




The Institute

basil hetzel institute for translational health research

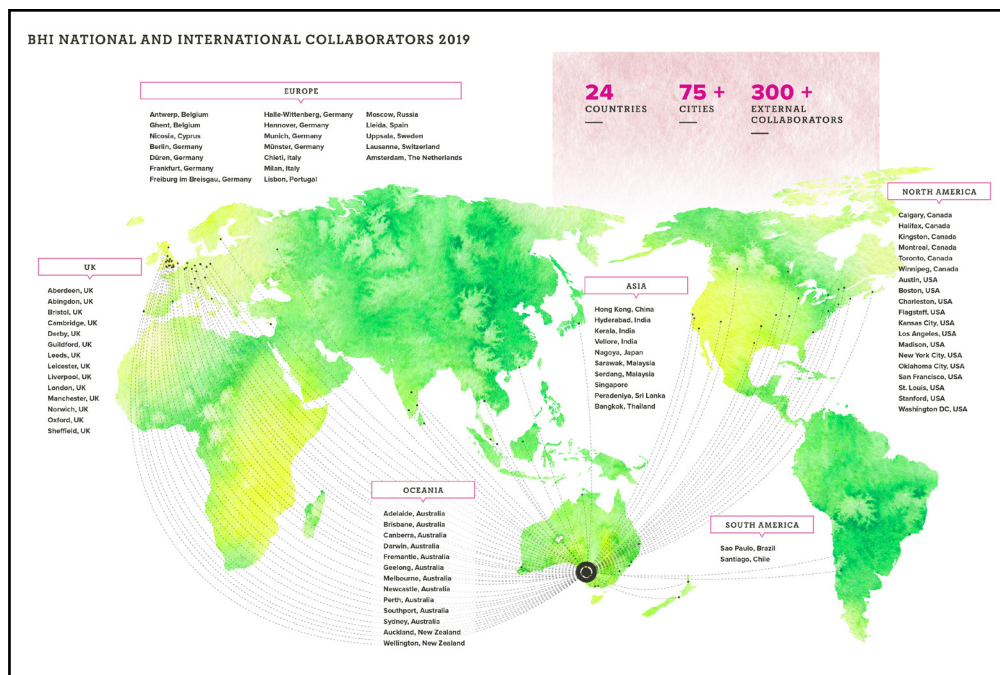
MONTHLY BULLETIN FOR TQEH RESEARCH COMMUNITY

WINNING NEWS

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BHI Research Report 2019



**APRIL
2020
ISSUE 132**

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BHI SEMINARS

BHI Staff/Student Seminars

1pm Tuesdays
currently postponed

BHI Invited Speaker Seminar

currently postponed

All seminars take place in the BHI
Ground Floor Seminar Rooms

UPCOMING EVENTS

BHI Mindfulness Sessions

currently postponed

BHI Off the Clock

4pm last Wednesday of each month



The [BHI Research Report 2019](#) was presented at the BHI Policy Committee meeting on Tuesday 24 March. Following its approval it was uploaded to the BHI website and distributed via email.

This year the report features a “Research Highlight of 2019” for each of the 28 research groups. These highlights show how research is being translated and include changes to the pharmaceutical benefits scheme, new treatment options and clinical guidelines as well as reports of first in human trials and the establishment of biobanks.

We extend our thanks to Travis Crawford and Chloe Grimes from Icarus Design, and to The Hospital Research Foundation for their financial support.

Feedback is welcome. Please send any comments to rebecca.anderson@adelaide.edu.au

BHI HUB

Scientific Director Joy Rathjen

BHI First Floor
Phone: 8222 6524
joy.rathjen@sa.gov.au
Work days: Monday - Wednesday



It is so hard to work out what to say in this issue of Winning News – COVID-19 has gone viral in so many ways, it dominates the news and our inboxes are full of advice to be taken and reports from others on how advice has been implemented. So, I thought maybe back to some basics:

Work at the BHI is continuing. The institute is a research-focussed endeavour, and it is not always possible for research tasks to be done from home, so our researchers, students and staff, are still coming in when necessary and research is still happening in the building and across the precinct. The BHI facilities manager, Kathryn, has been responding to all the advice – from the Government, the Universities and the Central Adelaide Local Health Network – to keep the environment compliant and safe. Our research is still heavily focussed on the health and medical problems that South Australians are living with. Our front page tells you what our most exciting news is this month – the BHI Research Report 2019 is live on our website and it documents the many ways in which research at the BHI changed lives last year. Although we, as a research community, are looking at ways in which we can apply our knowledge and our expertise to COVID-19, it will not be at the expense of our core business.

