

Medilink

Medical Professionals direct link
to programs and services at the Wesley



Focus on oncology

Articles in this issue:

- + The latest treatment for liver cancer
- + New digital service for Breast Clinic GPs
- + Benefits of awake craniotomies
- + Choices for men
- + Developments in robotic gynaecology surgery

Dr Duncan Walker, Wesley Medical Imaging interventional radiologist



Dr Mellissa Naidoo

Acting Director of Medical Services

Welcome

Welcome to the final edition of Medilink for 2016. In this edition, we showcase our comprehensive Cancer Care Services. As one of the few private hospitals in Queensland with an integrated cancer care service on one campus, patients from all over regional and remote Queensland travel to our hospital and we have earned a reputation of excellence in care and treatment.

The Wesley Hospital and our medical partners can offer patients a broad range of treatment options for all types of cancer. We highlight in this edition, the internal radiation therapy treatment available through Wesley Medical Imaging for patients with liver cancer and new digital technology enabling our Breast Clinic to go 'filmless' and referring GPs to view the digital reports and images online.

The impact of a cancer diagnosis can be far reaching for those affected by the disease and The Wesley Hospital prides itself on both clinical services, as well as our holistic approach to patient care. With Breast Cancer Awareness Month recently, I draw your attention to The Wesley Hospital Choices Cancer Support Program, which is now available to any person, male or female, with a diagnosis of cancer, of any type.

This year has seen many changes at The Wesley Hospital, most recently with the resignation of Dr Luis Prado, Director of Medical Services (DMS). Dr Prado, a respected local General Practitioner, had been the Wesley DMS for 12 years, also taking on the role of UnitingCare Health's Chief Medical Officer in 2012.

Dr Prado was instrumental in championing a culture of safety and quality, education and training and patient-centred approach for which The Wesley Hospital is well known. He established 21 specialty craft groups, all regularly attended by Visiting Medical Practitioners and, in consultation with the Medical Advisory Committee, was always looking at ways to improve, innovate and grow. In recognition of Dr Prado's commitment to excellence in clinical governance, UnitingCare Queensland CEO, Anne Cross, announced a new award in his honour – the "Dr Luis Prado Leadership in Clinical Governance Award". The Executive team and all of the staff at the Wesley will continue to build on his legacy and wish Dr Prado well for the future in his new role.

We congratulate Dr John Sampson and Dr Philip Allen whose long-standing contribution to the hospital was recently recognised at The Wesley Hospital Emeritus Dinner.

It was also a pleasure recently to host Samuel Shem, author of the 'House of God', in a special event attended by 200 members of our Visiting Medical Practitioner and General Practitioner community. Guests gained an insight into the author and an exclusive book signing in an evening enjoyed by all and a great opportunity for our medical community to come together.

As the year draws to a close, we thank you for your support in 2016, wish you a safe holiday period and look forward to connecting again in the New Year. ■

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Congratulations to our new Emeritus Medical Fellows Dr John Sampson (pictured left with General Manager Ann Maguire) and Dr Phil Allen (pictured right with Ms Maguire). Professor David Paterson, CEO of Wesley Medical Research, gave an insightful talk about the overuse of antibiotics at the Emeritus Dinner on Friday, November 4.

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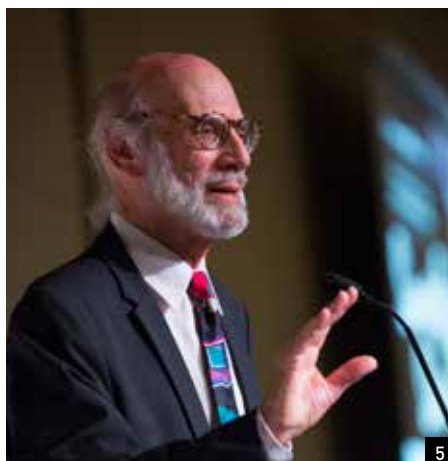


It has been a season of change and new beginnings here at The Wesley Hospital. We have been delighted and privileged to see our new surgeons and physicians begin their journey into private practice with the Wesley family. The Gambaro Prostate Cancer Care Lunch was a resounding success, thanks to the generosity of the Gambaro family, our VMPs and the local community. Our GP CPD and ALM program continues to grow in size and we are particularly proud to offer Queensland's most comprehensive GP education program. Last month The Wesley Hospital, combined with St Andrews War Memorial Hospital, offered our medical network the opportunity to listen to renowned author Samuel Shem at an exclusive presentation. Almost 200 people were able to gain an insight into his personal and professional life journey and successes.

To stay on top of the changes, our strategy for business development needs to change. This means we are investing time into appreciating the space we operate in. We are influenced and inspired by the value our patients place in private health, the value of health in the public system and the value of offering new services to our patients. We are investing a lot into understanding the current climate and we are working towards initiatives to remain leaders in this turbulent space. This is an opportunity for us and we are looking forward to the challenge.

