



Peninsula  
Health

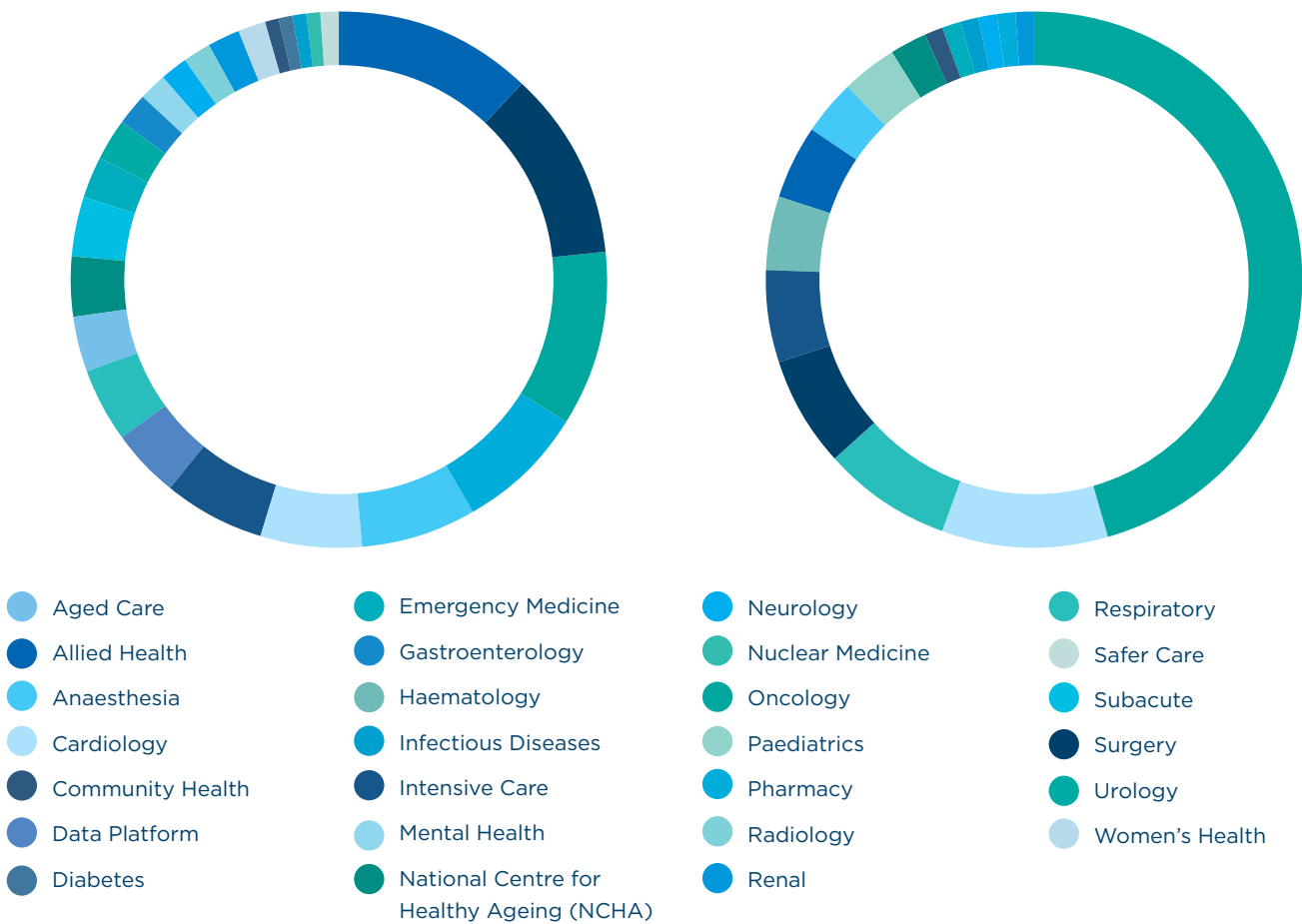
# Research Report 2024



# Research Activity 2023-24

New Projects by Department

Active Clinical Trials by Department



Year	Active Trials	Publications	New Projects Approved		
2022-23	72	149	56	32	88
2023-24	90	172	70	45	115
	Total	Total	Single Site	Multi-site	Total

## PhD Students 2024



# Contents

3 | Welcome

5 | Our Research

23 | Our Consumers

29 | Research Governance

30 | New Projects

34 | Grants

35 | Celebrating Research 2023

37 | Publications

# Welcome from the Board Chair

This report showcases research happening across Peninsula Health that is making a tangible difference to people living in Frankston and the Mornington Peninsula.

This year we launched our new **Strategic Plan for Peninsula Health: Healthy Lives 2028**. Our mission is healthy lives for everyone, through sustainable, innovative, compassionate care.

Research across the health service is informing how we deliver effective and efficient care. Research will continue to be a key driver for innovation in the future.



The research activity at Peninsula Health is growing, under the leadership of Professor Velandai Srikanth, Professor of Medicine and Director of Research. The broad spectrum of research projects and clinical trials underway across the health service demonstrates how embedded research has become in how we provide healthcare.

This report provides an insight into some of the many research projects underway at Peninsula Health. These include the project at Rosebud Emergency Department, where the team is examining the best practice for the management of people presenting with acute low back pain. Also, at Frankston Hospital, a clinical trial is underway investigating the use of a structured radiological reporting method to more effectively manage the CT scan process for patients with pancreatic cancer. We are also examining the care we provide to people at home, when they are recovering from a stroke.

The National Centre for Healthy Ageing – a partnership between Peninsula Health and Monash University – is growing in capability and impact, generating groundbreaking research and utilising large datasets to build evidence for clinical care at a local and national level. Some of this work is featured in this report, including; a new service for people aged over 50 who are providing informal care to older Australians, a new system for sharing medical information about aged care residents when they are transferred to hospital and back again, investigating how employing rehabilitation interventions can reduce disability and improve the wellbeing of people with dementia, examining the impact of environmental factors on healthy ageing and a new Healthy Ageing Data Platform.

It is an exciting time for research at Peninsula Health, with the projects being led by our people in a range of healthcare settings helping us to deliver on our mission, of healthy lives for everyone.

Please enjoy reading this report.

**Michael Gorton AM**

Board Chair



# Message from the Director of Research

Another year has rapidly gone by, and it is time for the annual *Research Report* to be presented. I am delighted to do so on behalf of our Peninsula Health research community.

Several things have occurred in 2024 that deserve mentioning in the context of research. We warmly welcomed Associate Professor Cathleen Aspinall, who joined us as Research Lead in nursing and midwifery. Cath has a joint appointment at Peninsula Health and the School of Nursing and Midwifery at Monash University. She comes to us from Auckland, Aotearoa New Zealand where she developed a significant body of research in investigating clinician and consumer experience of fundamental care and the Fundamentals of Care Framework as a point of care theory. This included its cultural compatibility, or usefulness with Māori, the Indigenous people of Aotearoa. Cath has a research approach embedded in social justice and has applied an intersectional lens to nursing leadership and empowerment. She is currently exploring the development of nurses as leaders of research through clinical academic roles.

Cath has hit the ground running, engaging widely and setting the scene for developing greater opportunities for our nursing colleagues to actively engage in translational research. There is a strong desire for more clinical academic appointments in the future, in keeping with the expansion into our brand new hospital that is rapidly emerging on the Frankston campus, and consequent greater engagement with Monash University and other academic partners. Our new *Healthy Lives 2028 Strategic Plan* clearly expresses this research and innovation ambition for Peninsula Health.

We also gratefully acknowledge the efforts and impact on research of those who have left Peninsula Health this year and wish them all well in their future endeavours. In particular, I would like to thank Professor David Hunter-Smith, who held the position of Director of Surgical Research and who led by example in mentoring several surgical colleagues and junior doctors in research over many years.



I would also like to thank our previous Chief Executive, Felicity Topp, for the fantastic support that she provided for research, in particular for her efforts in securing Commonwealth funding for the National Centre for Healthy Ageing, and for helping deliver the Ngarnga Centre for our teaching and research.

Our researchers have forged ahead further in their translational activities, and some of their work is featured in this report. Notably digital innovation in new models of care for people living in aged care and carers of older people, deployment of artificial intelligence techniques for clinical research, new imaging methods for cancer, and establishing new pathways for rehabilitation for people with dementia, are but a few of the amazing examples of work being done by our research community. Embedded strongly in many of these projects are the lived experiences of our community members who are actively involved in the design, conduct and dissemination of our research.

Research publications from our researchers have exceeded 170, a clear increase in outputs compared with the previous year. Research grant income has climbed from several sources including competitive grants, commercial sponsors and philanthropy. These are clear examples of how Peninsula Health is accelerating its research efforts, and is poised to make a significant jump in activity in the coming years, creating new opportunities for our staff and presenting as an attractive destination for our future workforce.

## Professor Velandai Srikanth

Professor of Medicine & Director of Research, Peninsula Health  
Director, National Centre for Healthy Ageing

# New technology to improve the healthcare experiences of aged care residents

A new digital system for sharing important medical information about aged care residents when they are transferred to hospital and back again is being tested by the National Centre for Healthy Ageing.

Associate Professor Nadine Andrew has been leading the study, which is backed by the Medical Research Future Fund.

“We have spent the last three years co-designing a digital system with staff members and residents from participating residential aged care sites, Peninsula Health, Ambulance Victoria and primary care,” explains Associate Professor Andrew.

“The system has been integrated into clinical workflows within these sectors and is accessible

to Peninsula Health staff via the Cerner patient homepage. We are very excited to announce that testing of our digital information sharing system has now begun.”

The results of this study will help bridge the information gap for people living in residential aged care who need to go to hospital. During the design phase, the research team identified that there were no uniform processes for how the various healthcare organisations co-ordinate their response to ensure the best exchange of information so the resident remained at the centre of care.

“In order to optimise information exchange, we undertook a rigorous co-design process including gaining consensus from all sectors on the types of information required for the digital summary and how best

to operationalise the system so that people would actually use it,” adds Associate Professor Andrew.

Important health and social information often does not follow aged care residents when they are transferring to and from hospital. With no current system to allow residents’ medical information to be easily shared at multiple points of care, time can be wasted and care can be compromised.

Patient transfers from aged care facilities are a significant component of hospital admissions and Emergency Department presentations. This growing trend is driven by factors such as an ageing population and increasing prevalence of chronic diseases.

The solution Associate Professor Andrew and the team have come up with is a ‘Digital Health Summary’ that shares important medical information from residential aged care systems in a structured and accessible format.



Image: Associate Professor Nadine Andrew

In 2022, around  
**185,000**  
people aged 65  
and over were  
living in residential  
aged care\*



This information is made available to residents and their authorised representatives, aged care staff, affiliated General Practitioners, paramedics and hospital staff, facilitating consistent and timely information-sharing across settings.

When designing this prototype, the research team worked with hundreds of people – including Peninsula Health staff, aged care residents and their relatives, aged care nurses, Ambulance Victoria paramedics, and General Practitioners – to co-design the information contained in the Digital Health Summary, the user interface and how best to integrate the summary into current workflows.

According to Associate Professor Andrew, the inclusion of consumers and their families in the planning phase was critical to its success.

“This ensured we obtained diverse perspectives, fostered transparency and helped to make sure the outcome aligned with their needs and expectations,” she says.

“We also established a stakeholder committee with representation from government, and consumer and aged care peak bodies to ensure that our solution was of national relevance to facilitate future scale up.”

The 10 month trial – the implementation of which is being led by Dr Katrina Long – started on 1 July 2024, and will be tested with Ambulance Victoria, Peninsula Health and aged care industry partners Regis and Arcare. The trial will test the usability of the system and its potential to improve outcomes for people in residential aged care by reducing hospital transfers and avoidable hospitalisations and improving residents’ healthcare experience.

“Eventually, we aim to have an integrated system that is fully operational within the Peninsula Health region with capability for national scale up,” says Associate Professor Andrew.

Improving patient care for the many thousands of older Australians in residential aged care is the centrepiece of this complex project.

“The involvement of so many key stakeholders in the design of this prototype was critical to ensuring we developed something that will be used by everyone and will make a difference to the healthcare experience of residents.”



Image: Associate Professor Nadine Andrew with Paramedic Laura at Frankston Hospital

# Caring for the carers

An Australian first pilot program is supporting carers aged over 50 years, who provide informal care to older people aged 65 years or more. This is the first-known Australian service to focus specifically on carers aged over 50 years to improve their health and wellbeing, helping them sustain their carer role in better health.