We are not alone in keeping a focus beyond the pandemic. [WHO World Health Day](#) will be marked on April 7 and will this year celebrate the critical work of nurses and midwives in our communities, and [WHO World Immunisation Week](#) will be celebrated on the 24-30 of April; a timely reminder in the southern hemisphere to get the flu jab.

Life continues here despite the challenges. Keep smiling and stay safe, Joy

BHI Facility Manager Kathryn Hudson

BHI Ground Floor
Phone: 8222 7427
kathryn.hudson@sa.gov.au



BHI Communications Officer Rebecca Anderson

BHI Ground Floor
Phone: 8222 7345
rebecca.anderson@adelaide.edu.au
Work days: 9-3pm Tuesday - Thursday



NEWS

Report from Fulbright Scholar, Dr Giri Krishnan



"The essence of intercultural education is the acquisition of empathy – the ability to see the world as others see it, and to allow for the possibility that others may see something we failed to see, or may see it more accurately. The simple purpose of the exchange program is to erode the culturally rooted mistrust that sets nations against each other. The exchange program is not a panacea but an avenue of hope"

J. William Fulbright

This quote beautifully encompasses the vision that William Fulbright had for binational exchange of knowledge and culture when he established what we know today as the Fulbright program. Through this program I was able to spend 12 months abroad at Stanford University in Palo Alto, California, undertaking research toward my PhD. As we now face unprecedented challenges with travel and international collaboration in the wake of the Covid pandemic, I count myself incredibly fortunate that I was able to have spent 12 months abroad at Stanford University. There is no doubt that my time away allowed me to think about my research from a different perspective and helped me to grow enormously as a scientist and as a person.

I worked under the supervision of Professor Eben Rosenthal, a reconstructive head and neck surgeon, and a true physician-scientist, who has established himself as world leader in the area of fluorescent molecular image-guided surgery. I worked with an international team of clinicians and scientists from Japan, China, the Netherlands and the US.

The overarching theme of my research has been to develop new strategies for intraoperative tumour detection in head and neck surgery. In Adelaide I have been primarily focused on evaluating an approach for tracing the spread of cancer from the oral cavity to the lymph nodes in the neck using local delivery of novel magnetic tracers. At Stanford I evaluated another strategy for lymph node mapping using the systemic delivery of a molecularly-targeted fluorescent tracer called panitumumab-IRDye800CW. This drug is an anti-EGFR antibody, conjugated to a fluorescent dye that binds with high affinity to EGFR [epidermal growth factor receptor], which is overexpressed in head and neck cancer. Patients would be infused with this drug 1-5 days prior to surgery and then in the operating theatre we would use specialised near-infrared cameras to optically visualise the tumour during the resection. As part of my research I examined the fluorescent signal within lymph nodes resected from neck dissection specimens in patients with primary oral cancer and was able to show with that this drug preferentially reaches lymph nodes with metastases as well as the first draining lymph nodes (the sentinel lymph nodes). This finding illustrates that we can perform sentinel lymph node biopsy without the requirement for local tracer injection in head and neck cancer, which is particularly exciting because it means we can extend this procedure to stage cancers that we cannot normally access with a local injection such as those arising from the tonsils or voice box. Furthermore, this validation of this new strategy opens the door to performing sentinel lymph node biopsy in other cancer types that are difficult to access in other areas of the body including gynecologically, urological and colorectal malignancies. **Giri Krishnan, PhD Student, ENT Surgery**

Karen Royals: Finalist, SA Nursing and Midwifery Excellence Awards



Karen Royals, a respiratory nurse consultant at The Queen Elizabeth Hospital, and PhD student with the Respiratory Research Group, has been named as a finalist in the 2020 South Australian Nursing and Midwifery Excellence Awards. She is a finalist in the “Excellence in Research and Knowledge Translation - Registered Nurse/Midwife” category. The award winners in each category were due to be announced at the South Australian Nursing and Midwifery Excellence Awards Gala Dinner at the Adelaide Oval on Friday, 8 May 2020.

BHI Alumni: Where are they now?



Dr Helen Palethorpe
Research Associate, Gene Regulation in Cancer Laboratory
Centre for Cancer Biology
SA Pathology and University of South Australia
helen.palethorpe@unisa.edu.au

I have been working as a postdoctoral researcher with the Gene Regulation in Cancer Group at the Centre for Cancer Biology for the last 9 months, following the completion of my PhD at the Basil Hetzel Institute. My research investigates the role of the protein Quaking (QKI) in prostate cancer progression. Currently men with advanced prostate cancer receive drugs that reduce the activity of the male sex hormones, called androgens, which drive the growth of prostate cancer in its early stages. However this treatment, referred to as androgen deprivation therapy (ADT), almost always leads to resistance and recurrence of a more aggressive and lethal form of the disease called castrate resistant prostate cancer (CRPC). We have shown that QKI is strongly increased in prostate cancer following ADT and in CRPC, and predicts metastasis and patient outcome. I hope to show that reducing QKI levels in prostate cancer cells will make them less aggressive and more sensitive to treatment. If this proves to be the case, we can then design therapies that will target QKI and reduce prostate cancer progression in patients. Our goal is for this research to result in novel treatments that prevent men dying from prostate cancer.

