

# the medical link

ISSUE 137 | NOVEMBER – DECEMBER 2021



THE OFFICIAL PUBLICATION  
OF THE GOLD COAST MEDICAL ASSOCIATION INC.  
PUBLISHED BY RYRISS SERVICES

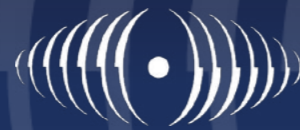


**SOUTH COAST  
RADIOLOGY**

## Dr Jeanette Young Visits the GCMA



- Humble Professor Takes Out Top Research Award
- Don't Wear Headphones All Day
- ADHD in Australia
- Nuclear Medicine
- Solomon Islands Sports Leadership Institute



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# Dr Greg Seeley

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His particular areas of interest are:

- Leukaemia
- Lymphoma
- Myeloma
- Venous Thrombosis
- Pregnancy Associated Haematology

He is the Senior Visiting Medical Officer - Haematologist at the Gold Coast University Hospital thereby providing clinical inpatient/outpatient treatment at both public and private hospitals.

Greg has a dedicated history of providing an efficient, comprehensive and patient focused Clinical Haematology service for Gold Coast and Tweed/Northern Rivers patients & their families.

**Please contact Greg by either phone on 0419 667943 or via Medical Objects for any haematology advice.**

## DR GREG SEELEY

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## A Message from the GCMA President

**Prof Philip Morris AM, President GCMA**  
 MB BS BSc PhD FACHAM (RACP) FRANZCP FPOA FFP ABPN  
 info@drphilipmorris.com | 0422 545 753 | www.drphilipmorris.com

Dear GCMA colleagues,

As we approach the end of another year I think back over what this year promised. Perhaps the end of the pandemic? Not so fast! The pandemic marches on with waves of challenges met and yet to be faced.

We will soon enter the phase of reopening Queensland borders to other parts of Australia, and perhaps later, to overseas. The Covid-19 virus and its delta variant will infiltrate our population and those unvaccinated will be exposed to the brunt of the illness caused by this virus. We must encourage as many of our patients and the public to get vaccinated as soon as possible. And all us who are working in the health field should by now be fully vaccinated and considering a booster shot.

A positive development is the potential of new and repurposed drugs to be effective in treating the illness and adding their benefit to vaccines and ongoing public health measures in reducing the toll the pandemic takes in our communities. I am hopeful that we will be 'breathing a lot easier' and be less constrained by the pandemic by the second half of 2022.

Thursday November 18 will mark the last monthly GCMA meeting this year. On this occasion we are focusing on the career development paths of our junior colleagues. Our meeting program will start again in February 2022 with a gala social function at Tiger Island in Dreamworld. Keep a lookout for notices about this event. Information will be sent to our GCMA email lists in due course. We plan to have regular monthly Thursday evening meetings throughout the year and our AGM in March 2022.

There have been many individuals who have contributed to the GCMA activities in 2021. I would like to thank Tony Shooter for his work as our administrative officer from early 2021 to October this year. Tony's business responsibilities have meant he has moved on from this position. We are now fortunate to have Marnie Mansor fill this position. I am sure you will get a chance to meet Marnie at the upcoming GCMA functions in 2022.

The Medical Link is being enhanced with lots of photos of participants at GCMA functions and articles reflecting medical

topics presented at our monthly meetings. I would like to thank Emma Daley and Ryan Swanepoel for the extra attention they are putting into our association magazine.

I would like to thank my executive committee colleagues for their hard work promoting the GCMA this year. Dr Maria Coliat, A/Prof John Kearney, Dr Geoff Adsett, Prof Gordon Wright, A/Prof Stephen Weinstein, Dr Daisy Swindon, and Dr Dinesh Palipana all made sterling contributions. I very much appreciate their support.

We are always looking to expand our membership. I encourage you to invite your doctor colleagues to join the GCMA. It is very easy to do. Just go to the GCMA website ([www.gcma.org.au](http://www.gcma.org.au)) and click through to the 'Become a Member' page to join. The registration page can take credit card payments. The \$150 annual membership is extremely good value. It covers 10 monthly evening meetings where salient updates on clinical and professional matters are presented as well as a two-course meal and complimentary beverage, and the opportunity to interact with

colleagues from all professional disciplines.

The GCMA is always ready to welcome new members to the leadership team. In particular, we would encourage members to nominate themselves or their colleagues for the positions of secretary, treasurer, vice president and president at our next AGM in March 2022. Please give me a call on phone number is 0422 545 753 if you are interested.

Finally, I would like to wish all our GCMA members, their families and their friends a Merry Christmas and Happy Holiday Season, and a healthy and prosperous New Year!

I look forward to seeing you at our next meeting.

