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COVID-19 project being coordinated by Dr Branka Grubor-Bauk



A collaborative project to drive treatment and vaccine design for COVID-19 has been established between South Australian virologists, immunologists, clinicians, health networks and charities. To achieve this, the project team will assess the COVID-19 disease profile in critically ill patients in the Intensive Care Unit at the RAH, moderately ill patients in the RAH Infectious Diseases Ward,

recovered patients who have been released as "COVID-19 free" and all children and pregnant women who present at the Women's and Children's Hospital (WCH).

Dr Branka Grubor-Bauk, research leader of the Virology Group at the Basil Hetzel Institute, is coordinating the team of scientists to study the response and recovery of adult COVID-19 patients who have been hospitalised. Branka will be working with Dr Benjamin Reddi at the RAH Intensive Care Unit and Dr David Shaw and Dr Chuan Kok Lim at the RAH Infectious Diseases Ward while Professor Simon Barry will be leading the paediatric and pregnancy arm of the study at WCH.

Branka said, "South Australia is in a unique position to do this with a first-world health system, excellent research capabilities and, if we can act quickly, the possibility to track the virus and the population from an early point in the infection cycle."

"We will be evaluating the virology and immune responses of hospitalised adult and child patients from symptomology through to recovery and ultimately for a further 12 months."

"This knowledge will inform what part of the virus a vaccine should target and what kind of response is required to be protected. It will be a high impact study of global reach to drive treatment and vaccine design."

Additional collaborators include Associate Professor Michael Beard from The University of Adelaide, who will lead the virological aspects of the project, and Professor Guy Maddern and Dr Jessica Reid, from the Surgical Science Research Group at the BHI, who are leading the clinical trial coordination at The Queen Elizabeth Hospital.

Financial support for this work is being provided by The Hospital Research Foundation and Women's & Children's Hospital Foundation who are contributing \$150,000 and \$75,000 respectively.

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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 currently postponed

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BHI HUB

Scientific Director Joy Rathjen

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



It is surprising to think that this is the second Winning News piece I have written from home. Although I have much to do, I am beginning to feel very much distanced from the BHI and I have every intention, weather permitting, to get back on the bike and back to work for at least some days next week.

One of the projects that has been keeping me busy is the BHI response to the Productivity Commissions enquiry into Health and Medical Research in South Australia. It has been a fascinating process, 'unpacking' the BHI and interrogating The Institute's ways through data and narrative, working out what really makes this place special. The answer is not revolutionary, but it is good to see it confirmed – what makes the BHI is not the buildings, or the hospital, although these are critical enablers of the BHI mission, it is the people. The answer goes a little further in my mind, it is the complexity of our workforce. Having research teams that embrace clinicians, clinical academics, medical scientists, biomedical researchers, health workers, medical trainees, students and, of course, our emeritus professors is important. The willingness of our staff to expand our effective workforce through collaboration, not just within the health and medical research sector but equally across all research disciplines, to engage with and integrate necessary technologies and expertise into our research programs is important. Important because every research question is considered from a wealth of diverse and informed perspectives; this makes our research stronger and I think it does explain why we are successful in what we choose to do. It is not revolutionary, but it is just a little bit special and something of which we can, as the BHI, be justifiably proud.

BHI Facility Manager Kathryn Hudson

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BHI Communications Officer Rebecca Anderson

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



NEWS

Two Diabetes SA grants awarded to BHI researchers

Two of the three grants awarded by Diabetes SA, that were announced on Friday 1 May, were awarded to researchers based at the Basil Hetzel Institute, The Queen Elizabeth Hospital. Each grant is valued at \$100,000 over two years. Dr David Jesudason is the Director of Diabetes and Endocrinology at The Queen Elizabeth Hospital and has 20 years of experience as an endocrinologist. He is passionate about improving the care of people with Type 1 and Type 2 Diabetes both in metropolitan Adelaide as well as rural South Australia. He visits indigenous health centres in Ceduna, Yalata and Pt Augusta regularly. Dr Cher-Rin Chong is an NHMRC Peter Doherty Biomedical Early Career Fellow in the Cardiovascular Pathophysiology and Therapeutics Group at the Basil Hetzel Institute, TQEH.



