

COLLABORATING WITH
OUR GPs TO PROVIDE
COORDINATED
COMMUNITY CARE

San Doctor

SUMMER 2022



Adventist HealthCare



Message from Brett Goods, Chief Executive Officer

I understand it has been an extraordinary challenging start to the year for our GPs, as the Omicron wave put pressure on all aspects of the healthcare sector, and GPs addressed the huge community impact of rapidly rising cases in addition to other patient care.

After a long hold on elective surgery, we are pleased to confirm that as of Monday 7 March 2022, we have returned to full surgical activity. We've also been doing all we can to support the COVID effort, working with our local health district to support them in an over flow of surgical cases, while also making beds available, and deploying staff to assist the NSW Government's COVID response.

As many of you might have heard, Adventist HealthCare Limited (AHCL) – operators of the San and San Day Surgery Hornsby – has been unable to reach an agreement with Australian Health Service Alliance (AHSA) and AHCL has decided to terminate contracts with AHSA health funds.

AHSA patients already booked in for hospital treatment will be, in most cases, covered under their fund's existing contract with AHCL for up to six months after the current agreement ends on 7 February 2022. We're hopeful we will be able to reach an agreement soon and are sorry for any inconvenience this may have caused.

Stories in this newsletter feature ongoing activities that might have slowed during the lockdown period but are now readily available to patients choosing the San. With the pandemic having led to many delaying important cancer and other screenings, we anticipate a 'catch-up' scenario and remind GPs that the San has a rapid access service with state-of-the-art diagnostic technologies for breast and other cancers.

We also saw the completion of the first year of a unique robotic colorectal fellowship that offers high-volume training for fully qualified colorectal surgeons. Performing dozens of cases with proctors as part of the fellowship, the trainee emerges a highly experienced robotic surgeon. The fellowship is an important offering in the private sector.

In new initiatives, the San is delighted to be the first trial site for an innovative Artificial Intelligence system that monitors patient deterioration on the wards.

We acknowledge the great generosity of donors to the San Foundation. Thank-you to each and every one of you for what you allow the hospital to achieve.

We are proud to see our positive patient experience validated through two recent surveys. The San was listed in Newsweek's World's Best Specialised Hospitals 2022 report in the area of oncology, and in the Bureau of Health Information's Outpatient Cancer Clinics Survey, the San's Cancer Service was the only one in NSW to achieve five measures above the NSW standard benchmarks.

Congratulations to the San doctors appointed to academic affiliations as part of our partnership with the Australian National University, and to those acknowledged in this year's Australia Day Honours – Dr Saxon Smith (Dermatology) and Dr Geoffrey Herkes (Neurology), Members (AM) in the General Division of the Order of Australia; and A/Prof Catherine Birman (ENT), Medal (OAM) in the General Division of the Order of Australia.

Brett Goods, CEO

Chief Executive Officer

Adventist HealthCare Limited

ASSESSMENT AND MANAGEMENT

Carpal Tunnel Syndrome



DIAGNOSING CARPAL TUNNEL SYNDROME CAN SOMETIMES BE A CHALLENGE. GIVEN ITS SOMETIMES VAGUE SYMPTOMS, THE CONDITION CAN BE CONFUSED WITH ARTHRITIS, 'AGE-RELATED WEAKNESS', OCCUPATIONAL OVERUSE OR CERVICAL SPINE DISEASE. IN UNCLEAR CASES, IT IS IMPORTANT TO PERFORM NERVE CONDUCTION STUDIES.

Carpal tunnel syndrome is common in the general population. Presenting complaints include weakness, numbness in hands, and difficulty with sleep and work.

"Symptoms can be vague, so a high index of suspicion should be exercised when a patient presents with any of the above," said Dr Mohammed Baba, sub-specialty shoulder, elbow and hand surgeon at the San.

Recommended assessment of carpal tunnel is thorough patient history, assessment of median nerve function including muscle strength and area of numbness. Positive Tinel's sign at the wrist should also be sought.

Ultrasound can assess the structure of the nerve to determine any evidence of flattening and/or abnormality in diameter. In unclear cases, GPs should refer patients for nerve conduction studies to obtain a definitive diagnosis.

GPs can begin management by education about the condition. Temporising measures include wearing a splint at night, avoiding activities that exacerbate symptoms and image-guided corticosteroid injections.

"In some circumstances, carpal tunnel syndrome might be temporary – in pregnancy and in certain occupational tasks, for example," said Dr Baba, who has completed advanced fellowships in North America and France.

"However, in the majority of cases, the condition is progressive. For definitive treatment of these cases, carpal tunnel release is needed. This is a short day surgery procedure that can now be performed endoscopically. These less invasive procedures may result in less pain and faster healing time."

Symptomatic release can be immediate but might take longer in patients with more severe disease. Some patients might require ongoing hand rehabilitation to improve hand function post-operatively. While carrying small risks, the success rate, with complete release, is over 90 per cent.



Dr Mohammed Baba

BSc(Med) MBBS MSpMed FRACS
FAOrtha

Dr Mohammed Baba is an Australian-trained Orthopaedic Surgeon at the San. He specialises in disorders of the shoulder, elbow and hand.

Dr Baba has undertaken subspecialist upper limb training in Australia, France and North America.

Dr Baba specialises in modern minimally invasive arthroscopic surgery of the upper limb including rotator cuff and instability surgery as well as arthritis and joint replacement therapy for shoulder, elbow, wrist and hand.

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Medicare is now covering clinically relevant autologous fat grafting



GENERAL PRACTITIONERS SHOULD ASSESS POST-BREAST SURGERY WELLBEING – NOT ONLY PHYSICAL PAIN, BUT ALSO EMOTIONAL ILL-HEALTH FROM ANY COSMETIC EFFECTS OF TREATMENT. A NEW MEDICARE ITEM NUMBER FOR LIPOFILLING MAKES THIS PROCEDURE MORE WIDELY AVAILABLE FOR PATIENTS WHO ARE STRUGGLING AFTER BREAST SURGERY.

With breast cancer no longer a high mortality disease, the focus has turned to survivorship and quality of life. Although treatments have improved vastly over the years, all have side effects – with surgery leaving the most visible and lingering reminders that can negatively impact quality of life.

"Even the most advanced cancer surgery will leave some deformity, volume loss, scarring, asymmetry, lymphoedema or chronic pain," said Dr Farid Meybodi, specialist breast surgeon at the San.

"This can be a traumatic daily reminder for years, even decades, of reduced quality of life – poor socio-psychological confidence, sexual vitality and overall wellbeing.

"To reverse the cosmetic and functional side effects of surgery and radiotherapy, fat grafting presents a good option. It's great news to see a Medicare item for something that is now so important."

Lipofilling involves three steps: fat harvesting of the patient's own cells through cautious liposuction; processing

to separate and purify healthy cells; and injection of harvested cells into the area that requires filling.

The cells injected can soften scar tissue, correct contour deformities and possibly help with chronic pain and lymphoedema as they act not just as fillers but also as multi-potential stem cells with healing capacity. In some cases of implant reconstruction where there is rippling and visibility of the implant or capsular contraction, fat grafting could have a 'padding effect' by adding thickness through covering layers over the implant.

"The Medicare item number opens lipofilling up to three groups of breast cancer survivors: those who have undergone a lumpectomy; those who have had a mastectomy with reconstruction; and those who have had a mastectomy with no reconstruction," said Dr Meybodi, who is also a clinical senior lecturer at the University of Sydney.

"There are some limitations, including how much fat can be transferred at any one time, and the loss of about 30 per cent of volume transferred. It's important to harvest good quality cells and to transfer them into the right area, injecting more than required for that area to accommodate some fat cell absorption. Patients should know that more than one procedure could be required.

