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Sydney Medical School
Edward Ford Building (A27)
The University of Sydney
NSW 2006
sydney.edu.au/medicine

Staff

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Professor Arthur Conigrave

Deputy Deans
Professor Mac Christie
Professor Cheryl Jones
Professor Tania Sorrell AM

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Dean's message
Professor Arthur Conigrave gives an update on the Westmead Precinct development and the University's plan to unite its medical faculties.

Faculty news
Alumnus wins Monash scholarship, six Medical School researchers among the world's most highly cited, Poche Centre update, recent awards.

Outsourcing at WHO
Associate Professor Joel Negin explains why the World Health Organization should rely more on external expertise.

A boost to dementia research
Three world-renowned neuroscientists are joining the University's Brain and Mind Centre.

Births – how early is too early?
Our research shows elective delivery of babies before 39 weeks is linked to poor child development.

Relieving chemo brain
An online learning program may help cancer patients with chemotherapy-induced neurological symptoms.

Newborns at higher risk of CMV
A study has shown that babies with cerebral palsy are more likely to have congenital cytomegalovirus (CMV).

In search of a cancer breakthrough
The NSW Premier's Award has recognised Professor John Simes from the NHMRC Clinical Trials Centre for his outstanding cancer research.

Học Mãi – forever learning
Since its establishment in 2001, the Học Mãi Foundation has been highly active in its mission to develop healthcare and research capacity in Vietnam.

A gift to medical imaging
The Frecker family honours Drs Eric and Brian Frecker with a generous donation to support medical imaging research.

Upcoming reunions

Reunion recaps

Where are they now?
International Public Health graduates, Margaret Harris and Amy Simpson relate their career journeys.
In the last issue of *Radius*, I described the University’s plan to combine the existing Faculty of Medicine with the faculties of Dentistry, Health Sciences, Nursing & Midwifery, and Pharmacy into a new united faculty, with the intent of streamlining the University’s governance structure and strengthening collaborations in research and education. The University’s Senate has now endorsed the headline features of the plan and accepted the Byrne Review Committee’s recommendation that the new faculty be named the ‘Faculty of Medicine and Health’. Within the new faculty, the School of Medicine will continue under the familiar name ‘Sydney Medical School’.

Professor Alan Pettigrew has been appointed as the ‘Transition Manager’, with the task of guiding the overall design and formation of the new faculty. Professor Pettigrew has had a distinguished career in academic leadership. He was previously Professor of Veterinary Physiology at the University of Sydney, Chief Executive of the National Health & Medical Research Council, Vice-Chancellor of the University of New England, and more recently Chair of the Board of the Illawarra Medical Research Institute. He is working to ensure the new structure will uphold the reputation and performance of Sydney Medical School, including its ability to maintain essential relationships with health services, the profession, and the broader community.

Other major events are occurring in the Medical Program. The last cohort that enrolled in the MBBS degree graduated in December 2016, and the first cohort in the new Doctor of Medicine (MD) degree is now in its final year. The directors of the Medical Program, Professors Jane Bleasel and Inam Haq, are coordinating work on a revision of the curriculum that is designed to prepare our graduates for mid-21st century practice.

Alongside changes in the Medical Program, we are excited to be introducing two new postgraduate courses in 2017: the Master of Medicine (Internal Medicine) coursework program, to be conducted in partnership with the University of Melbourne; and the Master of Medicine (Pharmaceutical & Medical Device Development) course.

Postgraduate courses are clearly fulfilling an important area of need in vocational education; currently more than 1000 students are enrolled in postgraduate courses in the faculty.

In the last issue of *Radius*, our former Dean, Emeritus Professor Stephen Leeder AO, described the burgeoning Westmead Precinct project, which is fast becoming a physical reality.

A significant expansion of academic and research student positions is also underway. The Northern Clinical School, headquartered at Royal North Shore Hospital, will be affiliated with the new Northern Beaches Hospital, also currently under construction. Further afield, a node of the Broken Hill University Department of Rural Health has been established at Bourke on the Darling River.

The creative opportunities and excitement arising from change are, of course, tempered with regret at the passing of what has been well known and familiar. I believe the current changes will prepare us for the times ahead and that the remarkable history of the Faculty of Medicine at the University of Sydney will be respected and indeed enriched.

Professor Arthur Conigrave
BSc(Med) ’79 MBBS ’82 MSc ’83
PhD ’92 MD ’08
Dean of Sydney Medical School

Welcome to the autumn issue of *Radius*
Alumnus receives Monash scholarship

University of Sydney alumnus Dr Martin Seneviratne has been named the 2017 Roden Cutler NSW John Monash Scholar. With the award, Dr Seneviratne will head to Stanford University to continue his groundbreaking work into clinical informatics.

Dr Seneviratne (BSc (Hons 1M) ’10, MBBS (Hons 1) ’14) says the Monash Scholarship is a life-changing opportunity to learn from some of the world’s best and bring that knowledge back to Australia.

“My program at Stanford is unique worldwide, drawing on the resources of the Schools of Medicine, Computer Science and Design, in partnership with Stanford Hospital,” Dr Seneviratne says.

Clinical informatics is often referred to as the intersection between computer science and clinical medicine. “It brings together clinicians, engineers and designers to create new ideas for how technology can transform healthcare,” Dr Seneviratne says.

While working as a junior doctor, he saw countless examples every day of how software could increase efficiency, enhance the capacities of clinicians, and improve the patient experience.

“The future of medicine will be in using data to design a learning health system – one that understands the patient as an individual and can offer personalised care,” he says.

“Australia has all the ingredients to lead the world in digital medicine: an amazing public health system, an emerging entrepreneurial ecosystem, and a strong history of clinical research.”

He sits on the national board of the Health Informatics Society of Australia, and advises the Australian Digital Health Agency. He also represented Australia at the World Economic Forum.

Meet our highly cited scholars

Six University of Sydney scholars are among the world’s most influential scientists in their fields, as determined by the Thomson Reuters Highly Cited Researcher list for 2016.

The list names 3266 scholars whose research ranked in the top one percent of most cited papers in their field from 2004 to 2014. Of the University’s six Highly Cited Researchers, four come from the Sydney Medical School and the Sydney School of Public Health.

Professor Bruce Armstrong AM FAA is Emeritus Professor in the School of Public Health. He is a leader in research on the epidemiology of cancer, with a focus on the causes and prevention of skin cancer and melanoma.

Professor Adrian Bauman is Sesquicentenary Professor of Public Health, Director of the Prevention Research Collaboration and Theme Leader, Physical Activity, Exercise and Energy Expenditure at the Charles Perkins Centre. He has been a world leader in the study of chronic disease prevention for more than 30 years.

Professor Robert Cumming is Professor of Epidemiology and Geriatric Medicine in the School of Public Health. He is internationally renowned for his research into osteoporosis, falls and fractures. In the past 10 years he has expanded his research into non-communicable diseases and ageing in Asia and Africa.

Professor Mark Woodward is a Professor of Biostatistics at the University of Sydney and Director of Epidemiology and Biostatistics at the George Institute for Global Health. His work on cardiovascular risk scores formed the basis of national guidelines in Scotland and his recent work on kidney disease was used to produce new staging criteria.
Update from the Poche Centre for Indigenous Health

The University of Sydney’s Poche Centre for Indigenous Health introduced its new 2016-2020 Strategic Plan, Healthy Kids. Healthy Teeth. Healthy Hearts, at a launch in September 2016 attended by then NSW Minister for Health Jillian Skinner.

The ambitious strategy confirms the centre’s continued focus on three areas identified as ongoing health priorities in Aboriginal and Torres Strait Islander communities: paediatrics, dental health and cardiology.