“Older carers are starting to develop their own age-related conditions at the same time as having to care for someone who tends to be older, such as their spouse or elderly parents,” explains Principal Investigator Dr Aislinn Lalor, researcher at Peninsula Health and Monash University’s Rehabilitation, Ageing and Independent Living (RAIL) Research Centre.

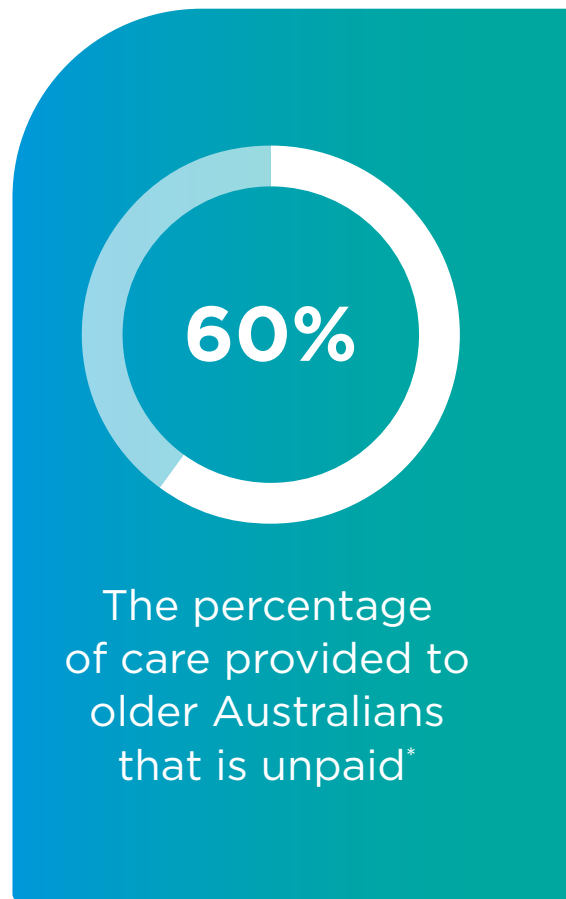
“We started to see that if we could better look after the carer, then we can help keep the person who’s being cared for living at home for longer, rather than having to go into aged care.”

The initial research by Monash University led to a national survey of Australian carers and interviews with carers and health professionals working at geriatric clinics.

There was also a series of co-design workshops, where the model of care underpinning the Carer Health and Wellbeing Service was formed.

The Carer Health and Wellbeing Service pilot program is funded by the Commonwealth Government through the Living Labs initiatives from the National Centre for Healthy Ageing, a partnership between Peninsula Health and Monash University.

“We identified there is a real gap in carer supports available, so this was a great opportunity to work with Monash University to deliver evidence-based care to our community,” explains Iain Edwards, Peninsula Health’s Operations Director of Community and Ambulatory Services.



The percentage of care provided to older Australians that is unpaid\*

The Carer Health and Wellbeing Service, which is run by Peninsula Health, was launched in March 2024, and currently operates one day a week from Mornington, with plans to make the service available two days a week in 2025.

“This service bridges the gap by identifying the particular needs of the carer to enable them to care more effectively,” explains Mr Edwards.

“This may be through addressing some of the emotional and psychological impacts that can occur, as the person being cared for might now be quite different. Then through occupational therapy and physiotherapy support, we are able to help with the logistics around making caring easier, while maintaining the physical health and wellbeing of the carer.”

The service aims to provide individualised, person-centred care.



Image: Dr Aislinn Lalor (centre) with Carer Health and Wellbeing Service team members: Voula Bitaxis (left), Team Leader and Social Worker, and Paula Botero (right), Psychologist



“The service is carer-focused and carer-driven,” explains Dr Lalor. “In the initial interview, we establish what their three goals are that they want to work on over the next six months.”

“Through that process, we also support the development of problem-solving skills, so carers can optimise their own health and wellbeing across their lifetime,” Dr Lalor adds.

Ivan Freer, 72, has been a carer for his wife for the last two years, as well as juggling his own health problems, which have required multiple hospital admissions.

Ivan’s wife has three fractured vertebrae in her back and has to rely on a walker to get around.

“She can’t get around very well and she can’t walk very far, and because of this it is up to me to do all of the housework,” explains Mr Freer.

Mr Freer is one of the first carers to receive support from the Carer Health and Wellbeing Service.

“The service has helped me a lot, and it is definitely needed. I am able to speak to them about a lot of things and they have sent me in the right direction to get help or get what we need,” says Mr Freer.

“I’ve got my own health problems, my health is something that I can’t put on the backburner, I have to keep up with it, otherwise things aren’t going to be done at home. You can call yourself a carer but I think most people go into it with no experience, and I would recommend this service to other carers because it is always good to know someone is there for you and that you can ask questions,” adds Mr Freer.

“The service is carer-focused and carer-driven.”



Image: Iain Edwards, Ivan Freer and Dr Aislinn Lalor at the launch of the Carer Health and Wellbeing Service

Carers can self-refer to the service or be referred by a healthcare professional such as a General Practitioner or by Commonwealth Home Support and Aged Care Assessment Services.

Carers who use the service are asked if they consent to their data being accessed for research purposes, which will be used to evaluate the service. Interviews will also be conducted with health professionals delivering the service, referrers into the service, and carers. A cost-effectiveness analysis of the program will also be conducted.

“What we are hoping to demonstrate is the health economics of this and the sustainability of this model: by investing in supporting carers now we are not only saving on the long-term costs of people going into aged care, but also ensuring carers’ health and wellbeing are optimised,” concludes Dr Lalor.

# The right to rehabilitation for people with dementia

People with dementia experience stigma, which affects all aspects of their lives, including health outcomes and quality of care. There is a tendency to equate dementia with severe physical and mental incapacity, and the inability to engage or benefit from treatments, which is not necessarily the case.

A study led by the National Centre for Healthy Ageing is investigating how employing rehabilitation interventions can reduce disability and improve the wellbeing of people with dementia.

“The INCLUDE study features strategies co-designed by consumers and stakeholders to improve rehabilitation access for people with dementia,” explains Dr Angel Lee, a senior researcher at the National Centre for Healthy Ageing, Peninsula Health and Monash University’s Rehabilitation, Ageing and Independent Living Research Centre.

“It’s currently in the implementation and evaluation phase, which is phase two of a three-year project, following an initial co-design phase.”

The study involves developing a set of ‘INCLUDE’ solutions aimed at challenging stigma and enhancing knowledge about dementia rehabilitation.

“The study evaluates the impact of implementing these INCLUDE solutions on social networks, the number of people with dementia seen by allied health professionals, and the number of advocacy actions and practice changes by members in their workplaces,” explains Dr Lee, who is the Post-Doctoral Fellow in this study.

The solutions include a dementia rehabilitation e-module for health professionals, Dementia Training Australia education for General Practitioners, a dementia rehabilitation community of practice for health professionals, and dementia rehabilitation resources to support referrers, providers, people with dementia, and their care partners.

“Research will be conducted through two consecutive online courses and a community of practice targeting healthcare professions,” says Dr Lee.

“This includes health professionals from community rehabilitation programs, community health services and multi-disciplinary cognitive clinics of health services including Peninsula Health, community aged care providers, and private practices that have an interest in gerontology.”

Initially, the course will be run for health professionals in the southern and south-eastern parts of Melbourne. There will be a second course, which will be offered nationally. Pre- and post-course surveys will be used to evaluate the education package.

“We hope that by establishing these INCLUDE solutions in the community, it will lead to more people with dementia being able to access allied health professional services, as well as a rise in advocacy actions and practice changes by allied health professionals in their workplaces,” explains Dr Lee.

“Rehabilitation is crucial for people with dementia because it significantly enhances their quality of life and daily functioning. Although dementia is often associated with severe incapacity, many individuals with this condition live in the community and can benefit from rehabilitation. Both guidelines and international recommendations highlight the importance of rehabilitation for supporting physical and cognitive functions. Addressing barriers to access is essential for ensuring that people with dementia receive the care needed to preserve their independence and improve their overall wellbeing,” Dr Lee adds.





Research so far has found a lack of awareness among some health professionals regarding the evidence supporting dementia rehabilitation, which is creating blocks.

“People with dementia and their caregivers often find it challenging to navigate the available services and want more information and support to access rehabilitation,” says Dr Lee.

“These barriers exist at multiple levels, including some health professionals’ views about the value of rehabilitation for people with dementia. Additionally, there is a lack of awareness regarding the evidence supporting dementia rehabilitation, which contributes to these stigmas.”

Dr Lee notes there is currently no clear model or pathway in the healthcare system for the rehabilitation of individuals with dementia. Despite the evidence demonstrating that rehabilitation interventions can reduce disability and improve wellbeing for those with dementia, there is a critical need to address these stigmas and overcome the existing challenges to enhance rehabilitation access.

“By implementing this research and employing the INCLUDE solutions, we will address a critical gap in the health system by promoting access to rehabilitation for people with dementia, which is currently often denied,” says Dr Lee.

“Through these solutions, we will be able to support their independence, reduce caregiver stress, and potentially save on the significant costs associated with health and aged care. This research aims to align with national and international priorities to optimise wellbeing and independence for people with dementia.”

“Rehabilitation is crucial for people with dementia because it significantly enhances their quality of life and daily functioning. Addressing barriers to access is essential for ensuring that people with dementia receive the care needed to preserve their independence and improve their overall wellbeing.”



Image: Dr Angel Lee at Frankston Hospital

# Improving outcomes for people with pancreatic cancer

A new trial led by Peninsula Health gastrointestinal surgeon Associate Professor Charles Pilgrim is seeking to improve the accuracy of diagnosis and reporting of computed tomography (CT) scans for patients with pancreatic cancer.

Pancreatic cancer is the eighth most commonly diagnosed cancer in Australia. The disease affects the pancreas which is a vital organ in the body that is responsible for digestion and blood sugar regulation. Often, there are no symptoms of pancreatic cancer until it is advanced and has spread to other organs.

People with pancreatic cancer undergo a CT scan to outline the extent of their disease and assist with the development of a treatment plan that is right for them.

“There are different treatment plans based on what classification the pancreatic cancer is labelled,” says Associate Professor Pilgrim. “The classification is determined from the CT scan, so it is very important to get it right.”

Peninsula Health is one of 33 health services across Australia participating in the ScanPatient Clinical Trial, and has begun using a structured radiological reporting method to more effectively manage the CT scan process for patients with pancreatic cancer.

“Clinical trials support advancement of medical knowledge, improve patient outcomes, drive innovation and contribute to our medical evidence base,” says Associate Professor Peter Evans, Clinical Director of Surgery at Peninsula Health.

“The management of patients with pancreatic cancer depends on the local extent of their cancer and whether it has spread,” explains Associate Professor Evans.

“These factors determine whether a patient goes down a potentially curative surgical pathway, or a palliative pathway with the aim of cancer control and maximisation of quality and quantity of life.”

“Understanding a patient’s general health and having the support of accurate imaging are the most important factors informing this decision,” adds Associate Professor Evans.

It is expected the new reporting method will have a direct impact on the care we are able to provide to patients with pancreatic cancer.

“By introducing a synoptic report, we’ll see a more structured, formalised assessment of each scan and hopefully improve the cancer classification range, therefore improving care,” shares Associate Professor Pilgrim.

“As part of the report, the radiologist has to address all 63 points for it to be synoptic, whereas prior to the development of the report, the radiologist would look at the scan and they

Approximately  
**4,000**  
people are  
diagnosed with  
pancreatic cancer  
each year

would dictate essentially free form,” explains Associate Professor Pilgrim.

The report provides a more complete and thorough analysis to make sure everything is addressed.

“This ensures all the relevant negatives are included, because if something isn’t present, it’s just as equally important that the radiologist says this isn’t present,” Associate Professor Pilgrim adds.



Image: Associate Professor Pilgrim with Dr Dariush Douraghi, Consultant Diagnostic and Interventional Radiologist, at Frankston Hospital





Image: Associate Professor Pilgrim and Michelle Leung, CT Supervisor, review a scan

“It’s a credit to Frankston Hospital, proving that we are a big player in pancreatic cancer nationally and it’s very important that we’re committed to this sort of research.”

“Prior to using this synoptic report, there was the chance that we were missing or overcalling pancreatic cancer classification because of that inconsistency and potentially incomplete reporting.”

