

WINTER 2019

BURNSIDE BULLETIN



New targeted treatments are improving the outlook for ovarian cancer patients



Professor Martin Oehler, Director of Gynaecological Oncology at the Royal Adelaide Hospital and Clinical Professor in the Discipline of Obstetrics and Gynaecology at the University of Adelaide

Ovarian cancer is the leading cause of death from a gynaecological malignancy in Australia. It is estimated that about 1,600 new cases of ovarian cancer will be diagnosed and over 1,000 women will die from the disease in 2019. This equates to about one woman dying every 9 hours from ovarian cancer in this country.

One reason for the poor prognosis in ovarian cancer is late diagnosis, as early symptoms are unspecific and a screening test does not currently exist. Consequently over 70% of patients present with advanced disease in which the cancer has spread through the abdominal cavity, requiring radical surgery and aggressive

chemotherapy. Initial responses are high, but the majority of patients eventually relapse. The clinical course of ovarian cancer is then marked by periods of remission of shortening duration with development of chemotherapy resistance and ultimately a fatal outcome. Despite some developments in surgery and

chemotherapy, ovarian cancer mortality rates have not changed considerably over the last two decades and new treatments for ovarian cancer are therefore warranted.

Various newly-developed targeted treatment approaches are currently under investigation in clinical

studies and hold the potential of improving the outlook for ovarian cancer patients. Burnside Hospital was selected as one of ten Australian sites for the international Phase 3 ATHENA trial which for the first time investigates whether two anti-cancer agents (Rucaparib and Nivolumab) given as maintenance therapy after

*By Professor Martin Oehler
Visiting Gynaecologist and Gynaecological Oncologist at Burnside Hospital*

[OVERLEAF TO READ MORE >](#)

Chief Executive Officer's message

4

Perioperative Oral Anticoagulants Management – DOACs vs Warfin

5

Robotic Assisted Orthopaedic Surgery Patient Information Sessions

6

Professor Oehler Cycles towards a Cure for Cancer in the Inaugural South Australian Tour de Cure

7

Welcome to Burnside

8

Burnside Hospital Foundation launches Otto von Rieben Giving Circle



Its been a busy start to the year for everyone here at Burnside Hospital including the Board of Directors. The Chairman, Mr Frank Kite, Chair of the Finance and Audit Committee Ms Anne Hinton and I conducted a recruitment and selection process for new Board members earlier in the year, with over 50 applications for the two positions received.

I am delighted to announce the appointment of Mr Rod Buchecker and Ms Linda Zeelie who both commenced their orientation and induction earlier in the year and are already actively contributing to the corporate governance of the Hospital.

Mr Buchecker, who is an industry expert in marketing is a valuable addition to the Board of Directors. The Board, executive management team and I are working closely with Mr Buchecker, and a soon to be announced agency on a new brand strategy which we envisage will help position the hospital well into the future.

Ms Zeelie's background is in ICT and has involved working with large organisations, including significant implementations within the health care industry. Ms Zeelie has great experience in project management and brings a new skillset and depth of experience to our Board. She has challenged us already with her knowledge of the gig economy and has been influential in considering value added matters pertaining to staff superannuation.

A Central Sterile Services Department (CSSD) is a critical unit in any hospital. A specialised area responsible for the collection, decontamination, assembling, packing, sterilisation, storing and distribution of sterile goods and equipment to patient care areas, the Hospital has been working towards ensuring that our CSSD is able to meet growing demand and that we will be compliant with the new Australian Standard, AS/NZS 4187: 2014 Reprocessing of reusable medical devices in health service organisations. Two concept plans were presented to our Board of Directors in May by Cheesman Architects and a decision made to proceed with detailed