BHI Alumni: Where are they now?



Dr Maddison Archer

Mount Sinai Hospital, New York, NY

maddison.archer@mountsinai.org

Maddi recently had her PhD conferred, which she completed in the Breast Biology and Cancer Unit under the supervision of Associate Professor Wendy Ingman, Professor Andreas Evdokiou and Dr Pallave Dasari. She writes "I have joined the department of urology at The Icahn School of Medicine at Mount Sinai as a post-doctoral fellow under the supervision of Professor Natasha Kyprianou. My research is focusing on the molecular mechanisms of prostate tumour therapeutic resistance to taxane chemotherapeutics [a class of drugs used to treat advanced prostate cancer that is resistant to hormone therapies] in models of advanced prostate cancer."

Dr Sven Surikow

Lyell McEwin Hospital, Adelaide

sven.surikow@sa.gov.au

Sven is currently working at the Lyell McEwin Hospital as a Cardiac Physiologist. He is still involved with The University of Adelaide as an Affiliate Associate Lecturer and is co-supervising a student.

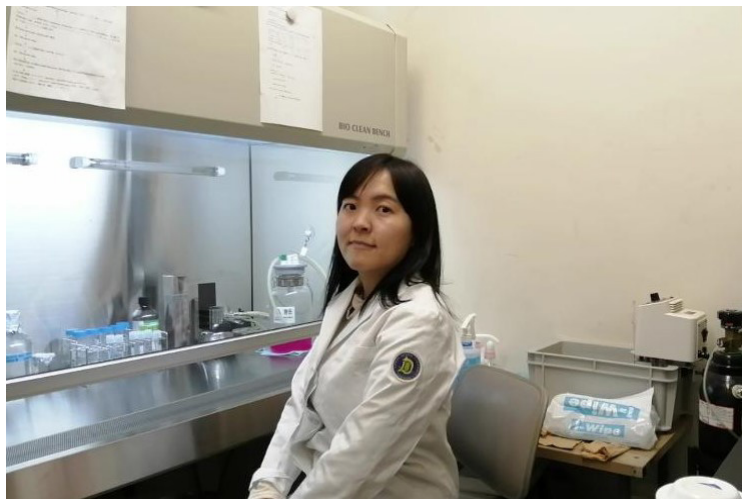


Dr Haruka Yamaguchi

Nippon Dental University, Niigata, Japan

harukay@ngt.ndu.ac.jp

At BHI, I belonged to the Breast Cancer Research Unit. My research theme was near infrared photoimmunotherapy (NIR-PIT) using small protein mimetic and we published a paper on NIT-PIT before I came back to Japan. This achievement helped me to gain a promotion and change department. Now I belong to the department of biochemistry as a lecturer to continue to do NIR-PIT research. I am writing animal ethics application for the animal study and doing experiments of new combination therapy NIR-PIT and molecular targeted therapy. *Haruka*



BHI STUDENT NEWS

BHI STUDENT REPS
2019-2020



Bimala Dhakal (Level 1)

bimala.dhakal@adelaide.edu.au



Gohar Shaghayegh (Level 1)

gohar.shaghayegh@adelaide.edu.au



Sadik Abdella (Level 2)

sadikmahdi.abdella@mymail.unisa.edu.au

Did you know?



An example of a table of Haft-seen or "Seven S's" where seven items that start with the letter "S" in Persian are laid out.

This year the Persian New Year started on March 21st. The first day of each year, called Nowruz (or new day), is the first day of spring in the northern hemisphere. The United Nations has recognized it as the "International Day of Nowruz" as it has been celebrated by diverse communities for over 7,000 years.

Nowruz is the day of the vernal equinox, the moment the Sun crosses the celestial equator and equalizes night and day. It is calculated exactly every year, and families gather together to observe the rituals such as the creation of a table of Haft-seen (or Haft-sin). It is celebrated based on the Jalali calendar. The calendar was developed by Omar Khayyam (1048-1131 C.E.), an outstanding mathematician, astronomer, philosopher and poet. The calendar is based on precise astronomical observations and moreover use of sophisticated intercalation system, which makes it more accurate than its European counterpart, the Gregorian calendar. [see BBC video created in 2019 [here](#)]

Maryam Nakhjavani, PhD student, Solid Tumour Group

BHI Off the Clock

Off the Clock is on hold for the moment, but we look forward to welcoming all staff and students back in the very near future!