Determining whether a patient should: one, receive chemotherapy before surgery; two, have surgery first and then chemotherapy; or three, have chemotherapy alone without surgery, is a problem facing doctors when they do not have adequate information from the scans.

“If you receive a good quality CT scan, you can interpret whether the tumour is free of blood vessels or whether it’s involving them,” explains Associate Professor Pilgrim.

“By doing so, you can determine whether the patient’s tumour is resectable or locally advanced and unresectable, or whether it’s in an intermediate group (called borderline resectable).”

The trial began accepting patient data in 2023 and has now received data from more than 1000 patient cases, which will be prepared for preliminary analysis at the end of the trial in two years’ time.

“What we can see so far is that Frankston Hospital sees more than the minimum number,” shares Associate Professor Pilgrim.

“We’ve already captured data from more than 30 patients with pancreatic cancer from Frankston Hospital and those are just the patients who are treated and are discussed at our multi-disciplinary meeting.”

It is hoped that the trial will improve our health system and allow for better analysis, diagnosis and treatment of pancreatic cancer.

“We’re doing a better job and being more thorough in our assessment and classification, which therefore speaks to optimising treatment plans,” says Associate Professor Pilgrim.

“It’s really about ensuring that we are actively stratifying, classifying patients with the intention of optimising their care. It’s a credit to Frankston Hospital, proving that we are a big player in pancreatic cancer nationally and it’s very important that we’re committed to this sort of research.”

This research is another example of how Peninsula Health clinicians are providing safe, personal, effective and connected care to every person, every time.

“Participating in trials such as this ensures that Peninsula Health remains at the leading edge of healthcare delivery and helps us to recruit the best staff members who can work collaboratively to provide the best possible patient care – Peninsula Care,” concludes Associate Professor Evans.

# A new frontier for gastroenterology

People with digestive system and liver-related conditions who live in Frankston and the Mornington Peninsula now have access to new treatments, specialist clinics and clinical trials close to home, with a major growth of the service under new Head of Gastroenterology, Associate Professor Marcus Robertson.

"We're in a phase of rapid expansion," explains Associate Professor Robertson, who joined Peninsula Health in February.

"In the last four months, we've started a specialist hepatology service. So we now have two dedicated liver clinics a week. One clinic caters for patients with alcohol-related and non-alcoholic fatty liver disease, and the other one we call the Specialty Liver Clinic, where we've got streams in autoimmune liver disease, liver cancer and viral hepatitis. This provides a fantastic platform to deliver state-of-the-art care to patients with liver disease in the local community."

These new services are already making a big difference to people who live in Frankston and the Mornington Peninsula.

"Patients no longer have to travel to hospitals in the city to get their liver cancer treated, which is fantastic," adds Associate Professor Robertson.

"The Inflammatory Bowel Disease (IBD) service is already well established here and we are hoping to expand on that. We're also going to be starting a clinic for patients who experience a flare of their IBD, ideally to avoid the need for them to always have to come into hospital, which would be a great advancement."

Peninsula Health already has a well established endoscopy service. This will expand with the addition of an interventional endoscopy fellow. The team is also working to train more people to provide this care to our community.

As well as expanding service provision, Associate Professor Robertson and his team also have a big focus on growing research.

"We're trying to increase our research footprint," explains Associate Professor Robertson.

"We're hoping to start our first clinical trials in IBD in the near future. The initial trial we have joined will provide further treatment options for patients with ulcerative colitis, which is a form of IBD."

The service is seeing more and more patients with autoimmune liver disease, and research is already underway in this area.

"Our goal is to make Frankston Hospital a centre of excellence for autoimmune hepatitis," adds Associate Professor Robertson.

The team is also investigating the impact nutrition has on liver disease.

"I've previously done some research that suggests both patients with cirrhosis and patients presenting with bleeding as a result of their cirrhosis very commonly have vitamin C deficiency," he explains.

"We're looking to further characterise this and then hopefully begin some intervention studies where we provide patients with vitamin C supplements to determine whether this results in improved outcomes."

Associate Professor Robertson is also in the early stages of new research examining the best course of treatment for patients who present with gastrointestinal bleeding who may already be taking blood thinners, and what the benefits and risks are of stopping and re-starting this medication.

**"Our goal is to make Frankston Hospital a centre of excellence for autoimmune hepatitis."**



“First and foremost, we’re focusing on research that directly benefits the patients. So it’s research that we can very much translate into clinical practice that will hopefully improve the outcomes for the patients who we’re treating,” explains Associate Professor Robertson.

Liver and digestive system conditions affect people of all ages across Frankston and the Mornington Peninsula. For example, non-alcoholic fatty liver disease is very common: up to one in three adults have it.

“We see patients from early in their 20s right through to patients who are in their late 80s,” says Associate Professor Robertson.

“There’s a wide spectrum of causes for liver disease. Everyone tends to think liver disease is associated with alcohol, but we see a lot of patients who have had a viral infection that has damaged their liver, autoimmune conditions where the body attacks its own liver, or genetic conditions such as haemochromatosis where the body absorbs too much iron, which is then deposited in the liver and can damage it.”

Through research, Associate Professor Robertson is hoping to increase the profile of gastroenterology at Peninsula Health, and also teach the next generation of clinicians these important research skills.

The Gastroenterology Unit team members have already begun presenting their research findings at conferences, and plan to publish more work in the coming year.

“We’re really trying to increase our research footprint.”



Image: Associate Professor Marcus Robertson at Frankston Hospital

---

# Artificial Intelligence enabled Healthy Ageing Data Platform supporting research

Electronic Health Record (EHR) data contains rich clinical, demographic and health service data that can significantly enhance research. However, variations in data quality, completeness, location and transparency can often lead to researchers distrusting the data.

The new Healthy Ageing Data Platform will make research more efficient by dramatically reducing the time required to collect data from hospital systems and consumers. Data will be held in a secure research environment after the Human Research Ethics Committee has reviewed and approved the project. An Artificial Intelligence (AI) capability has recently been added to the Data Platform to automate extraction of structured, difficult to obtain information from clinical text.

“The Platform will underpin transformative research and translation in health service and aged care innovation that will be scaled to deliver impact at a local, state and national level,” explains Associate Professor Richard Beare, Technical Lead for the Data Platform.

EHR data includes many forms of narrative text, ranging from short progress notes to discharge summaries and specialist reports.

These documents are unstructured data that cannot be used directly for research or operational purposes unless they are reviewed and coded by, for example, Health Information Managers, into classification systems such as the International Classification of Diseases.

However, there are limitations to these codes for use in research. Some conditions are not well coded and have been shown to have low specificity when validated against clinical cohorts.

Narrative text may be manually coded to answer specific research questions, but the scale is typically small, and the cost is significant.



Natural Language Processing (NLP) is a family of computational tools for automated analysis of narrative or unstructured text. Having an NLP framework will allow researchers to access information that may not be otherwise accessible, especially information that is either poorly coded in standard datasets or not coded at all.

“An example of this might be housing or social connections, which are currently not well recorded in structured fields,” explains Associate Professor Beare.

“Is someone homeless? Do they live alone? Do they have help at home? Do they smoke? Can we apply some kind of AI tool that lets us check thousands of records and return that level of detail?”

“Our aim is to create a framework that will allow us to rapidly create and validate automated tools for extraction of project-specific items from unstructured text data,” adds Associate Professor Beare.

An example is a project – funded by the National Health and Medical Research Council (NHMRC) and led by Professor Velandai Srikanth – examining the feasibility of using EHR data to estimate the number of people with a diagnosis of dementia.

The team developed an approach that combined input from clinical experts – in the form of keywords and phrases likely to be written in the clinical record of a patient with a diagnosis of dementia – and AI techniques to detect people with a dementia diagnosis based on the unstructured component of their health record.

Dementia is an example of something that is usually under reported in standard datasets derived from clinical coding.



Image: Associate Professor Richard Beare

Modern AI tools for processing unstructured data such as large language models, like ChatGPT, have received high levels of investment, publicity and hype in the last two years. Delivering improvements in healthcare using this technology is extremely difficult given the levels of secrecy over the nature of the data used to train the models and the sensitivity of patient data. The AI component of the Data Platform allows the team to experiment with large language models in a safe and secure way for research applications.

Associate Professor Beare is confident about the future use of this technology to advance research outcomes.

“We are using AI tools to address an issue that is important to health services research: the quality and scale of data available for analysis.”

“This will build experience using AI tools in the healthcare environment, assisting with the development and deployment of future AI tools that address operational and clinical problems,” concludes Associate Professor Beare.



Image: Emmett McKenna with Valerie, a patient on Walker Ward, Rosebud Hospital

## Confidence and beliefs of Rosebud Hospital Emergency Department staff in treating people presenting with acute low back pain

Low back pain (LBP) is the leading cause of disability worldwide and one of the top five reasons people attend an Emergency Department in Australia. A team of researchers at Rosebud Hospital has launched a study to understand and improve the management of this condition.

The study's core objectives are to assess the confidence of Rosebud Hospital Emergency Department staff in treating people with LBP and to explore the beliefs of these staff members about LBP and its treatment.

"When patients present to an Emergency Department with LBP, they are usually in a lot of pain, with high levels of distress and disability, often without a corresponding specific anatomical pathology," explains Lead Investigator, Physiotherapist Emmett McKenna.

"There is an expectation by the consumer that imaging will be done to identify the source of their pain; however, in most cases imaging is rarely helpful or indicative, and can increase a patient's distress and worry."

Despite comprehensive guidelines including the Low Back Pain Clinical Care Standard (launched in 2022 by the Australian Commission on Safety and Quality in Health Care), managing acute LBP remains a clinical challenge. Health professionals often report low confidence and conflicting beliefs about the best treatment approaches for people presenting with LBP. This can lead to inconsistent and low-value patient care interventions.

In the Emergency Department setting, imaging and opioid prescriptions are common while high-value interventions – such as advice, education and exercise prescription are not always provided.

This initiative, part of the Monash University Research Partnership Program, aims to bridge the gap between existing clinical guidelines and actual practice in Emergency Departments.

The study methodology involves fourth-year physiotherapy students from Monash University designing a protocol to assess clinician confidence and beliefs using validated surveys. The data collected from Rosebud Hospital Emergency Department staff will identify areas for potential quality improvement projects, such as targeted education and training programs.

The significance of this research is far reaching. LBP not only impacts patient wellbeing but also poses a significant financial burden. Emergency care for non-serious LBP cost Australian hospitals approximately \$392.9 million in 2019. In Australia, 23.6% of LBP emergency visits result in lumbar imaging and 69.6% involve opioid prescriptions, contrary to guideline recommendations.



Previous research has demonstrated that health professionals' confidence in managing LBP and their beliefs about LBP, are moderating factors in the care they provide to patients; more helpful beliefs about back pain are associated with guideline-consistent care.

"By tackling these critical areas, Peninsula Health and Monash University hope to set new standards in LBP management, offering better outcomes for patients and paving the way for more effective emergency care practices," says Mr McKenna.

"It's so important for effective patient care that we spread more helpful messages to people about back pain and its management – everyone needs to get the best possible message from the very start."

The study will utilise a Back Pain Attitudes Questionnaire and a five-point Likert scale to measure staff confidence.

"Peninsula Health and Monash University hope to set new standards in LBP management, offering better outcomes for patients and paving the way for more effective emergency care practices."

Participants will be asked questions about their own back; about their thoughts on recovering from back pain; and then about their confidence in managing people with LBP in the Emergency Department.

The anonymous online survey will target all Rosebud Hospital Emergency Department clinicians, including doctors, nurses and allied health professionals, with a focus on those actively caring for people presenting with LBP.

The research aims to provide a clearer picture of Emergency Department clinicians' confidence and beliefs about LBP management. The ultimate goal is to align clinical practice with established guidelines, enhancing patient care, reducing hospital stays and costs, and improving staff satisfaction.



Image: Emmett McKenna and Chantelle Fox, Nurse, at Rosebud Hospital



Image: Dr Laura Jolliffe and Ester Roberts

## Maximising rehabilitation outcomes for stroke survivors in home-based services

Understanding the perspectives of people who have experienced a stroke, and who are ultimately responsible for their own rehabilitation, is a crucial yet often overlooked aspect of the recovery process.

Peninsula Health Allied Health Research Lead, Dr Laura Jolliffe, and Monash University Occupational Therapy Honours student, Hannah Ungar, are currently leading a research project exploring stroke survivors' perspectives on the intensity of rehabilitation within early supported discharge models of care.