planning to construct a purpose built CSSD that is vertically integrated with the Perioperative Suite. The new CSSD will comprise approximately 360 square metres, with the facility located outside of the main traffic/ access area of the hospital it will have dedicated access to the Perioperative Suite via a lift. This new purpose built area for our CSSD, not a redevelopment of the existing facility will mean there is no business interruption to the Hospital and our patients. It will also ensure that staff who work within this environment will have a state of the art facility with inbuilt work health and safety risk mitigations. Importantly the development will ensure that the Hospital conforms to the AS/NZS 4187:2014 by December 2021 and accommodate future growth. We're pleased to advise that project planning has commenced with a tender planned for late 2019 and construction anticipated to commence in the third quarter of 2020. The construction of a new purpose built CSSD reaffirms the Hospital's commitment to providing safe, contemporary care for every patient, every time in current and well equipped facilities.

CONTINUED OVER >>

CONTINUED OVER >>

front-line treatment improve ovarian cancer survival. Rucaparib belongs to a class of targeted anti-cancer agents known as PARP inhibitors. PARP proteins are involved in a wide range of cellular functions including DNA repair. When PARP enzymatic activity is inhibited, single-strand DNA breaks accumulate and are converted to double-strand breaks during the DNA replication process. If those breaks are not repaired by a repair-process called homologous recombination (HR), the resulting genomic instability leads to cell death. In high-grade serous ovarian cancer various mechanisms can lead to deficiencies in HR. The most common cause is BRCA mutations which occur in approximately 20% of patients. Most are inherited but 6 – 8% of patients have somatic BRCA mutations which are confined to the tumour.

A number of other mutations and epigenetic DNA changes, such as BRCA1 promoter hypermethylation, can also inhibit the HR repair process, and about 40–50% of high-grade serous ovarian cancers are estimated to be deficient in HR repair. PARP inhibitors have recently become a standard of care for patients with recurrent BRCA-mutated ovarian cancer. In addition, a statistically significant improved median progression free survival was shown in patients with platinum-sensitive recurrent ovarian cancer, regardless of BRCA mutation.

Nivolumab is an immunotherapy drug which seeks to enhance an individual's own immune system's ability to eliminate cancer cells. It is targeted against the programmed death receptor-(PD)-1 inhibitor.

PD-1 and its ligand PD-L1 belong to the family of immune checkpoint proteins that act as co-inhibitory factors which can limit the development of a T cell response. PD-1/PD-L1 interaction ensures that the immune system is activated only at the appropriate time in order to minimize the possibility of a chronic autoimmune reaction. PD-L1 is commonly over-expressed on cancer cells, leading to the inhibition of cytotoxic T cells in the tumour microenvironment and impaired natural anti-cancer immunity. Inhibition of PD1 immune checkpoint signaling by Nivolumab enables tumour-reactive T cells to overcome regulatory mechanisms and mount an anti-tumour response.

Approximately 1,000 patients with ovarian cancer are expected to be enrolled in the ATHENA study at clinical trial centres in the United States, Australia and internationally.

Contacts for the ATHENA Trial

Principle Investigator:
Professor Martin K. Oehler
Ph: 8332 6622

Co-Investigator:
Dr Meena Okera
(Visiting Oncologist)
Ph: 8292 2220

Trial-Coordinators:
Diana Caruso
Ph: 7074 2353
Cheryl Lennon
Ph: 8331 1926

For further information on how Professor Oehler spends some of his spare time, refer to page 6.



Aside from our CSSD we have in line with our strategic plan committed significant funds to support other medical equipment purchases in the 2020 FY thus ensuring that we remain relevant in terms of emerging clinical technology enhancements.

A new generation of microscopes have improved functionality for surgery the ophthalmologists perform enabling them to also record

the procedure digitally, both for patient records and for presentations. We are most grateful to the Burnside Hospital Foundation for their generous donation of \$150k, towards the purchase of this new microscope.

I would like to make welcome two new members to the Consumer Advisory Group.

This group works with the with the senior management team

on all matters pertaining to further improving the patients experience at Burnside Hospital.