The centre employs an effective four-pronged approach to deliver practical and innovative solutions to these complex health problems:

- service delivery in partnership with local communities and organisations, including the University of Sydney Medical School and Faculty of Dentistry
- clinical training for local Aboriginal people
- service learning opportunities for students
- applied research to inform healthcare policy and services.

Over the next five years this focus and approach will continue, with results to date providing a strong foundation for progress. The strategy commits the centre to maintaining its high level of services, developing productive community partnerships, increasing the number of research projects and maintaining a team with a minimum of 50 percent Aboriginal staff.

Awards and acknowledgements

Professor Roger Reddel was awarded the Neil Hamilton Fairley Medal by the Royal Australasian College of Physicians in January 2017. Professor Reddel is a medical oncologist and molecular geneticist, and an internationally regarded expert on cancer cell immortalisation. He is Director of Children’s Medical Research Institute, Westmead, and a Fellow of the Australian Academy of Science.

Professor Elizabeth Elliott AM was made a Fellow of the Australian Academy of Health and Medical Sciences in October 2016. Professor Elliot is a child health specialist at the University of Sydney and a Consultant Paediatrician at the Children’s Hospital at Westmead. She has dedicated her career to improving health and quality of life for children in Australia and beyond, through education, research, clinical care and advocacy.

Professor Jonathan Morris AM was also made a Fellow of the Australian Academy of Health and Medical Sciences in October 2016. Professor Morris is a maternal fetal medicine specialist who leads a large perinatal research group. He is also Director of the Kolling Institute of Medical Research at Royal North Shore Hospital.

Professor Barend (Ben) Marais was awarded the Gustav Nossal Medal for Global Health at the Australian Academy of Science in November 2016. Professor Marais is Deputy Director of the Marie Bashir Institute for Infectious Diseases and Biosecurity at the University of Sydney. His research is focused on tuberculosis, which is the leading cause of death from infectious disease worldwide.
Associate Professor Joel Negin, Head of the School of Public Health at the University of Sydney, and his colleague, Dr Ranu Dhillon from Harvard University in the United States, have suggested the World Health Organization (WHO) should make more use of external expertise.

"An outsourcing approach would allow the WHO to concentrate on global leadership and to have an overseeing role," says Associate Professor Negin.

For decades, failures by the WHO to respond effectively to global health crises have drawn criticism and calls for reform by policy experts, governments and independent financial donors from across the world that contribute three-quarters of its $US4 billion annual budget.

Recent failures that have drawn criticism include shortcomings in WHO’s response to the Ebola epidemic; health crises in Sri Lanka in 2009, Haiti in 2010 and South Sudan in 2013; and the current response to drug-resistant tuberculosis in Papua New Guinea.

"Outsourcing would also allow the WHO to be leaner and more focused, and would increase the contribution of other actors. We believe such reform is essential to the future of the WHO and of global health action."

Most current proposals to reform the WHO deal with ways it could be made more effective and attract more funding. But Negin and Dhillon say more financial muscle and incremental reforms will no longer meet the challenges of preventing, predicting and responding to today’s globalising health crises.

"When the WHO was established, there were few global health actors, says Associate Professor Negin. "Its unique position meant it could bring the world’s best minds and skills to bear on global health issues. Today, global health issues occur in a complex, multi-actor arena where rival multilateral organisations have taken control over much of the global health action and agenda."

"Given the emergence of new global stakeholders and the realisation that the WHO is struggling to meet its mandate, we need solutions that not only address what the WHO should do to strengthen itself, but also leverage the expertise in the sector."

Dr Dhillon says the WHO should "outsource a number of its functions to other global agencies that are already leading the way. This would allow it to concentrate on a small number of core activities where it has comparative advantage and to coordinate or orchestrate the broader array of global health actors to take on other activities."

Professor Negin and Dr Dhillon say current WHO functions that should be outsourced include technical matters such as research and surveillance, and on-the-ground responses to health issues and crises. They point to agencies such as the Bill and Melinda Gates Foundation, the World Bank and the Global Fund for AIDS, Tuberculosis and Malaria as better placed and qualified to execute many WHO tasks.
Research news

The University’s Brain and Mind Centre recruits leading researchers in dementia

The University is translating research into therapies for healthy brains and minds.

Three world-renowned neuroscience scholars are joining the University of Sydney’s Brain and Mind Centre to develop research-led treatments for dementia and other neuro-degenerative diseases affecting human memory and thinking.

Professor Glenda Halliday, Professor John Hodges and Professor Olivier Piguet bring a significant team of researchers, PhD students and professional staff to the Brain and Mind Centre, recognised internationally as a pre-eminent multidisciplinary facility that spans pre-clinical, clinical and translational research.

“A major reason for joining this University is that we are at a critical stage of translating many of our research projects into neurological research clinics with the aims of testing new diagnostic methods and conducting preclinical treatment evaluations,” Professor Halliday says.

Professor Halliday is a specialist in the pathology of neurodegenerative diseases, a senior principal research fellow of the National Health and Medical Research Council, a past president of the Australian Neuroscience Society and part of the Academy of the National Health and Medical Research Council of Australia.

“We want to build on the close collaborations and successful working relationships we already enjoy with staff at a number of the Brain and Mind Centre’s diverse neurological clinics,” she said. “Together with Sydney Local Health District and facilities at Royal Prince Alfred Hospital, the Brain and Mind Centre is developing new dementia clinics perfectly suited to our research purposes.”

Also moving to the University is Professor John Hodges, who leads a multidisciplinary research group examining aspects of fronto-temporal dementia. Professor Hodges has published 500 papers on aspects of memory, language and dementia, in addition to six books. He is a former lecturer in behavioural neurology at the University of Cambridge.

Joining Professor Halliday and Professor Hodges at the Brain and Mind Centre is Professor Olivier Piguet – an international expert on cognitive and clinical changes in pathological brain ageing who has published more than 150 peer-reviewed journal articles on this topic. His recent research has concentrated on the biological correlates of deficits in social cognition and memory in fronto-temporal dementia and related conditions.
Children born following elective (planned) deliveries before 39 weeks have an increased risk of poor development at school age, University of Sydney research shows.

Elective deliveries are those where a considered decision is made to deliver an infant. In recent years substantial changes in clinical practice have resulted in an increase in elective deliveries before the ideal time of birth (39–40 weeks’ gestation).

This is attributable to the increased use of elective caesarean section and induction or labour.

A University of Sydney team writing in the journal *Pediatrics* reports that overall, 9.6 percent of children were developmentally at high risk. In particular, infants born electively before the optimal time of birth were more likely to show signs of poor child development.

Using the Australian Early Development Census instrument, children in the study were assessed in five domains: physical health and wellbeing; language and cognition; social competence; emotional maturity; and general knowledge and communication.

Children scoring in the lowest 10 percent of these domains were considered ‘developmentally vulnerable’, and children who were ‘developmentally vulnerable’ on two or more domains were classified as ‘developmentally high risk’.

Compared to children delivered vaginally following spontaneous labour, the combined adjusted relative risk of being ‘developmentally high risk’ was 26 percent higher for an elective delivery at 37 weeks and 13 percent higher at 38 weeks. This was after taking into account other important factors associated with poor child development such as socioeconomic disadvantage, lower maternal age, maternal smoking in pregnancy and fetal growth restriction.

The study also reported that the risk of being ‘developmentally vulnerable’ increased with decreasing gestational age.

Compared to children with a gestational age of 40 weeks, the adjusted relative risk of being ‘developmentally high risk’ was 25 percent higher at 32–33 weeks, 26 percent higher at 34–36 weeks, 17 percent higher at 37 weeks, and six percent higher at 38 weeks.