"We know from clinical practice guidelines that the amount and intensity of rehabilitation that stroke survivors receive is really important, and that as much therapy as possible needs to be scheduled for someone to maximise their health outcomes," explains Dr Jolliffe.

"We also know that early supported discharge models of care are strongly encouraged, and that stroke survivors with mild to moderate impairment may achieve superior outcomes to traditional inpatient rehabilitation. However, what we know less about is stroke survivors' perspective on intensity: what does intensity mean to them?"

"When stroke survivors are on the ward, we know how many sessions of therapy they are getting and what groups they are attending. Whereas at home, people likely do a lot more of what we call incidental functional rehabilitation, such as getting up and making themselves a cup of tea," adds Dr Jolliffe.

In 2020  
**27,428**  
Australians  
experienced  
stroke for the  
first time\*

Ester Roberts, the project's Associate Investigator and Peninsula Health's Allied Health Lead of *At Home* Subacute, notes that some of the anecdotal feedback they have received from stroke survivors coming into the health service was that the intensity of an inpatient rehabilitation setting can sometimes feel and look quite different from what people experience at home.



“When stroke survivors return home, they are busy doing the shopping, cooking their meals, and getting on with the activities in their life,” Ms Roberts explains.

“Then having therapy come into your home at that point in time can often feel quite different in terms of the intensity that’s provided, even if it’s similar or it might even be less intense. It often feels different because of all the other activities the stroke survivors are doing in their daily life.”

The study collected stroke survivors’ perspectives through phone-administered surveys and health record reviews.

“It was a mixed-methods study where we looked at what people were telling us and heard about their lived experiences. We also examined health records and reviewed the time clinicians reported against the service delivered,” says Dr Jolliffe.

“What we discovered was that people were more likely to be prescribed self-practice programs in home-based rehabilitation,

so our therapists have been really great at encouraging people to practice outside of their scheduled therapy time, which we know is really key to increasing that intensity.”

“Understanding that people perceive intensity of practice as either having multiple rehab sessions a day or as something that would help them recover – while they weren’t very specific and didn’t have a fixed timeframe in their minds about what intensity meant, they didn’t necessarily feel burdened by being asked to do ‘too much’.”

Preliminary data from this study is already being used by Peninsula Health clinicians to help guide stroke survivors’ rehabilitation. The survey results also show that Peninsula Health’s *At Home* Subacute Allied Health Service provides an average of 7.8 therapist appointments a week, which most stroke survivors felt to be an appropriate amount, although some felt that they could complete one or two more sessions.

More than  
**445,087**  
Australians  
are living with  
the effects  
of stroke\*

“It was validating to see that we’ve got it about right; people reported that their level of intensity for their *At Home* allied health services and stroke rehabilitation was neither too heavy nor too light,” Ms Roberts reflects.

“We’re able to feed these results back to the treating clinicians, and they can make changes in the moment based on the intensity feedback from patients.”

“They’re really using the data we’re collecting: reflecting regularly on the metrics of stroke survivor change, looking at how many sessions they can and are able to provide,” states Dr Jolliffe.

“As a result, we have observed positive changes in several outcome measures we routinely collect, including consumer satisfaction with their health-related quality of life and their performance and goal attainment. Over time, we’ve seen significant shifts in the goals people set for themselves in their rehabilitation program, which is ultimately our aim.”



# Can our environment influence how we grow older?

Healthy ageing may be more reliant on environmental factors than previously thought, with access to greenery and fresh air becoming more important to maintain a healthy lifestyle as you grow older.

A new study led by Dr Alison Carver at the National Centre for Healthy Ageing (NCHA) is seeking to understand how the environment we embed ourselves in has an effect on people living healthier lives.

“It is really important that we have neighbourhoods that support people to be healthy; people need places where they can walk for incidental exercise, or simply breathe in clean air.”



Image: Dr Alison Carver

Using the cutting-edge Healthy Ageing Data Platform – a curated set of Electronic Health Record data from over 170,000 individuals (aged 60 years and over) living in the Frankston and Mornington Peninsula region – we have linked neighbourhood-level data on greenery, air pollution and walkability with age-related health outcomes, such as cardiovascular disease and type 2 diabetes.

“The Platform is an excellent resource for examining health outcomes due to the linkage of data from diverse parts of the health service (for example, hospital admissions, Emergency Department, Outpatients),” says Dr Carver.

“It is fundamental in helping us understand and promote healthy ageing in the Frankston and Mornington Peninsula region, and beyond.”

Analysis of this data has painted a picture of key environmental factors linked to self-reported cardiometabolic disease among mid to older aged adults in the Frankston and Mornington Peninsula region.

“Walkable neighbourhoods were associated with a lower prevalence of diabetes, if air pollution levels were lower, suggesting that while walking is good for our health, it is better for us if we are in an area with less traffic and lower vehicle emissions.”



“We are still in the process of analysing the environmental data in relation to hospital admissions and emergency presentations,” outlines Dr Carver.

“However, our preliminary findings suggest that greenery appears beneficial for cardiometabolic health, while air pollution is adversely associated.”

To gain a further understanding, the research team has begun doing in-depth multilevel modelling, at individual and neighbourhood levels, as well as a longitudinal analysis to detect any changes that might occur over a period of time.

“There is also an opportunity to add additional sets of environmental data relating to tree canopy,” shares Dr Carver.

“There is some research from other parts of Australia suggesting that tree canopy is more important for our health than overall greenery levels. Similarly, we are also planning to look at heatwave data because of its health impacts on older adults.”

The future impact of climate change on older people and their health is also being discussed as it not only directly impacts older people’s longevity but also healthy ageing.

“There’ll be opportunity to better understand and predict the health-related impacts of environmental exposures on older adults related to climate change in particular,” explains Dr Carver.

“These climate exposures can include air pollution events as a result of a bushfire, and also the impacts of heatwaves. Older adults are particularly vulnerable to these types of events, so there is a real opportunity to better understand the impacts of climate change on our health.”

It is hoped that potential research findings will build the understanding of preventive medical approaches to ageing.

“For example, through the design of walkable neighbourhoods with clean air, greenery and parks that support ageing in place, as well as developing opportunities to better respond to climate-related events,” says Dr Carver.

By building neighbourhoods that promote ageing in place, older people can stay independent in the familiar places where they live, while growing connections to local neighbourhoods and communities.

“With the increased stress on healthcare systems and residential aged care, we need more people to age in place,” says Dr Carver.

“If we can provide settings where older people can live healthy lifestyles, we will help to reduce the impacts and strain on health systems as people age.”

“Greenery and air pollutants were associated with lower and higher prevalence, respectively, of self-reported diabetes and, to a lesser extent, stroke.”

“I hope that this research will influence urban design and policy to create neighbourhoods where people can live healthy lives while ageing in place,” adds Dr Carver.



# Adriana is giving a voice to clinical trial participants



In 2018, Adriana Crivellaro was diagnosed with breast cancer, the second most common cancer in women. Now in remission, Ms Crivellaro is lending her voice to the breast cancer cause as a clinical trial consumer advisor, advocating for current and future trial participants.

Ms Crivellaro had her own experience with clinical trials while undergoing chemotherapy at Frankston Hospital.

Following a suggestion from her treating oncologist, Ms Crivellaro first joined a clinical trial in 2020 as a participant with HR+/HER2- breast cancer.

"I was hesitant to commence the trial at first," shares Ms Crivellaro.

"But after discussions with my oncologist made me feel at ease knowing I would be continuously monitored during this time."

As a clinical trial consumer advisor, Ms Crivellaro has the opportunity to relay her own experiences, provide her perspective and raise any issues or concerns that could affect other patients and their families.

"Having the recent experience of going through various cancer treatments enables me to bring clear observations and discussions when working through how to best support and achieve positive outcomes for patients," says Ms Crivellaro.

While Ms Crivellaro's experience of participating in the clinical trial was positive, she says there is still work to do to ensure difficult-to-understand procedures, protocols and communication are shared with the participant's support person to ensure they can assist should there be any side effects or impact on the participant.

"Every patient's journey back to good health is personal and different," says Ms Crivellaro.

"Having breast cancer was the most challenging time in my life, and although it affected me physically and mentally, I also learned of the emotional impact it had on my family, friends and co-workers."

As a consumer advisor, Ms Crivellaro is contributing to discussions and helping to develop ways of improving the shared impact that a patient's journey involves.

"I hope that by sharing my personal contributions, it will form structure in improvements in delivering future clinical trial services for patients, their families and carers," says Ms Crivellaro.

"I am grateful for having the opportunity to make a difference by offering my personal reflection and hope this potentially improves future clinical trial patient experience."

**"Every patient's journey back to good health is personal and different."**





Image: Simon Patton with Peggy Vincent and Dr David Snowdon

“I was well looked after by staff at Peninsula Health and I think it’s important to share my consumer perspective.”

## Simon Patton joins a research team as a consumer advisor

Simon Patton is sharing his consumer insights in a new study looking to understand the consumer experience and perspective of receiving care delivered by Peninsula Health’s allied health assistant workforce.

In July 2022, Mr Patton underwent a below-knee amputation following the development of an ulcer that failed to heal. A two-week hospital stay, followed by three weeks of rehabilitation, meant that Mr Patton received care from more than one allied health clinician, with further support from allied health assistants.

“I was approached by Peninsula Health to come onto this research project as a consumer advisor, and I was more than happy to do so,” says Mr Patton.

“I was well looked after by staff at Peninsula Health and I think it’s important to share my consumer perspective.”

The research project – led by Peggy Vincent and Dr David Snowdon – is an initiative that aims to better understand how the allied health assistant workforce can assist in the care and rehabilitation of patients at Peninsula Health.

“One of the biggest gaps in this area of research has been the inclusion of the consumer perspective,” says Dr Snowdon.

“Having Simon as part of the research team means we have a consumer who’s going to help us engage with other consumers in a way that’s meaningful for them.”

Mr Patton is one of the first consumers at Peninsula Health to join a research team and will actively participate in the analysis and communication of findings from consumer engagement workshops to be held in late 2024.

“I look at it as a great opportunity,” shares Mr Patton. “We’ve all been a consumer at one point or another, so being able to analyse the thoughts, opinions and insights of other consumers will help improve the delivery of allied health assistant care in Frankston and the Mornington Peninsula.”

“From my perspective, my involvement on this project will hopefully get more consumers engaged in the research being conducted,” adds Mr Patton. “I feel that if you involve and educate people with what’s being done while showcasing how this fades out into the community, it’s a wonderful thing.”

---

# New platform making it easier for consumers to get involved in research

The National Centre for Healthy Ageing (NCHA) has recently launched a new platform to support impactful consumer engagement in research. The platform, Voice™ Australia, was originally developed in 2015 by Newcastle University in the United Kingdom, and after success in the UK has expanded globally.

Leading the implementation of the Australian chapter of this platform under the NCHA is Senior Project Officer, Madison O'Connor.

"Voice™ Australia is an online community that enables members of the public who have an interest in health and wellbeing to connect with opportunities to influence research in the areas that matter to them," explains Ms O'Connor.

The platform offers a digital environment enabling the NCHA and its partners to easily engage and maintain a large and thriving community of people who are interested in leveraging their lived experiences for research and innovation.

"Having this platform available to our researchers will help streamline consumer engagement activities and will improve the standards, results and impact of our research," adds Ms O'Connor.

"Consumer involvement at all stages of a project is really important; it's about ensuring that we accurately capture the wants and needs of the people we aim to serve as the NCHA and Peninsula Health."

"We've collaborated with a large number of local and national consumer networks to grow our Voice™ Australia member base, and we have an upcoming community engagement series where we'll go into local settings and enable those interested to register as members on the spot."

Sue Harvey, Peninsula Health's Consumer Experience and Engagement Lead, is excited to support the transition of Voice™ Australia into the Peninsula Health environment.

"There aren't many platforms like this being used. It will help us reach different groups, including younger people and individuals who work in an online environment. This significantly expands the range of ways we can engage consumers," says Ms Harvey.

"It also has the potential to foster a community within this space, where like-minded individuals interested in research and healthcare can interact and where we can provide resources to consumers and research leaders on effective consumer engagement, creating best practice consumer engagement through collaboration."



