

2018 Annual Report





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CENTRE DIRECTOR'S MESSAGE

Preparing this second Annual report provides an opportunity to reflect on the past year and to celebrate our many accomplishments. Based within the Faculty of Health, the Centre for Improving Palliative, Aged and Chronic Care through Clinical Research and Translation (IMPACCT) is a leading international centre for collaborative research committed to engaging community, improving quality and safety and optimising dignity and function.

During 2018, our research program continued to grow through the dedication of our team of outstanding clinicians and researchers who work within our various research groups, including: (PaCCSC), Cancer Symptom Trials (CST); Improving Palliative Care Through Clinical Trials in NSW (ImPaCCT: NSW); and Aged-palliative care research stream.

In 2018 we were funded by Cancer Australia to lead the 13th Australian Cancer Clinical Trials Group. This funding will enable us to support interested researchers from across Australia to focus on addressing the many symptoms that people living with cancer face during and after cancer care. We have maintained close connections with our clinical colleagues through our growing national palliative clinical trials network. Our international collaboration continue to be strengthened as demonstrated by the extension of the delirium prevention study into New Zealand last year. In late 2018, we were funded to establish the Palliative Care Clinical Academic Group which will enable us to work on collaborative research projects with our SPHERE clinical partners to ensure more people have access to best evidence based palliative care.

We also focused considerable attention on designing our new online interdisciplinary Master Palliative Care in partnership with our external advisory group. This suite of post-graduate courses aims to prepare Australian clinicians for advanced palliative care practice. Whilst also working on this new Masters we have continuing to supervise a cadre of international and local higher degree researcher students.

Our Consumer Advisor Group continues to make a valuable contribution to the quality, relevant and translational effectiveness of our research and education endeavours to ensure that people affected by life-limiting illnesses receive the best possible care.

This Annual report demonstrates the capacity and dedication of our team who are making a significant positive impact in improving palliative, aged and chronic care outcomes. I am privileged to lead this team of outstanding clinical researchers and support staff.



Professor Jane Phillips
RN, BAppSc (Nursing) (CU), PGDipHlth Prom (CU), PhD (WSU), FACN
Director, IMPACCT



OBJECTIVES

Vision

To see each and every patient receive the best palliative and chronic care at all times no matter their life circumstances, state of health or place of residence

“Best care, any place, every time.”

Purpose

Our purpose is to see substantial improvements to the quality of life, treatment and well-being of those with terminal, chronic and complex health conditions, their carers and families through:

- conducting high quality research in partnership with patients, the community and other stakeholders such as health care providers
- embracing new technologies that improve the quality and availability of evidence-based care and the patient’s capacity to take control of their own care.
- active engagement in policy formation, advocacy and the development and implementation of new, sustainable models of care.
- involving patients and caregivers at all stages of the research process.

Strategic Objectives

- **Research:** To drive positive changes in care and patient well-being through conducting high quality, trans and multidisciplinary research in palliative, complex and chronic care and translating new knowledge into practice.
- **Workforce capacity:** To ensure the clinical workforce has the skills, evidence, capacity and content knowledge to lead change, and address key challenges such as end of life care and euthanasia.
- **Gaps in knowledge and care provision:** To address disparities and inequities of access to chronic and palliative care, referrals and other issues.
- **Patients, carers and community:** To actively engage with patients and carers to ensure their voices are at the centre of all we do in improving individual and community health and well-being.
- **Models of care:** To assist health services to develop sustainable, safe and cost effective models of care.
- **Technology** To research ways of integrating appropriate technology into new models of care that support and enable patients, carers, health services and families to maximise the quality and availability of care across care settings.

HIGHLIGHTS FOR THE YEAR

Research Productivity & Capacity Building

- 139 publications
 - 132 published peer reviewed manuscripts
 - 5 book chapters
 - 2 in-press peer reviewed manuscripts
- \$6.8M in new competitive research grants as Chief Investigators
 - \$1.02M to IMPACCT
- 51 PhD candidates including:
 - 9 PhD completions
 - 4 PhD submissions under examination
 - 18 PhD continuing candidates
 - 9 PhD commencements
- 13 Keynote presentations
- 6 UTS academic international collaborative visits
- 1 Panel Member Health and Medical Science, Excellence in Research Australia

Teaching and Learning

- 13 Regional NSW Masterclasses involving 209 health professionals
- 2 Master of Palliative Care subject developed
- Postgraduate teaching and subject coordination - 4 subjects
- Undergraduate teaching - 2 subjects
- Guest lectures – 6 subjects
- Research methodologies consultations
- Facilitator, '12 weeks to publications' program

Services to the University and Community

- 113 Committees
 - 17 International committees
 - 59 National committees
 - 23 NSW State committees
 - 14 UTS University committees
- 31 Editorial roles on peer reviewed journals

The team

- 17 Academics
- 3 Project Managers
- 32 Research Assistants
- 3 Professional Staff
- 21 Adjunct Professors
- 25 Honorary Associates
- 9 Visiting Scholars
- 15 Associate Members

NEW INITIATIVES

Development of the new online interdisciplinary Master of Palliative Care

The Master of Palliative care has been designed for health professionals looking to extend their palliative care capabilities to work at an advanced level. This interdisciplinary course equips students with the clinical performance capabilities and critical decision-making and leadership skills required to become a palliative care expert.

Developed and delivered in collaboration with leading contemporary experts in palliative care, each of the 12 subjects comprises a mix of theory, evidence and clinical based practice. Subjects include a range of current healthcare contexts (including complex communication, social justice, law and ethics, public health, advanced pharmacology and physical assessment) so students can practise safely and proficiently to provide person-centred health care and contribute to quality outcomes for those in their care.

The course ensures graduates are practice-ready, able to work in dynamic and changeable health environments, and prepared to make significant contributions to improve patient outcomes.

With a curriculum heavily influenced by industry partners, the course is grounded in evidence-based, person-centred healthcare practice. It integrates theory and practice-based learning and assessment in a combination of online learning, classroom, state-of-the-art simulation laboratories and authentic clinical settings.

Students learn from expert academics as well as guest lecturers from industry in a range of teaching methods, such as participatory online and real-time learning activities, communities of practice, media resources, podcasts and case-based scenarios.

Palliative Care Master Classes

In preparation for the Master of Palliative Care, the IMPACCT clinical academic team facilitated a series of Master Classes across regional NSW. We delivered a series of Master Classes across five local health districts in rural New South Wales. The classes included a total of 209 participants including 17 doctors, 158 nurses and 34 allied health professionals.

The Master Classes cover four key areas:

- Advanced Communication Skills in Palliative Care
 - Five courses 162 participants
- Bereavement
 - One course, 32 participants
- Social Justice, Law and Ethics in Aged-Palliative Care
 - Three courses, 105 participants
- Complex Symptom Management in Palliative Care
 - Four courses, 137 participants



Cancer Symptoms Trials

Cancer Symptom Trials (CST) (formerly CSCCSC) is one of fourteen Cancer Cooperative Trials Groups ([CCTGs](#)) funded by [Cancer Australia](#).

CST's work is important for the significant number of Australians who are diagnosed with cancer every year. Through the conduct of clinical trials, CST researches options for improved management of symptoms that can occur due to a cancer diagnosis and related treatments with the goal of ensuring the best quality of life possible for people with cancer. This is achieved by identifying accessible, affordable, and appropriate medicines and therapies for people with cancer, including those living at home. CST acknowledges the significant role that carers play in the lives of people with cancer. They are critical contributors in decisions about management of symptoms. We welcome their inclusion and participation in our research.

CST was established in July 2017 to address the unmet symptom management needs of Australians living with cancer through investigator-initiated or academic (industry-independent) clinical trials. With the number cancer diagnoses in Australia projected to grow, equally the number of people impacted by the burden of symptoms due to cancer and its treatments with significant impacts on quality of life will also grow.

CST is building a comprehensive portfolio of clinical trials that will accelerate the improvement of cancer symptom management and quality of life for all people living with cancer.

CST is a multidisciplinary research collaborative with expertise in clinical trial design, symptom interventions and supportive care, with a consumer advisory panel who is integral to inform our approach and priorities. Our membership includes health professionals, researchers and experts from a range of disciplines. Members are the driving force behind new study ideas for the collaborative and contribute to proactive concept development and identification of critical challenges to be addressed by clinical trials in the future.

Our two critical research focus areas are:

- Find better ways to manage symptoms that occur as a result of a cancer diagnosis or its treatments.
- Improve the quality of life of people with cancer and their carers through prevention, early identification, assessment and treatment of symptoms

IMPACCT TEAM

Professors

Jane Phillips, PhD, RN, Grad Dip Health Promotion, BN, FACN

IMPACCT Director and Professor of Palliative Nursing



Professor Jane Phillips is the Director of Director of the IMPACCT - Improving Palliative, Aged and Chronic Care through Clinical Research and Translation at UTS and Chair of Palliative Nursing at UTS with experience in delivering evidenced-based palliative care across diverse settings, including rural and regional Australia.

Professor Phillips has led and evaluated complex health service reforms and has led a number of major cancer and palliative care reform initiatives at the local and national levels. Her research aims to improve care outcomes for people in the last year of their life by strengthening the nexus between research, policy and practice. She is currently evaluating non-pharmacological interventions to improve pain, breathlessness and delirium; looking at health services that can improve care for older people with cancer, and; undertaking translational research in the areas of pain management and symptom management. She has developed and evaluated nurse-coordinated models of palliative care and has extensive experience in cancer and chronic disease nursing and research.

Professor Phillips is a Fellow of the Australian College of Nursing and the current President of Palliative Care Nurses Australia. She is Chair of both the National Palliative Care Clinical Studies Collaborative Trials Management Group and the Clinical Oncology Society Australia (COSA), Palliative Care Group. She also holds several academic appointments in the UK, China and Australia and is an Editor and on the Editorial Board of several international journals. In 2018, Professor Phillips received the Dean's Academic Excellence Award for Leadership.

Meera Agar, PhD, MBBS, FRACP, FaChPM, MPC

Professor of Palliative Medicine



Professor Meera Agar is a palliative medicine physician with a particular interest in delirium, supportive care needs of people with brain tumours and geriatric oncology. Professor Agar leads a clinical research portfolio at UTS, including: clinical trials and health services evaluation in cancer and palliative care. She led a world-first clinical trial of antipsychotics in delirium and is leading New South Wales Government-funded clinical trials of

medicinal cannabis for anorexia in people with advanced cancer. A Fellow of the Royal Australasian College of Physicians, Fellow of the Australasian Chapter of Palliative Medicine, and a clinician scientist, she holds a Masters in Palliative Care. Her doctorate was awarded in the area of delirium in advanced illness.

Her research and teaching have won numerous awards, including an Australian Learning and Teaching Council (ALTC) Citation, an Australian Award for University Teaching and the European

Associate for Palliative Care (EAPC) Early Career Researcher Award. In 2018, Professor Agar received the Dean's Academic Excellence Award for Research Excellence.

Professor Agar is on the scientific committees of the Cooperative Trials Group – Neuro-oncology (COGNO), the Psycho-oncology Cooperative Research Group and the National Health and Medical Research Centre (NHMRC) Cognitive Decline Partnership Centre. She is a Board Member of the European Delirium Association, the lead of assessment, Palliative Medicine Education Committee, Royal Australasian College of Physicians (RACP), and on the advisory group for Choosing Wisely Australia. She is the President of the Australian and New Zealand Society (ANZSPM) for Palliative Medicine. She is the chair of Improving Palliative Care through Clinical Trials, the NSW Palliative Care Clinical trials group.

David Currow, PhD, MPH, BMed, FAHMS

Professor of Palliative Medicine



Professor David Currow is an internationally recognised expert in improving the delivery of palliative care. He is a Professor in the Faculty of Health, UTS and the Chief Investigator of the Palliative Care Clinical Studies Collaborative (PaCCSC). Professor Currow FAHMS is the Chief Cancer Officer of NSW and Chief Executive Officer of the Cancer Institute NSW, the NSW Government's cancer control agency.

Professor Currow is an active researcher with contributions in clinical trials, population-based planning and codifying the evidence base underpinning palliative care. He has published more than 500 peer-reviewed articles, editorials and books. He is senior associate editor of the Journal of Palliative Medicine and on the advisory board for the Journal of Pain and Symptom Management. Professor Currow is the Associate Director (Research) for the Wolfson Institute, Hull York Medical School, University of Hull, a foundation partner in the Australian Palliative Care Outcomes Collaborative (PCOC).

Professor Currow's research track record includes: better understanding and treating chronic breathlessness; Phase II, III and IV clinical trials; population-based planning for palliative care; and codifying the evidence base underpinning palliative care; and competitive funding has included the National Health and Medical Research Council (NHMRC) and the National Institutes of Health (NIH).

Deborah Parker, PhD, MSocSc, GradCert Leadership, BA

Professor of Aged Care (Dementia)



Professor Parker is the Professor of Aged Care (Dementia) in the Faculty of Health. She has received over \$35 million in research funding. Her primary areas of research are palliative care for older people, dementia and health services evaluation in aged care. Professor Parker was a co-investigator on the development of the Abbey Pain Scale, one of the most widely used pain scales for people with dementia. She was the lead investigator on the Palliative Approach Toolkit - an evidence-based

knowledge translation product that has been provided to every residential aged care facility in Australia. Professor Parker was the national evaluator for the \$15 million Decision Assist program (2013-2016) which supported aged care services in Australia in advance care planning and palliative care. She is a co-lead on the \$15 million End of Life Directions in Aged Care (ELDAC) project (2017-2020), and national evaluator for two current national palliative care grants - Caring Safely at Home for Australians and the Australian Carer Toolkit for advanced disease.

Professor Parker is President of Palliative Care NSW, Board Director of Carrington Care and Board Director Leigh Place. She is an active member of professional organisations supporting palliative care and aged care - Member of the Australian Association of Gerontology, Chair of the Palliative Care Nurses Australia Aged Care Special Interest Group, Chair of the National Policy Chapter for Healthy Ageing Australian College of Nursing and Co-Chair of the Education and Workforce Advisory Committee for the Age and Ageing Clinical Academic Group of SPHERE.

Professor Parker's program of research in palliative care and dementia involves international collaborations. She is co-investigator on a Canadian Institute of Health Research (CIHR) Partnership for Health Systems Improvement Grant - Strengthening a Palliative Approach in Long-Term Care and a CIHR Project Grant Improving Pain Assessment in Nursing Home Residents with Dementia.

Patricia Davidson, PhD, RN

Professor of Cardiovascular Nursing



Since September 2013, Professor Patricia Davidson has been the Dean of the Johns Hopkins School of Nursing and continues to hold the Chair in Cardiovascular Nursing, UTS. She maintains an active co-investigator role on numerous Centre grants and is co-supervising a number of Centre PhD students. Professor Davidson's program of research focuses on supporting individuals living with chronic conditions and developing innovative models of transitional care. A primary objective of her work has been to improve the

cardiovascular health of underserved populations through the development of innovative, acceptable, and sustainable initiatives within Australia and beyond. Professor Davidson is a Fellow of the Australian College of Nursing, Fellow of the American Heart Association, Fellow of the Preventive Cardiovascular Nurses Association and Fellow of the American Academy of Nursing. She is Counsel General of the International Council on Women's Health Issues and actively involved in the international activities of Sigma Theta Tau International.

Lawrence Lam, PhD, MAppPsy, MPH, Grad Dip Biostats, BSc (Hons), FACE

Professor of Public Health



Professor Lawrence Lam is a Clinical Epidemiologist and Medical Statistician. He has an established track record of having worked with clinicians, initially in the area of trauma and rehabilitation and more recently in cancer management and palliative care. Professor Lam has been involved in many governmental health task forces and committees in the capacity of chairperson or a committee member. He is also an active member of various professional bodies and a Fellow of the American College of Epidemiology serving full terms on different committees. He has been a longstanding member of the Australia Statistical Society Inc. He serves as a member of the Editorial Board of the *Advances in Medicine Journal* in the public health domain; *Cogent Medicine*; *International Archives of Addiction Research and Medicine*; *Austin Addiction Sciences*, and as a regular statistical reviewer of the *Medical Journal of Australia*. He was the former Vice President and the Chair of the Scientific Committee of the Hong Kong Society of Behavioral Health, which is an affiliated body of the International Society of Behavioral Medicine.

Associate Professors

Michelle DiGiacomo, PhD, MHSc (Hons), BA

Associate Professor (Research)



Associate Professor Michelle DiGiacomo's program of research centres on the ways in which vulnerable populations cope and adjust to living with chronic conditions. She particularly focuses on carers, gendered approaches to health, older women, and Aboriginal and Torres Strait Islander peoples. She frequently employs qualitative and mixed methods approaches to facilitate the voices of people from vulnerable populations and received a commendation in the UTS Human Rights Awards for her research with older, recently widowed women. A/Professor DiGiacomo has been a chief or associate investigator on research grants and program funding totalling \$2.8M including ARC Linkage and Discovery projects and a NHMRC Capacity Building Grant in Population Health and Health Services Research. In 2018, she developed a communication subject for the new Master of Palliative Care, coordinated the postgraduate subject, Evidence Based Practice, and supervised 11 PhD students. She is the Deputy Editor of the *Journal of Smoking Cessation* and Associate Editor of *BMC Health Services Research*.

Louise Hickman, PhD, MPH, BN, RN

Associate Professor, Director of Studies, Palliative Care Programs



Associate Professor Louise Hickman current research focus on improving care of vulnerable frail older populations, CVD, chronic disease, cognitive decline, dementia, aged palliative care and translational research that improves care between the acute care sector, community and residential aged care. She brings to her Director of Palliative Care Studies role her in-depth knowledge of the healthcare industry and significant understanding of pedagogy and research in the real world setting. These attributes enable her to redesign educational opportunities to better address the needs of patients, clinicians and students in contemporary healthcare organisations across and within sectors. A/Prof Hickman holds leadership positions in four professional associations; National Advisory Group Palliative Care Education and Training Collaborative; the Joanna Briggs Institute, Cardiovascular Expert Reference group; elected executive Palliative Care Nurses Australia; elected committee member of the Xi Omicron Chapter at Large Sydney STTI International. Dr Hickman is the Editor in Chief of Contemporary Nurse.

Sally Inglis, PhD, RN, BN, BHSc (Hons), NFESC, FAHA

Associate Professor, Principal Research Fellow

Currently supported by NSW Cardiovascular Research Network Life Sciences Fellowship supported by the Heart Foundation and the NSW Office for Health and Medical Research



Associate Professor Sally Inglis has a keen interest in chronic cardiovascular disease and has undertaken research across a variety of cardiovascular conditions and research methodologies throughout her research career. Her current research program examines the evidence for the use of telemonitoring and structured telephone support to support people with heart failure, and the use of mHealth education interventions for people with heart failure, as well as, the epidemiology, management and outcomes of people with peripheral arterial disease. Associate Professor Inglis' research into the use of telemonitoring and structured telephone support has been incorporated into several national and international heart failure guidelines.

A/Professor Inglis is currently Chair of the Cardiovascular Nurses Council of the Cardiac Society of Australia and New Zealand (CSANZ). She is a member of the Editorial Board of the Cochrane Collaboration Heart Review Group. She is currently supported by a prestigious New South Wales Cardiovascular Research Network Life Sciences Research Fellowship from the Heart Foundation and the NSW Office for Health and Medical Research which is supporting her to continue her program of research to improve outcomes for Australians with chronic cardiovascular disease.

