
<td>2pm – 2.15pm</td>
<td>Kate Swetenham</td>
<td>End of Life Essentials: Improving care in the acute setting</td>
<td>RGH</td>
</tr>
<tr>
<td>2.15pm – 2.45pm</td>
<td>Deb Rawlings</td>
<td>Dying2learn: effectiveness of online death education</td>
<td>RGH</td>
</tr>
<tr>
<td>2.45pm – 3 pm</td>
<td>SAPS Research</td>
<td>Current projects and future ambitions</td>
<td>RGH</td>
</tr>
<tr>
<td>3pm – 3.15pm</td>
<td>Dr Linda Mccarthy</td>
<td>Assessment of yoga as an adjuvant treatment for combat-related posttraumatic stress disorder</td>
<td>RGH</td>
</tr>
<tr>
<td>3.15pm – 3.30pm</td>
<td>Sharma, Y, Thompson, C, Kaambwa, B.Shahtah, R, ET AL</td>
<td>Malnutrition in older patients discharged from acute care - does intervention really matters?</td>
<td>RGH</td>
</tr>
<tr>
<td>3.30pm – 3.45pm</td>
<td>Van Den Berg,M., Hassett, L., Weber, H, ET AL</td>
<td>Amount (activity and mobility using technology) rehabilitation trial: technologies used and participant perceptions in the inpatient setting</td>
<td>RGH</td>
</tr>
<tr>
<td>3.45pm – 4 pm</td>
<td>Baker, N, Marin, T, &amp; Gordon, S.</td>
<td>The Falls Prevention Trifecta: Functional Movement, Hearing and Balance Screening</td>
<td>RGH</td>
</tr>
<tr>
<td>4pm – 4.15pm</td>
<td>Laver, K,Cations, M.,Crotty, M, Low, L,Clementson, L, ET AL</td>
<td>Rehabilitation in dementia care: perspectives from people with dementia and health professionals to guide service design</td>
<td>RGH</td>
</tr>
<tr>
<td>4.15pm – 4.30pm</td>
<td>Levy, T.</td>
<td>The feasibility of using a computer tablet to monitor adherence to an upper limb home exercise program in stroke</td>
<td>RGH</td>
</tr>
<tr>
<td>4.30pm – 4.45pm</td>
<td>Crotty, M,Killington, M, Liu, E, Cameron, I, Kurrie, S,Billingsley, K, ET AL</td>
<td>Hip fracture rehabilitation for people living in nursing homes? Results of a RCT and a SA Citizens Jury’s opinion</td>
<td>RGH</td>
</tr>
<tr>
<td>4.45pm – 5 pm</td>
<td>Schar, M,Woods, C,Cock, C, ET AL</td>
<td>Uvulopalatopharyngoplasty and Coblation Channelling of the Tongue For Obstructive Sleep Apnoea Syndrome: Potential Impacts On Swallowing Function</td>
<td>RGH</td>
</tr>
<tr>
<td>5pm – 5.15pm</td>
<td>Pegoli, M.A,Dedigama, M, Mangoni, A.A,Russell, P.T, ET AL</td>
<td>Proton Pump Inhibitors and Risk of Readmission and Mortality in Older Patients Discharged from a Tertiary Hospital to Residential Aged Care Facilities</td>
<td>RGH</td>
</tr>
<tr>
<td>5pm – 5.30pm</td>
<td>Rheumatology</td>
<td>Suprascapular nerve block for shoulder pain in motor neuron disease</td>
<td>FCIC</td>
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<tr>
<td>5.15pm – 5.30pm</td>
<td>Wechalekar, M, Lester, S, Nagpal, S, Cole, S, Peters, J, ET AL</td>
<td>Seropositivity Predicts Bone Biomarker (BB) Change in an Inception Cohort of Rheumatoid Arthritis (RA) Patients Treated-to-Target with Combination Conventional DMARD Therapy</td>
<td>FCIC</td>
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<tr>
<td>6pm – 7.30pm</td>
<td>Mental Health</td>
<td>3 talks for 10 mins each (clinical overview of the conditions and treatment, one patient to give their story) with questions from the public</td>
<td>FCIC</td>
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<tr>
<td><strong>Tuesday 5 September</strong></td>
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<tr>
<td><strong>8.30am – 11.30am Cardiology</strong></td>
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<tr>
<td>8.30am – 8.50am</td>
<td>Prof Phil Aylward</td>
<td>Advances in Cardiology over 30 years</td>
<td>FCIC</td>
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<tr>
<td>8.50am – 9.10am</td>
<td>Assoc. Prof Carmine De Pasquale</td>
<td>Academic Health Centres, importance of Research for Patient Care</td>
<td>FCIC</td>
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<tr>
<td>9.10am – 10.10am</td>
<td>Prof Joseph Selvanayagam</td>
<td>CMR Guide</td>
<td>FCIC</td>
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<td>9.30am – 10.10am</td>
<td>Dr Carolyn Astley</td>
<td>Heart Foundation Cardiovascular Network in Adelaide</td>
<td>FCIC</td>
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<td>10.10am – 10.30am</td>
<td>Dr Anand Ganesan</td>
<td>Advances in consumer health trackers, implications for cardiovascular health</td>
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<td><strong>10am Morning Tea</strong></td>
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<td>10.45am – 11.00am</td>
<td>Loffler, K.A., Helley, E., Freed, R. ET AL</td>
<td>Effect of obstructive sleep apnea treatment on Renal Functions in patients with Cardiovascular Disease</td>
<td>FCIC</td>
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<tr>
<td>11am – 11.15am</td>
<td>Raman, K.</td>
<td>Cardiac Magnetic Resonance (CMR) Evaluation of LV Functional, Morphological and Structural Features in Children and Adolescents vs. Young Adults with Isolated Left Ventricular Non-Compliance (LVNC)</td>
<td>FCIC</td>
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<tr>
<td><strong>11.30am – 12.30pm Cancer</strong></td>
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<tr>
<td>11.30am – 11.45am</td>
<td>Dharmawardana, N.</td>
<td>Selected ion flow tube mass spectrometry for human breath analysis: A biomarker project for Head and Neck Squamous Cell Carcinoma</td>
<td>FCIC</td>
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<tr>
<td>11.45am – 12mid</td>
<td>Muller, K., Wang, J., Davies, J.</td>
<td>Prevention of Liver Fibrosis and Cancer Australia - Northern Territory: Investigating use of a urinary metabolite panel as a screening test for diagnosis of Hepatocellular Carcinoma</td>
<td>FCIC</td>
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<tr>
<td>12mid – 12.15pm</td>
<td>Saluja, H., Meng, R., Simpson, K. ET AL</td>
<td>Risk factors for developing neoplasia in a colonoscopy surveillance program</td>
<td>FCIC</td>
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<tr>
<td>12.15am – 12.30pm</td>
<td>Siddiquee, S., Fraser, R., Yeoh, E.,K.</td>
<td>Endorectal balloon versus hydrogel – a systematic review of dosimetry and clinical outcomes following radiotherapy for prostate carcinoma</td>
<td>FCIC</td>
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<tr>
<td>12.30pm – 12.45pm</td>
<td>Tan, W., Beatty, L., Koczwarla, B.</td>
<td>How do cancer patients use the term resilience?: A systematic review of qualitative studies</td>
<td>FCIC</td>
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<td>12.45pm – 1 pm</td>
<td>Xing, G., Prabhakaran, S., Pulford, E., Jonavicuis, L., Hussey, M., Klebe, S.</td>
<td>Differences in sensitivity of TTF-1 antibodies in diagnostic use and clinical implications</td>
<td>FCIC</td>
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<tr>
<td>1pm</td>
<td>A/Prof Chris Karapetis</td>
<td>Welcome to FCIC Presentation</td>
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<tr>
<td>1.05pm</td>
<td>Prof Ross McKinnon</td>
<td>Introduction to FCIC Presentation</td>
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<tr>
<td>1.10pm</td>
<td>A/Prof Michael Sorich</td>
<td>Overview of FRONTIERS study</td>
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<tr>
<td>1.20pm</td>
<td>Dr Ash Hopkins</td>
<td>Developing precision medicine techniques through the assessment of clinical trial data</td>
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<tr>
<td>1.30pm</td>
<td>A/Prof Briony Forbes</td>
<td>Insulin receptor signalling in cancer</td>
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<tr>
<td>1.40pm</td>
<td>Dr Sonja Klebe</td>
<td>Biomarker PDL1 landscape</td>
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<tr>
<td>1.50pm</td>
<td>Dr Myron Klevansky</td>
<td>PD-1 inhibitors in NSCLC: outcomes, morbidity and mortality</td>
<td>FCIC</td>
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<tr>
<td>1.55pm</td>
<td>Dr Myron Klevansky</td>
<td>South Australian colorectal database: a retrospective analysis of denovo metastatic disease resection or primary versus primary in situ</td>
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<tr>
<td>2pm</td>
<td>Dr Michael O’callaghan</td>
<td>Urologic Cancers across South Australia</td>
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<tr>
<td>2.10pm</td>
<td>Dr Sina Vatandoust</td>
<td>RENO studies</td>
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<tr>
<td>2.20pm</td>
<td>Dr Amitesh Roy</td>
<td>GI Clinical Trials</td>
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<tr>
<td>2.30pm</td>
<td>A/Prof Chris Karapetis</td>
<td>Circulating DNA in Colorectal Cancer</td>
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<tr>
<td><strong>2.40pm Afternoon Tea</strong></td>
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<td>3pm</td>
<td>A/Prof Bryone Kuss’</td>
<td>Research Group – Translational Research</td>
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<tr>
<td>3.15pm</td>
<td>Dr David Ross</td>
<td>Chronic Myeloid Leukaemia</td>
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<tr>
<td>3.30pm</td>
<td>Prof David Watson</td>
<td>Preventing oesophageal cancer</td>
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<tr>
<td>3.45pm</td>
<td>Dr Michael Michael</td>
<td>Epigenetic regulation of genes in colorectal cancer</td>
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<tr>
<td>4pm</td>
<td>Dr Tim Bright/Jeff Bull</td>
<td>ERAS After Oesophagectomy – the Flinders Medical Centre Experience</td>
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## Schedule

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<tr>
<td>4.15pm – 5 pm</td>
<td>Prof Grant Mcarthur - Executive Director, Victorian Comprehensive Cancer Centre</td>
<td>The Victorian Comprehensive Cancer Centre model for improving cancer control</td>
<td>FCIC</td>
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<tr>
<td>6pm – 7 pm</td>
<td>Prof Grant Mcarthur - Public Lecture</td>
<td>The big questions and challenges in cancer control</td>
<td>FCIC</td>
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<tr>
<td><strong>Wednesday 6 September</strong></td>
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<tr>
<td>9am–10.30am</td>
<td>Tonsley Tours</td>
<td>Tour of the The Medical Device Research Institute (MDRI) at Flinders University Tonsley Campus</td>
<td>Tonsley</td>
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<tr>
<td>8.30am – 10 am</td>
<td>Public Health</td>
<td>6 Oral Abstracts</td>
<td>FCIC</td>
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<tr>
<td>8.30am – 8.45am</td>
<td>Mill, D, Dawson, J, Johnson, J.I.</td>
<td>Managing acute pain in a patient who reports lactose intolerance: The tolerability of an old excipient reviewed</td>
<td>FCIC</td>
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<tr>
<td>8.45am – 9 am</td>
<td>Mill, D, Johnson, J, Cock, V ET AL</td>
<td>Counting the costs of over-the-counter codeine misuse: A retrospective review of hospital admissions</td>
<td>FCIC</td>
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<tr>
<td>9am – 9.15am</td>
<td>Jaensch, D, Baker, N, Gordon, Su.</td>
<td>Positive health experiences under Patient Centred Care Principles – a systematic review</td>
<td>FCIC</td>
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<tr>
<td>9.15am – 9.30am</td>
<td>Browne-Yung, K, Freeman, T, Baum, F, Mcevoy, D, Battersby, M.</td>
<td>Connecting public health and health care through a short social health screening tool that conveys awareness of individual social determinants of health in health care settings.</td>
<td>FCIC</td>
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<tr>
<td>9.30am – 9.45am</td>
<td>Huynh, K, Chew, D, Horsfall, M.</td>
<td>Frequent Presenters in Adelaide's Hospital Emergency Departments (ED) and the Demand for Acute Hospital Services – A Statewide Study 2007-2015</td>
<td>FCIC</td>
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<td>9.45am – 10 am</td>
<td>Raghavendra, P, Wood, D, Grace, E, Hutchinson, C, Newman, L.</td>
<td>Impact of social media use training on the social networks of youth with disabilities living in rural South Australia</td>
<td>FCIC</td>
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<tr>
<td>10am – 10.30am</td>
<td>Office For Research - Simon Windsor Research Governance Officer Salih</td>
<td>Research in a Clinical &amp; Academic Setting</td>
<td>FCIC</td>
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<tr>
<td>11am – 12mid</td>
<td>Womens Health</td>
<td>A New Model to study female pelvic pain disorders</td>
<td>FCIC</td>
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<tr>
<td>11am – 11.15am</td>
<td>Barry, C.</td>
<td>Can psychosocial screening in pregnancy enhance service engagement with vulnerable families, and improve outcomes for babies? Results from a small cohort of babies born at Flinders Medical Centre</td>
<td>FCIC</td>
</tr>
<tr>
<td>11.15am – 11.30am</td>
<td>Guiver, N, Beall, J, Steeb, A.</td>
<td>Does Bilateral Breast Reduction Surgery Improve the Health Burden of Macromastia?</td>
<td>FCIC</td>
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<tr>
<td>11.30am – 11.45am</td>
<td>Crittenden, T, Dean, N, Griffin, P ET AL</td>
<td>Multidisciplinary Management of Invasive Placentation: A 10-year retrospective review</td>
<td>FCIC</td>
</tr>
<tr>
<td>12.30pm – 2 pm</td>
<td>Orthopaedic</td>
<td>8 Oral Abstracts</td>
<td>FUSA FMC L5-Lecture 4</td>
</tr>
<tr>
<td>2pm – 2.10pm</td>
<td>O'Callaghan, M.E., Raymond, E., Campbell, J, Vincent, A.d ET AL</td>
<td>Tools for predicting patient reported outcomes in prostate cancer patients undergoing radical prostatectomy: a systematic review of prognostic accuracy and validity</td>
<td>FCIC</td>
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<tr>
<td>2.10pm – 2.20pm</td>
<td>Senthil, M, Khadka, J, Pesudovs, K.</td>
<td>Title: Psychometric assessment of the hereditary retinal diseases item banks</td>
<td>FCIC</td>
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<tr>
<td>2.20pm – 2.30pm</td>
<td>Wilson, C, Saluja, H, Wong, G, Krishnan, J</td>
<td>Design &amp; Construction of a formal Local Revision Kne Arthroplasty Registry</td>
<td>FCIC</td>
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<tr>
<td>2.30pm – 2.40pm</td>
<td>Wong, G, Saluja, H, Krishnan, J, Wilson, C.</td>
<td>Design of and Early Results of a local revision hip arthroplasty registry</td>
<td>FCIC</td>
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<tr>
<td>2.40pm – 3 pm</td>
<td>Professor Jamie Craig</td>
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<td>FCIC</td>
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<tr>
<td>3pm – 4pm</td>
<td>Early Career Research</td>
<td>What pathways exist for Early Career Research? Or how do I do clinical work as well as research, and WHY would I want to?</td>
<td>FCIC</td>
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<td>2pm – 4pm</td>
<td>Orthopaedic</td>
<td>8 Oral Abstracts</td>
<td>FUSA FMC L5-Lecture 4</td>
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<tr>
<td>2pm – 2.15pm</td>
<td>Clarinette, J, Cain, M, Doornberg, J, Maclean, S, Ring, D, Bain, G.</td>
<td>Coronal Shear Fractures and Lateral Condyle Fractures of the Distal Humerus: Mapping of Fracture Patters using 3D CT scans</td>
<td>FUSA FMC L5-Lecture 4</td>
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<tr>
<td>2.15pm – 2.30pm</td>
<td>Critchley, O, Maclean, S, Hasan, A, Woodman, R, Bain, G.</td>
<td>Predictors of Articular Surface Involvement in Complex Proximal Humeral Fractures</td>
<td>FUSA FMC L5-Lecture 4</td>
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<tr>
<td>2.30pm – 2.45pm</td>
<td>Ford, J.</td>
<td>Clinical Diagnosis of Instability in TKA: Design and evaluation of a new diagnostic algorithm for the diagnosis of the unstable total knee arthroplasty</td>
<td>FUSA FMC L5-Lecture 4</td>
</tr>
<tr>
<td>2.45pm – 3pm</td>
<td>George, D.m., Inglis, M, Campbell, D, Wilson, C.</td>
<td>3d printed acetabular components for complex revision arthroplasty. a case series</td>
<td>FUSA FMC L5-Lecture 4</td>
</tr>
<tr>
<td>3pm – 3.15pm</td>
<td>John, M. &amp; Sierakowski, K.</td>
<td>A study to evaluate the use of patient reported outcome measures in hand clinics</td>
<td>FUSA FMC L5-Lecture 4</td>
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<tr>
<td>3.15pm – 3.30pm</td>
<td>Roy, A., Inglis, M, Wilson, C. ET AL</td>
<td>Short-term follow up of the PROSTALAC Implant in primary Total Hip Arthroplasty for patients with an infected native hip</td>
<td>FUSA FMC L5-Lecture 4</td>
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<tr>
<td>3.30pm – 3.45pm</td>
<td>Sires, J.</td>
<td>Early Results of the Attune Total Knee Replacement</td>
<td>FUSA FMC L5-Lecture 4</td>
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<tr>
<td>3.45pm – 4pm</td>
<td>Wilson, C, Koerber, J, Watts, A, Quinn, S, Krishnan, J</td>
<td>A double blinded, randomized, controlled proof of concept study to compare post-operative analgesic and mobilization outcomes of local infiltration analgesia, single shot femoral nerve block and intrathecal morphine in primary total knee Arthroplasty</td>
<td>FUSA FMC L5-Lecture 4</td>
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<tr>
<td>4pm – 5pm</td>
<td>Associate Professor Stuart Brierley - Matthew Flinders Fellow In Gastrointestinal Neuroscience</td>
<td>Getting to the bottom of chronic gut pain</td>
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<td>4pm – 5pm</td>
<td>Derek Chew</td>
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<td>FUSA FMC L5-Lecture 4</td>
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<tr>
<td><strong>5pm – 8pm</strong></td>
<td><strong>Arts In Health</strong></td>
<td><strong>Synergy = art + science + research (panel)</strong></td>
<td>FUSA - Allere</td>
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<td></td>
<td>Dr Christine Putland</td>
<td>Panel Chair Arts and Health Research Consultant and Adjunct to Southgate Institute</td>
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<td>Dr Michael Michael</td>
<td>Head Epigenetic Flinders Medical Centre/ Flinders University</td>
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<td></td>
<td>John Blines</td>
<td>Resident Artist (2015 – current) Flinders Centre for Innovation in Cancer Flinders Medical Centre</td>
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<td>Dr Sarah Cohen-Woods</td>
<td>Matthew Flinders Fellow, School of Psychology, Flinders University</td>
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<td>Emeritus Prof Ian Gibbins, Flinders University</td>
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<td></td>
<td>Catherine Truman</td>
<td>Resident Artist, (currently) Department Ophthalmology and (previously) Department of Anatomy Flinders</td>
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<td></td>
<td>Dr Richard Mills</td>
<td>Head of Ophthalmology, Flinders Medical Centre/Flinders University</td>
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<tr>
<td><strong>Thursday 7 September</strong></td>
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<tr>
<td><strong>8.30am – 12mid</strong></td>
<td><strong>Mental Health</strong></td>
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<tr>
<td>8.30am – 8.35am</td>
<td>Malcolm Battersby</td>
<td>Welcome/Introduction</td>
<td>FUSA FMC L5-Lecture 4</td>
</tr>
<tr>
<td>8.35am – 9.05am</td>
<td>Michael Baigent</td>
<td>Improving Access to Psychological Therapies (IAPT) and NewAccess the beyondblue program for anxiety and depression in the community and FMC Emergency Department</td>
<td>FUSA FMC L5-Lecture 4</td>
</tr>
<tr>
<td>9:05am – 10.05am</td>
<td>Professor Tracey Wade</td>
<td>Eating Disorders</td>
<td>FUSA FMC L5-Lecture 4</td>
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<tr>
<td>9.35am – 10.05am</td>
<td>Morning Tea</td>
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<td>FUSA FMC L5-Lecture 4</td>
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<tr>
<td>10:05am – 10.35am</td>
<td>Dr Alissa Knight</td>
<td>From the asylum to a virtual community based care for chronic and severe mental illnesses: Deriving indicators from digital footprints to facilitate just in-time adaptive care</td>
<td>FUSA FMC L5-Lecture 4</td>
</tr>
<tr>
<td>10.35am – 12mid</td>
<td>Abstract/Poster Presentations</td>
<td>@ 10 mins each (5 mins presentation, 5 min question time)</td>
<td>FUSA FMC L5-Lecture 4</td>
</tr>
<tr>
<td>10.35am – 10.45am</td>
<td>Birch, F. &amp; Hill, J.</td>
<td>Taking up the Challenge: Improving the management of challenging behaviours in patients with a Traumatic Brain Injury in the acute setting</td>
<td>FUSA FMC L5-Lecture 4</td>
</tr>
<tr>
<td>10.45am – 10.55</td>
<td>Gerace, A., Hu, F., O’kane, D., &amp; Muir-Cochrane, E.</td>
<td>Examination of the use of chemical restraint on acute psychiatric inpatient units in South Australia</td>
<td>FUSA FMC L5-Lecture 4</td>
</tr>
<tr>
<td>10.55–11.05</td>
<td>Matti, A.</td>
<td>Using the Maastricht approach to improve outcomes for patients experiencing auditory verbal hallucinations: Four case reports</td>
<td>FUSA FMC L5-Lecture 4</td>
</tr>
<tr>
<td>11.05am – 11.15</td>
<td>Snaith, N. (Nee Butterfield)</td>
<td>Yoga for stress, anxiety and depression: developing an appropriate intervention for mental health consumers</td>
<td>FUSA FMC L5-Lecture 4</td>
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<tr>
<td><strong>Thursday 7 September</strong></td>
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<tr>
<td>11.15am – 11.25</td>
<td>Walsh, T.</td>
<td>Chronic Foot Pain, Psychological Health and Obesity in Middle-Aged Women</td>
<td>FUSA FMC L5-Lecture 4</td>
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<tr>
<td>8.30am – 10am</td>
<td>Infectious Diseases</td>
<td>Leukocyte activity in models of acute and chronic lung injury</td>
<td>FCIC</td>
</tr>
<tr>
<td>8.45am – 9 am</td>
<td>Adamson, Pj, Al Kindi, M.a., Wang, J.J. ET AL.</td>
<td>Proteomic Analysis of Influenza Haemagglutinin-Specific Antibodies Following Vaccination Reveals Convergent Immunoglobulin Variable Region Signatures</td>
<td>FCIC</td>
</tr>
<tr>
<td>9am – 9.15am</td>
<td>Sy, S. And Mackay, M.</td>
<td>Factors that Influence Hospital Inpatient Length of Stay of Patients with Respiratory Infections and Inflammations</td>
<td>FCIC</td>
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<tr>
<td>10.30am – 12mid</td>
<td>Gastroenterology</td>
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<tr>
<td>10.30am – 10.45am</td>
<td>Cock, C., Burgstad, C., Thompson, A. ET AL.</td>
<td>Clinical Utility of Upright Viscous and Solid Bolus Swallows During High-Resolution Impedance Manometry</td>
<td>FUSA FMC L5-Lecture 1</td>
</tr>
<tr>
<td>10.45am – 11am</td>
<td>Hussey, D., Chiam K, Wang T, Watson Dl, Mayne GC, Irvine Ts, Bright T, Smith L, White Ia, Bowen Jm, Keefe D, Thompson SK, Jones ME</td>
<td>Circulating Serum Exosomal miRNAs As Potential Biomarkers for Esophageal Adenocarcinoma</td>
<td>FUSA FMC L5-Lecture 1</td>
</tr>
<tr>
<td>11am – 11.15am</td>
<td>Mohd Rosli, R, Kumar, R, Wiklendt, L. ET AL.</td>
<td>Abnormal Distal Colonic Motor Patterns In Response To Meal In Patients With Diarrhoea Predominant Irritable Bowel Syndrome</td>
<td>FUSA FMC L5-Lecture 1</td>
</tr>
<tr>
<td>11.15am – 11.30am</td>
<td>Mohd Rosli, Liebbrandt, E., Lukasz, W. ET AL.</td>
<td>High-resolution colonic impedance manometry: can we track gas movements in the human colon?</td>
<td>FUSA FMC L5-Lecture 1</td>
</tr>
<tr>
<td>11.30am – 11.45am</td>
<td>Doeltgen, S., Rigney, L., Cock, C., Omari, T.</td>
<td>Effects of anodal transcranial direct current stimulation on swallowing characterised by corticobulbar excitability and high-resolution pharyngeal manometry</td>
<td>FUSA FMC L5-Lecture 1</td>
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<tr>
<td><strong>10am – 12mid</strong></td>
<td>Prideaux Research Centre</td>
<td>Successful Research Collaborations: From Establishment to Fruition</td>
<td>FCIC</td>
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<td>Aspects of research collaborations including:</td>
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<td>Initiating a research collaboration</td>
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<td>Research collaboration ‘etiquette’</td>
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<td>Advice for collaborators</td>
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<td>Panellists</td>
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<tr>
<td>Dr Julie Ash</td>
<td></td>
<td>RHD Pathways Coordinator, Prideaux Centre for Research in Health Professions Education</td>
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<tr>
<td>Assoc Prof Helen Askill-Williams - Associate Dean (Research), School of Education</td>
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<tr>
<td>Dr Lisa Schmidt</td>
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<td>Dean (Education), College of Medicine and Public Health</td>
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<tr>
<td>Professor Lambert Schuwirth</td>
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<td>Director, Prideaux Centre for Research in Health Professions Education</td>
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<tr>
<td>Panel Chair - Dr Koshila Kumar</td>
<td></td>
<td>Academic Coordinator, Clinical Education Programs, Prideaux Centre for Research in Health Professions Education</td>
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<tr>
<td><strong>12mid–1.30pm</strong></td>
<td>Chalmers Oration</td>
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<td></td>
<td>Professor Anne Kelso AO</td>
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<td>FUSA (HSLTC 1.01)</td>
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<tr>
<td><strong>1–30pm – 2 pm</strong></td>
<td>Afternoon Tea And Launch: Flinders University College Of Medicine And Public Health</td>
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<td>FUSA (HSLTC 3.06-3.09)</td>
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<td><strong>2pm – 6.30pm</strong></td>
<td>Centre For Neuroscience 40Th Anniversary Event</td>
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<td>FUSA (HSLTC 1.01)</td>
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<td></td>
<td>Rainer Haberberger</td>
<td>Official Welcome</td>
<td>FUSA (HSLTC 1.01)</td>
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<td></td>
<td>John Willoughby &amp; David Wattchow</td>
<td>From Bench to Bedside. Researchers and Clinicians explain the process/translation of research to clinical practice</td>
<td>FUSA (HSLTC 1.01)</td>
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<td>Marcello Costa (Moderator), Ian Chubb, John Chalmers, Laurie Geffen &amp; Janet Keast</td>
<td>Panel Discussion - Neuroscience research and its impact on society from its foundation to future developments</td>
<td>FUSA (HSLTC 1.01)</td>
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<tr>
<td><strong>3.30pm</strong></td>
<td>Break</td>
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<tr>
<td><strong>3.40pm – 4.05pm</strong></td>
<td>Nick Spencer – Pain</td>
<td>Showcase of some of the latest research being conducted in the CNS</td>
<td>FUSA (HSLTC 1.01)</td>
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<tr>
<td>Thursday 7 September</td>
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<tr>
<td>4.05pm – 5.30pm</td>
<td>Karin Nordstrom</td>
<td>Insect Vision</td>
<td>FUSA (HSLTC 1.01)</td>
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<tr>
<td>4.30pm – 4.55pm</td>
<td>Mary-Louise Rogers</td>
<td>Mnd</td>
<td>FUSA (HSLTC 1.01)</td>
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<tr>
<td>4.55pm</td>
<td>Presented By Ian Gibbins</td>
<td>Special presentation, CNS Life Membership Award</td>
<td>FUSA (HSLTC 1.01)</td>
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<td>5.05pm</td>
<td>Drinks And Nibbles</td>
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<td>FUSA (HSLTC 3.06-3.09)</td>
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<tr>
<td>6pm</td>
<td>Performance By Ian Gibbins and Marcello Costa</td>
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<td>FUSA (HSLTC 3.06-3.09)</td>
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<td>6.30pm</td>
<td>Concluding Remarks</td>
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<td>FUSA (HSLTC 3.06-3.09)</td>
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<td>Friday 8 September</td>
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<tr>
<td>8.30am – 10am</td>
<td>Surgery &amp; Perioperative Medicine</td>
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<td>FCIC</td>
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<tr>
<td>8.30am – 8.35am</td>
<td>Prof Rob Padbury</td>
<td>Introduction</td>
<td>FCIC</td>
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<tr>
<td>8.35am – 8.47am</td>
<td>Dr Theo Athanasiadis</td>
<td>ENT ambulatory care in Outpatients</td>
<td>FCIC</td>
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<tr>
<td>8.47am – 9am</td>
<td>Dr Mark Inglis</td>
<td>Mentor programs reduce learning curves in arthroplasty</td>
<td>FCIC</td>
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<tr>
<td>9am – 9.12am</td>
<td>Dr Tim Bright</td>
<td>Early mobilisation and enhanced recovery after oesophagectomy</td>
<td>FCIC</td>
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<tr>
<td>9.12am – 9.24am</td>
<td>Prof Rob Baker</td>
<td>The Association Between Intraoperative Glycaemic Change and Mortality is Modulated by Pre-Existing Hyperglycaemia in Cardiac Surgery: A Cardiac Surgery Registry Analysis</td>
<td>FCIC</td>
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<tr>
<td>9.24am – 9.36am</td>
<td>Ms Bronwyn Pesudovs</td>
<td>The Lighthouse Hospital Project – Phase 3, Flinders Medical Centre Cardiac and Thoracic Surgical Unit</td>
<td>FCIC</td>
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<tr>
<td>9.36am – 9.48am</td>
<td>Dr Hidde Kroon</td>
<td>Early CT scan to facilitate outpatient management of diverticulitis</td>
<td>FCIC</td>
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<tr>
<td>9.48am – 10am</td>
<td>Dr Chris Tsimiklis</td>
<td>Alternative management of normal pressure hydrocephalus</td>
<td>FCIC</td>
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<tr>
<td>10am – 11am</td>
<td>Tamara Mackean</td>
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<td>Southgate Institute</td>
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<tr>
<td>11am – 12mid</td>
<td>Nicole Snaith – Clinical Nurse, Trevor Parry Centre</td>
<td>Yoga &amp; Depression</td>
<td>NH Cafeteria</td>
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<tr>
<td>11am – 12mid</td>
<td>Clinical &amp; Ophthalmology</td>
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<td>FCIC</td>
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<tr>
<td>11am – 11.15am</td>
<td>Giles, T.</td>
<td>Family Presence during Cardiopulmonary Resuscitation: who decides and how?</td>
<td>FCIC</td>
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<tr>
<td>11.15am – 11.30am</td>
<td>Bell, E.</td>
<td>Inter-professional learning in the acute health care setting spontaneity and impression management</td>
<td>FCIC</td>
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<tr>
<td>11.30am – 11.45am</td>
<td>Kandel, H., Khadka, J., Pesudovs, K.</td>
<td>Comparison of refractive error-specific quality of life issues between developed and developing country settings</td>
<td>FCIC</td>
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<tr>
<td>12pm – 2pm</td>
<td>RGH - Grand Round</td>
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<td>RGH - Grand Round</td>
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<tr>
<td>2pm – 2.30pm</td>
<td>Aisha Sirop</td>
<td>Medical Device Partnering Program</td>
<td>FCIC</td>
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<td>2.30pm – 3pm</td>
<td>Olivia Lockwood</td>
<td>Bio Medical</td>
<td>FCIC</td>
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<tr>
<td>3pm – 3.30pm</td>
<td>Dr Judy Halliday</td>
<td>Techinsa</td>
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<tr>
<td>3.30pm – 4pm</td>
<td>Dr Melissa Mcburnie</td>
<td>Brandon Capital Partners</td>
<td>FCIC</td>
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<td>4pm – 5pm</td>
<td>Closing</td>
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Program Highlights