For more information, please visit [voiceaustralia.community](https://voiceaustralia.community)





### Reported Asthma in postcodes: 3198, 3199, 3943

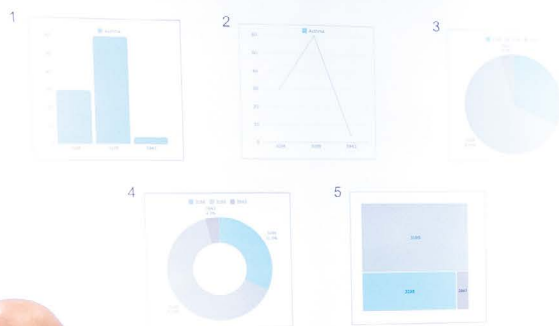


Image: A consumer workshop at the Nganga Centre, Frankston Hospital

---

# Community members playing a vital role in the Human Research Ethics Committee

The Peninsula Health Human Research Ethics Committee (HREC) meets monthly to discuss, review and monitor research projects to ensure they conform to the requirements of the National Statement on Ethical Conduct in Human Research.

Each new project is allocated at least one committee member to conduct an in-depth review.

The National Health and Medical Research Council requires that a Human Research Ethics Committee must include at least two individuals who represent a broader community or consumer perspective and who have no paid affiliation with the institution.

The committee must also include a qualified lawyer, who may or may not be currently practising and, where possible, is not engaged to advise the institution on research-related or any other matters.

## The community members of the Peninsula Health Human Research Ethics Committee

---

### Richard Ivce

Richard Ivce is a pensioner who lives alone in Rosebud. He previously worked as a counsellor for the NSW Health Department.

In retirement, Mr Ivce has found it both productive and fulfilling to participate in volunteer work. He considers the HREC to be a good fit for his experience and takes his role very seriously.

Mr Ivce views membership of the HREC as an effective way to challenge himself as he grows older. He has been an active member of the committee and a long-term participant in the Peninsula Health AOD (Alcohol and Other Drugs) Community Advisory Group for the past 12 years.





## Dr Dilinie Herbert

---

Dr Dilinie Herbert holds a PhD in medical ethics with a focus on integrating ethical principles into the review of research proposals, and has over a decade of experience on the HREC.

Recently assuming the role of Chair, Dr Herbert is committed to fostering rigorous ethical review processes. She values the diverse perspectives offered by fellow committee members. Dr Herbert emphasises the importance of community consultation in research design, advocating for the inclusion of community input to enhance the relevance and applicability of research. She is dedicated to advancing ethical standards in research that aligns with societal needs.

## Joanna Green

---

Joanna is an experienced commercial and regulatory lawyer, specialising in the health sector. She is motivated by helping companies involved in healthcare to identify and implement programs that are novel and designed to improve efficiency, effectiveness, experience and implement value-based outcomes.

Ms Green joined Peninsula Health HREC to broaden her experience in health, research and Board governance. She grew up in the area and has returned to raise her children. Peninsula Health has played a significant role in her and her family's lives over the years.

Seeing the great work, being able to give back and supporting the clinicians and researchers to undertake important research work in an ethically, consumer focused and legally compliant way has kept Ms Green interested and ensured a fulfilling volunteer role.



## Jo Hansen

---

Jo Hansen is an early childhood educator with 50 years' of experience in the field. She has established and managed early intervention services, worked with the Department of Human Services as a policy advisor, and reviewed early intervention services.

Additionally, Ms Hansen has lectured at universities and TAFE and presented in-service training to professionals in early childhood education.

Ms Hansen's current role is Consumer Lead with the Continuing Care Learning Health Network, Safer Care Victoria. She describes her involvement with the HREC as 'very interesting' and 'hopeful' as she believes through research, we can find answers to the problems facing us, particularly in relation to health and medicine.

# Research Governance

## Research Operations Committee

Professor Velandai Srikanth (Chair)
Associate Professor Nadine Andrew
Associate Professor Cathleen Aspinall
Dr Gabriel Blecher
Ms Lee-Anne Clavarino
Mr Scott Cripps
Ms Monica Finnigan
Professor Terry Haines
Dr Laura Jolliffe
Mr Nicholas Jones
Dr Nisha Khot
Professor David Langton
Professor Jamie Layland
Associate Professor Shyaman Menon
Professor Richard Newton
Dr Elisabeth Nye
Dr Karen O'Brien
Adjunct Professor Fiona Reed
Professor Warren Rozen
Dr Kerry Rubin
Professor Ravi Tiruvoipati
Associate Professor Dr Ashley Webb
Ms Libby Wilson

## Human Research Ethics Committee

Dr Dilinie Herbert (Chair)
Dr Melanie Benson
Dr Rosamond Dwyer
Ms Joanna Green
Ms Jo Hansen
Mr Richard Ivice
Ms Mandy Lake
Mr Cameron Marshman
Associate Professor Shyaman Menon
Ms Gillian Oates
Dr Meghan O'Brien
Ms Sharon O'Brien
Dr Stefanie Oliver
Professor Warren Rozen
Dr Babak Tamjid
Professor Ravi Tiruvoipati
Dr Vicky Tobin
Dr Michael Wang

## Scientific Review Panel

Associate Professor Nadine Andrew
Associate Professor Ernie Butler
Dr Taya Collyer
Dr Laura Jolliffe
Dr Chris Karayiannis
Dr Sam Leong
Dr David Snowdon
Professor Cylie Williams



# Projects approved by the Human Research Ethics Committee

- › A retrospective audit examining the effect of coadministration of denosumab intravenous iron in a major metropolitan health service
- › A retrospective cohort study to compare the readmission rates for patients undergoing acute rehabilitation program vs acute care patients in patients discharged from acute care hospital ward
- › Aged stratified outcomes for patients with locally advanced or metastatic pancreatic adenocarcinoma on systemic therapy
- › Artificial Intelligence for the management of hand fractures? A ChatGPT prospective study
- › Assessing risks and outcomes of conscious sedation in coronary angiography: Incidence, predictors, and perception
- › Changing the focus: Facilitating engagement in physical activity for people with dementia in a local community: A feasibility study
- › Clinical outcomes of people living with cancer and mental health comorbidities
- › Confidence and beliefs of Rosebud Hospital Emergency Department staff in the management of people presenting with acute low back pain
- › Describing the digital health literacy of older patients in an Australian Geriatric Evaluation and Management inpatient population
- › Development and testing of a toolkit for building social license to facilitate implementation of activity monitoring in care settings
- › Do interactive education sessions improve patient care and staff confidence when working with patients with aphasia?
- › Evaluation of cardiac function with the use of extracorporeal carbon dioxide removal (ECCO2R) in critically ill patients
- › Evaluation of drug induced sleep quality in critically ill patients using polysomnography
- › Exploring effective clinical supervision of allied health assistants
- › Exploring the perspectives of podiatrists engaged in secondment partnership between a metropolitan and a rural health service
- › Exploring the sensory patterns of adults with persistent pain
- › Five year follow up of biological treatment for severe asthma
- › Fixed v weight-based heparin dosing in coronary physiology studies: A retrospective analysis
- › Health and social outcomes in Frankston and Mornington Peninsula
- › Healthcare consumer perspectives of allied health assistant provision of care
- › Improving patient safety and management: Assessing the impact of radiographer preliminary image evaluation (PIE) in non-contrast brain CT for stroke imaging
- › Influence of death anxiety in decisions of treatment options at end stage renal disease
- › Informed psychosocial care for people aged 70 years and over in an emergency setting
- › MSbase/MGbase: An international registry dedicated to evaluating outcomes data in multiple sclerosis (MS), myasthenia gravis (MG) and other neuroimmunological diseases (NIDs)
- › New co-designed service to support health and wellbeing of older carers of older people
- › Outcomes in primary anastomosis v stoma in patients with intra-abdominal sepsis
- › Out-of-hours escalation: The senior medical staff experience
- › Renal podiatry service: Outcomes of a 12-month service trial at Peninsula Health
- › Safety and effectiveness of ureteral access sheaths in ureteroscopy and ureteropyeloscopy
- › Survey of use of extracorporeal carbon dioxide removal in the current era

*Note: Titles as submitted by authors*

# Multi-site Projects Authorised

- › A cluster-randomised implementation trial to promote evidence use
- › A digital health intervention to provide individualised feedback on pathology requesting practices of emergency department clinicians
- › A multicenter, open-label, randomized, phase 1/2 study of belzutifan in combination with palbociclib versus belzutifan monotherapy in participants with advanced renal cell carcinoma
- › A multicenter, randomized, double-blind, placebo-controlled, phase 3 study to evaluate the efficacy, safety, and tolerability of BMS-986278 in participants with idiopathic pulmonary fibrosis
- › A phase 1, open-label, multicenter study of BMS-986360/CC-90001 alone and in combination with chemotherapy or nivolumab in advanced solid tumors
- › A phase 2 study to evaluate patient reported preference for subcutaneous pembrolizumab coformulated with hyaluronidase (MK-3475A) over intravenous pembrolizumab formulation in participants with multiple tumor types
- › A phase 2, double-blind, randomized, active-control, parallel group study to assess the pharmacokinetics, pharmacodynamics, immunogenicity, and safety of INBRX-101 compared to plasma derived alpha1-proteinase inhibitor (A1PI) augmentation therapy in adults with alpha-1 antitrypsin deficiency (AATD) emphysema
- › A phase 2, single-arm, open-label extension study, evaluating the long-term safety and clinical efficacy of INBRX-101 in adults with alpha-1 antitrypsin deficiency (AATD) emphysema
- › A phase 3, randomized, active-controlled, open-label, multicenter study to compare the efficacy and safety of MK-2870 monotherapy versus treatment of physician's choice in participants with endometrial cancer who have received prior platinum-based chemotherapy and immunotherapy
- › A phase 3, randomized, placebo-controlled, double-blind, multicenter trial of selinexor in maintenance therapy after systemic therapy for patients with p53wild-type, advanced or recurrent endometrial carcinoma
- › A phase II study of tailored adjuvant therapy in pole-mutated and p53-wildtype/NSMP early stage endometrial cancer
- › A phase III, multicentre, randomised, double-blind, chronic dosing, parallel-group, placebo-controlled extension study to evaluate the long-term efficacy and safety of tozorakimab in participants with chronic obstructive pulmonary disease (COPD) with a history of exacerbations
- › A randomised controlled trial of Early valve replacement in severe ASYmptomatic Aortic Stenosis (EASY-AS)
- › A randomised trial to evaluate the efficacy of oral colchicine in high-risk patients with atherosclerosis-associated inflammation post-acute coronary syndrome
- › A registry-based cluster randomised controlled trial to determine the clinical effectiveness and cost-effectiveness of symptom monitoring with feedback to clinicians and patients compared with standard care in improving quality of life outcomes at 12 months for adults on haemodialysis
- › A retrospective cohort analysis of continuous glucose monitor use amongst Australian adults with type 1 diabetes mellitus before, during and after hospital admission
- › ADjuvant tislelizumab plus chemotherapy after post-operative pelvic chemoradiation in high-risk Endometrial cancer (ADELE): a randomised phase 2 trial
- › American College of Surgeons National Surgical Quality Improvement Program (ACS NSQIP)
- › An open-label, randomized phase 3 study of MK-2870 as a single agent and in combination with pembrolizumab versus treatment of physician's choice in participants with HR+/HER2- unresectable locally advanced or metastatic breast cancer
- › Australasian Pelvic Floor Procedure Registry