Addressing life threatening ketoacidosis associated with sodium-glucose cotransporter-2 inhibitors and key antidiabetic medicines

2020 - 2021 \$100,000

Dr David Jesudason, Department of Endocrinology, TQEH Dr Emily Meyer, Department of Endocrinology, RAH and TQEH Professor Michael Roberts, Therapeutic Research Centre, BHI and UniSA Dr Venkatesan Thiruvenkatarajan, Department of Anaethesia, TQEH Muhammad Suleman Khan, Therapeutic Research Centre, BHI and UniSA

Dr David Jesudason

The sodium-glucose cotransporter-2 inhibitors (SGLT2i) are a very important class of drug for treating patients with type 2 diabetes. They are very widely prescribed by Endocrinologists and GPs because in addition to having a favourable effect on lowering glucose, there have been several major clinical trials which show that they can reduce death from heart disease and slow decline in kidney function amongst patients with Type 2 Diabetes. However since they were introduced in Australia about five years ago, we have noticed that some patients who take these drugs and who are unwell from medical problems or who are fasting or have reduced oral intake before and after surgery can develop high levels of ketones in their blood. This causes diabetic ketoacidosis which requires treatment with an insulin drip and sometimes intensive care treatment. Because blood glucose levels may be normal or only slightly elevated, patients and doctors may not diagnose this condition unless they specifically test for it. This has led to many

patients being advised to hold these medications three days before surgery. However this can lead to high blood glucose levels at the time of surgery, including amongst many patients who would never have developed this disorder.

Dr Jesudason has collaborated with Professor Michael Roberts, a world renown Pharmacy researcher who has developed the ability to measure blood levels of these SGLT2i drugs from fingerprick samples done several times before and after surgery. We will correlate these levels, with measurements of ketone levels and measurements of other chemicals from blood tests and correlate with clinical factors such as age and medical history. The generous grant from Diabetes SA will help us fund all these tests from a large number of peri-operative patients. We can then develop guidelines to advise doctors and patients which patients who take these drugs will be more likely to develop diabetic ketoacidosis, so that we can adjust our management of these patients.

david.jesudason@sa.gov.au

Two Diabetes SA grants awarded to BHI researchers (continued)

For a novel strategy for cardiovascular protection in type 2 diabetes

2020 - 2021 \$100,000

Dr Cher-Rin Chong, Cardiovascular Pathophysiology and Therapeutics Group, BHI Professor John Horowitz, Cardiovascular Pathophysiology and Therapeutics Group, BHI Dr Yuliy Chirkov, Cardiovascular Pathophysiology and Therapeutics Group, BHI

Dr Cher-Rin Chong

Patients with Type 2 diabetes are at increased risk of developing heart disease. Based at Basil Hetzel Institute for Translational Health Research, we are a group of well-established cardiovascular researchers with long-term interests in understanding how diabetes affects heart function. We have shown that diabetic heart disease is not only a result of the build up of fats in the blood vessel leading to inflammation, but also a result of impaired pumping/relaxation of the heart. We have long studied how excessive free radicals, generated during high blood glucose, lead to inflammation and negatively affect normal cellular signalling. We have established methods to circumvent this, especially during acute heart attacks. We have also demonstrated how in diabetes, the heart becomes increasingly reliant on using fat only, which at times can be detrimental. Our long-term goal is to study the mechanisms of how excessive

free radicals and abnormal metabolism regulate changes in the diabetic heart, and whether or not these can be targeted by drug therapies. With the support of Diabetes SA we are beginning to study how a specific protein called PARP, affects the diabetic heart. PARP gets activated by damaged DNA and excessive free radicals. Overactive PARP has been implicated in various disease pathologies, including diabetes. We will study to what extent the changes observed in the diabetic heart disease are due to overactive PARP, and whether or not these changes can be reversed by targeting the protein. With the increasing prevalence of diabetes and metabolic syndrome in western society, a greater understanding of how diabetes specifically affects the heart is warranted. Given that not all anti-diabetic treatments are protective of the heart, we hope to find new treatment that will prevent heart disease in patients with diabetes.