Compared to children delivered vaginally following spontaneous labour, the adjusted relative risk of being ‘developmentally high risk’ was seven percent higher for those delivered following induced labour or by elective caesarean section prior to the onset of labour.

Training program relieves ‘chemo brain’ symptoms for cancer patients
Research confirms patients’ experience

An online learning program may help cancer patients with chemotherapy-induced neurological symptoms, reveals new research from the University of Sydney.

Up to 70 percent of cancer patients report cognitive symptoms following chemotherapy. These symptoms decrease patients' quality of life and increase the risk of depression, anxiety and fatigue.

This deterioration in cognitive function, commonly referred to as ‘chemo brain’, was largely unacknowledged by the medical profession until recently. It has now been termed “cancer-induced cognitive impairment” as it can occur prior to receiving chemotherapy.

The study examined 242 adult cancer patients who had completed three or more cycles of chemotherapy in the previous five years, and who self-reported cognitive symptoms indicated by changes in concentration and/or memory. Of those who participated in the study, 89 percent were women with breast cancer.

Study participants were randomly assigned either to an online neurocognitive learning program or to standard care from their treating physician. The two groups were compared at baseline, immediately after the intervention (at 15 weeks) and at six months.

“Survivors who used the online neurocognitive learning program had improved cognitive symptoms compared to survivors who received standard care,” says University of Sydney PhD candidate Dr Victoria Bray.

Main findings
- Compared to participants who received standard care, those assigned to the online program had fewer cognitive symptoms immediately following the intervention and at six months.
- Participants using the online program had significantly lower levels of anxiety, depression and fatigue than the standard care group immediately after treatment, but not at six months.
- There was no difference in quality of life between the groups immediately following the intervention, but the online program group had better quality of life at six months.
- There was no difference in objective neuropsychological function between the comparison groups immediately following the intervention or at six months.

Higher prevalence of cytomegalovirus in newborns with cerebral palsy
Study finds CMV in almost 10% of children

Congenital infection with cytomegalovirus (CMV) is more common in children with cerebral palsy than previously thought, University of Sydney research shows.

CMV is a common herpes virus that can cross the placenta, infect the fetus and cause damage to the developing brain.

Reported in the Journal of Pediatrics, the retrospective observational study of 323 children with cerebral palsy reveals that 9.6 percent had CMV DNA in blood taken from their newborn screening card.

This proportion is much higher than the proportion of children with CMV detected in the newborn period in the general community, which is less than one percent. Further, it is six times greater than the proportion of children with cerebral palsy who have had congenital CMV reported as an attributable cause of their condition to the Australian Cerebral Palsy Register (1.5 percent), and higher than a recent retrospective study of Caucasian children with cerebral palsy (1.5 percent).

Congenital CMV infection has been estimated to occur in about 0.7 percent of newborn infants of whom 10 to 15 percent exhibit signs of infection at birth. These infants carry a higher risk of permanent neurodevelopmental disabilities, including cerebral palsy.

It’s estimated that a further 10 to 15 percent of children with congenital CMV infection who are asymptomatic at birth will go on to develop neurologic signs and symptoms beyond the neonatal period, predominantly late-onset hearing loss.

Cerebral palsy is the most common physical disability of childhood, and has been associated with a number of risk factors, including intrauterine infections such as congenital CMV.
App transforms research

Research is applying iPad app technology to assess drinking habits.
In 2016, a group of investigators at Sydney Medical School, led by Professor Kate Conigrave, Conjoint Professor, Addiction Medicine, Central Clinical School, received a $2.5 million grant from the National Health and Medical Research Council (NHMRC) to launch a new Centre of Research Excellence (CRE) in Aboriginal Health.

With a focus on building and supporting a cohort of Aboriginal and Torres Strait Islander researchers across Australia, the CRE will also develop a suite of workforce development, prevention and treatment programs aiming to reduce alcohol-related harm among Aboriginal people.

“The new CRE unites the skills and experience of Aboriginal and Torres Strait Islander and non-Aboriginal leaders in the health, teaching, research and policy sectors. Its chief investigators come from three Aboriginal services and four universities,” Professor Conigrave says.

“Factors such as grief, loss, trauma and marginalisation put Aboriginal people at a greater risk of developing alcohol problems, if they drink at all. Alcohol then has the potential to cause physical, mental health and social problems.

“With Aboriginal people eight times more likely to be hospitalised and five times more likely to die from an alcohol-related condition than non-Aboriginal Australians, the need for a suite of programs within this area is critical.”

The CRE offers the opportunity to draw together cultural and community expertise with research, clinical and policy expertise to expand the evidence base for what works.

The CRE will build on pilot programs in urban and regional settings of New South Wales, Queensland and South Australia that have shown promise in reducing risky drinking, improving mental health and increasing empowerment of Aboriginal people.

**The Grog Survey App**

Among these programs is an innovative and interactive iPad-based ‘Grog Survey App’ that allows Aboriginal and Torres Strait Islander people to record and measure their alcohol consumption anonymously. The app will help to raise drinkers’ awareness, and enable Aboriginal communities to keep track of how well they are reducing risky drinking. Using the app will help to raise a drinker’s awareness of their own consumption and of any associated harms. The data and technology will help researchers to find better ways to understand alcohol problems among Aboriginal people.

Funded by a five-year, $2.1 million grant from the NHMRC, a team of key researchers is evaluating and fine-tuning the app’s performance, with initial field testing, workshopping, refining and further testing.

First launched in regional and remote communities in August 2016, the app has been trialled in South Australia and Queensland so far. Using stratified sampling, more than 180 non-drinkers, drinkers and heavy drinkers, both men and women, have been surveyed.

“Participants electronically complete the iPad survey which takes around 15 minutes,” Professor Conigrave says.
“They start the survey, supported by an Aboriginal research assistant who sets them up with the technology and headphones. The researcher can then sit a little distance away to allow privacy. For response validity, the participant is required to also take part in a clinical interview about their drinking and to retake the same iPad survey two days later.”

Anonymous results from the app are compiled on a University of Sydney computer and compared with the results of the clinical interview conducted by an Aboriginal health worker.

“The data collected will be used to better inform treatment and policy approaches,” Professor Conigrave says. “In the future this app should be a valuable tool to help screen for unhealthy drinking or alcohol-related harm in a clinical setting, and in population surveys that in turn can inform policy and program development.”

The Grog Survey App was the first of its kind to use sophisticated programming to provide more accurate data on drinking patterns. “Before the Grog Survey App, data on alcohol consumption among Aboriginal Australians was completely inaccurate,” explains Scott Wilson, Aboriginal Co-Chief Investigator in the CRE and Grog Survey App and Director of the Aboriginal Drug and Alcohol Council (SA).

“Reasons that it has been hard to estimate how much people drink include sharing of alcohol, the use of a wide range of drinking containers and the lack of understanding of the term ‘a standard drink’,” Wilson says. “Alcohol can be a sensitive topic, and the way that data was previously collected did not factor in the participants’ cultural context.”

Respect for culture informs app development
The Grog Survey App was produced in collaboration with digital agency We are the Nest. “It was key that our developers were able to respectfully portray the context of drinking,” Professor Conigrave says.

“We organised workshops with 25 people, more than half of whom were Aboriginal themselves, to find the best way of designing the app. Attendees included specialist and generalist clinicians, researchers and community members from remote, rural and urban areas. These workshops provided us with insights into how we could find a meaningful and accurate way to present a survey on drinking to Aboriginal people.”

Wilson adds: “Gender-specific knowledge and practices are very important. For example, in traditional communities men’s health issues should not be discussed or observed in the presence of a community member of the opposite sex.”