Please do not hesitate to contact myself or my team to discuss anything at any point. ■

Ben Johnston
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1. GPs and Specialists networking at The Golden Pig
2. & 3. VMPs/ GPs networking
4. Dr Mellissa Naidoo, Samuel Shem, Dr Margaret Cotter and Dr Luis Prado
5. & 6. Samuel Shem

Living longer with internal radiation

Cancer patients can live longer with a minimally invasive internal radiation therapy treatment that destroys liver tumours.

Selective Internal Radiation Therapy (SIRT) involves injecting millions of tiny radioactive microspheres into the bloodstream directly to the tumour. They are then trapped in small blood vessels and cause radiation damage to the liver tumours.

Wesley Medical Imaging interventional radiologist Dr Duncan Walker said the treatment can stop progression of the tumour.

"The liver is an important organ in terms of cancer," Dr Walker said.

"When the disease gets into the liver it often

"There are very few liver cancers that don't respond to this treatment. It doesn't really matter whether it's a metastatic or malignant tumour – any tumour in the liver will respond to this."

"There are very few liver cancers that don't respond to this treatment. It doesn't really matter whether it's metastatic or primary liver cancer – any tumour in the liver will respond to this."

Dr Walker said this relatively new technique had not been subjected to extensive long-term research. However, a worldwide study called SIRFLOX, which is designed to evaluate SIRT as an initial treatment option for patients with colorectal cancer that has spread to the liver, has found SIRT treatment delayed disease progression in the liver with overall survival data awaited in 2017.

The Wesley is one of the few hospitals – public or private – to provide this treatment option. Doctors at the Wesley have performed more than 660 SIRT procedures over the past 15 years, working with oncologists from Queensland, Northern New South Wales and New Zealand. ■



Dr Duncan Walker

is the cause of death. Delaying progress in the liver means patients live longer. SIRT is a tool that has proven survival benefit when used as a part of wider cancer treatment."

For patients, the treatment can mean a six month break from systemic chemotherapy treatment. SIRT is a one-off procedure, with side-effects of nausea and tiredness lasting only two to three weeks. Compared to the intensive chemotherapy and external radiation schedule and side-effects some patients endure, it can seem like a breath of fresh air.

"The treatment is useful both on its own, in combination with chemotherapy, and as a way to give patients a break from chemo," Dr Walker said.

"Systemic chemo is hard graft with frequent treatment cycles, and this gives them a chance to recover."

SIRT could be used as the first, second, or even third line of treatment. It was a technique that was applicable to a wide range of liver cancers, Dr Walker said.

SIRT – The process:

- + **Two weeks before treatment:**
An initial consultation with an interventional radiologist
- + **A week before treatment:** An angiogram is performed to map the blood vessels in the liver and to test treatment uptake in tumour. This is a day surgery procedure.
- + **Day of treatment:** Radioactive microspheres are inserted into a catheter and travel to the liver, where they lodge in blood vessels in the liver tumours. Beta radiation destroys cells in a 3mm radius around the microsphere. Patient discharged after an overnight stay in hospital.



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Better outcomes for breast cancer patients

Early detection and better treatments mean more women are living longer and surviving the disease.



Wesley Breast Clinic specialists have an enormous depth of experience

Breast cancer is the most common cancer to affect Australian women with one in eight women being diagnosed in their lifetime. It is the second highest cause of cancer-related death amongst Australian women.

Director of the Wesley Breast Clinic Dr Lisa Erzetich said early detection combined with improved treatments, such as better surgical techniques, chemotherapy, radiotherapy and hormone therapy regimes were providing better outcomes for women with breast cancer.

"Early detection is paramount to achieving the best possible outcome," Dr Erzetich said.

"Regular mammographic screening remains the most effective tool for detecting early breast cancer. Mammography is also supplemented by 3D tomography, high quality comprehensive breast ultrasound and MRI examinations, especially for those women who are at high risk due to family history or high breast density or have a breast symptom which requires investigation."

As breast cancer treatment outcomes had improved immensely over the last 20 years, women were now able to continue living full lives after diagnosis.

"We now have tailored management regimes and improved treatment options as it is important that women know a diagnosis

of breast cancer does not always lead to a bad outcome."

The Wesley Breast Clinic, which is now in its 33rd year of operation, is a multidisciplinary facility established to promote the early diagnosis of breast cancer and promote screening and diagnostic services for a wide spectrum of breast disorders. As many as 60 per cent of women will experience benign breast changes that may cause them concern.

"Early detection is paramount to achieving the best possible outcome"

Dr Erzetich said some of the doctors, radiographers and sonographers in the multidisciplinary team had worked at the clinic for upwards of 25 years.