"Overall, lipofilling is an excellent minimally invasive reconstruction technique that is done as day surgery, and can go a long way to support women in restoring overall wellbeing after breast surgery."

The Medicare item number is only for breast cancer patients or patients with congenital deformities.



Dr Farid Meybodi

MD MS FRACS

Dr Farid Meybodi is a specialist Oncoplastic Breast and Endocrine surgeon and a clinical senior lecturer at the University of Sydney. He has earned recognitions for his excellence and accomplishments in the field of breast cancer treatment. However, he remains passionate about general and endocrine surgery which comprises a remarkable part of his surgical workload.

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San robotic fellowship trains at the consultant level

THE ONLY ONE OF ITS KIND IN AUSTRALIA, THE ROBOTIC COLORECTAL 'SUPER' FELLOWSHIP AT THE SAN SEES CONSULTANT-LEVEL TRAINING FOR A FULL YEAR UNDER THE GUIDANCE OF TWO OF AUSTRALIA'S EXPERT ROBOTIC SURGEONS.

The San has an outstanding reputation for colorectal robotic surgery, with one contributing factor being the commitment of two of Australia's most experienced consultant robotic surgeons. Associate Professor Craig Lynch and Dr Stephen Pillinger have a combined experience of more than 20 years in robotic colorectal surgery and are two of only five proctors for robotic colorectal training in NSW. (A third proctor, Dr Barto, also operates at the San).

In 2021, Associate Professor Lynch and Dr Pillinger filled a niche in the robotic training landscape of Australia when they established a new fellowship that provides year-long high-volume colorectal training at the consultant level.

"Most fellowships are designed for pre-consultant level," explained Dr Pillinger. "Our new fellowship, instead, trains a junior consultant surgeon. Candidates are fully qualified colorectal surgeons but are early in their career so they can undertake full-time dedicated training. They complete the fellowship with high-level expertise having done dozens of cases during the year alongside either Craig or myself."

Last year's successful applicant, Praveen Ravindran, has completed 87 cases – far in excess of standard colorectal robotic training, where online training and three proctored cases can qualify a consultant surgeon to perform a robotic approach.

"Doing such a high volume alongside the most experienced robotic surgeons means that the learning curve is steep," said Dr Ravindran, who is also an Accredited Medical Officer at the San. "Every week for almost a year, I've been seeing and doing procedures with expert mentors. A robotic is different to laparoscopic approach and a good surgeon knows the subtleties – for example, how you place the arms, how you grip and roll

tissue. I've learned and done so much of the more nuanced and complex aspects of working with the robot. It becomes more and more obvious through the training how much patients benefit from robotic surgery with an experienced team."

As part of the dedicated focus that Dr Ravindran was able to give to the fellowship, he has completed related courses and research, presenting and publishing his work to peers and international meetings (online due to the pandemic).

"We felt that the private sector needed this level of training because patients choosing a private hospital want to select their own highly experienced surgeon," said Dr Pillinger. "It's difficult to train this way in public system, and the San's outstanding high-volume colorectal department has been an excellent setting, given how the fellowship is structured."

This year's fellow is Dr Assad Zahid, already a consultant at the San. There are plans for the fellowship to open to international candidates in future years, given its growing international reputation.



Dr Stephen Pillinger

MBChB FRACS

Dr Pillinger is a Consultant Colon and Rectal Surgeon, having commenced consultant practice in 2005. The major focus of his practice is benign and malignant colorectal pathology, and has particular expertise in minimally invasive laparoscopic and robotic surgery, transanal endoscopic microsurgery, diagnostic and interventional colonoscopy. He has trained in robotic surgery in the US and South Korea and is one of the busiest robotic colorectal surgeons in NSW.

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Associate Professor Craig Lynch

MBChB MMedSci FRACS FCSSANZ FASCRC(int)

A/Professor Lynch is a Robotic & Colorectal Surgeon and practices at Sydney Adventist Hospital in Sydney and the Epworth Hospital in Melbourne.

He has extensive experience managing Colorectal Cancer, in particular using a minimally invasive approach with both laparoscopic and robotic surgery.

He is an Associate Professor at the University of Melbourne, completing his General Surgical Fellowship in New Zealand, with post-fellowship training at the Cleveland Clinic, Ohio, and St Vincent's Hospital in Melbourne.

He is a Fellow of the Colorectal Surgical Society of Australia and NZ and an International Fellow of the American Society of Colon & Rectal Surgeons

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Addressing declining rates of breast cancer screening caused by the pandemic

SINCE THE ONSET OF THE PANDEMIC, AUSTRALIA HAS SEEN A DECREASE IN HEALTH CHECKS AND PREVENTATIVE HEALTH SCREENING, WITH A PARTICULAR DECLINE IN ROUTINE CARE FOR CHRONIC CONDITIONS AND CANCER SCREENING RATES.

A report from the Australian Institute of Health and Welfare (Cancer screening and COVID-19 in Australia) shows this drop for 2020 when, between January and June, there were 144,982 fewer mammographs than in previous years.

Figures for 2021 are not yet published but are expected to show the continuation of lower screening rates.

San breast cancer surgeon Dr Sandra Krishnan says that it's important now to get assessed, as health care facilities re-open to non-emergency patients.

"We know from pre-pandemic data how many breast lesions are detected in a day, so after this significant slowdown in screening, it's crucial that we catch up with as many women as possible," said Dr Krishnan.

"The San offers an in-depth, personalised and very advanced service in breast imaging. We have a rapid access model. All women are seen by experts, results are available on the same day, and immediate plans are made for further investigations. Our outpatient cancer clinic has received

the highest ratings in the Bureau of Health Information patient survey for three consecutive years."

Referral from a GP is required. Depending on the clinical indication, the initial out-of-pocket cost for this service at the San is around \$200-\$350.

Breast Imaging

We have state-of-the-art imaging and diagnostic equipment, dedicated technical and nursing staff and breast specialist radiologists. Imaging includes:

- 3D (tomosynthesis) mammography, used as standard procedure for diagnostic mammograms
- Breast density evaluation
- Breast ultrasound
- Contrast-enhanced mammography
- Breast MRI for screening and diagnosis (rebates may be available following specialist referral)
- Breast lymphoscintigraphy
- Tomosynthesis-guided vacuum assisted biopsy
- Ultrasound-guided vacuum assisted biopsy
- MRI-guided vacuum assisted biopsy

For more information sah.org.au/breast-care-patient-info

Dr Sandra Krishnan MBBS MS Surgery FRACS

Dr Sandra Krishnan is a Consultant Breast and General Surgeon at the San, Clinical Senior Lecturer at ANU Medical School and Senior EMST RACS Instructor. Her focus is on providing holistic, comprehensive and compassionate care for patients with breast disease. Her areas of expertise include all aspects of breast surgery, general and laparoscopic surgery, melanoma and advanced non melanoma skin cancer surgery and endoscopy.

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New academic appointments announced



ADVENTIST HEALTHCARE LIMITED (AHCL) AND THE AUSTRALIAN NATIONAL UNIVERSITY (ANU) COMMITTED TO ESTABLISHING AN ACADEMIC PARTNERSHIP IN LATE 2020. LATE LAST YEAR, NINETEEN SAN DOCTORS WERE OFFERED ACADEMIC TITLES WITH THE ANU WITH A FURTHER 8 POSITIONS OFFERED IN EARLY 2022. THE AFFILIATIONS WERE THE RESULT OF A FORMAL APPLICATION AND REVIEW PROCESS.

The San's Clinical Director of Surgical Services and Academic Lead of the ANU SAH Clinical School Project, Associate Professor Michael Hughes, said that it is tremendously exciting to have so many people already involved.

"The volume of excellent applications received reflects the enthusiasm for the partnership amongst the San doctors," said Associate Professor Hughes. "These appointments are an important milestone in the development of the partnership.