**MONDAY 4 SEPTEMBER**

**Official Opening**
Monday 9am FCIC

Featuring Hon Jack Snelling Minister for Health, Hon Jack Snelling MP Minister for Health, Professor Colin Stirling (Vice Chancellor Flinders University), Amanda Shell (Chief Executive Officer Flinders Foundation) & Professor Michael O’Keefe (CEO SALHN)

**Professor Jeffery Braithwaite**
Monday 10am FCIC


**Flinders Foundation**
Monday 11am – 12midday FCIC

Welcome to the ‘Flinders Foundation Shark Tank’. In the theme of the TV show, this session brings together a group of young, inspirational and dynamic researchers who are leading the way within the Flinders Centre for Innovation in Cancer.

Hear about the passion, diversity and excellence of our researchers and, at sessions end, the audience will vote for the first Flinders Foundation Inspirational and Dynamic Research Award.

Flinders Foundation is the official charity of Flinders Medical Centre and is committed to changing lives by inspiring medical discoveries and advancing global health. With generous support from the community we invest in research champions taking on the biggest challenges to find earlier interventions, preventions and cures for a range of diseases.

**Individual Session**
12midday – 1pm FCIC

**Dr Jane Thompson**

Public Involvement in Research, in general, and, in particular, in the development of the new Australian Clinical Practice Guidelines and Principles of Care for People with Dementia.

As a result of her experience of caring for her husband with Alzheimer’s disease, Jane Thompson has become an advocate for public involvement in dementia research. The practice of patients, members of the public and researchers working together to prioritise, plan, conduct and disseminate research has the potential to benefit research and ensures that research funds are appropriately prioritised. She will discuss her involvement in the project to develop the new Australian clinical practice guidelines for dementia.

**Repat General Hospital**
Monday 2pm – 5.15 pm

SPF Hall Repatriation General Hospital, Daw Road Daw Park

This session provides the opportunity to hear about some of the research being undertaken by RGH researchers. The Repat has a strong research culture reflecting the health care services provided for older people and veterans. The program focuses particularly on the areas of aged care, rehabilitation, palliative care and PTSD.

**Depression – what is it and how do we treat it?**
Monday evening 6pm – 7.30pm FCIC

Three psychiatrists will provide 10 minute presentations on – What is depression (Prof Michael Baigent), Psychological treatments for depression (Prof Malcolm Battersby), Medical treatments for depression (Dr Titus Mohan). This will be followed by a 30 minute question and answer session from the public.

**TUESDAY 5 SEPTEMBER**

**Cardiology**
Tuesday 8.30am – 11.30am FCIC

This session will demonstrate the importance of Clinical Trials in providing evidence for the treatments of common cardiac conditions, including Acute Coronary Syndromes, Heart Failure and Arrhythmias.

It will also highlight the importance of participating in Research in the development of a high quality Clinical Unit. Some early basic research will also be shown.

**Cancer**
Tuesday 1pm – 5pm FCIC

**Fcic Clinical Research Afternoon**

The Flinders Centre for Innovation in Cancer (FCIC) Clinical Research Afternoon presents a great opportunity for all to learn about the exciting research being conducted at the FCIC into cancer and cancer treatment.

The aim of the meeting is to improve awareness of cancer research at the FCIC and to facilitate collaboration and cross fertilisation of ideas.

Highlights include the development of precision medicine to personalise therapy and improve patient outcomes, new methods of detection of cancer in the blood, a potential strategy to treat rectal cancer without surgery and exploring ways to prevent oesophageal cancer.

The keynote speaker is Professor Grant McArthur from the Victorian Comprehensive Cancer Centre (VCCC). He will outline the VCCC model for improving cancer control.

**Cancer Public Lecture**
6pm – 7pm FCIC

**Professor Grant McArthur**

Executive Director, Victorian Comprehensive Cancer Centre; Lorenzo Galli Chair of Melanoma and Skin Cancers, University of Melbourne, Victoria

The BIG questions and challenges in cancer control

Australia has amongst the best cancer outcomes in the world. Nonetheless, 1 in 3 patients with a cancer diagnosis will sadly pass on from the disease, so there is much work to be done.

Individual challenges and research opportunities in prevention, early detection, treatment and health systems research will be discussed as we strive for even better outcomes for cancer patients.

**WEDNESDAY 6 SEPTEMBER**

**Tonsley Tour**
Wednesday 9am – 10.30am Tonsley

The Medical Device Research Institute (MDRI) at Flinders University is a multi-disciplinary Institute with the expertise and capabilities to deliver innovative solutions to the medical and allied health sectors. The MDRI is head-quartered within Flinders University’s state-of-the-art $120 million building at the new Tonsley precinct.

This tour will provide an opportunity to visit the award-winning location at Tonsley, to view some of the research, facilities and capabilities within the MDRI and meet some of the academics driving the research.

Tour highlights include:

- Biomechanics and Implants Testing Laboratory – featuring the Six Degree of Freedom Hexapod Robot, developed to enhance understanding of performance of normal and diseased joints by simulating complex joint motion
- Medical Device Research Development Laboratory – specialising in the development of general medical devices and assistive technologies. Tour will include introduction to products such as Orby – a novel controller to assist people with limited hand function and Re-Timer glasses (glasses to help people re-time their body clocks and improve sleep)
- Rehabilitation and Motion Analysis Laboratory – research, clinical and teaching facility for 3-dimensional movement analysis and motion capture
achieved through a series of surgical procedures often concluded with nipple-areolar reconstruction (NAR) tattoo. The purpose of the tattoo is to increase the patient’s satisfaction with the appearance of the breast, however, no published studies quantitatively compare pre vs post tattoo patient satisfaction.

**Early Career Research**
Wednesday 3pm – 4pm FCIC

**What pathways exist for Early Career Research? Or how do I do clinical work as well as research, and WHY would I want to?**

How does one enter the clinician/researcher space? In this panel discussion panel members from diverse clinical areas, Dr Steven Due, Advanced Surgical Trainee; Dr Ching Li Chai-Coetzer, Sleep & Respiratory Physician; Dr Craig Wallington-Beddoe, Consultant Haematologist and Director of Clinical Trials and; Dr Shailesh Bihari, Consultant, Intensive & Critical Care Unit will provide insight into the joys, pitfalls and adventures involved in becoming a clinician/researcher. After a brief overview from each panel member of their journey, the floor will be open for questions.

**Getting to the bottom of chronic gut pain.**
Wednesday 4pm-5pm FCIC

**Associate Professor Stuart Brierley**
*Matthew Flinders Fellow in Gastrointestinal Neuroscience*

Chronic pain from the gut affects greater than >15% of the world’s population. This includes patients with Irritable Bowel Syndrome (IBS) and Inflammatory Bowel Disease (IBD). Chronic gut pain is debilitating, but treatments are lacking, particularly as long-term use of opioid ‘painkillers’ actually makes the pain worse over time. Opioids also have serious and potentially deadly side-effects including addiction, tolerance and overdose. Therefore, novel ‘painkillers’ that specifically target the underlying cause of chronic gut pain are urgently needed. This talk will highlight our recent findings which have resulted in a global paradigm shift in the treatment of chronic gut pain, and will therefore allow a targeted approach at pain treatment.

**Synergy = art + science + research**
Wednesday 5pm – 8pm FUSA Alere Function Centre

A panel exploring the synergistic relationship between artists working in residence in health and science research environments at Flinders Medical Centre and Flinders University. Hear firsthand from a lively and impressive panel of artists, scientists and health researchers.

**Office for Research**
10am – 10.30am FCIC

**Simon Windsor**
Research Governance Officer, Office for Research

**Research in a Clinical and Academic Setting**
The Office for Research for the Southern Adelaide Local Health Network (SALHN) is responsible for the governance of research activities carried out across the southern area. Research governance refers to the processes used by institutions to ensure that they are accountable for the research conducted under their auspices. With this presentation Simon will discuss guidelines the office uses to support research and new initiatives that aim to streamline study start up in Australia.

**Nursing**
Wednesday 12.30pm – 2pm FCIC

**Frank Donelly**
Research abstract 1

IPL and industry – role of interprofessional learning (IPL) or interprofessional practice (IPP) has been identified by the WHO as a critical stage in addressing the future needs of health.

**Research abstract 2**
Led by the allergy service within SALHN, research is underway to identify more clearly what services and needs are required for adolescents who have a life threatening allergy and who transition to adult care services.

**Tamsin Symoinds**
State and national policy documents prioritise Dementia (and Delirium) Care Competent Hospitals’ yet clinicians’ often struggle to care for and communicate with people with cognitive impairment whose behaviours they often find difficult. This can have significant implications for patient safety for the significant number of people with cognitive impairment in hospital.

**Tracey Giles**
Thousands of people suffer cardiac arrest in hospital each year and around 90% of these people die, frequently separated from their loved ones. Family presence during resuscitation (FPDR) was introduced in the 1980s so family could be with their loved ones during life-threatening events. Evidence supports important benefits for FPDR. Yet, despite endorsement from professional groups, FPDR is not practiced widely in Australia and rationales for poor uptake are unclear.

**Andrea Smallman**
Background: Breast reconstruction is achieved through a series of surgical procedures often concluded with nipple-areolar reconstruction (NAR) tattoo. The purpose of the tattoo is to increase the patient’s satisfaction with the appearance of the breast, however, no published studies quantitatively compare pre vs post tattoo patient satisfaction.

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**Synergy = art + science + research**
Wednesday 5pm – 8pm FUSA Alere Function Centre

A panel exploring the synergistic relationship between artists working in residence in health and science research environments at Flinders Medical Centre and Flinders University. Hear firsthand from a lively and impressive panel of artists, scientists and health researchers.

**Office for Research**
10am – 10.30am FCIC

**Simon Windsor**
Research Governance Officer, Office for Research

**Research in a Clinical and Academic Setting**
The Office for Research for the Southern Adelaide Local Health Network (SALHN) is responsible for the governance of research activities carried out across the southern area. Research governance refers to the processes used by institutions to ensure that they are accountable for the research conducted under their auspices. With this presentation Simon will discuss guidelines the office uses to support research and new initiatives that aim to streamline study start up in Australia.

**Nursing**
Wednesday 12.30pm – 2pm FCIC

**Frank Donelly**
Research abstract 1

IPL and industry – role of interprofessional learning (IPL) or interprofessional practice (IPP) has been identified by the WHO as a critical stage in addressing the future needs of health.

**Research abstract 2**
Led by the allergy service within SALHN, research is underway to identify more clearly what services and needs are required for adolescents who have a life threatening allergy and who transition to adult care services.

**Tamsin Symoinds**
State and national policy documents prioritise Dementia (and Delirium) Care Competent Hospitals’ yet clinicians’ often struggle to care for and communicate with people with cognitive impairment whose behaviours they often find difficult. This can have significant implications for patient safety for the significant number of people with cognitive impairment in hospital.

**Tracey Giles**
Thousands of people suffer cardiac arrest in hospital each year and around 90% of these people die, frequently separated from their loved ones. Family presence during resuscitation (FPDR) was introduced in the 1980s so family could be with their loved ones during life-threatening events. Evidence supports important benefits for FPDR. Yet, despite endorsement from professional groups, FPDR is not practiced widely in Australia and rationales for poor uptake are unclear.

**Andrea Smallman**
Background: Breast reconstruction is achieved through a series of surgical procedures often concluded with nipple-areolar reconstruction (NAR) tattoo. The purpose of the tattoo is to increase the patient’s satisfaction with the appearance of the breast, however, no published studies quantitatively compare pre vs post tattoo patient satisfaction.

**Early Career Research**
Wednesday 3pm – 4pm FCIC

**What pathways exist for Early Career Research? Or how do I do clinical work as well as research, and WHY would I want to?**

How does one enter the clinician/researcher space? In this panel discussion panel members from diverse clinical areas, Dr Steven Due, Advanced Surgical Trainee; Dr Ching Li Chai-Coetzer, Sleep & Respiratory Physician; Dr Craig Wallington-Beddoe, Consultant Haematologist and Director of Clinical Trials and; Dr Shailesh Bihari, Consultant, Intensive & Critical Care Unit will provide insight into the joys, pitfalls and adventures involved in becoming a clinician/researcher. After a brief overview from each panel member of their journey, the floor will be open for questions.

**Getting to the bottom of chronic gut pain.**
Wednesday 4pm-5pm FCIC

**Associate Professor Stuart Brierley**
*Matthew Flinders Fellow in Gastrointestinal Neuroscience*

Chronic pain from the gut affects greater than >15% of the world’s population. This includes patients with Irritable Bowel Syndrome (IBS) and Inflammatory Bowel Disease (IBD). Chronic gut pain is debilitating, but treatments are lacking, particularly as long-term use of opioid ‘painkillers’ actually makes the pain worse over time. Opioids also have serious and potentially deadly side-effects including addiction, tolerance and overdose. Therefore, novel ‘painkillers’ that specifically target the underlying cause of chronic gut pain are urgently needed. This talk will highlight our recent findings which have resulted in a global paradigm shift in the treatment of chronic gut pain, and will therefore allow a targeted approach at pain treatment.

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FLINDERS HEALTH RESEARCH WEEK 2017

Program Highlights

Centre for Neuroscience
Thursday FUSA (HSLTC 1.01)

2017 marks the 40th Anniversary of the Centre for Neuroscience. It was founded in 1977 and was the first multi-disciplinary centre in the Neurosciences, to be established in an Australian University.

This year it celebrates four decades of research excellence; reflecting on success, adversity, friendship and collaboration. Original founding members, current and next generation researchers, and the general public, are all coming together to celebrate this impressive milestone on 7th September 2017.

FRIDAY 8 SEPTEMBER

Quality and safety within Surgery
Friday 8.30am – 10am FCIC

This session will consider the intersection between research and continuous improvement within surgery. The topics included in this session will illustrate the practicalities involved in implementing research findings in a clinical setting.

The presentations will highlight the considerable effort required in changing practice while ensuring the quality and safety of care is maintained.

Yoga and depression
Friday 11am – 12midday Noarlunga Hospital Cafeteria

Come and do Yoga in the Noarlunga Hospital Cafeteria while learning about the link between Yoga & Depression

The Yoga and Mental Health research project is a PhD project being undertaken at the University of Adelaide and SAHLN. The aim of this research project is to examine the role of yoga in the development of skills in mindfulness and self-compassion and determine if there are relationships to mental health outcomes for stress, depression, anxiety and well-being in consumers with a chronic mental health condition. Recommendations for future health care delivery and the role of nursing practice will be developed from research findings.

Repat General Hospital Grand Round
Friday 12midday – 2pm SPF Hall RGH

RGH has held a Grand Round every Friday lunch time since it opened. Friday September 8th will be the final Grand Round at RGH. Join us to celebrate the contribution to South Australia throughout its history.

Medical Device Partnering Program
Friday 2pm – 2.30pm FCIC

Aisha Sirop

Do you have an idea for a new medical device or assistive technology but need some assistance to prototype or evaluate it?

Join MDPP Innovations Manager, Ms Aisha Sirop to learn about Flinders University's Medical Device Partnering Program (MDPP), a unique model for collaboration that responds to industry-driven research problems.

The MDPP brings researchers, clinicians, end-users and industry together in the development of innovative medical devices and assistive technologies with market potential. Currently the MDPP is administering the Medical Technologies Program on behalf of the Government of South Australia.

The Program provides a mechanism for the development of prototypes, proof of concept or clinical evaluation with a particular focus on finding solutions for end-users.

Applicants from research, industry and clinical settings are able to submit their product ideas for review and possible selection for assistance through the MDPP.

Attend this presentation to find out more about the MDPP process and criteria, and learn about some of the past projects and products that have now reached the market.

SA Biomedical Engineering Research and Teaching – Innovative Medical Device Development
Friday 2.30pm – 3pm FCIC

Olivia Lockwood (nee Pallotta)

Technical Managers, Statewide Research and Teaching, SA Biomedical Engineering

The SA Biomedical Research and Teaching (R&T) team is the source of biomedical device expertise, utilising cutting edge technology to find innovative solutions to problems faced by clinicians and medical researchers within SA Health and Flinders University, School of Medicine. The R&T team comprises of mechanical, electronic, software and biomedical expertise; accumulated from over 30 years’ experience in the research and creation of biomedical devices from original concept to prototyping, through to clinical trial.

This unique service operates within an innovative model which enhances medical research and biomedical device development. This model is based on the partnering of the engineering and biomedical expertise of SA Biomedical Engineering with the clinical knowledge and vision of the researchers in School of Medicine and clinical staff of SA Health. The collaboration fosters an ideal environment for biomedical device innovation, with the outcomes targeted at identified clinical and/or research needs.

The R&T team’s work is very diverse and the solutions provided have many local, national and international benefits including improved standards of healthcare through innovative medical device design, facilitation of ground breaking research by developing technology to make medical research possible and creation of intellectual property with commercial potential.

This presentation will look at the innovative model that supports this work and some of the successful biomedical innovations that it has created.

TechinSA
Friday 3pm – 3.30pm FCIC

Dr Judy Halliday

TechinSA (SA Government Agency) works closely with the high-tech industry to bring innovative SA products and technologies to global markets. Offering start-ups and early-stage companies customised programs including grants, business and marketing assistance and lab and office space, TechinSA also assists companies to access global networks.

The South Australian Early Commercialisation Fund (SAECF) was established to assist SA entrepreneurs and innovative organisations looking to commercialise novel products and services. The SAECF will provide grants of up to a maximum of $500,000 with matched funding required in most cases.

Judy will provide an overview of TechinSA and SAECF, sharing some examples of successful projects.

Medical Research Commercialisation Fund: a unique model of translating medical research into commercial outcomes
Friday 3.30pm – 4pm FCIC

Dr Melissa McBurnie

Brandon Capital Partners

The Medical Research Commercialisation Fund (MRCF) is an innovative fund which invests in the development of technologies from Australia’s medical research institutes and hospitals. The MRCF provides access to risk-tolerant investment funds for the development of new drugs, diagnostics and medical devices. Melissa will provide an overview of the MRCF, share case studies from the MRCF portfolio and highlight the relevance to FMC clinicians and researchers.

www.mrcf.com.au
Speakers Alphabetical

Amanda Aloia
Dr Julie Ash
A/Prof Helen Askell-Williams
Dr Carolyn Astley RN, DrPH
Professor Philip Aylward
Associate Professor Michael Baigent MB BS, FRANZCP, FACHAM
Professor Malcolm Battersby
Dr Shailesh Bihari MBSS, MD, FCICM, PhD
John Blines
Professor Jeffrey Braithwaite
Associate Professor Stuart Brierley
Tim Bright MBBS, MS, FRACS
Jeff Bull RN, MN (NP), MGENCA, ACCEN
Dr Ching Li Chai-Coetzer MBBS, FRACP, GCPubHealth, PhD
John Chalmers AC
Ian Chubb AC
Dr Sarah Cohen-Woods
Marcello Costa
Associate Professor Carmine De Pasquale BMBS (Hons), FRACP, PhD, FCSANZ
Frank Donnelly
Dr Steven L Due MB ChB, BSc (Hons)
Briony Forbes BSc Hons, PhD
Associate Professor Anand Ganesan PhD
Laurence Geffen
Emeritus Professor Ian Gibbins
Dr Tracey Giles
Dr Judy Halliday
Dr Ash Hopkins
Shirley Hunter
Nurse Practitioner, SALHN Mental Health

Associate Professor Chris Karapetis
Prof Anne Kelso AO
Janet Keast
Dr Myron Klevansky BSc MBBS FRACP.
Dr Alissa Knight
Dr Koshila Kumar
Bryone J Kuss
Sharron Lawn
Flinders Behaviour Science
Dr Olivia Lockwood
Prof Grant McArthur
Executive Director, Victorian Comprehensive Cancer Centre
Dr Melissa McBurnie
Professor Ross McKinnon B Pharm, B Sci (Hons), PhD, FFIP, FGLF, FAHMS
Dr Michael Michael
Katherine Morel
Karin Nordstrom
Dr Michael O’Callaghan
Senior Researcher and Educator
Dr Rebecca Perry
Simone Porter
Occupational Therapist, Morier Ward
Dr Christine Putland
Mary-Louise Rogers
Leanne Roostey
SALHN Mental Health
Dr David M Ross MBBS, PhD, FRACP, FRCPA
Dr Amitesh C Roy MD, FRACP
A/Prof Lisa Schmidt
Prof Lambert Schuwirth
Prof Joseph B Selvanayagam
Georgie Simon
SALHN Mental Health
Mrs Aisha Sirop
Andrea Smallman

Nicole Snaith
Michael Sorich PhD, BPharm(Hons), GradDipMedStat
Nicholas Spencer
Tamsin Symonds
Dr Jane Thompson
Lauren Thurgood
Catherine Truman
Dr Sina Vatandoust MD, FRACP, Consultant, Medical Oncology
Tracey Wade
Professor of Psychology
David Wattchow
Professor David Watson MBBS, MD, PhD, FRACS, FAHMS
Ellice Willcourt
Flinders University
Emeritus Professor Keryn Williams
John Willoughby
Speaker Biographies

FLINDERS FOUNDATION

Amanda Aloia
Amanda Aloia is manager of the Cell Screen SA (CeSSA) laboratory in the Flinders Centre for Innovation in Cancer. Amanda and her team at CeSSA help researchers to perform their experiments in very high numbers using robotic equipment that is unique in South Australia. This could be testing thousands of drugs on models of human diseases, or measuring changes in cells that have been modified in thousands of different ways, or measuring many samples to look for new markers of human disease. Amanda returned to Flinders University, her undergraduate alma mater, after a PhD at CSIRO (Adelaide and Melbourne) and postdoctoral research at both the National Institutes of Health in Maryland, USA, and The University of Adelaide. Amanda enjoys her work, spending time with her nephews and running.