Yours sincerely,

Prof Philip Morris AM  
 President GCMA



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Cabin Studio  
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## INTERNAL ADVERT DESIGN & CUSTOMER LIAISON

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## PUBLISHER

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# Keeping the Medical Community Informed



The Medical Link enriches the Gold Coast medical community by uniting the voice of its doctors.

Here you will find insightful stories and the latest trends in field research conducted abroad, and of course, right here on the Gold Coast. Keep informed of new health services, developments in the medical profession, and general interest items.

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## Dr Brent McMonagle

MBBS, PhD, FRACS (ORL)



**Dr Brent McMonagle** is an ENT surgeon on the Gold Coast with sub-specialty training in otology, neurotology, sinus and skullbase surgery. He has strong research and teaching interests at Griffith and Bond Universities.

He has just commenced work on olfactory cell transplants in spinal cord repair, continuing the pioneering work of Prof Alan Mackay-Sim, Australian of the Year 2017, as well as further research in peripheral nerve repair and regeneration.

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# Nuclear Medicine

**Dr Theo Lau**  
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Nuclear medicine was previously derided by a colleague of mine as “Unclear medicine” but with the evolution of PET/CT, novel radiotracers on the horizon, and the development of theranostics, nuclear medicine is now a part of the forefront of precision medicine in diagnostic imaging.

Nuclear medicine has come a long way since the days of the linear rectigraph and PIOPED criteria for V/Q scans evolving beyond just imaging physiological processes in the body to being able to target metabolic processes and specific molecules. Oncologic imaging is fundamental in nuclear medicine but there are many established and evolving uses of PET/CT in non-oncological settings. Beyond diagnostics, nuclear medicine has a developing role in treatment of some cancers such as prostate cancer and neuroendocrine tumours utilising the same ligands used to target those molecules in imaging.

Over the last 20 years, FDG PET/CT in particular has made nuclear medicine an integral part of oncology. FDG is well established to have tremendous utility in staging and disease monitoring due in part to its high sensitivity for many common cancers, there are limitations in FDG due in part to relatively high background uptake in key organs such as the brain, kidneys, excreted radiotracer in the urine, and to some degree also the liver. The nuclear medicine community is especially excited for the potential shown by a radiotracer targeting fibroblast activation protein which is expressed in many cancers, including ones traditionally not imaged with FDG including HCC and RCC. Compared with FDG, there is also much less background uptake. Research into FAPI PET is still in relatively stages but there is tremendous potential that it might provide the next leap forward for PET in the realm of oncology.

Outside of oncology, PET has great utility in the imaging of dementias, arthritides, inflammatory or granulomatous diseases including vasculitides, polymyalgia rheumatica, and sarcoidosis. Common general nuclear medicine studies such as myocardial perfusion imaging, V/Q scans, and bone scans can also be performed with PET using analogous radiotracers but with a higher spatial resolution which is an inherent benefit of PET. However, PET is generally underutilised in Australia in these conditions due to the lack of funding and resource allocation but shows the potential of the modality and hopefully an area of future expansion.



*I am very excited about the current and future role of nuclear medicine within the sphere of diagnostic imaging. Although PET technology is decades old, we are only scratching the tip of the iceberg as to what is possible with this modality of imaging.”*

It is likely we will see evolution in PET scanners themselves in the very near future. Limitations of PET at present include relatively long scan times due to the small field of view. Although exceptionally expensive at present, total body PET scanners have been introduced to the market which can image most adults adequately in the matter of minutes. Alternatively, the expanded field of view would also allow marked reduction in radiation dose which may be of particular benefit to paediatric or younger adult patients.

Theranostics is a combination of the words therapy and diagnostics and reflects the unique ability of certain radiotracers to be used in both these settings. In the same way that PSMA PET and DOTATATE PETs are used to image prostate cancer and neuroendocrine tumours specifically, the same ligands used to target those molecules can be combined with radionuclides which emit higher energy radiation i.e. Lutetium-177. These higher energy molecules aim to cause breakage of DNA as is the goal of conventional radiotherapy. Theranostics will hopefully prove to be an expanding part of nuclear medicine and offer patients an alternative to current mainstays in treatment. I am very excited about the current and future role of nuclear medicine within the sphere of diagnostic imaging. Although PET technology is decades old, we are only scratching the tip of the iceberg as to what is possible with this modality of imaging. As radiotracers and camera technology develops, hopefully nuclear medicine and molecular imaging will prove its utility in the many different facets of clinical practice and be a tool that we can utilise to help practice precision medicine.