"We look forward to seeing more of our San community join the partnership in the coming months through participation in education, research and leadership. Those actively involved in such academic contributions have the opportunity to seek affiliation with the ANU through the formal application process."

CEO Brett Goods said that collaborative research between the two organisations will contribute to optimising care for patients.

"Research and teaching activities will consolidate and expand our current strengths, ensuring we maintain clinical excellence and play our role in training the next generation of doctors," he said. "These appointments reflect

the beginning of our exciting journey with the ANU and demonstrate the commitment both institutions have to the partnership. I congratulate and welcome these colleagues to our partnership with ANU."

Research and teaching opportunities are open to all disciplines. If you are interested in becoming involved in this exciting new initiative, including exploring affiliate opportunities, please reach out to Annie Williams (annie.williams@anu.edu.au) for further information.

Since May 2021, Year 3 and Year 4 Doctor of Medicine and Surgery ANU students completed a variety of clinical placements at the San.

Three key academic appointments were made in 2021.

In March Ms Nancy Parsons was appointed as Senior Lecturer and in recent times has been appointed as the Block Chair for Women's Health and Newborn Care. In May Michael Hughes was appointed as a Clinical Associate Professor and Clinical Lead for the ANU SAH Clinical School Project and Henry Woo was appointed as Professor of Urology at ANU in August.

THE MOST RECENT ACADEMIC APPOINTMENTS ARE

Level E (Professor)

Dr John Boyages AM
Radiation Oncologist

Dr Ian Nicholson
Cardiothoracic Surgeon

Dr Praveen Ravindran
Colorectal Surgeon

Clinical E (Professor):

Dr Gavin Marx
Medical Oncologist

Dr Graeme Rich
Gastroenterologist & Hepatologist

Dr Arthur Richardson
Surgeon

Dr Jason Sharp
Cardiologist

Dr Saxon Smith
Dermatologist

Dr Gurdial Singh
Anaesthetist

Clinical D (Associate Professor)

Dr Andrew (Craig) Lynch
Colorectal Surgeon

Dr James Symons
Urologist

Dr Stephanie Phillips
Anaesthetist

Dr Amy Teh
Radiation Oncologist

Dr Paul Stewart
Anaesthetist

Dr Ru-Dee Ting
Cardiologist

Clinical C (Senior Lecturer)

Dr Walid Barto
Colorectal Surgeon

Dr Colin Tso
Cardiologist

Dr Bevan Brown
Obstetrician & Gynaecologist

Dr Assad Zahid
Colorectal Surgeon

Dr Deepak Chhabra
General Surgeon

Clinical B (Lecturer)

Dr Pietro Di Ciaccio
Clinical Haematologist

Dr Saurabh Gupta
Gastroenterologist & Interventional Endoscopist

Dr Ada Ng
General & Colorectal Surgeon

Dr Sandra Krishnan
General & Oncology Surgeon

Clinical A (Associate Lecturer)

Dr Kenhui Heng
Registrar, Anaesthetics

Dr Karen Mizia
Obstetrician & Gynaecologist

Dr Helen Quach
Registrar, General Surgery

The San once again leads the way on cancer outpatient experience survey

SYDNEY ADVENTIST HOSPITAL'S INTEGRATED CANCER CENTRE, WHICH OPERATES IN PARTNERSHIP WITH ICON CANCER CENTRE WAHROONGA, ONCE AGAIN LEADS THE WAY IN PROVIDING AN OUTSTANDING PATIENT EXPERIENCE FOR CANCER PATIENTS.

In the 2020 Bureau of Health Information (BHI) Outpatient Cancer Clinics Survey, the San's Integrated Cancer Service is the only cancer clinic in New South Wales to achieve five measures significantly higher than the NSW result.

The results reflect the experiences of almost 9,000 people who in November 2020 attended one of 43 outpatient cancer clinics – including three private – in New South Wales. Three hundred and twenty San Integrated Cancer Centre patients were included in the survey.

In the extensive questionnaire, patients were asked to evaluate their experience of access to services, care planning and coordination, complications, follow-up and support.

The surveys are the result of a partnership by BHI and the Cancer Institute of NSW with the aim to improve understanding and quality of the patient experience.

Clinical Director of the Integrated Cancer Service, Professor Gavin Marx says that it is great to see the San's model of care continuing to lead the way in providing an excellent patient experience.

"The integrated nature of our care is fundamental to a comfortable and positive experience," he said. "In addition to excellent clinical and surgical work, we pay attention to a patient's emotional wellbeing.

"A cancer patient's experience can be broad, stressful and traumatic simply because of the complex nature of the disease. This is why the way in which patients experience the non-medical aspects of a cancer service can influence how they and their carers cope, how they respond and what their ultimate outcomes are."

"This year's results show that the San takes this seriously and continues to treat patients with respect and empathy during a difficult time. Areas in which we'd like to perform better will be looked at and addressed as part of the San's core commitment to continuous improvement."

CEO Brett Goods expressed his pride in the Hospital's performance and congratulated the team.

"Our Christianity in Action mission, combined with a solid strategy around holistic cancer care, has once again delivered excellent results in terms of patient experience," he said. "We are proud to offer a personalised approach to care that ensures our patients are supported every step of the way with empathy and commitment to a high-quality experience."

The San Integrated Cancer Centre offers a comprehensive approach to cancer care for the local community, including medical oncology and radiation oncology services under the one roof. Radiation oncology services are provided by Icon Cancer Centre Wahroonga, which is part of Icon Group – Australia's largest dedicated cancer care provider.

Icon Cancer Centre Wahroonga Clinical Director of Radiation Oncology Dr Andrew Fong says the outstanding results are a testament to the strength of the multidisciplinary service provided for the local Sydney North Shore community.

"We are very proud to partner with Sydney Adventist Hospital to deliver the full remit of exceptional cancer care, closer to home. To be recognised for the third year in a row as the leading outpatient cancer clinic in NSW reflects our shared commitment to offering the best possible care and supporting our patients from diagnosis through to treatment and beyond," Dr Fong said.

The San also offers extensive cancer support services, providing a wide range of services to the community including support groups, education, counselling, bereavement support, and other resources.

The Hospital provides more than 12,500 admissions for cancer treatment per year and complements an excellent standard of public sector cancer care services widely available across NSW.



Bioimpedance spectroscopy key to early diagnosis of lymphoedema



SAN DOCTORS HAVE MADE A MAJOR CONTRIBUTION TO A NEW STUDY CONFIRMING THAT BIOIMPEDANCE SPECTROSCOPY (BIS) IS A VALUABLE TOOL IN DIAGNOSING LYMPHOEDEMA EARLY AFTER BREAST CANCER SURGERY.

Increase in breast cancer survivorship means that women are living with more long-term treatment complications – one of which is breast cancer-related lymphoedema (BCRL). The condition can lead to pain, infection, limited arm function and overall poor quality of life.

“It’s important to identify patients in the early stages of BCRL, before it becomes a chronic condition, but this can be challenging,” explained Professor Michael Hughes, surgical oncologist at the San and clinical professor of surgery at the ANU.

“In the past, we would wait until there are visible changes in the arm in order to diagnose lymphoedema. However, before this, sub-clinical disease is occurring in extracellular fluid, which we can’t see. Bioimpedance spectroscopy, or BIS, allows for early and accurate identification of this fluid.”

Early diagnosis of subclinical BCRL with short-course compression therapy has been shown to improve outcomes.

Radiation Oncologist Professor John Boyages, who consults at Icon Cancer Centre Wairoa within the San, and other Australian health professionals were instrumental in enabling Australian women to take part in a large international randomised controlled trial to compare bioimpedance spectroscopy with tape measure-triggered compression intervention. The San was a key recruitment site thanks to breast surgeons Professor Michael Hughes and Dr Nicholas Ngui.