"This means they have the experience to correctly interpret images to ensure the best possible outcomes for the patients," she said.

"Women who come to the Wesley Breast Clinic can have the confidence that they

Wesley Breast Clinic goes digital

Doctors of Wesley Breast Clinic patients will soon be able to access breast screening or diagnostic images electronically.

The new software, which was launched last month, is used to replace film images, and will make the clinic's diagnostic images available to the referring doctor online immediately.

The clinic's applications manager Jayne Barclay said the new digital process would replace the need for patients to take film images to specialist breast surgeon or GP appointments, with the report and images available to review online before the patient arrives.

"It will give all of our referring GPs the ability to review their patient's images from their computers, which is something we have not previously been able to provide," she said.

"It will also be used for the breast surgeons using the Wesley theatres. Currently, when a breast specimen is taken, we image the specimen in the clinic, print the films and physically deliver these back up to the theatres. With the new solution, as soon as the specimen image is taken, it will be available digitally for the surgeons in theatre." ■

To make a breast screening appointment at the Wesley Breast Clinic, phone (07) 3232 7202.

have been seen by medical professionals who have great ability because of this depth of experience."

The Wesley Breast Clinic was unique because of its one-of-a-kind model of care, Dr Erzetich said.

"We are a multidisciplinary team and we offer same day results. Breast imaging, whether it is diagnostic or asymptomatic screening, can be stressful so giving our patients fast results means they can have peace of mind." ■

A miracle bundle of joy



Little Hudson Palaziol is a miracle for his parents, Alana and Luke.

When 34-year-old Alana was diagnosed with cervical cancer five years ago, she thought her future of having a family was dashed.

The Stage 1 cancer she developed is traditionally treated with a radical hysterectomy and removal of all the pelvic lymph nodes. However, gynaecological oncologist Dr Jim Nicklin performed a radical trachelectomy, which removes the cervix but potentially saves the fertility of the patient.

"The surgery allows women to become pregnant after cervical cancer treatment – which hasn't always been the case," Dr Nicklin said.

For the couple, pregnancy was an exciting journey that brought new anxieties to surface.

"We were always told we could potentially get

pregnant, but the unknown was how long I could hold the pregnancy for," Alana said.

"We'd be so excited to get to each milestone – 12 weeks, 20 weeks, and 28 weeks."

Obstetrician Dr Stephen Cook said Alana was the first patient he had treated who had a pregnancy after a radical trachelectomy.

"She did remarkably well," Dr Cook said.

"Her pregnancy was straightforward – in fact the only reason she needed to deliver Hudson at 34 weeks was because she had pre-eclampsia."

Little Hudson Bailey arrived a couple of weeks earlier than expected, on 10 August, 2016. He was in the Wesley's special care nursery for four weeks, and the Palaziol family are now back at home with their little bundle of joy. ■

Breathing deeply for treatment



Genesis CancerCare centres in Queensland have now treated over 200 women with left-sided breast cancer with Deep Inspiration Breath Hold (DIBH) – a technique in which women hold their breath during treatment, pushing the heart back away from the front of the chest to minimise any radiation it could receive.

Radiotherapy is indicated for the majority of women with breast cancer treated surgically with lumpectomy, and for certain women after a mastectomy to significantly reduce the risk of breast cancer recurrence. Modern radiotherapy technologies deliver treatment with high accuracy and effectiveness, so with continued improvements in long-term survival, innovations such as DIBH are focusing on maintaining the long-term health of patients and eliminating risk.

Dr Nicola Lowrey, Genesis CancerCare's newest breast cancer radiation oncologist, gained extensive experience in DIBH during her fellowship at the world-leading Princess Margaret Cancer Centre in Toronto, Canada and is pleased to be able to offer this technology to left-sided breast cancer patients, so a cure can be achieved with lifelong health. ■



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Ground-breaking treatment for patients with left-sided breast cancer



Dr Marie-Frances Burke



Dr Minjae Lah



Dr Gail Tsang



Dr Nicola Lowrey

Introducing Deep Inspiration Breath Hold (DIBH) Radiation Therapy for patients with left-sided breast cancer.

DIBH is an innovative technique that delivers radiation therapy whilst the patient is holding their breath. A breath hold increases the amount of air in the lungs and moves the heart away from the chest wall, minimising radiation exposure to the heart. This leading edge, non-invasive treatment is now available at Genesis CancerCare Wesley.

Please call us to refer a patient or for more information.

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Patients speak during surgery

Patients are awake and talking in an innovative surgery, which aims to monitor the brain function while a craniotomy is in process. Neurologist Professor David Walker explains.

For most people, being awake during a brain surgery can be their worst nightmare. For some of Professor Walker's patients, however, it is a necessity.