It provides valuable feedback in the design and delivery of a range of healthcare services and we thank them along with our staff and many volunteers for making a difference to the way patients feel and are looked after in our hospital.

On behalf of the Burnside Hospital team, thank you for your ongoing support of Burnside Hospital and we all look forward to working with you in the second half of the year.

HEATHER MESSENGER
Chief Executive Officer

The Hospital's Code of Conduct has recently been revised and approved by the Board of Directors. This central document sets out the desired standards of conduct by all who work and who are credentialed at Burnside Hospital across a number of aspects for our organisation.

All accredited visiting Medical Officers to Burnside Hospital should have received a copy of the updated Code of Conduct.

If you have not received it, please contact our Executive Office on 08 8202 7208.

Perioperative Oral Anticoagulants Management – DOACs vs Warfin

By Dr Mark Finnis, Senior Specialist Intensivist at Burnside Hospital



The Clinical Review Committee has seen a small number of cases where perioperative oral anticoagulant management has been potentially suboptimal. This may have resulted from inadvertent application of the “usual” perioperative plan for warfarin being applied to patients taking a direct acting oral anticoagulant (DOAC), such as dabigatran, apixaban, or rivaroxaban.

As opposed to warfarin, where hepatic synthesis of new clotting factors requires cessation for 5+ days prior to surgery, depending upon thrombotic versus bleeding risk, the DOAC group need only be ceased 1-2 days prior to surgery in the setting of normal renal function.

Where a patient is at high thromboembolic risk, such as atrial fibrillation with prior embolic stroke or recurrent pulmonary thromboembolism,

cessation of anticoagulation for a week prior to surgery places the patient at undue and unnecessary risk. For procedures with low bleeding risk, DOAC agents need only be omitted on the day prior, i.e. last dose on ‘day minus 2’. For procedures with high bleeding risk, the last DOAC dose can be given on ‘day minus 3’.

Similarly, the kinetics of the DOAC group differ markedly from warfarin upon reintroduction.

Whereas therapeutic anticoagulation with warfarin may take several days, the DOAC group reach peak plasma activity within 1-2 hours and the timing of their reintroduction, with or without bridging prophylaxis, needs to occur with reference to the bleeding versus thromboembolic risk.

For further information please see – “Perioperative management of patients receiving anticoagulants”: <https://www.uptodate.com>

Skilled obstetrician cares for Burnside families

Dr Sarah Cash is a skilled obstetrician with experience in all-risk obstetric models. She has been caring for families for the last 10 years at the Women’s and Children’s Hospital and is now excited to be able to provide care for women and their families at Burnside Hospital.

Sarah believes that birth is an enormous privilege and considers it one of her greatest honours to be able to provide continuity, support and care for families on their journey.

She acknowledges that no two women are the same, and seeks to support and empower women through choice.