The study aimed to determine sub-clinical detection of increasing extracellular fluid through BIS and early intervention with 4 weeks of a compression garment reduced rates of progression to BCRL, compared to the same intervention when initiated by increasing arm volume ascertained using circumferential tape measurement (TM).

The large trial enrolled new breast cancer patients undergoing mastectomy or lumpectomy and some form of lymph node surgery. Participants were assessed over a three-year period.

“BIS patients triggered an intervention at a lower rate than TM patients and provided a more precise identification of patients likely to benefit from an early compression intervention,” explained Professor Hughes.

“Results from the three-year study showed results consistent with previous much smaller studies that were limited because of the small sample sizes. BIS screening is a valuable tool for the prevention of BCRL and should be a standard approach for a prospective BCRL surveillance.”

The study was further supported by a meta-analysis of more than 67,000 women and 50 studies that found that the use of BIS reduced the incidence of BCRL compared to TM.

CONTACT INFORMATION AND APPOINTMENTS

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Study confirms safety of saline use in critical care patients

A NEW STUDY SHOWS THAT COMMONLY USED SALINE IS AS EFFECTIVE AND AS SAFE AS BALANCED INTRAVENOUS ELECTROLYTE SOLUTIONS THAT ARE INCREASINGLY BEING USED IN INTENSIVE CARE UNITS.

Professor Simon Finfer, Medical Director of the San ICU, has led a large randomised control trial comparing saline with an alternative fluid, Plasma-Lyte 148® – a balanced multi-electrolyte solution used in the treatment of critically ill adults.

Plasma-Lyte 148® more closely matches the body’s normal levels of certain minerals. The use of balanced solutions has increased since concerns were raised about possible kidney injury and death associated with saline.

The Plasma-Lyte 148® versus Saline (PLUS) study, recently published in the New England Journal of Medicine, is the first clinical trial testing this observation in an Australian setting. Professor Finfer designed and led the trial, which was sponsored and coordinated by the George Institute for Global Health. The trial involved over 5,000 patients across 53 sites in Australia and New Zealand, including the San.

Critically ill patients received Plasma-Lyte 148® or saline as fluid therapy in the ICU for 90 days. “Our data showed no evidence that acute kidney injury or risk of death was lower among patients who received Plasma-Lyte 148® as opposed to saline,” said Professor Finfer, who is past chair of the Australian and New Zealand Intensive Care Society (ANZICS) Clinical Trials Group.

“To have results from such a large randomised trial in a very diverse population removes a major safety concern around the use of saline in intensive care.”

In addition, researchers led by Professor Finfer simultaneously published a large meta-analysis – assessing all the trials comparing saline with balanced solutions – in NEJM Evidence and presented both the PLUS study results and the meta-analysis internationally.

International researchers, also under the guidance of Professor Finfer, are entering data from all the trials around the world into a single database that will allow further study on sub-groups – such as those with traumatic brain injury, sepsis and metabolic derangements.

The study has implications for hospital costs, as commonly used saline is less expensive than balanced fluids.

The PLUS study was funded by the National Health and Medical Research Council of Australia and the Health Research Council of New Zealand. Professor Finfer has published more than 250 peer-reviewed papers, many in the most prestigious journals in the world, and has delivered over 150 lectures at major international conferences.



Artificial intelligence monitoring patient deterioration proves superior to other early warning systems

IN AN AUSTRALIAN FIRST, TWO DOCTORS AT SYDNEY ADVENTIST HOSPITAL HAVE DEVELOPED A SMART, TREND-BASED EARLY WARNING SCORE THAT CAN BE INTEGRATED WITH A HOSPITAL ELECTRONIC MEDICAL RECORD TO EFFECTIVELY PREDICT PATIENT DETERIORATION.

A few years ago, Dr Levi Bassin and Dr David Bell combined their background in cardiothoracic surgery with their respective degrees in computer science and mathematics when they became interested in developing an algorithm that could improve on the existing Early Warning Score system used in NSW public hospitals to detect patient deterioration, known as 'Between The Flags'.

"When we looked back over patient observation data, we could see that there were trends in patient deterioration that were not raising alerts," explained Dr Bassin, who completed a fellowship at Harvard Medical School and is trained in advanced minimally invasive heart procedures. "This was particularly true at night when fewer staff are on duty. David and I, who both come from a computer modelling background, set out to build a model using machine learning that could pick up a deteriorating trend earlier."

Dr Bassin and Dr Bell developed the smart system – the Ainsoff Index – in collaboration with Information Services and clinical teams at the Sydney Adventist Hospital. Their health analytics company was recently acquired by Beamtree Holdings, which will facilitate widespread adoption of Beamtree's Ainsoff Index.

The AI model was developed using anonymised patient demographics, ward-based observations, laboratory values and their trends. Using machine-learning techniques, the data was processed to develop a logistic model and deterioration index to predict patient deterioration prior to an adverse event.

Initial results published in the Journal of Critical Care Medicine show the statistically derived index is superior to other early warning scores at predicting adverse events while there is still time to intervene. A 12-month clinical trial of the system at the Sydney Adventist Hospital has just closed, and the results will be reported in a forthcoming publication.

"Importantly, what we have developed is a highly sensitive and specific tool that improves on just looking at a single set of observations that only alert when a deterioration has occurred," said Dr Bassin. "By taking into account the trend in observations and pathology results, as well as an individual patient's age, sex and their personal statistics, it is a shift away from a 'one size fits all' approach to patient deterioration.

"Alert fatigue is a major problem in hospital clinical decision support and Beamtree's Ainsoff Index produced just 10 per cent of the false alarms when compared to other alert mechanisms. Moreover, it correctly identified more unwell patients than existing systems.

"So we are intervening before people get very sick, to keep them out of the ICU, and using staff time more efficiently. This should lead to improved health outcomes for patients, a more efficient use of the health workforce, and savings for hospitals."

Sydney Adventist Hospital was the first hospital in Australia to implement this system running in real time for every patient, where the Beamtree Ainsoff Index has been integrated into the electronic medical record.

It allows any staff member coming onto a ward to see an overview of all patients and so any member of the clinical staff can determine in seconds whether a patient is at risk of deterioration. Staff can quickly be allocated accordingly, with a senior staff member going immediately to care for sicker patients.

There is no additional work required for staff with all data coming from standard patient observations, providing better insight for the existing staff as to where to focus their attention first.

"We see the Ainsoff Index as part of the new era in medical informatics, where AI is being used to assist staff," said Dr Bassin. "Given our results showing it is superior to currently available early warning systems; it could be considered as an eventual replacement of these less sensitive systems"

Senior nurses at the Sydney Adventist Hospital have commented: "We really love the ability to view the health of the entire ward in one snapshot. The Ainsoff Index for every patient is displayed on one page, which allows us to allocate senior staff to sicker patients, and also to ensure that unwell patients don't get missed."

Dr Levi Bassin

BSc MBBS FRACS PhD

Following a degree in Computer Science Dr Bassin studied Medicine at the University of Sydney and then continued with PhD studies in cardiac electrophysiology. His clinical training took place at St Vincent's Hospital, Wagga Base, Prince of Wales and Royal North Shore Hospital in Sydney, as well as Harvard Medical School in Boston, where Dr Bassin undertook his Fellowship training in minimally invasive surgery as well as transcatheter aortic valve implantation (TAVI). He is one of only a few surgeons in Australia trained in TAVI and minimally invasive robotic surgery, and Dr Bassin has specific interest in mitral valve repair, minimally invasive heart surgery, robotic mitral valve, coronary bypass and thoracic surgery, and TAVI.