Presentation Title - Robots enter medical research

PRIDEAUX CENTRE

Dr Julie Ash
Julie completed a medical degree before pursuing a career in medical education. In addition to her role as the RHD Pathways Coordinator in the Prideaux Centre, she teaches in the MD & the Masters of Clinical Education, & supervises RHD students.

PRIDEAUX CENTRE

A/Prof Helen Askell-Williams
Helen has worked on collaborative research projects including investigations about teachers’ & learners’ knowledge about learning, & research about promoting student wellbeing & positive mental health. She has also designed, conducted & analysed large scale surveys to assess components of students’ academic, social & emotional wellbeing.

CARDIOLOGY

Dr Carolyn Astley
RN, DrPH
Research and Translation Manager, Heart Foundation SA
Associate Professor School of Nursing & Midwifery, Flinders University
Carolyn is a registered nurse with a doctorate in public health and is currently Translation and Research manager at the SA Heart Foundation and Associate Professor, School of Nursing and Midwifery, Flinders University. In her role with the Heart Foundation she manages the South Australian Cardiovascular Health Research Network, the SA grant recipients and the annual Heart Week program. Her research interests include cardiovascular health systems research in acute coronary syndromes including secondary prevention care. She is part of the SNAPSHOT ACS registry, AGRI and the Flinders University Acute cardiovascular care cardiac rehab research collaborations. She is chair of the SAHMRI Translation Centre Cardiac Rehab audit committee which oversees the governance of the South Australian cardiac rehab registry.

CARDIOLOGY

Professor Philip Aylward
MA (Oxon) BM, BCh, PhD, FRCP, FRACP, FACC, FCSANZ
Professor Aylward is a Cardiologist and the Network Clinical Director of the Division of Medicine, Cardiac & Critical Care Services within the Southern Adelaide Local Health Network. Professor Aylward is a Member of the Innovation Centre within SAHMRI Heart Health and leading the development of Education Programmes. He has a long involvement over two decades in Clinical Trials and has been the National Co-ordinator and Member of a number of International Steering & Executive Committees in Cardiology particularly in areas of Acute Coronary Syndromes, Atrial Fibrillation, Heart Failure and Lipids.
His clinical interests are in coronary disease particularly acute coronary syndromes and cardiac intervention.

MENTAL HEALTH

Associate Professor Michael Baigent
MB BS, FRANZCP, FACHAM
Associate Professor of Psychiatry at Flinders University
Clinical Director - Centre for Anxiety and Related Disorders
DASSA Comorbidity Liaison Advisory Service - Drug and Alcohol Services South Australia
Course Leader - Mental Health Sciences Postgraduate Programs
Clinical Advisor to beyondblue from 2006–2011
A/Prof Michael Baigent is a specialist with the Drug and Alcohol Services South Australia where his work has a specific focus on co-occurring substance and mental disorders. He is also the Clinical Director of the Centre for Anxiety and Related Disorders, Flinders Medical Centre and directs the Mental Health Sciences course, part of the Flinders Human Behaviour and Health Research Unit. He is a psychiatrist and addiction specialist who has taught and lectured extensively in the area of co-morbidity and been a member of a number of national and state advisory committees and reference groups to do with substance use disorders and mental illness.

He was the immediate past Chair of the Section on Addiction Psychiatry for the Royal Australian and New Zealand College of Psychiatrists. In 2006, he was invited to be the Clinical Advisor to beyondblue, the National Depression Initiative.

MENTAL HEALTH

Professor Malcolm Battersby
Malcolm Battersby is Professor of Psychiatry and Clinical Director of the Southern Adelaide Local Health Network Mental Health Services.

He established the Flinders Human Behaviour and Health Research Unit and cognitive behavioural post graduate courses at Flinders University. He also established the Centre for Anxiety and Related Disorder Unit and the Statewide Gambling Therapy Services. He is Director of the Flinders Centre for Gambling Research which is a centre within the Southgate Institute, Faculty of Health Sciences, Flinders University led by Professor Fran Baum. Professor Battersby trained with Professor Isaac Marks at the Institute of Psychiatry, London in behavioural treatment of anxiety disorders and severe neurotic conditions. His team has led the training and supervision of low intensity coaches for the Beyondblue NewAccess program that saw over 300 people with anxiety and depression, achieving recovery rates of 68%.

He was awarded a Harkness Research Fellowship in the study of chronic condition self-management in the United States during 2003-2004 and had led the development of the Flinders Program of chronic condition management, now provided across Australia and internationally.

EARLY CAREER

Dr Shailesh Bihari
MBBS, MD, FCICM, PhD
Dr Bihari is an ICU consultant within SALHN working at Flinders Medical Centre and
Repatriation General Hospital ICU and Senior Lecturer with Dept. of Critical Care Medicine at Flinders University. After his MD and intensive care training he completed his PhD and was the recipient of Vice Chancellor award for Thesiss excellence. He has published over 60 peer review articles and 2 book chapters. He has been the recipient of many research grants including NHMRC post graduate scholarship and the early career fellowship. He is the founding member of the ANZICS pre-clinical research group and Co-chair of tracheostomy, working within at Flinders Medical Centre. 

His area of interest are physiological effects of intravenous fluids, lung injury and care of tracheostomy patients.

SYNERGY = ART + SCIENCE + RESEARCH

John Blines

John Blines is an emerging Adelaide artist. In 2015, as the inaugural FMC SALA Artist in Residence, he worked with Dr Michael Michael at the Flinders Centre for Innovation in Cancer (FCIC). Since this residency, he has continued to work within FCIC and is developing a transdisciplinary art practice that includes cancer research, behavioural science and knowledge translation.

INDIVIDUAL SESSION

Professor Jeffrey Braithwaite

Professor Jeffrey Braithwaite is a leading health services and systems researcher with an international reputation for his work investigating and contributing to systems improvement. He has particular expertise in the culture and structure of acute settings, leadership, management and change in health sector, organisations, quality and safety in healthcare, accreditation and surveying processes in international context and the restructuring of health services. 

Professor Braithwaite is well known for bringing management and leadership concepts and evidence into the clinical arena and he has published extensively (more than 400 refereed contributions, and 600 total publications) about organisational, social and team approaches to care which has raised the importance of these in Australia and internationally. He has presented at or chaired international and national conferences, workshops, symposia and meetings on more than 600 occasions, including over 60 keynote addresses.

Theories and ideas he has helped shape, formulate or devise, and provided research findings for, are now in common use as a result of his work: multi-method, triangulated approaches to research, the boundary-less hospital, accreditation models in general practice and beyond, clinician-managers as key players in reform initiatives, fundamental principles for the governance of health systems, diversity in clinical professional groups, inter-professional learning and culture change rather than restructuring as a more sustainable strategy for reform. 

His empirical results have exposed the distinctive attitudes of clinical professional groups, how clinician-managers enact their leadership responsibilities, the relationships between efficiencies and structural type of teaching hospitals, the behavioural displays of clinicians in service structures and the status of system-wide patient safety improvement initiatives.

Professor Braithwaite is the recipient as at 2013 of career research funding of $57.19 million spread over 61 grants; total new research funding and grants in the last five years amounts to $40 million; more than 80% of this grant funding is category one, peer-reviewed, chiefly ARC and NHMRC funding. He referees for 30 journals and the health research bodies of Ireland, New Zealand, Switzerland and the United Kingdom as well as for many international conferences and symposia.


INDIVIDUAL SESSION

Associate Professor Stuart Brierley

Matthew Flinders Fellow in Gastrointestinal Neuroscience

A/Prof Brierley is an NHMRC R.D Wright Biomedical Fellow and Head of the Visceral Pain Group, located at the South Australian Health and Medical Research Institute (SAHMRI).

A/Prof Brierley is an international authority on the different afferent fibers innervating the gut, the mechanotransduction channels underlying their function, the interaction of these channels with inflammatory mediators, and how this changes in acute and chronic pain. A/Prof Brierley has a proven track record in coordinating multi-faceted research programs for high-impact publications in journal such as Nature, Cell, Nature Communications, Nature Reviews Gastroenterology and Hepatology, Gastroenterology, Gut, Pain and The Journal of Neuroscience.

His recent collaborations with Industry partners identified the mechanism of pain relief of a new drug, linaclotide, in treating patient with Irritable Bowel Syndrome with Constipation (IBS-C). Linaclotide, a quanylate cyclase-C (GC-C) agonist is effective in relieving abdominal pain associated with IBS-C and is already available and registered for use by IBS-C patients in the USA and Europe.

A/Prof Brierley is the current Treasurer of the Australasian Neurogastroenterology and Motility Association (ANGMA). He was also a South Australian Tall Poppy recipient in 2011.

CANCER

Tim Bright

MIBBS, MS, FRACS

Senior Lecturer in Surgery

Head of Unit, Oesophago-Gastric Surgery

Flinders Medical Centre

Dr Tim Bright graduated from Adelaide University and obtained his general surgical fellowship from the Royal Australian College of Surgeons in 2006. He undertook a Masters of Surgery and further post-fellowship training at the Northern Oesophago- Gastric Cancer Unit in Newcastle UK. He was appointed consultant and senior lecturer in surgery on the Oesophago-Gastric Surgery Unit at Flinders Medical Centre in 2010 and became Head of Unit in 2015.

Dr Bright’s interests include oesophago-gastric cancer and benign upper gastrointestinal disorders.
Jeff Bull
RN, MN (NP), MGENCA, ACGEN
Upper Gi Cancer Clinical Practice Consultant
Cancer Services - Southern Adelaide Local Health Network

Jeff is the Upper Gastrointestinal Cancer Nurse Consultant at the Flinders Medical Centre. He has a Masters of Nursing (Nurse Practitioner) and is a Credentialed Gastroenterology Nurse. He is a member of many organisations including the Australian and New Zealand Gastric and Oesophageal Surgeons Association and is an Associate Lecturer with the School of Medicine, Flinders University of South Australia. He has been involved in number of research projects including rehabilitation in the context of oesophageal cancer.

Title: ERAS after Oesophagectomy – the Flinders Medical Centre Experience

CANCER

Ian Chubb AC
MBBS, FRACP, GCPubHealth, PhD

An accomplished neuroscientist, academic and Chief Scientist of Australia from 2011-2016. His distinguished career includes several high-profile positions including Vice-Chancellor of the Australian National University, President of the International Alliance of Research Universities and Vice Chancellor of Flinders University. He was awarded an Order of Australia in 1999, a Companion of the Order of Australia in 2006 and named the ACT Australian of the Year in 2011. Most recently he was awarded the Academy Medal (2016) of the Australian Academy of Science and elected a Fellow in 2017 for his outstanding contributions to science and research.

SYNERGY = ART + SCIENCE + RESEARCH

Dr Sarah Cohen-Woods

Matthew Flinders Fellow, Flinders University, heads the Behavioural Genetic and Environmental Mechanisms Laboratory.

Her recent research investigates epigenetic variation in behaviour and psychiatry in conjunction with gene-environment interactions. She is currently collaborating with artist John Blines at FCIC.

CNS

Marcello Costa

Professor of Neuropsychology and Matthew Flinders Distinguished Professor with Flinders University. Marcello has been a pioneer in the study of the neural control of gastrointestinal functions which led him to be elected to the Australian Academy of Science. He has been President of the Australian Neuroscience Society and is the only member to have been invited twice to give the annual invited Lecture to the Society. He was made a life member of the Society. He also received the Centenary Medal of Australia and has been made Cavaliere of the Italian Republic and received the Flinders 40th anniversary medal for outstanding contribution to the University. He is also a founder and active member of the executive of Friends of Science in Medicine dedicated to oppose pseudosciences in health. His latest research interests include exploring the conceptual foundations that bring neuroscience into fields as diverse as philosophy, social sciences, psychology, and the history of science and art.
completing post graduate qualifications in ICU a shift in direction saw him move into nursing education, particularly clinical education. Further study and completion of a Master of Nursing, with a thesis examining the lived experience of a tracheostomy tube change, led Frank toward a PhD, a study which combined his primary interest in nursing knowledge and the role of clinical placement experiences.

EARLY CAREER

Dr Steven L Due

MB ChB, BSc (Hons)
PhD Candidate, Flinders University
Advanced Surgical Trainee, Royal Australasian College of Surgeons

Dr Steven Due graduated with Medical and Science degrees from the University of Aberdeen, Scotland. He is now an advanced trainee in General Surgery, and is concurrently undertaking research towards a PhD exploring molecular targets for cancer therapy. This is with a view to developing a career as an academic surgeon in Upper Gastrointestinal Surgery, in the hope that skills in both surgery and science will be of considerable benefit to patients in the future.

CANCER

Briony Forbes

Bsc Hons PhD
Assoc Prof. Medical Biochemistry
Head of Department of Medical Biochemistry
ASMB National Secretary
College of Medicine & Public Health

Assoc Prof Forbes received her PhD from The University of Adelaide in Biochemistry in 1991. She held postdoctoral positions at The University of Adelaide, Discipline of Biochemistry and at the Commonwealth Scientific and Industry Research Organisation (CSIRO) Division of Human Nutrition.

From ~2004-2013 she was head of the “The Laboratory of Protein Signalling” at the University of Adelaide in the Discipline of Biochemistry at the School of Molecular and Biomedical Science. In August 2013 Briony was appointed as Associate Professor of Medical Biochemistry at Flinders University.

Her training has been in protein chemistry and protein structure/function. Her research interests lie in the understanding of molecular mechanisms controlling insulin-like growth factor and insulin action in development and disease. Her current work is providing a fundamental understanding of how IGFs and insulin bind and activate their receptors with the long term aim to develop a detailed understanding of mechanisms controlling their action in cancer, as well as to develop improved treatments for diabetes through development of novel insulin analogues.

In the last 5 years Briony has published her work in a series of high impact publications including Science, JBC and British Journal of Cancer.

CARDIOLOGY

Associate Professor Anand Ganesan

PhD
Cardiologist, Flinders Medical Centre, SALHN
Matthew Flinders Fellow, Flinders University

Dr Ganesan graduated in medicine from the University of Sydney, Australia, and holds a PhD from Johns Hopkins University, Baltimore, MD.

Dr Ganesan is funded by a Future Leader Fellowship of the National Heart Foundation. His research interests include development and application of novel technologies in cardiovascular medicine.

CNS

Laurence Geffen

Laurie Geffen was Foundation Convenor of the CNS (1977-1985), Flinders Foundation Professor of Human Physiology (1972-1991), Dean of Medicine (1985-8) and Pro-Vice-Chancellor (1989-91). He then became Dean of Medicine and Professor of Psychiatry at the University of Queensland (1991-2002). He holds a DPhil (Oxon) and a MD (hon) Flinders, Emeritus Professorships at both Universities, and fellowships of the Royal Australian Colleges of Physicians and of Psychiatrists. In 2004 he was appointed a member of the Order of Australia. His research interests range from synaptic vesicles to the genetics, electrophysiology and psychopharmacology of human attention and its disorders.

SYNERGY = ART + SCIENCE + RESEARCH

Emeritus Professor Ian Gibbins

Emeritus Professor Ian Gibbins is a poet, electronic musician and video artist, as well as a neuroscientist and Professor of Anatomy for over 30 years. His poetry is widely published and covers diverse styles and media, including music, video, performance, exhibitions and installations, often in collaboration with visual artists.

NURSING

Dr Tracey Giles

Dr Tracey Giles is a Senior Lecturer and researcher at Flinders University College of Nursing and Health Sciences. Her clinical expertise includes cardiac, trauma and high dependency nursing. Tracey’s research focuses on family-centred end-of-life care in the emergency department setting that includes family presence during resuscitation, and on missed or omitted care in acute care settings.

INDIVIDUAL SESSION

Dr Judy Halliday

Director, Industry Development - TechInSA

Judy has more than 25 years’ experience in technology commercialization and innovation as an academic and industry professional. Judy joined TechInSA in September 2016 after nearly ten years at UnQuest Pty Ltd. Prior to joining UniQuest she was a senior executive at Alchemia Limited, an ASX listed Biotech Company. She has published in academic peer reviewed journals and has been a successful applicant in competitive grant programs as both an academic researcher and as an industry partner. Judy is an inventor on granted patents and has been involved in raising millions of dollars for multiple start-up companies. She has negotiated multi-million dollar licensing transactions and collaboration agreements in the commercialization of early stage technologies. Judy has been a non-executive director of start-up companies including WarrapharmPty Ltd, Ausie Colours Pty Ltd, NexeGen Plants Pty Ltd, Q-Sera Pty Ltd, QUE Oncology, Inc, GRW Pty Ltd and Dendrimed Pty Ltd and a member nominated Director of the Australian Society for Medical Research. She has been a member of venture fund investment committees for the Medical Research Commercialization Fund and Unisefed.
**Evaluation of Dialectical Behavioural Therapy Group Program**

Southern Adelaide Local Health Network

Associate Professor Chris Karapetis is a member of the Australasian Gastrointestinal Trials Group and he has been an active collaborator with the group on many clinical trials. He was the principal investigator for the AGITG for the CO.17 clinical trial and he led the K-ras biomarker research from this study. He is the former chair of the Gastrointestinal Group of the Clinical Oncology Society of Australia. He is also an active contributor to clinical research conducted through the Australian Lung Trials Group. He is a member of editorial boards and has acted as a reviewer for several high impact factor medical journals. Prof Karapetis has published over 130 scientific papers in peer-reviewed scientific journals. He is a member of the board of the Clinical Oncology Society of Australia and is the current Chair of the Medical Oncology Group of Australia.

**NOARLUNGA RESEARCH**

**Shirley Hunter**

Nurse Practitioner, SALHN Mental Health

“Evaluation of Dialectical Behavioural Therapy Group Program”

Shirley is a Clinical Practice Coordinator within the Community Mental Health Service. She coordinates the Outer South Dialectic Behavioural Therapy group programs.

**CANCER**

**Associate Professor Chris Karapetis**

MBBS, FRACP, MMedSc

Network Clinical Director (Cancer Services)

Associate Professor Karapetis is a member of the Australasian Gastrointestinal Trials Group and he has been an active collaborator with the group on many clinical trials. He was the principal investigator for the AGITG for the CO.17 clinical trial and he led the K-ras biomarker research from this study. He is the former chair of the Gastrointestinal Group of the Clinical Oncology Society of Australia. He is also an active contributor to clinical research conducted through the Australian Lung Trials Group. He is a member of editorial boards and has acted as a reviewer for several high impact factor medical journals. Prof Karapetis has published over 130 scientific papers in peer-reviewed scientific journals. He is a member of the board of the Clinical Oncology Society of Australia and is the current Chair of the Medical Oncology Group of Australia.

**CNS**

**Janet Keast**

Janet is currently Head of the Department of Anatomy and Neuroscience, University of Melbourne. Prior to her recruitment to this role in 2012, she held a NHMRC Senior Research Fellowship and was appointed Director of Basic Research, Pain Management Research Institute, Royal North Shore Hospital, University of Sydney. Janet is recognised internationally in the area of autonomic neuroscience and visceral pain. She is currently an NIH Principal Investigator (commonfund.nih.gov/sparc/), aiming to develop a functional map of neural connectivity with the lower urinary tract, with the goal of developing devices that electrically modulate autonomic dysfunction and visceral pain.

**INDIVIDUAL SESSION CHALLMERS ORATION**

**Prof Anne Kelso AO**

Chief Executive Officer, National Health and Medical Research Council

Professor Anne Kelso AO is the Chief Executive Officer of the National Health and Medical Research Council (NHMRC). Before joining NHMRC in April 2015, Professor Kelso spent many years as a biomedical researcher in immunology alongside other roles, most recently as Director of the WHO Collaborating Centre for Reference and Research on Influenza at the Doherty Institute in Melbourne. She is a member of several Government and international committees, including the Australian Medical Research Advisory Board (advising the Minister for Health on the strategy and priorities for the Medical Research Future Fund), the Board of the Global Alliance for Chronic Diseases (chair-elect) and the Human Frontier Science Program Organisation.

**MENTAL HEALTH**

**Dr Alissa Knight**

PhD (Psychology), B.Psych(Hons), B.Ed (JP/P), MJC

Alissa Knight is an early-career Research Associate in Digital Psychiatry Personal Health Informatics (PHIT) at Flinders University, with a background in Psychology, Education, Journalism. She is also a Yoga, Tai-chi, Pilates, Meditation and Mindfulness instructor. Alissa’s current projects involve the application of just in-time adaptive and dynamic early care intervention data analytics technology for chronic and severe mental illness. Past research has included investigating the effects of the Mediterranean diet on cognitive function among older adults in a large NHMRC funded RCT, and investigating a novel phenomenon called Drunkorexia. Her research interests fall into the areas of: biospsychosocial determinants of human behaviour, cognitive function, eHealth, eating disorders, geriatric psychology, mindfulness therapy, and child psychology.

**PRIDEAUX CENTRE**

**Dr Koshila Kumar**

Koshila is an experienced qualitative researcher and has published on a range of topics in health professions education. She has also collaborated on projects on interprofessional education, longitudinal integrated clerkships and student selection.
**CANCER**

**Bryone J Kuss**
MBBS PhD FRACP FRCPA (Haematology)
Academic Head
Haematology Genetic Pathology
Molecular Medicine and Pathology
College of Medicine & Public Health

Associate Professor Bryone Kuss is the Head of Clinical and Laboratory Haematology & Genetic Pathology, Flinders Medical Centre, SA Pathology and is Associate Professor in Molecular Medicine and Pathology, School of Medicine, Flinders University where she oversees the pathology programme and is a member of the curriculum design committee for years 1 and 2 of the Graduate Entry Medical School at Flinders University for the award of MD. Bryone is a dual fellow of the Royal Australasian College of Physicians and Royal College of Pathologists of Australasia and has a PhD in Molecular Haematology. She is the principle examiner and chair of Haematology for the Faculty of Science, RCPA and co-director of the CLLARC. Her research fellowships include Howard Florey Royal Society and NHMRC and Rotary Peter Nelson LRF. Her research interest in CLL includes the genetic evaluation of chromosome 11q /ATM deletion and mutation and clonal evolution in CLL containing ATM and p53 genetic abnormalities. Additionally she has a longstanding interest in localised Drug Delivery Vehicles for Human Brain and neuroendocrine tumours.

**NOARLUNGA RESEARCH**

**Sharron Lawn**

*Flinders Behaviour Science*

"Chronic Condition Self-Management in Mental Health"

Sharron Lawn is a Professor of Behavioural Science with ongoing involvement in evaluating the Flinders model of Chronic Condition Self-Management.

**INDIVIDUAL SESSION**

**Dr Olivia Lockwood**

Manager, Statewide Research and Training
SA Biomedical Engineering, SA Health
Flinders University

Olivia has been working in the Biomedical Engineering field for 15 years. In her current role she manages SA Health’s South Australian Biomedical Engineering’s Statewide Research and Teaching team. This role involves working with medical staff and researchers from both SA Health and FUSA College of Medicine and Public Health to identify clinical needs and create innovative healthcare solutions.

Olivia completed her PhD after many long nights and cups of coffee in 2010, where she worked on designing a smart implant that can monitor the progress of a healing fracture.

**CANCER**

**Prof Grant McArthur**

Executive Director, Victorian Comprehensive Cancer Centre

Professor Grant McArthur is a Fellow of the Royal Australasian College of Physicians and holds a PhD in Medical Biology. He is the inaugural Lorenzo Galli Chair of Melanoma and Skin Cancers at the University of Melbourne. Prior to his appointment as Executive Director in April 2017, Prof McArthur was Associate Director of Research Translation and Head of the Cancer Therapeutics Program at the Peter MacCallum Cancer Centre. His awards include the inaugural winner of the Translational Research Award of the Foundation Nelia et Amadeo Barletta, the Sir Edward Dunlop Clinical Cancer Research Fellowship of the Cancer Council of Victoria and the inaugural Martin Lackmann medal for translational research.

He is national and international study Co-Chair of a number of clinical trials of targeted therapies. His research interests include discovery of novel drug targets in cancer, targeting oncogenes, clinical trials of targeted therapeutics, personalised medicine, melanoma, cell cycle control, metabolism and protein synthesis in cancer, and functional imaging. Professor McArthur is on the Editorial Boards of Annals of Oncology, Anti-Cancer Drugs, the Journal of Clinical Oncology, the Open Clinical Cancer Journal, Therapeutic Advances in Medical Oncology and the Journal of Personalised Medicine. He has published over 200 papers including senior or first author publications in the following journals: New England Journal of Medicine, Journal of Clinical Oncology, Lancet Oncology, Cancer Discovery, Cancer Cell, Nature Cell Biology, Blood and EMBO.