*Pictured: Dr Theo Lau*



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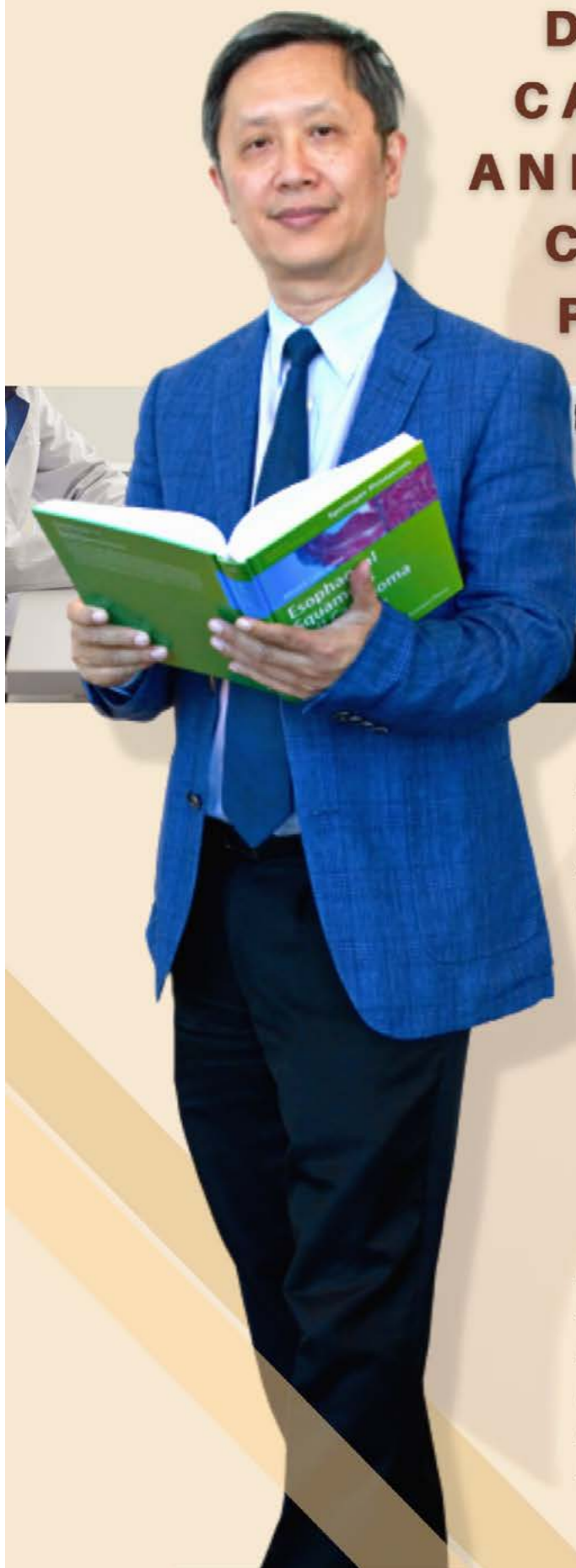




# Prof. Alfred Lam

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# Managing Patient Weight with NuYu Medical

**Dr Fiona Burnell**  
 PhD, MBBS, FRACGP, BSc (Hons)  
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Do you need assistance caring for your patients living with overweight or obesity? Is weight affecting your patients' medical conditions? A new Bariatric GP service on the Gold Coast now provides a focussed solution to support your patients.

NuYu Medical has recently opened a clinic in Chirn Park (Southport), offering specialised medical weight loss programs. NuYu Medical was established by Dr Fiona Burnell, a GP with special interest in weight loss management. Dr Burnell is a Fellow with the Royal Australian College of General Practitioners (RACGP) and holds a PhD in Immunology and Microbiology. She prides herself on comprehensive care for her patients.

Dr Burnell knows that many patients have medical conditions that could be improved by weight loss. She understands and empathises with the personal struggles of her patients who have battled with weight or who have been able to lose their weight but always seemed to regain it. She has undertaken specialised training in obesity management, in order to provide the best possible care for her patients. As a member of the National Association of Clinical Obesity Services (NACOS), as well as the RACGP Specific Interest Group – Obesity Management, she remains well-informed on current and emerging effective weight loss therapies. Aware of the need for weight management services locally, she has now opened her own weight loss clinic, where patients are treated with respect and empathy.

NuYu Medical's supervised weight management therapies are customised to the patients' needs and may include Very Low Energy Diet (VLED) plans, appetite suppressant medications (oral and injectable) and pre-/post- bariatric surgery care. All



*Do you need assistance caring for your patients living with overweight or obesity? Is weight affecting your patients' medical conditions? A new Bariatric GP service on the Gold Coast now provides a focussed solution to support your patients.*

programs are supported by dietary and exercise plans. The new clinic is modelled after the highly successful Alevia clinics in Melbourne, operated by Dr Catherine Bacus. The NuYu Medical clinic offers long term weight maintenance programs and relapse management, based on the new understanding that obesity is a chronic disease that needs to be managed like any other, with a holistic approach. Rather than blaming the lifestyle of the patient, effective weight loss management involves recognising the role of genetics, as well as the physiological adaptations to weight loss, which make losing weight difficult and regaining lost weight too easy.