The difficulty with operating on a tumour located in the left frontal lobe of the brain, which controls speech and language, is that a cut too small can limit the clearance of the tumour. At the same time, a cut too big can damage the speech function of the patient.

It is because of these difficulties that Professor Walker prefers to perform awake craniotomies when faced with a situation like this. The procedure allows medical staff to monitor the function and ability of the patient's speech while the surgery is happening.

"If a person has a brain tumour, the normal way to treat it is to cut it out if you can do it safely," Professor Walker said.

"However, there's no point doing the operation if the person has a complication or issue afterwards. We don't want to cause more problems. If the tumour is close to the speech area, the only way to avoid problems is to monitor the brain's function whilst doing the procedure."

In the relatively uncommon procedure, the patient is put to sleep for the initial incisions, but is woken up while surgeons are removing the tumour. It is an operation which involves a team of highly trained specialists, including anaesthetists, speech therapists, nursing staff and surgeons.

"The speech therapist will assess the patient beforehand," Professor Walker said.

"During the operation, the speech therapist continually talks to them and tests them to ensure there are no problems with their ability to speak.

"So during the operation if anything happens, we'll say; 'oh, there are some speech problems here - we better stop'. We will pause the operation and make sure the



Professor David Walker

person recovers, and then take a different route to the tumour."

"If the tumour is close to the speech area, the only way to avoid problems is to monitor the brain's function whilst doing the procedure"

Short term outcomes of awake craniotomies were favourable, Professor Walker said. However, long term outcomes depend on the nature and aggressiveness of the tumour so could vary a lot.

"Outcomes in short term are very good - very few people have major permanent speech problems. Some patients have a few issues, but they almost always get better over a period of weeks."

While only one or two awake craniotomies are performed over the course of a year at the Wesley, Professor Walker has up to 200 of the procedures under his belt during the past 10 years. Most of those were in Boston, at Harvard University where he completed his training.

"This is probably my favourite surgery to perform because I have a lot of experience and training in it. It's very satisfying to do all those trials and all the training to achieve a goal. It's not wise to do this when you are just starting out, which is why it is so important to have an experienced and qualified team around you." ■

Men have Choices too

As The Wesley Hospital Choices Cancer Support Centre (Choices) celebrates its 18th birthday, it's a good time to remember that men have Choices too.

Last year, Choices - originally the Kim Walters Choices Program - was rebranded and expanded to include services for men and women with any kind of cancer.

Clinical Nurse Manager Janine Porter-Steele said men seemed to approach support a little differently to women - and this was something the Choices staff, including Peer Support Coordinator Leonie Young and Clinical Nurse Siobhan Burgess, understood well.

"It is important for men to know it's okay to ask for support during the challenging time of cancer diagnosis, treatment, and beyond," said Ms Porter-Steele.

"We know men are less likely to verbalise their needs and issues."

"They often think a support group is about sitting around, drinking cups of tea. Cups of tea are certainly on offer but what Choices offers is more about working out what's best for each individual and connecting to others who have been through the cancer experience too.

"Importantly, Choices is about focusing on living well during and after treatment through exercise, good nutrition and other strategies.

"Choices can provide advice and support for managing side effects of treatment, and also enable men to connect with other men who have been through it as well.

"We not only provide support for men who are diagnosed with cancer, but also men who are supporting their partners through cancer treatment," Ms Porter-Steele said.

As well as peer support programs, Choices offers exercise programs, complementary therapies, and individual consultations. For more information about Choices for men, call 1800 227 271 or go to www.wesley.com.au/choices ■

Talking about Palliative Care

For Dr Maureen Mitchell, the subject of dying is not unusual.

The Wesley Hospital Palliative Care specialist has daily conversations about death and dying, and she wants you to know it is a conversation you should be having too.

"In this day and age we want to control everything about our lives, but we don't talk about the one thing that is a certainty - death," Dr Mitchell said.

"It's important for people to talk about how they'd like to die, so their loved ones can honour those wishes."

For Dr Mitchell, the job isn't sombre or depressing - although it can be difficult. For Dr Mitchell, who walks into the Palliative Care Ward with a smile on her face every day, it's a rewarding job that enables her to help patients live the best life they can while they are able to.

"The patients we meet are amazing. Some patients and their families have a great sense of humour and an understanding of what is happening. It is a very rewarding job.

"We talk our patients, and their loved ones, through what is happening and what's going to happen. Being informed makes it easier for people to accept and can also help the grieving process for loved ones."

Dr Mitchell said it was important to know that palliative care specialists not only deal with terminal illnesses, but also help to manage the pain and side-effects of treatments - such as chemotherapy and radiation.

"It's important for people to talk about how they'd like to die, so their loved ones can honour those wishes"

"Our job is to make our patients comfortable and relatively pain-free, so they can live as long as possible."