**INDIVIDUAL SESSION**

**Dr Melissa McBurnie**

Investment Manager, Adelaide
Brandon Capital Partners Pty Ltd

Melissa is an investment manager at Brandon Capital, a specialist biomedical fund manager and has been a venture capital investor for more than a decade. Melissa has also worked for a start-up medical device company and started her career as a medical researcher. She has a Phd in immunology and an MBA with a finance specialisation. Melissa is the Chair of MetabIQ a company developing new drugs for hard-to-treat cancers.
Speaker Biographies

**CANCER**

**Professor Ross McKinnon**
B Pharm, B Sci (Hons), PhD, FFIP, FGLF, FAHMS  
Matthew Flinders Distinguished Professor  
Director and Beat Cancer Professor in Cancer Research  
Flinders Centre for Innovation in Cancer  
Dean (Research) College of Medicine and Public Health Flinders University  
Vice-President, International Pharmaceutical Federation

Professor McKinnon is an academic pharmacist with broad contributions spanning the breadth of pharmaceutical and cancer research, policy and education. He is currently a Matthew Flinders Distinguished Professor and Dean (Research) in the College of Medicine and Public Health. He is also Director of the Flinders Centre for Innovation in Cancer and holds a Beat Cancer Professorial position. He was previously Inaugural Director of the Sansom Institute at UniSA and also provided the vision for the successful translational catalyst, Therapeutic Innovation Australia. Eminent international roles include Vice-President of the International Pharmaceutical Federation and Chair of the 5th Pharmaceutical Sciences World Congress. He is a Director of the Australian Institute of Policy and Science which oversees the Tall Poppy Campaign nationally. In 2016, he was elected as a Fellow of the Australian Academy of Health and Medical Sciences.

**Screen SA, which enables both functional genomics and drug discovery.**

Michael has been collaborating with artist John Blines since 2015.

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**FLINDERS FOUNDATION**

**Katherine Morel**

Katherine is a post-doctoral researcher in the Sykes prostate cancer laboratory at the Flinders Centre for Innovation in Cancer. In March 2017 she completed her PhD, which focused on investigating new ways to treat and prevent prostate cancer. Katherine’s research has focused on the naturally occurring anti-inflammatory compound parthenolide. This research has provided strong preclinical evidence that parthenolide can be used to enhance current prostate cancer radiotherapy protocols, as well as to slow prostate tumour growth and aggressive metastatic spread throughout the body. This work has been carried out in collaboration with Professor Christopher Sweeney, from the Dana-Farber Cancer Institute at Harvard Medical School in Boston, who is currently testing parthenolide in leukaemia clinical trials.

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**CNS**

**Karin Nordstrom**

An Associate Professor with Anatomy & Histology at Flinders University, Karin is the Head of the Neuroscience of Insect Vision Laboratory of the Centre for Neuroscience. Karin’s research interests are in understanding the neural computations underlying motion vision in small brains, through electrophysiology and natural scene statistics. She has held Research Fellowships with the Swedish Research Council and the Australian Research Council.

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**CANCER**

**Dr Michael O’Callaghan**

Senior Researcher and Educator  
Dr Michael O’Callaghan is an epidemiologist specialising in clinical registries and research. He was awarded a PhD in 2011 by the University of Adelaide after which he completed an Endeavour Postdoctoral Fellowship at the University of Auckland. He is currently Senior Researcher and Educator in the Urology Unit at the Repatriation General Hospital (soon to be Flinders Medical Centre).

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**CNS**

**Noarlunga Research**

**Dr Christine Putland**

Occupational Therapist, Morier Ward  
Dr Christine Putland is a consultant specialising in research and evaluation of arts and cultural initiatives designed to improve public health and wellbeing. Her academic qualifications and experience span community arts, public health and policy fields, and she retains academic status in the Flinders University Southgate Institute for Health, Society and Equity.

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**CARDIOLOGY**

**Dr Rebecca Perry**

NHF Post-Doctoral Fellow, Flinders University  
Cardiac Imaging Research Group, South Australian Health and Medical Research Institute  
Department of Cardiovascular Medicine, Flinders Medical Centre, SALHN

Dr Rebecca Perry is a Post-Doctoral Fellow of the National Heart Foundation based at Flinders University. She has been a cardiac sonographer for over 18 years and has been involved in research and advanced echocardiographic techniques for the past 12 years. She has extensive experience in advanced echocardiographic techniques such as strain and 3-D echocardiography. She completed her PhD in 2013 and has presented extensively both nationally and internationally as an abstract presenter, invited speaker and member of faculty. She has published abstracts, manuscripts and a book chapter on topics such as dysynchrony, coronary vasomotion, speckle tracking, strain and 3-D echocardiography.

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**NOARLUNGA RESEARCH**

**Simone Porter**

Occupational Therapist, Morier Ward  
Simone is an Occupational Therapist who has been working on Morier Ward, Noarlunga Hospital over the last 3 years. She has completed specific training in Sensory Modulation and provides strategies for patients upon the ward to assist in self-managing their well-being.

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**SYNERGY = ART + SCIENCE + RESEARCH**

**Dr Rebecca Perry**

Noarlunga Research  
Dr Rebecca Perry is a Post-Doctoral Fellow of the National Heart Foundation based at Flinders University. She has been a cardiac sonographer for over 18 years and has been involved in research and advanced echocardiographic techniques for the past 12 years. She has extensive experience in advanced echocardiographic techniques such as strain and 3-D echocardiography. She completed her PhD in 2013 and has presented extensively both nationally and internationally as an abstract presenter, invited speaker and member of faculty. She has published abstracts, manuscripts and a book chapter on topics such as dysynchrony, coronary vasomotion, speckle tracking, strain and 3-D echocardiography.

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**CNS**

**Mary-Louise Rogers**

A Senior Research Fellow with Human Physiology at Flinders University, Mary-
Louise is the Head of the Motor Neurone Disease & Neurotrophic Research Laboratory of the Centre for Neuroscience. Mary-Louise's research encompasses treatment strategies and biomarker discovery for Motor Neuron Disease (also known as Amyotrophic Lateral Sclerosis). She is a current member of the Centre for Neuroscience Executive Committee and the Deputy Chair of the Flinders University Animal Ethics Review Sub-Committee.

**NOARLUNGA RESEARCH**

**Leanne Roostey**

**SALHN Mental Health**  
**SALHN Recovery College**

Leanne is acting Manager at the Trevor Parry Centre community rehabilitation service. She is involved in coordinating services and support for the operation of the SALHN Recovery College.

**CANCER**

**Dr David M Ross**

**MBBS, PhD, FRACP, FRCPath**

**Consultant Haematologist SA Pathology**

Dr David Ross is a Senior Lecturer in Flinders University and a Senior Visiting Research Fellow in the Cancer Theme at SAHMRI. He is a Consultant Haematologist in SA Pathology involved in diagnostic haematology services. He is an examiner for the Royal College of Pathologists of Australasia. He has clinical appointments at Flinders Medical Centre and the Royal Adelaide Hospital where he runs clinics with a focus on chronic myeloid leukaemia and myeloproliferative neoplasms. He is Principal Investigator in numerous clinical trials in this field. His research interests include tyrosine kinase inhibitor treatment and resistance, minimal residual disease analysis, and molecular diagnostics in myeloid malignancy. He has published more than 50 peer-reviewed papers.

**PRIDEAUX CENTRE**

**A/Prof Lisa Schmidt**

Lisa has degrees in theoretical physics, applied mathematics, biological sciences and education. Her PhD was in cancer research and while in Medical Biotechnology she worked on a number of industry-linked research projects and coordinated the degree program. As the Dean(Education) for the College of Medicine and Public Health, she provides strategic leadership of the College’s educational activities and the experience of its students.

**CARDIOLOGY**

**Prof Joseph B Selvanayagam**

Career Summary: Joseph Selvanayagam is an internationally recognised authority in cardiac imaging. He holds the Chair of Cardiovascular Medicine at Flinders University and is a Senior Clinical Cardiologist at Flinders Medical Centre, where he is the Director of Non-Invasive Cardiac Imaging. As the Director of Cardiac Imaging Research Group (CIRG), SA Health and Medical Research Institute (SAHMRI), he leads a 12 member group with an international reputation in randomised clinical trials, and cardiac imaging research. He graduated with first class Honours from the University of Adelaide in 1995, obtained his FRACP (Cardiology) in 2002 and his PhD from Oxford University (DPhil) in 2005. For his doctoral and post-doctoral work he received the Welcome Trust (UK) Cardiovascular Research Fellowship, UK Overseas Research Students Awards Scheme and the Intermediate Research Fellowship award from the British Heart Foundation. In addition during this time, he received several national and international awards, including a merit award from Oxford University, and the Samuel Levine Finalist Award of the American Heart Association.

Over the course of his research career he has attracted more than 16 million AUD in grant funding. Prof Selvanayagam has published > 200 peer-reviewed manuscripts with an h-index of 32 and >4100 citations [source: ResearchGate].

**NOARLUNGA RESEARCH**

**Georgie Simon**

**SALHN Mental Health**

Georgie Simon is the Principal Occupational Therapist for SALHN Mental Health Services. She undertook a 6 month project role in 2015 to study the international model of Recovery Colleges and the implementation here in Southern Adelaide.

**MRS AISHA SIROP**

**Innovations Manager**  
**Medical Device Partnering Program**

Previously the Commercial Development Director with Flinders Partners, the commercialisation arm of Flinders University, Aisha has a wealth of experience working in environmental auditing & consultancy, contract management, technology transfer and commercialisation.

In her previous role, Aisha focused on finding a path to market for Flinders technologies in the space of environmental biotechnology, nanotechnology, biochemistry, medical devices, ICT and clean technologies. Aisha was also involved in the management and delivery of state government funded programs which involved the development of grant application and commercial viability assessments of medical devices and clean technologies developed by SMEs in South Australia.
Speaker Biographies

NURSING

Andrea Smallman
Andrea Smallman is the Plastic and Reconstructive Surgery/Breast Reconstruction Nurse Practitioner at the Flinders Medical Centre, with 30 years of nursing experience in the acute care setting.

Her role was introduced into the FMC Breast Reconstruction Unit in 2012 to provide comprehensive support and advanced clinical practice to women throughout the process of breast reconstruction, in the context of breast cancer.

Andrea established a dedicated nurse-led nipple-areolar reconstruction tattoo clinic where patient satisfaction with outcome is quantitatively measured with a validated outcome measure. This study evaluates patient satisfaction with the tattoo procedure that is often considered the final stage of breast reconstruction.

NURSING & NOARLUNGA RESEARCH

Nicole Snaith
I have been a Mental Health Nurse for 10 years and worked in a variety of community and hospital settings in South Australia. I currently work at the Trevor Parry Centre, Community Rehabilitation centre, and have been employed here as a Rehabilitation Coordinator (ACSC) for the past four years.

I am passionate about Yoga, mindfulness and the physical health of mental health consumers. In 2013 I implemented the TPC Physical Health Project which focuses on health promotion and prevention. In 2015 I won the Stan Alchin Award for a presentation on the Physical Health Project at the Australian College of Mental Health Nurses International Mental Health Nursing Conference.

In 2012 I commenced a PhD with the University of Adelaide, examining the role of yoga in the development of skills in mindfulness and self-compassion and relationships to mental health outcomes for stress, depression, anxiety and well-being in consumers of mental health services. This is now in the final stage with the Pilot yoga course to be implemented in early 2018.

CANCER

Michael Sorich
PhD BPharm(Hons) GradDipMedStat
Associate Professor

 Discipline of Clinical Pharmacology and Flinders Centre for Innovation in Cancer

 College of Medicine & Public Health

 Flinders University

Dr Sorich is a pharmacist, clinical epidemiologist and biostatistician with a primary interest in precision medicine and evidence-based medicine. His current research aims to develop and evaluate evidence supporting the use of clinical and biological markers to better guide the use of medicines used to treat cancer, rheumatic, and cardiovascular disorders. This involves working as part of a collaborative and multidisciplinary research team with a view to promoting clinical translation of research findings where applicable. He is currently employed as an Associate Professor in Pharmacology at the School of Medicine, Flinders University, Australia.

CNS

Nicholas Spencer

A Professor with Human Physiology at Flinders University, Nick is the Head of the Visceral Neurophysiology Laboratory of the Centre for Neuroscience. Nick’s research is primarily directed at understanding the neurophysiological basis of pain pathways in visceral organs and the neural mechanisms of transmission in the enteric nervous system. His laboratory has been continuously funded by the NH&MRC since arriving at Flinders University in 2008. He is also the current President of the Australasian Neurogastroenterology & Motility Association (ANGMA).

NURSING

Tamsin Symonds

I am a registered nurse with 20 years of nursing experience in several areas: public and private hospitals, residential aged care, rural and remote hospitals as well as, most recently, community geriatric nursing. I have fulfilled several management roles within these settings and have served on committees such as infection control, equal opportunity and occupational health and safety. I have a particular passion for care of older people with dementia and their families. In addition I have an interest in International development and have completed post-graduate studies in this area.
**SYNERGY = ART + SCIENCE + RESEARCH**

**Catherine Truman**

Catherine Truman is a contemporary jeweller and object-maker working across art and science disciplines. She has been artist-in-residence in the Autonomic Neurotransmission Laboratory and Anatomy/Histology Departments, Flinders University, collaborating with Professor Ian Gibbins since 2007. She is currently visiting scholar at the Flinders Centre for Ophthalmology, Eye and Vision Research, Flinders University.

**CANCER**

**Dr Sina Vatandoust**

MD FRACP

Consultant, Medical Oncology

Sina Vatandoust is a consultant medical oncologist in FCIC. He has interest in GI, GU and breast malignancies. He is also a PhD student, studying the role of non-coding RNAs as biomarkers in non-operative management of rectal cancer.

**MENTAL HEALTH**

**Tracey Wade**

Professor of Psychology

College of Education, Psychology & Social Work

Professor Tracey Wade completed a Masters of Clinical Psychology at the Australian National University in 1992, a PhD at Flinders University in 1998. Since 2000 she has worked in the School of Psychology at Flinders University in South Australia. She served as Editor-in-Chief of Clinical Psychologist (2010 to 2014) and is currently an Associate Editor for the International Journal of Eating Disorders. In 2015 she was elected a Fellow of the Academy of the Social Sciences in Australia, in 2016 she was made an Inaugural Honorary Fellow of the Australian Association for Cognitive and Behaviour Therapy, and in 2018 she will be the president of the Eating Disorder Research Society.

**CNS**

**David Wattchow**

Senior Consultant in Surgery, with 27 years’ experience as a staff surgeon at Flinders Medical Centre (FMC) and Flinders Private Hospital. His clinical interests include all aspects of general and gastrointestinal surgery, with special interests in colorectal surgery, endoscopy and colonoscopy. He has established a world-class anorectal investigation laboratory, which today incorporates combined manometry, ultrasound and nerve studies, of the anal sphincter mechanism. He has a longstanding collaboration with the Department of Physiology in the joint study of the nerves and activity of the human intestine.

**SYNERGY = ART + SCIENCE + RESEARCH.**

**Emeritus Professor Keryn Williams**

Emeritus Professor Keryn Williams recently retired from Ophthalmology at Flinders Medical Centre/Flinders University. On graduation from University of Melbourne, she undertook postdoctoral research at University of Oxford, UK, where she developed an interest in transplantation immunobiology. She maintains her research interests in ophthalmology, in the nexus between vision and perception, collaborating with artist Catherine Truman.

**GASTRONOMY**

**John Willoughby**

An Emeritus Professor, Flinders University, and Hon. Consultant Neurologist, Flinders Medical Centre, he retired in 2006 and, since, has continued to teach medical and science students as well as administer the Brain Signals Laboratory. He and colleagues have examined epilepsy and migraine in humans and in animal models. His current work involves analysing features buried within high resolution electroencephalographic recordings. The work is collaborative with colleagues in Engineering, Neurology and Psychiatry as well as with students in Engineering. It is focussed on electroencephalographic diagnosis of neuropsychiatric disorders.

**NOARLUNGA RESEARCH**

**EIllice Willcourt**

Flinders University

*Mental Health Consumer’s Experience of Using Sensory Modulation Strategies*

EIllice is a part-time lecturer at Flinders University in the School and Health Sciences and research lead in evaluation Sensory Modulation approaches.
The genomic flexibility of Influenza A viruses and subsequent antigenic drift is the major contributing factor in seasonal epidemics. Occasionally genetic reassortments occur leading to influenza pandemics. The most recent pandemic in 2009 highlighted major limitations in public health responses and vaccine production but also deficiencies in our understanding of specific immune responses to infection. The aim of this study was to compare the serum antibody proteomes of participants of an H1N1pdm09 vaccine trial to determine if they displayed convergent V region signatures.

Methods
Anti-H1 immunoglobulins were purified from the serum of 6 participants of a randomized, subject and observer blinded, parallel-group trial of a novel recombinant haemagglutinin (rHA) vaccine using rHA coated ELISA plate affinity purification. Further purification and isolation of H- and L-chains by SDS-PAGE was followed by combined de novo and database-driven mass spectrometric sequencing.

Results
Analysis of the serum antibody proteome from vaccinated subjects demonstrated restricted clonotypes specified by IGHV5-51 and IGHV3-7 H-chains and predominantly IGKV3-20 L-chains. Sequences were closely aligned with the matched germline sequence.

Conclusion
This study represents one of the first examples of direct comparison of public and private proteomes of participants from an H1N1pdm09 influenza vaccine trial to determine if they displayed convergent V region signatures. Further investigation. This project aimed to determine whether microRNAs can sensitise colorectal cancer cells to butyrate, with this mechanism thereby enhancing the anticancer effect. High throughput functional screens were used to systematically identify miRNAs with the ability to sensitise HCT116 colorectal cancer cells to butyrate by inducing anti-proliferative and pro-apoptotic effects. Validation of this effect was performed using real-time cell analysis systems. miR-125b and miR-1227 showed particularly significant (P value <0.05) exacerbation of the butyrate response. Pathway analysis highlighted potential miRNA target genes involved in cell growth, cell death, and cancer related pathways. Data were integrated with RNA-seq and small RNA-seq results. RT-PCR and western blotting revealed reduction in transcript and protein levels respectively, of cancer-associated predicted target genes involved in key cell growth pathways such as WNT signalling. MicroRNA binding sites in the 3'UTR of the predicted target genes were identified and are being validated using target protectors and luciferase assays. This study is the first unbiased screen to identify microRNAs that enhance the anticancer effects of butyrate in colorectal cancer cells.

Abstracts

ABSTRACT – ORAL INFECTIOUS DISEASES
THURSDAY 7 SEPTEMBER 8.45AM – 9AM

ADAMSON, P.J, AL KINDI M.A., WANG, J.J. ET AL

Proteomic Analysis of Influenza Haemagglutinin-Specific Antibodies Following Vaccination Reveals Convergent Immunoglobulin Variable Region Signatures

Introduction
The genomic flexibility of Influenza A viruses and subsequent antigenic drift is the major contributing factor in seasonal epidemics. Occasionally genetic reassortments occur leading to influenza pandemics. The most recent pandemic in 2009 highlighted major limitations in public health responses and vaccine production but also deficiencies in our understanding of specific immune responses to infection. The aim of this study was to compare the serum antibody proteomes of participants of an H1N1pdm09 vaccine trial to determine if they displayed convergent V region signatures.

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ABSTRACT – POSTER CANCER

ALI, S., HUMPHREYS, K., MCKINNON, R., MICHAEL, M.

MicroRNAs enhance anticancer properties of butyrate in colorectal cancer

The dysregulation of microRNAs in colorectal cancer contributes to tumour development and progression. Diet may be a contributing factor to colorectal cancer risk, and there is evidence to suggest that the fibre fermentation product, butyrate, has anticancer properties achieved through epigenetic changes in gene expression. Previous studies have demonstrated that butyrate can alter microRNA expression in colorectal cancer; however, the ability of microRNAs to enhance these anticancer properties requires further investigation. This project aimed to determine whether microRNAs can sensitise colorectal cancer cells to butyrate, with this mechanism thereby enhancing the anticancer effect. High throughput functional screens were used to systematically identify miRNAs with the ability to sensitise HCT116 colorectal cancer cells to butyrate by inducing anti-proliferative and pro-apoptotic effects. Validation of this effect was performed using real-time cell analysis systems. miR-125b and miR-1227 showed particularly significant (P value <0.05) exacerbation of the butyrate response. Pathway analysis highlighted potential miRNA target genes involved in cell growth, cell death, and cancer related pathways. Data were integrated with RNA-seq and small RNA-seq results. RT-PCR and western blotting revealed reduction in transcript and protein levels respectively, of cancer-associated predicted target genes involved in key cell growth pathways such as WNT signalling. MicroRNA binding sites in the 3'UTR of the predicted target genes were identified and are being validated using target protectors and luciferase assays. This study is the first unbiased screen to identify microRNAs that enhance the anticancer effects of butyrate in colorectal cancer cells.

ABSTRACT – POSTER CARDIOLOGY

BAKER, R. A., NEWLAND, R.F., BENNETTS, J.S.

The Association Between Intraoperative Glycaemic Change and Mortality is Modulated by Pre-Existing Hyperglycaemia in Cardiac Surgery: A Cardiac Surgery Registry Analysis

Targeting tight glucose control in patients adapted to chronic hyperglycaemia may result in derangement of glycaemic homeostasis. We evaluated whether the association between intraoperative glycaemic change and mortality is modulated by pre-existing hyperglycaemia. Data from 3,026 adult patients with HbA1c measurements was collected using the Cardiac Surgery Registry (OFR# 198.16). The glycaemic ratio (GR) for each patient was calculated by dividing the chronic average blood glucose level (AG) by the minimum CPB glucose. To convert HbA1c levels to AG, we used the following equation: AG (mmol) = (1.59)(HbA1c)-(2.59). Pre-existing hyperglycaemia was defined as a preoperative HbA1c >7%. Cut off points on the relationship between GR and mortality were assessed with LOWESS plots. The influence of GR above or below cut off points on mortality was determined using multivariate models for patients with or without pre-existing hyperglycaemia. Pre-existing hyperglycaemia was identified in 21% of patients. LOWESS plots identified GR>1 for normoglycaemic patients and GR <0.5 in patients with pre-existing hyperglycaemia as having an increase in the likelihood for mortality. In multivariate analyses, GR >1 was an independent predictor of mortality in normoglycaemic patients (OR, 1.3, 95% CI, 1.05-1.62; p=0.017) and GR <0.5 in patients with pre-existing hyperglycaemia (OR, 5.23, 95% CI, 1.54-17.73; p=0.008).

The association between glycaemic change and mortality for cardiac surgical patients appears to be modulated by pre-existing hyperglycaemia. These preliminary results suggest intraoperative hyperglycaemia should be managed with consideration of the preoperative HbA1c. In patients with pre-existing hyperglycaemia, reducing glucose levels >50% may be detrimental.
ABSTRACT – ORAL CARDIOLOGY

Tuesday 5 September 11.15am – 11.30am

BAKER, R.A. & NEWLAND, R.F.

Influence of oxygen delivery on acute kidney injury: A multicentre propensity matched analysis.

Preoperative risk factors for acute kidney injury (AKI) for patients undergoing cardiac surgery have been reported, however intraoperative risk factors for patients undergoing cardiopulmonary bypass (CPB) are not clearly defined. Minimum oxygen delivery index (DO2i) during CPB below 272ml/min/m2 has been associated with AKI in small observation studies. This study aims to determine whether these findings can be reproduced in a larger propensity-matched multicentre patient population.

Influence of DO2i was evaluated in 9778 adult patients undergoing isolated on pump coronary artery bypass graft (CABG), valve repair and/or replacement and valve/CABG procedures using multicentre data from the Australian and New Zealand Collaborative Perfusion Registry (OFR# 198.16). Minimum DO2i during CPB was calculated according to the formula; 10 x average cardiac index (l/min/m2) x oxygen content, where oxygen content was calculated as; (minimum haemoglobin (g/dL) x 1.34 x minimum oxygen saturation (%)) + (0.003 x minimum pO2 (mmHg)). Propensity scores were calculated to determine the predicted probability of having a minimum DO2i <272ml/min/m2. The influence of minimum DO2i on AKI was determined using mixed effects logistic regression models.

Overall, 11.3% developed AKI. Minimum DO2i (10 ml/min/m2 increments) was found to be an independent predictor of AKI for RIFLE class Risk (OR 0.98 CI 0.96-0.99), Injury (OR 0.98 CI 0.96-0.99), and also mortality (OR 0.98 CI 0.96-0.99).

These results support the findings that oxygen delivery during CPB is an independent predictor of AKI following cardiac surgery. In this multicentre analysis, oxygen delivery was found to predictive of both AKI and mortality.

ABSTRACT ORAL / POSTER WOMEN’S HEALTH

Wednesday 6 September 11am – 11.15am

BARRY, C.

A New Model to study female pelvic pain disorders

Background and Aims

Vulvodynia is a chronic pelvic pain disorder affecting over a million Australian women and girls. The cause is unknown. Treatments are poorly targeted, often ineffective and costly for patients and the healthcare system [1, 2]. Biopsies indicate increased nerve fibre numbers (hyperinnervation) [3]. The mechanisms leading to hyperinnervation and the types of nerves involved are unknown. Therefore, this study aimed to develop and characterise a model of vulvodynia.

Methods

Under Flinders University Animal Welfare Committee approval (#906/16), inflammation was induced in 6–8 week old C57/BL6 mice for 7 days (n = 7) or 14 days (n = 6) by intra-vaginal microinjection of complete Freund’s adjuvant. Control mice received saline. Inflammation was assessed by tissue morphology (H&E) and macrophage infiltration (CD-68 labelling). Multiple labelling immunohistochemistry identified blood vessels immunoreactive for alpha-smooth muscle actin and nerve fibres immunoreactive for calcitonin gene-related peptide (CGRP), vasoactive intestinal peptide (VIP) and substance P (SP).

Results

Inflammation was present at 7 days and increased at 14 days, evidenced by lamina propria thickening, macrophage infiltration and blood vessel proliferation. Vaginal nerve fibres immunoreactive for CGRP, SP and VIP were all more abundant 7 days (p < 0.01), and CGRP-immunoreactive fibres were more abundant at 14 days (p<0.05).

Conclusions

Our new model shows mild chronic inflammation induces vaginal hyperinnervation involving involving multiple, neurochemically distinct populations of nerves. Further studies are required to determine the duration of hyperinnervation following a pro-inflammatory stimulus, the mechanisms mediating hyperinnervation and the impact of potential therapies.
Abstracts

**ABSTRACT - POSTER** MENTAL HEALTH

**BICKFORD, J., COVENEY, J., BAKER, J. ET AL**

Support following laryngectomy: exploring the concept from different perspectives

**Purpose**
Psychosocial adjustment after total laryngectomy (TL) is complex, and the resultant support needs are extensive. Current practices have been guided by HR-QOL measures; whilst useful many were developed without considering the perspectives of people who have experienced TL. To improve understanding of the support needs after TL, multiple viewpoints were examined (e.g. individuals with laryngectomy (IWL), significant others (SO) and health professionals).

**Methodology**
A qualitative study explored the perspectives of 28 individuals (IWL - 7 men and 5 women, 9 SO and 7 health professionals). Data were collected through in-depth, semi-structured interviews and analysed using constructivist grounded theory and symbolic interactionism.