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Genomic testing for breast cancer patients spares unnecessary chemotherapy



RESEARCH AT SYDNEY ADVENTIST HOSPITAL VALIDATES INTERNATIONAL EVIDENCE THAT GENOMIC TESTING FOR BREAST CANCER PATIENTS SPARES UNNECESSARY CHEMOTHERAPY, PROVIDING FURTHER EVIDENCE THAT NATIONAL FUNDING IS REQUIRED FOR THESE DIAGNOSTIC TOOLS

The study conducted at Sydney Adventist Hospital (The San) and published in The Breast Journal is the first of its kind in Australia and looks at long term survival outcomes of breast cancer patients who had genomic testing. Breast Cancer Surgeon Dr Nicholas Ngui led the research, which examined 71 patients who underwent Oncotype DX testing after definitive surgery between 2012 and 2016. These patients were followed up for over six years.

Breast cancer genomic tests, including Oncotype DX, can be used after breast cancer surgery to give accurate information about prognosis and chemotherapy benefits.

The highly accurate test suggests that women in the low and intermediate-risk category could safely avoid chemotherapy, while those identified as being in the high-risk category would benefit from chemotherapy.

Dr Nicholas Ngui explained that the results of this local Australian study are consistent with international findings. "Our study mirrored the results of research out of the US such as TAILORx and RxPONDER trials supporting the fact that adjuvant chemotherapy was most

beneficial for patients in the high-risk group", he explained. This is the first published study reporting long term survival outcomes of breast cancer genomic testing in Australian women.

Despite increasing evidence and several international breast cancer guidelines recommending the use of genomic assay testing, in Australia it is still not supported by Medicare or reimbursable via health funds.

"Fully funded genomic tests are now the standard of care, in many other countries, for breast cancer patients post-surgery."

"These tests give accurate information about prognosis and also the predictive benefit of chemotherapy. Without these tests, many Australian women are either receiving unnecessary chemotherapy or missing out on lifesaving treatment when it would have otherwise been essential.

"Over the years, there have been multiple submissions to the Australian Government to get this test publicly funded, but these submissions continue to be knocked back," Dr Ngui explained.

"It is my great hope that this Australian research will finally help convince our government to reconsider reimbursing patients, who currently have to spend about \$5000, a sum which is beyond reach for many."

"While there is, of course, an upfront cost for this test, the Government needs to consider the financial, physical and psychological cost of chemotherapy itself. While side effects of chemotherapy have improved over the last 20 years, it remains a taxing and debilitating treatment. If it is deemed unnecessary, we certainly should not be prescribing it to patients. Avoiding unnecessary chemotherapy would also save money in the long run."

“

Australian women deserve to have the same access to the best standards of care available overseas.

-Dr Nicholas Ngui

”



Dr Nicholas Ngui
General & Breast Surgery

Dr Nicholas Ngui is a specialist breast surgeon who has been working at the Sydney Adventist Hospital since 2014, consulting at Northern Surgical Oncology (NSO). He completed his medical degree with honours in 2003 from the University of NSW. He was awarded his FRACS in 2011. This was followed by a postgraduate fellowship at the Breast Cancer Institute, Westmead.

Dr Ngui provides services including breast cancer surgery, advanced oncoplastic & reconstruction, and breast reduction surgery. Nicholas is a very active member of the San Breast cancer multidisciplinary team. He leads multiple breast cancer research studies which continue to be published in international peer reviewed breast oncology journals.

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"Our priority as medical professionals is "first do no harm". To that end, we need the diagnostic tools to help guide our decision-making. The technology is available; we just need to provide our patients with greater access to it."

"Australian women deserve to have the same access to the best standards of care available overseas."

In July 2021, the Medicare Services Advisory Committee (MSAC) announced its rejection of applications for public funding for breast cancer genomic tests. It said the tests provided no sufficient evidence for additional prognostic value beyond the current standard of care. In addition, MSAC confirmed that: "it did not accept predictive value had been adequately demonstrated for any gene expression profiling test."

Dr Ngui is hopeful that this new Australian published research will influence future MSAC decisions.

Sydney Adventist Hospital CEO, Brett Goods, expressed his appreciation for Dr Ngui and the team's research.

"While we pride ourselves on the clinical excellence we provide our patients at the San, we understand that we have a responsibility to contribute to the broader body of research that improves patients' lives now and into the future, Mr Goods explained.

As a leading healthcare institution, it is our obligation to harness evidence-based research and share these findings with policymakers, assisting our government in making informed decisions that are in the best interests of all Australians, so we have a brighter, healthier future."

BURNING HEARTS: How Climate Change is a Heart Attack



AS A MEDICAL PROFESSIONAL, IF YOU WERE ASKED WHAT THE MAJOR RISK FACTORS FOR CARDIOVASCULAR DISEASE (CVD) WERE, YOU WOULD PROBABLY SAY "HYPERTENSION, HYPERLIPIDAEMIA, DIABETES, OBESITY, SMOKING, FAMILY HISTORY ...". WHAT MAY SURPRISE YOU IS THAT THE ENVIRONMENT IS A SIGNIFICANT MODIFIABLE RISK FACTOR FOR CVD. IN FACT, AIR POLLUTION IS THE 4TH HIGHEST MODIFIABLE CVD RISK FACTOR (AFTER HYPERTENSION, DIETARY RISKS AND HIGH CHOLESTEROL) AND CONTRIBUTES MORE TO CVD BURDEN THAN OBESITY, SMOKING, DIABETES AND PHYSICAL INACTIVITY. NON-OPTIMAL TEMPERATURE RANKED 9TH.

There is an abundance of evidence on how climate change adversely affects health. Some of the more recent reports are referenced below. Climate change, through its effects on extreme weather events (particularly heat) and air pollution, increases CVD morbidity and mortality. CVD is already the leading cause of death in Australia, and this will increase even further as the climate crisis continues to unfold.

(For more detail, see my article published a year ago: [HTT Environmental Change and Cardiovascular Disease](#) and [AusDoc Cardiology](#) post on air pollution and CVD).

Heat is the greatest weather-related cause of death, with the number one cause of death during heatwaves being a cardiovascular event. Extreme heat increases all CVD deaths, ischaemic heart disease (IHD), CVD hospitalisations and out-of-hospital cardiac arrest (OHCA). With increasing temperatures and worsening heatwaves, deaths from CVD will increase further.

In 2018, WHO Director-General Dr T.A. Ghebreyesus declared: "No one, rich or poor, can escape air pollution. It is a silent public health emergency." Air pollution is considered an 'invisible killer'. The WHO estimates around 7 million deaths are attributable to outdoor and indoor air pollution, with some recent estimates up to 9 million from outdoor pollution alone. More than half of these deaths were due to CVD, including Myocardial Infarctions (MIs) and strokes. More than 20% of global cardiovascular deaths are due to air pollution.

Both short and long-term exposure to air pollution (especially PM2.5) increases CVD incidence and deaths – including MIs, strokes and heart failure. Like extreme heat, air pollution also increases CVD hospital admissions and OHCA. Acute exposure

to air pollution is an important trigger for an MI, accounting for nearly 5% of all MIs worldwide. Worrying too is that the risk of CVD and mortality with long-term exposure to air pollution is increased even at levels considered to be 'safe.' The WHO recently revised its 'safe levels' downwards.

In particular, air pollution from burning coal and traffic exhaust is more toxic to the heart than air pollution from other sources. In fact, traffic exhaust is considered one of the most preventable triggers of an acute MI.

In Australia, we may not consider that we live in a polluted environment, but we do. Our motor vehicle emissions standards are poor by international standards (particulates and CO₂). We have a lack of policy settings to increase conversion to Electric Vehicles (EVs) on our roads. We have air pollution standards behind those of WHO guidelines and many other nations. Annually, anthropogenic PM2.5 air pollution is associated with 2616 deaths in Australia (95% CI 1712-3455), and the 'low' levels of air pollution in Sydney are associated with increased mortality. 279 people die prematurely each year in NSW as a result of toxic air pollution from the state's five coal-fired power stations (Environmental Justice Australia).