Senior Research Fellows

Tim Luckett, PhD, BSc (Hons)

Senior Research Fellow / Senior Lecturer (Research)



Dr Tim Luckett is a Senior Lecturer in the Faculty of Health at UTS. Dr Luckett's research is aimed at informing improvements to self-management of symptoms including breathlessness and pain. . In 2018, Dr Luckett commenced ongoing research exploring opioid misuse in the cancer context and cough in lung cancer and qualitative substudy of an RCT of Westmead Hospital's new breathlessness service. Dr Luckett also served as Acting Chair of the UTS Human Research Ethics Committee and began development of a subjects for the new Master of Palliative Care to commence in 2019. He an academic editor for *PLOS One*.

Sungwon Chang, PhD, MS, BScBM

Senior Research Fellow: Biostatistician



Dr Sungwon Chang is a senior lecturer in the [Faculty of Health](#) who is building a national track record in biostatistics, health data linkage and justice health. Dr Chang has many years of experience in teaching biostatistics, epidemiology, population health and research methods in Bachelor of Medicine, Bachelor of Health Sciences and Master of Public Health. With extensive experience in management, analysis and interpretation of large data sets, she has collaborated on a number of National Health and Medical Research Council-funded projects and other competitive grants. She was awarded a competitive UTS Chancellor's Post-Doctoral Research Fellowship in 2013.

Sungwon is on the editorial board of two journals, *Journal of Cardiology and Therapy*, and *Critical Care Journal*. She is also a statistical reviewer for *Journal of Clinical Nursing* and provides regular peer reviews for numerous journals.

Postdoctoral Research Fellows

Seong Cheah, PhD, MSc, BScEd (Hons)

Postdoctoral Research Fellow: Biostatistician



Dr Seong Leang Cheah is an experienced linked data analyst on national database and a registered Chinese medicine practitioner for acupuncture and Chinese herbal medicine. Dr Cheah's field of interest focuses on developing research models from large epidemiological datasets. He has rich experience in collating, managing and analysing datasets in interstate and national research projects relating to palliative care, aged care, midwifery and child care, acupuncture and Chinese medicine, disability and business expenditure.

Annamarie Hosie, PhD, RN, MPallCareAgeCare, BHlthSc

Postdoctoral Research Fellow



Dr Annamarie Hosie is Postdoctoral Research Fellow, Palliative Care Clinical Trials Collaborative. From 1999 to 2015, Dr Hosie worked as a clinician in acute, sub-acute, community and residential aged care settings, including in advance nursing practice and coordination roles. Her doctoral research, completed in 2015, contributed to knowledge of delirium epidemiology and the need for interdisciplinary systems to improve its recognition and assessment in inpatient palliative care units.

Dr Hosie's postdoctoral research is focused on delirium recognition, prevention and management in advanced illness, and strategies to promote ethical research participation by older people with cognitive impairment. In 2017-18, she co-led the PRESERVE pilot study, a phase II cluster randomised clinical trial of a multi-component non-pharmacological intervention to prevent delirium in people with advanced cancer in four palliative care units. Dr Hosie is a committee member of Palliative Care Nurses Australia and the Australasian Delirium Association.

Slavica Kochovska, PhD, MA, BA (Hons)

Postdoctoral Research Fellow



Dr Slavica Kochovska is the inaugural PaCCSC Postdoctoral Research Fellow in IMPACCT. She is an early career researcher whose research focuses on improving the quality of patient-clinician communication at the end of life and the science of consenting in palliative care clinical research.

Dr Kochovska's program of research focuses on palliative care, advanced symptom needs, and patient-clinician communication. Her research aims to understand the complexity and improve the experience of advanced symptoms for people with serious, advanced illnesses, and those of their families. Her goal is to improve the communication between patients, their caregivers, and the clinicians who care for them by developing innovative interventions that would facilitate patient-clinician communication about advanced symptom burden, and novel methods that would facilitate an earlier recognition of the effects of advanced symptoms on people's quality of life.

With an academic background in linguistics and more than ten years' research and teaching at both undergraduate and postgraduate levels, Dr Kochovska also has experience in healthcare project management, quality improvement and implementation science. She has extensive experience in conducting systematic reviews and commissioned reports to build the evidence base, policy and practice in the service provision of palliative, cancer and delirium care. Her research interests include health literacy in palliative care, and consumer involvement in healthcare research.

Mandy Visser, PhD, MSc, BSc

Postdoctoral Research Fellow



Mandy is a postdoctoral research fellow in aged care, nursing and dementia at the faculty of Health. With her research, she aims to improve the quality of life of people living with dementia, by enhancing social interactions with care providers and family members. In her projects, Mandy examines changes in social and emotional behaviour related to different dementia syndromes, resulting in the development of person centred communication protocols.

Mandy is a multidisciplinary experimental researcher specialised in analysing social and emotional behaviour in day-to-day communication and interaction. In 2015, Mandy achieved her PhD at the Tilburg Center for Cognition and Communication in The Netherlands, on how people learn to use and interpret emotional expressions in interactions with others. Her work contributes to a better understanding of how emotional behaviour changes with ageing and how such behaviour is affected by social and cognitive factors. With her postdoctoral research on ageing and emotion recognition at the MARCS Institute at Western Sydney University in 2016-2017, Mandy addressed effects of ageing on the recognition and interpretation of emotional information in social and interactive contexts.

Xiaoyue Xu, PhD, MPH, MSc, BN

Postdoctoral Research Fellow, Nursing (Aged care)



Dr Xu is a postdoctoral research fellow at University of Technology, Sydney, with expertise in aged care, public health, nursing, nutrition epidemiology, health policy, health service, chronic disease prevention and biostatistics. She was awarded a nursing degree in China (2009), Masters by Research in Advanced Nursing study in the United Kingdom (2011), Master of Public Health (2012) and PhD (2016) at the University of Newcastle, Australia.

Dr Xu's PhD project titled 'Dietary intake, diet quality, dietary pattern and Nutrition-Related Non-Communicable Diseases (NR-NCDs) among older Chinese population', was designed to improve people's diet in the prevention of NR-NCDs. This project is significant as it fills the knowledge gap on diet and nutrition status in the older population. The project results produced a 'Policy brief' which proposed policy recommendations for the Chinese Nutrition Society. Dr Xu has been working on numbers of projects including the ARC Linkage-funded project entitled "Fit for Future: Safeguarding the health & well-being of the NSW nursing & midwifery workforce", and an NHMRC Partnership Project-funded study of health service use and clinical outcomes of people with Type 1 diabetes. She has also contributed to various government and non-government reports, such as: United Nations, Department of Economic and Social Affairs; World Health Organization and Chinese Centre for Disease Control and Prevention.

Anna Green, PhD, MDev, BSocSci

PRESERVE Project Coordinator



Anna is involved in research for the PRESERVE pilot study. Anna is interested in health services research for vulnerable populations and chronic conditions from the perspective of patients and providers. Her PhD program of research focused on access to services and support for Aboriginal children with a disability and their families as part of the Australian Research Council Linkage project 'Doubly Disadvantaged'.

Visiting Adjuncts on Sabbatical

Hiromichi Matsuoka, MBBS, PhD

Dr Hiromichi (Hiro) Matsuoka is Associate Professor in the Department of Psychosomatic Medicine, Palliative Care Center, Kindai University Faculty of Medicine, Japan. Hiro undertook a sabbatical with the Palliative Care Clinical Studies Collaborative (PaCCSC), IMPACCT, Faculty of Health, University of Technology Sydney (UTS) from September 2017 to January 2019. During Hiro's sabbatical, his work program included:

- Attachment to the national Palliative Care Clinical Studies Collaborative (PaCCSC)
- Attachments to the University of Technology Sydney; St Vincent's Hospital and Sacred Heart Health Service
- Working on key sub-studies from the existing program of work from the clinical trials unit
- Working on the project titled: Development of standard medical therapy based on evidence for refractory neuropathic pain in cancer patients.

This has been an exciting opportunity for Hiro to broaden his research experience, build collaborations between the Collaborative and our Japanese colleagues at JORTC and J-Support, and ensure we are taking forward high quality science in the management of cancer pain.

Thomas Fischer PhD, MPH, Diplom Pflegewirt (FH)

Adjunct Professor, Honorary

Dr Fischer's work is focused on pain and delirium. His connection with the Faculty of Health was established in 2016 when he was an Endeavour Research Fellow at the former Centre for Cardiovascular and Chronic Care. He is currently Professor of Aged Care Nursing at [Evangelische Hochschule \(ehs\) Dresden](#), University of Applied Sciences in Dresden, Germany. At ehs, Dr Fischer is head of nursing study programmes, leads several research projects with a focus on pain and impaired cognition and he is instrumental in developing the health-related research portfolio at ehs.

He is also chair of the German Pain Society's special interest group on pain in older persons. He is also an editor for the international journal, Contemporary Nurse.

IMPACCT Research Support Personnel

- > Sabine Allida, PhD, BMedSci (Hons), Research Assistant
- > Ingrid Amgarth-Duff, BSc (Hons), PhD candidate, Research Assistant
- > Teresa Assen, BScBEd, Research Assistant
- > Robyn Attwood, RN, MHM, Clinical Research Nurse, Care-IS
- > Molly Cao, RN, MHM, Research Assistant, Stop PAIN project
- > Layla Edwards, BAppPH, Research Assistant
- > Kaniz Fatema, PhD, MSc, BSc (Hons), Research Assistant
- > Sally Fielding, RN, MPH, Research Assistant, Stop PAIN project
- > Maja Garcia, BIntSt.BMedSci (Hons), Research Assistant
- > Linda Richards, BPharm, Project Manager, Stop PAIN Project (commenced Apr)
- > Nicole Heneka, MHumNutr, PhD candidate, Research Assistant
- > Serra Ivynian, BMedSci (Hons), PhD candidate, Research Assistant
- > Sunita Jha, PhD, BMedSci (Hons), Research Assistant
- > Catherine Lambert, GCBA, Executive Assistant
- > Angela Rao, RN, BN (Hons), PhD candidate, Clinical Trials Nurse
- > Alison Read, MPH, BN, Project Manager, Stop PAIN Project (Jan – Apr)
- > Claudia Viridun, BN (Hons), MSc, PhD candidate, Research Officer

IMPACCT:NSW Team

[ImPaCCT:NSW](#) (Improving Palliative Care through Clinical Trials and Research) is the New South Wales (NSW) collaborative research group in palliative care. ImPaCCT's mission is to improve outcomes for people in NSW living with life limiting illness and inform high quality palliative care services through transdisciplinary collaborative research. This initiative is led by Professor Meer Agar and the Project Officer is Dr Valentina Naumovski.

Valentina Naumovski, GCULT (UNSW), PhD (USYD), BSci (Chem- UNSW), BE Hons (Manuf. Mangt-UNSW)

Research Fellow/Program Coordinator ImPaCCT, University of New South Wales, Sydney, NSW



Dr Naumovski is a researcher in the fields of pharmaceutical sciences and pharmacology, with a specialisation in complementary medicine. Her current work through ImPaCCT:NSW involves evidence-based clinical research, and she is the program coordinator of the medicinal cannabis for anorexia in advanced cancer clinical trial. She is based at the School of Medicine, University of New South Wales and is an honorary associate of the Faculty of Health, University of Technology.

PaCCSC National Team

Linda Brown MBus, BBus (Mgmt)

National Manager



Linda leads the national office team to implement the PaCCSC strategic and operational plans working closely with Chairs of the various committees, members, consumers, investigators and staff. She provides professional leadership and management of the research network as well as ongoing development of the research program and oversight of the trials coordination unit. Linda plays a key role in the strategic and operational planning, project management, quality oversight of studies, financial management, governance support and stakeholder engagement.

Belinda Fazekas, BN

National Project Officer



Belinda has been with PaCCSC since its commencement and is integral in the implementation of clinical trial protocols including protocol and form design, data management, ethics submissions, and reporting. Belinda is responsible for ensuring that all clinical trials are conducted within the principles of Good Clinical Practice, Australian Regulations, and ethics and governance requirements, irrespective of the interactions of study populations. Belinda provides site-specific support from study initiation to study closure, including safety and data monitoring.

Diana Ferreira, MD MPC

Project Officer



Diana is a medical doctor and PhD candidate with an interest in chronic and palliative care. She is particularly interested in chronic breathlessness in advanced disease and is an associate investigator in the Breathlessness, Exertion and Morphine Sulphate (BEAMS) trial.

Diana assists with clinical trials implementation across various sites. She provides clinical trials data monitoring and safety reporting as well as assisting study sites while ensuring that trials-related activities are compliant with protocol and ethical requirements.

Jane Hunt, RN

Project Officer



Jane has a background in palliative care nursing. When the first PaCCSC clinical trials started, she worked as a site coordinator/clinical trials nurse.

Jane now works within the PaCCSC national team as a research assistant, providing assistance with the RAPID pharmacovigilance study. She assists with the development and day-to-day running of the RAPID series.

Manraaj Sidhu BMedSc, BSc(Hons)

Research Assistant (Data)

Manraaj is part of the PaCCSC data management team and is the national PaCCSC research assistant responsible for managing data. With a background in medical sciences and sciences, he brings a researcher's expertise to data management. Specifically, he is focused on building new case report forms as well as considering new ways to analyse previously collected PaCCSC data.

PaCCSC Research Support Personnel

- > Priyanka Bhattarai, RN, BN (Hons), PhD candidate, Project Officer (Jan – Oct 2018)
- > Louise Fazekas-Giles, Administration Officer
- > Debbie Marriot, Executive Assistant
- > Bronwyn Raymond, RN, CM, MSc, Grad Cert (BCN), Research Assistant (Jan-Sep 2018)
- > Aaron Shannon-Honson, BIT, Data Assistant
- > Manraaj Sidhu, BMedSc, BSc (Hons), Research Assistant (Data), (commenced Nov)
- > Zac Vandersman, BIT, Data Administrator (Jan – Oct 2018)

Governance

The PaCCSC Chief Investigator, Professor David Currow, leads the collaborative, supported by the National Manager, Linda Brown.

PaCCSC is governed by a Management Advisory Board, a Scientific Advisory Committee, a Trials Management Committee and study-specific Data and Safety Monitoring Committees.

Engagement with health professionals, researchers and the general community is a high priority for PaCCSC. We have a diverse national membership and encourage active participation in our research from colleagues and the community.



Management Advisory Board (MAB)

The Management Advisory Board is responsible for the strategic governance of PaCCSC.

- > Emeritus Professor Lloyd Sansom - Chair
- > Professor Meera Agar – Inaugural Chair, CST
- > Dr Peter Allcroft – ANZSPM Representative
- > Ms Meg Brassil – Consumer Representative
- > Dr Leigh Claase – Therapeutic Guidelines Limited Representative
- > Professor David Currow – PaCCSC Chief Investigator
- > Professor Katy Clark – Site Investigator Representative
- > Emeritus Professor Richard Head – Chair, Scientific Committee
- > Professor Deborah Parker – Chair, Trials Management Committee
- > Professor Jane Phillips – Director, IMPACCT
- > Dr John Primrose – Principal Medical Adviser, Medical Benefits

Scientific Committee (SC)

The Scientific Committee is responsible for the overall review of clinical study proposals and associated ethics applications, publication, dissemination and implementation of study outcomes.

- > Emeritus Professor Richard Head - Chair
- > Professor Meera Agar – Inaugural Chair, CST
- > Belinda Butcher – Biostatistician
- > Professor David Currow – PaCCSC Chief Investigator
- > Winston Liauw – Clinical Pharmacologist
- > Melanie Lovell – Site Investigator
- > Nikki McCaffrey – Health Economist
- > Professor Deborah Parker – Chair, Trials Management Committee
- > Professor Jane Phillips – Director, IMPACCT
- > Jennifer Philip – Site Investigator and Chair, Qualitative Research Committee
- > Debra Rowett – Clinical Pharmacist
- > Caitlin Sheehan – Site Investigator (Early Career)

Trials Management Committee (TMC)

The Trials Management Committee is responsible for the development, review and oversight of issues specific to each study, including recruitment, outcomes and milestones.

Site representation

- > Sutharsha Kanathigoda, Calvary Bruce, Clare Holland House, ACT
- > Michael Chapman, The Canberra Hospital, ACT
- > Jennifer Philip, St Vincent's Hospital Melbourne, VIC
- > Anu Krishnan, Sir Charles Gairdner Hospital (Perth), WA
- > Peter Allcroft, Southern Adelaide Palliative Care Service, SA
- > Christine McDonald, Austin Health, VIC
- > Caitlin Sheehan, Calvary Health Care Kogarah, NSW
- > Jessica Lee, Concord Hospital, NSW
- > Kwun Fong, The Prince Charles Hospital, QLD

- > Louise Welch, Sunshine Coast University Hospital (Nambour), QLD
- > Melanie Lovell, Greenwich Hospital, NSW
- > Peter Eastman, Barwon Health, VIC
- > Philip Good, Mater Health/St Vincent's Private Hospital (Brisbane), QLD
- > Richard Chye, St Vincent's Hospital Sydney, NSW
- > Katherine Clark, Northern Sydney LHD, NSW
- > Brian Le, Royal Melbourne Hospital, VIC
- > Raj Aggarwal, Liverpool Hospital, NSW
- > Fiona Stafford Bell, Braeside Hospital, NSW

Other members

- > Deborah Parker, Chair, NSW
- > Douglas Bellamy, Nurse Representative (Cancer), NSW
- > <Vacancy>, Nurse Representative (Palliative Care)
- > Richard McNeill, Advanced Trainee Representative, NZ
- > David Currow, PaCCSC Lead Investigator, NSW
- > Meera Agar, CST Chair, NSW
- > Jane Phillips, IMPACCT Director, NSW
- > Annmarie Hosie, PRESERVE Principal Investigator, NSW
- > Linda Brown, PaCCSC/CST National Manager, NSW

Data and Safety Monitoring Committees

Data and Safety Monitoring Committees are independent contracted committee responsible for safety evaluation and determination and reporting of adverse events for all studies conducted by PaCCSC.

CST National Team

Linda Brown, MBus, BBus(Mgmt)

National Manager



Linda leads the national office teams to implement both the PaCCSC and CST strategic and operational plans working closely with Chairs of the various committees, members, consumers, investigators and staff. She provides professional leadership and management of the research network as well as ongoing development of the research program and oversight of the trials coordination unit. Linda plays a key role in the strategic and operational planning, project management, quality oversight of studies, financial management, governance support and stakeholder engagement.

CST Research Support Personnel

- > Christine Bassiri, Executive Assistant, (commenced Sep 2018)
- > Linda James, Project Officer (commenced July 2018)
- > Melanie Mora, RN, BN, BSc (Hons), Research Assistant - Writer, (commenced Nov 2018)



Governance

CST is led by Professor Meera Agar, supported by the National Manager, Ms Linda Brown.

CST is governed by a Management Advisory Committee, a Scientific Advisory Committee, study-specific Trial Management Committees and a Data and Safety Monitoring Committee.

Engagement with the community is a high priority for CST and consumers play a vital role in ensuring our research is relevant and meaningful to people living with cancer.

Management Advisory Committee (MAC)

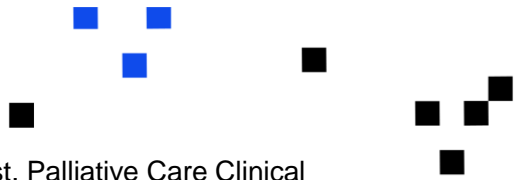
The Management Advisory Committee is responsible for the strategic governance of CST.