cher-rin.chong@adelaide.edu.au

Director of Research, Basil Hetzel Institute for Translational Health Research



At the March meeting of the BHI Policy Committee Professor Guy Maddern was reappointed as the Director of Research of the BHI.

Professor Maddern said "I am delighted to be able to continue as Director of the BHI for the next 5 years. We have a great team of researchers and are well positioned to show great progress in the coming years."





NEWS CONTINUED

The South Australian Liver Tissue (SALT) Biobank

Colorectal cancer is the second biggest cancer killer in Australia. The majority of patients succumb to this cancer because the cancer spreads to other sites in the body (metastasis), and often to the liver (liver metastasis); the spread of colorectal cancer to the liver increases a patient's mortality rate from 10 to 70%. Clinicians need to be able to recognise colorectal cancers that are more likely to spread to the liver early, so they can implement more aggressive disease management strategies. Research at the BHI seeks to identify characteristics, or markers, that predict if a colorectal cancer is likely to spread to the liver and that could be used in the clinic for better diagnosis.



Teresa Tin, Research Assistant with the Surgical Science Research Group

Professor Guy Maddern leads a team at the BHI who are searching for these predictive markers. A member of his team, THRF Early Career Fellow Dr Kevin Fenix, has identified a possible marker, but finding a marker that might work is only step one in the discovery pathway. For a marker to be clinically useful it needs to be able to discriminate between most cancers. The only way to show that a marker discriminates is to test the marker on many patient samples.

Kevin and Guy are creating a Biobank of tissues taken from patients with metastatic colorectal cancer in the liver to be able to do just this. The South Australian Liver Tissue Biobank, or SALT Biobank, will contain tissue samples preserved in paraffin wax and arrayed in a matrix pattern (forming tissue microarray or TMA) that can be sliced extraordinarily thinly - in one experiment hundreds of patient samples can be analysed. The biobank will contain liver tissue samples from patients operated on at the Royal Adelaide Hospital and The Queen Elizabeth Hospital between 2004 and now, and will continue collecting into the future. Each sample will be linked to detailed clinical notes so that outcomes can be correlated with the presence of a feature, in this case the marker. The first 60 samples to be processed for the SALT Biobank were collected from TQEH patients around 10 years ago. Ultimately, the aim is for the SALT Biobank to contain patient samples from the all patients with metastatic colorectal cancer in the liver within South Australia.

To fund the Biobank, the researchers received funding from Beat Cancer and The Hospital Research Foundation. This funding supports a staff member and the special piece of equipment required—the TMA Master II. This piece of kit is a benchtop computer-controlled instrument that compiles tissue microarrays — it takes a tiny core of wax-embedded tissue from each patient sample and adds it to a grid of cores which can then be sliced into many wafer-thin slices and analysed experimentally. The researchers will know the coordinates of the grid pattern and be able to locate each tissue after analysis. The advantages of TMAs over traditional methods are considerable — TMAs save time and resources and allow multiple potential markers to be analysed in one experiment.

This instrument has many applications beyond the aims of Kevin and Guy, and they are keen to let others take advantage of the technology. Researchers are welcome to contact Teresa Tin from the Surgical Science Research Group if they are interested [Teresa.tin@adelaide.edu.au].