**Results**
The data suggest that supporting IWL to develop competence and build resilience is a multidimensional and non-linear construct underpinned by two interactive processes Getting and perceiving competent care and Sharing and balancing the care. Additionally, these processes are dependent on contextual factors including Social support, Resourcing, Awareness and Timing. These constructs highlight the significant contribution the care triad plays and that a lack of awareness and adequate specialist care provokes anxiety and precipitates compensatory behaviour. This is particularly evident for the SO participants, who voiced concerns about adequate care and issues of safety and dignity.

**Conclusion**
The findings emphasize the critical roles of SO and health professionals in providing education, competent care and physical, psychosocial and functional support. Furthermore, person-centred care is optimized when all actors are competent with the care. In turn, reduced competence increases the support burden for one or all in the care triad.

**ABSTRACT - ORAL** MENTAL HEALTH

**BIRCH, F. & HILL, J.**

Taking up the Challenge: Improving the management of challenging behaviours in patients with a Traumatic Brain Injury in the acute setting

**Background**
A review of best practice guidelines in the management of patients suffering traumatic brain injury (TBI) in FMC neurosurgical unit identified significant issues in managing patients with challenging behaviours. Many displayed complex and challenging behaviours resulting in "code blacks" and/or inappropriate restraint.

**Methods**
Using an audit tool, Neurosurgical team conducted a casenote audit of 38 TBI patients. Of these, 21 required behavioural restraint: 17- chemical, 15-physical and 11- combined physical and chemical. There was variance in the type or dose of medication provided and consent from NOK for application of physical restraints was very poorly documented. A multi-disciplinary working group reviewed current practice and developed a management protocol. The team examined current guidelines, conducted a literature review, compared with other neurosurgical units, and sought expert opinion.

**Results**
A protocol and TBI behavioural scale were developed which outlined the non-pharmacological and pharmacological management of challenging behaviours for TBI patients. The protocol and behavioural scale aimed to provide a consistent way to measure and manage behaviours. This has reduced "code blacks" and subsequent use of contra-indicated restraints, improving the speed of recovery in the acute phases of TBI, thus allowing for the potential for improved long term outcomes.

**Discussion**
Implementation has included a staff education campaign on de-escalation of challenging behaviours and use of the protocol and TBI behaviour scale. As the protocol is currently being implemented it is intended that further results regarding "code black" incidents, required restraints and effectiveness of the TBI behavioural scale will be available to report on by the forum.
An Analysis of the Temporal Neutrophil Response in the Airways of Infants with Bronchiolitis

Rationale
The continued absence of an affordable and effective treatment for bronchiolitis ensures it exists as a leading cause of infant hospitalisation. Pulmonary neutrophilia is observed in these patients. The neutrophilic response, which lacks target specificity, is implicated in potentiating acute and chronic consequences on developing lungs. Despite this, limited investigation of airway neutrophil activity longitudinally across disease progression has been undertaken.

Methods
Daily consecutive nasopharyngeal aspirate (NPA) samples were collected from hospitalised bronchiolitic infants (≤12 months of age) presenting to Flinders Medical Centre, between May and September 2015-2016 (142.14). Neutrophil infiltration and activation was assessed via differential leukocyte counts and quantification of interleukin (IL)-8, a potent neutrophil chemoattractant, and myeloperoxidase (MPO), a marker of neutrophil degranulation, by ELISA. Augmented clinical severity was attributed to interventional therapy requirement (supplemental oxygen and/or continuous nasogastric feeds) for ≥24 hours.

Results
NPA IL-8 was elevated at admission in infants subsequently requiring interventional therapy. MPO, total leukocyte and neutrophil concentrations did not differ. IL-8 concentration at admission did not correlate with either neutrophil concentration at admission or discharge. Nil parameters assessed differed significantly between admission and discharge, irrespective of interventional therapy requirement.

Conclusion
Bronchiolitic infants requiring interventional therapy had elevated markers of airway neutrophil chemotaxis at admission. This was not associated with increased neutrophil prevalence or activation. Therefore, at admission, IL-8 was a poor predictor of airway neutrophil infiltration. Despite alleviation in clinical symptoms, the airway neutrophilic response does not appear to resolve by discharge. Investigation into phenotypic polarisation of neutrophils is proposed.

Clinical Utility of Upright Viscous and Solid Bolus Swallows During High-Resolution Impedance Manometry

Introduction
The addition of increased consistency boluses during oesophageal manometry represents a more accurate characterisation of physiological eating behaviour. Solid bolus swallows may correlate better with patient symptoms, and increase diagnostic yield of clinically relevant motility disorders.

Method
In addition to the standard ten x 5ml liquid boluses in RL posture, patients were administered five x 5ml viscous and saline soaked bread (2x2cm) boluses in the upright posture. Recordings were acquired using MMS Solar GI system solid state catheter (36 pressure / 16 impedance segments), inserted through an anaesthetised nostril.

Results
Data from 120 patients (age 57±14 yrs; 46M) in four groups based on primary indication for study (atypical symptoms n=31; reflux n=29; dysphagia n=32 and chest pain n=28) were included. Viscous or solid boluses did not significantly increase the overall proportion of abnormal studies in any of the symptom groups. However, when considering studies classed as “spastic” oesophageal motility disorders (“above the line”) by the Chicago classification criteria, the proportion increased with solid boluses in the groups with atypical symptoms from 0% to 19% (P=0.01), dysphagia from 18% to 46% (P=0.03) and chest pain from 26% to 63% (P=0.01; figure).
Conclusion
The most prevalent abnormalities were absent contractility for those with atypical symptoms, spastic motility disorders for those with dysphagia, and oesophagogastric junction (OGJ) obstruction in those with chest pain. The addition of solid boluses has greatest clinical utility in individuals referred for dysphagia and chest pain in unmasking spastic oesophageal motility and OGJ-obstruction.

ABSTRACT – ORAL ORTHOPAEDIC
Wednesday 6 September 2.15pm – 2.30pm

CRITCHLEY, O., MACLEAN, S., HASAN, A., WOODMAN, R., BAIN, G.

Predictors of Articular Surface Involvement in Complex Proximal Humerus Fractures

Introduction and aims
The involvement of the articular surface in complex proximal humerus fractures plays a key role in the management decisions and functional outcome of patients. The aims of this study were to identify the incidence and extent of involvement of the articular surface in complex proximal humerus fractures across various subgroups.

Method
A series of 100 3D CT scans of proximal humerus fractures were retrospectively identified and the fracture lines accurately transcribed onto an Adobe Illustrator model. The articular surface fractures were assessed with a superior view of the humerus. Concentric circles were drawn from the articular margin to assess the articular surface involvement. A subgroup analysis was performed.

Results
The articular surface was involved in 58% of fractures. There were significantly more articular surface fractures in the high-energy group (79%) compared to the low-energy group (53%). In women and patients >65 years old, the fractures were more likely to extend further onto the articular surface.

Conclusions
The incidence and involvement of articular fractures of the proximal humerus are related to patient demographics, mechanism of injury, and most likely osteoporosis. All of these factors are likely to have effect on the natural history, surgical challenges, and clinical outcome of proximal humerus fractures.

ABSTRACT – ORAL AGED CARE
Monday 4 September 4.30pm – 4.45pm

CROTTY, M., KILLINGTON, M., LIU, E., CAMERON, I., KURRLE, S., BILLINGSLEY, K. ET AL

Hip fracture rehabilitation for people living in nursing homes? Results of a RCT and a SA Citizens Jury’s opinion

Background
It is unclear whether people living in nursing homes benefit from post acute rehabilitation and few trials are done with this group who often suffer dementia. In a group of nursing home residents who were managing to walk (independently, with aids or with assistance) prior to fracture, our aim was to determine whether post-operative rehabilitation (which included a comprehensive geriatric assessment and interdisciplinary rehabilitation program) delivered in nursing homes would improve mobility compared to receiving usual nursing home care.

Methods/design
Post operatively people admitted from nursing homes with hip fractures were randomly allocated to receive a 4 week geriatric rehabilitation program (minimum 3 visits per week) or usual care. The primary outcome was mobility. Outcomes were measured at 4 and 12 months.

Results
240 patients were randomly allocated to treatment (n=121) and control (n=119) groups. All measurements were balanced by the randomization at baseline. The average age was 88.6 years (SD 5.6, Range 70-101) with 10% burden of macromastia and the outcomes of breast reduction surgery.
(24) of participants aged over 95 years. At 4 weeks those in the treatment group walked better than those in the control group (mean difference 1.9, 95% CI: 0.6-3.3, p=0.0055). At 12 months outcomes did not differ between treatment and control groups.

Discussion
Even in frail older people post operative comprehensive geriatric assessment and a 4 week program of multidisciplinary rehabilitation can be tolerated and will produce benefits. We discussed these results with a Citizens Jury of randomly selected South Australians over 2 days in the context of a statewide health reform process focusing on “value”. Human rights and quality of life issues for people with dementia outweighed arguments on “return on investment” and the Jury argued to provide outreach rehabilitation to people living in nursing homes.

ABSTRACT - ORAL CANCER
Tuesday 5 September 11.30am – 11.45am

DHARMAWARDANA, N.

Selected ion flow tube mass spectrometry for human breath analysis: A biomarker project for Head and Neck Squamous Cell Carcinoma.

Background
Selected ion flow tube mass spectrometry (SIFT-MS) is a novel technique for analysing volatile organic compounds (VOCs) in breath. Previous studies have identified VOCs as potential biomarkers for detection of head and neck cancer. However, variations in methodology between studies make direct comparison difficult. We present a scoping review analysing different methods utilised for SIFT-MS. We also present a pilot study based on the best methodology identified from the scoping review.

Methods
A scoping review of human breath analysis was conducted using PubMed, Embase, Scopus and ProQuest to identify literature using SIFT-MS technology. A standardised collection protocol was developed for our unit, based on the current literature and a pilot dataset was collected for comparison between cancer and non-cancer patients.

Results
We identified and reviewed a total of 110 studies. Appraisal indicated substantial variability in types of breath collection bags, transport, storage and method of analysis. Our pilot study included 20 patients with 10 cancer patients and 10 non-cancer controls. We found 2-furfuryl-mercaptan, ethanol, formaldehyde, hydrogen-cyanide, methyl-mercaptan, nonanal, and propane to be detectable in head and neck cancer patients. We also found a significant reduction in methyl-mercaptan levels in patients with gastro-oesophageal reflux disease.

Conclusion
The scoping review found significant variability in the methodology and analysis of VOCs. We propose a standardised protocol for collecting breath samples from pre-operative patients for VOC analysis by SIFT-MS. We have identified potential breath biomarkers in our head and neck cancer patients in this pilot study.

ABSTRACT - ORAL INFECTIOUS DISEASES
Thursday 7 September 9am – 9.15am

DIXON, D.,

Leukocyte activity in models of acute and chronic lung injury

Lung injury can be triggered by direct or indirect injury to the thin (approx 0.1mm) alveolar epithelium. This epithelial surface is constantly susceptible to potential injury through both its exposure to environmental air containing pathogens, toxins and particulate matter, and its close proximity to the pulmonary microvasculature which carries potent stimulants in the form of toxins, immunological mediators and activated leukocytes. Respiratory response to most forms of injury is similar i.e through the release of inflammatory mediators in the lung which are responsible for the recruitment and activation of leukocytes. While inflammatory activation and neutrophil chemotaxis may be beneficial in the short term by, for example, aiding bacterial or viral killing, substantial damage is also incurred to the surrounding respiratory epithelium culminating in diffuse epithelial damage, increased capillary permeability, interstitial and alveolar oedema and cellular and protein infiltration and accumulation followed by diminished respiratory function. The Lung Injury Research Laboratory in the Intensive and Critical Care Unit, utilises both animal models and clinical studies to investigate the mechanisms, manifestations and potential therapies for many forms of lung injury, including acute respiratory distress syndrome (ARDS), chronic heart failure, bronchiolitis, radiation-induced lung injury, and fluid induced lung injury. This presentation will touch on some of the major causes of acute lung injury, the mechanisms by which they each elicit and maintain the inflammatory response and the ultimate physiological effects on respiratory function. In addition, some recent advances in potential treatments will be covered.

ABSTRACT - ORAL GASTROENTEROLOGY
Thursday 7 Wednesday 10.45am – 11am

DOELTGEN, S., RIGNEY, L., COCK, C., OMARI, T.

Effects of anodal transcranial direct current stimulation on swallowing characterised by corticobulbar excitability and high-resolution pharyngeal manometry

Background
Neurostimulation, such as anodal transcranial direct current stimulation (atDCS), has emerged as a potentially effective approach to rehabilitating impaired swallowing. However, the precise neurophysiological and biomechanical effects of atDCS on swallowing remain unclear.

Objective
To investigate the effects of atDCS on corticobulbar motor excitability, as assessed by transcranial magnetic stimulation evoked motor potentials as well as swallowing function, as assessed by high resolution pharyngeal manometry.

Participants
20 healthy participants (age range 19-35 years, mean 24.5 years).

Methods
Participants underwent 20 minutes of sham or anodal tDCS at 1.5mA in separate sessions. Behavioural outcomes included: i.
Abstracts

To characterise frailty amongst ESRD patients, and determine the

Results
MEP amplitude increased following anodal tDCS (p=0.016), in particular at 30min (p=0.015) and 45min (p=0.006) post anodal tDCS, but not following sham tDCS (p=0.47). Clinical outcome measures did not change following either stimulation type (p>0.05). Biomechanically, peak pressure in the upper esophageal sphincter decreased, and bolus admittance increased, following anodal tDCS (p<0.05).

Relevance
These findings contribute to evaluating the effects of tDCS as a potential rehabilitation approach to impaired swallowing. Exploring the neurophysiological mechanisms of anodal tDCS in healthy participants is an important first step before effective treatment protocols for patients with swallowing disorders can be developed.

ABSTRACT – POSTER AGED CARE

EVERINGHAM, T. & WENZEL, T.

Investigation of Three Health Scales in End Stage Renal Disease Patients on Haemodialysis

Background
Frailty, the manifestation of health deficits accumulated over a lifetime, comorbidity, and functional status have all been shown to predict adverse health outcomes in older adults. The Multidimensional Prognostic Index (MPI), Charlson Comorbidity Index (CCI), and Barthel Index (BI) have been developed to quantify frailty, comorbidity, and functional status, respectively. However, the associations between these scales and their clinical use in patients with end-stage renal disease (ESRD) are uncertain.

Objective
To characterise frailty amongst ESRD patients, and determine the association between the MPI, clinical characteristics, and the CCI and BI. Design: Cross-sectional study of 93 ESRD patients aged 65 years or older who had been undertaking haemodialysis for at least 3 months.

Method
Participants were interviewed during their dialysis session by structured questionnaire, and their clinical characteristics and medication profiles were recorded. ANOVA and Kruskal-Wallis were used to determine associations between each dependent variable and the MPI risk groups. Spearman’s rho was used to evaluate associations between the MPI, CCI, and BI. Results: Of the 93 patients that we studied, 33 (35.5%) patients were MPI-1 (low risk), 56 (60.2%) were MPI-2 (moderate risk), and 4 (4.3%) were MPI-3 (severe risk). The mean age was 77.3±6.50 years, and the mean BMI was 28.4±6.14 kg/m2. Significant differences (p < 0.05) in the CCI and BI were observed across the 3 MPI categories. There was no significant difference in age or BMI across the three MPI groups. The BI was negatively associated with the MPI (rho = -0.697), and positively associated with the CCI (rho = 0.292).

Conclusion
Our findings describe the cumulative health burden of the ESRD population, with most patients falling into the moderate risk MPI category. The MPI was not associated with age or BMI, but was associated with the BI and CCI.

ABSTRACT – ORAL ORTHOPAEDIC

Wednesday 6 September 2.30pm – 2.45pm

FORD, J.

Clinical Diagnosis of Instability in TKA: Design and evaluation of a new diagnostic algorithm for the diagnosis of the unstable total knee arthroplasty

Introduction
When considering revision knee arthroplasty, the key factor in achieving a satisfactory outcome is an accurate pre-operative diagnosis. This is then used to prepare a definitive management plan prior to performing the patient’s surgery. This paper describes and evaluates a new algorithm to improve diagnostic accuracy in the failing knee and reduce the risks of unnecessary surgery to the patient.

Method
In this study, we retrospectively examined the records of 45 patients who had undergone our diagnostic examination under anaesthesia (EUA) at a single hospital centre for post-operative complications following a primary TKA. All procedures were performed by the senior author. Results were analysed to investigate any associations between EUA findings and the clinical need for revision surgery.

Results
There is no difference in the rate of revision between males or females. Knee joint aspirates and inflammatory markers are unpredictable tests for predicting whether revision surgery is required. Varus instability on fluoroscopic examination was the most reliable predictor (p<0.001).

Conclusions
Our results confirm it is possible to set up a standardised diagnostic and management pathway for revision TKA surgery. This has reduced the number of patients having surgery performed for pain. Higher rates of ‘minor revisions’ are performed with a lower rate of complications.

ABSTRACT – ORAL ORTHOPAEDIC

Wednesday 6 September 2.45pm – 3.00pm

GEORGE, D.M., INGLIS, M., CAMPBELL, D., WILSON, C.

3d printed acetabular components for complex revision arthroplasty. a case series.

Introduction and aims
Revision total hip arthroplasty is a complex procedure and becoming more common. Acetabular implant loosening or fracture has previously been treated with a cup and cage construct. Recent studies have shown significant failure rates with Cup Cage constructs in more complex 3B and 3C Acetabular

timed water swallow test, ii. maximal tongue pressure, iii. skilled swallowing accuracy and iv. in a subgroup, biomechanical measures related to pharyngeal deglutitive pressures and bolus flow. Neurological outcome measures consisted of motor evoked potential (MEP) amplitude in the floor of mouth muscle group at baseline and 15, 30 and 45 minutes post tDCS.

Conclusion
Our findings describe the cumulative health burden of the ESRD population, with most patients falling into the moderate risk MPI category. The MPI was not associated with age or BMI, but was associated with the BI and CCI.
revisions. As a result the use of 3D printed custom made acetabular components has become more common.

**Method**
We present 3 cases with severe acetabular bone loss that were treated with 3D printed acetabular components. The components were manufactured by OSSIS medical in New Zealand. The patient’s original femoral stem was included in all cases. Preoperatively the implant design was approved by the arthroplasty team prior to final manufacture. The implants arrived within weeks after final approval was given. Implants were provided with a sterilisable model used intraoperatively for reference.

**Results**
Three cases of 3D printed acetabular implants have been used locally for complex revision total hip arthroplasty with no immediate intraoperative or postoperative complications. One patient fell, five years post operatively. Sustaining a periprosthetic femur fracture requiring plate fixation, however, the acetabular component remained stable.

**Conclusions**
3D printed custom acetabular implants are an efficient, durable and cost effective option in complex revision total hip arthroplasty. Early results from the design team suggest improved results compared to TM cup / cage systems.

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**ABSTRACT - ORAL MENTAL HEALTH**

**Thursday 7 September 10.45am – 10.55am**

**GERACE, A., HU, F., O’KANE, D., & MUIR-COCHRAN, E.**

**Examination of the use of chemical restraint on acute psychiatric inpatient units in South Australia**

Chemical restraint, the use of pharmaceutics to control patient behaviour and manage risk of harm, has been described as a highly coercive intervention with deleterious emotional and physical outcomes for consumers. However, in comparison to other containment practices used in psychiatric inpatient settings (mechanical and physical restraint, seclusion), few studies have investigated the prevalence of chemical restraint use, characteristics of patients who are restrained, and features of these events. The purpose of this retrospective study was to examine the use of chemical restraint across 12 acute inpatient psychiatric units in South Australia over a 12-month period (6/2015-6/2016). Rates of chemical restraint use in units ranged from 0.12 to 28.78 events per 1000 occupied bed days. More males (57.9%) than females experienced chemical restraint, with over 55% of patients having a diagnosis of schizophrenia, and a greater proportion of patients in the 25-34 year age range being restrained. Restraint use occurred early in consumers’ admissions, and events often occurred at staff changeover and consumer meal times. The mostly commonly used medications were olanzapine (50% of events) and clonazepam (35%). Reasons for restraint and other intervention strategies (e.g. de-escalation) attempted were variable in level of detail documented by clinicians. Implications and challenges for clinicians in these and other settings (e.g. EDs) will be discussed, as well as an agenda for current and further research between Flinders University and SALHN in this area within the context of national priorities to reduce the use of coercive measures in mental health care.

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**ABSTRACT - ORAL CLINICAL**

**Friday 8 September 11am – 11.15am**

**GILES, T.**

**Family Presence during Cardiopulmonary Resuscitation: who decides and how?**

**Introduction**
Thousands of people suffer cardiac arrest in hospital each year and around 90% of these people die, frequently separated from their loved ones. Family presence during resuscitation (FPDR) was introduced in the 1980s so family could be with their loved ones during life-threatening events. Evidence supports important benefits of FPDR. Yet, despite endorsement from professional groups, FPDR is not practiced widely in Australia and rationales for poor uptake are unclear.

**Aim**
To examine factors and perceptions impacting FPDR practices in Australian hospitals

**Method**
Using a constructivist grounded theory method, 28 in-depth interviews were undertaken with Australian clinicians, family members and a resuscitation patient to interpret and explain their meanings and actions when deciding whether to practice/participate in FPDR.

**Results**
The resultant grounded theory the social construction of conditional permission comprises a series of value-laden judgements as part of the decision-making process of whether to practice or participate in FPDR. In the absence of formal policies, decision-making was influenced primarily by individual values, preferences, and pre-existing expectations around societal roles and status. As a result, current practices were highly subjective and variable. Conditional permission for FPDR was impacted most by the personal preferences of individuals who were seen to be ‘in charge’ of permissions.

**Conclusion**
The introduction of clinical protocols and associated education is recommended as an important starting point to ensure future practice is guided by evidence and standards for health consumer safety and welfare rather than by personal values and preferences of individuals ‘in charge’ of permissions.

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**ABSTRACT - ORAL WOMEN’S HEALTH**

**Wednesday 6 September 11.15am – 11.30am**

**GUIVER, N., BEALL, J., STEEB, A.**

**Can psychosocial screening in pregnancy enhance service engagement with vulnerable families, and improve outcomes for babies?**

**Results from a small cohort of babies born at Flinders Medical Centre.**

The early childhood years are a time of complex and rapid development, when a child’s growing brain and body are exquisitely sensitive to their environment. Research increasingly indicates that psychological and social factors can have an equally strong influence on early development as physical and biological factors, and that risks should be identified and addressed at the
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earliest opportunity. Many Australian hospitals, including Flinders Medical Centre, now incorporate psychosocial screening and referral programs within antenatal care, however evidence for effectiveness is lacking. Specifically, do such programs promote service engagement with vulnerable families beyond the birth of their child, and could this make a difference to babies’ outcomes?

In this collaborative project involving Flinders Medical Centre (FMC) and the community-based Child and Family Health Service (CaFHS), we followed a cohort of mothers and babies identified antenatally as psychosocially ‘at risk’, through to the babies 6-9-month health check with CaFHS. By linking clinical data from both agencies, we examined the transfer of psychosocial risk information, initial and sustained service engagement, and babies’ outcomes, across this period. Results highlight that sharing antenatal psychosocial risk information can trigger assertive postnatal service practices, leading to higher rates of engagement with vulnerable families compared with the broader SA population. However, this engagement is not well sustained, and is affected by families’ overall risk burden as well as several modifiable service characteristics. These findings will be used to design better services for vulnerable families, directed toward improving every child’s chance of the best possible start to life.

ABSTRACT - POSTER CANCER

HUGHES, D.L., FLIGHT, I., CHAPMAN, J. ET AL

Delivering health messages regarding cancer awareness and prevention to migrants attending migrant English courses in Australia: Is this feasible?

Background

In Australia, cancer disparities exist between different migrant communities, and not all groups engage in cancer prevention behaviours to the same degree. Traditional health messaging may be inaccessible to migrants for cultural, language, or literacy reasons. New methods of health promotion are needed. Across Australia, and blending cancer literacy into English-as-a-Second-Language (ESL) education is a promising approach to reach non-English speaking migrants. Could this strategy be utilised in Australia? Guided by the RE-AIM framework, this preliminary project aimed to identify the feasibility of this approach within the Australian context.

Method

Focus groups were held with teachers delivering adult migrant-ESL programs, and individual interviews were held with migrant resource personnel.

Results

Thematic Framework Analysis revealed overwhelming enthusiasm for a cancer prevention ESL resource. For successful reach to multiple communities and implementation in multiple migrant-ESL programs, this resource should be flexible to cater for multiple cultures, language levels, and incorporate varied communicative activities and media.

Conclusions

This study offers some understanding of barriers and facilitating factors to guide development of an ESL resource feasible for inclusion in current migrant-ESL programs.

Research Implications

We identified limited consideration of cultural constraints on curriculum design. Future work will address this limitation and a module will be developed and trialled.

Clinical Implications

Merging cancer prevention literacy with available ESL education programs could be a feasible alternative to traditional health messaging for migrants to Australia.

ABSTRACT - ORAL GASTROENTEROLOGY

Thursday 7 September 11am – 11.15am

HUSSAY, D., CHIAM K, WANG T, WATSON DI, MAYNE GC, IRVINE TS, BRIGHT T, SMITH L, WHITE IA, BOWEN JM, KEEFE D, THOMPSON SK, JONES ME

Circulating Serum Exosomal miRNAs As Potential Biomarkers for Esophageal Adenocarcinoma

Background

The poor prognosis and rising incidence of esophageal adenocarcinoma highlight the need for improved detection methods. The potential for circulating microRNAs (miRNAs) as biomarkers in other cancers has been shown, but circulating miRNAs have not been well characterized in esophageal adenocarcinoma. We investigated whether circulating exosomal miRNAs have potential to discriminate individuals with esophageal adenocarcinoma from healthy controls and non-dysplastic Barrett’s esophagus.

Methods and results

Seven hundred fifty-eight miRNAs were profiled in serum circulating exosomes from a cohort of 19 healthy controls, 10 individuals with Barrett’s esophagus, and 18 individuals with locally advanced esophageal adenocarcinoma. MiRNA expression was assessed using all possible permutations of miRNA ratios per individual. For each group, eight miRNA ratios were differentially expressed in individuals with cancer compared to controls and Barrett’s esophagus (Mann-Whitney U test, P<0.05). The 1.79/408 ratios discriminated esophageal adenocarcinoma from healthy controls and Barrett’s esophagus (linear regression, P<0.005; area under receiver operating characteristic (ROC)=0.7, P<0.05). A multi-biomarker panel (RNU6-1/miR-16-5p, miR-25-3p/miR-320a, let-7e-5p/miR-15b-5p, miR-30a-5p/miR-324-5p, miR-17-5p/miR-194-5p) demonstrated enhanced specificity and sensitivity (area under ROC=0.99, 95% CI 0.96-1.0) over single miRNA ratios to distinguish esophageal adenocarcinoma from controls and Barrett’s esophagus.