We are also exposed to regular and worsening bushfire and backburning smoke. The smoke from the 2019/2020 bushfires caused air pollution in Canberra to be at levels 22 times more hazardous than those set by the WHO, 10 times in suburbs in NSW. In August 2021, The Air Quality Index in Sydney from backburning was 3rd highest in the world; and several times throughout last year, some suburbs were recording air quality at the severe HAZARDOUS rating. Bushfire smoke is also associated with increased cardiovascular deaths, MIs, heart

failure and OHCA. In addition, the risks of bushfire smoke are further amplified when combined with high temperatures.

To add to the burden, climate change has a number of mental health impacts, such as depression, PTSD and anxiety. Mental health disorders such as these increase CVD risk.

But there are an enormous number of actions we can all take to address this situation. Below are just a few:

Co-benefits:

Here are 5 measures that have climate change and cardiovascular co-benefits (i.e. helping both your heart and the planet):

1. **Have a plant-based diet.** Ruminant livestock (cows, sheep) account for the majority of agriculture's greenhouse gas emissions (GHGs), and use more land, water and energy than producing other foods. Red meat and processed meats also increase CVD. A more plant-based diet (high in vegetables, fruit, wholegrains, legumes, nuts and seeds, and lower in animal food, such as proposed in the Mediterranean diet), not only reduces CVD, but has less environmental impact.
2. **Increase active transport.** This is self-transport that involves more activity than using a car. Walking or cycling to work reduces risk of CVD (including MIs) and obesity, whilst also reducing air pollution and GHG emissions. If you have to drive, consider an EV, avoid driving in peak hour and don't idle your car (especially around schools – it's comparable to lighting up a cigarette beside a non-smoker). In addition, next time you order food delivery, think of the carbon footprint including packaging and emissions.

3. **Stop smoking.** Smoking increases CVD and MIs. Tobacco also has significant negative environmental impacts from farming, manufacturing, consumption, waste, pollution and litter.
4. **Change to renewable energy sources (such as solar/wind) instead of fossil fuel combustion.** This will reduce GHGs, improve air quality and reduce CVD. If you can't install solar panels, change your energy provider to one that only obtains energy from renewable sources, and change from gas to electric appliances.
5. **Increase green spaces.** This lowers CVD and has multiple other health benefits. Green spaces help mitigate climate change by reducing heat and heat-related illness, and air pollution. Grow your own food and plant more trees, which help remove excessive CO₂.

Reduce your Personal Carbon footprint:

- Take the 1 tonne challenge – (watch [Fight for Planet A](#)).
- Make dietary, transport and energy changes (above).
- Reduce waste – know the waste pyramid (first Avoid, then Reduce, Reuse and Recycle, with dispose last).
- Conserve water and energy.
- Compost your food; Food organics & garden organics (FOGO) bins..
- Reduce your fashion footprint.
- Reduce airplane travel and carbon offset your air travel.

- Financial divestment – change your bank/superannuation/investments into companies that do not invest in fossil fuels. [marketforces.org](#)
- Join and support organisations that are fighting climate change – such as [Doctors for the Environment](#), [Climate Council](#), [Australian Conservation Foundation](#)

Healthcare sustainability

As health professionals, we need to 'get our own house in order.' The healthcare sector accounts for nearly 7% of Australia's carbon footprint. A Net zero carbon emissions report for the Australian Health care sector has been published, as well as a proposal for a National Sustainable Healthcare Unit. If we want inspiration – Dr Nick Watts (an Australian) has led the way in the NHS – the world's first national health system to commit to 'carbon net zero'. In 12 months, they have an annualised reduction of approximately 1260ktCO₂e, equivalent to 1.7million flights from London to New York.

Closer to home – one of the San's Cath lab nurses, Yvette Vicary, is a clinical consultant for [EcoAid](#), Australia's first company solely dedicated to innovating sustainable medical solutions. [ecoaid.net.au](#)

As a medical professional – consider environmental sustainability in all clinical decisions. Simple measures such as avoiding unnecessary pathology and other testing, using neb/powder inhalers rather than MDI, and using telehealth reduce your carbon footprint. Keep patients out of hospitals by good preventative medicine. Hospitals account for nearly 50% of the healthcare sector's carbon footprint.



A lot more can be done

Australia has the highest GHG emissions from coal in the world (per capita) and Australia/New Zealand have the 5th highest carbon emissions per capita in the world (behind the Middle East, Canada, Saudi Arabia and the United States). Australia was awarded the 'colossal fossil' prize for its 'appalling performance' at COP26 last year and has received widespread criticism for its ongoing embrace of fossil fuels. Australia is considered the villain in the world with regards to GHGs and Climate Policy. Last year, Australia had more than 100 fossil fuel developments at various stages of development. This could result in nearly 1.7bn tonnes of GHGs a year, equivalent to about 5% of global industrial emissions, if they all went ahead.

To quote Professor Lesley Hughes (Climate Council spokesperson and Professor of Biology Macquarie University), we need to "Electrify everything and power it all from renewables; remove all fossil fuel subsidies and use this money to transform the grid; allow no new coal/oil/gas exploration or infrastructure."

Analyse your state and federal representatives' climate policy. Write to your representative regarding the health implications of climate and energy policy; support climate legislation at ClimateActNow.com.au; email a letter to your local federal minister at voteearthnow.com

We need action now:

The IPCC 2021 report signals climate change as a CODE RED for humanity. The world is not on track to limit warming to 1.5°C. All emission scenarios expect 1.5°C to be breached by the early-mid 2030s. The Emissions Gap Report 2021 shows that

new climate pledges combined with other mitigation measures put the world on track for a global temperature rise of 2.7°C by the end of the century. To keep global warming below 1.5°C this century, (the goal of the Paris Agreement), the world needs to halve annual greenhouse gas emissions in the next eight years. This means "It is time to go into emergency mode — or our chance of reaching net zero will itself be zero" (Antonio Guterres, UN Secretary General).

Our hearts are 'burning' but heart disease is only one of the many health effects of climate change. It is estimated that climate change will cost Australia 3.4 trillion dollars by 2070; however, the costs to health are immeasurable.

We have one heart, and one planet. There is NO Planet B. Let's be proactive, positive and extinguish the flames together.

"I will protect the environment which sustains us, in the knowledge that the continuing health of ourselves and our societies is dependent on a healthy planet."

(Some modern versions of the Hippocratic oath)

Link to editorial published in ACM newspapers:

canberratimes.com.au/story/7487695/climate-change-is-a-danger-to-our-hearts/

Link to Heart Health and Climate Change talk for Eco Living Festival:

youtube.com/watch?v=O9aVVP3aZ9M



Dr Fiona Foo

Clinical and Interventional Cardiologist, MBBS (Hons), FRACP

Dr Fiona Foo graduated from the University of Western Australia with honours in 2001, completed her internship in Royal Perth Hospital, and her adult internal medicine training at Concord Hospital, Sydney.

She specialises in general and interventional cardiology with an interest in heart disease affecting women and sports cardiology.

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GOLD STANDARD

How the San Foundation contributes to excellence

GENEROUS DONORS TO THE SAN FOUNDATION MAKE MANY THINGS POSSIBLE, WITH CANCER CARE ONE OF THEIR STRONGEST AREAS OF SUPPORT.

One of the San Foundation's most recent and significant contributions was in the order of \$1million to the Hospital's upgraded breast cancer screening service. The support was made possible by a former patient who wanted to express gratitude for the cancer care they received.

Karen Gair, former Managing Director of the Foundation, says that this feeling amongst donors is common.

"Most of our donors have had a good experience at the Hospital, lost someone or spent time here supporting a family member," she said.