- > Professor Meera Agar – CST Chair
- > Professor David Currow – PaCCSC Chief Investigator
- > Professor Richard Head – Chair PaCCSC Scientific Committee
- > Professor Bogda Koczwara – Medical Oncologist, Flinders Centre for Innovation in Cancer
- > Professor Meinir Krishnasamy - Chair in Cancer Nursing, University of Melbourne
- > Professor Jennifer Philip – CST Initiating Investigator
- > Professor Jane Phillips – Director, IMPACCT
- > Emeritus Professor Lloyd Sansom – Chair PaCCSC Management Advisory Board
- > Dr Christopher Steer – Medical Oncologist, UNSW, Boarder Medical Oncology
- > Dr Purnima Sundaresan – Clinical Senior Lecturer, Westmead Clinical School
- > Professor Janette Vardy – Principal Research Fellow Medicine, Concord Clinical School
- > Professor Katherine Clark – CST Initiating Investigator
- > Associate Professor Prue Cormie – Principal Research Fellow, Exercise and Nutrition Research Program, Mary MacKillop Institute for Health Research, ACU
- > Ms Linda Brown – PaCCSC/CST National Manager
- > Ms Melanie Mora – CST Project Officer

Scientific Advisory Committee (SAC)

The Scientific Advisory Committee is responsible for the overall review of clinical study proposals and associated ethics applications, publication, dissemination and implementation of study outcomes.

- > Professor Richard Head – Chair
- > Professor Meera Agar – CST Chair
- > Associate Professor Joel Rhee – Associate Professor of General Practice, PC4, Centre for Primary Health Care and Equity, UNSW
- > Professor Madeleine King – Cancer Australia Chair in Cancer Quality of Life, Professor, Faculty of Science, University of Sydney
- > Professor Rosalie Viney - Health Economist, Director of the Centre for Health Economics Research and Evaluation (CHERE) at UTS
- > Professor Phyllis Butow – Founding Chair, Psycho-oncology Cooperative Research Group, Director, Medical Psychology Research Unit, Professor, University of Sydney
- > Associate Professor Brian Le – Palliative Care Physician and Medical Oncologist, Director of Palliative Care at the VCCC

- 
- > Dr Aaron Wong – Palliative Care Physician and Medical Oncologist, Palliative Care Clinical Trials, Research Fellow, Austin Hospital
 - > Dr Belinda Butcher – Pharmacologist, Statistician, Director at WriteSource Medical Pty Ltd, Medical Writer and Biostatistician
 - > Professor Dorothy Keefe – Medical Oncologist, Interim Director SA Cancer Service, Professor of Cancer Medicine, University of Adelaide
 - > Dr Nimit Singhal – Consultant Medical Oncology, Royal Adelaide Hospital & Senior Clinical Lecturer, University of Adelaide
 - > Ms Linda Brown – PaCCSC/CST National Manager
 - > Ms Melanie Mora – PaCCSC RA-Writer

Trials Management Committees

A Trial Management Committee will be nominated for each clinical study. These committees are responsible for the development, review and oversight of issues specific to each study, including applications for external funding, recruitment, outcomes and study milestones.

Data and Safety Monitoring Committee

The Data and Safety Monitoring Committee is an independent contracted committee responsible for the safety evaluation and determination and reporting of adverse events for all studies conducted by CST.

Consumer Advisory Group

Our Consumer Advisory Group is made up of consumers with extensive knowledge and experience across a large range of life-limiting illnesses. Its members are representative of diverse populations, including Aboriginal and Torres Strait Islander (ATSI) communities, culturally and linguistically diverse (CALD) communities, and have an understanding of healthcare services in rural, regional and metropolitan Australia. This diversity helps strengthen IMPACCT's research initiatives and develop culturally sensitive projects and protocols.

- > Meg Brassil
- > Dea Close
- > Imelda Gilmore
- > Padman Karamil
- > Bev Noble
- > Ted Moors
- > John Stubbs
- > Noelene Trotter



Master of Palliative Care External Advisory Group

Our Master of Palliative Care External Advisory Group provides: invaluable contextual and contemporary information about the health care settings in which palliative care professionals may be working in Australia; and recommendations on matters of course management and curriculum.

- > Professor Meera Agar, Professor Palliative Medicine
- > Professor Sanchia Aranda, CEO Cancer Council Australia
- > Adjunct Professor Richard Chye, Medical Director Scared Heart Health Service
- > Ms Jacky Clancy, Manager Regional Palliative Care Service – Nursing
- > Ms Amanda Culver, Health Education and Training Institute, NSW Health
- > Associate Professor Leslie Everson, Regional Director BUPA Aged Care
- > Dr Caleb Ferguson, Chancellor's Post-Doctoral Research Fellow, UTS
- > Ms Janeen Foffani, Project Manager PEPA NSW Sydney Local Health District
- > Mrs Imelda Gilmore, IMPACCT consumer
- > Ms Bronwen Hewitt, Aged-Palliative Care RN
- > Associate Professor Louise Hickman (Chair),
- > Mr Padman Karamil, IMPACCT Consumer
- > Professor Tracy Levett-Jones, Professor of Nursing Education, UTS
- > Professor Sandy Lynch, Director Institute for Ethics & Society, University of Notre Dame Australia
- > Dr Kerrie Noonan, Ground Swell
- > Professor Jane Phillips, Professor Palliative Nursing, UTS.
- > Ms Therese Smeal, President Palliative Care NSW and Palliative Care CNC
- > Ms Linda Wadsworth, Director Nursing and Midwifery Primary and Community Health, Northern Sydney Local Health District



External Academic Appointments

Professor Meera Agar

- > Conjoint Associate Professor, South West Sydney Clinical School, University of New South Wales, Sydney, NSW
- > Conjoint Associate Professor, University of Notre Dame Australia, Sydney, NSW
- > Senior Lecturer/Topic coordinator, Palliative and Supportive Services, Flinders University, Adelaide, SA

Professor David Currow

- > Matthew Flinders Distinguished Professor, Palliative and Supportive Services, Flinders University
- > Professor, Palliative Care Research, Hull York Medical School, University of Hull,
- > Associate Director (Research), Wolfson Palliative Care Research Centre, Hull York Medical School, University of Hull
- > Honorary Professor, School of Medicine, University of Sydney

Associate Professor Michelle DiGiacomo

- > Adjunct Faculty, School of Nursing, Johns Hopkins University, Maryland, USA

Professor Deborah Parker

- > Adjunct Associate Professor, School of Nursing and Midwifery, University of Queensland
- > Adjunct Professor, Ingham Institute for Applied Medical Research
- > Adjunct Professor, School of Nursing and Midwifery/Centre for Applied Nursing Research, Western Sydney University

Professor Jane Phillips

- > Adjunct Professor, School of Nursing, University of Notre Dame Australia, Sydney, NSW
- > Honorary Professor, School of Nursing, Hong Kong Polytechnic University
- > Visiting Professor, School of Medicine, University of Sydney, NSW
- > Visiting Professor, School of Nursing, Sun Yat-sen University, Guangzhou, China
- > Visiting Professor, Oxford Brookes University, Faculty of Health and Life Sciences, Oxford, United Kingdom

Editorial Roles

Professor David Currow

- > Associate Editor, Journal of Pain and Symptom Management
- > Editorial Board, Current Opinions in Palliative and Supportive Care
- > Editorial Board, Indian Journal of Palliative Care
- > Editorial Board, Journal of Opioid Management
- > Editorial Board, Journal of Palliative Medicine

Dr Seong Cheah

- > Editorial Board, International Journal of Healthcare
- > Editorial Board, Journal of Alternative, Complementary & Integrative Medicine
- > Editorial Board, Journal of Cardiology and Therapy

Professor Patricia Davidson

- > Editor, Collegian
- > Associate Editor, International Journal of Nursing Studies
- > Editorial Boards, European Journal of Cardiovascular Nursing
- > Editorial Board Journal of Cardiovascular Nursing
- > Editorial Board Heart Lung and Circulation

Associate Professor Michelle DiGiacomo

- > Associate Editor, BMC Health Services Research
- > Deputy Editor, Journal of Smoking Cessation

Associate Professor Louise Hickman

- > Editor in-Chief, Contemporary Nursing

Dr Anmarie Hosie

- > Editorial Board, Journal of Gerontological Nursing

Associate Professor Sally Inglis

- > Editorial Board, Cochrane Heart Review Group
- > Editorial Board, Journal of Nursing Scholarship
- > Editorial Board, Journal of Cardiovascular Nursing

Prof Lawrence Lam

- > Editorial Board, Advances in Medicine Journal – Public Health
- > Editorial Board, Austin Addiction Sciences
- > Editor, Cogent Medicine
- > Editorial Board, International Archives of Addiction Research and Medicine



Dr Tim Lockett

- > Academic Editor, PLOS One
- > Editorial Board, World Journal of Psycho-social Oncology

Prof Jane Phillips

- > Associate Editor, Chronic Illness
- > Editor, Collegian
- > Editorial Board, International Journal of Palliative Nursing
- > Editorial Board, Palliative Medicine

Dr Xiaoyue Xu

- > Reviewer Editor, Frontier in Public Health

UTS Committees


- > Faculty of Health, Deans Advisory Committee (DP, LH)
- > Faculty of Health, Deans Management Group (JLP)
- > Faculty of Health, Faculty Board (LH, SC)
- > Faculty of Health, Faculty Courses Committee (LH)
- > Faculty of Health, HDR Student Assessment Chair (LH, MD)
- > Faculty of Health, Research Impact Strategy Committee (JLP, LL, MA, LL)
- > Faculty of Health, Research Committee (JLP, TL)
- > Faculty of Health & Graduate School of Health, Research Integrity Officer (DP)
- > Graduate School of Health, Heads Advisory Committee (LL)
- > UTS Human Research Ethics Committee (TL)
 - Clinical Trials Sub-committee (MA-Chair, LL)
- > UTS / Prince of Wales Hospital Clinical Alignment Precinct (DC)
- > UTS Social Impact Framework Committee (MA)
- > UTS A/Professor Promotions Committee Faculty of Health Representative (LH)

UTS Teaching and Learning

- > Masters of Palliative Care subject development (LH)
 - Communicating and Collaborating for Optimal Person-centred Care [96801] (MD, LH)
 - Delivering Best Palliative Care Any Place Every Time [96802] (LH, TL)
- > Teaching and subject coordination (postgraduate):
 - Evidence Based Practice [92790] (MD)
 - Faculty of Health & Graduate School of Health Joint Research Methodology Workshops series (LL)
 - Introduction to Qualitative Studies [92973] (MD)
 - Non-communicable Disease [96023] (MD)
- > Teaching (undergraduate):
 - Evidence in Health Care [92568] (TL)
 - Evidence for Nursing [92318] (MD)
- > Guest lecturer
 - Core Concepts in Acute Care Nursing' [92616], Faculty of Health (AH)
 - Introduction to Specialty Practice: Aged Care [92339], Faculty of Health (XX)
 - Research for Nurse Practitioners [92663], Faculty of Health (AH)
 - Social Perspectives of Public Health [96704], Faculty of Health (TL)
 - Specialty Clinical Practice [92869], Faculty of Health (MV)
 - Evidence in Health [92618-], Faculty of Health (MD)
- > Research Methodologies Consultations, Faculty of Health (LL)
- Facilitator, '12 weeks to Publication' program, Faculty of Health (XX)

New Grants

1. **Agar, M.** (Chair), Establishment of the Palliative Care Clinical Academic Group. *The Sydney Partnership for Health, Education, Research and Enterprise (SPHERE)*, 2018-2021: \$400,000.
2. **Agar, M., Currow, D.C., Phillips, J.L.,** Clark, K., & **Brown, L.** Cancer Symptoms Trials (CST). *Cancer Australia*, 2018-2019: \$499,320.
3. Braithewaite, J., Ward, R., **Currow, D.**, Delaney, G., Kefford, R., Olver, I., Karnon, J., Crowe, P., Liauw, W., Westbrook, J. Centre for Research Excellence in Implementation Science in Oncology (CREISO) APP1135048. *NHMRC (CRE)*, 2018-2022: \$2,495,783.
4. Collier, A., **Hosie, A., Agar, M., Phillips, J.L.**, Jones, V., Basire, K., Gillmore, D., Brassil, M., Cheah, S.L., **Kochovska, S.**, Caplan, G., Chye, R., Kurrle, S., Ely, E.W., Lawlor, P., Bush, S., Davis, J.M. A feasibility study of a non-pharmacological delirium prevention intervention for hospitalised Māori and non-Māori with advanced cancer. *Cancer Research Trust New Zealand*, 2019-2020: \$79,123.
5. Debono, D., Catling, C., Saunders, C., Hor, S., **DiGiacomo, M.**, Attwood, R., & Matiuk, S. Using Medical Improv to enhance communication, teamwork and learning. *UTS Vice Chancellor's Learning and Teaching Grant*, 2018: \$2,000.
6. Degenhardt, L., Blyth, F., Dunlop, A., Wilson, A., Mattick, R., Larney, S., Campbell, G., **Currow, D.**, & Larance, B. Combating escalating harms associated with pharmaceutical opioid use (APP1138442). *NHMRC*, 2018-2021: \$925,767.
7. Delbaere K, Lovell, N, Brodie, M, **Inglis, S,C.**, Ooi SY. *Standing Tall-cardio*. An engaging self-management program and scalable intervention using mobile technology to enhance healthy ageing and reduce fall risk in people with intermittent claudication: a randomised trial. *The Sydney Partnership for Health, Education, Research and Enterprise (SPHERE)*, 2018-2020: \$40,000.
8. Ferguson, C., Stevens, K., **Hickman, L,D.**, Breen, P., **Inglis, S,C.**, Newton, P., MacDonald, P. Exploring patient and clinician perspectives on the use of wearable cardiac monitoring technology. *The Sydney Partnership for Health, Education, Research and Enterprise (SPHERE)*, 2018-2020: \$27,463.
9. Gonski, P, **Hickman, L.D.**, George, A. An integrated model to improve frailty in older people. *The Sydney Partnership for Health, Education, Research and Enterprise (SPHERE)*, 2018-2020: \$100 000.
10. Hall, J., **Agar, M.**, Street, D., Kenny, P., & **Phillips, J.L.** Als: Trotter, N., Gilmore, I., Noble, B., & Brassil, M. Community preferences for care in life limiting illness (APP1159202). *NHMRC*, 2019-2022: \$516,397.
11. **Hosie, A., Kochovska, S., Agar, M., Parker, D.**, Ries, N., Caplan, G., Sheehan, C., Gilmore, I., Lobb, E., Lee, W., Collier, A., Sanderson, C., Brown, L., **Visser, M., Xu, X.**, Sinclair, S., Chye, R., Sheahan, L. & Amgarth-Duff, I. Research participation by older people with impaired decision-making capacity: a scoping review of consumers' perspectives and



experiences. *The Sydney Partnership for Health, Education, Research and Enterprise (SPHERE)*, 2018-2019: \$29,963.

12. **Kochovska, S., Phillips, J.L., Agar, M., Davidson, P., DiGiacomo, M., Lockett, T., Chang, S.,** Morgan, L., Fazekas, B., Ferreira, D., Brassil, M., Gilmore, I., & **Currow, D.** Discussing the impact of chronic breathlessness in clinical consultations – making the invisible, visible: perceptions and experiences of people with chronic breathlessness, their caregivers, and health professionals as they have clinical interactions. *Health Futures Development Grants UTS*, 2019: \$20,000
13. **Lockett, T., Phillips, J.L.,** & Newton-Jones, T. Opioids prescribed to people with cancer and pain. *Translational Cancer Research Network Grant*, 2018: \$10,000.
14. **Lockett, T., Phillips, J.L.,** & Newton-Jones, T. Risks versus benefits from opioids prescribed to people with cancer and pain. *Health Futures Development Grants UTS*, 2018: \$19,200.
15. **Phillips, J.L., Currow, D.C., Agar, M., Lockett, T.,** Virdun, C., & Heneka, N. Development of Palliative Care Indicators for inclusion into the National Cancer Control Indicators Framework. *Cancer Australia*, 2018: \$43,890.
16. Poulos, R., Boon, M-Y., Flowers, K., George, A., Lui, K., Watson, K., Poulos, C., Simpson, P., **Parker, D.,** Palesy, D., Liston, M., Steiner, G., Ramsey, G., & Pont, L. Preparing the workforce for an ageing Australia: the development of multidisciplinary competencies for health care workers *The Sydney Partnership for Health, Education, Research and Enterprise (SPHERE)*, 2018-2019: \$30,000.
17. Ryan, R., Ellinson, A., **DiGiacomo, M.,** Simoes de Santos, P., van den Nieuwenhof, A., & Newman V. Smoking Cessation Framework Evaluation – Baseline, *Cancer Institute NSW*: 2018-2019: \$60,000.
18. Sanders, C., Gonski, P., **Parker, D.,** Debono, D., **Hickman, L.D,** Lewis, J., & Travaglia, J. Taking the first step - identifying local issues and workable solutions to improve healthcare for older people. *The Sydney Partnership for Health, Education, Research and Enterprise (SPHERE)*, 2018-2019: \$23,973
19. Stevens, K., **Parker, D.,** & Leahy, A. Time Travelling with Technology: Google Liquid Galaxy for Reminiscence for people with dementia. *Dementia Collaborative Research Centre Project Grant Knowledge Translation 2018*, 2018: \$50,000.
20. Sullivan, E., Anazodo, A., Roder, D., Nicholl, M., Gordon, A., Reddy, P., Hayen, A., Li, Z., **Currow, D.,** Chen, T. Cancer and outcomes in pregnancy – a national evaluation (COPE). *Cancer Council NSW*, 2018-2020: \$445,384.
21. Sullivan, E., Williams, M., Kang, M., Sherwood, J., Baldry, E., Bowman, J., Brown, J., **Chang, S.,** Worner, F. & Wayland, S. (2018). BANGAMALHANA: A collaborative throughcare program to support social and emotional wellbeing of young Aboriginal and Torres Strait Island females transitioning from prison to community APP1154002. *NHMRC Targeted Research into Indigenous Social and Emotional Wellbeing*, 2019-2023: \$955,648.
22. Woods, M., van Gool, K., **Parker, D., Agar, M.** Scoping proposal for the identification of unmet needs for people requiring palliative care. *Palliative Care Australia*, 2018: \$64,000.

CURRENT PROJECTS

Palliative Care

Our program of research focuses on building the evidence at the patient, health professional and systems levels to better support people with chronic care needs transitioning into palliative care.

We conduct this research in collaboration with the:

- > Palliative Care Clinical Studies Collaborative (PaCCSC);
- > Cancer Symptoms Trials Group (CST); and
- > Improving Palliative Care through Clinical Trials and Research (ImPaCCT:NSW).

Care-IS: Caregiver Intervention Study

Randomised controlled phase II trial of a structured nurse led home based support and education program for carers of people with high grade glioma.

*Chief Investigators: Associate Professor Georgia Halkett, Professor Anna Novak, Professor Elizabeth Lobb, **Professor Meera Agar, Professor Jane Phillips**, Dr Lisa Miller, Associate Professor Rachael Moorin, Dr Therese Shaw*

Project Manager: Ms Robyn Attwood

Funding: Cancer Australia

High Grade Glioma (HGG) is a rapidly progressive and significantly debilitating disease with a median survival of 12 months and a 5 year survival of 10%. The primary caregivers of people with this diagnosis experience significant levels of distress, anxiety and depression, which impact on their experience of caregiving, the quality of care received and the community in terms of the increased reliance on health care and potentially the development of complicated grief. This 12-month individually tailored supportive educational intervention aims to improve the experience of caregiving for carers of patients with HGG, through: regular assessment of the carers needs with coordination of care where required and provision of appropriate written resources; nurse led face to face home visit; personalised information resource folder tailored to individual carer needs; and ongoing telephone support for 12 months. The trial will evaluate whether the education and support intervention improves carer preparedness for the caring role, improve carers quality of life, reduces carer anxiety and depression and reduces unplanned use of health services.

This study is being coordinated collaboratively with Curtin University in Western Australia, where the study has been running since 2014. The New South Wales arm of the study has been recruiting since mid-2017 across five sites, with 32 referrals and 22 caregivers consenting to participate to date.