Mindfulness sessions

these have been postponed

Reverend Nicholas Rundle, a qualified secular meditation teacher, will be running these sessions for BHI and TQEH staff and students each fortnight. Everyone is welcome to attend these free sessions.

COMMUNITY ENGAGEMENT



Community Group Presentations

THRF are always looking for BHI researchers to present at community group events. It is a wonderful opportunity for you to practice your public speaking skills, and present your work to a lay audience! If you are interested or would like some more information, please contact Brendan Hardman at THRF on 8244 1100 or bhardman@hospitalresearch.com.au

Unyime Jasper: March 5th



PhD student with the Adelaide G-TRAC Centre, **Unyime Jasper**, gave a presentation to members of the University of the Third Age (U3A) at the Active Elders Hall in Ascot Park.

He presented his findings from interviews with 23 older people in the GEMU (Geriatric Evaluation and Management Unit) and orthopaedic wards at TQEH. People were asked about their knowledge and attitude to sedentary behaviour and physical activity. From these interviews Jasper has developed a substantial theory on why older people are sedentary during hospital admission. His theory is that older people have a poor understanding of sedentary behaviour and physical activity but are willing to keep active during hospital admission because of personal motivators (e.g. looking forward to going home to a pet or family). However, issues beyond their control (mainly hospital related factors) and lack of empowerment encourage sedentary behaviour, resulting in negative consequences on the mental health of older people.

Jasper said that one question from a U3A member that he found interesting was, “did you have to become a patient yourself to develop this theory? Because it resonates with many of us who have been patients in the past few years.” He responded that he utilised a methodology (Grounded theory) that enabled him to listen to interviews and analyse them immediately afterwards. This helped him to identify in-depth and targeted questions that he needed to focus on for the next set of interviews. Iteration enabled him to ask all possible queries and make all possible findings in his topic of interest.

He was also asked: “have you presented these findings to clinical staff, so they know we are not happy sitting all day in hospital?” He replied that he has presented his findings to some doctors and physiotherapists and plans to give another presentation to nursing staff.



GENERAL INFORMATION

STATISTICIAN AT THE BHI

Please contact Suzanne via email until further notice. She is available and can be consulted by TQEH/ The University of Adelaide Faculty of Health & Medical Sciences staff and research higher degree students. Support is limited to 15 hours on a per project basis.



Tuesdays
BHI Level 1
Room 1E.07
Phone: 8222 6679
suzanne.edwards@adelaide.edu.au

Suzanne Edwards
Statistical Consultant
Data, Design and Statistics
Services
Adelaide Health Technology
Assessment (AHTA)
School of Public Health
The University of Adelaide

TQEH Librarians

Due to COVID-19 and the recent advice to practice social distancing TQEH Librarian visits to the BHI will cease from Wednesday March 25th 2020 until further notice.

TQEH librarians anna.holasek@sa.gov.au or rachel.davey@sa.gov.au will still be available to assist with your literature searches and research requirements via email or phone (8222 7373), and the SALUS library site remains accessible 24/7 from any computer or device with internet access.

To access the Library Service's electronic resources you will need to [register online](#) for a SALUS username and password via the library homepage [<https://salus.sa.gov.au>].

TQEH library (5B Main Tower) is open Monday to Friday between 9am-4.45pm.

Thank you for your understanding.
TQEH Library Team

Funding Opportunities

BHI Bulletin of Funding

The [BHI Bulletin of Funding](#), which can be found on the BHI website, is updated regularly by the CALHN Research Office.



The Institute

basil hetzel institute for translational health research

TQEH Research Secretariat Contact Details
Ground Floor, (DX465101)
Basil Hetzel Institute for Translational Health Research
The Queen Elizabeth Hospital
28 Woodville Rd, WOODVILLE SOUTH 5011
Phone: 08 8222 7836 Fax: 08 8222 7872
Email: gwenda.graves@sa.gov.au

Pre-review service for clinical research grants

All research studies, including grant funded research, require appropriate ethics and governance approvals before they can commence. Unlike the NHMRC, many funding bodies do not utilise a peer-review system as part of their grant funding rounds. This can lead to delays in researchers obtaining the post-award approvals that are required before they can start their projects. **The CALHN Research Office is offering pre-application scientific review of clinical human research projects by the CALHN HREC Chair, Mr Ian Tindall, with a view to facilitating efficient post-award approval processes.**