"People feel so grateful for the support they received that they want to contribute in some way, and in so they turn to the Foundation. We are incredibly grateful for their support. They are the reason that we can provide equipment, resources and education that lifts the San from being a very good hospital to a great hospital."

The recent cancer funding supported the upgrade of the existing breast imaging space to enhance how women (and men) are cared for at a time when a cancer diagnosis is often made. New state-of-the art contrast-enhanced mammography along with the immediate response by a team of people in a friendly and caring environment has led to a best practice bespoke service.

Many aspects of the Hospital's outstanding cancer centre are a product of Foundation's work. The amazing MDT room, the database for MDT management and elements of the clinical trials unit, for example, were all supported by the Foundation.

"To augment the brilliant clinical work, specialists and technology, we have supported Jacaranda Lodge and counselling services," said Ms Gair. "Patient navigators, based on the McGrath Foundation model, are also funded by the Foundation and we know that they provide an invaluable role in supporting patients.

"Especially for cancer care, the Foundation makes the difference between just fixing someone and actually looking after them mind and body. This strategy pays off. The San was listed amongst the world's top hospitals in oncology in the Newsweek 2021 survey, and our Integrated Cancer Centre has achieved some of the highest ratings in the Bureau of Health Information patient survey for three years in a row."

In other projects, to address the current shortage of nurses, the Foundation is supporting nursing scholarships. Seven full and two partial scholarships for staff in ICU, CCU and EC have just been awarded. The San is expecting approximately 100 nurses from Avondale University, and the Foundation will fund extra nurses to shadow and educate their early-career colleagues.

"A wonderful supporter has donated half a million dollars, and we are complementing this with a broader campaign for the scholarships," Ms Gair explained. "Just in the last few weeks, we have seen an incredible response from the broader community. In fact, the fundraising appeal is one of strongest we have ever had."

A new spyglass cholangioscope is also about to arrive, making The San the only NSW private hospital to have this advanced scope that can visualise hard to access areas and assist with early detection of upper GI tumours in the bile and pancreatic ducts.

Supporters also gave generously to an appeal last year for surgical laser equipment to perform delicate middle ear procedure that can treat loss of hearing. The investment, like others, ensures that the San remains at the forefront of technological advances. One of the most wide-reaching hospital needs the San Foundation is supporting this year is the new patient monitoring telemetry system, which will be rolled out progressively across the hospital – thanks to the generosity of our grateful patients and community.

Newsweek
2022 Survey

Sydney Adventist Hospital ranked one of world's top hospitals for oncology



SYDNEY ADVENTIST HOSPITAL HAS BEEN LISTED AMONGST NEWSWEEK'S WORLD'S BEST SPECIALIZED HOSPITALS 2022 REPORT IN THE AREA OF ONCOLOGY – THE CORE OF WHICH IS THE SAN INTEGRATED CANCER CENTRE.

The Newsweek ranking features the top 250 hospitals for cardiology and oncology, the top 150 for cardiac surgery and paediatrics and the top 125 each in endocrinology, gastroenterology, orthopaedics, neurology, neurosurgery and pulmonology.

The research included 25 countries and was conducted by market research company Statista in partnership with Newsweek. Data was gathered from three sources: recommendations by doctors via an online survey from the 25 countries; publicly available patient satisfaction survey results; and publicly available medical KPIs on hospitals.

Associate Professor Gavin Marx, Clinical Director, San Integrated Cancer Centre, said that the Hospital is delighted with the news.

"Over many years, we have developed a high-volume cancer service at the San that incorporates the use of advanced technology with an extremely empathetic approach that treats each patient with unique, individualised care," he said.

"We offer a rapid access model including the best available diagnostic assessment and senior specialist consultation. It's clear that our highly skilled team, along with constant innovation, has led to excellent patient outcomes and our impressive reputation both in Australia and internationally."

Key elements of the integrated and multidisciplinary Centre include state-of-the-art imaging, a full range of high-quality surgical and reconstructive services, comprehensive medical oncology services, expert onsite cancer genetics and extensive cancer support services.

The co-located Icon Cancer Centre provides advanced radiation therapy technology and techniques for all cancer types.

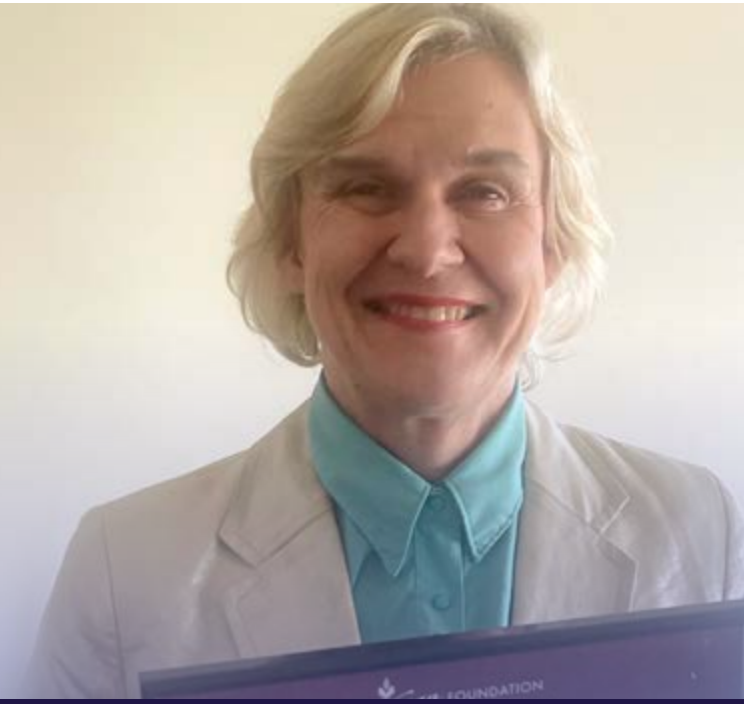
To provide patients with novel medical therapies, the Centre's Clinical Trials Unit participates in international trials in breast, colorectal, prostate, melanoma and other cancers.

The Hospital is also known for its highly engaged patient navigators, who support patients at every point during their time with the San.

CEO Brett Goods says he is extremely proud of the excellent work of the San's cancer teams and their recognition in an international context.

"The Newsweek ranking builds on the San being noted as an oncology leader in local rankings," said Mr Goods. "In 2020, for the third consecutive year, the San Integrated Cancer Centre achieved some of the highest ratings in the Bureau of Health Information patient survey, conducted in partnership with the Cancer Institute of NSW."

Recognising outstanding research



AFTER SEVERAL RESEARCH TRIALS OVER RECENT YEARS AND MORE CURRENTLY UNDERWAY, LEAD RESEARCHER DR ANN LIEBERT HAS BEEN RECOGNISED AT THE AHCL THRIVE AWARDS FOR HER RESEARCH INTO THE TREATMENT FOR SYMPTOMS OF PARKINSON'S DISEASE.

In 2018 Dr Liebert undertook Parkinson's research in the area of translational photobiomodulation, a therapy that uses non-thermal light in the treatment of this condition. With support from the San Foundation and Parkinson's South Australia, she was then able to establish a trial using a transcranial photobiomodulation using helmet device and a laser device on the abdomen. This trial ran for two years with regular follow-ups and has now been approved by ethics for an additional three-year follow-up in April 2022.

Interestingly, the two-year follow-up results have shown additional improvements in patients' sense of smell, mood, and motor symptoms, among others. Two publications have resulted from these trials. The article, "Improvements in clinical signs of Parkinson's disease using photobiomodulation: a prospective proof-of-concept study" can be found in BMC Neurology and discusses the trial results and the follow-up results at the one year mark. The second article "Microbiome Changes in Humans with Parkinson's Disease after Photobiomodulation Therapy: A Retrospective Study", was published in the Journal of Personalised Medicine.