At NuYu Medical, patients undergo an initial comprehensive medical examination to determine the causes of weight gain and assess how the weight gain is affecting their physical and mental health. The assessment includes screening for weight-related health issues such as hypertension, hypercholesterolaemia, diabetes, thyroid disease, sleep apnoea, osteoarthritis and mental health conditions.

The management plan then proceeds with establishing realistic and achievable weight loss and other health-related goals, as well as selection of a treatment plan most appropriate for the patient's current medical and lifestyle needs for effective weight loss. Dr Burnell then provides ongoing medical care and monitoring of other health conditions during weight loss.

All patients have access to a member-only app. The fully customised app enables patients to track their weight, log their mood and access recipes, personalised treatment plans and extra resources. Dr Burnell coordinates patient care with allied health providers (psychologists, dietitians, exercise physiologists), the patient's regular GP and other medical specialists.

So, if you're looking for help managing your patient's weight, why not consider a referral to NuYu Medical?



*Dr Burnell knows that many patients have medical conditions that could be improved by weight loss. She understands and empathises with the personal struggles of her patients who have battled with weight or who have been able to lose their weight but always seemed to regain it.*



**GBS**  
**DR. GORDON SENATOR**

**Associate Professor (Griffith Uni)**  
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# Merry Christmas and happy holidays

Wishing all our referring partners and medical colleagues a happy and safe holiday season.

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With best wishes from the team at Grace Private.



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Maternal Fetal Medicine Specialist, Obstetrician



**Dr Tania Widmer**  
Fertility Specialist  
Obstetrician & Gynaecologist



**Dr Tina Fleming**  
Fertility Specialist  
Obstetrician & Gynaecologist



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# Don't Wear Earphones All Day

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This article originally appeared on **The Conversation**.

## Your ears need to breathe

Wireless earphone sales are booming, with Apple alone selling an estimated 100 million sets of AirPods in 2020. Being untethered from our phones or devices means we are likely to wear earphones for longer periods.

As a result, you might notice your ears feeling more sticky or waxy. Is this common? And what happens to our ears when we wear earphones?

Although wireless earphones are fairly new to the market, there is a large amount of research investigating the long-term use of hearing aids, which in many cases, have a similar mechanism. From this research, it appears prolonged use of in-ear devices can cause problems with earwax.

## What does earwax do?

The production of earwax (also known as cerumen) is a normal process in humans and many other mammals. There should always be a thin coating of wax near the opening of the ear canal.

This wax is a waterproof and protective secretion. This acts to moisten the skin of the external ear canal and works as a protective mechanism to prevent infection, providing a barrier for insects, bacteria, and water. Wet earwax is brown and sticky, whereas the dry type is more of a white colour. In fact, earwax is such a great barrier, in the 1800s there were reports of it being used as an effective balm for chapped lips!

Earwax is a naturally occurring substance produced in the external portion of the ear canal. It is created by the secretions of oil glands and sweat glands released by the hair follicles, which then traps dust, bacteria, fungi, hairs and dead skin cells to form the wax.

The external ear canal can be thought of as an escalator system, with the wax always moving towards the outside, preventing the ears from becoming filled with dead skin cells. This migration of earwax is also aided by natural jaw movements. Once the earwax reaches the end of the ear, it simply falls out.

## How earphones might affect this system

The ear is self-cleaning and best performs its function without interruption. However, anything that blocks the normal progression of earwax moving outside can cause issues.

Normal use of in-ear devices don't often cause a problem. But prolonged earphone use, such as if you leave them in all day, could:

- compress the earwax, making it less fluid and harder for the body to naturally expel

- compact the earwax to the extent the body induces inflammation. This results in white blood cells migrating to the area, increasing the number of cells in the blockage
- impact air flow and stop wet earwax drying out. When earwax retains its stickiness for prolonged periods of time, it encourages build-up
- trap sweat and moisture in the ears, making them more prone to bacterial and fungal infections
- create a barrier to the earwax's natural expulsion, which ends up stimulating the secretory glands and increasing earwax production
- reduce overall ear hygiene, if the pads of the earbuds are not cleaned properly, or contaminated with bacteria or infectious agents
- damage your hearing if the volume is set too high.

If the build-up accumulates, excessive earwax can cause hearing problems, along with other symptoms such as pain, dizziness, tinnitus, itching, and vertigo.

If you need to listen for a prolonged period of time, using over-ear headphones may help a little. These offer a small amount of extra airflow compared to the in-ear earphones and earbuds. However, this is not as good as leaving the ears open to the outside air, and an accumulation of earwax can still occur.

## Nothing smaller than your elbow

As they sit outside the ear canal, over-ear headphones are also less likely to cause any earwax compaction, or introduce bacteria or pathogens to the ear canal.