Dr Kevin Fenix, THRF Early Career Research Fellow, Surgical Science Research Group kevin.fenix@adelaide.edu.au

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 <u>bhardman@hospitalresearch.com.au</u>



Dr Sam Costello: 7th April

Dr Sam Costello from the Inflammatory Bowel Disease Research Group was interviewed by David Liew about the indications, evidence and safety of faecal microbiota transplants. Listen to audio from this podcast (Episode 74) <u>here</u>, or read the full article from the Australian Prescriber <u>here</u>.

SOCIAL NEWS

Dr Tharshy Pasupathy, Postdoctoral Research Fellow with the Translational Vascular Function Research Collaborative, and her husband Rajevan are delighted to announce that their baby boy Sharvan was born on Sunday 23rd February.





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) sadikalmahdi.abdella@mymail. unisa.edu.au

Welcome Hadi

Hadi Rastin is currently a full-time PhD student at The University of Adelaide, focusing on the "3D Bioprinting of Biomaterials for the Biomedical Applications" under supervision of Professor Dusan Losic. He earned a bachelor degree at the Amirkabir University of Technology and master degree at the University of Tehran in the polymer engineering. Exploiting nanomaterials and shear-thinning hydrogels in the design of advanced bioinks is the primary goal of his project with the goal of improving the performance of bioinks. He has recently started working with Associate Professor Sarah Vreugde and the ENT group to extend the usage territory of bioprinting to other fields.



Visualise your thesis

<u>2020 Visualise Your Thesis</u> is a world wide competition celebrating the work of graduate research students. Students have just 60 seconds to provide an eye-catching digital display. The competition is open to higher degree research students, with the winner from The University of Adelaide receiving \$1000 and the opportunity to compete in an international online showcase hosted by The University of Melbourne. More information, and some answers to FAQs can be found on the University of Melbourne's competition page <u>here</u>.

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

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

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 <u>suzanne.edwards@</u> <u>adelaide.edu.au</u>

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 advice to practice social distancing TQEH Librarian visits to the BHI have been postponed until further notice.

TQEH librarians <u>anna.holasek@sa.gov.au</u> or <u>rachel.davey@sa.gov.au</u> 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 <u>register online</u> for a SALUS username and password via the library homepage [<u>https://salus.sa.gov.au</u>].

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 <u>BHI Bulletin of Funding</u>, which can be found on the BHI website, is updated regularly by the CALHN Research Office.



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

GENERAL INFORMATION CONTINUED

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 <u>Health.CALHNResearchEthics@sa.gov.au</u> or call 7117 2230

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

HREC/IDSC Submission deadlines	CALHN HREC Meeting	IDSC Meeting
Tuesday 14 April 2020	Thursday 7 May 2020	
Monday 27 April 2020	Thursday 21 May 2020	Thursday 28 May 2020
Monday 11 May 2020	Thursday 4 June 2020	
Monday 25 May 2020	Thursady 18 June 2020	Thursday 25 June 2020

A list of all meeting dates can be found on the BHI website

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

Animal Ethics

All animal ethics applications now go through The University of Adelaide Animal Ethics Committee. Details of meeting and submission dates: <u>www.adelaide.edu.au/research-services/oreci/animal/applications/</u>

Contact details for this committee: Amanda Camporeale, Animal Ethics Officer Phone: 8313 6310 Email: <u>amanda.camporeale@adelaide.edu.au</u>

WORK, HEALTH & SAFETY

Flu vaccinations

The mobile flu vaccination clinic has attended BHI for 2020. If you were unable to attend this session you may attend any of the scheduled clinics or 9B for your flu shot. Contact ext 27642 or <u>Karen.mcdonald@sa.gov.au</u> for times and location.

Please remember:

• If you are feeling unwell, stay away from the workplace until you are fit to return

• Frequent hand washing and cough etiquette is the best way to minimise the spread of any contagious illness

• Where possible, avoid close contact with people who are already unwell in the community

Information: Working from Home from The University of Adelaide

People may be working from home for a variety of reasons. For some it is to assist in managing their caring responsibilities, for others, to manage their health and wellbeing or to protect the health of their colleagues and community. The first step is to review the HR – Home based work information with your supervisor and complete the relevant Home Based Work Assessment or approval form.