The Wesley is one of only a few hospitals in South-East Queensland with a dedicated palliative care unit and skilled team providing holistic care to those with a life-threatening or terminal illness. ■



Dr Maureen Mitchell

Men fall behind in fight against cancer

A leading Brisbane urologist is calling for men to be more aware of their health, especially when it comes to prostate cancer.



Dr John Yaxley

Prostate cancer is the third most common cause of cancer death in Australia, with a staggering one in seven Australian men being diagnosed in their lifetime.

Wesley Urology Clinic urologist Dr John Yaxley said men needed to be proactive about their health and understand the importance of prostate cancer screening. More men die from prostate cancer than women die of breast cancer, he said.

According to Cancer Australia, the estimated number of deaths from prostate cancer in 2016 is 3,398. Comparatively, breast cancer is expected to contribute to 3073 deaths this year.

"Women are so proactive about their health, but men tend to neglect theirs," Dr Yaxley said.

"The most important thing for men to know is that there's often no signs or symptoms of early prostate cancer. Seeing the GP and talking about the potential benefit of prostate screening is a really important step."

Early detection was the best line of defence against aggressive prostate cancer, he said.

"If we can detect a potentially life threatening cancer early, there's a better chance we can cure it. Improved radiological techniques including MRI scans have increased the chance of detecting a significant risk prostate

cancer. We don't know if you have a low risk or alternatively life threatening prostate cancer without screening."

The Wesley Hospital is a leading provider of prostate care and treatment, with urologists, medical oncologists and radiation oncologists working together to provide evidence-based treatment on the one campus. These services are complemented by specialised nursing staff and a dedicated urology ward.

"Women are so proactive about their health, but men tend to neglect theirs"

Treatment options such as the latest in minimally invasive surgery, including robotically assisted prostate surgery, allows faster recovery, less pain and a faster return to every day life activities. The Wesley Hospital has the largest robotic surgery program in Australia, with over 800 procedures performed per annum. ■

Robotic Research

Dr Yaxley is the lead author of the world's first randomized trial comparing robotically assisted laparoscopic radical prostatectomy to the traditional open surgical technique. The result of this study, recently published in the prestigious *Lancet Journal*, shows that the robotic surgery achieves the same oncological and functional outcomes as the traditional open approach, but was associated with less bleeding, less early pain, earlier discharge from hospital and improved early physical quality of life. The study also shows men who had robotic surgery were less emotionally distressed 12 weeks post-surgery than men who had an open procedure.

Nanoknife offers new hope



The Wesley Hospital hopes to offer an alternative option in the fight against prostate cancer with new state-of-the-art equipment, the Nanoknife.

Wesley Medical Imaging Interventional Radiologist Dr Nick Brown said patients who were not able to have surgery or radiotherapy could benefit from the Nanoknife – a new device that has the potential to remove cancer cells without damaging surrounding blood vessels or nerves.

"The Nanoknife is a technique that uses high electrical currents to kill tumour cells while sparing the arteries, nerves and blood vessels," Dr Brown said.

When the Wesley purchases the Nanoknife, it will be the first hospital in Queensland to provide access to this new technology.

"We are hoping to increase the access to this technology for those patients who need it, providing additional options to treat complex and difficult cancers. It is not only used to treat prostate cancer, but also some tumours in the pancreas, liver and lymph nodes."

To support The Wesley Hospital in purchasing the Nanoknife, please email fundraising@uhealth.com.au or call 07 3253 4650. ■

Gynaecological oncologists looking to robotics for cancer treatment

New developments are constantly being discovered in the field of gynaecology. Gynaecological Oncologist Dr Piksi Singh discusses the latest surgical option for general gynaecology and cancers.



The robot and control unit at The Wesley Hospital

Dr Piksi Singh obtained her subspecialty in Gynaecological Oncology in 2007. Throughout her career, treatment options including surgical options for gynaecological oncology have been ever-changing and always evolving.

Robotic surgery was initially seen as an urologist's go-to device, but increasingly, gynaecologists are turning to robotic surgical systems to deliver minimally-invasive treatment.

Used to treat a wide variety of conditions, including endometriosis, and cervical and endometrial cancers, robotic systems are giving surgeons a new, more efficient, way to provide treatment for patients.

"Robotic surgery allows patients to have a faster recovery, less post-operative pain, and a quicker return to normal activity without compromising the treatment efficacy of surgical and oncological outcomes," Dr Singh said.

"It also mitigates the limitations or disadvantages which laparoscopic surgery

has, such as two-dimensional vision, and the ease with which complex movements can be performed."