04

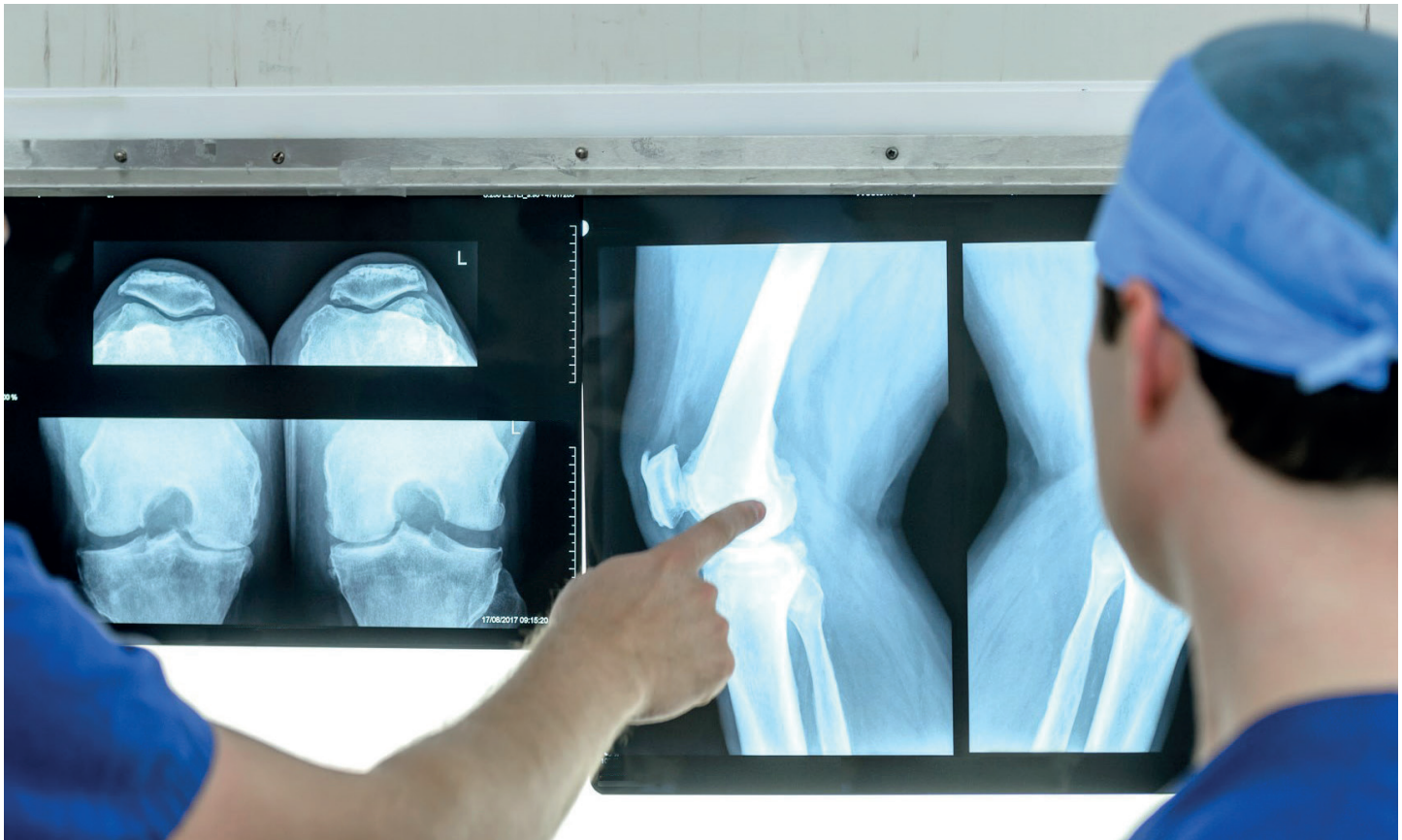
Sarah will continue her involvement with the provision of care at the Women’s and Children’s Hospital, so for unexpected complications, can provide continuity of care to women who choose to deliver at Burnside Hospital, if necessary across both sites.

Sarah has an active involvement in education across many arenas which include medical student education, junior doctor and registrar teaching including PROMPT and simulation training for paramedics and air retrieval services and also available for teaching opportunities.



“Sarah seeks to support and empower women through choice.”

Robotic Assisted Orthopaedic Surgery Patient Information Sessions



Could a robotic assisted hip or knee replacement be the right choice for your patient?

Burnside Hospital acquired the state-of-the-art MAKOpasty® Robotic Assisted Joint Replacement in December 2015. It enables surgeons trained and accredited to use this technology to offer robotic total hip replacement (robotic hip surgery) and robotic total and partial knee replacement (robotic knee surgery) to suitable patients.

Robotic-assisted joint replacement surgery is an innovative procedure that allows surgeons to use minimally-invasive techniques and achieve high levels of accuracy.