Conference presentations:

- Halkett et al. *What support are carers requiring over time during nurse-led support provided as part of the Care-IS study?* (poster). Cooperative Trials Group for Neuro-oncology Annual Scientific Meeting, Brisbane, QLD, 7-9 October 2018.

- Halkett et al. *Exploring the carer's experience of looking after a person diagnosed with primary brain cancer: an exploration of carers' experiences during nurse-led phone interviews for the intervention 'Care-IS'* (poster). Cooperative Trials Group for Neuro-oncology Annual Scientific Meeting, Brisbane, QLD, 7-9 October 2018.
- Halkett et al. *What support are carers requiring over time during nurse-led support provided as part of the Care-IS study?* (poster). Clinical Oncological Society of Australia Annual Scientific Meeting, Perth, WA, 13-15 November 2018.
- Halkett et al. *Exploring the carer's experience of looking after a person diagnosed with primary brain cancer: an exploration of carers' experiences during nurse-led phone interviews for the intervention 'Care-IS'* (poster). Clinical Oncological Society of Australia Annual Scientific Meeting, Perth, WA, 13-15 November 2018.

End of Life Care in Residential Homes Project

- **Evaluation of the HammondCare end of life residential homes project**
- **Chief Investigators: Professor Deborah Parker, Professor Meera Agar, Professor Jane Phillips**
- **Funding: Sydney North Primary Health Network**
- The HammondCare **Delivering End of Life Care into Residential Homes** project aimed to improve advance care planning and palliative care for residents living in twenty-three residential aged care homes. The project consisted of a multidisciplinary clinical advice service and structured education. Clinical data for deaths occurring prior to the intervention (n= 111) and following the intervention (N=170) indicated that residents in the post intervention group demonstrated improvements in end of life care including reduction of hospital admissions in the last week of life compared to the pre intervention group. Staff knowledge and confidence also improved during the project.

Ketamine for Depression Pilot Study


Subcutaneous ketamine infusion for major depressive disorder in palliative care patients with advanced life limiting illness: a phase II pilot feasibility study

Chief Investigators: Dr Wei Lee, Dr Caitlin Sheehan, Dr Fiona Stafford-Bell, Professor Richard Chye, Professor Colleen Loo, Professor Brian Draper, Professor Meera Agar, Professor David Currow

Funding: Palliative Care Clinical Studies Collaborative

This study is in start-up phase with sites to open for recruitment early 2019. Dr Wei Lee was awarded a TCRN (Translational Cancer Research Network) Clinical PhD top-up scholarship for this work.

Depression is common in patients who have advanced life-limiting illness that significantly impacts quality of life. Most antidepressants have limited therapeutic benefits in patients with extremely short prognoses, due to the slow onset of action. In the psychiatry literature, subanaesthetic doses of ketamine are emerging as a novel rapid onset antidepressant for



patients with treatment resistant major depression with high response rate, though having short-lived effect.

This study aims to explore the use of ketamine in palliative care for people with major depressive disorder, in particular to see if this agent can address significant need for antidepressants to have rapid effects. The specific primary aim is to determine the feasibility, safety, tolerability, acceptability and activity of individually tailored subcutaneous ketamine as a treatment for major depressive disorder in hospitalised patients with advanced life-limiting illnesses, and to generate pilot data on ketamine's antidepressant effectiveness to inform a larger phase III trial.

Lifespace Assessment Validation

Validation of Modified Life-Space Assessment for palliative care populations

Chief Investigators: Professor Jane Phillips, Professor Lawrence Lam, Dr Tim Lockett, Professor Meera Agar, Professor David Currow

The original Life Space Assessment (LSA) questionnaire focused on measuring the spatial extent of the person's typical life space over a three day time frame. This questionnaire was validated in a sample of older community based Americans undergoing cataract surgery (N=242) who were followed up for 3 years, with test- re-test reliability evaluated at 12 and 24 months. The original Life Space Assessment has subsequently been expanded to include two additional domains: i) frequency and ii) independence. The expanded Life Space Assessment now measures the extent, frequency of movement and the assistance required to enable a person to interact within their physical environment over the 4 weeks preceding assessment with follow-up at 4 weeks. The strengths of this expanded LSA assessment is that it maps where the person goes, the frequency with which they go there, and their need for equipment or help from another person. The limitation of using this validated expanded LSA questionnaire with palliative care patients would need to recall their activity levels two weeks post baseline assessment and then again at six months, which is not feasible given the limited life expectancy of this population. This study proposes to validate a modified expanded Life-Space Assessment for use in community dwelling palliative care populations using a shorter follow-up time period (one, two, three or four week follow-up).

The PRESERVE Pilot Study

Phase 2 (pilot) cluster randomised controlled trial of a multi-component non-pharmacological intervention to prevent delirium for hospitalised people with advanced cancer

Chief Investigators: Professor Meera Agar, Dr Annmarie Hosie, Professor Jane Phillips

Project Coordinator: Dr Anna Green

Funding: National Breast Cancer Foundation

Delirium during hospitalisation is a significant medical complication for up to two in every three people with advanced cancer. Delirium adversely affects cognition, awareness and communication ability at a critical time when being mentally aware and interacting with loved

ones is crucial. An episode also can lead to many adverse consequences: distress, increased falls, physical and mental decline, longer hospital stay, increased mortality and higher health care costs.

The aim of the PRESERVE pilot study was to determine if a tailored multicomponent non-pharmacological delirium prevention intervention is feasible and acceptable for people with advanced cancer in hospital. The study developed a multi-component non-pharmacological delirium prevention intervention for the inpatient palliative care and oncology setting and people with advanced cancer. Participating sites introduced delirium screening and diagnostic assessment; two intervention sites also introduced the multi-component intervention (preserve natural sleep; maintain optimal vision and hearing; optimise hydration; promote communication, orientation and cognition; optimise mobility and function; and family partnership). Patient, family caregivers, staff and volunteer feedback about the feasibility and acceptability of the intervention were obtained using interviews and surveys. The study has completed data collection and the investigator team are currently undertaking data analysis and reporting. Results and findings indicate that a phase III trial of the intervention is feasible in patients with advanced cancer who are receiving palliative care.

Publications:

- Hosie, A., Phillips, J.L., Kochovska, S., Brassil, M., Noble, B., Kurrle, S., Cumming, A., Caplan, G.A., Chye, R., Le, B., Ely, E.W., Lawlor, P.G., Bush, S.H., Davis, J.M., Lovell, M., Brown, L., Fazekas, B., Cheah, S.L. Edwards, L., & Agar, M. (2018) Multicomponent non-pharmacological intervention to prevent delirium for hospitalised people with advanced cancer: study protocol for a phase II cluster randomised controlled trial. *BMJ Open*, (accepted November 2018)

Conference presentations:

- Hosie, A., Phillips, J., Lam, L., Kochovska, S., Brassil, M., Noble, B., Kurrle, S., Cumming, A., Caplan, G., Chye, R., Le, B., Ely, E. W., Lawlor, P., Bush, S., Davis, J. M., Lovell, M., Brown, L., Cheah, S. L., Edwards, L., Agar, M., *A phase II cluster randomised controlled trial of a multi-component non-pharmacological intervention to prevent delirium for in-patients with advanced cancer (The PRESERVE pilot study)*, Australasian Delirium Association 4th Biennial Conference, Melbourne, VIC, 6-7 September 2018. *Winner of Rotary Club of Eltham Prize for 'Novel delirium research demonstrating improved patient care'
- Agar, M., Kerfoot, J., Kuwahata, L., Davis, J. M., Hauser, K., Lovell, M., Parr, C., Williams, S., Hosie, A., Phillips, J. *A phase II cluster randomised controlled trial of a multi-component non-pharmacological intervention to prevent delirium for hospitalised people with advanced cancer: study protocol*, Australian and New Zealand Society of Palliative Medicine Conference 2018, Sydney, NSW. 6-7 September 2018.
- Hosie, A., Phillips, J., Kochovska, S., Brassil, M., Noble, B., Kurrle, S., Cumming, A., Caplan, G.A., Chye, R., Le, B., Ely, E.W., Lawlor, P.G., Bush, S.H., Davis, J.M. Lovell, M., Brown, L., Fazekas, B., Cheah, S.L. Edwards, L. and Agar, M. Non-pharmacological intervention to prevent delirium for people with advanced cancer: protocol of a phase II cluster randomized waitlist controlled trial. Palliative Care Nurses Association, Brisbane, QLD, 20-21 May 2018.

- Hosie, A., Phillips, J., Lam, L., Kochovska, S., Brassil, M., Noble, B., Kurrle, S., Cumming, A., Caplan, G., Chye, R., Le, B., Ely, E. W., Lawlor, P., Bush, S., Lovell, M., Cheah, S. L., Brown, L., Fazekas, B., Agar, M. *A phase II cluster randomised controlled trial of a multi-component non-pharmacological intervention to prevent delirium for hospitalised people with advanced cancer: study protocol*, Cancer Nursing Society Association 21st Annual Congress. Brisbane, QLD, 21 - 23 June 2018.
- Hosie, A., Phillips, J., Lam, L., Kochovska, S., Bush, S., Lawlor, P., Ely, W. E., Agar, M. *Non-pharmacological intervention to prevent delirium for people with advanced cancer: protocol of a phase II cluster randomized waitlist controlled trial*, American Delirium Society 8th Annual Meeting 2018, June 10-12, San Francisco, USA
- Hosie, A., Phillips, J., Kochovska, S., Brassil, M., Noble, B., Kurrle, S., Cumming, A., Caplan, G.A., Chye, R., Le, B., Ely, E.W., Lawlor, P.G., Bush, S.H., Davis, J.M., Lovell, M., Brown, L., Fazekas, B., Cheah, S.L. Edwards, L. and Agar, M., *A phase II cluster randomised controlled trial of a multi-component non-pharmacological intervention to prevent delirium for hospitalised people with advanced cancer: study protocol*, European Palliative Care Association 10th World Research Congress, Bern, Switzerland, 24-26 May 2018.

The UP Study

A phase II (pilot) randomised, placebo-controlled trial of the efficacy and side effect profile of pregabalin in the management of uraemic pruritus in patients with conservatively managed End Stage Kidney Disease (ESKD)


Chief Investigators: Professor Meera Agar, Dr Frank Brennan, Professor Mark Brown, Dr Jessica Lee, Dr Rajesh Aggarwal, Dr Thang Du Huynh, Ms Celine Foote, Ms Elizabeth Josland, Dr Caitlin Sheehan

Funding: Palliative Care Clinical Studies Collaborative

Uraemic Pruritus (UP) is a common and often disabling symptom experienced by patients with end stage kidney disease (ESKD). It is associated with an impaired quality of life, disrupted sleep, depression and reduced mortality. In a large systematic study of symptom prevalence in patients with ESKD on dialysis, the mean weighted prevalence of uraemic pruritus was 55 % and in studies of symptom prevalence in patients with ESKD being managed conservatively the prevalence ranged from 69 % to 74 %.

While many theories abound, the aetiology of uraemic pruritus remains uncertain. Equally, until recent years, the management of uraemic pruritus has been largely empirical. Amongst those medications that have shown encouraging results in the treatment of uraemic pruritus are alpha 2 delta subunit ligands (gabapentinoids). The very little evidence for the use of Pregabalin in UP. There has been 5 poorly designed RCTs of Gabapentin on UP which showed it to be of benefit. A recent qualitative systematic review of the literature on the management of UP with Gabapentin called for more high quality research.

This multi-centred pilot study is a prospective, randomised, placebo-controlled trial to determine the efficacy and side effect profile of Pregabalin in the management of uraemic pruritus in



patients with End Stage Kidney Disease (ESKD) who are conservatively managed. Its objective is to test the feasibility, safety and preliminary signal of efficacy to inform a definitive phase III study.

The Impact of Chronic Breathlessness in Clinical Consultations – making the invisible, visible

Discussing the impact of chronic breathlessness in clinical consultations – making the invisible, visible: perceptions and experiences of people with chronic breathlessness, their caregivers, and health professionals as they have clinical interactions

*Chief Investigators: **Dr Slavica Kochovska**, Professor Jane Phillips, Professor Meera Agar, Professor Patricia Davidson, Associate Professor Michelle DiGiacomo, Dr Tim Luckett, Dr Sungwon Chang, Associate Professor Lucy Morgan, Ms Belinda Fazekas, Dr Diana Ferreira, Ms Meg Brassil, Mrs Imelda Gilmore, **Professor David Currow***

Funding: Health Futures Development Grant, University of Technology Sydney

Chronic breathlessness is one of the most prevalent and feared symptoms in people with life-limiting illnesses. Chronic breathlessness is highly debilitating and has a profound impact on people's lives and those of their families, affecting their function (both physical and psychosocial), compromising their ability to perform everyday tasks, and resulting in poor quality of life, and greater anxiety and depression. Despite these effects, chronic breathlessness is often under-reported by patients and under-detected by their clinicians, making this symptom particularly 'invisible' and, subsequently, under-treated. Reductions in activities of daily living (i.e. 'doing less') can reduce the intensity of breathlessness while magnifying its impact. Because of its insidious nature, early detection of chronic breathlessness is important, before deconditioning sets in and people self-impose ever more limiting function. Finding an effective means to engage clinicians to identify and respond to this symptom during clinical consultations is crucial.

This qualitative study will be undertaken with people with chronic breathlessness, their caregivers and clinicians to explore their perceptions and experiences of discussing chronic breathlessness and identifying people with breathlessness-related needs in clinical consultations. The study will include focus groups and semi-structured interviews.

Aged Care

Australia has an ageing population with the proportion of older people aged 65 more than tripling over the last fifty years. Over 80% of deaths in Australia are of people aged 65 and over, with dementia now the second leading cause of death. The need for and interactions with aged care services, primary care and acute services for older people increases as they approach end-of-life.

Research on palliative and end-of-life care is critical to understanding the holistic needs of older people with dementia and other life limiting illness, supporting family caregivers, addressing workforce challenges and understanding care needs across care settings. IMPACCT has three broad programs of research focused aged care:

- Improving palliative care for older people across care settings
- Workforce planning, education and support

- Family caregivers

An integrated model to improve frailty in older people

*Chief Investigators: Associate Professor Peter Gonski, **Associate Professor Louise Hickman**, Ahilan George, Director and Co-Founder Vitality Club*

Funding: Maridulu Budyari Gumal - The Sydney Partnership for Health, Education, Research and Enterprise (SPHERE)

As people get older, they develop chronic illnesses and their general function and/or cognition deteriorates (frailty). The frailty clinic is a holistic multi-disciplinary assessment and intervention service to improve frailty. A comprehensive geriatric assessment coupled with treatment modification and exercise have the potential to benefit a person by slowing the process of frailty thereby improving quality of life. Integrated assessment and management in a frailty clinic allows for timely assessment and treatment options by medical and allied health experts working side-by-side. As frail people often have to attend multiple appointments over protracted periods, an integrated model of care would reduce the number of appointments and improve outcomes. The clinic includes education to train GPs in assessment and management and also research to assess the outcome and benefits of the clinic.

Caring@home

Caring safely for Australians at home

*Chief Investigators: Professor Elizabeth Reymond, Aged & Community Services Australia, Australian Primary Health Care Nurses Association, Professor Jennifer Tieman, Leading Age Services Australia, National Prescribing Service, Pharmaceutical Society of Australia, The Royal Australian College of General Practitioners and **Professor Deborah Parker***

Funding: National Palliative Care Grants Department of Health and Ageing


The caring@home project aims to improve the quality of palliative care service delivery across Australia by upskilling community service providers to train lay carers to provide safe and effective breakthrough palliative symptom management to a family member/friend living at home.

Online modules to train registered nurses caring for people at home are now available as is a resource pack for training carers: www.caringathomeproject.com.au.

Clinical Practice in the treatment of delirium

*Investigators: **Dr Annmarie Hosie**, **Professor Meera Agar**, **Ms Linda Brown**, Associate Professor Gideon Caplan, Professor Brian Draper, Associate Professor Stephen Hedger, Professor Debra Rowett, Ms Penny Tuffin, **Dr Seong Leang Cheah**, **Professor Jane Phillips**, **Professor David Currow***

This study will use a mixed-methods design and behaviour change theory to survey and interview Australian doctors, nurses and pharmacists about their treatment of delirium, with a focus on the use of antipsychotics.



Delirium is an acute, debilitating and distressing neurocognitive condition that occurs as a result of illness, injury and hospitalisation, with older people most at risk. Recommended clinical strategies for delirium are to assess the patient; identify and treat underlying risk factors and causes; ensure that they are safe and have sufficient sleep, sensory aids, hydration, and physical and cognitive activity; and advise and reassure the patient and their family. These strategies prevent delirium in around one in three older patients, with less evidence available that they effectively treat delirium. Recent high-level studies have reported that antipsychotics do not reduce delirium duration, severity, associated distress or other poorer outcomes. Clinical practice change to reduce the use of antipsychotics for delirious patients is therefore warranted but challenging because delirium can be very distressing for patients, their family and clinicians, and there is uncertainty about the effectiveness of alternative strategies.

The project will ascertain clinicians' current practice; the degree and nature of their practice change following publication of evidence that antipsychotics are ineffective for delirium; and what has influenced their current practice and practice change. The outcome of the project will be evidence- and theory-based recommendations for clinical research in the treatment of delirium.

End of Life Directions in Aged Care

Specialist palliative care and advance care planning advisory services

*Chief Investigators: Professor Patsy Yates, Professor Jennifer Tieman, **Professor Deborah Parker**, Palliative Care Australia, Leading Aged Care Services, Aged Care Services Australia, Catholic Healthcare, and Australian Healthcare and Hospitals Association*

Funding: Department of Health and Ageing, National Palliative Care Grants

[End of Life Directions for Aged Care \(ELDAC\)](#) brings together three universities and five aged, palliative and primary care national bodies to improve the care of older Australians through advance care planning activities and palliative care connections. This aims to reduce avoidable hospital admissions, reduce length of stays, and improve quality of care for people supported in residential and community aged-care programs by focusing on four streams of work: Capacity building through access to toolkits and to online and phone support; Improved care and service provision through technology solutions; Better understanding of issues through policy briefings and meetings; and Service and sector development through local and regional partnerships.

Conference presentations:

- Parker, D., Tieman, J., Yates, P. *End of Life Directions in Aged Care – Digital Solutions*. Australian Association of Gerontology Conference, 21-23 November 2018, Melbourne, VIC.



Exploring patient and clinician perspectives on the use of wearable cardiac monitoring technology

Chief Investigators: **Dr Caleb Ferguson**, Professor Kate Stevens, **Associate Professor Louise Hickman**, Associate Professor Paul Breen, **Associate Professor Sally Inglis**, Professor Phillip Newton, Professor Peter MacDonald

Project Coordinator: Kirsten Parker

Funding: Maridulu Budyari Gumal - The Sydney Partnership for Health, Education, Research and Enterprise (SPHERE)

There are many novel wearable devices available to monitor heart function in older people. Yet, there has been limited research to explore: the clinical indications for use; how these could be used in healthcare and; the usability of devices from the patient perspective. Our research will explore clinician and patient perspectives on the use of wearable cardiac monitoring technology for older adults. A co-design approach will be used to gain perspectives into the use, application and feasibility of applying these devices in routine care. This will be achieved through a series of focus groups and interviews with clinicians, patients and caregivers. A usability study will be conducted to evaluate the user experience of these devices and identify areas for potential improvement. How these devices could be implemented within everyday healthcare will be explored. Recommendations will be developed for the integration of wearable devices to monitor heart function in older people.