For further information and submission please contact the CALHN Research Office on Health.CALHNResearchEthics@sa.gov.au or call 7117 2230

CALHN Human Research Ethics Committee 2020 Submission and Meeting Dates for Applications

A list of all meeting dates can be found on the [BHI website](#)

HREC/IDSC Submission deadlines	CALHN HREC Meeting	IDSC Meeting
Monday 16 March 2020	Thursday 9 April 2020	
Monday 30 March 2020	Thursday 23 April 2020	Thursday 23 April 2020
Tuesday 14 April 2020	Thursday 7 May 2020	
Monday 27 April 2020	Thursday 21 May 2020	Thursday 28 May 2020

The Central Adelaide Local Health Network Human Research Ethics Committee (CALHN HREC) will hold two meetings and with two submission deadlines each month in 2020.

The Investigational Drug Sub-Committee (IDSC) will continue to meet monthly.

Research studies involving investigational medicinal products require review and approval from both the IDSC and CALHN HREC.

ALL HREC meetings will continue to be held on Thursdays at Roma Mitchell House, Level 3, 136 North Terrace, Adelaide.

For more information please contact:

Investigational Drugs Subcommittee (IDSC) Mr Peter Siobodian or Dr Ada Lam Executive Officer, Specialist Pharmacist Phone: (08) 7074 1430 or (08) 7074 1150 peter.siobodian@sa.gov.au ada.lam@sa.gov.au	CALHN Human Research Ethics Committee (HREC) Ms Lisa Barrie CALHN HREC Level 3, Roma Mitchell House Phone: (08) 7117 2229 or (08) 8222 6841 Health.CALHNResearchEthics@sa.gov.au
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Animal Ethics

All animal ethics applications now go through The University of Adelaide Animal Ethics Committee.

Details of meeting and submission dates: www.adelaide.edu.au/research-services/oreci/animal/applications/

Contact details for this committee:

Amanda Camporeale, Animal Ethics Officer

Phone: 8313 6310

Email: amanda.camporeale@adelaide.edu.au

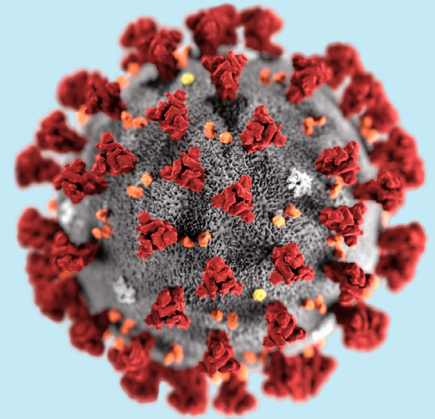
WORK, HEALTH & SAFETY

Novel Coronavirus (COVID-19)

The University of Adelaide has prepared a series of [online FAQs](#) to assist staff and students, which will be updated as the situation changes.

Serge Stebellini

Faculty Health, Safety and Wellbeing Coordinator
Faculty of Health and Medical Sciences
The University of Adelaide
serge.stebellini@adelaide.edu.au



<https://www.healthdirect.gov.au/coronavirus-covid-19-how-to-avoid-infection-faqs#social-distancing>

How does COVID-19 spread from human to human?

The virus is *most likely* to spread from person to person:

- through direct contact with a person while they are infectious
- through contact with droplets when an infected person coughs or sneezes
- through touching objects or surfaces, such as door handles or tables, then touching your face or mouth (where an infected person has coughed or sneezed and contaminated the surface with droplets)

What is a 'close contact'?

A close contact is someone who:

- has had more than 15 minutes of face-to-face contact (in any setting) with a person with confirmed COVID-19 (including in the 24 hours before their symptoms appeared)
- has shared a closed space with a person with confirmed COVID-19 for more than 2 hours (including in the 24 hours before their symptoms appeared)

Close contacts of a person with a confirmed COVID-19 infection are at higher risk of infection. However, it's important that everyone understands the symptoms of COVID-19 and seeks medical attention if feeling unwell.

What is a 'casual contact'?

A casual contact is someone who has been in the same general area as a person who has tested positive for COVID-19 while infectious. You are a casual contact if:

- you have had less than 15 minutes face-to-face contact (in any setting) with a confirmed case (including in the 24 hours before their symptoms appeared)
- you have shared a closed space with a confirmed case for less than 2 hours (including in the 24 hours before their symptoms appeared)

Casual contacts do not need to be excluded from work or school while well. You must closely monitor your health and if you experience any symptoms, you should isolate yourself. Use the healthdirect Symptom Checker, below, if you develop symptoms such as fever, cough, sore throat or shortness of breath.