In most cases, the best way to control earwax is to leave it alone. It is not recommended to use cotton buds frequently, as this can force earwax back into the ear canal. The longstanding advice is not to put anything smaller than your elbow in your ear – in other words, don't put anything in there!

Some traditional methods, such as olive oil drops or ear candles, may also have adverse effects and are not helpful.

If you have ear wax or related hearing concerns, your family doctor will have a range of treatment options to assist, and can also direct you to the correct health service if it requires longer-term management.

Initially, they will look into your ear with a special instrument (otoscope) and see the extent of any blockage or dysfunction.

In the meantime, the ear has a wonderful process of self-cleaning, and we should do our best to let this occur naturally. In most cases earphones are fine, but it might still be helpful to stay aware of how long you spend wearing them. Finally, be sure to always keep the volume at safe levels.



Pictured: Christian Moro



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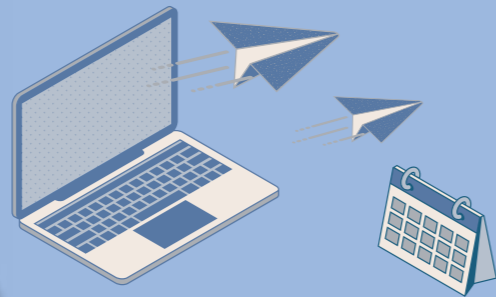
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# The GCMA September Meeting



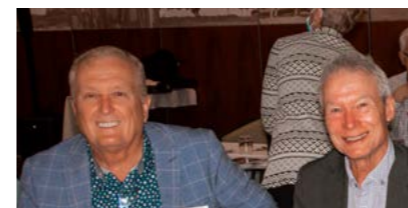
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Dr Raquel Cano, Dr Jocelyn Gaw, Dr Maria Coliat, Dr Jeanette Young & Dr Vladimir Villamore



Dr Ventzi Bonev & Dr Mark Whatt



Dr Paul Cook & Dr Tony Dare



Dr Gregory Aroney & Dr Alisa Morrison-Galt



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Dr Alfred Lam receiving his prize of a free advert



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# Dr Jeanette Young Visits the GCMA

**A Statement by Dr John Kearney**  
MBBS, FRANZCO  
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Dr Jeanette Young attended our last GCMA meeting on the 21st of October 2021, as our guest speaker at SGC. Dr Young mingled with the members and demonstrated a good sense of humour. We could see her dedication to medicine and the health of our Queensland community. She reiterated the need for vaccination for everybody before we could move on in the face of the imminent delta threat. We wish her well in her next job as our dedicated Governor.



Dr Jeanette Young



Dr Maria Coliat & Dr Jeanette Young



Dr Jeanette Young, John Kearney & Elena Kearney



Prof Philip Morris & Dr Jeanette Young



Dr Lam, Dr KK Cheun & Dr Jeanette Young



Prof Philip Morris & Dr Jeanette Young



Dr Raquel Cano, Dr Jocelyn Gaw, Dr Maria Coliat, Dr Jeanette Young & Dr Vladimir Villamore



The GCMA cohort with Dr Jeanette Young



Dr Jeanette Young & Carole Morris



Prof Philip Morris & Dr Jeanette Young



Dr Jeanette Young speaking to the GCMA



# The GCMA October Meeting



Dr Tulasi Ramanarasiah & Prof Sid Baxi



Dr Graham Sivyer, Dr Tulasi Ramanarasiah, Dr Stephen Weinstein & Dr John Kearney



Dr Tulasi Ramanarasiah & Marnie Masor



Prof Sid Baxi giving his presentation on brain cancer



RN Rebecca Robinson, Dr Alfred Lam & Mrs Melissa Lam



Dr Stephen Weinstein & Mrs Naomi Wright



Dr Roger Wilson



Dr Roger Wilson, Dr Gordon Wright & Dr Mohammed Khateeb



Dr Geoff Adsett & Dr Wendy Christie



Dr Ramanarasiah giving her presentation on breast cancer



## ADHD in Australia

Professor Peter Jones  
MBBS, PhD, FRACP, DCH  
pejones@bond.edu.au | (07) 5595 5205

This article is based on the presentation made by Professor Peter Jones at the GCMA meeting on June 17, 2021. He is a clinical academic consultant paediatrician at Bond University who works clinically in private practice at MyHealth Robina and Gold Coast University Hospital. He was Dean of the Medical School at Bond University from 2011-2017.

One of the commonest conditions that general paediatricians assess and manage in 2021 is ADHD. It is very common for parents who present with concerns about their child to enquire if ADHD is new. I have no trouble reassuring them that there have been children (and adults) who have had the behaviours now recognised as ADHD for hundreds of years. As with many other recent observations regarding the human condition there is nothing really that is new under the sun.