Orthopaedic Surgeons; Dr Robert Baird, Dr Robert Fassina, Dr Justin Munt, Dr Andrew Morris and A/Professor Mark Rickman are all credentialed in robotic-assisted surgery and collectively have now performed over 850 of these operations at Burnside Hospital.

Patient information sessions are free to attend, and will be held at Burnside Hospital with one of our robotic-credentialed visiting Orthopaedic Surgeons, Physiotherapist and Nursing Admission / Discharge Planner.

2019 Patient information sessions

Wednesday 24th July
6pm to 7.30pm

Saturday 3rd August
10am to 11.30am

Wednesday 18th September
6pm to 7.30pm

Saturday 22nd October
10am to 11.30am

Bookings for these sessions are essential and can be made via email to events@burnsidehospital.asn.au with your preferred session date, or by phoning 08 8202 7250.

Visit burnsidehospital.asn.au for further details.

Professor Oehler Cycles towards a Cure for Cancer in the Inaugural South Australian Tour de Cure



As a Gynaecological Oncologist at Burnside Hospital and cancer researcher, Professor Oehler is dedicated to beating women's cancer, and last month he was cycling towards a cure for the disease.

This year's Tour de Cure marked the third annual tour supporting cancer projects in South Australia and saw cyclists visiting the pristine wilderness of Kangaroo Island. With native bushland, wildlife and white beaches, they cycled over 300kms in three days, experiencing some wonderful communities and a challenging ride.

Cyclists also visited primary schools where they shared Tour de Cures 'Be Fit, Be Healthy, Be Happy' cancer prevention message with 1,000 kids in the region.

Professor Oehler has a special focus on ovarian cancer, which is the leading cause of death from gynaecological malignancies and as a result wants to see great improvements in early detection to give women who are affected a greater chance of survival.

Did you know?

» About 1,500 women are diagnosed with ovarian cancer and 1,000 die from this disease in Australia each year. This means that one woman is dying from ovarian cancer every nine hours in this country.

» The majority of women with ovarian cancer are diagnosed at advanced stage which is associated with a poor five year survival of only 30%. In contrast, five year survival with organ-confined Stage I disease exceeds 90%, and a large number of women are cured.

Early detection is therefore the most effective means to improve survival. Professor Oehler's main research effort is therefore directed towards the development of an early detection test for ovarian cancer.



Burnside Hospital was pleased to support Professor Oehler's ride by making a donation towards this worthy cause.

Welcome to Burnside

DR PAUL VAN MINNEN



Plastic and Reconstructive Surgeon

Dr Paul van Minnen is a plastic and reconstructive surgeon with a special interest in hand and wrist surgery. He takes pride in providing the highest standard of care for adults with hand and wrist problems, always with a personal, respectful and affable approach.

He studied medicine, obtained his PhD and completed Plastic, Reconstructive and Hand Surgery training at Utrecht University in The Netherlands.

“Learning from the country’s most reputable surgeons, hand and wrist surgery became his major interest from very early on in his training.”

He qualified as a Netherlands Board (NVPC) and European Board (EBOPRAS) certified plastic surgeon before arriving in Australia in 2012.

In Adelaide he completed three years of advanced fellowship training in Reconstructive Microsurgery, Burns Surgery and Hand and Wrist Surgery at the Royal Adelaide Hospital and Flinders Medical Centre.

In 2015 he was awarded Fellowship of the Royal Australasian College of Surgeons (FRACS) as a plastic and reconstructive surgeon.

Dr van Minnen’s private practice is set up exclusively for hand and wrist surgery and is co-located with SA Hand Therapy for a seamless and convenient (postoperative) patient journey. Dr van Minnen has a particular interest in surgery for base of thumb osteoarthritis, joint replacement surgery and the management of Dupuytren’s disease.