This information sheet will provide you with some basic guidelines on working from home to ensure that you stay healthy and can continue to get the most benefit and productivity from your working day. For those who are working from home temporarily, following these guidelines will also make it easier for you to transition back to working in the office when the time comes.

PHYSICAL WORKSPACE

Take the time to set up your workstation as you would when in the office. Ensure a supportive chair or use cushions to support your back. Use a desk at a height that allows you to keep your shoulders relaxed and your head and neck upright and neutral. Consider using the UoA self-assessment checklist and view <u>Home Ergonomics</u> – a simple 90 second YouTube video about home ergonomics . Taking a few minutes to ensure a comfortable physical work environment is critical to maintaining your health, even if it's a short term arrangement.

Where possible, position your workspace away from your living space, eg; a dedicated study, or spare room that you can walk away from or close the door on, when you are not working. If this is not possible, consider packing up your work space each day (or each week) to clear your personal space from "work". This helps keep a clear line between work time and personal time and will assist you in staying well when working from home.

DAILY ROUTINE

In order to ensure the most positive and productive time when working from home, and to make it as easy as possible to transition back to the workplace when the time comes, sticking to your usual daily schedule is very important. Make sure you go to bed and get up at the same time as you usually would, and start and stop your work activity at the same times. Instead of your usual commute time, consider doing some light

WORK, HEALTH & SAFETY CONTINUED

exercise such as taking a short walk, or completing exercises at home to mimic the routine time of commuting.

Make sure that you take your usual break/lunch times, we encourage regular movement (every 30 minutes) throughout the work day, so make sure you find a system that allows you to move regularly when working from home.

FOOD

Continue your usual eating patterns. If you usually have lunch at 12, then keep doing that at home. Where possible, have the same types of food for lunch or breaks that you usually would. When we are working from home it is easy to slip into less healthy eating habits, either "comfort eating" and binging on things that we wouldn't usually eat, or the other extreme of forgetting to eat and losing our appetite. Both of these extremes can lead to fatigue, and poor health.

EXERCISE

As for "Daily Routines" continue your usual exercise routine. If you are unable to attend things like training or a gym, still stick to the times of day or week that you would usually exercise and modify things to do at home. This may include using online resources, at home equipment like an exercise bike, or something as simple as marching on the spot while watching TV. Take into account the reduced movement that comes from not commuting, be that walking to and from a bus stop or riding a bike to work and factor in some additional movement to your day to compensate for this.

STAY CONNECTED

Working from home doesn't have to mean working alone. We have access to a range of technologies that allows us to stay in touch with our team and, outside of work, with our friends and family. But it is important to ensure healthy connections. Stay in touch with colleagues, friends and family, but be diligent in restricting your time watching news and other social commentaries that may encourage negative thoughts or feelings.

For work, continue to have regular meetings with your supervisor and colleagues through zoom or skype or by phone. Schedule these into your week so that your whole team can participate. This adds to the sense of maintaining your usual work structure and activity and allows a smooth continuity of business during the time spent at home through to returning to an office workspace. Consider enrolling in webinars or reviewing other online learning activities that provide you with contact and communication with your peers. Make sure that you "turn off" from work too and maintain a clear line between work time and home/personal time. Also know that the usual supports are still there for you including EAP services.

If you are unable to leave home for a period, schedule regular phone calls or online chats with your friends and family. You could arrange a group chat with some friends and all share a "remote meal" and a good conversation – compare the meals that you've prepared for yourselves and decide who's cooking for your next face to face get together! Make the extra effort to call and stay in touch with the people who enrich your life.