In 1798 Sir Alexander Crichton wrote a chapter on "Attention and its Diseases" and declared that these people, "with an unnatural degree of mental restlessness" were recognised as "having the fidgets". In 1846 Heinrich Hoffman, a German Physician, wrote a children's book describing "Johnny Look in the Air" who was always having accidents caused by his inattention. In 1902, one of the most important figures in the history of modern medicine, George Still, noted 20 children, 15 of them boys, identified hyperactive children as having a morbid manifestation of a defect of moral control without impairment of intellect and without physical disease.

Across the second half of the twentieth century with each revision of the DSM we have seen the diagnosis of ADHD defined and re-defined. In the 1960s the term of "Minimal Brain Disease" was used to describe ADHD because it was believed to be due to a neurological deficit. Across the 1970s and 1980s there were three camps of thought about ADHD ranging from it being an organic disease to being a behavioural disease to being a "fake" condition. The ability to investigate the brain with modalities such as PET scanners and functional MRI studies has confirmed that reduced volumes of the caudate nucleus, basal ganglia and putamen are seen in patients with ADHD and researchers are defining a frontal-striatal model to explain the biological basis of ADHD.

In 2021 we know that ADHD is a real medical condition that affects approximately 6% of the school age population with a male: female ratio of 2:1. For at least 50% it is lifelong condition that continues to have an impact on people in their adult lives. The clinical diagnosis requires a careful evaluation to consider the possibilities of intellectual impairment, autism spectrum disorder, anxiety and a range of other medical disorders that can produce the symptoms of ADHD. There are a range of evidence based effective treatments to help manage this condition that include increased educational support, psychological, physical, and dietary interventions and in many cases the judicious use of medication. Treating children with

”

*In 2021 we know that ADHD is a real medical condition that affects approximately 6% of the school age population with a male: female ratio of 2:1. For at least 50% it is lifelong condition that continues to have an impact on people in their adult lives.*

ADHD and supporting their families is a very rewarding part of being a paediatrician in 2021.

Perhaps the most well-known medication that is prescribed for ADHD in Australia is Ritalin. The fun fact for today is that this medicine that was discovered by Leanodro Panizzon in 1961 was named after his wife, "Rita". It is very interesting to look back over the history of medicine, long before the modern diagnostic and therapeutic tools that we have today and are so heavily reliant and appreciate how accurately historic clinicians were able to describe and diagnose conditions like ADHD. Recognising their special role in defining the "Art of Medicine" provides a goal for each of us to aspire to as we continue to practice medicine in the 21st century.



Pictured: Professor Peter Jones

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## Humble Professor Takes Out Top Research Award

Reon Suddaby | Bond University Newsroom

Bond University has awarded its top research prize to the Director of the Clem Jones Centre for Regenerative Medicine. Professor Helen O'Neill said she was "humbled" after receiving the Vice Chancellor's Research Excellence Award at a ceremony held as part of the university's annual research week.

Professor O'Neill is an internationally-recognised expert in the field of stem cell biology and has been Director of the Clem Jones Centre since 2016.

She said she was thrilled to see the growth in research at Bond.

"When I first came to Bond six or seven years ago there were not so many researchers, but there's clearly been a change.

"It's very valuable for a university to have research credentials. All the private universities in America, all the public universities in Australia, they measure each other on their research outcomes.

"It's still early days for Bond but we're going in the right direction." Professor O'Neill has also focussed on mentoring and career-building for early to mid-career researchers and students.

"I guess I recognised in myself that I was a determined person, an independent thinker, I knew that early on," she said.

"When I met students who wanted to do research like that, I could see a bit of my thinking or my way in them, so I tried to help them... to foster this independent thinking.

"It never frightened me that I had students who were smarter than me. They're all different and creative in their own way. I really love working with the students who have ideas and the energy to fulfil those ideas.

"I've had some great students in my time. I think of those people and what they did as something really important that happened to me, because I was there for it."

Professor O'Neill said coming to Bond at a later stage in her career had proved to be a rewarding move.

"The people are very helpful, there's just a climate here that makes me enjoy my day a whole lot more.

"It's been wonderful, the atmosphere and the people and the good feelings that go on here are great, it just makes it feel really worthwhile."

Professor Craig Langston was named winner of the Vice Chancellor's Research Supervision Award.

Professor Langston is the principal supervisor for a full complement of current higher degree research students, and has a strong record of on-time completions.

He has an international reputation in construction and facilities management, and testimonials from his students describe him as someone who offers a supportive and inspiring environment where they are challenged to produce the best work they can.

The Vice Chancellor's Early Career Research Excellence Award was won by Dr Loai Albarqouni, a Postdoctoral Research Fellow at the Institute for Evidence-Based Healthcare.