Key researcher Dr Kylie Lee, Senior Lecturer, Discipline of Addiction Medicine, Sydney Medical School says: “When participants start the survey, they are prompted to identify their gender. The following audio, images and lifestyle references are then matched with that gender. We arranged for the audio to be spoken by a female and a male with Aboriginal heritage. Also, at the beginning of the survey, participants are given two audio options – English or Pitjantjatjara.”
Commenting on how this approach has affected the participants’ experience with the app, Wilson says, “Participants who have never had contact with an iPad have found the app easy to use and navigate. It’s also been exciting to receive positive feedback on the use of the Pitjantjatjara language in a piece of technology. We’ve been told that the audio and visual presentation have made it easier for people of all ages to tell their personal stories and to enjoy using the app.”

**Looking ahead**

Still in its infancy, the app has already received many accolades, though the researchers plan to develop and expand the program.

“We hope to further reduce the time taken to complete the app survey,” Professor Conigrave says.

“This is to make it easier to use in remote communities or in clinical use. We will then test how well the app works in a household survey context — checking that the survey is suitable for use by people in a wide range of settings: in houses or boarding houses, on the streets, in clinic or in a park.

“We will put the app through its paces in regional, remote and urban settings that are different from the locations where we did the first round of testing.

“We are also working to make the app freely available to Aboriginal organisations and to make it available as a health promotion and clinical tool, for example, in waiting-room screening.”

**Uniting skills and expertise**

“The CRE helps build on this project and on a range of other projects focusing on alcohol and health that we and our co-chief investigators have been conducting in partnership with Aboriginal communities and agencies,” Professor Conigrave says.

“This CRE is founded on strong partnerships with Aboriginal community-controlled health services and communities and health professionals across Australia.

“The CRE will help us to grow and support the Aboriginal research workforce in the alcohol field through a collaborative network across universities and services. This will provide a clear boost to the nation’s capacity to conduct culturally appropriate, relevant and practical research. We will have the opportunity to move research in this field beyond one-off projects to an integrated and collaborative effort to reduce alcohol-related problems.”

To find our more about the new Centre for Research Excellence in Aboriginal Health or the Grog Survey App, please contact Professor Kate Conigrave on +61 2 9515 8650 or kate.conigrave@sydney.edu.au

From left, starting from back: Mr Scott Wilson; Professor Duncan Ivison, Pro-Vice-Chancellor (Research); the Hon. Ken Wyatt MP; Professor Chris Doran; Professor Anthony Shakeshaft; Professor Anne Kelso AO (CEO of NHMRC); Associate Professor Noel Hayman; Professor Arthur Conigrave, Dean of Sydney Medical School

Front row: Professor Kate Conigrave; Dr Kylie Lee

Other investigators of the CRE who were not present: Professor Paul Haber; Associate Professor Rowena Ivers; Dr Anton Clifford
Infectious diseases are closely linked to poverty, with one often intensifying the effect of the other. This relationship is most intense in countries where poverty is rife and clinical laboratories scarce.

Peter McMinn, Bosch Professor of Infectious Diseases at the University of Sydney, is dedicated to the control of infectious diseases in developing countries. His goal is to improve health and economic outcomes for developing communities by improving healthcare services in some of the world’s poorest countries.

“Early in my career, while working in Indigenous communities as a GP in remote parts of Australia, I became interested in improving health outcomes, both clinically and through research,” Professor McMinn says. “It became clear to me that poor health and communicable diseases are intertwined with poverty, creating a toxic chain reaction.

“Poor health has an even greater effect on economic outcomes and social wellbeing in developing countries, where the consequence of infectious diseases is often the development of long-term physical or mental disabilities. These disabilities can adversely affect the intellectual development of children and the livelihoods of adults. In countries across Southeast Asia, where there is a lot of labour-driven work, physical disabilities prevent adults from working, which pushes families further into poverty.”

Professor McMinn’s work has taken him to Laos, Vietnam, Indonesia, and other countries. In Indonesia, he led an international team to set up the first infectious disease surveillance and treatment program in Aceh after the 2004 Boxing Day tsunami. He has also developed a long and deep relationship with Timor-Leste, one of Australia’s closest neighbours, where nearly half of the population of 1.2 million lives in poverty.

Fighting infectious diseases to ease poverty in Timor-Leste

Vital programs in developing countries are testimony to the powerful link between good healthcare and economic outcomes.
The relationship with the University of Sydney is really important as it equips the laboratory with the expertise to implement effective laboratory surveillance for major infectious disease threats in Timor-Leste,” says Professor McMinn.

Since its launch, the National Laboratory Development Program has received two substantial donations that have funded and initiated national research and surveillance projects, including the national lymphatic filariasis and hookworm elimination program and the national rotavirus immunisation program for Timorese children.

Treating parasitic disease
In 2012, a program was established to survey lymphatic filariasis (a parasitic disease of thread-like worms in the lymphatic system) and hookworm (an intestinal parasite). Its aim was to survey a large sample of Timorese people in more than 60 communities to estimate the prevalence of these diseases and determine their effect.

“The disfiguring nature of the disease often causes social isolation and financial losses that result in poverty and affect psychological wellbeing.”

The 2012 survey report was shared with potential donors and resulted in the South Korean Government donating US$6.7 million to the Timor-Leste Government to support a five-year national lymphatic filariasis and hookworm elimination program.
In 2014, the five-year national program to eliminate lymphatic filariasis and hookworm commenced. The Timorese program mirrored programs that eliminated lymphatic filariasis in Sri Lanka and the Maldives.

“For the program to be successful, we need to reach 80 percent of the Timorese population and treat them with the medication annually for a period of five years,” Professor McMinn says.

In November 2015, the first national round of medication was successfully administered, with more than 80 percent of the target population treated. While the medication does not kill adult worms, it does render them infertile. As the worms only live for four to five years, the medication program aims to keep them in an infertile state until they die of old age.

In May 2017, the first post-intervention surveillance will be undertaken to determine if the national treatment program has been successful.

“For Timor-Leste, the long-term solution to controlling intestinal worms, such as hookworm, is the provision of clean water and sanitary facilities, which is estimated to take more than 20 years to achieve across the entire country,” Professor McMinn says. “In the meantime, one aim of the national treatment program is to reduce the burden of hookworm until the country can provide sanitary facilities to the entire population.

Treating severe diarrhoea in children
“In Timor-Leste, approximately 60 percent of children are malnourished and half of these are severely malnourished,” Professor McMinn says.

“Bouts of acute diarrhoea can be life threatening in malnourished children. An estimated 150-200 Timorese children die from acute gastroenteritis each year, most of whom are less than two years old.

“We used a small grant from a private Sydney donor to investigate the effect of the vaccine-preventable rotavirus infection on severe diarrhoea in children. The donation funded a two-year surveillance program of 1500 Timorese children under five who were admitted to hospital with severe diarrhoea. The survey revealed rotavirus as the cause in about 50 percent of cases.”

The findings were shared with potential donors in late 2016, prompting a US$5 million grant from the Japanese Government to assist the Timor-Leste Government to commence routine rotavirus immunisation in Timorese infants in 2017.

“This intervention will have a significant impact on child mortality and morbidity across the country,” says Professor McMinn. “It is expected this program will prevent the deaths of approximately 100 Timorese children annually.”

The multiplier effect
For developing countries such as Timor-Leste, poverty exacerbates the adverse effects of infectious diseases and vice versa. Funding is vital to increase resources and to gather the evidence that informs public health decision-making, to reduce the prevalence of infectious diseases and to break this vicious cycle.