FOR MORE INFORMATION

- · Ergonomics Guideline
- Ergonomics Computer Workstation Self Assessment
- · Working from home for the first time

PUBLICATIONS

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

Abbot S, McWilliams L, Spargo L, de Costa C, Ur-Rehman Z, Proudman S, Bossingham D. Scleroderma in Cairns: an epidemiological study. *Internal Medicine Journal*. 50(4):445-452, 2020 Apr. doi.org/10.1111/imj.14376.

Beltrame J, Tavella R, Zeitz C. Understanding pathophysiological mechanisms of PCI-related AMI. *International Journal of Cardiology*. 306:47-4, 2020 May doi.org/10.1016/j.ijcard.2020.02.071.

Day A, Wood J, Melton S, Bryant R. Exclusive enteral nutrition: An optimal care pathway for use in adult patients with active Crohn's disease. *JGH Open*. 4(2):260-266 2020 Apr doi. org/10.1002/jgh3.12256.

Dobson-Stone C, Hallupp M, Shahheydari H, Ragagnin A, Chatterton Z, Carew-Jones F, Shepherd C, Stefen H, Paric E, Fath T, Thompson E, Blumbergs P, Short C, Field C, Panegyres P, Hecker J, Nicholson G, Shaw A, Fullerton J, Luty A, Schofield P, Brooks W, Rajan N, Bennett M, Bahlo M, Landers J, Piguet O, Hodges J, Halliday G, Topp S, Smith B, Shaw C, McCann E, Fifita J, Williams K, Atkin J, Blair I, Kwok J. CYLD is a causative gene for frontotemporal dementia - amyotrophic lateral sclerosis. *Brain: a journal of neurology.* 2020 Mar. doi.org/10.1093/ brain/awaa039.

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Hunt R. Clarity of language is crucial. *Internal Medicine Journal*. 50(4):505-506, 2020 Apr doi.org/10.1111/imj.14725.

Jorissen R, Lang C, Visvanathan R, Crotty M, Inacio M. The effect of frailty on outcomes of surgically treated hip fractures in older people. *Bone*. 115327, 2020 Mar doi.org/10.1016/j. bone.2020.115327.

Lu V, Kanhere H. A case report of septic shock and splenic abscess formation secondary to gastric band erosion: A rare complication of laparoscopic adjustable gastric banding. *International Journal of Surgery Case Reports*. 69: 55-57 2020 doi.org/10.1016/j.ijscr.2020.03.015.

Namjoshi S, Dabbaghi M, Roberts M, Grice J, Mohammed Y. Quality by design: Development of the Quality Target Product Profile (QTPP) for semisolid topical products. *Pharmaceutics*. 12(3), 2020 Mar. doi.org/10.3390/pharmaceutics12030287.

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Cai G, Aitken D, Laslett L, Pelletier J, Martel-Pelletier J, Hill C, March L, Wluka A, Wang Y, Antony B, Blizzard L, Winzenberg T, Cicuttini F, Jones G. Effect of intravenous zoledronic acid on tibiofemoral cartilage volume among patients with knee osteoarthritis with bone marrow lesions: A randomized clinical trial. *JAMA*. 323(15):1456-1466, 2020 Apr. doi. org/10.1001/jama.2020.2938.

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Foo T, Tapia Rico G, Roberts-Thomson R. Immunotherapy in older patients with advanced melanoma: A review of the current evidence. *Drugs & Aging*. 2020 Apr. doi.org/10.1007/ s40266-020-00762-1.

Kuan L, Dennison A, Garcea G. Intraductal tubulopapillary neoplasm of the pancreas and bile duct: A review. *Pancreas*. 49(4):498-502, 2020 Apr. doi.org/10.1097/ MPA.000000000001518.

Kuan L, Oyebola T, Mavilakandy A, Dennison A, Garcea G. Retrospective analysis of outcomes following percutaneous cholecystostomy for acute cholecystitis. *World Journal of Surgery*. 2020 Apr. doi.org/10.1007/s00268-020-05491-5.