Dr Albarqouni completed his PhD in 2019 but already has more than 60 peer-reviewed publications to his name, the majority as first or senior author.

Most recently, Dr Albarqouni was awarded a prestigious National Health and Medical Research Council Investigator Grant, receiving \$650,740 to research ways to increase the use of evidence-based effective non-drug treatments in primary healthcare.



*Pictured: Professor O'Neill*



*Pictured: Professor Craig Langston*



*Pictured: Dr Loai Albarqouni*



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# Stereotactic Radiosurgery: Precision Radiation Therapy for Brain Metastases

**Dr Selena Young**  
MBBS, MPallC, FRANZCR  
Radiation Oncologist at GenesisCare  
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Radiation therapy has dramatically evolved over recent years. With technological advances, our ability to target an area for treatment and avoid critical adjacent tissues has significantly improved. Higher radiation doses can now be delivered to small targets with reduced side effects. The ability to precisely deliver focussed radiation therapy to small tumour targets is ideal for the treatment of patients with brain metastases. Up to 10 small brain metastases can be irradiated in a single non-invasive outpatient treatment session.

Brain metastases occur in 30% of patients with cancer. The number of patients with brain metastases is likely to increase as patients live longer with their advanced cancer due to more effective systemic treatment options – chemotherapy, immunotherapy, and targeted therapies.

The main treatment options for patients with brain metastases are surgery, radiotherapy and best supportive care, and systemic therapy in select patients. Traditionally patients with multiple cerebral metastases have been treated with whole brain radiotherapy. While whole brain radiotherapy is moderately effective in controlling brain metastases, the adverse effect on cognition can be significant. Stereotactic radiosurgery (SRS) is a specialised type of radiotherapy which focuses high dose radiation therapy to ablate cancer cells, while minimising the radiation dose to normal healthy brain tissue and minimising adverse effects such as neurocognitive impairment.

In a randomised controlled trial, comparing post-operative whole brain radiotherapy or stereotactic radiosurgery, patients who had stereotactic radiosurgery had a lower risk of cognitive deterioration, but similar survival [1]. There is also evidence to show that patients with 5 to 10 brain metastases have a similar overall survival and low comparable toxicity to those with 2-4 metastases, when treated with stereotactic radiosurgery [2].

New technology now allows us to target each individual metastasis, with very limited dose to the surrounding normal brain tissue, achieved through a steep decline in radiation dose outside of the target metastasis. It was previously challenging to plan and treatment multiple small tumour targets and the patient would need to lie on the treatment couch for extended time. Now we are able to treat up to 10 brain metastases precisely with minimal radiation dose to the normal brain and minimising the likelihood of neurocognitive effects.

The state of the art Varian Hyperarc radiotherapy system can treat patients in a streamlined manner with automation between steps in the delivery of the radiotherapy tumour targets, minimising the overall treatment time for the patient. Radiotherapy is accurately delivered using real time CT scanning and surface guidance. Align RT is a surface guided patient radiotherapy system which utilises a complex light and camera system which tracks the patient position in real time and detects sub-millimetre deviations in position, which can be corrected immediately.

Stereotactic radiotherapy with a traditional linear accelerator uses multiple radiation beams or arcs focussed on the tumour target. SRS can also be delivered using a Gamma knife, where multiple cobalt sources focus radiotherapy in the target tumour. A trial comparing linear accelerator and Gamma knife did not show any difference in tumour control or adverse effect [3].

SRS is an ideal treatment option for patients with a limited number of small brain metastases, who have controlled extra-cranial disease and good performance status. There is also a role for patients with tumours in surgically inaccessible or eloquent areas and for patients not suitable for surgery for medical reasons or who decline surgery.

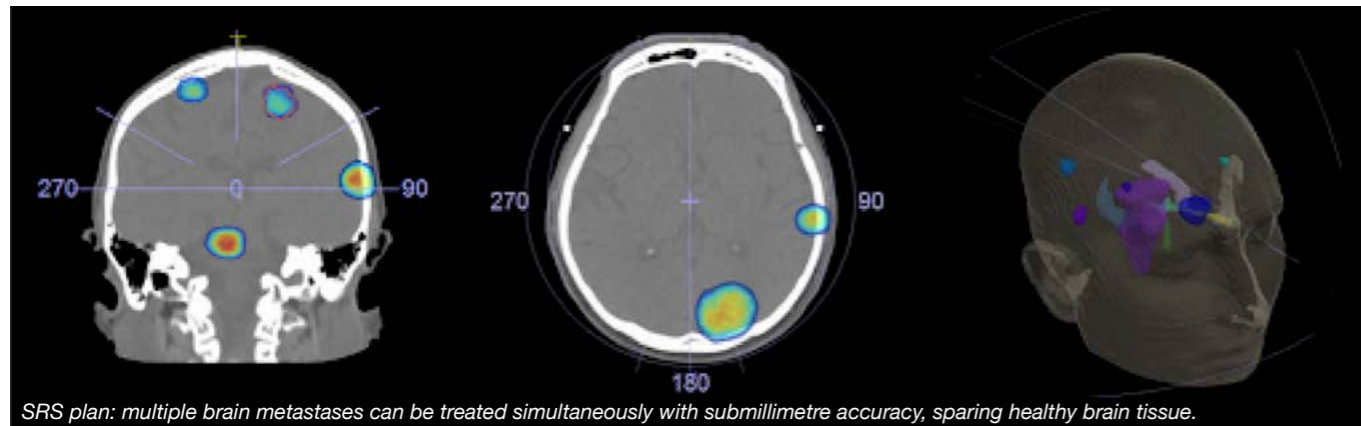
Aside from the treatment brain metastases, SRS or SRT can be used in the treatment of benign disease such as acoustic neuroma (schwannoma) and recurrent meningioma.