"Every day and every patient is challenging and independent, and every patient teaches you something new. You get a great deal of satisfaction when you help your patients improve their lives"

Dr Singh has performed more than 130 robotic procedures at the Wesley Hospital since 2014. The robotic system can be used for almost every procedure that warrants a laparoscopic surgery, including simple or radical hysterectomies, removal of complex ovarian mass, endometriosis adhesiolysis, removal of fibroids, lymph node dissections and trachelectomies.

For Dr Singh, it is the continual learning and developing of her skills which makes up half of her motivation. The other half comes from her patients.

The complexities of each patient's condition and treatment were unique and she thrived when she is able to help her patients live a better life, she said.

"For me, the reason I went into gynaecology oncology was the broad spectrum that the field offers," Dr Singh said.

"Every day and every patient is challenging and independent, and every patient teaches you something new. You get a great deal of satisfaction when you help your patients improve their lives." ■



Dr Piksi Singh

Serum Tumour Markers

Dr Charles Appleton, Dr Kerry DeVoss & Dr Julia Chang - QML Pathology

Salient Points

- + Malignancy and cardiovascular disease are Australia's leading causes of death, with each accounting for over 25% of our nation's mortality.
- + Non-selective screening of individuals without clinical evidence of malignancy offers low benefit for the cost and is fraught with hazard.

Tumour markers, those materials whose presence qualitatively or quantitatively signal the presence of malignancy, offer some hope in the fight against cancer. Some well-defined clinical applications include:

- + The detection of malignancy
- + The establishment of prognosis as an aid in differentiation
- + The monitoring of treatment and the detection of a recurrence.

	Incidence (newly diagnosed patients)		Deaths attributed to cancer	
	Rate 100,000 men	Rate 100,000 women	Rate 100,000 men	Rate 100,000 women
All registrable cancers (except non-melanoma skin cancer)	483	407	211	160
Colorectal	72	57	27	22
Breast	1	117	0	26
Prostate	111	N/A	28	N/A
Melanoma (skin)	50	39	6	4
Lung	56	29	48	24
Non-Hodgkin lymphoma	20	17	9	8
Unknown primary site	17	16	13	13
Bladder	23	8	6	3
Kidney, ureter and urethra	15	10	5	3
Stomach	13	7	8	4
Pancreas	10	9	9	9
Corpus uteri	N/A	16	N/A	3
Ovary	N/A	12	N/A	8
All other sites	96	69	51	33

N/A: Not applicable

Rates shown are crude rates. Source: AIHW, 2003

Table 1: Rates per 100,000 Australian persons in one year of new cases and deaths

Detection of Malignancy

With few exceptions, the non-selective screening of individuals without any clinical evidence of malignancy offers little benefit/cost. More importantly it is fraught with the hazard of initiating expensive and anxiety provoking investigations in large numbers of patients to exclude the possibility of malignant disease. In contrast, the selective screening of high-risk groups is well-established and is cost-effective. Such groups and their associated tumour markers include:

- + Males with prostatomegaly – prostate specific antigen
- + Hypercalcaemia – PTH and myeloma protein
- + Hypertension – urine catecholamines, urine or plasma metanephrines for pheochromocytoma
- + Haemochromatosis – alpha fetoprotein for hepatoma
- + Pituitary lesion – prolactin and other pituitary hormones for pituitary adenoma.

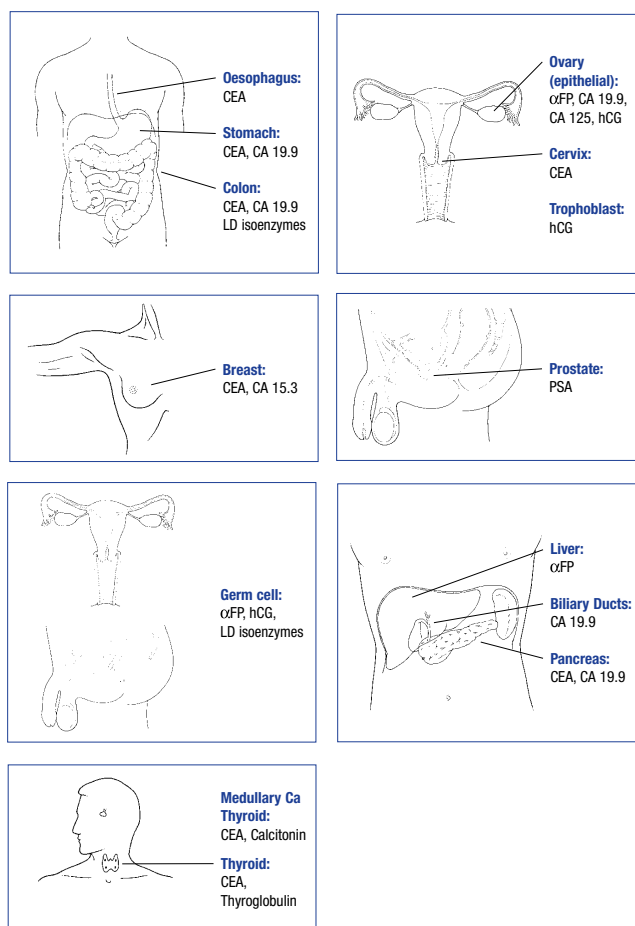
Differentiation, Establishment of Prognosis and Detection of Recurrence