- › Australia and New Zealand Emergency Laparotomy – Audit Quality Improvement
- › Australian Bladder Cancers Surgical Quality Registry (ABCs Registry)
- › Australian Diabetes High Risk Foot Service Database
- › Balanced multi-electrolyte solution versus 0.9% sodium chloride as fluid therapy for patients presenting with moderate to severe diabetic ketoacidosis
- › Effectiveness of intra-articular hyaluronic acid compared to corticosteroid or placebo injections to treat basal thumb joint arthritis: a prospective, randomized, blinded clinical study
- › Effects of ziltivekimab versus placebo on cardiovascular outcomes in patients with acute myocardial infarction
- › Effects of ziltivekimab versus placebo on morbidity and mortality in patients with heart failure with mildly reduced or preserved ejection fraction and systemic inflammation
- › Evaluation of an e-learning package for training pharmacy technicians to take a patient medication history in a hospital setting
- › Exploring the quality of stroke rehabilitation provided to stroke survivors in home
- › Haemofiltration with OXiris: Multicentre Evaluation in Acute Kidney Injury (HOME-AKI). A pilot study comparing two devices used for renal replacement therapy in the intensive care unit in patients with acute kidney injury related to sepsis
- › HIV Clinical Quality Registry
- › Hospital Care at Home: Exploration of referral enablers and barriers for discharge to hospital care at home – clinician engagement
- › LongSTEPP: Longitudinal Study of Teens with Endometriosis, Period and Pelvic Pain Australia
- › Look Before You Leap: Investigating the effect of focused transthoracic echocardiography before fractured neck of femur surgery on post-operative clinical outcomes in frail older people
- › No More Shame: Changing health providers recognition and response to elder abuse to reduce associated stigma
- › OPTIMA: Optimal Personalised Treatment of early breast cancer using Multi-parameter Analysis
- › Prevalence of systemic inflammation in patients with atherosclerotic cardiovascular disease and heart failure
- › Quantifying the functional and safety outcomes of the Melbourne Mobile Stroke Unit
- › Reverse or Anatomical replacement for Painful Shoulder Osteoarthritis, Differences between Interventions (RAPSODI): a multi-centre, pragmatic, parallel group, superiority randomised controlled trial
- › SODa-BIC: Sodium bicarbonate for metabolic acidosis in the intensive care unit, a multicentre, randomised, double-blind clinical trial
- › Solving Unknown Primary cancer Earlier Diagnosis (SUPER-ED): A stepped wedge cluster randomised controlled trial implementing a new model of care to support earlier diagnosis
- › The FEBCON-ED study: a stepped-wedge cluster randomised controlled clinical trial of usual care vs regular antipyretics for children presenting with a FEBrile CONVulsion to the emergency department
- › The right to rehabilitation for people with dementia: Implementation and evaluation of the INCLUDE interventions
- › The SNaPP Study: Sugammadex, Neostigmine and Postoperative Pulmonary complications
- › Treatment of Australian Colorectal Cancer – Selecting biomarkers of interest

# Projects Approved by the Director of Research

- › A study of adult patient management post-splenectomy
- › A study of opioid prescribing for patients managed in Hospital in the Home in a major Australian public hospital
- › A study to identify if perioperative pharmacists could improve patient outcomes for day surgery patients
- › An audit of post-operative Rapid Response Calls at Frankston Hospital
- › Audit of the outcome of subsequent anaesthesia in patients who have had a perioperative anaphylaxis
- › Assessing the impact of a nurse-led team huddle on time to surgery for elderly patients with hip fracture
- › Assessing the need for mobile imaging in nursing homes
- › At Home subacute service evaluation
- › Audit of positive pregnancy test results for requests for pelvis or early pregnancy ultrasound
- › Audit of the perioperative time from presentation of neck of femur (NOF) fractures to operating theatre time
- › Complication rates following antithrombotic use in patients undergoing plastic and reconstructive surgery
- › Dose reduction of CDK4/6 inhibitors in metastatic breast cancer
- › Dysphagia and aspiration pneumonia/pneumonitis in older adults within 12-months post hospital discharge: Retrospective data review from 2017 to 2022
- › Efficacy and tolerability of inhaled methoxyflurane analgesia for outpatient intrauterine device insertion
- › Evaluation of the knowledge and confidence of healthcare staff to restart direct oral anticoagulants (DOACs) post-surgery, in patients with planned interruption to DOAC therapy
- › Evaluation of the provision of naloxone on discharge for patients from a metropolitan hospital
- › Feasibility, acceptability and preliminary outcomes of the "Discharge Passport": A co-designed guide for those aged 16-25yrs transitioning out of Peninsula Health Infant Child and Youth Mental Health Services
- › Gated cardiac blood pool study compared to echocardiogram for assessment of left ventricular ejection fraction in obese patients
- › Has the implementation of comprehensive cord blood gas analysis in a secondary hospital helped identify neonatal morbidity?
- › Health service utilisation by people ageing with cerebral palsy
- › In post-operative patients under the Acute Pain Service, what are the rates of modified-release opioid prescribing and are there appropriate cessations plans put in place?
- › Intrathecal morphine and risk of post-operative urinary retention in total joint arthroplasty
- › Mapping the journey of children with chronic pain
- › Medication therapy and Parkinson's disease: The incidence of medication errors in a metropolitan Australian health service
- › Outcome analysis of intravenous iron supplementation in haemodialysis patients based on PIVOTAL Trial
- › Outcomes in adults undergoing percutaneous drainage for perforated appendicitis
- › Outcomes of a positive 4AT on patients admitted in an inpatient palliative care unit
- › Outcomes of percutaneous needle fasciotomy in treating Dupuytren's Disease at Peninsula Health
- › Partnering for patient centred care: A benchmarking dataset for people choosing to recover at home



- › Physical and mental health and substance use in older adults: A repeat cross-sectional retrospective study in the Frankston and Mornington Peninsula region
- › Prevalence of chronic oedema in inpatients with cellulitis
- › Quantifying the use of regional anaesthesia peri-operatively at Peninsula Health
- › Reinitiation of anti-coagulation in upper gastrointestinal bleeding
- › Stroke rehabilitation in Geriatric Evaluation and Management Service
- › The clinical course of acute low back presentations to Rosebud Hospital Emergency Department
- › The effect of computer aided detection on polyp and adenoma detection rate at Peninsula Health
- › Timing of cholecystectomy in mild gallstone pancreatitis
- › To what degree is the reuse of propofol syringes for a single patient an infection hazard?
- › Trends in prostate cancer referral pre and post COVID-19
- › Venous thromboembolism (VTE) risk assessment and prophylaxis audit

## Grants Awarded

### Primary Investigator Grants

Professor Niall Corcoran

**\$2,000,000**

GenI-AIRPSACE: Genomically informed active surveillance for intermediate risk prostate cancer  
*The Advanced Genomics Collaboration*

Dr Laura Jolliffe

**\$78,366**

Establishing the quality of early supported discharge (at-home) services on stroke survivor outcomes and quality of life  
*Stroke Foundation EMCR Seed Funding*

### Co-investigator Grants

Dr Gabriel Blecher

**\$2,890,293**

Just Say No to the Just in Case Cannula: An implementation science trial with roadmap for national roll out  
*Medical Research Future Fund*

**\$299,823**

A digital health intervention to provide individualised feedback on pathology requesting practices of Emergency Department clinicians  
*Department of Health and Aged Care*

**\$85,000**

FEBCON-ED: A stepped-wedge cluster randomised controlled clinical trial of usual care vs regular antipyretics for children presenting with a FEBrile CONVulsion to the Emergency Department  
*National Health and Medical Research Council*

Associate Professor Michele Callisaya

**\$1,498,604**

Implementation and evaluation of a co-designed exercise program to reduce falls in older people from culturally and linguistically diverse communities  
*Medical Research Future Fund*

**\$587,000**

Implementation of a co-designed, community led exercise program to reduce falls in older people from culturally and linguistically diverse communities: a pilot trial  
*Medical Research Future Fund*

**\$49,998**

Developing a computer test to detect and monitor Parkinson's disease  
*Tasmanian Medical Protection Society Foundation*

**\$49,780**

Power PD: powerlifting as a treatment for adults with young onset Parkinson's disease  
*Bethlehem Griffiths Research Foundation*

# Grants Awarded

## **\$30,000**

Virtual outpatient rehabilitation:  
Development and initial user testing

*Agency for Clinical Innovation Research  
Grant Scheme*

## **\$24,880**

More than a dream: Detecting Parkinson's disease  
decades earlier with a low-cost screening test

*Royal Hobart Hospital Research Foundation*

[Dr Den-Ching Angel Lee](#)

## **\$20,000**

Understanding practice and challenges in  
rehabilitation for dementia: Insights from Malaysia

*Monash University Malaysia and RAIL  
Research Centre*

## **\$20,000**

Aged care staff grief support program

*Monash University School of Nursing and Midwifery  
Research Development Grant*

## Government Grants and Tenders

[National Centre for Healthy Ageing](#)

## **\$1,500,000**

Smart Ward Project

*Funded as part of the National Centre for  
Healthy Ageing (NCHA), with foundational  
investment received from the Department of  
Health and Aged Care*

## **\$1,300,000**

Update to the Clinical Practice and Care  
Guidelines for Dementia

*Department of Health and Aged Care*

## Commercially Sponsored and Collaborative Group Clinical Trials

[Clinical Trial Units \(Org Wide\)](#)

## **\$1,500,000**

# Celebrating Research 2023



## Keynote Speakers

[Professor Caroline Homer AO](#)

Deputy Director, Equity, Diversity and Inclusion  
*Burnet Institute, Melbourne*

Emeritus Professor of Midwifery

*Faculty of Health, University of Technology, Sydney*

**Getting evidence into practice in  
maternity care: Why such a challenge?**

[Professor Richard Saffery](#)

Principal Research Fellow

Deputy Director (Biosciences) GenV

Group Leader, Epigenetics/Molecular Immunity

*Murdoch Children's Research Institute and*

*Department of Paediatrics, University of Melbourne*

**Generation Victoria (GenV):**

**For every baby. Every parent. Everybody**





## Presentations

## Prize Winners

### Session 1

Best Presentation by an  
Experienced Researcher: Joint Winners

**Ms Rebecca Barnden, Academic Unit**

Co-designing a solution for capturing needs and preferences for people living with disability and complex needs

**Ms Kate Noeske, Academic Unit**

Walking self-confidence and lower levels of anxiety are associated with meeting recommended levels of physical activity after hip fracture: A cross-sectional study

Best Presentation by an Early Researcher

**Dr Ikram Kalam, Department of Anaesthesia**

Paediatric pre-operative fasting times

### Session 2

Best Presentation by an  
Experienced Researcher

**Dr Laura Jolliffe, Allied Health**

Pre-implementation of a hospital-related harms prevention program: Mixed-methods study

Best Presentation by an Early Researcher

**Ms Hannah Ungar, Occupational Therapy**

Exploring stroke survivors' perspectives and acceptance of rehabilitation amount provided in an Early Supported Discharge (ESD) model of care

Highly Commended Presentation  
by an Early Researcher

**Mr Joshua Lu, Pharmacy**

Accuracy of allergy alerts for sulfa drugs in the Electronic Medical Record in a metropolitan hospital



## Poster Competition



Prize

**Ms Martha Turek, Pharmacy Department**

Accuracy, completion and timeliness of different hospital discharge medication lists



Prize

**Mr Anthony Cignarella, Learning Hub**

Identity disclosure between donor family members and organ transplant recipients: An integrative review of the international literature



Prize

**Ms Jewel Pradeep, Pharmacy Department**

Evaluation of timely and effective pain management for patients with hip fracture in an Australian metropolitan hospital

Associate Professor  
**Ashwin Subramaniam, ICU**

A pragmatic randomized controlled study to evaluate the feasibility of using remifentanyl or fentanyl as sedation adjuncts in mechanically ventilated patients