Conclusions

This study highlights the potential for serum exosomal miRNAs as biomarkers for the detection of esophageal adenocarcinoma.

ABSTRACT - ORAL PUBLIC HEALTH

Wednesday 6 September 9.45am – 10am

HUYNH, K., CHEW, D., HORSFALL, M.

Frequent Flyers in Adelaide’s Hospital Emergency Departments (ED) and the Demand for Acute Hospital Services – A Statewide study 2007-2005

Background

Frequent flyers (FFs; 4 or more presentations in 12-months) have long been studied. However, these snapshots have yet to capture
the position of acute hospital services in treating the community’s needs during acute illness.

Aims and objectives
To capture the position of Adelaide’s acute hospital services in the wider care pathway, in addressing the community’s needs during acute illness. To provide insights into the relationship between acute illness and health-seeking behaviours for acute hospital services and requirements for inpatient care.

Hypothesis
Key chronic diseases increase the likelihood for high acuity presentations to require inpatient care, and susceptibility being amenable to temporal factors and different among FFs.

Design and setting
All adult ED presentations (n=2,156,184) in metropolitan SA from 01/07/2007-31/07/2015.

Main outcome measures
The influence of chronic disease on acuity of illness and requirement for admission, adjusted for temporal factors, age and gender.

Results
Over one-half of Adelaide’s population (~1.32 million) have sought acute hospital services (n=717,310). Each calendar year, total presentations rose by 0.3-0.4%, while similarly admissions rose an average of 0.4%. There were more non-FFs (n=677,703; 94.5%) than FFs (n=39,607; 5.5%), when considered at baseline. Yet FFs, considered at any timepoint accounted for 20.1% of presentations. Chronic disease was a key factor in admitted higher acuity presentations. Surprisingly, temporal factors were a stronger driver for health-seeking behaviour towards acute services.

Conclusion
Preliminary quantification of demand for acute hospital services during acute illness indicates susceptibility to health-seeking behaviours for acute services largely driven by temporal factors, moderated by disease.

ABSTRACT – ORAL PUBLIC HEALTH
Wednesday 6 September 9pm – 9.15am
JAENSCH, D., BAKER, N., GORDON, S.
Positive health experiences under Patient Centred Care Principles – a systematic review

This study synthesises the literature about contemporaneous experiences of patients and healthcare professionals (HCP) during health consultations to determine the principles that contribute to a positive experience. A literature review informed keywords for searching in 5 databases. PRISMA protocol and Endnote were used to maintain and reduce 1,379 papers to 9 qualitative and 5 mixed methods, assessed using Critical Appraisal Tools.

Synthesis of the studies was performed using descriptive–interpretative method and narrative approach. According to NHMRC Hierarchy of Evidence the papers were level III-3. Critical appraisal indicated they were mostly of moderate quality. Principles identified by both patients and HPC as contributors to positive healthcare experiences included; Communication, with open dialogue between practitioner and patient based on mutual understanding, empathy and equity; Information sharing, empowering the patient in the management of their health and illness, and active decision maker in their care; an Organised health service - short wait times, friendly staff, physical comforts and longer consultations. These principles were identified during care for acute through chronic conditions, primary and tertiary care settings, and across borders; North America, Europe, and Malaysia.

This systematic review indicates shared positive patient and healthcare professional experiences occur when the principles of Patient Centred Care are the basis of care. Differences in perceptions between HCP and their patients during the same health consultation were apparent and the presentation will provide suggestions based on the literature to overcome these discrepancies and allow the industry to move from analysis to implementation of PCC principles.

ABSTRACT – ORAL ORTHOPAEDIC
Wednesday 6 September 3pm – 3.15pm
JOHN, M. & SIERAKOWSKI, K.,
A study to evaluate the use of patient reported outcome measures in hand clinics

Introduction
Patient-reported outcome measures (PROMs) are questionnaires that quantify health-related quality of life. The intention of this study is to explore the integration of these PROMs into the clinical care of patients in the real world local setting of Flinders Medical Centre (FMC) hand clinics.

Method
Participants are randomised to complete either the Disability of the Arm, Shoulder and Hand (Group A), the Michigan Hand Questionnaire (Group B) or the Patient rated wrist/hand evaluation (Group C). Participants are asked to complete this particular type of questionnaire at intervals that coincide with their outpatient appointments.

Results
(Interim results are given as this study currently still in progress; due for completion at the end of May. Final results can be forwarded when available. The final results will be presented at Research Week and will include demographic analysis of acceptors vs refuses, analysis of scores and missing data.) A total of 442 participants were enrolled in this study. Initial questionnaires completed per group; Group A (144), Group B (150) and Group C (148). Second questionnaire completion per group; Group A (32), Group B (49) and Group C (33). The number of people approached to participate who declined was 79, resulting in a refusal rate of 18%. The number of people who have withdrawn from the study is 7 (1.6%), 4 from Group B and 3 from Group C.

Conclusion
The acceptance rate of 82% indicates that the integration of a patient reported outcome measure into the hand clinics at Flinders Medical Centre is acceptable to patients.
ABSTRACT - ORAL / POSTER OPHTHALMOLOGY
Friday 8 September 11.30am – 11.45am

KANDEL, H., KHADKA, J., PESUDOVES, K.

Comparison of refractive error-specific quality of life issues between developed and developing country settings.

Aim
To compare the refractive error-specific quality of life (QoL) issues between developed and developing country settings, and to determine if separate patient reported outcome instruments are required to measure refractive error-specific QoL in these settings.

Method
Qualitative studies were conducted in Nepal and Australia to understand the impact of refractive error on QoL. In-depth semi-structured interviews were conducted with adults (>= 18 years old) having refractive error. The interviews were recorded, transcribed and coded in the NVivo software (Version-11). Thematic analysis was carried out using deductive and inductive processes. QoL issues were compared using the coding-query matrices.

Results
We interviewed 48 adults (Median age, 49 years; female, 29; myopia, 36; hyperopia, 12; presbyopia, 23; glasses-wearers, 39; contact lens wearers, 17; refractive surgery, 17) in South Australia. Similarly, we interviewed 101 adults (Median age, 34.1; female, 46; myopia, 56; hyperopia, 21; presbyopia, 28; glasses, 60; contact lens, 17; refractive surgery, 20; uncorrected refractive error, 47) in Nepal. 296 unique QoL issues from 2,367 comments, and 308 unique issues from 3,477 comments were extracted across ten domains of QoL, in Australia and Nepal respectively. There was a difference of approximately one-third of the QoL issues between two settings. Activity limitation and health concerns were the major themes for the participants from Nepal and Australia respectively. The maximum similarity (93.3%) was observed for ocular-comfort symptoms.

Discussion
The study enriches the understanding of the impact of refractive error on QoL. This study findings indicate a need of separate patient reported outcome measures for developed and developing country settings to assess comprehensive QoL.

ABSTRACT - ORAL AGED CARE
Monday 4 September 4.15pm – 4.30pm

LEVY, T.

The feasibility of using a computer tablet to monitor adherence to an upper limb home exercise program in stroke

Objectives
To evaluate the feasibility and acceptability of using an iPad to monitor the amount of upper limb practice completed by stroke patients prescribed with a home program and to explore factors that influence adherence.

Method
Ten consecutive subjects randomised to the intervention arm of a randomised controlled trial investigating therapy after spasticity management for stroke patients (ACTRN 12615000616572) were recruited for this substudy. Participants were asked to perform and record a prescribed 60-minute upper limb program on an iPad daily. Exercises were based on the Graded Arm Supplementary Program. Four randomly selected recorded sessions for each participant were analysed by the physiotherapist to assess adherence to amount of exercise and content. The Self-efficacy for Exercise Scale, Perceived Social Support for Exercise Scale, Social Support for Exercise Scale, Adherence for Exercise Scale for Older People and System Usability Scale were administered to evaluate factors which influence adherence.

Results
Participants performed exercises on average for 50.32 minutes (range 26.42-68.37). Self-reported practice time was 59.44 minutes (range 48-67.5). Mean number of repetitions was 154.80 (range 48-67.5). Mean score for the System Usability Scale was 85.5 (range 47.5-100) indicating that participants were accepting of the technology.
**Conclusion/key practice points**
Monitoring of patient practice using an iPad is feasible and may prove more reliable than self-report. There is variability in the amount of upper limb exercise stroke patients do at home.

**ABSTRACT - ORAL CARDIOLOGY**
Tuesday 5 September 10.45am – 11.00am

**LOFFLER, K.A., HELLEY, E., FREED, R. ET AL**

**Effect of obstructive sleep apnea treatment on renal function in patients with cardiovascular disease**

**Rationale**
Obstructive sleep apnea (OSA) is associated with impaired renal function, but uncertainty exists over whether OSA treatment can influence renal outcomes.

**Objectives**
To determine the effects of continuous positive airway pressure (CPAP) on renal function in subjects with co-existing OSA and cardiovascular disease.

**Methods**
This was a substudy of the international Sleep Apnea and cardioVascular Endpoints (SAVE) trial that randomized 2717 patients with moderate-severe OSA and established coronary or cerebrovascular disease to receive CPAP plus usual care, or usual care alone. Renal function and adverse renal events were compared between CPAP treated (n = 102) and usual care (n = 98) groups. Glomerular filtration rate was estimated at randomization and the end of follow-up; urinary albumin:creatinine ratio was measured at study exit.

**Measurements and main results**
In 200 substudy participants (mean age 64 years; median 4% oxygen desaturation index; 20 events per hour; mean estimated glomerular filtration rate at baseline 82 mL/min/1.73m2, the median (IQR) change in estimated glomerular filtration rate (mL/min/1.73m2/year) was 1.64 (3.45 to 0.740) in the CPAP group and 2.30 (4.53 to 0.711) in the usual care group (P = 0.21) after a median period of 4.4 years. There were no between-group differences in end-of-study urinary albumin:creatinine ratio, or the occurrence of serious renal or urinary adverse events during the trial. Level of CPAP adherence did not influence the findings.

**Conclusions**
CPAP treatment of OSA in patients with cardiovascular disease does not alter renal function, nor the occurrence of renal adverse events.

**ABSTRACT - POSTER CANCER**

**LOWE, M., YOUNG, G.P. & MICHAEL, M.Z.**

**Enrichment of epithelial exosomes to increase the specificity of circulating microRNAs as biomarkers for colorectal cancer**

Colorectal cancer (CRC) is a leading cause of cancer related death in Australians but, if detected early, is curable by resection. More sensitive and specific methods are being developed to enhance detection in screening programs. To identify biomarkers, changes in circulating microRNAs (miRNA) between control and CRC were identified. CRC patients often present with co-morbidities including cardiac disease, hypertension and diabetes. It is notable that some CRC associated miRNA have also been proposed as biomarkers for these diseases. Epithelial Cell Adhesion Molecule (EpCAM) is a cell surface molecule expressed on epithelial derived exosomes. EpCAM labelled beads were used to capture epithelial tumour exosomes from serum to enrich for CRC associated miRNA miR-17, miR-19b, miR-20b, miR-21, miR-25, miR-186 and miR-486. Relative miRNA levels were determined by real time RT-PCR and were compared to unenriched sera in a cohort comprising 46 non-CRC controls (C), 51 advanced adenoma (AA), 32 stage III (SIII) and 18 stage IV (SIV) CRC patients. Significant differences in miRNA levels were seen in C participants between those with or without co-morbidities. The standout miRNA was miR-21. EpCAM enrichment enhanced CRC specificity (ANOVA p<0.05) even when co-morbidities were taken into account. Poorer survival occurred in CRC patients with high EpCAM-enriched miR-21 levels (>0.004) encompassing all SIV and 78% SIII patients (p<0.05). Survival was poorest in patients with high miR-21 levels and low miR-186 levels, including 89% SIV patients (p<0.001). Results show promise that exosome enrichment may help to increase diagnostic specificity and that co-morbidities can influence miRNA levels in blood.

**ABSTRACT - POSTER INFECTIOUS DISEASES**

**MAHER, D., LARCOMBE, R., POTTS, S., WIERSEMA, U.**

**Antimicrobial Stewardship in a Tertiary Intensive Care Unit**

**Background**
Antimicrobial stewardship programs are increasingly implemented in intensive care units (ICU) to combat the emerging threat of antimicrobial-resistance. In order to optimise these programs, interventions need to be tailored to target problem areas.

**Aim**
To provide an overview of the current antimicrobial prescribing patterns in a 32-bed ICU and thereby identify areas requiring improvement.

**Method**
A 10-week prospective observational audit was conducted in the ICU of a public tertiary hospital. Patients on antimicrobial treatment or surgical prophylaxis antibiotics were audited. The primary outcomes were: duration of surgical antibiotic prophylaxis; duration of therapy for pneumonia, urosepsis and peritonitis; de-escalation within 24-hours of microbiological results returning for empirical therapy; appropriate prescribing in penicillin allergy. Adherence to guidelines were also assessed.

**Results**
A total of 277 cases were included. Duration of surgical antibiotic prophylaxis and adherence to guideline durations are: cardiac/thoracic 21.6 hours (83.9% adherence), vascular 14.9 hours (80.8%), neurosurgery 20.4 hours (60.0%) and general surgery 11.1 hours (79.6%). The mean duration of therapy was 8.8±4.7 days (62.5% adherence) for community-acquired pneumonia, 8.5±4.6 days (28.6%) for hospital-acquired pneumonia and 11.9±4.6 days (46.2%) for ventilator-associated pneumonia. Urosepsis and peritonitis were underpowered and complex. De-escalation occurred 65.2% of the time, with 75% occurring within 24-hours of microbiological result availability. Antibiotic selection in 68.0% of patients with a documented penicillin allergy was appropriate.
Conclusion
This study successfully identified baseline prescribing patterns and areas requiring improvement. With this information, tailored stewardship programs can be developed to improve antimicrobial utilisation in the critical care setting.

ABSTRACT - ORAL CANCER

MANAWAMMA, S.
Prevention of Liver Fibrosis and Cancer Australia - Northern Territory: Investigating use of a urinary metabolite panel as a screening test for diagnosis of Hepatocellular Carcinoma

Hepatocellular Carcinoma (HCC) is the most common form of liver cancer. Indigenous Australians in the Northern Territory (NT) have a six times higher incidence of HCC compared to non-Indigenous Australians (1), one major contributing factor being the endemnicity of hepatitis B infection (HBV) with a seroprevalence of between 3–12% (2, 3). The NT HBV public health guideline (4) and the CARPA (Central Australian Rural Practitioners) manual (5) both recommend that Indigenous individuals with chronic HBV over the age of 50 receive 6-monthly screening for HCC with serum alphafetoprotein (AFP) testing and a liver ultrasound scan. This screening method has proven ineffective in enabling early intervention due to both logistical and accuracy challenges. This is reflected in a recent study that showed the median time from diagnosis of HCC to death for Indigenous people in the NT, between 2000-2011, was 64 days (1). The American Association for the Study of Liver Diseases (6) and its European counterpart (7) have removed AFP testing from their respective screening guideline recommendations, resulting in further research in the areas of metabonomic and proteomic based biomarker discovery. This research has identified urine metabolite panels with diagnostic superiority over AFP in detection of HCC, achieving both high sensitivity (87%) and specificity (90%) in discriminating HCC from cirhosis (8). The aim of this project is to identify a urinary metabolite panel to screen for HCC within the context or remote Aboriginal communities. This will be achieved through collaboration with Menzies School of Health Research and the Imperial College London.

ABSTRACT - ORAL MENTAL HEALTH

Thursday 7 September 10.55am – 11.05am

MATTI, A.
Using the Maastricht approach to improve outcomes for patients experiencing auditory verbal hallucinations: Four case reports

Auditory Verbal Hallucinations (AVHs) are sensory phenomenon that occur in the absence of external stimuli and are sometimes referred to by patients as the experience of hearing voices or voice hearing. These have been attributed by patients to traumatic events, spirits, ghosts and deceased family members etc. These vary in terms of frequency, duration, number of voices, form of address, content, acoustic and linguistic complexity. Patients often have feelings of loss of control, helplessness, social isolation, and significant functional disability. Given AVHs are viewed as often have feelings of loss of control, helplessness, social isolation, and significant functional disability. Given AVHs are viewed as mostly distressing for patients, mental health professional’s main goal has been to treat these symptoms effectively. However, it is important to note that one in four persons who experience AVHs does not respond to antipsychotic medications despite adequate adherence. The aim of this study was to explore a novel approach to addressing AVHs.

The Maastricht Hearing Voices Interview which is a structured interview which was developed in collaboration with patients as a way to explore the complex aspects and precipitants of AVHs. This is thought to help facilitate a better understanding of the linkages between stressors, affects, and AVHs, in order to foster better coping mechanisms for dealing with underlying distress. Four patients underwent thirteen 50-minute sessions to further understand their AVHs. All four patients showed improved scores on the hope, empowerment and Positive and Negative Symptoms of Schizophrenia scales. This case series supports the utility of this approach in improving patient outcomes. Further research is needed to provide further evidence of its value.

ABSTRACT - ORAL PUBLIC HEALTH

Wednesday 6 September 8.30am – 8.45am

MILL, D., DAWSON, J., JOHNSON, J.L.
Managing acute pain in a patient who reports lactose intolerance: The tolerability of an old excipient reviewed

Background
Lactose intolerance reportedly affects up to 70% of the world’s population, leading to abdominal and systemic symptoms. Given lactose is one of the most commonly used excipients in the pharmaceutical industry, consideration must be given to the lactose content and subsequent safety of pharmacotherapy prescribed for patients with lactose intolerance.

Aim
Summarise current literature examining the likelihood of inducing adverse effects through administration of lactose-containing pharmaceutical preparations in patients reporting lactose intolerance, describe how to assess individual patient risk and to review suitable analgesic options for this population in the context of a case-study.

Method
Ovid MEDLINE database was searched using the terms: lactose intolerance OR lactose non-persistence OR lactase deficiency AND treatment OR therapy, lactose AND excipient. Data pertaining to specific formulations were obtained from MIMS.

Results
It is evident that lactose intolerance is a highly variable, patient dependent, clinical condition and for most patients the lactose content of medications is not sufficient to induce symptoms. However, for a few adverse events may occur following ingestion.

Discussion
When managing these patients clinicians should determine likely tolerability based upon the patient’s dietary lactose tolerance and the total calculated lactose exposure from the medication regimen. If unable to establish lactose tolerance or in a highly sensitive individual, options include: lactose free formulations (eg. oral liquid); alternative route of administration (eg. rectal) or trialing concurrent lactase replacement therapy.

Conclusions
For patients reporting lactose intolerance, the individual’s likely tolerability should be determined and for those unable to tolerate any lactose there are various options.
ABSTRACT - ORAL PUBLIC HEALTH
Wednesday 6 September 8.45am – 9am
MILL, D., JOHNSON, J., COCK, V. ET AL

Counting the costs of over-the-counter codeine misuse: A retrospective review of hospital admissions

Background
Numerous case reports detail life-threatening morbidities arising from misuse of, and dependence on, over-the-counter (OTC) combination analgesics containing codeine (CACC). While CACC-related harms are well documented, the cost of CACC-related complications to the health care system have not been evaluated.

Aims
1) Identify and describe patients hospitalised due to serious adverse effects relating to OTC CACC and; 2) Estimate the costs of identified OTC CACC-related hospital admissions.

Methods
A search of International Classification of Diseases (ICD-10) discharge codes was performed to identify admissions to a tertiary teaching hospital relating to OTC CACC misuse, over a 5-year period. A retrospective case note review was performed and patient characteristics, presenting morbidities, and resultant interventions were detailed. The hospital costing analyst supplied cost data for admissions identified.

Results
Ninety-nine OTC CACC-related admissions (for 30 individual patients), were identified. Most related to gastrointestinal morbidities secondary to ibuprofen/codeine misuse. Patients consumed a daily mean of 28 OTC CACC tablets for a mean duration of 606 days prior to admission. These admissions were estimated to cost $1,008,082 with a mean cost per admission of $10,183.

Discussion
Difficulty in identifying these patients and their misuse was also evident, highlighting that clinicians need to be vigilant with these types of presentations and where a history of misuse has been previously documented, clinically suspicious of the presentation in order to better prevent re-admission and therefore unnecessary costs.

Conclusions
The outcomes of OTC CACC misuse are serious and come at a significant cost to patient health and the Australian healthcare system.

ABSTRACT - POSTER CARDIOLOGY

MS, RP, SHAH, R., MAHONY, R., FLETCHER, J., FULLER, J.S.

Identification of Atypical Fabry Disease in an Australian Cardiac Population

Background
Fabry disease (FD) is a rare genetic disorder arising from a deficiency of the lysosomal enzyme, α-galactosidase A (α-GalA), vital for sphingolipid caramide trihexoside (CTH) degradation. Cardiac involvement is the most common clinical manifestation of FD with left ventricular hypertrophy (LVH) being the predominant finding. Screening studies in other countries observed varying prevalence rates (0-12%) of the cardiac variant of FD. Hence, the aim of this study was to determine the prevalence of atypical FD in Australian cardiac patients with unexplained mild-moderate LVH.

Methods
Study participants were selected from echocardiography database at Flinders Medical Centre (Studies 2010-2015). Participants were of ages 18-75 presenting with unexplained mild-moderate LVH(12-15mm). Exclusion criteria included known >mild AS, >moderate HT and cardiomyopathy. 3499 patients were invited to participate, of whom 405 consented, and had α-GalA levels tested using a dried blood spot (DBS) card. Patients with reduced α-GalA activity then underwent a confirmation testing with lyso-CTH and if indicative of FD, molecular testing. Genetic testing involved α-GalA mutation searching (using next generation sequencing) for cardiac mutations responsible for atypical FD.

Results
Seven out of 405 (1.7%) participants had α-GalA levels in 0.2-2.3 range and required further mutation testing; 2 of these were confirmed as FD despite being under routine cardiac care. Hence, the prevalence of undiagnosed FD in this population was 0.5%

Conclusion
FD is underdiagnosed in patients with unexplained LVH. Simple and inexpensive testing measures for α-GalA may be employed using DBS methods to reduce the number of patients with undiagnosed FD in this population.

ABSTRACT - ORAL CANCER
Tuesday 5 September 11.14am – 12mid
MULLER, K., WANG, J., DAVIES, J.

Prevention of Liver Fibrosis and Cancer Australia - Northern Territory: Investigating use of a urinary metabolite panel as a screening test for diagnosis of Hepatocellular Carcinoma

Hepatocellular Carcinoma (HCC) is the most common form of liver cancer. Indigenous Australians in the Northern Territory (NT) have a six times higher incidence of HCC compared to non-Indigenous Australians (1), one major contributing factor being the endemincity of hepatitis B infection (HBV) with a seroprevalence of between 3–12% (2, 3). The NT HBV public health guideline (4) and the CARPA (Central Australian Rural Practitioners) manual (5) both recommend that Indigenous individuals with chronic HBV over the age of 50 receive 6-monthly screening for HCC with serum alphafetoprotein (AFP) testing and a liver ultrasound scan. This screening method has proven ineffective in enabling early intervention due to both logistical and accuracy challenges. This is reflected in a recent study that showed the median time from diagnosis of HCC to death for Indigenous people in the NT, between 2000-2011, was 64 days (1).

The American Association for the Study of Liver Diseases (6) and its European counterpart (7) have removed AFP testing from their respective screening guideline counterpart (7) have removed AFP testing from their respective screening guideline recommendations, resulting in further research in the areas of metabonomic and proteomic based biomarker discovery. This research has identified urine metabolite panels with diagnostic superiority over AFP in detection of HCC, achieving both high sensitivity (87%) and specificity (90%) in discriminating HCC from cirrhosis (8). The aim of this project is to...
Abstracts

identify a urinary metabolite panel to screen for HCC within the context or remote Aboriginal communities. This will be achieved through collaboration with Menzies School of Health Research and the Imperial College London.

**ABSTRACT – POSTER** NEUROSURGERY

NUSSIO, A., GEORGE, S., LIDDLE, J., BARR, C., ET AL.

**CarFreeMe TI: a driving cessation intervention for people who have sustained complex trauma injuries in South Australia.**

**Aim**
To determine the effectiveness of a community based education and support program (CarFreeMe TI) on community participation for individuals who are unable to return to driving following a trauma injury.

**Background**
For people with complex trauma injuries, including spinal cord and traumatic brain injury, no longer being able to drive often leads to poorer physical and mental health outcomes and reduced community participation.

**Methods**
Eligible participants will participate in a randomised cross over trial comparing the effects of the CarFreeMe TI intervention with standard care. CarFreeMe TI intervention involves six half day sessions that addresses the practical and psychological adjustment to driving cessation. Sessions are facilitated by an Occupational Therapist and peer leaders.

Community participation will be measured through the use of a Global positioning System (GPS). Secondary outcome measures will provide a wider picture of quality of life, transport use and confidence with maintaining community participation without driving. A record of program costs will support a preliminary economic evaluation of the CarFreeMe TI intervention.

**Results**
Analysis of data is currently underway and preliminary program outcomes will be presented. An overview of new software used for GPS data analysis will be presented.

**Discussion**
The results of this study will provide information to inform the allocation of resources in community rehabilitation post trauma injuries.

**ABSTRACT – ORAL** AGED CARE

Monday 4 September 5pm – 5.15pm

PEGOLI, M.A., DEDIGAMA, M., MANGONI, A.A., RUSSELL, P.T. ET AL

**Proton Pump Inhibitors and Risk of Readmission and Mortality in Older Patients Discharged from a Tertiary Hospital to Residential Aged Care Facilities**

Increasing evidence indicates that proton pump inhibitors (PPIs) are being overprescribed and are associated with numerous adverse effects. We sought out to investigate whether the use of PPIs, specifically in older hospital patients discharged to residential aged care facilities (RACF-s), had any impact on hospital readmission rates and mortality.

Patients ≥75 years, originally from home or a RACF, admitted to general medicine wards between 30th October 2014 and 1st May 2015 and discharged to a RACF, were recruited into the study. A comprehensive list of all pre-admission medications completed by a clinical pharmacist was utilised as the list of medications on admission. A discharge medication chart for each RACF, completed by a medical officer and countersigned by a clinical pharmacist, was used as the list of medications on discharge.