San Foundation financed a Sydney trial in 2019 where the laser treatment was just used on the abdomen and neck. These results have recently been published and also showed an improvement in several clinical signs of Parkinson's disease. There will also be a three-year future follow up.

Dr Liebert along with AHCL Director of Research Professor Geoffrey Herkes, and Cardiologist Professor Hosen Kiat, are conducting a new trial in partnership with the San and sponsored by SYMBYX Biome, on the use of a novel transcranial photobiomodulation helmet device in the treatment of clinical signs of Parkinson's disease. This trial is a randomised control trial that is tripled blinded and involves 40 people. The trial is underway, with results to come in June 2022. At the 2021 Adventist HealthCare Thrive Award, Dr Ann Liebert was awarded the San Foundation Research Award for Healthy Living.

The award was presented by AHCL Director of Research Professor Geoffrey Herkes to Dr Liebert. Prof Herkes has followed Dr Liebert throughout this research.

"It is great to see Ann's dedication to research paying off and ultimately what that means for people with Parkinson's diseases" Professor Geoffrey Herkes said.

Dr Liebert is extremely thankful for the support received by this research. "I have to thank Professor Geoff Herkes and the San ethics committee for all their work as well as the San Foundation for financing and supporting the Adelaide trial, and SYMBYX Biome for developing the new helmet and sponsoring the current Sydney trial " says Dr Liebert.

Dr Ann Liebert

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PhD (Syd Uni)

Scientific Advisor to SYMBYX Pty Ltd

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San leading the way with local anaesthetic for transperineal prostate biopsy



AT THE SAN PROSTATE CENTRE OF EXCELLENCE, THE USE OF LOCAL ANAESTHETIC INSTEAD OF GENERAL ANAESTHETIC FOR PROSTATE BIOPSY IS SHOWING EXCELLENT RESULTS.

General anaesthetic is still the standard in routine 25-minute prostate biopsy. However, as techniques for biopsies have evolved, Professor Henry Woo at the San has introduced the use of local anaesthetic as a replacement to general anaesthetic.

"When we first started performing the infection free technique of transperineal prostate biopsy, they all had to be done under a general anaesthetic," said Professor Woo. "Now that a technique for performing these procedures with a local anaesthetic has been developed, this is a logical step to improving the patient journey."

"General anaesthetic requires more preparation and requires patients to be accompanied by someone following the procedure as well as spending most of the day in the hospital setting and having to take more time off from work or other activities of daily living.

"At the San Prostate Centre of Excellence, we have conducted a study of 70 patients so far who have been given only local anaesthetic. The aim of the study was to determine if local anaesthetic provided the pain relief to the satisfaction of our patients and if the broader use of the approach could be justified."

Research Fellow at the Centre of Excellence, Dr Hadia Khanani, who is analysing the data said that of the 70 patients, 69 said they would choose to have localised anaesthetic instead of general if they had to undergo the procedure again.

"Patients in our study found it significantly easier to just have a local anaesthetic," she said. "They could get up immediately after the procedure, drive themselves home, and eat and drink normally straight away.

"Our data also showed a reduction in patient anxiety – given that general anaesthetic is associated with bigger surgery. The significantly less time spent in hospital and outstanding pain scores also led to greater overall satisfaction with the approach."

The San is currently one of only a handful of institutions in Australia where local anaesthetic option for prostate biopsies is offered.



Prof Henry Woo

Henry Woo is a Urological Surgeon sub-specialising in Prostate Surgery. He is Professor of Urology at the College of Health and Medicine of the Australian National University and the Director of the San Prostate Centre of Excellence at Sydney Adventist Hospital. He also serves as the Deputy Chair of the Medical Advisory Committee at Sydney Adventist Hospital. He is also Director of Uro-Oncology and Professor of Robotic Cancer Surgery at the Chris O'Brien Lifehouse.

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San Updates

CONGRATULATIONS

AMO Awards Winners

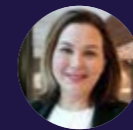


Congratulations to the following San Accredited Specialists for being awarded an Adventist HealthCare AMO Award for their exceptional contribution to our hospital and community during our Thrive Awards Event in November 2021.

2021 AMO AWARD WINNERS



The Academic Award
A/Prof Geoffrey Herkes



San Doctor Award
Dr Lisa Tarlinton



San Foundation Ambassador Award
(patient nominated award)
Clinical Professor Gavin Marx



BURNING HEARTS:

How Climate Change is a Heart Attack References



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Changes to our Palliative Care offering

Sadly, Sydney Adventist Hospital will no longer be able to provide our round the clock San Community Palliative Care Service – our outpatient-based and Nurse Practitioner-led offering. Please be assured that the San continues to provide our outstanding inpatient cancer and palliative care services. Our award-winning out-patient service has delivered excellence in community palliative care to more than 1,200 patients in our local area over the last several years. In addition, the program's significant commitment to research - which has indisputably influenced and shaped the sector - will help to ensure that palliative care patients in NSW will have a better experience.



Newly Accredited Specialists



Dr Priscilla Parmar

FRACS (OHNS), MS, BMed

Dr Priscilla Parmar is an Australian trained adult and paediatric Ear, Nose and Throat Specialist. She completed undergraduate training in Newcastle in 2007, obtained her Masters in Surgery with a focus in ENT from the University of Sydney in 2011, and was admitted to the Royal College of Surgeons in 2020. Priscilla has an interest in research, has published journal articles and presented in multiple local and international conferences. She is a member of the RACS Women in Surgery and is actively involved in training junior doctors.

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Dr Praveen Ravindran

MBBS, BSc (Med), FRACS, CSSANZ

Dr Ravindran is a Consultant Colorectal & Robotic Surgeon with Australian Robotic Colorectal Surgery. He completed General Surgery training in 2017, a two-year Post-Fellowship Colorectal Surgery training program through the Colorectal Surgical Society of Australia & New Zealand and he was the Inaugural Robotic Colorectal Fellow at the San in 2021. His focus is on minimally invasive Laparoscopic and Robotic Surgery, Hernia Surgery and diagnostic and intervention colonoscopy, and he has an interest in pelvic floor disorders including incontinence, constipation, obstetric injuries and rectal prolapse.

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Dr Geetha Sivapirabu

BSc (Med), MBBS (UNSW), MPhil (Med) USyd, FACD

Dr Sivapirabu has been a consultant dermatologist in Sydney for over 10 years. She completed her undergraduate and specialist training across most of the tertiary hospitals in NSW. She has a particular interest in paediatrics and is a Staff Specialist at the Sydney Children's Hospital Randwick. She treats both adults and children. Dr Sivapirabu also enjoys treating skin cancers, hyperhidrosis, acne, eczema, psoriasis, hair and female genital disorders.

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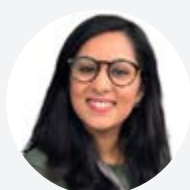


Dr Rose Trieu

MBBS, FRACP

Dr Rose Trieu completed her specialist gastroenterology training in Westmead Hospital and several years of additional fellowship in gastrointestinal motility disorders in the renowned Neurogastroenterology Unit at Royal North Shore Hospital. Currently, she is completing her PhD exploring diagnostic and therapeutic options for diseases affecting the anorectum such as chronic constipation, faecal incontinence and obstetric related anal sphincter injuries. She has been trained in both oesophageal and anorectal manometry.

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Dr Simmi Zahid

MBBS, FRACP

Dr Zahid is a Gastroenterologist specialising in diagnostic and therapeutic endoscopic procedures with a keen interest in pancreatic and biliary diseases, having completed advanced endoscopy fellowships at Westmead and Royal North Shore Hospitals. She is accredited for gastroscopy, colonoscopy (including EMR) and ERCP. In addition to therapeutic endoscopy, Dr Zahid has clinical expertise in managing all areas of general gastroenterology and hepatology.

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