# Publications

- Adamson, C. L., Alexander, B., Kelly, C. E., Ball, G., Beare, R., Cheong, J. L. Y., Spittle, A. J., Doyle, L. W., Anderson, P. J., Seal, M. L., & Thompson, D. K. (2024). Updates to the Melbourne Children's Regional Infant Brain Software Package (M-CRIB-S). *Neuroinformatics*, 22(2), 207-223. <https://doi.org/10.1007/s12021-024-09656-8>
- Agarwal, D. K., Dundee, P., & Corcoran, N. M. (2024). Re: Razdan et al.: The state of robotic partial nephrectomy: operative, functional, and oncological outcomes from a robust multi-institution collaborative (Urology 2023;173:92-97). *Urology*, 183, 304. <https://doi.org/10.1016/j.urology.2023.10.002>
- Agarwal, D. K., Mulholland, C., Koye, D. N., Sathianathan, N., Yao, H., Dundee, P., Moon, D., Furrer, M., Giudice, C., Wang, W., Simpson, J. A., Kearsley, J., Norris, B., Zargar, H., Pan, H. Y. C., Mottrie, A., Fuller, A., Mottaran, A., Challacombe, B.,...Corcoran, N. M. (2024). Corrigendum to "RPN (Radius, Position of tumour, iNvasion of renal sinus) Classification and Nephrometry Scoring System: An internationally developed clinical classification to describe the surgical difficulty for renal masses for which robotic partial nephrectomy is planned" [Eur. Urol. Open Sci. 54 (2023) 33-42]. *Eur Urol Open Sci*, 63, 2-3. <https://doi.org/10.1016/j.euros.2024.03.001>
- Alamgeer, M., Ling, R. R., Ueno, R., Sundararajan, K., Sundar, R., Pilcher, D., & Subramaniam, A. (2023). Frailty and long-term survival among patients in Australian intensive care units with metastatic cancer (FRAIL-CANCER study): A retrospective registry-based cohort study. *Lancet Healthy Longev*, 4(12), e675-e684. [https://doi.org/10.1016/s2666-7568\(23\)00209-x](https://doi.org/10.1016/s2666-7568(23)00209-x)
- Atkinson, C. J., Seth, I., Seifman, M. A., Rozen, W. M., & Cuomo, R. (2024). Enhancing hand fracture care: A prospective study of artificial intelligence application with ChatGPT. *J Hand Surg Glob Online*, 6(4), 524-528. <https://doi.org/10.1016/j.jhsg.2024.03.014>
- Atkinson, C. J., Seth, I., Xie, Y., Ross, R. J., Hunter-Smith, D. J., Rozen, W. M., & Cuomo, R. (2024). Artificial intelligence language model performance for rapid intraoperative queries in plastic surgery: ChatGPT and the deep inferior epigastric perforator flap. *J Clin Med*, 13(3). <https://doi.org/10.3390/jcm13030900>
- Badgery, H. E., Muhlen-Schulte, T., Zalcberg, J. R., D'Souza, B., Gerstenmaier, J. F., Pickett, C., Samra, J., & Croagh, D. (2023). Determination of "borderline resectable" pancreatic cancer - A global assessment of 30 shades of grey. *HPB (Oxford)*, 25(11), 1393-1401. <https://doi.org/10.1016/j.hpb.2023.07.883>
- Bam, K., Kilkenny, M. F., Kim, J., Cadilhac, D. A., Pearce, C., Andrew, N. E., Sanders, L., Thrift, A. G., Nelson, M. R., Gall, S., Daraganova, G., & Olaiya, M. T. (2024). Age and sex disparities in cardiovascular risk factor management prior to stroke: Linked registry and general practice data. *Neuroepidemiology*. <https://doi.org/10.1159/000538067>
- Belayneh, Z., Chavulak, J., Lee, D. A., Petrakis, M., & Haines, T. P. (2024). Prevalence and variability of restrictive care practice use (physical restraint, seclusion and chemical restraint) in adult mental health inpatient settings: A systematic review and meta-analysis. *J Clin Nurs*, 33(4), 1256-1281. <https://doi.org/10.1111/jocn.17041>
- Berg, A., Francia, L., Lam, T., Morgan, K., Lubman, D. I., & Nielsen, S. (2024). Enriching qualitative alcohol and other drug research by engaging lived experience peer researchers in a dual-interview approach: A case study. *Drug Alcohol Rev*, 43(5), 1040-1044. <https://doi.org/10.1111/dar.13724>
- Best, J. G., Ambler, G., Wilson, D., Du, H., Lee, K. J., Lim, J. S., Teo, K. C., Mak, H., Kim, Y. D., Song, T. J., Selcuk Demirelli, D., Nishihara, M., Yoshikawa, M., Kubacka, M., Zietz, A., Al-Shahi Salman, R., Jäger, H. R., Lip, G. Y. H., Panos, L.,...Srikanth, V.S.,...Werring, D. J. (2024). Clinical Associations and prognostic value of MRI-visible perivascular spaces in patients with ischemic stroke or TIA: A Pooled Analysis. *Neurology*, 102(1), e207795. <https://doi.org/10.1212/wnl.0000000000207795>
- Birhanu, M. M., Zengin, A., Joshi, R., Evans, R. G., Kalyanram, K., Kartik, K., Riddell, M. A., Suresh, O., Srikanth, V. K., Arabshahi, S., Thomas, N., & Thrift, A. G. (2024). Risk factors for incident cardiovascular events and their population attributable fractions in rural India: The Rishi Valley Prospective Cohort Study. *Trop Med Int Health*, 29(5), 377-389. <https://doi.org/10.1111/tmi.13981>
- Bolshinsky, V. (2024). The theater of research in the operating room. *Dis Colon Rectum*, 67(2), 195-196. <https://doi.org/10.1097/dcr.0000000000003103>
- Bolshinsky, V., Sweet, D. E., Vitello, D. J., Jia, X., Holubar, S. D., Church, J., Herts, B. R., & Steele, S. R. (2024). Using CT-based pelvimetry and visceral obesity measurements to predict total mesorectal excision quality for patients undergoing rectal cancer surgery. *Dis Colon Rectum*, 67(7), 929-939. <https://doi.org/10.1097/dcr.0000000000003147>
- Brakenridge, C. J., Koster, A., de Galan, B. E., Carver, A., Dumuid, D., Dzakpasu, F. Q. S., Eussen, S. J. P. M., Savelberg, H. H. C. M., Bosma, H., Owen, N., Schaper, N. C., Healy, G. N., & Dunstan, D. W. (2024). Associations of 24 h time-use compositions of sitting, standing, physical activity and sleeping with optimal cardiometabolic risk and glycaemic control: The Maastricht Study. *Diabetologia*, 67(7), 1356-1367. <https://doi.org/10.1007/s00125-024-06145-0>
- Brand, G., Bonnamy, J., Dix, S., Morphet, J., Molloy, R., Davis, J., Challis, H., Watts, A., Daniel, M., D'Astoli, P., Wise, S., & Sevenhuysen, S. (2024). 'You don't see what I see': Co-designing simulation to uncover and address cognitive bias in healthcare. *Med Teach*, 46(7), 885-888. <https://doi.org/10.1080/0142159x.2024.2313581>



- Brophy, L., Fletcher, J., Dawadi, S., Reece, J., Edan, V., Enticott, J., Farhall, J., Fossey, E., Hamilton, B., Harvey, C., Meadows, G., Mihalopoulos, C., Morrisroe, E., Newton, R., Palmer, V., Vine, R., Waks, S., & Pirkis, J. (2024). A longitudinal study of the impacts of a stay in a prevention and recovery care service in Victoria, Australia. *Aust N Z J Psychiatry*, 58(7), 615-626. <https://doi.org/10.1177/00048674241242943>
- Carver, A., Beare, R., Knibbs, L. D., Mavoa, S., Grocott, K., Wheeler, A. J., Srikanth, V., & Andrew, N. E. (2024). Exploring associations of greenery, air pollution and walkability with cardiometabolic health in people at midlife and beyond. *Geriatr Gerontol Int*, 24 Suppl 1, 208-214. <https://doi.org/10.1111/ggi.14743>
- Cevik, J., Keating, N., Hornby, A., Salehi, O., Seth, I., & Rozen, W. M. (2024). Corticosteroid injection versus immobilisation for the treatment of De Quervain's tenosynovitis: A systematic review and meta-analysis. *Hand Surg Rehabil*, 43(3), 101694. <https://doi.org/10.1016/j.hansur.2024.101694>
- Cevik, J., Lim, B., Seth, I., Sofiadellis, F., Ross, R. J., Cuomo, R., & Rozen, W. M. (2024). Assessment of the bias of artificial intelligence generated images and large language models on their depiction of a surgeon. *ANZ J Surg*, 94(3), 287-294. <https://doi.org/10.1111/ans.18792>
- Cevik, J., & Rozen, W. M. (2023). Lymphoedema surgery in Australia: a narrative review. *Gland Surg*, 12(12), 1823-1834. <https://doi.org/10.21037/gs-23-181>
- Cevik, J., Seth, I., Hunter-Smith, D. J., & Rozen, W. M. (2023). A history of innovation: tracing the evolution of imaging modalities for the preoperative planning of microsurgical breast reconstruction. *J Clin Med*, 12(16). <https://doi.org/10.3390/jcm12165246>
- Cevik, J., Seth, I., & Rozen, W. M. (2023). Transforming breast reconstruction: the pioneering role of artificial intelligence in preoperative planning. *Gland Surg*, 12(9), 1271-1275. <https://doi.org/10.21037/gs-23-265>
- Chen, P., Callisaya, M., Wills, K., Greenaway, T., & Winzenberg, T. (2023). Health literacy predicts incident foot ulcers after 4 years - the SHELLED cohort study. *J Foot Ankle Res*, 16(1), 45. <https://doi.org/10.1186/s13047-023-00644-w>
- Chua, M., Seth, I., & Rozen, W. M. (2024). The reliability and applicability of the Ten Test in hand injuries: A systematic review. *Hand Ther*, 29(2), 44-51. <https://doi.org/10.1177/17589983241230249>
- Chua, M., Seth, I., Tobin, V., Kaplan, E., & Rozen, W. M. (2024). The preservation of umbilical blood supply in combined ventral hernia repair and abdominoplasty: A narrative review. *Aesthetic Plast Surg*, 48(15), 2851-2860. <https://doi.org/10.1007/s00266-024-03999-y>
- Collyer, T. A. (2024). The eye of the beholder: how do public health researchers interpret regression coefficients? A qualitative study. *BMC Public Health*, 24(1), 10. <https://doi.org/10.1186/s12889-023-17541-3>
- Couch, A., Haines, T., O'Sullivan, B., Menz, H. B., & Williams, C. M. (2023). Australian podiatry workforce: Findings from the PAIGE cross-sectional study of Australian podiatrists. *Journal of Foot and Ankle Research*, 16(1), 46. <https://doi.org/10.1186/s13047-023-00646-8>
- Cugnetto, M. L., Morris, E. M. J., Bonfield, S. F., Gates, J., Morrison, I., Newman, E. R., Nicholls, J. D., Soares, L. M., Antonucci, M. T., Clemente, J. R., Garratt, C. L. M., Goldstone, E., Pavone, D. A., & Farhall, J. (2024). Group acceptance and commitment therapy for recovery from psychosis: Protocol for a Single-group waitlist trial. *JMIR Res Protoc*, 13, e49849. <https://doi.org/10.2196/49849>
- Cuomo, R., Rozen, W. M., Pentangelo, P., Ceccaroni, A., Alfano, C., & Seth, I. (2024). Human papillomavirus-associated giant clear cell acanthoma and squamous cell carcinoma: A rare case report and literature review. *J Clin Med*, 13(9). <https://doi.org/10.3390/jcm13092482>
- Dalli, L. L., Borschmann, K., Cooke, S., Kilkenny, M. F., Andrew, N. E., Scott, D., Ebeling, P. R., Lannin, N. A., Grimley, R., Sundararajan, V., Katzenellenbogen, J. M., & Cadilhac, D. A. (2023). Fracture risk increases after stroke or transient ischemic attack and is associated with reduced quality of life. *Stroke*, 54(10), 2593-2601. <https://doi.org/10.1161/strokeaha.123.043094>
- Davey, J. W., Ma, J. L. G., & Bolshinsky, V. (2024). Splenic flexure mobilization: A subinferior mesenteric vein approach in a patient with a large renal cyst. *Dis Colon Rectum*, 67(5), e292-e293. <https://doi.org/10.1097/dcr.0000000000002973>
- Deek, M. P., Suter, P., Jing, Y., Gao, R., Rothman, E., Day, H., Chang, D., Dirix, P., Armstrong, A. J., Campbell, B., Lopez Campos, F., Berenguer, M., Ramotar, M., Conde-Moreno, A., Berlin, A., Bosetti, D. G., Corcoran, N., Koontz, B., Mercier, C., Sweeney, C. (2024). Multi-institutional analysis of metastasis-directed therapy with or without androgen deprivation therapy in oligometastatic castration-sensitive prostate cancer. *Eur Urol Oncol*. <https://doi.org/10.1016/j.euo.2024.03.010>
- d'Entremont, M. A., Tiong, D., Sadeghirad, B., McGrath, B. P., Cioffi, G. M., Garni, T. A., Cheema, Z. M., Layland, J., Revaiah, P. C., Serruys, P. W., Stone, G. W., & Jolly, S. S. (2024). Assessment of coronary stenoses for percutaneous coronary intervention: A Systematic review and network meta-analysis of randomized trials. *Am J Cardiol*, 223, 29-39. <https://doi.org/10.1016/j.amjcard.2024.05.019>
- Dhadlie, S., Wilson, K., & Warriar, S. (2024). Hydronephrosis secondary to strangulated inguinal hernia containing ureter. *ANZ J Surg*, 94(4), 759-760. <https://doi.org/10.1111/ans.18862>
- Dharan, A. S., Dalli, L. L., Olaiya, M. T., Cadilhac, D. A., Nedkoff, L., Kim, J., Andrew, N. E., Sundararajan, V., Thrift, A. G., Faux, S. G., Grimley, R., Kilkenny, M. F., & Kuhn, L. (2024). Risk factors associated with major adverse cardiovascular events after ischemic stroke: A linked registry study. *Neuroepidemiology*, 58(2), 134-142. <https://doi.org/10.1159/000535872>