GRIP Hand, Wrist and Reconstructive Surgery
285 Wakefield Street
Level 2, Suite 5
Adelaide, SA 5000
(08) 7127 0365

DR JESSE BEUMER



General Surgeon

Dr Jesse Beumer is an Australian trained General Surgeon. After completing medical school and a Masters in Surgical Science at the University of Adelaide, he received surgical training in the speciality of General Surgery across multiple sites throughout South Australia’s metropolitan hospitals, gaining experience in the expert care of complex elective and emergency general surgical patients.

“Committed to providing precise and modern care.”

Following on from attaining Fellowship to the Royal Australasian College of Surgeons and accreditation with RACS-GESA Conjoint Committee for adult endoscopy, Dr Beumer has undertaken further advanced speciality training in the field of Hepatobiliary and Pancreatic Surgery at the Royal Adelaide Hospital.

With a particular interest in minimally invasive approach to hernia and gallbladder surgery, he is committed to providing precise, modern care applied across a wide variety of general surgical procedures, including endoscopy and colonoscopy.

East Adelaide Medical Centre
Level 1, Suite F7
50 Hutt Street
Adelaide SA 5000
(08) 8210 9488

The accuracy of each profile published above is the sole responsibility of the visiting specialist. For a full list of all visiting specialists and allied health professionals consulting on site and/or regularly operating at or practising at Burnside, go to burnsidehospital.asn.au/patients/doctors

ABOUT THIS PUBLICATION

Burnside Hospital Foundation launches Otto von Rieben Giving Circle

By Martin Carolan, Foundation Manager at Burnside Hospital



Pictured above: Otto von Reiben with his niece Gertrude Engelhart

The Burnside Hospital Foundation recently launched their first donor Giving Circle to small number of its closest supporters. Giving Circles and collective giving is the coming together of individuals or foundations to jointly fund worthy not for profits and causes. They are an example of how collective giving through peer support can help scale up the impact of a group of supporters' donations to a support a particular cause.

The Burnside Hospital Foundation hopes to recruit up to 20 people to join our Giving Circle this year to help fund vital medical and surgical equipment as well as support patient care projects and building developments and refurbishments.

We are pleased to announce that The Giving Circle Fund is growing progressively with over \$18,000 in funds pledged to date. With an average gift from our generous supporters of more than \$2,600 per annum this demonstrates how a small group of donors can make a significant difference to the Foundation.

Martin Carolan, Foundation Manager hopes to see the fund grow to more than \$50,000 over time and is excited about the prospect of the Foundation supporting the Hospital in this way.

If you would like to find out more about the Otto von Rieben Giving Circle or contribute to the Giving Circle Funds then please contact Martin Carolan, Foundation Manager on 08 8202 7248, or via email to mcarolan@burnsidehospital.asn.au

We welcome your feedback

Do you have a story idea, comment or suggestion?

If so, please direct these to:

Cathy Antoniou
Communications
and Marketing Coordinator
E: cantoniou@burnsidehospital.asn.au
Ph: (08) 8202 7250

Receive this newsletter electronically

If you would like to receive this newsletter electronically, please send your name and email address to mail@burnsidehospital.asn.au
Thank you for your cooperation in conserving our precious resources.

Burnside Bulletin

Burnside Bulletin is the official newsletter of the private, not-for-profit Burnside Hospital.



BURNSIDE HOSPITAL

Burnside Hospital
120 Kensington Road
Toorak Gardens SA 5065
Ph: (08) 8202 7222
Fax: (08) 8364 0038
Web: burnsidehospital.asn.au



Chief Executive Officer
Ms Heather Messenger

The information contained in this publication is offered by the Burnside Hospital solely for informational purposes and does not constitute professional, commercial or technical advice. It is not intended to be comprehensive and may not take into account all the factors that need to be considered before putting the information into practice. Accordingly, no person should rely on anything contained here as a substitute for specific advice. Burnside Hospital will not be responsible for any loss caused by reliance upon this information or for the accuracy of information supplied by third parties.