PUBLICATIONS

If you wish to have a recent publication included, please send details to the BHI Communications Officer
rebecca.anderson@adelaide.edu.au

Datta Gupta A. Is the diagnosis written in the palm? Compression neuropathy from a walking frame. *Australian Journal of General Practice*. 49(3):121-123, 2020 Mar. doi.org/10.31128/AJGP-09-19-5066.

Jasper U, Yadav L, Jadcak A, Yu S, Visvanathan R, Dollard J. Sedentary behaviour in hospitalised older people: a scoping review protocol. *Systematic Reviews*. 9(1): 2020 Feb. doi.org/10.1186/s13643-020-01290-0.

Keen H, Robinson P, Dalbeth N, Hill C. Time to recognise gout as a chronic disease. *Medical Journal of Australia*. 2020. doi: 10.5694/mja2.50512.

Kuan L, Mavilakandy A, Oyebola T, Bhardwaj N, Dennison A, Garcea G. Indeterminate liver lesions - a virtual epidemic: a cohort study over 8years. *ANZ Journal of Surgery*. 2020 Feb doi.org/10.1111/ans.15685.

Liang R, Anthony A, Leditschke I. Five myths about unacceptable behaviour in surgical education. *ANZ Journal of Surgery*. 2020 Feb doi.org/10.1111/ans.15756.

Nguyen T, Stansborough J, Ong G, Surikow S, Price T, Horowitz J.D. Antecedent cancer in Takotsubo Syndrome predicts both cardiovascular and long-term mortality. *Cardio-Oncology*. 5(1):Article Number: 20, 2019 Nov doi.org/10.1186/s40959-019-0053-6.

Ong G, Nguyen T, Stansborough J, Surikow S, Mahadavan G, Worthley M, Horowitz J.D. The N-AcetylCysteine and RAMipril in Takotsubo Syndrome Trial (NACRAM): Rationale and design of a randomised controlled trial of sequential N-Acetylcysteine and ramipril for the management of Takotsubo Syndrome. *Contemporary Clinical Trials*. 90: Article Number: 105894, 2020 Mar doi.org/10.1016/j.cct.2019.105894.

Ruediger C, Nguyen L, Black R, Proudman S, Hill C. Efficacy of methotrexate in Polymyalgia Rheumatica in routine rheumatology clinical care. *Internal Medicine Journal*. 2020 Feb doi.org/10.1111/imj.14779.

Thiruvankatarajan V, Currie J, Emmerson R, Van Wijk R. Do we need inbuilt pressure monitoring systems across all cuffed airway devices? *Anaesthesia & Intensive Care*. 310057X19897664, 2020 Feb doi.org/10.1177/0310057X19897664.

Venugopal P, Gagliardi L, Forsyth C, Feng J, Phillips K, Babic M, Poplawski N, Rienhoff H, Schreiber A, Hahn C, Brown A, Scott H. Two monogenic disorders masquerading as one: Severe congenital neutropenia with monocytosis and non-syndromic sensorineural hearing loss. *BMC Medical Genetics*. 21(1):Article Number: 35. 2020 Feb. doi.org/10.1186/s12881-020-0971-z.

Arakawa Martins B, Jadcak A, Dollard J, Barrie H, Mahajan N, Tam K, Visvanathan R. Fifth-year medical students' perceptions of the importance of frailty and competence in assessing, diagnosing and managing frailty before and after a geriatric medicine course. *Australasian Journal on Ageing*. 2020 Mar doi.org/10.1111/ajag.12788.

Clarke S, Burge M, Feeney K, Gibbs P, Jones K, Marx G, Molloy M, Price T, Reece W, Segelov E, Tebbutt N. The prognostic role of inflammatory markers in patients with metastatic colorectal cancer treated with bevacizumab: A translational study [ASCENT]. *PLoS ONE*. 15(3): Article Number: e0229900, 2020 doi.org/10.1371/journal.pone.0229900.

Eldredge T, Bills M, Myers J, Bartholomeusz D, Kiroff G, Shenfine J. HIDA and seek: Challenges of scintigraphy to diagnose bile reflux post-bariatric surgery. *Obesity Surgery*. 2020 Mar doi.org/10.1007/s11695-020-04510-7.

Hoellwarth J, Tetsworth K, Kendrew J, Kang N, van Waes O, Al-Maawi Q, Roberts C, Al Muderis M. Periprosthetic osseointegration fractures are infrequent and management is familiar. *Bone & Joint Journal*. 102-B(2):162-169, 2020 Feb doi.org/10.1302/0301-620X.102B2.BJJ-2019-0697.R2.