“The National Laboratory Development Program was a key first step in the fight against infectious diseases in Timor-Leste as it helped attract further investment in public health programs from countries across the Asia-Pacific region and international health organisations,” Professor McMinn says.

“It is an excellent example of how a small donation, effectively used, can have a major effect on health outcomes. The two surveys we undertook cost approximately US$200,000, but the results have leveraged nearly US$13 million of additional funds to support targeted intervention programs.

“Our work has advanced the skills of locally based clinicians and scientists, informed government public health decisions, detected and treated infectious diseases, saved the lives of many Timorese people, and will ultimately assist in easing the prevalence of chronic disability and poverty in the country. We are very proud of the effect our work is having in Timor-Leste and would like to thank everyone who has supported our efforts.”

Help us support developing countries
Professor Peter McMinn is Head of the Discipline of Infectious Diseases and Immunology at the University of Sydney, which aims to improve the health of national and international communities by undertaking research to develop new treatments and vaccines for important infectious diseases.

To support this research or for more information about advances in infectious diseases research, please contact David Meredith on +61 2 8627 0797 or david.meredith@sydney.edu.au
Clinical trials help practitioners to improve care by testing new treatments and questioning preconceived notions about existing interventions to determine the best available therapies.

Professor John Simes is a medical oncologist, clinical epidemiologist, biostatistician and international leader in clinical trials and translational research. With a medical career spanning almost four decades, Professor Simes’s focus is on cancer, cardiovascular disease, diabetes and neonatal medicine.

Professor Simes is Director of the National Health and Medical Research Council (NHMRC) Clinical Trials Centre at the University of Sydney. More than 150 people work on extensive research programs in the centre, which was established in 1988. Professor Simes is also Director of Sydney Catalyst, the Translational Cancer Research Centre of Central Sydney and Regional NSW with more than 400 members.

In 2016, Professor Simes received the Outstanding Cancer Researcher of the Year award, the top prize at the NSW Premier’s Awards for Outstanding Cancer Research. The Premier’s Awards recognise NSW researchers who are dedicated to making a difference to people with cancer.

He was also awarded the Alan Coates Award for Excellence in Clinical Trials Research from the Australian and New Zealand Breast Cancer Trials Group and the Career Achievement Award from the University of Sydney Cancer Research Network.

We caught up with Professor Simes to reflect on the vital work the NHMRC Clinical Trials Centre has undertaken over the past three decades, the team’s recent highlights and the future of clinical trials.

“For 28 years the Clinical Trials Centre, in collaboration with many cooperative trial groups and trial networks, has been initiating, leading, conducting, analysing and publishing collaborative trials and related research, aiming to improve health outcomes in Australia and internationally,” he explains.

“Together with our collaborating partners we have undertaken more than 130 multicentre clinical trials involving 80,000+ patients. We have evaluated a wide range of treatments, from medical therapies and surgical approaches to combined modalities and supportive care.

“Since its establishment, the Clinical Trials Centre has contributed to major international clinical trials that have influenced current knowledge, clinical practice, policies and guidelines. I am very proud of its impact over a sustained period.”

Asked about the centre’s recent achievements, Professor Simes lists the launch of new trials in perinatal and neonatal medicine, type 1 diabetes trials in remote areas, and cardiovascular disease trials that have opened a door to new insights into vascular disease in diabetes. But for Professor Simes a particular highlight has been the centre’s contribution to a range of cancer trials to improve quality of life and cancer control and survival, and guide future practice.

One example relates to surgical management of rectal cancer involving colorectal cancer surgeons, the Australasian Gastro-Intestinal Trials Group and the NHMRC Clinical Trials Centre, which demonstrates the importance of robust evidence to inform clinical decisions.
“In recent years, laparoscopic surgery has emerged as an attractive alternative to open surgery for the treatment of colon cancer because of its shorter recovery time and lower rate of complications. But up until this point, there has been little definitive evidence to guide surgeons about the safety and efficacy of laparoscopic versus open resection in rectal cancer,” explains Professor Simes.

“Our group therefore undertook a clinical trial involving 476 participants, 238 randomised to open surgery and 238 to laparoscopic surgery. The trial aimed to find out whether laparoscopic surgery is as good as, or no worse than, open surgery to treat rectal cancer with the removal of all the tumour.”

The results were released in 2016. “They were unexpected, confirming that experience and observation are no substitute for planned clinical trial evidence,” Professor Simes says.

“The trial showed that the rates of surgical success (that is, complete removal of tumour with good clearance) were not as high among patients who underwent laparoscopic surgery compared with those who underwent open surgery (82 percent vs 89 percent). While the quality of surgery was high in both groups, the concern remains that laparoscopic surgery may not be as effective as open surgery in preventing cancer recurrence and improving overall survival.

“So longer-term follow-up over the next five years of this and a similar US trial will be important to determine the full effect on patient outcomes. Hence while laparoscopic surgery has been considered an attractive alternative to open surgery, on the basis of current evidence, the routine use of laparoscopic surgery for rectal cancer is not yet recommended.”

The findings are reflected in practice recommendations both nationally and internationally. For Professor Simes, this is just one great example of the influence clinical trials can have.

Professor Simes notes how practices have changed during his career. “In the last decade, we have seen a transformational shift in many clinical trials,” he says. “In some settings, trials have become smaller, with defined subpopulations for targeted therapies, and with an increasing use of adaptive trial methods, molecular profiling and surrogate endpoints. These developments are continuing, but large-scale trials are still needed in areas where moderate treatment effects in broader populations can lead to substantial public health benefits.”

To help continue the essential work of the Clinical Trials Centre, and help support future researchers, Professor Simes has donated the $50,000 prize money he received for the NSW Premier’s Awards, along with a further personal contribution, to fund an annual award for PhD students and early career researchers at the University of Sydney conducting clinical trials research.

“I am delighted that the funds from the award will help further support researchers at Sydney Medical School to develop more effective treatments, supportive care and preventive strategies,” Professor Simes says.

**Your support can make a difference.**

Join the mission of Sydney Medical School, and researchers such as Professor John Simes, to improve health practices and outcomes. To find out how you can support this research, or other work conducted by Sydney Medical School, please contact David Meredith on +61 2 8627 0797 or david.meredith@sydney.edu.au
Học Mãi – forever learning

A University of Sydney foundation is helping to develop the Vietnamese healthcare workforce.

Established almost two decades ago, the Học Mãi Foundation is a not-for-profit medical organisation of the University of Sydney that aims to improve health outcomes in Vietnam through education, student exchange and research.

Học Mãi, translated to “forever learning” in Vietnamese, brings together the collective healthcare knowledge and experience of Australia and Vietnam in an educational partnership.

The Học Mãi program started in 1998 after senior academics at the University of Sydney’s Northern Clinical School realised that medical graduates in the new millennium would need additional skills to practise medicine in the global environment.

Học Mãi has been working with Vietnamese partners for almost 20 years. In the lead up to this milestone, we reflect on how the foundation is not just forever learning, but also forever growing.

When established, Học Mãi had just one partner, Hanoi Medical University. It now has at least 25 partnerships with Vietnamese universities, hospitals and non-government organisations and provides an active exchange of students, health professionals and researchers between Australia and Vietnam.

In its early years, Học Mãi relied on the goodwill of Australian healthcare professionals to host and train their Vietnamese colleagues. It acted as a facilitator for Vietnamese and Australian medical personnel and health professionals to gain experience and understanding of issues in the developing world.

Since then, Học Mãi’s initiatives have grown and evolved, from solely relying on grants and donations to developing sustainable partnerships that allow continuous student and staff exchange.

Today, Học Mãi has proudly supported the career goals of more than 1300 Vietnamese and Australians who now form part of the growing Học Mãi family.