Methods to promote inclusion and participation in clinical research by older people with impaired decision-making capacity: a systematic review

Chief Investigators: **Dr Annmarie Hosie**, Dr Caitlin Sheehan and **Professor Meera Agar**, on behalf of the PaCCSC Cognitive, neurological and mood disorders sub-committee

In order to maintain and improve the quality of research and the relevance of its findings for clinical practice, the research population should reflect the clinical population as much as possible. Evidence suggests that older people (> 65 years), particularly those with impaired decision-making capacity due to cognitive or physical conditions, are under-represented in research for a variety of reasons. Usual practice means that they are either excluded from participating, or consent is obtained by proxy or legal guardianship. If person-centred care is to be promoted, then it is imperative to enable older people with impaired decision-making capacity to be directly involved in research. This study aims to evaluate methods that promote the inclusion and participation of adults with impaired decision-making capacity in research, via a systematic review of the literature.

Reminiscence therapy using Google liquid galaxy

Knowledge Translation and Time Travelling with Technology (KT-TTT): Google Liquid Galaxy for Reminiscence for people with dementia

*Chief Investigators: Professor Kate Stevens, **Professor Deborah Parker**, Mr Andrew Leahy*

Funding: Dementia Collaborative Research Centres and in-kind contribution from BaptistCare

Building on the feasibility and overwhelming popularity of the Time Travelling with Technology (TTT) Liquid Galaxy immersive installation in two BaptistCare facilities in north-west Sydney, knowledge gained from the two experiments will be translated in KT-TTT to develop a portable and more automated version of the technology and resource. Two phases of resource development were completed:

1. Software and hardware streamlining and simplification for general ease of use and wider scale deployment better suited to the IT environment common in aged-care facilities; and
2. Developing an implementation guide for care staff to understand the theoretical and evidence-based framework that underlies RT and TTT including a guide for a six-week program; manual for using the technology; and evaluation of the usability of the platform and the guide.

A prototype version of TTT using Liquid Galaxy's Peruse-a-Rue platform, which utilises the Node JS framework has been developed. This platform provides a solution for users that requires a low-level of technical expertise to install. An implementation Guide for planning and conducting technology-based Reminiscence Therapy sessions and steps for using the tablet driven system have also been prepared and trialled with end users.

Publications: -

Conference presentations:

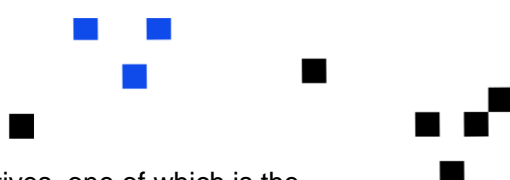
Stevens, K., **Parker, D.**, Leahy, A., Watson, K., Time Travelling with Technology (TTT): Applying and Evaluating Behavioural and Psychosocial Benefits of Liquid Galaxy-Based Reminiscence Therapy for People with Dementia, *National Institute of Dementia Forum*, 15th-17th October, 2017 Melbourne, Australia.

Taking first steps - identifying local issues and workable solutions to improve healthcare for older people

*Chief Investigators: Dr Carla Saunders, Associate Professor Peter Gonski, **Professor Deborah Parker**, Dr Deborah Debono, **Associate Professor Louise Hickman**, Dr Joanne Lewis, Professor Joanne Travaglia*

Funding: Maridulu Budyari Gumal - The Sydney Partnership for Health, Education, Research and Enterprise (SPHERE)

Healthcare provision and administration, and the settings in which healthcare takes place influence when, what and how healthcare is delivered. Gaining a sound understanding of these influences at the local level is very important as efforts to change healthcare delivery will need to incorporate this knowledge.



Understanding these influences can be gained from multiple perspectives, one of which is the patient perspective and since most benefit is reported to be gained from placing patients at the centre of healthcare delivery, it is logical to suggest that their perspective is needed above all. This research will investigate the older patient experience of healthcare and offer health professionals and researchers an opportunity to identify enhanced or new models of care to improve the healthcare experience of older adults.

The Australian Carer Toolkit for Advanced Disease

Helping family carers to support a relative or friend with advanced disease: The Australian carer toolkit for advanced disease

*Chief Investigators: Professor Peter Hudson, **Professor Deborah Parker**, Professor Jennifer Tieman and Carers Australia*

Funding: National Palliative Care Grants Department of Health and Ageing

The purpose of the Australian carer toolkit for advanced disease is to help Australian family carers to support a person with advanced disease by providing free access to high quality information via a national e-health toolkit.

The OPARI study

Research participation by older people with impaired decision-making capacity: a scoping review of consumers' perspectives and experiences

*Chief Investigators: **Dr Annmarie Hosie**, **Dr Slavica Kochovska**, **Professor Deborah Parker**, Associate Professor Nola Ries, Associate Professor Gideon Caplan, Dr Caitlin Sheehan, Mrs Imelda Gilmore, **Professor Meera Agar***

Project Coordinator: Dr Anna Green


Funding: Maridulu Budyari Gumal - The Sydney Partnership for Health, Education, Research and Enterprise (SPHERE)

This project complements the systematic review of methods to promote inclusion and participation in clinical research by older people with impaired decision-making capacity, described above. It aims to identify the perspectives and experiences of older people with impaired decision-making capacity and their caregivers about clinical research participation, via a scoping review and a workshop with key stakeholders (consumers and health professionals).

Chronic Care

Chronic conditions, such as cardiovascular disease, diabetes, cancer, and arthritis have a significant impact on the lives of individuals, their families and communities. Living with a chronic illness commonly requires people to make difficult decisions about treatment options, lifestyle changes, and engage in self-management strategies.

At IMPACCT, we undertake research and health services planning to help individuals and their families cope with these challenges. The research includes the design, implementation and



management of clinical trials focusing on health services, symptom management and evaluation of interventions to improve outcomes for individuals with chronic illness.

Cancer

Cancer Pain Assessment Study (CPAS)

A phase III wait-listed randomised controlled trial (RCT) of a novel targeted interprofessional clinical education intervention to improve cancer patients' reported pain outcomes.

*Chief Investigators: **Professor Jane Phillips**, Professor Tim Shaw, Professor Melanie Lovell, **Professor Patricia Davidson**, Professor Frances Boyle, Professor Lawrence Lam, Dr Nikki McCaffery, Professor Paul Harnett*

Funding: Cancer Australia

Cancer pain is experienced by 30–75% of patients in high income countries. Variations in care contribute to cancer pain being under-recognised and under-treated in 50% of patients. This project addresses a priority identified at the Australian National Pain Summit to reduce unrelieved cancer pain by improving cancer and palliative clinicians' pain assessment capabilities through a targeted mHealth inter-professional training and support intervention which combines: an online spaced learning module that delivers authentic case-based cancer pain assessment scenarios directly to a clinician's mobile device; real-time site-specific pain assessment audit and feedback, providing de-identified peer to peer comparisons; and online links to evidence-based pain assessment decision supports. The intervention will be delivered via the online QStream platform directly to clinicians' emails and will be accessible from their mobile devices.

The wait-listed randomised controlled trial (RCT) is being conducted in six sites across Australia and is coordinated by IMPACCT. Recruitment at the first study site has been completed with 23 participants in the study to date. A further three study sites will commence from May, 2019.

- Phillips, J.L., Heneka, N., Bhattarai, P., Fraser, C. & Shaw, T. (2019). Effectiveness of the spaced education pedagogy for clinician CPD: A systematic review. *Medical Education* (In press, accepted May 2019).
- Phillips, J. L., Heneka, N., Lovell, M., Lam, L., Davidson, P., Boyle, F., McCaffrey, N., Fielding, S. & Shaw, T. (2019). A phase III wait-listed randomised controlled trial of novel targeted inter-professional clinical education intervention to improve cancer patients' reported pain outcomes (The Cancer Pain Assessment (CPAS) Trial): Study protocol. *Trials*, 20(1), 62. doi:10.1186/s13063-018-3152-z

Conference presentations:

- Phillips, J.L., Lovell, M., Davidson, P., Boyle, F., Lam, L., McCaffrey, N., Heneka, N. and Shaw, T. *A Phase III wait-listed RCT of a novel targeted inter-professional clinical education intervention to improve cancer patients' reported pain outcomes: Protocol* (poster). European Association for Palliative Care 10th World Research Congress, Bern, Germany, 24-26 May 2018.

Cough in lung cancer – a health professional survey

Chief Investigators: Dr Tim Lockett, Professor Jane Phillips, Professor Meera Agar, Professor David Currow, Professor Alex Molassiotis

Cough occurs in more than half of people with lung cancer and is associated with reduced quality of life. However, it is less researched than breathlessness and less commonly the focus of management in clinical practice. Work is being undertaken to describe current management of cough in lung cancer, in order to inform the need for further development and testing of nonpharmacological and pharmacological strategies. A survey has canvassed the perspectives of clinicians with a special interest in lung cancer regarding the clinical importance and management of cough. The study is a collaboration with Prof Alex Molassiotis at Hong Kong Polytechnic University, who led the development of guidelines for cough in lung cancer.

Duloxetine Study

A Phase III, international, multi-centre, double-blind, dose increment, parallel-arm, randomised controlled trial of duloxetine versus pregabalin over 14 days for opioid unresponsive cancer-related neuropathic pain.

Chief Investigators: Visiting Professor. Hiromichi Matsuoka, Dr Jessica Lee, Professor Jane Phillips, Professor Meera Agar, Professor Melanie Lovell, Professor Brian Le, Professor David Currow

Funding: JAPAN Agency for Medical Research and Development 2017-2019, Grant-in-Aid for Scientific Research 2017-2020 (Japan), Submitted to MRFF (Australia)


Neuropathic cancer pain is experienced by approximately 33% of people experiencing cancer pain. Neuropathic pain is less responsive to opioid drugs. The effectiveness of gabapentinoids (gabapentin and pregabalin) for this population has already confirmed in two RCTs compared with placebo making this a standard of care. Duloxetine is selective serotonin noradrenalin reuptake inhibitor (SNRI) and offers the potential of analgesia in opioid unresponsive neuropathic cancer pain. However, there are no randomised controlled trials of oral duloxetine for the management of opioid unresponsive cancer neuropathic pain as a 1st line treatment. Both classes of drug have the potential to reduce neuropathic cancer pain, but there has been no head-to-head comparison for the net effect especially given differing side-effect profiles. The project includes a qualitative sub-study on the patient experience of the intervention.

Geriatric Oncology Trial

Chief Investigators: Professor Meera Agar, Professor Jane Phillips

Funding: SPHERE Cancer Academic Group SEED Grant

More than half of newly diagnosed people with cancer are 65 years and older, and this number is expected to increase as the population ages. It has been demonstrated that chronological age alone is insufficient to plan cancer treatment and supportive care for this patient group, and more comprehensive assessment is needed to avoid poor outcomes. In the Australian context, a system is needed which can ensure older people with cancer who require comprehensive geriatric assessment and the subsequent care for any problems identified, have access to this;



and that oncologists are equipped with skills to use these assessments in decisions about cancer treatments.

The first stage of this study has commenced and is focussed on developing a model of care, which includes: a screening assessment for all older people with cancer, comprehensive geriatric assessment by a trained nurse for those who have issues identified on screening, and an education package for oncologists to equip them with skills to use these assessments in cancer care planning. The second stage will implement this model in cancer centres and compare it to the usual approach to care of older cancer patients, in a randomised trial.

LIC pain Study

A multi-centre double blind randomised controlled trial of continuous subcutaneous lidocaine (lignocaine) for the management of neuropathic cancer pain - a feasibility study

Chief Investigators: Dr Jessica Lee

Funding: Palliative Care Clinical Studies Collaborative (PaCCSC)

Patients with neuropathic cancer pain are significantly more likely to receive strong opioids and adjuvant analgesia and have a reduced performance status. They report worse physical, cognitive and social function. Despite a growing body of research, there remains a proportion of pain which is poorly controlled with existing management strategies. In the European Pain in Cancer Survey, 58% of those receiving prescription medication for pain reported inadequate pain relief at least several times a week.

Lidocaine (lignocaine) offers an innovative approach to more effectively manage this challenging clinical problem and improve quality of life. It aims to provide analgesic benefit without significant psychoactive side effects unlike alternatives in this setting. There are no randomised controlled trials of continuous subcutaneous infusion of lidocaine (lignocaine) in cancer pain or in palliative care. Observational studies of continuous subcutaneous or intravenous infusion of lidocaine (lignocaine) in cancer and hospice patients have found up to 87% response but must be interpreted with caution given their design.

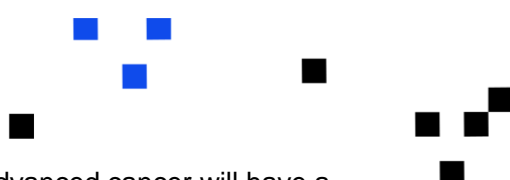
This mixed-methods feasibility pilot study aims to determine the feasibility of an international first definitive phase III trial which would evaluate the effect and safety of a continuous subcutaneous infusion of lidocaine (lignocaine) for neuropathic cancer pain.

Melatonin for the prevention of delirium

Randomised, double-blind, placebo-controlled phase III trial of oral melatonin for the prevention of delirium in hospital in people with advanced cancer

Chief Investigators: Professor Meera Agar, Professor Jane Phillips, Dr Annmarie Hosie, Dr Tim Luckett, Dr Jane Nikles, Dr Nikki McCaffrey, Professor Wes Ely, Ms Bev Noble, Ms Meg Brassil, Associate Professor Brian Le, Associate Professor Jennifer Philip, Professor Peter Lawlor, Dr Shirley Bush, Dr Delwyn Bartlett, Professor David Currow

Funding: Cancer Australia & Palliative Care Clinical Studies Collaborative (PaCCSC)



Despite being preventable in many cases, two thirds of people with advanced cancer will have a delirium episode at some point whilst in hospital. Delirium causes additional medical complications, excess mortality, high levels of patient and caregiver distress, and significant increases in health care costs. Delirium adversely affects cognition, awareness and communication ability at a critical time when being mentally aware and interacting with loved ones is crucial for quality of life. Among preventative strategies for delirium, most evidence is available for interventions that include exercise and cognitive components too demanding for hospitalised people with advanced cancer. Recently, melatonin has been highlighted as a potential pharmacological alternative that has few side-effects and good potential for cost-effectiveness.

Through a phase III trial of oral melatonin versus placebo taken each night during inpatient oncology or palliative care admission, the current study will determine if oral prolonged release melatonin compared to placebo can increase the number of delirium-free days during hospitalisation for advanced cancer patients. The study will also determine whether oral prolonged release melatonin can reduce delirium severity and duration for those who develop a delirium episode; reduce delirium incidence; cause adverse effects such as sedation; positively influence adverse events associated with delirium episodes and provide other symptom benefits in the form of improved sleep quality.

Medicinal cannabis – Bedrobinol®

Phase I/II, dose ranging study of the pharmacokinetics dose-response parameters, and feasibility of vaporised botanical cannabis flower bud in advanced cancer

*Chief Investigators: **Professor Meera Agar**, Professor Jennifer Martin, **Professor David Currow**, Professor Nicholas Lintzeris, Professor Nadia Solowij, Dr Steve Quinn, Dr Nikki McCaffrey, **Professor Jane Phillips**, Professor Peter Martin, Professor Melanie Lovell, Professor Iain McGregor, **Dr Tim Luckett**, Dr Alex Wodak, Ms Bev Noble, Dr Florian Strasser, Professor Richard Chye, Dr Jessica Lee, Dr Rajesh Aggarwal, Professor Katherine Clark, Ms Linda Brown, Dr Stephanie Reuter Lange, Dr Peter Galettis, Dr Tina Naumovski, Dr Seong Leang Cheah, Dr Zheng Liu*

Trial Coordinator: Dr Tina Naumovski

Funding: NSW Health

The aim of this combined phase I/II study is to understand the pharmacokinetics and dose-response parameters of vaporised botanical cannabis flower bud in the advanced cancer population, in order to determine the dose range for a subsequent phase III study; and evaluate feasibility and acceptability of the study design and measures for the subsequent phase III study, including appetite, adverse events, quality of life and other symptom benefits.

The trial is being undertaken at Sacred Heart Hospice, St Vincent's Hospital Darlinghurst as an inpatient study over a week and has recruited and completed ten patients to date.

Publications:

- Agar, M. (2018). Medicinal cannabinoids in palliative care. *British Journal of Clinical Pharmacology*, 84(11), 2491-2494.

Medicinal cannabis – Namisol®

Phase IIb double-blind, placebo-controlled study of oral delta-9-tetrahydrocannabinol (Namisol®) for anorexia in people with advanced cancer

Chief Investigators: **Professor Meera Agar**, Professor Jennifer Martin, **Professor David Currow**, Professor Nicholas Lintzeris, Professor Nadia Solowij, **Professor Jane Phillips**, Professor Melanie Lovell, Ms Bev Noble, Professor Richard Chye, Dr Jessica Lee, Dr Rajesh Aggarwal, Ms Linda Brown, Professor Katherine Clark, Ms Linda Brown, Dr Tina Naumovski, Dr Philip McCloud, Ms Belinda Fazekas, **Dr Seong Leang Cheah**, Dr Nikki McCaffrey

Trial coordinator: Dr Tina Naumovski

Funding: NSW Health

The study will have three phases: dose titration, maintenance and extension. Dose titration will occur day 1 – 7; participants will receive oral Namisol®/placebo 1.5 mg before dinner on day one, titrated up to 4.5 mg three times a day (tds), 60 minutes before meals. There will be allowance for dose reduction if intolerable adverse effects to the prior dose level, which will then be carried to maintenance phase. The maintenance phase will be from day 8-14 Namisol®/placebo 4.5 mg tds before meals (or lower dose if required). The primary outcome (Functional Assessment of Anorexia/Cachexia Therapy (FAACT) 12-item Anorexia–Cachexia subscale) will be measured on day 14. Participants without toxicity will then enter the two-week extension phase (day 15-28), with weekly assessments for efficacy and toxicity. At the end of the study, participants who will not continue on THC treatment will have a weaning phase over 5 days. There is a weekly, follow-up period of 28 days. The project is currently in its implementation stage. Multiple sites across NSW will be open for recruitment in 2019.

The Stop Cancer PAIN Trial

Translating evidence into practice: Implementing a national clinical pathway for pain to ensure equitable, cost-effective, evidence-based, person-centred care for people with advanced cancer

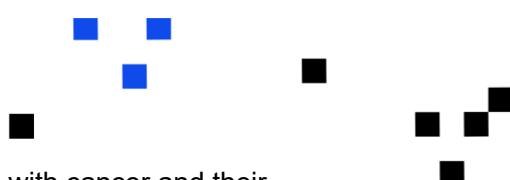
Chief Investigators: Dr Melanie Lovell, **Professor Jane Phillips**, **Dr Tim Luckett**, **Professor Patricia Davidson**, **Professor Meera Agar**, Professor Fran Boyle, Mr John Stubbs, Ms Anna Green, Professor Tim Shaw, **Professor David Currow**, Professor Louise Ryan, Dr Nikki McCaffrey

Project Manager: Ms Linda Richards

Funding: National Breast Cancer Foundation

Cancer pain continues to be a major problem experienced by cancer and palliative care patients. Under-identification, under-management and poor coordination of care contribute to the burden of pain experienced by people living with advanced cancer. The Stop Pain Pathway aims to ensure better access to evidenced based care for advanced cancer patients living with pain.

This project ensures minimum standards are met through the implementation, evaluation and dissemination of a national clinical pain pathway that provides step-by-step instructions on pain screening, assessment and management. The pathway is supported by a suite of resources,



including: a patient-held “Managing Cancer Pain” resource for people with cancer and their families that supports self-management, communication and coordination between different healthcare providers; quality improvement resources and audit tools to record service level pain scores and adherence to cancer pain indicators; and an online training program called 'QStream' for health professionals which combines gaming with scientifically proven methodology that increases long-term knowledge retention.