Use of a tumour marker in the monitoring role depends on finding one that is directly associated with the tumour mass. Note that with therapy, particularly chemotherapy, the malignant cell line may change, such that it may cease secreting one marker. Conversely, a given tumour may commence secreting another marker during its natural history. Aspects of this are illustrated with the case study.

The View of Medicare Australia

Medicare Australia restricts the payment of benefits in some cases. Several markers, FP, CEA, CA 19.9, CA 15.3, CA 125, hCG, MSA thyroglobulin and CASA are all restricted to monitoring of known tumours or detection of hepatic or germ cell tumours or gestational trophoblastic disease. In contrast, requesting myeloma protein, hormones, catecholamines and β 2-microglobulin testing is unrestricted.

GUIDE TO MARKERS BY SITE OF TUMOUR



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Meet our new Visiting Medical Practitioners

Dr Elizabeth Hodge

Ear, Nose and Throat Surgeon



Dr Elizabeth Hodge is a Queensland-trained ENT surgeon and treats both adult and paediatric patients for a wide-range of ENT concerns. Her special

interests are in voice concerns, paediatric otolaryngology, laryngeal hypersensitivity, chronic cough, swallowing disorders, and head and neck malignancy

Following completion of her Australian training and the awarding of her Fellowship from the Royal Australasian College of Surgeons in Otolaryngology and Head and Neck Surgery, she has completed two further sub-specialty fellowships. The first of these was in head and neck surgery at the Royal Brisbane and Women's Hospital. Secondly, she completed the Royal College of Surgeons "North Thames Laryngology Fellowship" in London. She was a recipient of the Morgan Travelling Scholarship from the Royal Australasian College of Surgeons for the Laryngology and Airway Fellowship.

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Dr Andrew Lomas

Ear, Nose and Throat Surgeon

Dr Andrew Lomas is an ENT surgeon who has over twenty five years experience in all aspects of adult and paediatric ENT surgery. His subspeciality interests include ear surgery, with a particular focus on chronic suppurative otitis media and cochlear implant, skull base surgery, sinus surgery and paediatric surgery. He has a long experience in head and neck surgery, but now focuses on benign diseases of the head and neck including parotid and swallowing surgery.

Dr Lomas attended school in country Queensland, graduated from the University of Queensland, and completed residency and specialist training in Queensland and Western Australia. He did fellowship training in London and Germany in the areas of otology, head and neck surgery, rhinology, and skull base surgery. Since returning to Brisbane he has practised from Wickham Terrace, as well as his hospital appointments with the former Royal Children's Hospital, Royal Brisbane Hospital and Princess Alexandra Hospital. He has served as an examiner for the Royal Australasian College of Surgeons and supervisor of training at Royal Children's and Brisbane Hospital.

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Brisbane, Qld 4000

P: 07 3839 8977
F: 07 3839 1672

Dr Devini Ameratunga

Obstetrics and Gynaecology



Dr Devini Ameratunga is an obstetrician and gynaecologist with interests primarily in IVF and fertility care, gynaecology, and laparoscopic and minimally

invasive surgery.

She is dedicated to ensuring her patients receive the best possible treatments and personalised service.

Dr Ameratunga graduated with first class Honours from the Australian National University in 2007 and commenced specialty training at the Royal Women's Hospital in Melbourne. She completed her Masters in Reproductive Medicine at NSW University and completed a Fellowship year in Advanced Laparoscopy and Minimally Invasive Surgery in 2014 at the Gold Coast University Hospital. Dr Ameratunga finished her training at Mater Mothers in Brisbane where she is a part-time staff specialist, working in all areas of gynaecology and surgery and high-risk pregnancy.

Level 10
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225 Wickham Terrace
Brisbane, QLD 4000

P: 1300 883 560
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E: drdevini@brisbanegyn.com.au
W: brisbanegyn.com.au

Dr Dihan Aponso

Spine Surgeon



Dr Dihan Aponso is an Orthopaedic and Spine Surgeon working in Brisbane. He offers a comprehensive practice in all aspects of spinal disorders and

would welcome the opportunity to help your patients with any neck or back problems that you feel could benefit from further review.

Having completed his medical and orthopaedic training in New Zealand, Dr Aponso has completed both local and international training.

He enjoys all aspects of orthopaedic surgery, and has undertaken subspecialty training in foot and ankle surgery while his true passion is spinal surgery.