Student exchange

The Học Mãi student exchange program involves the exchange of students (medicine, nursing, dentistry and allied health) between Vietnam and Australia. The students undertake clinical placements to enhance their health education and cultural understanding, and improve health outcomes.

“On exchange, students develop skills in their fields through actual observation in preventive, diagnostic and management programs in hospitals throughout Vietnam, while working to increase research skills in Vietnam,” explains Esmond Esguerra, Manager International Relations for Học Mãi.

Targeted at emerging practitioners, the program expands participants’ horizons, enabling them to learn new skills and develop collegial relationships that will continue throughout their careers.

Professor Kerry Goulston, co-founder of Học Mãi has also run a program over the last decade involving hundreds of Australian clinicians teaching advanced medical skills, including medical nursing and leadership skills in Vietnam. Select students from this program have also participated in further training in leadership and management in Australia.

Học Mãi’s exchange program in Hanoi is coordinated by Dr Dang Van Duong and Associate Professor Haphan Hai An, both adjunct associate professors of the University of Sydney.

To date, 319 students and 375 clinicians in fellowship and education programs have undertaken an exchange between Vietnam and Australia.

The importance of research

Học Mãi also builds research capacity among Vietnamese health practitioners.
to improve care and health outcomes. More than 300 Australian health professionals have supported Hôc Mãi’s research initiatives by working in collaboration with Vietnamese researchers on education and research programs across Vietnamese regions.

“One of Hôc Mãi’s key research activities is the Practical Clinical Research Program, involving a series of tailor-made workshops with participants from universities and hospitals,” says Associate Professor Kirsty Foster, Associate Dean (International) and Head, Office of Global Health, Sydney Medical School and Associate Professor in Medical Education and Sub-Dean (Education), Northern Clinical School.

“The aim of the program is to establish and support productive clinical research hubs in Vietnam, where Vietnamese health professionals can conduct research and publish their findings.”

Hôc Mãi volunteers, academics and clinicians affiliated with the University of Sydney facilitate these workshops, drawing upon their research expertise to guide Vietnamese health professionals to undertake research.

“The Hôc Mãi program supports the University’s strategic plan to develop partnerships that enable our research to make a difference, locally and globally; and develop greater links in Southeast Asia, including Vietnam,” explains Associate Professor Foster.

Over the years, Hôc Mãi’s programs have received funding from the Department of Foreign Affairs and Trade (and previously through the Australian Agency for International Development) and numerous private donors, as well as in-kind support from hundreds of clinicians and teachers both in Vietnam and Australia.

“We would like to thank our friends and colleagues in Vietnam and Australia, and all those who have worked so hard to make Hôc Mãi a strong educational and research foundation for students and researchers,” she says. “We look forward to another two decades, and more, of improving health outcomes in Vietnam.”

Can you help?
As a not-for-profit organisation, Hôc Mãi funds its research and education programs through donations and grants. To learn more or support the foundation, please visit sydney.edu.au/medicine/hocmai
The generous gift was made in honour of late alumni Dr Eric Frecker and Dr Brian Frecker, to establish the Frecker Endowment in Medical Imaging.

The endowment will support medical imaging research and enable the University to accelerate the translation of scientific advances that lead to positive outcomes for patients across a broad spectrum of disease and injury.

The Frecker family has had a long relationship with the University of Sydney. There are 13 alumni with 16 degrees in the immediate family, 26 alumni with 37 degrees within the extended family, and four generations of Sydney Medical School graduates.

Their connection with the University started in 1910 when Dr Eric Frecker received a scholarship to study medicine. In 1916, he graduated from the University with honours and the University Medal in Medicine, and became one of the first radiology specialists in Sydney. His son, Dr Brian Frecker, who graduated with honours in 1944, followed in his father’s footsteps to a radiology career and became a leader in the clinical use of ultrasound and mammography.

Since then, members of the Frecker family have practised medicine for nearly a century, championing the use of medical imaging in both general practice and medical specialties.
In late 2016, 11 members of the Frecker family visited the Charles Perkins Centre, a multidisciplinary research centre at the University of Sydney, to launch the ‘Frecker Medical Imaging Laboratory’, named in appreciation of the family’s gift.

At the launch David Frecker said:

“We remember our grandfather, Dr Eric Frecker, and father, Dr Brian Frecker, as remarkable men with great intellectual capacity. They both put a high level of emphasis on education, and were devoted to the practice of medicine, and their own interest and passion influenced the careers of other members of the Frecker family.

“Both men were essentially very modest, despite the significant contributions and innovations they made in their field of medicine. We hope this gift honours their legacy and helps promote medical education and research for others,” he added.

Commenting on the gift, Professor Arthur Conigrave, Dean of Sydney Medical School, said: “Clinical care has not kept pace with the innovations made possible by medical imaging. Through research that links scientific and technological advances in imaging with an understanding of how diagnosis and treatment work in a clinical environment, we can improve the accuracy and timing of diagnosis and inform treatment options.”

“The Frecker Family Endowment in Medical Imaging will allow us to advance research in this area and build on an enduring family legacy of excellence in medical imaging, ensuring the Frecker family name is connected in perpetuity with advances in the field.”

“We feel privileged that the Frecker family has entrusted this gift with the University of Sydney and thank them for their generosity,” he concluded.

Help us deliver better health outcomes

The University is extremely grateful to the Frecker family for their kind donation, which will benefit the lives of countless individuals and their families. If you would like to support research by the University of Sydney Medical School, please contact Flora Grant on +61 2 8627 4650 or email flora.grant@sydney.edu.au
## Sydney Medical School
### 2017 and 2018 reunions

<table>
<thead>
<tr>
<th>Date</th>
<th>Class of</th>
<th>Milestone</th>
<th>Key organiser</th>
<th>Venue</th>
<th>Time</th>
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<tbody>
<tr>
<td><strong>2017</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Saturday 6 – Sunday 7 May</td>
<td>1972</td>
<td>45 years</td>
<td>Associate Professor Harry Merkur Associate Professor Les Schriber Associate Professor Cate Storey OAM Associate Professor Michael Davis Associate Professor Jenny Thomson</td>
<td>Fairmont Resort, Blue Mountains</td>
<td>For details, visit sydney.edu.au/medicine</td>
</tr>
<tr>
<td>Tuesday 2 May</td>
<td>1951</td>
<td>66 years</td>
<td>Dr Ian Fitzpatrick Dr John Roche OAM</td>
<td>Holme Building, the University of Sydney</td>
<td>12pm for a 12.30pm lunch</td>
</tr>
<tr>
<td>Saturday 19 August</td>
<td>1955</td>
<td>62 years</td>
<td>Dr David Jeremy Dr John Wright</td>
<td>The Royal Sydney Golf Club</td>
<td>11.30am followed by a sit down lunch at 12pm</td>
</tr>
<tr>
<td>October</td>
<td>1960</td>
<td>57 years</td>
<td>Dr Brian Kearney</td>
<td>The University of Sydney</td>
<td>Mid-week lunch. For details, visit sydney.edu.au/medicine</td>
</tr>
<tr>
<td>Saturday 21 October</td>
<td>1977</td>
<td>40 years</td>
<td>Associate Professor Jean-Pierre Halpern Associate Professor Anthony Joseph Dr Helen Mackie Dr George Quittner Associate Professor Ernest Somerville Dr Milana Votrubec</td>
<td>Holme Building, the University of Sydney</td>
<td>6pm – 11pm</td>
</tr>
<tr>
<td>Saturday 4 November</td>
<td>1987</td>
<td>30 years</td>
<td>Dr Michelle Crockett Dr Leena Gupta Dr Anne Horsley</td>
<td>TAG Foundation Grandstand, the University of Sydney</td>
<td>7 – 11pm</td>
</tr>
<tr>
<td>Weekend of Saturday 25 November and Sunday 26 November</td>
<td>2008</td>
<td>10 years</td>
<td>Dr Christopher Andersen Dr Jacqueline Engeland Dr Lauren Kite</td>
<td>Sydney</td>
<td>For details, visit sydney.edu.au/medicine</td>
</tr>
</tbody>
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| **2018**               |          |           |                                                                                 |                                      |                                        |
| Saturday 20 January     | MBBS Class of 1978 | 40 years | Dr Andrew Byrne                                                                | The University of Sydney             | For details, visit sydney.edu.au/medicine |
| Saturday 10 February    | 1958     | 60 years  | Dr Brian Parker Dr Jann Hunt                                                     | The Australian Club                   | 12pm for a 1pm lunch                   |
| Saturday 9 June         | 1988     | 30 years  | Dr Barry Dixon Dr Martin Hocknell Dr Joyce Leong Dr Jim Milross Dr Mark Nicholls | The Great Hall                       | 6.30pm –11pm                           |