The pathway and resources are regularly updated and available free-of-charge on the [Cancer Council Australia Cancer Guideline Wiki](#). They will be accessible to services and patients in regional and rural areas and translated for non-English speaking patients and their medical teams. Better management of pain has the potential to reduce healthcare costs, reduce caregiver distress and improve quality of life for people living with cancer.

Publications:

- Lovell, M., Birch, M.R., Lockett, T., Phillips, J.L., Davidson, P.M., Agar, M., & Boyle, F. (2018). Screening and audit as service-level strategies to support implementation of Australian guidelines for cancer pain management in adults: a feasibility study. *Pain management Nursing*, [Epub].
- Lockett, T., Phillips, J.L., Agar, M., Lam, L., Davidson, P.M., McCaffrey, N., Boyle, F., Shaw, T., Currow, D.C., Read, A., Hosie, A., & Lovell, M. (2018). Protocol for a phase III pragmatic stepped wedge cluster randomised controlled trial comparing the effectiveness and cost-effectiveness of screening and guidelines with, versus without, implementation strategies for improving pain in adults with cancer attending outpatient oncology and palliative care services: the Stop Cancer PAIN trial. *BMC Health Services Research*, 18(1), 558.

Conference presentations:

- Lovell, M., Phillips, J.L., Agar, M., Boyle, F., Davidson, P.M., Lockett, T., Currow, D.C., Lam, L., McCaffrey, N., Shaw, T., & Read, A. (2018) The Stop Cancer PAIN Trial (oral). PaCCSC 9th Annual Research Forum, Sydney, NSW, 27 February 2018.
- Lovell, M., Phillips, J.L., Agar, M., Lockett, T., Currow, D.C., Boyle, F., Davidson, P.M., Lam, L., McCaffrey, N, Shaw, T., & Read, A, (2018) Strategies to improve routine pain screening in Australian outpatient oncology and palliative care clinics: process data from the Stop Cancer PAIN Trial (oral) Multinational Association of Supportive Care in Cancer/ International Society of Oral Oncology Annual Meeting, Vienna, Austria, 28 - 30 June 2018.
- Phillips, J.L., Lockett, T., Agar, M., Boyle, F., Davidson, P., Currow, D., Lam, L., McCaffrey, N., Shaw, T., and Lovell, M. (2018) Prevalence of pain in disease-free survivors attending follow-up at two metropolitan outpatient oncology services: A Stop Cancer PAIN secondary analysis. (oral) Cancer Nursing Society Association 21st Annual Congress. Brisbane, QLD, 21 - 23 June 2018.



Cardiovascular Disease

Heart Disease in Women

Strategies to improve heart disease outcomes in Australian women

Chief Investigators: Dr Michelle DiGiacomo, Professor Phillip Newton, Professor Patricia Davidson

Funding: Australian Research Council Discovery Project

Heart disease occurs more commonly in older women who face numerous other health and social life changes, yet few participate in cardiac rehabilitation programs. Building on previous work of the project team, this project tested a novel cardiac rehabilitation program designed specifically for women. This pragmatic controlled trial randomised 94 women to a tailored cardiac rehabilitation program and usual care cardiac rehabilitation or to a usual care cardiac rehabilitation program alone. Women were eligible if they had a recent admission to hospital with a cardiac condition, a cardiac diagnosis including acute coronary syndrome or heart failure or had been referred to cardiac rehabilitation for risk factor modification. Six-minute walk test, self-efficacy, and anxiety and depression, and participant attendance in cardiac rehabilitation sessions were assessed at six weeks and six months post-intervention. The cohort enrolled was younger than many similar clinical trials and likely reflects the sociodemographic characteristics of women in Western Sydney. Importantly, barriers persisted in attendance to the program. There was no statistical significance in changes to six-minute walk test, yet some trends were identified. Data suggest that engaging in self-management likely becomes more challenging over time. As a result of the pragmatic trial, the research team has also identified features of cardiac rehabilitation programs to increase feasibility of engagement by staff and consumers.

Publications:

- Rao, A., Newton, P., DiGiacomo, M., Hickman, L., Hwang, C., & Davidson, P.M. (2018). Optimal gender specific strategies for the secondary prevention of cardiovascular disease in women: a systematic review, *Journal of Cardiopulmonary Rehabilitation and Prevention* 38(5), 279-285.

Remote monitoring and mHealth interventions for people with heart failure


Chief Investigator: Associate Professor Sally Inglis

Funding: Cardiovascular Research Network Life Science Research Fellow, supported by the Heart Foundation and the NSW Office for Medical Research

This research examines the use of eHealth and mHealth technologies to support and educate people with chronic conditions, especially heart failure to better self-manage their condition. This research includes Cochrane Reviews and quantitative surveys of clinician attitudes towards these interventions.

Publications:

Allida S, Du H, Chang S, Hickman L, Inglis SC. mHealth education interventions in heart failure (Review). *Cochrane Database of Systematic Reviews*.



Disler, R.T., Inglis, S.C., Newton, P., Currow, D.C., Macdonald, P., Glanville, A.R., Donesky, D., Carrieri-Kohlman, V., & Davidson, P.M. (2018). Older patients' perspectives of online health approaches in chronic obstructive pulmonary disease. *Telemedicine and e-Health*, [Epub] doi:10.1089/tmj.2018.0098.

- Inglis, S.C., Clark, R.A., Dierckx, R., Prieto-Merino, D, Cleland, J. Structured telephone support or non-invasive telemonitoring for patients with heart failure. *Cochrane Database of Systematic Reviews 2015*, Issue 10. (Update underway, for publication 2019).
- Koo, K., Ferguson, C., Cleland, J., & Inglis SC. Invasive monitoring versus conventional care for managing individuals with heart failure (Protocol). *Cochrane Database of Systematic Reviews*.
- Koo, K, Inglis, S.C., Freedman, B., Thijs, V., & Ferguson, C. The use of implantable loop recorders vs conventional methods to detect atrial high rate episodes in individuals with embolic stroke of undetermined source (Protocol). *Cochrane Database of Systematic Reviews*.

Understanding the Needs of People with Peripheral Arterial Disease

Understanding needs of people with Peripheral Arterial Disease and developing and evaluating interventions to address those needs

Chief Investigators: Associate Professor Sally Inglis, Associate Professor Michelle DiGiacomo

Funding: Cardiovascular Research Network Life Science Research Fellow, supported by the Heart Foundation, the NSW Office for Medical Research and NHMRC Centre of Research Excellence for Peripheral Arterial Disease.

Peripheral arterial disease is a debilitating form of chronic cardiovascular disease which leads to poor quality of life and increased risk of events such as heart attack and stroke. Unlike other forms of cardiovascular disease, people with peripheral arterial disease have limited access to specialised support services such as rehabilitation services and self-management programs.

These projects examine the needs for additional support and services which people with peripheral arterial disease themselves identify. They also examine the current evidence to support self-management for people with peripheral arterial disease and look to develop new interventions to support self-management for people with peripheral arterial disease.

- Allida S, DiGiacomo M, Inglis SC. *Cochrane Review*: Disease management interventions for improving self-management in lower-limb peripheral arterial disease.
- *Living with peripheral arterial disease in Australia: patient experiences and unmet needs*: Nine face-to-face and telephone semi-structured interviews were conducted with individuals who have peripheral arterial disease in 2017. Interviews were transcribed and have undergone thematic analysis. (*Under review, BMC Geriatrics*).



Chronic Breathlessness

The BEAMS Study

A pragmatic, phase III, multi-site, double-blind, placebo controlled, parallel arm, dose increment randomised trial of regular, low dose extended release morphine for chronic refractory breathlessness

Chief Investigator: Professor David Currow

Project officer: IMPACCT Trials Coordination Unit

Funding: NHMRC (awarded to Flinders University)

Three hundred thousand (300,000) Australians are breathless at rest or on minimal exertion, often for years, despite optimal treatment of the underlying cause(s). This includes more than 70,000 people who are too breathless to leave their homes often for long periods of time. Underlying causes for such severe and ongoing breathlessness include chronic obstructive pulmonary disease (COPD), interstitial lung disease, heart failure, neurodegenerative diseases such as motor neurone disease and cachexia from any cause. The prevalence of chronic refractory breathlessness will continue to increase as the population ages because the chronic progressive diseases where breathlessness is common are increasing in prevalence. Nearly one half of all people experience distressing breathlessness during the last year of life. Internationally, no medication is registered for the symptomatic reduction of chronic breathlessness despite recommendations from the American Thoracic Society, the American College of Physicians, the Canadian Thoracic Society and the American College of Chest Physicians that regular, low-dose morphine is the evidence-based pharmaceutical option.

This study aims to enhance the evidence base for the pharmacological treatment of chronic breathlessness using potential therapies compared to placebo.


Evaluation of a new Breathlessness Clinic at Westmead Hospital

Randomised controlled trial of a non-pharmacological integrated care intervention to reduce breathlessness in patients with moderate to very severe chronic obstructive pulmonary disease (COPD)

Chief Investigators: Professor John Wheatley, Dr Tracy Smith, Ms Mary Roberts, Dr Jin Gun-Cho, Dr Nikki McCaffrey, Dr Tim Luckett, Dr Adrienne Kirby

Funding: NSW Health Translational Research Grant

This project addresses the question of whether an integrated care approach using nonpharmacological interventions in patients with COPD can reduce breathlessness, with consequent improvement in quality of life and reduction in health care utilisation and hospital admissions. An RCT (single blind, parallel group with wait list control) is underway of a combination of short term (8 weeks) intensive non-pharmacological interventions added to standard care in 88 patients with COPD and refractory breathlessness. The primary outcome is mastery of breathlessness as measured by the Chronic Respiratory Questionnaire (CRQ), with



secondary outcomes of quality of life, breathlessness intensity, anxiety and depression, and health care utilisation.

IMPACCT is leading a qualitative sub-study that will contribute to interpretation of outcome data. Participants are interviewed immediately after completing the 8 week program and again at 6 months to see if any intervention effects have been sustained.

Publications:

- Smith, T., Roberts, T., Cho, J., Klimkeit, E., Lockett, T., McCaffrey, N., Kirby, A. & Wheatley, J. Protocol for a single-blind, randomized parallel group study of a non-pharmacological integrated care intervention to reduce the impact of breathlessness in patients with chronic obstructive pulmonary disease (COPD). Submitted to *Contemporary Clinical Trials*.

South Australian Carer Study


Health status of people who have provided informal care or support to an adult with chronic disease over the past 5 years: a population-based cross-sectional survey in South Australia

Chief Investigators: Professor Jane Phillips, Professor Meera Agar, Associate Professor Michelle DiGiacomo, Professor Lawrence Lam, Dr Tim Lockett, Professor Phillip Newton, Dr Caleb Ferguson

In Australia in 2015, 2.7 million (11.6%) of the population were informal carers. The financial value of informal caregiving to Australia includes cost savings both from reduction in the need for community care from the healthcare system (estimated to equal \$60.3 billion in 2015) and decreased likelihood of care recipients being admitted to long-term care. However, the societal value of informal caregiving comes at a personal cost to carers themselves. In the 2012 National Survey of Disability, Ageing and Carers, the majority (54%) of Australian carers reported negative impacts on their wellbeing as a result of caregiving.

To better understand the impacts on carers' mental and physical health status, IMPACCT is analysing data collected in September to November 2017 via the South Australian Health Omnibus. The Health Omnibus is an annual, cross-sectional survey that uses a multi-stage, systematic approach to ensure its sample is representative of the South Australian population. Respondents were asked whether they had experience in the last 5 years of providing care or support to an adult with one or more of the following chronic diseases: cancer, heart disease (e.g. heart failure), respiratory disease (e.g. emphysema), mental illness (e.g. depression, schizophrenia), neurological disease (e.g. Parkinson's, stroke) or dementia. These six diseases were selected because they confer a high burden of disability that requires carer input and support over an extended period across the illness trajectories. Other items asked of carers included the hours spent caring, the types of tasks undertaken, and the Carer Experience Scale (CES) (Hoefman et al, 2015), a validated scale that assesses perceived level of social support, activities outside caring, support from family and friends, assistance from organisations and the government, fulfilment from caring, control over caring, and ability to 'get on' with the person being cared for. Analyses are underway.

Publications:

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- Lockett, T., Agar, M., DiGiacomo, M., Ferguson, C., Lam, L., & Phillips, J. (2018). Health status of people who have provided informal care or support to an adult with chronic disease in the last 5 years: results from a population-based cross-sectional survey in South Australia. *Australian Health Review*.
 - Lockett, T., Agar, M., DiGiacomo, M., Lam, L., & Phillips, J.L. Health status in South Australians caring for people with cancer: a population-based study. Submitted to *Supportive Care in Cancer*.
 - DiGiacomo, M., Chang, S., Lockett, T., Phillips, J.L., Agar, M., & Lam, L. Financial stress experienced by informal carers of adults with a chronic disease: results from an Australian population-based cross-sectional survey, to be submitted to *Australasian Journal on Ageing*.

RAPID Program

RAPID is an international, multi-site, consecutive cohort, post-marketing study of the real world net clinical effects of medications and non-pharmacological interventions used in palliative and supportive care. The program of individual research series provides data on widespread and longer term use of medications and non-pharmacological interventions such as blood transfusions. These series are cost-effective, timely and genuinely add to the knowledge for clinical care, by defining the net benefit (clinical response together with toxicity) on data from the target audience.

Symptom node	Series	Population	Status	Chair
Appetite and Cachexia	Mirtazapine	Palliative Care	Open	Dr Tina Naumovski
	Anamorelin	Palliative Care	Open	
Breathlessness	Benzodiazepines	Palliative Care	Open	Dr Peter Allcroft
	Opioids for breathlessness	Palliative Care	Concept	
Gut dysfunction	Macrogol	Palliative Care	Open	Prof Katherine Clark
Nausea	Cyclizine	Palliative Care	Open	Dr Phillip Good
Neurological, Mood & Cognitive Disorders	Midazolam	Palliative Care	Open	Prof Meera Agar
Nursing interventions	Noisy respiratory secretions	Palliative Care	Start-up	Prof Jane Phillips
Pain	Amitriptyline	Palliative Care	Open	Dr Jessica Lee
	NSAIDs	Palliative Care	Open	
	Oxycodone/Naloxone (Targin)	Deprescribing	Closed	
Intervention Series	Hypodermoclysis	Palliative Care	Open	
	Ascitic Taps	Palliative Care	Open	
Extraordinary Series	Medicinal cannabis	Palliative Care	Open	
	Gabapentin/pregabalin for itch and restless legs	Renal Supportive Care	Start-up	
	Methadone conversion	Palliative Care	Open	
	Gabapentinoids (paediatrics)	Paediatric Palliative Care	Start-up	

HIGHER DEGREE RESEARCH STUDENTS

PhD Completions (2018)

Janet Forber

Title: Appreciating complexity, context and continuum in undergraduate nurse clinical education: English and Australian perspectives

Supervisors: Michelle DiGiacomo, Debra Jackson, Bernie Carter, Patricia Davidson, Jane Phillips

Anna Green

Title: Families with an Aboriginal and Torres Strait Islander child with disability: System, service and provider perspectives

Supervisors: Michelle DiGiacomo, Tim Luckett, Penelope Abbott, Patricia Davidson. Cultural mentors: Pat Delaney, John Delaney

Serra Ilynian

Title: Care-seeking behaviours for worsening symptoms in heart failure

Supervisors: Michelle DiGiacomo, Phillip Newton

Sunita Jha

Title: Frailty in patients with advanced heart failure referred for heart transplantation

Supervisors: Phillip Newton, Louise Hickman, Peter Macdonald, Sungwon Chang

Kyoungrim Kang

Title: Health-related quality of life in patients with myocardial infarction: trends and predictors

Supervisors: Leila Gholizadeh, Sally Inglis, Hae Ra Han

John Rihari-Thomas

Title: Risk management of the deteriorating patient in the Acute Care Setting (RACS study): A single centre case study

Supervisors: Patricia Davidson, Phillip Newton, David Sibbritt

Sajad Sheehab

Title: The use of biventricular assist devices in end stage chronic heart failure

Supervisors: Phillip Newton, Patricia Davidson, Sally Inglis, Christopher Hayward

Olutoyin Sowole

Title: West African migrant women in Australia: Stories of resilience and strength

Supervisors: Michelle DiGiacomo, Tamara Power, Debra Jackson, Patricia Davidson

Lisa Wong

Title: Help-seeking behaviour of Chinese carers of people living with dementia

Supervisors: Jane Stein-Parbury, Lynnette Chenoweth, Michelle DiGiacomo

PhD Submissions (2018)

Humood Albughami

Title: Interventions to promote positive health behaviours in Saudi boys' schools aged 9-15 in Jeddah city

Supervisors: David Sibbritt, Patricia Davidson, Phillip Newton



Helen Holloway (University of Queensland)

Title: Pain identification, assessment and management in residential aged care

Supervisors: Helen McCutcheon, Deborah Parker

Ty Lees (Science, UTS)

Title: The Impact of stress and anxiety on the neurocognitive performance of Australian Nurses: Electroencephalographic and psychometric assessment

Supervisors: Sara Lal, Phillip Newton, Patricia Davidson

Paul Warner

Title: Community based screening program: Impact on healthy utilisation and cardiovascular risk perception.