Hu R, Barratt D, Coller J, Sallustio B, Somogyi A. No major effect of innate immune genetics on acute kidney rejection in the first 2 weeks post-transplantation. *Frontiers in Pharmacology*. 10: Article Number: 1686, 2020 Feb doi.org/10.3389/fphar.2019.01686.

Ingman W, Richards B, Street J, Carter D, Rickard M, Stone J, Dasari P. Breast density notification: An Australian perspective. *Journal of Clinical Medicine*. 9(3) Article Number: 681, Mar doi.org/10.3390/jcm9030681.

Kuan L, Isherwood J, Pollard C, Dennison A. A unique case of a double common bile duct with ectopic drainage into the gastric antrum: a case report and review of the literature on double duct variants. *Journal of Surgical Case Reports*. 2020(3):rjaa028, 2020 Mar doi.org/10.1093/jscr/rjaa028,

PUBLICATIONS CONTINUED

If you wish to have a recent publication included, please send details to the BHI Communications Officer
rebecca.anderson@adelaide.edu.au

Labrosciano C, Air T, Tavella R, Beltrame J, Ranasinghe I. Readmissions following hospitalisations for cardiovascular disease: A scoping review of the Australian literature. *Australian Health Review*. 44(1):93-103, 2020 Feb doi.org/10.1071/AH18028.

Ong G, Nguyen T, Stansborough J, Surikow S, Horowitz JD. Incremental "therapeutic" myocardial exposure to catecholamines: Incidence and impact in Takotsubo Syndrome. *Cardiovascular Drugs and Therapy*. 2020 Feb doi.org/10.1007/s10557-019-06918-5.

Tran A, Vaidya S. Treatment of refractory vitiligo with the 308-nm excimer lamp: An Australian prospective analysis of clinical efficacy and safety. *Australasian Journal of Dermatology*. 2020 Feb doi.org/10.1111/ajd.13259.

Datta Gupta A, Addison S. Healing hand ulcers caused by focal spasticity. *International Wound Journal*. 2020 doi.org/10.1111/iwj.13335.

Desai J, Gan H, Barrow C, Jameson M, Atkinson V, Haydon A, Millward M, Begbie S, Brown M, Markman B, Patterson W, Hill A, Horvath L, Nagrial A, Richardson G, Jackson C, Friedlander M, Parente P, Tran B, Wang L, Chen Y, Tang Z, Huang W, Wu J, Zeng D, Luo L, Solomon B. Phase I, open-label, dose-escalation/dose-expansion study of Lifirafenib (BGB-283), an RAF family kinase inhibitor, in patients with solid tumors. *Journal of Clinical Oncology*. JCO1902654, 2020 Mar. doi.org/10.1200/JCO.19.02654.

Gouzos M, Ramezanpour M, Bassiouni A, Psaltis A, Wormald P-J, Vreugde S. Antibiotics affect ROS production and fibroblast migration in an *in-vitro* model of sinonasal wound healing. *Frontiers in Cellular and Infection Microbiology*, 2020 March. doi:10.3389/fcimb.2020.00110.

Heijkoop B, Nadi S, Spornat D, Kiroff G. Extended versus inpatient thromboprophylaxis with heparins following major open abdominopelvic surgery for malignancy: a systematic review of efficacy and safety. *Perioperative Medicine*. 9:7, 2020 doi.org/10.1186/s13741-020-0137-8.

Ianiro G, Mullish B, Kelly C, Sokol H, Kassam Z, Ng S, Fischer M, Allegretti J, Masucci L, Zhang F, Keller J, Sanguinetti M, Costello S, Tilg H, Gasbarrini A, Cammarota G. Screening of faecal microbiota transplant donors during the COVID-19 outbreak: suggestions for urgent updates from an international expert panel. *The Lancet. Gastroenterology & Hepatology*. 2020 Mar doi.org/10.1016/S2468-1253(20)30082-0.

Keijzers G, Macdonald S, Udy A, Arendts G, Bailey M, Bellomo R, Blecher G, Burcham J, Coggins A, Delaney A, Fatovich D, Fraser J, Harley A, Jones P, Kinnear F, May K, Peake S, Taylor D, Williams P. The Australasian Resuscitation In Sepsis Evaluation: Fluids or vasopressors in emergency department sepsis (ARISE FLUIDS), a multi-centre observational study describing current practice in Australia and New Zealand. *EMA - Emergency Medicine Australasia*. 2020 doi.org/10.1111/1742-6723.13469.

Lau D, Burge M, Roy A, Chau I, Haller D, Shapiro J, Peeters M, Pavlakis N, Karapetis C, Tebbutt N, Segelov E, Price T. Update on optimal treatment for metastatic colorectal cancer from the AGITG expert meeting: ESMO Congress 2019. *Expert Review of Anticancer Therapy*. 2020 Mar. doi.org/10.1080/14737140.2020.1744439.