He offers his orthopaedic and spinal surgery services at The Wesley Hospital and St Andrew's War Memorial Hospital. He also holds a public appointment at the Princess Alexandra Hospital as an Orthopaedic and Spine Surgeon.

Wesley Medical Centre
Suite 30, Level 2, 40 Chasely St
The Wesley Hospital
Auchenflower QLD 4066

P: 07 3278 2662
F: 07 3607 2467
E: reception@qldspine.com
W: www.qldspine.com

DOCTOR NAME	SPECIALTY AREA	EMAIL AND PHONE
Dr John Bashford	Haematology / Oncology	drbashford.secretary@hoca.com.au 07 3737 4500
Dr Geoffrey Beadle	Oncology	gbeadle@wesley.com.au 07 3870 4255
Dr Ian Bunce	Haematology / Oncology	info@iconcancercare.com.au 07 3737 4500
Dr Romi Das Gupta	Paediatric Surgery	romi.dasgupta@gmail.com 07 3232 7759
Dr Simon Durrant	Haematology / Oncology	07 3737 4500
Dr Paul Eliadis	Haematology / Oncology	info@iconcancercare.com.au 07 3737 4500
Dr Stephen Fanning	Haematology / Oncology	info@iconcancercare.com.au 07 3737 4500
Dr Terence Frost	Haematology / Oncology	info@iconcancercare.com.au 07 3737 4500
Dr Andrea Garrett	Gynaecological / Oncology	garrett04@bigpond.com 07 3870 0613
Dr David Grimes	Oncology	info@iconcancercare.com.au 07 3737 4500
Dr Agnieszka Malczewski	Oncology	amalczewski@iconcancercare.com.au 07 3871 2750
A/Prof Nicole McCarthy	Oncology	info@iconcancercare.com.au 07 3737 4500
A/Prof Jim Nicklin	Gynaecological / Oncology	j.nicklin@wesley.com.au 07 3871 2290
Dr Trevor Olsen	Haematology / Oncology	info@iconcancercare.com.au 07 3737 4500
Dr Piksi Singh	Gynaecological / Oncology	drpsingh.reception@gmail.com 07 3841 5588
Dr Frank Tomlinson	Neurosurgery / Spinal Surgery	info@brizbrain.com.au 07 3833 2500
A/Prof Paul Vasey	Oncology	info@iconcancercare.com.au 07 3737 4500
Dr Marie-Frances Burke	Radiation Oncology / Radiation Therapy	ccq.enquiry@genesiscare.com.au 07 3870 4366
Dr Artur Kaminski	Radiation Oncology / Radiation Therapy	ccq.enquiry@genesiscare.com.au 07 3870 4366
Dr Minjae Lah	Radiation Oncology / Radiation Therapy	ccq.enquiry@genesiscare.com.au 07 3870 4366
Dr James Mackean	Radiation Oncology / Radiation Therapy	ccq.enquiry@genesiscare.com.au 07 3870 4366
Dr David Schlect	Radiation Oncology / Radiation Therapy	ccq.enquiry@genesiscare.com.au 07 3870 4366
Dr Gail Tsang	Radiation Oncology / Radiation Therapy	ccq.enquiry@genesiscare.com.au 07 3870 4366

GP Education 2017

The Wesley Hospital's CPD Program gives GPs access to leading specialists who are experts in their field. The Wesley provides one of Queensland's largest GP education programs incorporating Saturday ALMs, a CPR training day and local CPD evenings. All of these events are complimentary, including parking and meals, and are accredited for Royal Australian College of General Practitioners (RACGP) points, Category 1 and 2.

CPD EVENINGS

8 February	Urodynamics	The Wesley Hospital
8 March	Ear, Nose and Throat	The Wesley Hospital
12 April	Orthopaedic	The Wesley Hospital
14 June	Emergency Paediatric	The Wesley Hospital
5 July	Bariatric and Endocrine	The Wesley Hospital
13 September	Cardiology	The Wesley Hospital
18 October	Breast and Endocrine	The Wesley Hospital
15 November	Pain and Rehabilitation	The Wesley Hospital

ACTIVE LEARNING MODULES (ALM)

6 May	Women's Health	The Wesley Hospital
22 July	Emergency Medicine	The Wesley Hospital
19 August	Men's Health	The Wesley Hospital
2 December	Practical Training Day - CPR	The Wesley Hospital

**Venues and topics are subject to change*

DRAFT

Please note these events have not been approved by RACGP. This is a draft events calendar and a final calendar will be sent out in January 2017, once approved by RACGP.

For more information:

Contact the Business Development Unit

T 07 3232 7222

E wesley.bdm@duchealth.com.au

REGISTER
ONLINE
wesley.com.au