Supervisors: Patricia Davidson, Phillip Newton

Current PhD students

Commenced 2018

Peter Allcroft

Title: Early referral to palliative care for patients with heart failure

Supervisor: Meera Agar

Bronwyn Arthur

Title: The Walking Dying: The relevance of aggression as a sign or symptom of approaching death in people demonstrating severe Behavioural and Psychological Symptoms of Dementia (BPSD)

Supervisors: Deborah Parker, Louise Hickman

Kristen Bindley

Title: Experiences of social welfare policy post-caring at end of life in Western Sydney

Supervisors: Jo Travaglia, Michelle DiGiacomo, Joanne Lewis

Annie Hepworth

Title: Can post-operative delirium management be improved for older patient patients undergoing cardiothoracic surgery and gastrointestinal surgery through early detection of risk by cognitive screening pre admission

Supervisors: Deborah Parker, Louise Hickman

Kevin Koo

Title: Implantable devices monitoring in atrial fibrillation and heart failure: evidence and user perspectives

Supervisors: Sally Inglis, Caleb Ferguson

Wei Lee

Title: Challenging issues in managing depressed mood in advanced life limiting illness

Supervisors: David Currow, Meera Agar, Brian Draper

Lucinda Morris

Title: Optimising clinical decision making for elderly cancer patients undergoing radiation therapy

Supervisors: Meera Agar, Sandra Turner, Jane Phillips

**Elyn Montgomery**

Title: Frailty in lung transplantation

Supervisor: Philip Newton, Sungwon Chang, Peter MacDonald, Monique Malouf

Mia Taylen-Smith

Title: Improving palliative care for older Australians in Residential Aged Care: An evidenced based model of support

Supervisors: Deborah Parker, Liz Reymond

Continuing PhD Candidates**Ingrid Amgarth-Duff**

Title: Understanding the biological and clinical correlates of cognitive problems and delirium in advanced cancer: A mixed methods study

Supervisors: Meera Agar, Annmarie Hosie

Adam Beaman

Title: Health systems strengthening in global service-learning: A mixed-methods investigation

Supervisors: Patricia Davidson, Phillip Newton, David Sibbritt

Nicola Brown

Title: Family based interventions for a smoke free home: A mixed methods approach to intervention development & pilot implementation

Supervisors: Michelle DiGiacomo, Tim Lockett, Patricia Davidson

Domenica DiSalvo (on leave)

Title: Improving the safety and quality of prescribing for aged care residents with advanced dementia

Supervisors: Tim Lockett, Patricia Davidson, Meera Agar, Sasha Bennett

Andrew Donkor

Title: Overview of cancer care services in Ghana

Supervisors: Jane Phillips, Tim Lockett, Sanchia Aranda

Jessica Lee

Title: Improving outcomes for patients with neuropathic cancer pain

Supervisors: Meera Agar, Jane Phillips, Melanie Lovell

Pauline Murray-Parahi

Title: Preparing nurses for roles in primary health care

Supervisors: Patricia Davidson, Debra Jackson, Michelle DiGiacomo, Jane Phillips

Tony Noun

Title: Understanding medical professional-to-professional social exchange relationship drivers: Implications for referral practices and patient outcomes

Supervisors: Carla Saunders, Meera Agar

Glenn Paull

Title: Care resynchronisation: A nursing delivery platform for coordinated cost efficient inpatient management of chronic heart failure in Australia



Supervisors: Patricia Davidson, Phillip Newton

Roslyn Prichard

Title: Advanced heart failure management with ventricular assist therapy: evaluating Australian costs of care and effectiveness from implant to transplant or end of life

Supervisors: Patricia Davidson, Christopher Hayward, Phillip Newton, Stephen Goodall

Maddie Radnan

Title: Time Travelling with Technology (TTT): The effect of technology enhanced reminiscence therapy on engagement and care worker relationships of people with dementia in aged care facilities

Supervisors: Kate Stevens, Caroline Jones, Deborah Parker

Angela Rao

Title: Implementing meditation in heart disease clinical settings: The MENTOR Study

Supervisors: Louise Hickman, Michelle DiGiacomo, Jane Phillips

Bronwyn Raymond

Title: Supporting self-management of breathlessness

Supervisors: Tim Lockett, Jane Phillips, Melanie Lovell

Christine Sanderson

Title: A mixed methods study investigating moral distress of doctors in relation to end of life medical decision-making, using the case of patients with cognitive impairment dying in the acute hospital setting

Supervisors: Meera Agar

Sara Shishegar

Title: Health and sociocultural needs of Iranian refugee and asylum seeker women living in Metropolitan Sydney, Australia

Supervisors: Leila Gholizadeh, Michelle DiGiacomo, Patricia Davidson

Claudia Virdun (on leave)

Title: Developing and pilot-testing person-centred quality improvement measures to improve end-of-life care in Australia's acute care system

Supervisors: Jane Phillips, Tim Lockett, Patricia Davidson, Karl Lorenz

Aileen Wyllie

Title: The early career academic nurse: using a customised self-directed program as a mechanism for critical reflection and career planning

Supervisors: Tracy Levett-Jones, Michelle DiGiacomo, Patricia Davidson

Xiangfeng Xu

Title: Developing a cultural diversity care model for Chinese-Australian cancer patients on cancer pain management: a mixed methods study

Supervisors: Jane Phillips, Tim Lockett, Melanie Lovell

Other universities

Priyanka Bhattarai (UNDA)

Title: Using digital health technology to optimise older people's pain self-management capabilities: a mixed methods project

Supervisors: Jane Phillips, Toby Newton-John

Philippa Cahill (UNDA)

Title: Family meetings in palliative care

Supervisors: Jane Phillips, Liz Lobb, Chris Sanderson

Helen Dick (UQ)

Title: Grief and loss for staff working in residential aged care facilities

Supervisors: Neil Pembroke, Deborah Parker

Natalie Emanuele (Flinders)

Title: Development of a patient centred structured telephone support model of care for heart failure patients: translating evidence to practice

Supervisors: Robyn Clark, Carolyn Astley, Sally Inglis, Tiny Jaarsma, Anna Stromberg

Diana Ferreria (Flinders)

Title: Building the evidence for the use of regular, low-dose, extended-release morphine for chronic breathlessness in Chronic Obstructive Pulmonary Disease

Supervisors: David Currow, Jane Phillips

Megan Jeon (UNSW)

Title: Sleep disturbance in patients with brain tumours and their family caregivers: Building evidence for an effective intervention

Supervisors: Meera Agar, Haryana Dhillon, Lawrence Lam

Nicole Heneka (UNDA)

Title: Knowledge translation intervention to reduce opioid medication errors in adult oncology and palliative care

Supervisors Jane Phillips, Tim Shaw, Debra Rowett, Sam Lapkin

Nikki Mellor (WSU)

Title: Personal and professional grief of nurses working in acute care

Supervisors: Deb Hatcher, Athena Sheehan, Deborah Parker

Emily Stone (USYD)

Title: Multi-disciplinary care planning for people newly diagnosed with lung cancer

Supervisors: Tim Shaw, Jane Phillips, Nicole Rankin, David Currow

Mark Wilbourne (WSU)

Title: Intention to pursue a career in mental health nursing among undergraduate students (INTENT) project

Supervisors: Yenna Salamonson, Lucie Ramjan, Sungwon Chang

Ninik Yunitri (UMJ)

Title: Mental Health intervention among high school students in Indonesia

Supervisors: Lawrence Lam, Mary K Lam



Masters by research

Rebecca Burgess (UniSA)

Title: Exploring breathlessness beliefs, expectations and language preferences of people living with chronic breathlessness

Supervisors: Marie Williams, Kylie Johnson, Slavica Kochovska



HONOURS COMPLETIONS (2018)

Lauren Gilchrist

Title: Health needs of young adult prisoners with problematic drug use: strategies to support return to community

Supervisors: Sara Lai, Sacha Kendall, Sungwon Chang, Reem Zeki

Kirsten Parker (First Class)

Title: Examining transitional care for older people living with dementia: a descriptive study

Supervisors: Louise Hickman, Caleb Ferguson, Jane Phillips

Current Honours Students

Jon San Martin

Title: Symptoms and functioning in people with chronic obstructive pulmonary disease (COPD) compared with lung cancer

Supervisors: Jane Phillips, Tim Lockett


PUBLICATIONS


Book Chapters


1. **Davidson, P.M.**, Beaman, A., & **DiGiacomo, M.** (2018). Case Study: A Chinese Immigrant Seeks Health Care in Australia. In M. Douglas, D. Pacquiao, & L. Purnell (Eds.), *Global Applications of Culturally Competent Health Care: Guidelines for Practice* (pp. 381-386). Germany: Springer.
2. **DiGiacomo, M.**, **Kochovska, S.**, Cahill, P., Virdun, C., & **Phillips, J.L.** (2018). Family-focused care span. In R. MacLeod & L. Van den Block (Eds.), *Textbook of Palliative Care*, Springer (*in press, May 2018*).
3. Farquhar, M., & **Phillips, J. L.** (2018). The challenges of research in palliative care including issues associated with knowledge transfer and impact. In B. Johnston, N. Preston, & C. Walshe (Eds.), *Palliative Nursing; Principles and Evidence for Practice* (3rd ed.). London: Open University Press.
4. **Hosie, A.**, Amgarth-Duff, I., & **Agar, M.** Delirium. In R. MacLeod & L. Van den Block (Eds.), *Textbook of Palliative Care*, Springer (*in press, 2018*).
5. **Phillips, J.L.**, & **Currow, D.C.** Challenges and future directions of palliative care. In R. MacLeod & L. Van den Block (Eds.), *Textbook of Palliative Care*. Springer. (*In press, 2018*)


Journal Articles

1. .Abbott, P., **DiGiacomo, M.**, Magin, P., & Hu, W. (2018). A scoping review of qualitative research methods used with people in prison. *International Journal of Qualitative Methods*, 17, 1- 15.
2. Abshire, M., Bidwell, J.T., Page, G., Budhathoki, C., **Davidson, P.M.**, Russell, S.D., Han, H.-R., Desai, S., & Himmelfarb, C.D. (2018). Physiological and psychological stress in patients living with a left ventricular assist device. *ASAIO Journal*, 64(6), e172-e180.
3. Abshire, M., Russell, S.D., **Davidson, P.M.**, Budhathoki, C., Han, H.-R., Grady, K.L., Desai, S., & Himmelfarb, C.D. (2018). Social support moderates the relationship between perceived stress and quality of life in patients with a left ventricular assist device. *Journal of Cardiovascular Nursing*, 33(5), E1-E9.
4. **Agar, M.** (2018). Medicinal cannabinoids in palliative care. *British Journal of Clinical Pharmacology*, 84(11), 2491-2494.
5. Ahmadi, Z., Sandberg, J., Shannon-Honson, A., Vandersman, Z., **Currow, D.C.**, & Ekström, M. (2018). Is chronic breathlessness less recognised and treated compared with chronic pain? A case-based randomised controlled trial. *The European Respiratory Journal*, 52(3), 1800887.
6. Allgar, V.L., Chen, H., Richfield, E., **Currow, D.C.**, Macleod, U., & Johnson, M.J. (2018). Psychometric properties of the needs assessment tool-progressive disease cancer in U.K. primary care. *Journal of Pain and Symptom Management*, 56(4), 602-612.

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7. Babatunde-Sowole, O., Power, T., **Davidson, P.M.**, Ballard, C., & Jackson, D. (2018). Exploring the diet and lifestyle changes contributing to weight gain among Australian West African women following migration: A qualitative study. *Contemporary Nurse*, 54(2), 150-159.
 8. Bajwah, S., Davies, J.M., Tanash, H., **Currow, D.C.**, Oluyase, A.O., & Ekström, M. (2018). Safety of benzodiazepines and opioids in interstitial lung disease: A national prospective study. *The European Respiratory Journal*, 52(6), 1801278.
 9. Baptiste, D.L., Hamilton, J.B., Foronda, C., Sloand, E., Fahlberg, B., Pfaff, T., Delva, S., & **Davidson, P.M.** (2018). Hypertension among adults living in Haiti: An integrative review. *Journal of Clinical Nursing*, 27(13-14), 2536-2545.
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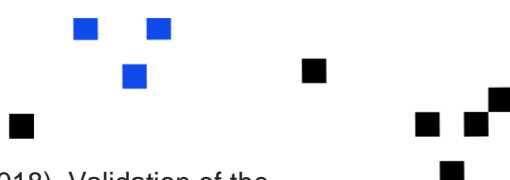
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128. **Xu, X.**, Byles, J.E., Shi, Z., & Hall, J. (2018). Dietary patterns, dietary lead exposure and hypertension in the older Chinese population. *Asia Pacific Journal of Clinical Nutrition*, 27(2), 451-459.
129. **Xu, X.**, **Luckett, T.**, Wang, A.Y., Lovell, M., & **Phillips, J.L.** (2018). Cancer pain management needs and perspectives of patients from Chinese backgrounds: a systematic review of the Chinese and English literature. *Palliative & Supportive Care*, 16(6), 785-799.
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132. Zhang, M., Lin, L., **Xu, X.**, Wu, X., Jin, Q., & Liu, H. (2018). Noninvasive screening tool to detect undiagnosed diabetes among young and middle-aged people in Chinese community. *International Journal of Diabetes in Developing Countries*, [Epub] doi.org/10.1007/s13410-018-0698-y.

In press

1. **Luckett, T.**, **Davidson, P.M.**, **Green, A.**, Marie, N., Birch, M., Stubbs, J., **Phillips, J.L.**, **Agar, M.**, Boyle, F., & Lovell, M. Development of a cancer pain self-management resource to address patient, provider and health system barriers to care. *Journal of Supportive and Palliative Care*, (in press, accepted August 2018)
2. Marra, A., Kotfis, K., **Hosie, A.**, MacLulich, A., Pandharipande, P., Ely, E., Pun, B., Delirium Monitoring: Yes or No? - that is the question. *American Journal of Critical Care*, (in press, accepted September 2018)

CONFERENCE PRESENTATIONS

Keynote speaker

1. **Currow D.C.** (2018) *End-of-life care in chronic lung disease*. The 2018 International Year in Review on Pulmonary Rehabilitation, Physical Activity, Self-Management, Respiratory Failure and Palliative Respiratory Care. Amsterdam, Netherlands. December 2018.
2. **Currow D.C.** (2018) Session 1: *Antidepressants in the management of breathlessness*; Session 2: *Breath: Are opioids dangerous for breathing? No, they are not dangerous*; Session 3: *Panel – How to effectively relieve suffering in breathless patients – a step-by-step approach*. Winter Summit on Palliative Medicine Research meeting. Gdansk, Poland. December 2018.
3. **Phillips, J.L.** (2018) *Strengthening palliative care: the Australian experience*. Sun Yat-sen Nursing Forum of Chronic and Transitional Care, Guangzhou, China, November 2018
4. **Currow D.C.** (2018) *The integration of palliative care with other health services*. Hospice Society of Taiwan World Hospice and Palliative Care Day Conference – Integrating palliative care and long term care. Taipei, Taiwan, October 2018.
5. **Parker, D.** 2018 Navigating uncharted waters – Palliative Care for Older People in an Era of Reform. Riding the Waves of Change - Palliative Care NSW Conference, 9th-11th November, Kiama, Australia.
6. **Currow D.C.** (2018) *The value of randomised controlled trials in improving palliative care*. 22nd Biennial Montreal Palliative Care Conference. Montreal, Canada, October 2018.
7. **Currow D.C.** (2018) *A double blind, randomized controlled trial of extended release morphine for the relief of chronic breathlessness*. European Respiratory Society Annual Scientific Conference, Paris, France. September, 2018.
8. **Currow D.C.** (2018) Session 1: *Treating anorexia in people with advanced cancer. A randomized, double blind, controlled trial of megestrol acetate, dexamethasone or placebo*; Session 2: *Regular extended release morphine for chronic breathlessness: a multi-centre, double blind randomized controlled trial*; Session 3: *Sertraline in Symptomatic chronic breathlessness: a double blind, randomized trial*. Australian and New Zealand Society of Palliative Medicine (ANZSPM) Biennial Scientific meeting. Manly, Australia, September 2018.
9. **Currow, D.C.** (2018). *High tech, low tech – palliative care needs them both*. Michael Galazka International Study Day: New frontiers, New Technologies. Dame Cicely Saunders Centre, Kings College London. July, 2018.
10. **Phillips, J.L.** *Embedding the existing evidence into aged care practice: the role of the aged care nurse*. Improving End-of-Life Care Conference, for Aged care Nurses, Metro South Health Palliative Care Service, Calamvale, QLD, 21 June 2018.
11. **Currow, D.C.** (2018). *Concentrating surgical efforts (Optimising cancer outcomes)*. Royal Australasian College of Surgeons 88th Annual Scientific Conference Sydney, Australia. May, 2018.
12. **Currow, D.C.** (2018). *Unmasking chronic breathlessness*. Advanced Pain and Symptom Management Conference – Milford Care Centre. Limerick, Ireland. April, 2018.
13. **Currow, D.C.** (2018). Session 1: *The practical importance of randomised control trials (RCTs) in improving palliative patients' care. Masterclass*. Session 2: *Morphine for breathlessness*. Association of Palliative Medicine Palliative Care Conference. Bournemouth, England. March, 2018.

COLLABORATIONS

New South Wales

- > Art Gallery of New South Wales, co-design of workshops to explore solutions to communication difficulties related to dementia (MV)
- > Australian Cancer Research Foundation Oncology Alliance for the Science of Integrated Survivorship (ACRF OASIS) Centre (MA)
- > Blacktown & Mt Druitt Hospitals Sydney (MD, LH)
- > Calvary Health Care Sydney (MA, MD, AH)
- > Cancer Institute NSW (DC)
- > Cancer Institute NSW – Translational Cancer Research Network (JLP)
- > Camden Palliative Care Unit (MA, AH, JLP)
- > Caresearch, Flinders University (DC, DP)
- > Central Adelaide Palliative Care Service (MA, AH, JLP)
- > Flinders University (DC, LH, DP)
- > Greater West Aboriginal Health Service (MD)
- > Griffith University (MA, AH, DP)
- > HammondCare (MA, AH, DP, JLP)
- > Melbourne University (DP)
- > NSW Cardiovascular Research Network (LH, SI)
- > NSW Ministry of Health (MA)
- > Palliative Care Outcomes Collaboration (DC)
- > Palliative Care Council of South Australia (DC)
- > Queensland University of Technology (LB, DC, LH, DP)
- > Research in Implementation Science and eHealth (RISe), Sydney University (JLP)
- > South Eastern Sydney Translational Cancer Research Network, University of New South Wales (MA)
- > Southern Adelaide Palliative Care Service (MA, DC, JLP)
- > SPHERE - Sydney Partnership for Health, Education, Research and Enterprise
 - Aboriginal Health & Wellbeing Clinical Academic Group (MD)
 - Age and Ageing Clinical Academic Group (MA, LH, DP, JLP, MV)
 - Early Life Determinants of Health Clinical Academic Group (MD)
 - Cancer Clinical Academic Group (MA, JLP)
 - Cardiovascular Clinical Academic Group (SI)
 - Mindgardens Clinical Academic Group (MA)
 - Palliative Care Clinical Academic Group (MA, SC, DC, MD, LH, AH, SK, TL, DP, JLP)
- > St Vincent's Hospital and/or Sacred Heart Health Service Sydney (MA, LH, AH, SI, TL, JLP)
- > South Western Sydney Local Health District Palliative Care Service (MA)

- > South Eastern Sydney Local Health District (LH, DP)
- > Translational Cancer Research Network, University of New South Wales (JLP)
- > Uniting (DP, MV, XX)
- > University of Newcastle, Priority Research Centre for Generational Health and Ageing (XX)
- > University of NSW
 - Early life determinants of health: Invest early to make a life time difference (MD)
 - South Western Sydney Clinical School (MA)
- > University of Queensland, Centre for Health Services Research (MA, JLP)
- > University of Sydney
 - Brain and Mind Centre (MV)
 - School of Medicine (DC, LL)
- > Victorian Comprehensive Cancer Centre (MA, LB)
- > War Widows' Guild of Australia (NSW) (MD)
- > Western Sydney University
 - MARCS Institute for Brain, Behaviour and Development (DP, LH, MV)
 - School of Nursing and Midwifery (DP, LH)
- > Westmead Hospital Sydney (DC, TL, JLP)

National


- > Aged Care Services Australia (DP)
- > Alzheimer's Australia (DP)
- > Australian Association of Gerontology (DP, LH, MV,XX)
- > Australasian Delirium Association (MA, LH, AH)
- > Australian and New Zealand Society of Palliative Medicine (MA, DC)
- > Australian Commission on Safety and Quality in Health Care (MA, LH, AH, JLP)
- > Australian Healthcare and Hospital Association (DP)
- > Cancer Australia (MA, LB)
- > Cancer Council Australia (including NSW) (TL, JLP)
- > Cardiac Society of Australia & New Zealand (LH, SI)
- > Carers Australia (DP)
- > Caresearch, Flinders University (DP)
- > Catholic Health Australia (DP)
- > Leading Aged Services Australia (DP)
- > NHMRC Centre for Research Excellence, Peripheral Arterial Disease (SI)
- > NHMRC Cognitive Decline Partnership Centre (MA)
- > Palliative Care Australia (MA, DP)
- > Palliative Care Clinical Studies Collaborative (MA, MD, AH, LL, TL, DP, JLP)
- > Palliative Care Nurses Australia (LH, AH, DP, JLP)

PACCSC/CST Clinical Trials Sites

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- > Barwon Health, Geelong
 - > Braeside Hospital, Sydney
 - > Calvary Bruce, Clare Holland House, Canberra
 - > Calvary Health Care Kogarah, Sydney
 - > Calvary Mater Newcastle Hospital, Newcastle
 - > Concord Repatriation General Hospital, Sydney
 - > Flinders Medical Centre, Adelaide
 - > Hammondcare Greenwich Hospital, Sydney
 - > Liverpool Hospital, Sydney
 - > Mater Health Services, Brisbane
 - > Nambour General Hospital, Sunshine Coast
 - > Prince Charles Hospital, Brisbane
 - > Royal Melbourne Hospital, Melbourne
 - > Sacred Heart Health Service, St Vincent's Hospital, Sydney
 - > Sir Charles Gairdner Hospital, Perth
 - > St Vincent's Hospital, Brisbane
 - > St Vincent's Hospital, Melbourne
 - > The Austin Hospital, Melbourne
 - > The Canberra Hospital, Canberra
 - > The Queen Elizabeth Hospital, Adelaide
 - > Westmead Hospital, Sydney