Maddern G, Babidge W, Faulkner K. ASERNIP-S: unusual acronym, outstanding results. *ANZ Journal of Surgery*. 2020 Mar doi.org/10.1111/ans.15828.

Roberts J, Joynt G, Lee A, Choi G, Bellomo R, Kanji S, Mudaliar M, Peake S, Stephens D, Taccone F, Uldemolins M, Valkonen M, Agbeve J, Baptista J, Bekos V, Boidin C, Brinkmann A, Buizen L, Castro P, Cole C, Creteur J, De Waele J, Deans R, Eastwood GM, Escobar L, Gomersall C, Gresham R, Jamal J, Kluge S, Konig C, Koulouras V, Lassig-Smith M, Laterre P, Lei K, Leung P, Lefrant J, Llauro-Serra M, Martin-Loeches I, Mat Nor M, Ostermann M, Parker S, Rello J, Roberts D, Roberts M, Richards B, Rodriguez A, Roehr A, Roger C, Seoane L, Sinnollareddy M, Sousa E, Soy D, Spring A, Starr T, Thomas J, Turnidge J, Wallis S, Williams T, Wittebole X, Zikou X, Paul S, Lipman J. The effect of renal replacement therapy and antibiotic dose on antibiotic concentrations in critically ill patients: Data from the multinational SMARTR Study. *Clinical Infectious Diseases*. 2020 Mar. doi.org/10.1093/cid/ciaa224.

Roy A, Shapiro J, Burge M, Karapetis C, Pavlakis N, Segelov E, Chau I, Lordick F, Chen L, Barbour A, Tebbutt N, Price T. Management of early stage gastro-oesophageal cancers: expert perspectives from the Australasian Gastrointestinal Trials Group (AGITG) with invited international faculty. *Expert Review of Anticancer Therapy*. 2020 Mar. doi.org/10.1080/14737140.2020.1746185.

Telehealth for Cystic Fibrosis patients

The Hospital Research Foundation (THRF) is leading the fight to help vulnerable Cystic Fibrosis patients be treated at home so they don't have to attend hospital during the outbreak of the COVID-19 virus.

In partnership with SA Health, a Telehealth service is being set up via the Cystic Fibrosis Unit at the Royal Adelaide Hospital to ensure patients can be treated remotely. Cystic Fibrosis is a life-limiting genetic disease that causes persistent lung infections, meaning sufferers are much more vulnerable to respiratory diseases like the flu.

Thanks to our generous donors and ticket buyers in the Hospital Research Home Lottery, THRF is proud to be contributing \$156,000 towards the Telehealth service to match SA Health's investment.

THRF CEO Paul Flynn said while the service is being introduced in response to COVID-19, it will continue to be used into the future to help more patients receive their care from home.

Poo bank helps fight inflammatory bowel disease



L-R: Richard Harvey MP with BiomeBank co-founders Dr Sam Costello and Dr Rob Bryant at the launch of their new laboratory

On Wednesday 11 March, THRF celebrated the launch of [BiomeBank](#)'s new state-of-the-art laboratory which aims to help more people gain access to their revolutionary poo transplant procedure.

We were honoured to have the Chief Scientist for South Australia, Professor Caroline McMillen, officially open the lab while guests also enjoyed tours of the unique facilities.

With the launch of the new lab, BiomeBank is now looking to expand access to its services across Australia and even internationally!

THRF Group is a proud partner of BiomeBank, and we look forward to sharing with you more success stories of how this procedure changes peoples lives.

Keeping together by staying apart

Our THRF team is playing a role in the fight against COVID-19. Our Woodville office will be closed from Monday 30 March until further notice. However, you will still be able to reach us if needed on 08 8244 1100 or via email on contactus@hospitalresearch.com.au. We are embracing technology and finding new ways to stay together by keeping apart.

On behalf of THRF, we would like to thank every healthcare worker for the safety of our community. We appreciate your efforts and wish you well during this difficult and challenging time.

Great gifts to Join our Fight



L-R) THRF's Ash Shukla, Poppy Barui, Leanne Mercer and Kristy Wildy wearing our Together. Fight. apparel that is available for purchase!

We are thrilled to share (if you haven't seen it already) the launch of our Together. Fight. shop!

You can purchase a range of merchandise, including hats, t-shirts and even a Frank Green cup while feeling proud knowing proceeds from each purchase will go towards lifesaving research and patient care at the Basil Hetzel Institute and the TQEH!

Visit the shop and start purchasing today: <https://shop.hospitalresearch.com.au/>