The mean (SD) age of participants (N=102) was 87 (6) years, and 62 (60.8%) were female. Of the total population, 51 (50%) were taking a PPI on discharge. In adjusted analyses, PPI use was associated with an 82% increased rate of hospital readmission [IRR, 1.82; 95% CI (1.13-2.94), P = 0.014], and 124% increased rate of mortality [HR, 2.24; 95% CI (1.01-4.96), P = 0.047] within 6-months from initial discharge from hospital. The majority of patients (n=30/51; 59%) include urinary incontinence, erectile dysfunction, decreased quality of life and psychological effects. Predictive tools to assess the likelihood of an individual experiencing patient reported outcomes have been developed to aid decision making when selecting treatment.

**Methods**
A systematic review was undertaken to identify all papers describing tools for the prediction of patient reported outcome measures (PROMs) in men with prostate cancer treated with radical prostatectomy. To be eligible for inclusion, papers had to provide a summary measure of accuracy. PubMed and EMBASE were searched from July 2007. Title/abstract screening, and full text review were undertaken by two reviewers whilst data extraction and critical appraisal was performed by a single reviewer.

**Results**
The search strategy identified 3,217 potential studies, of which 191 progressed to full text review and 14 were included. From these studies, 27 tools in total were identified, of which 18 predicted urinary symptoms, six predicted erectile function and one predicted freedom from a group of three outcomes (“trifecta”) (biochemical recurrence, incontinence and erectile dysfunction). Based on tool accuracy (>70%) and external validation, two tools predicting incontinence and two tools predicting erectile dysfunction are recommended.

**Conclusions**
A small number of tools for the prediction of patient reported outcomes following radical prostatectomy have been developed. Four tools were found to have adequate accuracy and validation and are recommended for implementation for the prediction of urinary incontinence and erectile dysfunction.
had an identifiable indication for a PPI based on their medical discharge summary, the most common of which was Gastro-Oesophageal Reflux Disease (n=16/30; 53%).

Our study further highlights the need for physicians and pharmacists to continually review PPI use, especially in the older inpatient population.

**ABSTRACT - POSTER CARDIOLOGY**

**PESUDOVOS, B., BAKER, R.A., & BENNETTS, J.**

**The Lighthouse Hospital Project – Phase 3, Flinders Medical Centre Cardiac and Thoracic Surgical Unit.**

The Lighthouse Hospital Project – Phase 3 is a three-year initiative by the Heart Foundation in partnership with the Australian Healthcare and Hospitals Association, funded by the Australian Government Department of Health, that aims to improve outcomes for Aboriginal and Torres Strait Islander (ATSI) peoples experiencing acute coronary syndrome.

The project aims to achieve systemic change in the acute care sector through a quality improvement approach and builds on a Quality Improvement Toolkit that was developed and tested in eight pilot hospital sites, including Flinders, focusing on governance, cultural competence, workforce and care pathways.

Phase 3 extends the project to 18 hospitals across Australia, capturing 40% of all cardiac admissions for ATSI peoples, and aims to ensure evidence-based, responsive and accessible, clinically appropriate and culturally competent care.

In consultation with our Karpa Ngarrattendi Team and representatives from our local, country South Australia and Northern Territory communities, we will establish an action plan to complement our Phase 2 achievements (which concentrated on the pre-surgery and hospital stay of ATSI patients). We will enhance our cultural awareness and safety, staff education and plan to support our patients by developing the role of the Aboriginal Health Worker as part of our team. Integral to this is improving the patient pathway after surgery - including securing suitable accommodation, ensuring Primary Health Care support in the immediate post-operative period and improving post-surgery support and rehabilitation, which will support our ATSI patients from the time they leave hospital until well after they have returned to their community.

**ABSTRACT - POSTER CANCER**

**PULFORD, E., HUILGOL, K., MOFFAT, D., HENDERSON, D.W. & KLEBE, S.**

**The Prognostic and Diagnostic Implications for BAP1 in Malignant Mesothelioma**

Malignant Mesothelioma (MM) is an aggressive malignancy of the serosal membranes, directly correlated with asbestos exposure. Accurate and early diagnosis and prognosis are difficult to determine, and treatment response is limited. BAP1 is a tumour suppressor gene commonly mutated in MM, but its role in pathogenesis is not well understood. Although loss of BAP1 has been reported as an adverse prognostic factor in other malignancies, in MM it is often associated with favourable prognosis. This project aimed to determine prognostic significance of BAP1 expression in histology and cytology specimens in 81 MM patients, and to identify any association with VEGFA, an established prognostic marker in MM, to better understand disease pathogenesis pathways.

BAP1 status was determined by immunohistochemistry on archival tissue and cytology blocks available through SA Pathology. ELISA was used to determine VEGFA protein concentration in pleural effusion samples. This work was approved by the Southern Adelaide Clinical Human Research Ethics Committee (approval number 381.09).

BAP1 mutation was found in 58% of histology and 59% of cytology specimens. Loss of BAP1 expression in both surgical and cytology specimens was significantly associated with poorer survival in a multivariate analysis when controlling for age, sex, and histological subtype. Increased levels of VEGFA in pleural effusions were associated with poor survival as expected, and were also associated with BAP1 expression. In conclusion, it is likely that the prognostic significance of BAP1 is subject to individual variation, and precautions should be taken in interpretation of BAP1 labelling in MM patient diagnostic reports.

**ABSTRACT - ORAL PUBLIC HEALTH**

**RAGHAVENDRA, P., WOOD, D., GRACE, E., HUTCHINSON, C., NEWMAN, L.**

**Impact of social media use training on the social networks of youth with disabilities living in rural South Australia**

**Objective**

The aim of the study was to investigate whether social media use training enhances the social networks of young people with developmental disabilities living in rural South Australia. It was predicted that the mean number of online communication partners would increase after the social media use training.

**Methods**

17 young people (8 with communication difficulties) with a mean age of 16.3 years with intellectual disabilities or Autism Spectrum Disorder participated. The Canadian Occupational Performance Measure (COPM) was administered before and after intervention to measure performance and satisfaction in aspects of social media use. Goal Attainment Scaling was used to develop goals (e.g., to put photos on Facebook independently, to connect with friends). The Circles of Communication Partners tool mapped the number and type of offline and online communication partners before and after intervention. An individualised home intervention including appropriate assistive technology was provided to teach how to use social media. Participants and their parents were interviewed after the intervention regarding their views of the intervention as well as benefits and challenges.

**Results**

Mean self-rated performance and satisfaction with performance on COPM increased post-intervention demonstrating an increase in social media skills. Wilcoxon signed ranks showed that significant increases were observed in Circle 6 (online communication partners, p = .001). Perceived improvements to speech and literacy, improved confidence and independence in social media use was reported by parents and participants.

**Conclusion**

Individualised training can significantly improve social media skills of young people with disabilities living in rural areas and enhance their social networks.
Abstracts

**ABSTRACT – POSTER RESP SLEEP**

RAHIMI, M. HEATH, M., O’GRADY, A., MERCER, J., ET AL

A preliminary analysis of brief arousal and awakening responses associated with posture shifts in sleep, and the impact of supine-avoidance alarm treatment

This study aims to assess the frequency and duration of arousal and awakening responses associated with posture shifts during sleep, and to examine how quickly sleep resumes following posture shifts with and without supine avoidance alarm device.

Inactive vs active supine-avoidance responses were examined in 20 patients with supine-predominant OSA. Kaplan-Meier and Cox regression analyses were used to examine effects of prior state (wake vs sleep), posture (supine vs non-supine) and treatment (vs baseline) on the time spent in supine vs non-supine postures, and sleep onset latency after each posture shift.

Data from 20 patients (65% Males, mean±SD age 55.7±13.1 years, BMI 29.4±6.3 kg/m²) were available for preliminary analysis. From a total of 99 (baseline) vs 71 (treatment) sustained posture shifts (median [IQR] 5 [3-7] vs 2 [2-5] per patient), most (96%; 95/99 vs 68/71) were associated with full awakening or brief arousal, followed by 4.3±8.7 vs 2.2±5.6 min before sleep resumed. Fewer but residual sustained shifts to supine vs non-supine postures on treatment (18 vs 53, Fisher’s p=0.034) vs baseline nights (41 vs 58), and a trend for faster sleep onset after shifts to supine (mean±SEM 0.6±0.2 vs 4.0±1.2 min, p=0.062) on treatment vs baseline nights suggest residual false negative and/or alarm sleep-through events.

Most posture shifts occur shortly after an arousal/awakening or during established wake supporting higher centre involvement in posture shifts. Thus, supine-alarm device events occurring after supine shifts from sleep typically coincide with a brief posture-shift related return to wake, followed by a rapid return to sleep minimally impacted by the alarm per se.

**ABSTRACT – ORAL CARDIOLOGY**

Tuesday 5 September 11am – 11.15am

RAMAN, K.

Cardiac Magnetic Resonance (CMR) Evaluation of Left Ventricular (LV) Functional, Morphological, And Structural Features in Children and Adolescents Vs. Young Adults with Isolated Left Ventricular Non-Compaction (iLVNC)

Background

Isolated left ventricular non-compaction (iLVNC) is a rare myocardial disorder however, most studies to date have focused on adults with iLVNC, while fewer CMR data in pediatric patients. The aim was to investigate the LV functional, morphological, and structural features revealed by CMR in children/adolescents with iLVNC, and compare them with those observed in young adults with iLVNC and healthy children/adolescents.

Methods

The study population included 44 subjects: 12 consecutive children/adolescents (mean age 15±3 years, 75% male) and 20 consecutive young adults (mean age 35±7 years, 75% male) with a first diagnosis of iLVNC, and 12 healthy children/adolescents (mean age 15±3 years, 75% male). CMR with late gadolinium enhancement (LGE) imaging was performed to evaluate the LV function, the extent of LV trabeculation, and the presence/extent of LV LGE, a surrogate of myocardial fibrosis. Tissue-tracking analysis was applied to assess the LV global longitudinal (GLS), circumferential (GCS) and radial (GRS) strain.

Results

Compared to the healthy children/adolescents and the children/adolescents with iLVNC, the young adults with iLVNC had significantly lower LVEF, with no significant difference between the other two groups. The extent of LVNC and the presence/extent of LV LGE in the children/adolescents and the young adults with iLVNC was similar. Compared to the healthy children/adolescents, both the children/adolescents and the young adults with iLVNC had significantly impaired LV GLS (p<0.036 and p<0.001, respectively), GCS (p=0.044 and p<0.001, respectively), and GRS (p=0.047 and p<0.001, respectively).

Conclusion

Complete phenotypic expression, subclinical impairment of myocardial deformation properties, and cardiac injury occur quite early in iLVNC patients.

**ABSTRACT – ORAL GASTROENTEROLOGY**

Thursday 7 September 11.15am – 11.30am

ROSNI, MOHD, KUMAR, R., WIKLENDT, L. ET AL

Abnormal Distal Colonic Motor Patterns In Response To Meal In Patients With Diarrhoea Predominant Irritable Bowel Syndrome

Background

Diarrhoea predominant irritable bowel syndrome (IBS-D) commonly occurs in the community and has a huge impact on the well-being and social function of sufferers. Although there are likely to be many aetiologies underpinning the condition, altered colonic motility is likely to underlie their clinical manifestations. However, the colonic dysmotility specifically responsible for symptoms in IBS-D has never been adequately described.

Methods

After overnight fasting, a 72-sensor (spaced at 1cm intervals) manometry catheter was colonoscopically placed and the tip clipped at the ascending colon in 13 patients (8 males, 5 female; mean age 42yr) with IBS-D (defined by Rome III criteria). Manometric recordings were taken for two hours pre and post a 700kCal meal. These data were compared to data from healthy controls recorded previously. In those healthy controls the colonic meal response was characterized by a significant increase in a retrograde cyclic motor pattern which occurred predominantly in the sigmoid colon.

Results

When compared to healthy controls, the increase in the 3-4 cycle per minute postprandial retrograde motor activity was significantly reduced in IBS-D (P < 0.05).

Conclusion

A failed increase in the number of the postprandial distal colonic retrograde cyclic motor pattern represents a novel discriminative manometric marker for abnormal colonic motility in adult patients with IBS-D. In health we have hypothesised that this motor pattern may act as a brake preventing premature rectal filling. Its absence in patients with IBS-D may contribute to symptoms of postprandial urgency.
ABSTRACT - ORAL GASTROENTEROLOGY
Thursday 7 September 11.30am – 11.45am

ROSLI MOHD, LIEBBRANDT, E., LUKASZ, W. ET AL

High-resolution colonic impedance manometry: can we track gas movements in the human colon?

Background
The use of high-resolution impedance manometry is well-established in the oesophagus for detailing the relationships between bolus transit and motor patterns. Relating such movements in the colon in real time remains poorly defined.

Method
After an overnight fast and bowel preparation, a high-resolution impedance manometry catheter (32 pressure sensors at 1cm intervals, 16 impedance at 2cm) was positioned in the distal colon of 10 healthy volunteers (7 male; 45.5±9.5 years). Recording sensors spanned the descending/sigmoid colon and proximal rectum (determined by x-ray). Data were recorded 2hrs prior to and after a 700kCal meal.

Results
As previously described in the distal colon, the meal induced a rapid and significant increase in the amount of cyclic propagating activity. In the hour prior to the meal the admittance (inverse of impedance; in milisiemens, mS) began to drop (mean decrease=-0.069mS, 95% CI=0.111-0.241mS; p=0.059). During meal consumption there was a significant decrease in admittance (mean decrease=0.176mS, 95% CI=0.023-0.115mS; p=0.026). Identified propagating contractions or periods of flatus were associated with a drop in admittance. Regions of gas in the colon at end of study (identified by x-ray) matched regions of low (gas) or high (no gas) admittance in 8 of 10 subjects.

Conclusion
The rapid post-prandial drop in admittance may suggest an increasing volume of gas in the descending colon. The temporal relationship between the change in admittance and the increase in the cyclic motor patterns may provide evidence for a distal colonic continence mechanism controlling the passage of gas to the rectum.

ABSTRACT - ORAL ORTHOPAEDIC
Wednesday 6 September 3.15pm – 3.30pm

ROY, A., INGLIS, M., WILSON, C. ET AL

Short-term follow up of the PROSTALAC Implant in primary Total Hip Arthroplasty for patients with an infected native hip

Introduction
The Prostalac implant was developed to treat infected THR’s with two stage revision surgery. It was a temporary anti-biotic loaded prosthesis. However, in a select subset of patients who declined a second stage revision have continued to function well. At our hospital 8 patients (9 hips) were treated with the Prostalac for an infected native hip and have not been revised.

Results
There were 8 patients and 9 hips. Mean age =64.7 years and mean follow up was 14.2 months. There was no wound healing issues, loosening, dislocation, or neurovascular complications. One patient sustained a peri-prosthetic fracture after a fall and it was revised to a long stem Prostalac. No patients were revised in other centres. At the last follow up all patients were doing well and none wanted to be revised to a definitive prosthesis.

Conclusion
This is the first study looking at Prostalac in aninfected native hip. The use of a multi-disciplinary ID team is essential for obtaining good results. The Prostalac is a safe option in the background of a painful hip which previous septic arthritis.

ABSTRACT - ORAL CANCER
Tuesday 5 September 12mid – 12.15pm

SALUJA, H., MENG, R., SIMPSON, K. ET AL

Risk factors for developing neoplasia in a colonoscopy surveillance program.

Introduction
Interval surveillance colonoscopy is recommended by NHMRC clinical guidelines in those at high risk for colorectal cancer. Despite colonoscopic polypectomy, advanced neoplasia is present in >20% of patients at next surveillance. The aim of this audit was to investigate the risk factors associated with the development of neoplasia.

Methods
A retrospective cohort study of surveillance colonoscopies in 2015 was undertaken using patient databases of the Southern Cooperative Program for the Prevention of Colorectal Cancer (SCOOP). Familial colorectal cancer syndromes, inflammatory bowel disease and patients who had symptoms prior to scheduled surveillance colonoscopy were excluded from the analysis. Demographics, reason for enrolment, colonoscopy quality and findings were determined. Factors associated with developing neoplasia were assessed with multivariable logistic regression.

Results
A total of 337 patients were included in this audit. 51% (n=173) were male with mean age 64 years (SD 11.2). Over 95% of colonoscopies were of high quality with a good bowel preparation score and appropriate intubation distance. 53.7% of the colonoscopies were performed more than 3 months later than recommended. Neoplasia was found in 180 (54%) and it was significantly associated with age>65y and history of neoplasia (p<0.05).

Conclusion
This audit shows that while many colonoscopy procedures are delayed, the quality is good and the main risk factors for neoplasia at future colonoscopies are older age and prior history of neoplasia.
SCHAR, M., WOODS, C., COCK, C. ET AL

Uvulopalatopharyngoplasty And Coblation Channelling Of The Tongue For Obstructive Sleep Apnoea Syndrome: Potential Impacts On Swallowing Function

Introduction

Uvulopalatopharyngoplasty with Coblation Channelling of the Tongue (UPPP+CCT) surgery is used to treat Obstructive Sleep Apnoea (OSA). The extent to which UPPP+CCT alters swallow modulation, due to potential removal of afferent innervation, is unknown. We conducted a pilot study to quantify the swallowing-related biomechanics following UPPP+CCT.

Methods

Ten OSA patients (mean age 48y; range 28-63) who previously underwent the UPPP+CCT surgery (1-6 years; mean 3) were compared to 10 control subjects (mean age 28y, range 24-33) (SAC, HREC #283.11). Swallowing function was assessed by Sydney Swallow Questionnaire (SSQ) and pharyngeal high resolution manometry with impedance (HRIM) was performed (MMS Solar GI System, B&F HRIM catheter). Testing consisted of 3-5 repeats of Thin (IDDSI 0) and Extremely Thick (IDDSI 3) boluses. HRIM data were analysed by online AIMplot software which calculated a global Swallow Risk Index (SRI), pharyngeal intrabolus pressures (IBP) and UES maximum admittance (defining UES opening).

Results

Three of the UPPP+CCT patients returned an abnormal SSQ score (>234). Patients compared to controls had a higher SRI per volume, elevated IBP (RM-ANOVA F 9.103, p = 0.008) and reduced UES opening (F 11.828, p = 0.003). The swallow modulation response to increasing volumes was markedly dampened in the patients.

Conclusion

Our findings suggest that UPPP+CCT surgery may induce a specific sensory deficit, which alters the modulation of the swallowing mechanism to changes in bolus volume. Further studies are required to determine if the documented reduction in swallowing reserve is a feature of OSA or as a consequence of surgery.

Senthil, M., Khadka, J., Pesudovs, K.

Psychometric assessment of the hereditary retinal diseases item banks

Background

The existing questionnaires in ophthalmology are static (paper-and-pencil based), limited in their content, not comprehensive enough to measure quality of life (QoL), and outdated. Therefore, a project is designed to develop and validate technologically advanced questionnaires in the form of item bank (a long questionnaire) implemented via computer adapting testing (CAT) which can precisely measure ophthalmic QoL. This study aims to develop comprehensive item banks for hereditary retinal diseases (HRD).

Methods

Items were generated from 11 pre-existing questionnaires, 3 qualitative studies and 32 interviews. Item revision and refinement were done during three stages, namely binning and winnowing, expert panel discussion and cognitive interviews. At the end of the content development the HRD item banks had 345 items across ten QoL domains (activity limitation, mobility, social, emotional, economic, symptoms, health concerns and coping). Rasch analysis was used to assess the psychometric properties of the item banks and to establish item calibration for CAT.

Results

The item banks were administered to 233 participants (mean age 56 years; females, 59%). Five domains (activity limitation, emotional, social, mobility, convenience and symptoms) required minor modifications. Three domains (activity limitation, emotional and health concerns) demonstrated multidimensionality, requiring substantial modifications. Our CAT simulations indicated that only 7 items were needed to gain precise measurement of each QoL domain.

Conclusion

These item banks will enable clinicians and researchers to comprehensively explore the impact of HRD from the patients’ perspective. Our CAT system is likely to be time efficient modality for use in clinics and research settings.
Results
Among AMI patients, all quantitative techniques had excellent intra- and inter-observer agreement (ICC values ≥0.95). Among AMy and CIHD patients, FWHM was the only method that performed well (intra- and inter-observer ICC were 0.96 and 0.92 among AMy patients and 0.95 and 0.93 among the CIHD patients). Among HCM and NICM patients, all quantitative techniques had good intra- and inter-observer agreement (ICC values ≥0.90), except manual thresholding, which had ICC values <0.90; FWHM presented the highest intra- and inter-observer ICC (0.97 and 0.94, respectively).

Conclusions
The present study provides useful information regarding the reproducibility of quantification techniques across different disease processes that give rise to LV scar. FWHM technique performs well in all cardiac conditions; all STRM techniques represent a valid alternative in AMI, HCM and NICM.

ABSTRACT – ORAL RHEUMATOLOGY
Monday 4 September 5pm – 5.15pm
SHANAHAN, E.M., ALLCROFT, P., GRAF, S. ET AL
Supraspacular nerve block for shoulder pain in motor neuron disease.

Introduction
Musculoskeletal pain is a common and yet under recognised complaint among individuals with a diagnosis of motor neuron disease (MND). Shoulder pain in particular affects patients with motor neuron disease at a rate far higher that of the general population. This pain greatly affects the sufferer’s quality of life, but is often neglected or poorly managed.

Supraspacular nerve block (SSNB) is a simple and safe treatment for shoulder pain which has an increasing evidence base for its use in a number of rheumatological conditions. To date there have been no studies examining the efficacy of this therapy in patients with MND.

Methods
Patients suffering from shoulder pain in one or both shoulders with MND were identified by the MND service at the Southern Adelaide Local Health Network were recruited. Patients underwent a single SSNB or a bilateral SSNB performed by experienced rheumatologist. The principle outcome measures included the pain subscale score of the Shoulder Pain and Disability (SPADI) scale. Secondary outcome measures included patient satisfaction with the pain relief, the use of analgesic medication and the ease of the procedure.

Results
28 patients with MND (57% male) were recruited and a total of 37 SSNBs were performed. Pain subscale scores fell from a mean of 5.9 on a 10 point scale (range 2.66-10) at entry to the study to 1.83 (range 0-6.25) at week 1, 1.6 (0-4.5) at week 6 and 2.33 (0-7.5) at week 12. Patients were generally highly satisfied with the pain relief obtained and the ease of the performance of the procedure.

Conclusions
These data suggest that this treatment is highly effective in this patient population and can be considered as a safe, simple treatment option for patients with MND who have difficult to manage shoulder pain.

ABSTRACT – ORAL AGED CARE
Monday 4 September 3.15pm – 3.30pm
SHARMA, Y., THOMPSON, C., KAAMBWA, B., SHAHI, R., ET AL
Malnutrition in older patients discharged from acute care—does intervention really matters?

Background
The benefit of early provision of a nutrition intervention and its continuation post-discharge in older hospitalized patients is unclear. This study examined the efficacy of such an intervention on nutritional and clinical outcomes in older patients discharged from acute care.

Methods
In this randomized controlled trial, 148 malnourished patients were randomized to receive either a nutrition intervention or usual care. Intervention included an individualized nutrition care plan plus a two month post-discharge telehealth follow-up whereas control patients received dietetic intervention only upon referral by their clinicians. Nutrition status was determined by the Patient Generated Subjective Global Assessment (PG-SGA) tool. Clinical outcomes included changes in length of hospital stay, complications during hospitalization, Quality of life, mortality and re-admission rate.

Results
Fifty-four males and 94 females (mean age, 81.8 years) were included. Both groups improved their nutritional status from baseline with no significant between group difference noted in PG-SGA scores at three month follow-up 6.9 (95% CI 5.6 to 8.3) vs 5.8 (95% CI 4.8 to 6.9), (P=0.09), in control and intervention groups respectively. Median total length of hospital stay was 6 days shorter in the intervention group (11.4 (IQR 16.6) vs 5.4 (IQR 8.1), (P=0.01). There was no significant difference in complication rate during hospital stay, Quality of life and mortality at 3-months or readmission rate at 1, 3 or 6 months following hospital discharge.

Conclusion
In older malnourished inpatients, an early and extended nutrition intervention showed a trend towards improved nutrition status and significantly reduced length of hospital stay.
ABSTRACT – ORAL CANCER
Tuesday 5 September 12.15pm – 12.30pm
SIDDIQUEE, S., FRASER, R., YEOH, E.,K.
Endorectal balloon versus hydrogel – a systematic review of dosimetry and clinical outcomes following radiotherapy for prostate carcinoma

Background
Despite advances in radiotherapy for prostate cancer, treatment-related ano-rectal dysfunction is common. Hydrogels and endorectal balloons have been developed to increase prostate-rectum separation and thereby reduce toxicity but the most appropriate technique is unknown.

Material and methods
A systematic review of the literature was undertaken using PUBMED/MEDLINE databases to assess comparative efficacies of endorectal balloons and hydrogels in reducing toxicity following prostate radiotherapy. The review focused on dosimetry and clinical outcomes following use of these spacers in prostate cancer radiotherapy.

Results
20 papers were included in this review, of which 15 were cohort studies and 6 were retrospective. A randomised trial of hydrogel spacers versus standard care found less rectal toxicity (grade ≥1 9.2% vs 2.0%; P=.028; grade ≥2 5.7% vs 0%; P=.012) in the hydrogel arm at 3 years. However only one case of rectal toxicity was seen in the control group and the evaluation scales were suboptimal. A second multicentre randomised trial reported significant reduction (12.4% vs 3.3%, P<.0001) in mean rectal V70 (volume of rectum receiving 70 Gy dose) using hydrogels. There are no published randomised trial data on outcomes with endorectal balloons.

Conclusion
Further high quality randomised clinical trials, particularly of endorectal balloons, are needed to determine the value of prostate-rectum spacers in radiotherapy for prostate cancer.

ABSTRACT – ORAL CANCER
Wednesday 6 September 3.30pm – 3.45pm
SIRES, J.
Early Results of the Attune Total Knee Replacement

Total knee replacement (TKR) is performed in patients suffering from arthritis, aiming to reduce pain, restore function, correct mechanical mal-alignment, ensure ligamentous balancing and restore the joint line.

Despite the increasing number of TKRs up to 20% of patients continue to report dissatisfaction. The ATTUNE knee was designed for better patella tracking and function with an anatomic trochlear groove and medialised dome patella component, aiming to improve patient outcomes.