PUBLICATIONS CONTINUED

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

Nguyen T, Chirkov Y, Liu S, Stafford I, Horowitz JD. Increased rate of hospitalization with prinzmetal angina: What exactly is happening? *American Journal of Medicine*. 133(4):e162-e163), 2020. Apr. doi.org/10.1016/j. amjmed.2019.07.032.

Ramezanpour M, Smith J, Psaltis A, Wormald P-J, Vreugde S. *In vitro* safety evaluation of a povidone-iodine solution applied to human nasal epithelial cells. *International Forum of Allergy & Rhinology*. 2020 Apr. doi.org/10.1002/alr.22575.

Vediappan R, Bennett C, Bassiouni A, Smith M, Finnie J, Trochsler M, Psaltis A, Vreugde S, Wormald P-J. A novel rat model to test intra-abdominal anti-adhesive therapy. *Frontiers in Surgery*. 7:12, 2020. doi.org/10.3389/ fsurg.2020.00012.

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THRF NEWS

Make an even bigger impact in the fight against coronavirus!



L-R: The BHI's Dr Branka Grubor-Bauk with John-Paul Drake and Roger Drake.

The Hospital Research Foundation (THRF) is incredibly grateful to those putting their own health at risk for the safety of ours during the coronavirus pandemic. Recently THRF launched its <u>Fund The Fight</u> campaign to further help our doctors, nurses and scientists on the frontline who are fighting COVID-19.

We are proud to be teaming up with our friends from Drakes Supermarkets who will be matching all donations made, starting on Giving Tuesday from 5 – 7 May.

Your donation will directly support your colleagues who are working in areas of research related to the virus, including Dr Branka Grubor-Bauk and frontline health workers. Visit <u>fundthefight.org.au</u> to join the fight now.

Supporting hospital patients during COVID-19

Art Therapists Jess Bennett and Estelle Chapple are working hard to continue supporting patients at The Queen Elizabeth Hospital (TQEH) through COVID-19.

Through THRF's Group charity the Centre for Creative Health, Jess and Estelle have created art packs for TQEH's General Medicine wards, including palliative care patients and their families, to help improve patient wellbeing during these unprecedented times since they can no longer be present on the wards.

"The art packs are intended to offer patients a way to practice self-care and work towards their healing through art making. The packs also provide a guide which offers approachable art activities and the opportunity for self-reflection and goal setting using the journal," Jess said. Find out more: <u>https://bit.ly/2xisbox</u>



Jess is thrilled to be providing art packs to patients and their families during these difficult times.



THRF NEWS CONTINUED

Providing a safe place for country cancer patients



Audrey and Harry's stress has been alleviated thanks to Under Our Roof.

THRF's <u>Under Our Roof</u> accommodation services are still running for country cancer patients during the COVID-19 outbreak.

During this difficult time, we understand now more than ever people need our support, which is why we are fighting for the vulnerable in our community, like Harry and Audrey Wynbergen.

The Marion Bay couple has to travel to Adelaide every six weeks for Audrey to receive regular injections for leukaemia and are grateful to have access to our homes in Woodville West.

In the Media

On Easter Sunday, retired football star Kane Cornes spent four hours running a 42km marathon around his tennis court (602 laps!) in order to raise funds for THRF's Fund the Fight campaign.

Kane was inspired by the BHI's Dr Branka Grubor-Bauk's research into a potential COVID-19 vaccine, raising over \$5,000.

Kane interviewed Branka about her research on his breakfast radio station, which you can listen to here.

Support local today



Do you have a dinner organised? Why not support local and let Crust Pizza cook for you?

A regular supporter of THRF and TQEH, Ashok from Crust Pizza West Lakes is joining the fight against COVID-19!

To show his appreciation for their hard work, Ashok is offering 15% off for all essential workers, including nurses, doctors, and hospital staff!