The stereotactic approach with precise localisation and treatment of the tumour, can also be used in other parts of the body outside the brain – Stereotactic Body Radiotherapy (SBRT) or Stereotactic Ablative Body Radiotherapy (SABR). SBRT is used to treat primary lung, prostate, kidney and liver cancers and metastases to the lung, liver bone, spine, lymph nodes and soft tissue.

Stereotactic radiosurgery using Varian Hyperarc and an Edge / Truebeam linear accelerators with AlignRT is available at GenesisCare on the Gold Coast at the Southport and Tugun centres. GenesisCare treats both public and privately referred patients.

**For more information please contact:**

1300 086 870 or oncologyQld@genescare.com



SRS plan: multiple brain metastases can be treated simultaneously with submillimetre accuracy, sparing healthy brain tissue.

References: [1] Brown PD, Ballman KV, Cerhan JH et al. Postoperative stereotactic radiosurgery compared with whole brain radiotherapy for resected metastatic brain disease (NCCTG N107C/CEC3): a multi-centre, randomised, controlled, phase 3 trial. *The Lancet Oncology*, 2017, 18(8), 1049-1060. [2] Yamamoto M, Serizawa T, Shuto T, et al. Stereotactic radiosurgery for patients with multiple brain metastases (JLGO0901): a multi-institutional prospective observational study. *Lancet Oncology*, 2014; 15 (4), 387-395. [3] Andrews DW, Scott CB, Sperduto et al. Whole brain radiation therapy with or without stereotactic radiosurgery boost for patients with 1–3 brain metastases: phase III results of the RTOG 9508 randomised trial. *Lancet*, 2004, 363 (9422): 1665.



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### References:

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Bremer TM, et al. *Clin Cancer Res* 2018; 1;24(23):5895–5901.  
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PreludeDX 2016–2017. Data on file.

[genescare.com](http://genescare.com)







*Pictured: Aaron Alsop (Executive Director of High Performance–SISLI), Jackson Miller (Bond Student), Amy McGaw (Bond Student), Vernon Coffey (Head of Program), Justin Keogh (Assoc. Prof and Bond/SISLI Key Liaison), Glen Tunks (Practicum Program Coordinator/Convenor)*

## Partnership with the Solomon Islands Sports Leadership Institute

Andrew Bryan | Bond University Newsroom

Bond University is boosting Solomon Islands' bid to top the 2023 Pacific Games medal tally on home soil.

A new partnership between the university and Solomon Islands Sport Leadership Institute (SISLI) will involve Bond Bachelor of Exercise and Sports Science students analysing athletes across 30 sports, ticking off everything from injury prevention to physiological requirements.

Students will work together with SISLI and are required to successfully demonstrate acquired evidence-based knowledge and skills.

The XVII Pacific Games will take place from November 19 to December 2, 2023, with 24 nations competing in 23 sports.

The athlete analysis will be done remotely initially but it is hoped students will be able to travel to Honiara in 2022 for in-person consultations.

"Solomon Islands athletes are often training without the standard sports science support and equipment that Australian athletes take for granted," said Associate Professor of Exercise and Sports Science, Dr Justin Keogh.

"This is a first for our students to work with international athletes training for a multinational, multi-event Games and it is something that most students in Australia will never experience."



*"This program is great because it is helping the community development, but also our students' development," Dr Keogh said.*

Bond University students will work closely with SISLI to prescribe fitness and training modules and maximize athletic performance. "This program is great because it is helping the community development, but also our students' development," Dr Keogh said.

"Moving forward, hopefully the students can build up and the start a program that we can continue to build on.

"It's almost like going back to the early days of the Australian Institute of Sport."

The initiative is part of the Federal Government's New Colombo Plan aimed at lifting knowledge of the Indo-Pacific in Australia.



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