The aims of this study were to evaluate patient function and satisfaction after undergoing an ATTUNE TKR and to assess its clinical results.

A retrospective review was undertaken of patients who underwent a primary TKR between September 2014 and January 2016. A total of 162 TKRs were included. Patient satisfaction was measured using the Multi-Attribute Arthritis Prioritization Tool (MAPT) questionnaire and comparing pre-operative and post-operative scores. Secondary outcome measures included early post-operative knee range of motion (ROM), complications and revision. A minimum follow up time of 12 months was required.

The early results of this study are promising showing a mean ROM 6 weeks post operatively of 100 degrees. An Ad Hoc report was requested from AOA registry, which showed an early revision rate of 1%, which is comparable with other TKR systems.

The early clinical results of this study are promising and the low revision rate suggests the ATTUNE TKR is comparable to other implants currently being widely used in Australia.
This study obtained data from 135 Australian hospitals from 11 April 2012 to 30 June 2013, which resulted in 61,819 inpatient episodes. Data per episode included information such as demographics, LOS and discharge location. The relationship between LOS and these factors were examined using Excel and IBM SPSS. The significant p-value was 0.05.

Key Findings
Average LOS did not decrease with increased hospital size. LOS did not have a normal distribution and was right skewed. The average is a poor KPI in this situation. Average LOS is higher for patients that experience catastrophic complications/co-morbidities compared to patients that do not. Furthermore, if an episode is classified as complex, then the average LOS, as well as variability, increases in comparison to non-complex episodes. Having a procedure in hospital increases average LOS. Age and gender also has an effect on LOS, but not in a linear fashion. Expected LOS does not completely predict actual LOS, which may indicate that there is room for improvement in regards to discharge planning.

Implications
We need to focus on patients that use the most resources, which are normally complex patients. Unfortunately, LOS does not measure complexity, therefore there may be an opportunity to look at clinical pathways that can provide earlier intervention for complicated patients.
Preoperative statin use lowers myocardial damage after cardiac surgery

**Purpose**
Perioperative optimisation of patients undergoing surgery is more important than ever with an ageing population and presentations with comorbid disease. Statins have been shown to possess other beneficial cardiovascular effects beyond its lipid lowering capabilities. These include improved endothelial function and nitric oxide bioavailability, antioxidant, antithrombotic and anti-inflammatory properties. We looked at the effect of preoperative statin treatment on patient undergoing cardiac surgery.

**Method**
We used local Registry data to determine preoperative statin status (naive, low, high) prior to coronary graft and/or valvular surgery from January 2006 to July 2015. Blood were collected at 0 hr, 6 hr, 12 hr and 72 hr after ischaemia. Cardiac troponin T (cTnT) concentration was log transformed for better model fit and linear mixed modeling was used.

**Results**
We report on 1605 patients (264 naive, 918 low dose statin and 426 high dose statin). Univariate analysis, shows that the patients that were either low dose or high dose statin, had lower cTnT detected that was statistically significant compared to patients that were statin naive. Multivariate analysis shows only patients on high dose statin therapy was associated with decreased cTnT detected at 6 and 12 hours (Table 1). The amount of reduction compared to naive was almost 10% (Table 2).

**Discussion**
Patients on statins preoperatively before cardiac surgery had a dose-related decreased myocardial damage as measured by cTnT postoperatively. The effect of preoperative statin therapy requires further investigation.

Conclusions
Tailored prescription of technologies enables enjoyment and ease of use for people participating in inpatient rehabilitation. Previous technology use should be considered when prescribing technology in rehabilitation.
key components of caregiver involvement and telehealth were valued by most. All caregivers reported increased confidence by actively taking part in the program. Although not for everyone, participants generally coped well with the technologies and the majority found the use of the technologies engaging and encouraging. Program implementation should consider the reported burden related to time constraints and the characteristics of patients who reported reduced motivation. Patients emphasized the importance of an individualized program as well as a more holistic approach by complementing the physical exercise program with psychosocial interventions.

ABSTRACT - POSTER CARDIOLOGY
VENNING, A.

Complaints of chest pain are one of the most common reasons that people visit Emergency Departments (EDs). However, more than 50% of patients that present to EDs with chest pain do not have identifiable cardiac disease or other serious medical conditions, and are two to three times more likely to suffer from common mental health problems than those patients with coronary artery disease or the general population. With this in mind, a pilot study was conducted to investigate if using Low Intensity (Li) Cognitive Behavioural Therapy (CBT) in the ED at Flinders Medical Centre, South Australia, reduced the psychological distress, the re-presentation rates, and the associated cost of patients presenting to the ED with non-cardiac chest pain compared to the usual presentation rates. Results showed a decrease in self-reported levels of depression and anxiety after six treatment sessions, along with a 59% decrease in ED admissions and 69% cost saving. These preliminary findings warrant further investigation in a large scale randomized control design, and suggest that the provision of a LiCBT program for patients who present to EDs with non-cardiac chest pain may not only reduce an individual’s psychological distress, but the reduce resource and economic burden associated with it as well.

ABSTRACT - ORAL CARDIOLOGY

Chronic Foot Pain, Psychological Health and Obesity in Middle-Aged Women

Introduction
Body composition and poor mental health are risk factors for developing foot pain, but the role of different fat deposits and psychological features related to chronic pain are not well understood. The aim of this study was to investigate the association between body composition, psychological health, and foot pain.

Method
Eighty-eight women participated in this study: 44 with chronic disabling foot pain (mean age 55.3 SD 7.0 years, BMI 29.5 SD 6.7 kg/m2), and 44 age and BMI matched controls. Disabling foot pain was determined using the Manchester Foot Pain and Disability Index. Body composition was measured using dual x-ray absorptiometry, psychological health (catastrophisation, central sensitisation, and depression) was measured using three validated questionnaires and other joint pain (external to the foot) was recorded.

Results
Between-group analyses found foot pain was not significantly associated with body composition, but was significantly associated with all psychological health measures (P<0.001-0.047) and multi-site joint pain (P=0.001). Within-group analyses found foot pain severity was significantly correlated with body fat mass (total, android, gynoid, visceral), fat mass ratios (visceral/subcutaneous (VAT/SAT), visceral/android), fat mass index (FMI), and depression. In multivariable analysis, VAT/SAT (β 1.27, 95%CI 0.28-2.27), FMI (β 0.14, 95%CI 0.02-0.25) and depression (β 0.06, 95%CI 0.00-0.12) were independently associated with pain severity.

Conclusions
Psychological health and multi-site joint pain, not body composition, were associated with prevalent foot pain. For women with foot pain, VAT/SAT, FMI, and depression were associated with severity. Further work is needed to determine if a change in these variables reduces pain.

ABSTRACT - ORAL RHEUMATOLOGY

Monday 4 September 5.15pm – 5.30pm

WECHALEKAR, M., LESTER, S., NAGPAL, S., COLE, S., PETERS, J. ET AL

Seropositivity Predicts Bone Biomarker (BB) Change in an Inception Cohort of Rheumatoid Arthritis (RA) Patients Treated-to-Target with Combination Conventional DMARD Therapy

Background
There are limited data regarding the role of and response to treatment, of BB in conventional-DMARD-treated early-RA. We evaluated whether BB of osteoclast activation [RANKL and Dickkopf-1 (Dkk-1)] or inhibition [osteoprotegerin (OPG)] correlated with treatment response.

Methods
Patients with early RA (n=112) received triple therapy (methotrexate, sulfasalazine, hydroxychloroquine) escalated to achieve remission. RANKL, OPG and Dkk-1 were analysed using Luminex (0/6/12 months) and in healthy controls (n=33). Correlations between BB and changes following treatment were analysed using Spearman’s rank coefficient and mixed-model longitudinal regression respectively.

Results
At baseline, 69% were positive (’seropositive’) for RF and/or anti-CCP, mean (±SD) age was 58(13) years, 72% were females, 60% current/past smokers and mean DAS28 was 5.52(1.30). At baseline, compared to controls, OPG was elevated in seronegative (p<0.001) and seropositive (p<0.001) patients. In seropositive patients, RANKL was more frequently detectable (p<0.001) and negatively correlated with Dkk-1 (p<0.05). In contrast, seronegative patients had higher Dkk-1 (p<0.001) which strongly correlated with OPG (p<0.001). RANKL was not significantly different from controls. Following treatment, in seropositive patients, there was a significant reduction in proportion of patients with detectable RANKL (p=0.002) and increase in OPG (p<0.01) but no significant change in Dkk-1. Seronegative patients, in contrast, had no change in proportion of patients with detectable RANKL or OPG, but had a significant reduction in Dkk-1 (p<0.001).

Conclusions
Individual BB show significant differences at baseline and following conventional DMARD treatment, between seropositive and seronegative patients. This differential response may help direct therapeutic decisions to optimise prevention of joint damage.
Quantitative Mass Spectrometry to Identify Metabolomic and Protein Markers for Malignant Pleural Mesothelioma

Malignant pleural mesothelioma is a highly aggressive tumour closely associated with asbestos fibres. Current treatment strategies are less than 12 months. As diagnosis typically requires invasive biopsy treatment is delayed. This project aimed to identify potential proteomic diagnostic and prognostic markers and possible treatment targets. Ethics approval was obtained from Southern Adelaide Clinical Human Research Committee (OFR 381/09). 5 matched malignant pleural mesothelioma, lung adenocarcinoma and benign reactive pleural effusions collected from patients were selected. Samples were purified from abundant nonspecific proteins and then equal sample was achieved by fluorescence assay. Lysates were treated using dithiothreitol, iodoacetamide and digested overnight using sequence-grade trypsin. HPLC was then used to separate digested peptides. Relative quantisation was then achieved by a MS/MS SWATH Triple-TOF and subsequent bioinformatic analysis using ABSCIEXTM Reactome. A total of 155 unique proteins were detected in the 15 pleural effusions. For mesothelioma relative to adenocarcinoma, Protein S100, Keratin 5/6, and Serum amyloid A-2 protein were elevated and Vitamin D-binding protein, Collagen alpha-1(I) chain, and Dermcidin were down regulated. Protein S100, Keratin 5/6, Serum amyloid A-2 protein, and cytoplasmic Actin 2 were upregulated mesothelioma compared to benign reactive effusions. However, Galectin 3-binding protein was relatively down regulated. For lung adenocarcinoma compared to benign reactive effusions; Annexin A1 and Dermcidin were upregulated, while inter-alpha-trypsin inhibitor heavy chain was down regulated. Although commonly proposed biomarkers were not found in malignant pleural mesothelioma samples keratin 5/6 was consistently elevated and MS/MS SWATH was verified was a potential means of diagnosis.

ABSTRACT – ORAL ORTHOPAEDIC

Wednesday 6 September 3.45pm – 4pm


A double blinded, randomized, controlled proof of concept study to compare post-operative analgesic and mobilization outcomes of local infiltration analgesia, single shot femoral nerve block and intrathecal morphine in primary total knee Arthroplasty

Aims

Total knee arthroplasty is associated with early postoperative pain. Appropriate pain management is important to facilitate postoperative rehabilitation and positive functional outcomes. This Randomized, Controlled and Blinded study compares outcomes in TKA with three techniques; local infiltration analgesia, single shot femoral nerve block and intrathecal morphine.

Patients and methods

Forty-five Patients undergoing elective TKA were randomized into one of three anesthetic treatment groups, receiving either local infiltration analgesia (LIA), femoral nerve block (FNB) or Intrathecal Morphine (IM). The surgeons and anesthetists were blinded to which group patients were allocated to. Pain intensity scores associated with rest and mobilization were recorded, along with post-operative use of analgesics. Patient reported outcome measures (OKS, KOOS & KSS) were completed pre-operatively and at 6 weeks post-operatively.

Results

Length of stay was lowest in the LIA group although LIA and FNB were better than control. LIA had the lowest use of analgesics at all time points. LIA had the best pain VAS scores (P=0.06) There was no significant difference in nausea scores. Patient reported outcome measures in KOOS show statistically significant improvements in symptom scores for LIA (p=0.02) and clinically significant improvements for FNB (0.08) in comparison to IM. The LIA group used the lowest amount of analgesics at all time points.

Conclusions

LIA showed good improvement in Pain VAS, Analgesic Consumption & LOS. There were no significant complications from Local Infiltration. This technique has become part of our culture of early mobilisation and early discharge in arthroplasty patients.
ABSTRACT - ORAL REGISTRY

Wednesday 6 September 2.20pm – 2.30pm

WILSON, C., SALUJA, H., WONG, G., KRISHNAN, J.

Design & Construction of a formal Local Revision Knee Arthroplasty Registry

Aim

National Registries for lower limb arthroplasties have been a very successful means of quality control and a powerful research tool. However, revision arthroplasty is more heterogeneous and challenging for gathering registry information. By designing and following a local revision registry a detailed analysis of the type and outcomes of surgery is possible.

Methods

Using the patient record system (EPAS) at the RGH a comprehensive evaluation was performed on all hip and knee revision cases in our centre from April 2014-January 2016. The data was cross checked with all available electronic and paper records to reduce errors. The system was then activated ongoing to allow long-term prospective collection of this data.

Results

Data was recorded for 36 revision knee arthroplasties. The data was analysed to evaluate the reason for revision, type of revision performed and patient factors. Our results were then compared with our historical AOANJR figures and the national 2015 report. Our early results for knees have shown a reduction in revisions for pain and a reduction in isolated patellar resurfacings. 47% of our patients undergo ‘minor’ revisions compared to 21% in the national registry.

Conclusion

Our study shows that a local registry can be designed and constructed for revision arthroplasties. Data can be evaluated to a high level of detail and by ongoing collection and comparison with historic and current AOANJR data, trends can be assessed and quality maintained. Our early results suggest our team is ‘ahead of the curve’ in reducing patient complications and risk of re-revisions.

Results

A total of 49 patients’ data were included in the analysis. The most common causes of revision hip replacement are loosening/lysis (42.9%), prosthesis dislocation (22.4%) and fracture (14.3%) compared to AOANJRR 2015 - loosening/lysis (47.8%), infection (14.1%) and prosthesis dislocation (14.1%).

The most common types of hip revision done at RGH involved femoral head + acetabular (cup + liner) (40.8%), all components (22.4%) compared to 2015 AOANJRR - acetabular component only (32.3%), all components (28.8%) and femoral component only (17.7%).

Conclusion

This study shows it is possible to design and construct an effective local revision hip arthroplasty registry. Our indications for surgery are similar to both our historic figures and the national. The ongoing collection of this data combined with our rigorous diagnostic and management algorithms for revision surgery will hopefully allow us to reduce unnecessary surgery or complications for our patients. Trends can be monitored to allow us to critically appraise our protocols ongoingly and improve patient outcomes.

ABSTRACT - ORAL REGISTRY

Wednesday 6 September 2.30pm – 2.40pm

WONG, G., SALUJA, H., KRISHNAN, J., WILSON, C.

Design of and Early Results of a local revision hip arthroplasty registry

Aim

To design and evaluate the results of a new local revision arthroplasty registry and to determine the causes and types of revision hip arthroplasty at Repatriation General Hospital (RGH). Prospectively to monitor trends and improve outcomes for our patients.

Methods

Data was collected prospectively from 2014 in our revision registry database. Relevant parameters were collected electronically from Enterprise Patient Administration System (EPAS). Data was compared with both historic local Australian Orthopaedic Association National Joint Replacement Registry (AOANJRR) results and current national registry figures.

Results

Our study shows that a local registry can be designed and constructed for revision arthroplasties. Data can be evaluated to a high level of detail and by ongoing collection and comparison with historic and current AOANJRR data, trends can be assessed and quality maintained. Our early results suggest our team is ‘ahead of the curve’ in reducing patient complications and risk of re-revisions.

Conclusion

Our study shows that a local registry can be designed and constructed for revision arthroplasties. Data can be evaluated to a high level of detail and by ongoing collection and comparison with historic and current AOANJRR data, trends can be assessed and quality maintained. Our early results suggest our team is ‘ahead of the curve’ in reducing patient complications and risk of re-revisions.

ABSTRACT - ORAL REGISTRY

Wednesday 6 September 2.20pm – 2.30pm

WILSON, C., SALUJA, H., WONG, G., KRISHNAN, J.

Design & Construction of a formal Local Revision Knee Arthroplasty Registry

Aim

National Registries for lower limb arthroplasties have been a very successful means of quality control and a powerful research tool. However, revision arthroplasty is more heterogeneous and challenging for gathering registry information. By designing and following a local revision registry a detailed analysis of the type and outcomes of surgery is possible.

Methods

Using the patient record system (EPAS) at the RGH a comprehensive evaluation was performed on all hip and knee revision cases in our centre from April 2014-January 2016. The data was cross checked with all available electronic and paper records to reduce errors. The system was then activated ongoing to allow long-term prospective collection of this data.

Results

Data was recorded for 36 revision knee arthroplasties. The data was analysed to evaluate the reason for revision, type of revision performed and patient factors. Our results were then compared with our historical AOANJRR figures and the national 2015 report. Our early results for knees have shown a reduction in revisions for pain and a reduction in isolated patellar resurfacings. 47% of our patients undergo ‘minor’ revisions compared to 21% in the national registry.

Conclusion

Our study shows that a local registry can be designed and constructed for revision arthroplasties. Data can be evaluated to a high level of detail and by ongoing collection and comparison with historic and current AOANJRR data, trends can be assessed and quality maintained. Our early results suggest our team is ‘ahead of the curve’ in reducing patient complications and risk of re-revisions.

Results

A total of 49 patients’ data were included in the analysis. The most common causes of revision hip replacement are loosening/lysis (42.9%), prosthesis dislocation (22.4%) and fracture (14.3%) compared to AOANJRR 2015 - loosening/lysis (47.8%), infection (14.1%) and prosthesis dislocation (14.1%).

The most common types of hip revision done at RGH involved femoral head + acetabular (cup + liner) (40.8%), all components (22.4%) compared to 2015 AOANJRR - acetabular component only (32.3%), all components (28.8%) and femoral component only (17.7%).

Conclusion

This study shows it is possible to design and construct an effective local revision hip arthroplasty registry. Our indications for surgery are similar to both our historic figures and the national. The ongoing collection of this data combined with our rigorous diagnostic and management algorithms for revision surgery will hopefully allow us to reduce unnecessary surgery or complications for our patients. Trends can be monitored to allow us to critically appraise our protocols ongoingly and improve patient outcomes.

ABSTRACT - ORAL CANCER

Tuesday 5 September 12.45pm – 1pm

XING, G., PRABHAKARAN, S., PULFORD, E., JONAVICIUS, L., HUSSEY, M., KLEBE, S.

Differences in sensitivity of TTF-1 antibodies in diagnostic use and clinical implications

Thyroid transcription factor-1 (TTF-1) immunohistochemistry is considered to be a specific and sensitive tool for diagnosis of lung and thyroid neoplasms. This was based on early work utilising a mouse monoclonal antibody (8G7G3/1 clone). The introduction of new monoclonal antibody clones (SPT24 and SP141) initially seemed to increase sensitivity, but then a proportion of extra-pulmonary adenocarcinomas were found to be positive, indicating reduced specificity. This can impact diagnosis.

It was the aim of this study to determine the incidence of labelling for TTF-1 in colonic adenocarcinomas, which are typically negative with this antibody, using the three clinically applicable clones (8G7G3/1, SPT24 and SP141). Tissue microarrays were constructed for 106 colorectal adenocarcinomas, and a database linked summarizing relevant clinical information. Nuclear labelling for TTF-1 was detected in 6 cases (5.7%) with the SPT24 and SP141 antibodies and 2 cases (1.9%) with the 8G7G3/1 antibody. To confirm that labelling correlated with actual protein (i.e. not false positive labelling) mRNA was extracted from these tumours and a PCR test is currently underway to confirm the presence of actively transcribed protein. Because TTF-1 is a transcription factor involved in growth, we hypothesized that positive expression may be linked to prognosis. The survival analysis is in progress.
Abstracts

ABSTRACT – ORAL WOMEN’S HEALTH

Wednesday 6 September 11.45am – 12mid

YASIN, N., SLADE, L., GRIVELL, R., SCROGGS, S., ATKINSON, E.

Multidisciplinary Management of Invasive Placenta: A 10-year retrospective review

Aim
To assess the incidence, characteristics, management and Outcomes of all cases of invasive placenta at Flinders Medical Centre, South Australia.

Methods
A retrospective cohort study was conducted of pregnancies complicated by invasive placenta between February 2006 and January 2016. Electronic and Medical case records were examined to obtain patient demographics, antenatal and surgical, findings and postnatal outcomes.

Results
A total of 67 cases were identified with either antenatal imaging or surgical diagnosis. Overall incidence of invasive placenta was 2.1 per 1000 deliveries. Mean gestation at delivery was 33.9 weeks and the majority of cases were delivered electively (65% vs. 35%). A hysterectomy was performed in 66% of cases. All cases had multidisciplinary involvement care and 78% had 3 or more teams involved. Median estimated blood loss was 2000mL and there were no Cases of maternal or neonatal mortality in the study group.

Conclusion
Morbidly adherent or invasive placenta is associated with increased Morbidity and mortality for both mother and baby. Antenatal identification with thorough perioperative planning by a multidisciplinary team is crucial for optimization of outcomes. At Flinders Medical centre, our multidisciplinary approach has enabled us to achieve excellent outcomes, comparable with other similar tertiary centres in Australia.
**THE NEXT BREAKTHROUGH COULD BE JUST AROUND THE CORNER**

Flinders Foundation is committed to changing lives by inspiring medical discoveries and advancing global health.

That is why we’re investing in research champions taking on the biggest challenges to find earlier interventions, preventions and cures for a range of diseases including:

- Supporting the SA Brain and Neurological Tumour Bank to help unlock the mysteries of neurological and mental health conditions as well as brain cancers

- Providing an annual seeding grant program to support dozens of researchers like Dr Mary-Louise Rogers (MND), Dr Damian Hussey (Cancer) and Prof Justine Smith (Eye Health)

- Investing in a new state-of-the-art robot allowing researchers to conduct thousands of experiments at a time – changing the face of traditional laboratory research.

flindersfoundation.org.au
FLINDERS RESEARCH - MAKING A DIFFERENCE

This year’s inaugural Research Week showcases the extraordinary, often life-changing breakthroughs that are being developed by Flinders University in our labs and research centres, like the Flinders Centre for Innovation in Cancer, the Flinders Medical Centre, and the Tonsley Innovation Precinct.

It was here in Adelaide’s south that the world’s first fast, accurate and cost-effective screening test for colorectal cancer was developed, saving countless lives every year. A simple urinary test developed at Flinders is picking up early signs of Motor Neurone Disease. Calcium deficient children are set to benefit from a nutritious jelly made from seaweed and lobster shells. Our biochemists are working on a cure for type two diabetes using platypus venom. Our Medical Device Partnering Program has invented some truly remarkable devices that are keeping us more mobile, providing safer surgery and speeding healing times.

These examples provide just a glimpse of the many breakthroughs we’re achieving at Flinders, as we endeavour to foster a culture of courage, excellence, innovation and integrity, and uphold the original vision of the University’s founding Vice-Chancellor, Professor Peter Karmel, who urged us to ‘experiment and experiment bravely’.

In fact, health research and education is a jewel in the Flinders University crown. We have an international reputation as an innovator in health teaching and technology, with 90 per cent of our research rated as world class or above in the latest Excellence in Research for Australia rankings.

From global community health problems to the smallest of molecules that influence human disease, Flinders research is changing lives and changing the world - Research Week is your opportunity to meet world-leading researchers and discover more about the incredible breakthroughs happening right here in southern Adelaide.

flinders.edu.au
SOUTHERN ADELAIDE LOCAL HEALTH NETWORK

(SALHN) provides care for more than 350,000 people living in the southern metropolitan area of Adelaide, as well as providing a number of state-wide services, and services to those in regional areas.

More than 7,000 skilled staff provide high quality patient care, education, research and health-promoting services.

Health services which form SALHN include:
- Flinders Medical Centre (FMC), Repatriation General Hospital (RGH) and Noarlunga Hospital.
- Intermediate Care Services provided at GP Plus Super Clinic Noarlunga and GP Plus Health Care Centres at Marion and Aldinga/Seaford, in addition to Aboriginal health services and Aboriginal family clinics, health services in people’s homes and the Aged Care Assessment Team (ACAT).

Southern Mental Health inpatient services at Flinders Medical Centre, Noarlunga Hospital and Repatriation General Hospital, including specialised services for eating disorders, veterans’ mental health and problem gambling. Community based mental health services include the Adaire Community Mental Health Centre at Noarlunga, the Inner South Community Mental Health Centre (collocated with GP Plus Marion), and the Southern Intermediate Care Centre and Trevor Parry Centre, which are both located at Noarlunga.

The Southern Adelaide Local Health Network (SALHN) has strong reputation for the quality scientific and medical research, and there is a rich history of collaboration with Flinders University and the Flinders Foundation.

There have been some wonderful outcomes from the many research studies conducted at the Southern Adelaide Local Health Network (SALHN).

Many research studies are undertaken at Flinders Medical Centre (FMC) and patients may be invited to participate. Patients may be asked about taking part in a study when attending an outpatient appointment, in the Emergency Department as they are admitted to the hospital, or once in hospital as an inpatient. Members of the public may also be able to assist by being a volunteer for a study.

An active research program means that staff can study and compare the results of different treatments in many patients. FMC often joins with other public teaching hospitals in trials, both nationally and internationally, to test the effectiveness of new treatments.

All patients at Flinders Medical Centre may benefit from research, even if they have not personally participated in the trials.

sahealth.sa.gov.au/SALHN
united by research
flinders health research week
4-8 September 2017

Entry is free
To see the complete program, read speaker bios and register for sessions visit:
flindershealthresearch.com.au

Facebook.com/
flindershealthresearch/

Parking is limited at Flinders Medical Centre so for sessions in the FCIC & FMC please consider using public transport.

**Venues**

- FCIC – Flinders Centre for Innovation in Cancer
- RGH – Repatriation General Hospital – SPF Hall
  [https://tinyurl.com/ybbz63eg](https://tinyurl.com/ybbz63eg)
- NH Cafeteria – Noarlunga Hospital Cafeteria
  [https://tinyurl.com/y9o3m7sz](https://tinyurl.com/y9o3m7sz)
- Tonsley – Flinders University Medical Device Research Institute
- LT4 – Flinders University Flinders Medical Centre MC Level 5 – Lecture Theatre 4
- LT1 – Flinders University Flinders Medical Centre MC Level 5 – Lecture Theatre 1
- FUSA (HSLTC 1.01) – Flinders University Health Sciences Lecture Theatre Complex 1.01