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**Enquiries and further information**  
alumni.medicine@sydney.edu.au  
+612 8627 1905  
+612 9351 0467  
sydney.edu.au/medicine/alumni
Reunion recaps

Catching up with classmates

Class of 1948
68-year reunion
Dr Harding Burns OAM MBBS ’48

The Division of Alumni and Development welcomed graduates and their families to the Holme Drawing Room at the University.

Before lunch, we toured the Sydney Nanoscience Hub laboratories, led by Professor Zdenka Kuncic (the Director, Community and Research, Australian Institute for Nanoscale Science and Technology) and her staff. We saw an impressive array of high science apparatus. Professor Kuncic outlined the research into the application of nanoparticle mechanics in medical imaging and therapeutic delivery, computing, chemistry, and electron microscopy.

Among the 142 graduates of the class of 1948, 46 still maintain active connections with the University. The party of 24 included 10 graduates. There were apologies from Frank Buckley, Gordon Donald, Robert Munro, Betty Marks (McEwen), Zena Lowe and Mrs Alan Hunter. There was much exchange of news and anecdotes about colleagues, the faculty and the University of Sydney. As people recalled their student experiences and graduate careers, we also remembered those who are sadly no longer with us.

Student days had their challenges and difficulties, but we were living in less sophisticated times. Bill Kelly noted those who were distinguished in academia: Bob Munro in Anatomy at the University of Sydney, Angus Holland in Theology at Edinburgh, Doug Piper in Medicine at Royal North Shore Hospital in Sydney, John Hickie at St Vincent’s Hospital in Medicine and Medical History, David Madison as Founding Dean of the University of Newcastle medical school and Doug Tracy at St Vincent’s Hospital in surgery.

Professor Mayes was remembered as the outstanding teacher. Professor Charles Lambie in his two-volume Clinical Diagnostic Methods showed us the scientific basis for what we saw at the bedside. We see the University as a great centre of research and teaching, social outreach, with its splendid campus and institutes including the Charles Perkins Centre, Woolcock Institute, Brain and Mind Centre and the museums.

Faculty and students now have access to knowledge and skills that provide great advances from the times of 1948. Professor Michael Frommer AM visited us after lunch to tell us about the Doctor of Medicine (MD) graduate program, which replaces our MBBS, with its emphasis on research and public health.

When thanking Professor Frommer, Helen Beange (Flynn) AM, who herself completed humanities schooling, was delighted to hear that the course applicants are now coming from arts, social sciences, as well as medical science. They are older now – with some in their late 20s and others in their 40s. As our group are now in middle old age, we regard them as having a long medical career ahead.

In proposing a toast to Queen Elizabeth II, Eric Fisher noted that her reign has encompassed almost all of our graduate years. Long may both continue.

We left in the crisp winter sunshine hoping for another event, perhaps before the 70th anniversary.
Class of 1954
62-year reunion
Dr Mark Killingback AM, MBBS ’54
Dr Brian Shearman MBBS ’54

This reunion was celebrated as a luncheon at the Royal Sydney Golf Club, Rose Bay, on 30 September 2016, where 24 graduates of January 1954 attended. Apologies were sent from 19 colleagues, including Howard Duncan from the United States, who also sent his best wishes, stating he was well and coping with hard physical work on his farm, as well as continuing to practise rheumatology. Three colleagues were accompanied by their wives.

One of the graduates, Rod Lumer, travelled from Queensland for the celebration. A vale list was provided, which sadly included 137 names of friends who are no longer with us. In the 27 January 1954 Conferring of Degrees list, 216 graduates were presented with their degrees, 32 of which were women. Two first class honours and 31 second class honours were awarded.

At the reunion we enjoyed a delightful luncheon in pleasant surroundings, with Rod Clark, a member of the golf club, acting as our host. At the 60th reunion there was considerable discussion concerning the next reunion and the 62nd was chosen, given the advanced average age (80+ years) of the group. Dr Brian Shearman was the principal organiser (and MC), assisted by Rod Clark and Ray Hollings. Ray thanked Brian on behalf of those present, and gave special thanks to our distinguished guest, Professor the Hon. Dame Marie Bashir AD CVO, former Governor of NSW and former Chancellor of the University of Sydney.

Professor Bashir’s presence and speech titled ‘Life after Medical School’ was the highlight of the function. She introduced her talk with reference to her early days in Narrandera and some of the events as an undergraduate. She obviously cherishes the friendships made during her time at university, which commenced in 1948 as “one of us”.

Professor Bashir recounted her postgraduate experiences with humility and humour, with no hint of the many honours bestowed on her by academia and governments, both in Australia and internationally. Among her many achievements, she has been a remarkable advocate for adolescent and Aboriginal and Torres Strait Islander mental healthcare, Professor of Psychiatry and Chancellor of the University of Sydney, and the first woman to be the Governor of New South Wales. It was a great privilege to have her present at our 62-year celebration.

Sadly, Dr Brian Shearman died on 18 January 2017, after an exacerbation of an illness he had borne with fortitude for some time. Brian was the principal organiser of every graduation celebration of the class of 1954.

Brian was an honours graduate, Robin May prizeman, distinguished ENT surgeon, keen sportsman and an accomplished violinist. His participation in and support of the New South Wales Doctors Orchestra was one of his principal interests. We express sincere condolences to his wife Margaret and children Christine and Don.
Class of 1956
60-year reunion
Dr Jim Roche OAM MBBS ’56

We celebrated our 60-year reunion with lunch on 19 October 2016 in the Holme Building at the University of Sydney. John Alam, Richard Bailey, Michael Owen and Jim Roche were the organising committee. This was our eighth reunion and attendances are falling. This time we welcomed 30 graduates of the Class of 1956 and 20 guests who were family or carers.

We met on the Holme Building terrace for drinks and canapés. Before lunch, a class photo was taken in front of the mural in the Refectory.

John Alam was the Master of Ceremonies and he welcomed the group, particularly those who had come some distance, including Canberra. There were seven apologies, and several who are in nursing homes, and thus unable to attend.

During the lunch, Jim Roche spoke about the 22 friends and colleagues who had died since the last reunion. This list included Bob Oakeshott, who passed away only in the previous fortnight and had been hoping to attend the reunion. Also mentioned was Dr Bob McInerney, a graduate of 1942, who had become a lecturer of our year and attended a number of reunions. He died in 2014.

Professor the Hon. Dame Marie Bashir AD CVO, former Governor of NSW and former Chancellor of the University of Sydney, was the guest speaker, giving a fascinating narration of her life from her days at the Women’s College and her experiences at the University of Sydney. Other speakers included Stan Styris and Ella Stack.