International

- > Asia Pacific Hospice and Palliative Care Network (DC)
- > American Delirium Society, USA (AH)
- > Asia Pacific Hospice and Palliative Care Network (DC)
- > Bruyère and Ottawa Hospital Research Institutes (MA, AH, JLP)
- > Bengbu Medical College, Anhui, China (XX)
- > Chinese University of Hong Kong, Hong Kong (LL)
- > Cochrane Collaboration (SCI)
- > Eindhoven University of Technology, The Netherlands (MV)
- > Evangelische Hochschule Dresden (EHS), Germany (MA, AH, TL, JLP)
- > Guangxi Medical University, Nanning, China (LL)
- > Hong Kong Polytechnic University, Hong Kong (TL, JLP)
- > Huazhong University of Science and Technology, Wuhan, China (LL, JLP)
- > Hull York Medical School, University of Hull, UK (DC)
- > International Association for the Study of Lung Cancer (DC)
- > International Association for Hospice and Palliative Care (DC)

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- > International Council of Women's Health Issues (PD, MD)
 - > International Learning Collaborative connected to care (LH)
 - > International Network for Doctoral Education in Nursing (PD)
 - > Johns Hopkins University, Baltimore, (PD, MD, LH, JLP)
 - > Lancaster University, UK (DP)
 - > Leiden University Medical Centre, Netherlands (DP, MV)
 - > Mental Health Association of Hong Kong (LL)
 - > Mahidol University, Salaya, Thailand (PD)
 - > McGill University, Montreal, Canada (DP)
 - > McMaster University, Hamilton, Canada (DP, XX)
 - > Multinational Association of Supportive Care in Cancer (DC)
 - > Queens University Belfast, Ireland (DP)
 - > Stanford Primary Care and Population Health, USA (TL, JLP)
 - > Sun Yat-sen University, Guangzhou, China (LL, JLP)
 - > The Education University of Hong Kong, China (LL)
 - > Tilburg University, The Netherlands (MV)
 - > Tung Wah College, Hong Kong (AH)
 - > University of Auckland, New Zealand (MA, AH, JLP)
 - > University of Technology Auckland, New Zealand (LH, JLP)
 - > University of Basel, Basel, Switzerland (JLP)
 - > University of California, San Francisco, USA (TL, JLP)
 - > University of Cambridge, UK (DC, TL, JLP)
 - > University of Hertfordshire, UK (MA, TL, JLP)
 - > University of Ottawa, Canada (MA, AH)
 - > University of Manitoba, Canada (DP)
 - > University of York, UK (AH, MA)
 - > Vanderbilt University, Nashville, USA (MA, AH)
 - > Vrije Universiteit Brussel, Brussels, Belgium (DP)
 - > Wolfson Palliative Care Research Centre, University of Hull, UK (MA, DC, AH, TL, JLP)



Adjunct Professors

International

- > Prof Sabina De Geest, Professor of Nursing, Institute of Nursing Science, Department Public Health, Faculty of Medicine, University of Basel, Switzerland
- > A/Prof Cheryl Dennison Himmelfarb, Health Systems and Outcomes, School of Nursing and Director, Office of Science and Innovation, Johns Hopkins University, Baltimore, USA
- > Prof Thomas Fischer, Prof of Nursing, Evangelische Hochschule Dresden (University of Applied Sciences for Social Work, Education and Care), Dresden, Germany
- > Prof Claire Goodman, Professor Health Care Research, Centre for Research in Primary and Community Care, University of Hertfordshire; Deputy Director of the NIHR CLAHRC (Collaboration for Leadership in Applied Health Research and Care), East of England, UK
- > Prof Sonja McIlpatrick, Prof in Nursing and Palliative Care, Head of School of Nursing, Ulster University, Newtownabbey, UK
- > Prof Miriam Johnson, Professor of Palliative Medicine, Director of the Wolfson Palliative Care Research Centre, Hull York Medical School, Hull, UK
- > Prof Cynda Rushton, Prof of Clinical Ethics, Prof of Nursing and Paediatrics, Johns Hopkins University, Baltimore, USA
- > Prof Sarah Szanton, Director PhD Program, School of Nursing, Johns Hopkins University, Baltimore, USA
- > A/Prof Anne Tetitelman, School of Nursing, University of Pennsylvania, Philadelphia, USA
- > Prof Cheryl Westlake, Associate Dean, International and Community Program, Azusa Pacific University, San Diego, USA

National

- > Prof Sanchia Aranda, CEO, Cancer Council Australia, Sydney, NSW
- > A/Prof Richard Chye, Director, Sacred Heart Health Service, St Vincent's Hospital Sydney, NSW
- > A/Prof Katherine Clark, Clinical Director of Palliative Care, Northern Sydney Local Health District, NSW
- > Prof Jonathan Golledge, Director, Queensland Research Centre for Peripheral Vascular Disease, James Cook University, Cairns, QLD
- > Prof Christopher Hayward, Consultant Cardiologist, St Vincent's Clinic and St Vincent's Private Hospital Sydney, NSW
- > Prof Elizabeth Lobb, Professor of Palliative Care (Allied Health), Chair of the Palliative and End of Life Care Research Institute, Calvary Health Care Kogarah; NSW
- > Dr Melanie Lovell, Palliative Medicine Physician, Greenwich Hospital, HammondCare, Sydney, NSW

- > Prof Peter Macdonald, Medical Director, Heart Transplantation, Senior Staff Cardiologist, St Vincent's Hospital Sydney, and Victor Chang Cardiac Research Institute, Sydney, NSW
- > Prof Phillip Newton, Professor of Nursing, Director, Nursing Research Centre, Western Sydney University and Western Sydney Local Health District, NSW
- > Prof Abdullah Omari, Head of Vascular Medicine and Staff Specialist, St Vincent's Hospital Sydney, NSW
- > Prof Tim Shaw, Prof of eHealth, Director Research in Implementation Science and eHealth Charles Perkins Centre, University of Sydney, NSW

Honorary Associates

- > Dr Penelope Abbott, General Practitioner, Sydney West Aboriginal Health Service (SWAHS), Mt Druitt, NSW
- > Dr Peter Allcroft, Staff Specialist, Southern Adelaide Palliative Services Repatriation General Hospital, SA
- > Ms Kimberley Bardsley, Nurse Practitioner, St Vincent's Hospital Sydney, NSW
- > Dr Chakra Budhathoki, Assistant Professor, Department of Acute and Chronic Care, School of Nursing, Johns Hopkins University, Baltimore, USA
- > Dr Christopher Steer, Medical Oncologist, Border Medical Oncology, NSW
- > Dr Michael Chapman, Director of Palliative Care, Canberra Regional Cancer Centre, The Canberra Hospital, ACT
- > Mr Joshua Cohen, Palliative Care Transitional Nurse Practitioner, Calvary Health Care Kogarah, NSW
- > Mrs Patricia Delaney, Senior Policy Officer, Sydney West Aboriginal Health Service Mt Druitt, NSW
- > Dr Huiyun Du, Lecturer, School of Nursing and Midwifery, Flinders University, Adelaide, SA
- > Dr Peter Eastman, Palliative Care Consultant, Barwon Health, Melbourne Health, VIC
- > Dr Magnus Ekstrom, Consultant, Department of Medicine, Blekinge Hospital, Sweden
- > Dr Caleb Ferguson, Senior Research Fellow, Nursing Research Centre, Western Sydney University and Western Sydney Local Health District, NSW
- > Ms Aine Greene, Clinical Trials Manager, Southern Adelaide Palliative Service, SA
- > Dr Terrence Hays, PhD, Associate Professor, Faculty of the Professions (retired), NSW
- > Dr Mehrdad Heydari, Research Assistant, Collaborating on projects in Peripheral Arterial Disease, NSW
- > Dr Brian Le, Director Palliative Care, Victorian Comprehensive Cancer Centre - The Royal Melbourne Hospital and Peter MacCallum Cancer Centre, VIC
- > Dr Peter Martin, Clinical Director, Palliative Care, Barwon Health, VIC
- > Dr Valentina Naumovski, Research Fellow/Program Coordinator ImPaCCT, University of New South Wales, Sydney, NSW

- > Dr Eugene Salole, Principal, Value-Based Access (Specialists in Market Access and HTA for medical devices & diagnostics), Sydney, NSW
- > Dr Caitlin Sheehan, Staff Specialist, Palliative Care, Calvary Health Care, NSW
- > Dr Tracy Smith, Staff Specialist, Respiratory Medicine, Westmead Hospital, Sydney, NSW
- > Dr Timothy To, Senior Staff Specialist, Rehabilitation, Aged Care & Palliative Care, Repatriation General Hospital, Adelaide, SA
- > Dr Amy Waters, Staff Specialist, Palliative Care, St George Hospital, NSW
- > Ms Carol Whitfield, Nurse Practitioner, St Vincent's Hospital Sydney, NSW
- > Mr Robert Zecchin, Nursing Unit Manager, Area Cardiac Rehabilitation, NSW

Visiting Scholars

The Centre hosted a number of renowned international visiting scholars and students from collaborating institutions during 2018, further strengthening our ties with our international collaborators. International collaboration is a key aspect of maximising the impact of the research generated by the Centre.

International visitors to the Centre in 2018 were:

Associate Professor Hiromichi Matsuoka,

Department of Medicine, Kindai University, Osaka, Japan

PaCCSC Visiting Fellow (Research): 1 August 2017 to December 2018

Professor Thomas Fischer

Professor of Nursing, Evangelische Hochschule Dresden (University of Applied Sciences for Social Work, Education and Care), Dresden, Germany

Visiting Fellow (Research): 10 February to 27 April 2018

Dr Liz Sampson

Clinical Reader, Division of Psychiatry, University College London, Marie Curie Palliative Care Research Department, UK, 28 February 2018

Professor Karl Lorenz

Professor of Medicine (Primary Care and Population Health), Palo Alto Veterans Affairs Medical Center, Stanford University, 23 March 2018.

Dr Ranak Trivedi

Clinical Assistant Professor, Department of Psychiatry and Behavioural Sciences, Stanford University, 15 May 2018.



Members of **John Hopkins University, School of Nursing**

Prof Trish Davidson, Dr Diana Baptiste, Dr Teresa Brockie, Dr Valerie Cotter, Dr Vinciya Pandian,
Dr Nancy Goldstein

IMPACCT – JHU NURSING Chronic, Aged and Palliative Care Symposium, 26 July 2018

Dr Shirley Bush

Assistant Professor, Faculty of Medicine, University of Ottawa, Canada, 14 September 2018.

*Presentation: Delirium in adult cancer patients - ESMO (European Society for Medical Oncology)
Clinical Practice Guidelines*

Professor Wilco Achterberg

Professor of Institutional Care and Elderly Care Medicine, Department of Public Health and
Primary Care, Leiden University Medical Center, The Netherlands, 15 November 2018.

Presentation: The Challenges of Pain in Palliative Dementia Care

Professor Miriam Johnson

Professor of Palliative Medicine, Hull York Medical School and Director of the Wolfson Palliative
Care Research Centre, York, UK

Visiting Fellow (Research): 20 - 30 November 2018

UTS Academic Collaborative Visits

- > Center for Aging Research, Regenstrief Institute, Indianapolis, USA, 3 Jan 2018 (AH)
- > Critical Illness, Brain Dysfunction, and Survivorship (CIBS) Center, Vanderbilt University,
Nashville, USA, 6 Jan 2018 (AH)
- > McMaster University, Hamilton, Canada, 23 - 25 July 2018 (DP, XX)

EXTERNAL ENGAGEMENT

NSW Committees

- > Agency for Clinical Innovation, Renal Palliative Care Working Group (JLP)
- > Australian Learning and Teaching Council Leadership Capacity Building Project Advisory Group, School of Nursing, Western Sydney University (JLP)
- > Cancer Centre Committee, Flinders Medical Centre (DC)
- > Cancer Institute NSW, Communities of Practice Working Group (JLP)
- > Carrington Care, Board Director (DP)
- > Leigh Place, Board Director (DP)
- > Heart Foundation NSW Cardiovascular Research Network (MD, LH, SI)
- > Improving Palliative Care through Clinical Trials NSW (ImPaCCT:NSW), Management Advisory Committee (MA, TL, JLP)
- > NSW Australian Association of Gerontology, Executive member (XX)
- > Palliative Care NSW, President (DP)
- > SPHERE (Sydney Partnership for Health, Education, Research and Enterprise)
 - Aboriginal Health & Wellbeing Clinical Academic Group (MD)
 - Age and Ageing Clinical Academic Group - Quality of Life, Co-chair (MA), Education and Workforce, Co-Chair (DP)
 - Cancer Clinical Academic Group - Living with and After Cancer, Chair (MA)
 - Clinical Trials: Clinician, Public and Patient Involvement Steering Committee (LB)
 - Clinical Trials: Conduct & Enhanced Recruitment Performance Steering Committee (LB)
 - Early Life Determinants of Health (ELDoH): Invest Early to make a difference Clinical Academic Group (MD)
 - Mindgardens Clinical Academic Group, Steering Committee (MA)
 - Palliative Care Clinical Academic Group, Management Committee (MA, LB, AH, DP, JLP)
- > South Western Sydney Local Health District (SWSSLHD)
 - PROMPT-Care Clinical Advisory Group (TL)
 - Human Research Ethics Committee (MA)
- > Sydney Catalyst, T2 Advisory Group (JLP)
- > Translational Cancer Research Network
 - TCRN Executive (JLP)
 - Workforce 2025 Flagship, Co-chair (JLP)

National Committees

- > ANZUP Cancer trials group, Quality of Life Subcommittee (TL)
- > Australian Clinical Trials Alliance (ACTA)
 - Advisory Council (LB, DC)

- Reference Group A – Efficient and Effectives Clinical Trial Networks (LB)
- Special Interest Group for Clinical Trial Network Managers (LB)
- Workforce Special Interest Group (DP)
- > Australian Association of Gerontology
 - Culturally and Linguistically Diverse Special Interest Group (XX)
 - Student and Early Career Professional Development and Events Group (XX)
- > Australasian Delirium Association, Management Committee (MA, AH)
- > Australasian Palliative Link International, Executive Committee (MA)
- > Australian Adult Cancer Pain Management Guidelines
 - Organising Committee (MA, TL)
 - Working Party (MA, TL, JLP)
- > Australian College of Nursing, Policy Chapter Chair – Healthy Ageing (DP)
- > Australian Diabetic Educators Association, Diabetes Research Foundation Council (DC)
- > Australian Hartford Consortium of Gerontological Nursing Excellence -Foundation Member (DP, JLP)
- > Australian New Zealand Society of Palliative Medicine
 - President (MA)
 - 2019 ASM Conference Committee (Scientific and Organising), Chair (MA)
- > Cancer Australia
 - Cancer Cooperative Trials Group – Executive Officers Network (LB)
 - National Lung Cancer Steering Committee (JLP)
- > Cancer Symptom Trials
 - Management Advisory Committee, (MA-chair, DC, JLP)
 - Scientific Committee (MA)
- > Cardiac Society of Australia & New Zealand
 - Board (SI)
 - Cardiovascular Nurses Council, Chair (SI)
 - Professional and Ethical Standards Committee (SI)
 - Scientific Committee (SI)
 - Scientific Programming Committee (SI)
- > Caresearch
 - palliAGED National Advisory Group, Chair (DP)
 - National Advisory Group (DP)
- > Clinical Oncology Society Australia Council
 - Palliative Care Special Interest Group, Chair (JLP)
 - Geriatric Oncology Guideline Working Group, Chair (JLP)
 - Geriatric Oncology Research Working Group, Chair (MA)
 - Geriatric Oncology Special Interest Group, Chair (MA)

- Tele-Trials Cancer Cooperative Trials Groups Advisory Group (LB, JLP)
- > Cooperative Trials Group in Neuro-oncology
 - Management Advisory Committee (MA)
 - Scientific Committee (MA)
- > European Association for Palliative Care, ASM 2019 Abstract Review Committee (MA)
- > Lung Cancer Foundation, Kylie Johnston Lung Cancer Network Committee (JLP)
- > National Cancer Expert Reference Group (DC)
- > NPS MedicineWise, Clinical Advisory Committee (MA)
- > Palliative Care Australia
 - National Policy Advisory Committee (MA, DP, JLP)
 - National Standards Review Group (MA)
- > Palliative Care Clinical Studies Collaborative
 - Management Advisory Board, Member (JLP)
 - Member (MA, MD, AH, LL, DP, JLP)
 - Mood and Cognitive Disorder Symptom Node Sub-Committee (MA-Chair, AH)
 - Qualitative Sub-committee (MD, JLP)
 - Scientific Committee, Member (JLP)
 - Trials Management Group, (AH, Chair - JLP)
- > Palliative Care Nurses Australia
 - President (JLP)
 - Committee member (LH, AH, JLP)
 - 2018 PCNA Conference Committee & Chair Scientific Committee (JLP)
 - Aged Care Special Interest Group, Chair (DP)
- > Primary Care Collaborative Cancer Clinical Trials Group, Scientific Committee (AH)
- > Psycho-Oncology Cooperative Research Group
 - ADAPT Implementation & RCT Working Group (TL)
 - Depression Working Group (MA)
 - Scientific Committee (MA)
- > Royal Australasian College of Physicians
 - Adult Medicine Division Council (MA)
 - Chapter of Palliative Medicine Committee (MA)
 - Medicinal Cannabis Reference Group (MA)
- > Tele-Trial Project Cancer Cooperative Trials Groups Advisory Committee (JLP)
- > Therapeutics Good Administration Opioid Regulation Advisory Group (MA, DC)
- Victorian Cancer Agency Research Funding Sub-committee (DC)



International Committees

- > Canadian Partnership Against Cancer, Quality Initiatives and System Performance Advisory Group (DC)
- > European Palliative Care Research Network, Scientific Advisory Board (DC)
- > International Association Hospice Palliative Care, Board member (DC)
- > International Cancer Benchmarking Program Board, Deputy Chair (DC)
- > International Conference of Alzheimer's Disease International 2017, Advisory Board (MA)
- > International Conference of Indian Association of Palliative Care, Scientific Committee (MA, JLP)
- > International Council of Women's Health Issues, Board (MD)
- > International Palliative Care Family Carer Research Collaborative, Advocate (DP)
- > International Research Conference, Scientific and Technical Committee on Medical and Health Sciences (XX)
- > International Society Nursing Cancer Care
 - Communications Committee (JLP)
 - Policy and Advocacy Committee (JLP)
- > Johns Hopkins University, Wellness Steering Committee subgroup on Tobacco Cessation Strategy, Subject matter expert (MD)
- > Lien Centre, Duke-National University of Singapore, Scientific Advisory Committee (DC)
- > National Health Service, Public Health England, Palliative Care data program Expert Reference Group (DC)
- > Sigma (Global Excellence in Nursing) (JLP)
- > Wellness Steering Committee subgroup on Tobacco Cessation Strategy, Subject matter expert (MD)
- > Scientific Committee Wolfson Palliative Care Research Centre, University of Hull, UK (DC, JLP - Chair)

APPROVALS & OVERALL COMMENTS – CENTRE ANNUAL REPORT

We wish to acknowledge the support of all our collaborators who have contributed to the work of the Centre.



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Professor Palliative Nursing, Director IMPACCT

IMPACCT – Improving Palliative, Aged and Chronic Care through Clinical Research and Translation

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President, Palliative Care Nurses Australia 30 March 2019