Finally there was a sing-along organised by John Alam, Dave Evans, Stan Styris and Bill Mugridge, who led the singing of University songs including Gaudeamus Igitur and the Varsity Song. We have sung these at our previous reunions.

People mingled and reminisced with their friends. We agreed that the next reunion should be held sooner than five years – possibly in three years’ time.

Class of 1961
55-year reunion
Dr Elaine Trinick MBBS ’61

On 22 May 2016, 53 people from the 1961 medical graduating year had a Proustian moment – remembrance of things past – when they met for lunch in the Great Hall at the University of Sydney.

This occasion was unique because it included partners for the first time. This added a delightful dimension to our gathering and many appreciated their presence. Some widows of our former colleagues also attended and were able to reconnect with friends they had not seen for some time. Members came from all over Australia as well as the United Kingdom and the United States.

As we enjoyed a delicious meal arranged by the Division of Alumni and Development, we were entertained by the rendition of three songs – Gaudeamus Igitur, the Varsity Song and the Medical Song, led by the beautiful voice of Rae Howard-Riley and accompanied by Judith Maynard, the wife of our colleague David.

Joan Killick gave the toast to our former classmates, and a thoughtful soliloquy relating to the new medical curriculum by Saxon White was a feature of the afternoon. After dessert, tea and coffee, Margaret Burgess gave an eloquent address, culminating in a toast to the faculty. We all enjoyed meeting each other again, and are looking forward to our next reunion.

Our thanks go to Bob McGuinness for his superb organisation of the event, together with Jessica and Nichole from the Division of Alumni and Development.
Class of 1976
40-year reunion
Dr Margot Harris MBBS ‘76

More than 100 graduates and partners from 1975 met at the new TAG Foundation Grandstand at the University of Sydney to reminisce about our lives since graduation. This new venue on Oval Number 2 proved to be an ideal location for the event. Graduates attended from different states and country areas and included international colleagues.

We started off with drinks and canapés, proceeding to a delicious three-course meal. Formalities were kept to a minimum, but several speakers – Mark Malouf, Ian Davison and Rick Kefferd – entertained us with their recollections of our student and resident years. Professor Michael Frommer AM and Barbara Ockenden led a discussion of the comparison of our student days, compared to those of today.

We spent the majority of the evening catching up with friends we had not seen for many years. Conversation centred on families, retirement and plans for the future. We took time to remember and toast colleagues no longer with us, as well as the teachers and mentors we met on our journey through our undergraduate years. During the evening, old and new photographs were projected on screens around the venue, reminding us how we had changed in 40 years.

Preceding the event, graduates were asked to contribute to an online biography of their journey through medicine, their interests and plans for the future, including photographs. This proved most interesting reading available to all graduates even if they were unable to attend. It was illuminating to see the diverse interests and hobbies outside medicine.

We are grateful to the University’s Division of Alumni and Development for their organisation and support in making this a most enjoyable evening.

Class of 1996
20-year reunion
Dr Reg Seeto MBBS ‘96

On a chilly Saturday night in August 2016, more than 150 members of the Class of 1996 gathered at the Holme Building at the University of Sydney to celebrate our 20-year reunion since graduating.

It was a laid-back night, with many alumni having travelled vast distances from overseas and interstate. It was hard to believe that many of us had not seen each other for more than two decades, but that upon seeing each other it seemed more like 20 seconds. Medical school and training is such an intense period, but one filled with deep memories and friendships, which were easily rekindled that night.

We are now at the midpoint of our careers, too far along compared to our 10-year reunion, and not far enough to think of retirement by the time we celebrate our 30-year reunion. This night was not punctuated by long speeches, but it really gave us a chance to enjoy this moment in time.

We are members of a privileged profession, and the chance to celebrate our start was enjoyed by all. I want to thank the University of Sydney organisers (Nichole Anasson and Jessica Sullivan), my colleague Brinda Shivilingam for helping to organise the event and the many others in the class for reaching out to their fellow graduates and making the night a success.
Where are they now?

In every edition we will profile two University of Sydney Medical School graduates to see where their studies have taken them. This time our focus turns to two International Public Health alumni.

Margaret Harris
Master of International Public Health ’05

Margaret was working as a medical writer for the *Sydney Morning Herald* when Professor Charles Kerr approached her to consider the Master of International Public Health, a degree that he established at the University of Sydney. With a Bachelor of Medicine, Bachelor of Surgery (MBBS) already under her belt, Margaret had been considering going back to study public health since the late 1990s.

Since graduating in 2005, Margaret has had a fruitful career in the discipline of public health. Today, she works for the World Health Organization (WHO) as a Senior Scientific Writer for Infectious Hazard Management, WHO Health Emergencies Programme.

In this role Margaret works with experts in the field to turn their ideas into strategies to reduce infectious hazards posing current and future threats to human health. Her most recent project is to reset the long-term yellow fever strategy and prevent urban outbreaks by stopping the international spread and protecting all at-risk populations.

“Also, public health advocacy was taught in a very practical and challenging way, and that teaching has stayed with me as I have worked to advocate for behaviour change, particularly while working in Ebola-affected countries during the West African Ebola outbreak in 2014-15.”

Margaret has fond memories of the degree and Sydney School of Public Health, explaining that “the diversity of age, experience, place of origin, professional background, thinking and attitude in my fellow students was one of the things I liked most about the program”.

Within the field of public health, Margaret says she hopes to “continue to work to improve population health, particularly those affected by infectious diseases where healthcare systems are weak, and political commitment to change is poor”.

Community
Amy started her career in pharmacology, a field that further fostered her interest in tropical diseases. This interest, combined with a desire to travel, prompted her to switch careers and undertake the Master of International Public Health – a degree that would allow her to combine both.

And the degree did just that; Amy graduated from the Master of Public Health in 2011 and has since grappled with some of the world’s most deadly infectious diseases, while working in affected emergency areas across Sierra Leone and the Caribbean.

For 15 months in 2013–14, Amy worked for the Ministry of Health in the Commonwealth of Dominica (an island in the Caribbean) as a health information analyst. This volunteer position saw her provide assistance throughout the dengue and chikungunya outbreak.

During the 2014–15 West African Ebola outbreak, Amy joined Concern Worldwide as a health advisor. She worked for three months as the Ebola response manager in the central district of Tonkolili, the Northern Province of Sierra Leone. In this role, she led a team of 12 people to work on a nationwide infection, prevention and control project aimed to reduce the number of health staff that became infected with Ebola in their workplaces.

Reflecting on this experience, Amy explains, “working on the ground in an emergency setting was exhausting but also very rewarding. Staff in Sierra Leone were an inspiration, working so hard in spite of the dangers Ebola presented to them and their families and the stigma of their jobs.

“The project was very successful – no further healthcare workers became infected with Ebola in our district and the outbreak began winding down.”

Amy is now a Public Health Coordinator in Sydney for International SOS, working within a team of 12 doctors, nurses and public health professionals around the world. The team conducts 24-hour health system and epidemiological research to inform staff and clients of the medical risks of travel.

In the future, Amy hopes to work overseas again, ideally in another non-English speaking country “to develop other language skills. And I won’t rule out further postgraduate study, perhaps another master’s course or a PhD, if I come across an interesting topic area.”
You’re invited

In 2017, the University of Sydney and Sydney Medical School will host a series of public health and medicine events.

Hear our experts discuss key healthcare issues affecting millions of Australians.

Learn more about our Sydney Ideas Health Forums and 21st Century Medicine events by visiting our website.

sydney.edu.au/sydneyideas/health