- › Donnan, M. T., Bihari, S., Subramaniam, A., Dabscheck, E. J., Riley, B., & Pilcher, D. V. (2024). The long-term impact of frailty after an intensive care unit admission due to chronic obstructive pulmonary disease. *Chronic Obstr Pulm Dis*, 11(1), 83-94. <https://doi.org/10.15326/jcopdf.2023.0453>
- › Drummen, S. J. J., Aitken, D., Balogun, S., Bennell, K. L., Hinman, R. S., Callisaya, M. L., Otahal, P., Blizzard, L., Antony, B., Munugoda, I. P., Winzenberg, T., Jones, G., & Scheepers, L. (2024). Pre-exercise and acute movement-evoked pain trajectories during a 24-week outdoor walking program for knee osteoarthritis (WALK). *Osteoarthr Cartil Open*, 6(3), 100481. <https://doi.org/10.1016/j.ocarto.2024.100481>
- › Dwyer, R., Jachno, K., Tran, T., Owen, A., Layton, N., Collyer, T., Kirkman, M., Lowthian, J., Hammarberg, K., McNeil, J. J., Woods, R. L., Berk, M., & Fisher, J. (2024). Symptoms of depression and risk of emergency department visits among people aged 70 years and over. *BMC Public Health*, 24(1), 385. <https://doi.org/10.1186/s12889-024-17794-6>
- › Dzakpasu, F. Q. S., Owen, N., Carver, A., Brakenridge, C. J., Eakin, E. G., Healy, G. N., Lamontagne, A. D., Moodie, M., Coenen, P., Straker, L., & Dunstan, D. W. (2023). Changes in desk-based workers' sitting, standing, and stepping time: short- and longer-term effects on musculoskeletal pain. *Med Sci Sports Exerc*, 55(12), 2241-2252. <https://doi.org/10.1249/mss.0000000000003248>
- › Erikson, E. J., Edelman, D. A., Brewster, F. M., Marshall, S. D., Turner, M. C., Sarode, V. V., & Brewster, D. J. (2023). The use of checklists in the intensive care unit: a scoping review. *Crit Care*, 27(1), 468. <https://doi.org/10.1186/s13054-023-04758-2>
- › Evans, S. M., Ivanova, K., Cossio, D., Pilgrim, C. H. C., Croagh, D., Zalcborg, J., Giffard, D., Golobic, N., Di Muzio, B., McLean, C. C., McLean, K., Miller, G. C., Nicosia, S., O'Rourke, N., Parikh, S., Standish, R., & Te Marvelde, L. (2024). Registry-derived stage (RD-Stage) for capturing stage at diagnosis for pancreatic carcinoma in Australia. *PLoS One*, 19(1), e0294443. <https://doi.org/10.1371/journal.pone.0294443>
- › Evans, S. M., Ivanova, K., Rome, R., Cossio, D., Pilgrim, C., Zalcborg, J., Antill, Y., Blake, L., Du Guesclin, A., Garrett, A., Giffard, D., Golobic, N., Moir, D., Parikh, S., Parisi, A., Sanday, K., Shadbolt, C., Smith, M., Te Marvelde, L., & Williams, K. (2023). Registry-derived stage (RD-Stage) for capturing cancer stage at diagnosis for endometrial cancer. *BMC Cancer*, 23(1), 1222. <https://doi.org/10.1186/s12885-023-11615-6>
- › Foo, C. T., Donovan, G. M., Thien, F., Langton, D., & Noble, P. B. (2024). Bronchial thermoplasty improves ventilation heterogeneity measured by functional respiratory imaging in severe asthma. *J Asthma Allergy*, 17, 399-409. <https://doi.org/10.2147/jaa.S454951>
- › Furrer, M. A., Sathianathen, N., Gahl, B., Corcoran, N. M., Soliman, C., Rodriguez Calero, J. A., Ineichen, G. B., Gahl, M., Kiss, B., & Thalmann, G. N. (2024). Oncological outcomes after attempted nerve-sparing radical prostatectomy (NSRP) in patients with high-risk prostate cancer are comparable to standard non-NSRP: a longitudinal long-term propensity-matched single-centre study. *BJU Int*, 133(1), 53-62. <https://doi.org/10.1111/bju.16126>
- › Furrer, M. A., Sathinathen, N., Gahl, B., Wuethrich, P. Y., Giannarini, G., Corcoran, N. M., & Thalmann, G. N. (2023). Functional impact of neuro-vascular bundle preservation in high risk prostate cancer without compromising oncological outcomes: A propensity-modelled analysis. *Cancers (Basel)*, 15(24). <https://doi.org/10.3390/cancers15245839>
- › Ganhewa, A. D., Seth, I., Wu, R., Chae, M. P., Tobin, V., Smith, J. A., Hunter-Smith, D. J., & Rozen, W. M. (2024). Exploring age-related variations in carpal bone volume: Implications for clinical practice and anatomical understanding. *Hand (N Y)*, 15589447241242830. <https://doi.org/10.1177/15589447241242830>
- › Gibson, C. M., Duffy, D., Korjian, S., Bahit, M. C., Chi, G., Alexander, J. H., Lincoff, A. M., Heise, M., Tricoci, P., Deckelbaum, L. I., Mears, S. J., Nicolau, J. C., Lopes, R. D., Merkely, B., Lewis, B. S., Cornel, J. H., Trebacz, J., Parkhomenko, A., Libby, P.,...Harrington, R. A. (2024). Apolipoprotein A1 infusions and cardiovascular outcomes after acute myocardial infarction. *N Engl J Med*, 390(17), 1560-1571. <https://doi.org/10.1056/NEJMoa2400969>
- › Grimley, R. S., Collyer, T. A., Andrew, N. E., Dewey, H. M., Horton, E. S., Cadigan, G., & Cadilhac, D. A. (2023). Impact of pay-for-performance for stroke unit access on mortality in Queensland, Australia: an interrupted time series analysis. *Lancet Reg Health West Pac*, 41, 100921. <https://doi.org/10.1016/j.lanwpc.2023.100921>
- › Grist, E., Cheetham, A., Jackson, J., Wood, P., Lord, S., Pricolo, A., Armstrong, F., Morgan, K., Nguyen, C., Tran, T., & Nielsen, S. (2024). Clinical effectiveness of pharmacist administration of long-acting injectable buprenorphine: Findings from the EPIC-MATOD study. *Drug Alcohol Rev*. <https://doi.org/10.1111/dar.13856>
- › Gunjur, A., Shao, Y., Rozday, T., Klein, O., Mu, A., Haak, B. W., Markman, B., Kee, D., Carlino, M. S., Underhill, C., Frentzas, S., Michael, M., Gao, B., Palmer, J., Cebon, J., Behren, A., Adams, D. J., & Lawley, T. D. (2024). A gut microbial signature for combination immune checkpoint blockade across cancer types. *Nat Med*, 30(3), 797-809. <https://doi.org/10.1038/s41591-024-02823-z>
- › Hadjistyllis, M., Soni, A., Hunter-Smith, D. J., & Rozen, W. M. (2024). A systematic review of the complications of skin puncturing procedures in the upper limbs of patients that have undergone procedures on the axilla or breast. *Ann Transl Med*, 12(4), 70. <https://doi.org/10.21037/atm-23-1400>



- Haines, T. P., Beare, R., & Srikanth, V. (2023). Research Note: Re-examining the issue of false positives (statistical type 1 errors) in the era of big data and high-frequency health measurement technologies. *J Physiother*, 69(4), 278-282. <https://doi.org/10.1016/j.jphys.2023.08.003>
- Hamid, A. A., Sweeney, C. J., Hovens, C., Corcoran, N., & Azad, A. A. (2024). Precision medicine for prostate cancer: An international perspective. *Urol Oncol*. <https://doi.org/10.1016/j.urolonc.2024.02.004>
- Han, J., Wang, Z., Lv, X., Hou, S., Rozen, W. M., Seth, I., & Cuomo, R. (2024). Treatment of atrophic acne scarring with fractional microplasma radiofrequency: A multicentric experience. *JPRAS Open*, 41, 25-32. <https://doi.org/10.1016/j.jpra.2024.03.016>
- Hatch, M., Lilburn, P., Scott, C., Ing, A., & Langton, D. (2023). Safety and efficacy of bronchial thermoplasty in Australia 5 years post-procedure. *Respirology*, 28(11), 1053-1059. <https://doi.org/10.1111/resp.14568>
- Hepner, A., Versluis, J. M., Wallace, R., Allayous, C., Brown, L. J., Trojaniello, C., Gerard, C. L., Jansen, Y. J., Bhav, P., Neyns, B., Haydon, A., Michielin, O., Mangana, J., Klein, O., Shoushtari, A. N., Warner, A. B., Ascierto, P. A., McQuade, J. L., Carlino, M. S.,...Menzies, A. M. (2024). The features and management of acquired resistance to PD1-based therapy in metastatic melanoma. *Eur J Cancer*, 196, 113441. <https://doi.org/10.1016/j.ejca.2023.113441>
- Homewood, D., Corcoran, N. M., & Bolton, D. (2024). Guest Editorial: Advances in urology. *Aust J Gen Pract*, 53(5), 245. <https://doi.org/10.31128/ajgp-03-24-7192>
- Homewood, D., Fu, M. H., Sathianathen, N., La Bianca, S., Tran, B., & Corcoran, N. M. (2024). Evolution of hormonal therapy for prostate cancer. *Aust J Gen Pract*, 53(5), 291-300. <https://doi.org/10.31128/ajgp-11-23-7028>
- Homewood, D., Lucas, H., Kennedy, C., Majer, J., Sathianathen, N., & Corcoran, N. M. (2024). When less is more: Updates in active surveillance and watchful waiting in the management of prostate cancer. *Aust J Gen Pract*, 53(5), 253-257. <https://doi.org/10.31128/ajgp-06-23-6866>
- Hope, J., Copolov, D., Tiller, J., Galbally, M., Hopwood, M., Newton, R., & Keks, N. A. (2023). What clinicians need to know about intranasal esketamine for treatment-resistant depression? *Australas Psychiatry*, 31(6), 841-845. <https://doi.org/10.1177/10398562231211171>
- Huang, J., Faisal, W., Brand, M., Smith, S., Alexander, M., Conron, M., Duffy, M., Briggs, L., Lesage, J., Philip, J., John, T., Samuel, E., MacManus, M., Mitchell, P., Olesen, I., Parente, P., Underhill, C., Zalcberg, J., Harden, S., & Stirling, R. (2022). EP14.05-016 Patterns of care for small cell lung cancer in Victoria Australia. A prospective population-based observational study. *Journal of Thoracic Oncology*, 17(9), S550. <https://doi.org/10.1016/j.jtho.2022.07.991>
- Hussain-Al, S., Alty, J., & Callisaya, M. (2024). The Parkinson's Puzzle Box. *Health Expect*, 27(3), e14116. <https://doi.org/10.1111/hex.14116>
- Jolliffe, L., Andrew, N. E., Srikanth, V., Beare, R., Noeske, K. E., & Snowdon, D. A. (2023). Development of an implementation strategy for routine collection of generic patient reported outcome measures: a qualitative study in multidisciplinary community rehabilitation. *Disabil Rehabil*, 1-10. <https://doi.org/10.1080/09638288.2023.2258334>
- Jolliffe, L., Christie, L. J., Fearn, N., Nohrenberg, M., Liu, R., Williams, J. F., Parsons, M. W., & Pearce, A. M. (2024). A systematic review of discrete choice experiments in stroke rehabilitation. *Top Stroke Rehabil*, 31(6), 632-643. <https://doi.org/10.1080/10749357.2024.2312641>
- Jolliffe, L., Williams, C. M., Bozyk, N., Collyer, T. A., Caspers, K., & Snowdon, D. A. (2024). Consumer perspectives of allied health involvement in a public hospital setting: cross-sectional survey and electronic health record review. *Aust Health Rev*, 48, 191-200. <https://doi.org/10.1071/ah23225>
- Joy, C., Collyer, T. A., & McMahon, K. (2024). Accuracy of transcutaneous bilirubinometry in term infants after phototherapy: a prospective observational study. *J Matern Fetal Neonatal Med*, 37(1), 2295808. <https://doi.org/10.1080/14767058.2023.2295808>
- Karayiannis, C. C., Srikanth, V., Beare, R., Mehta, H., Gillies, M., Phan, T. G., Xu, Z. Y., Chen, C., & Moran, C. (2024). Type 2 diabetes and biomarkers of brain structure, perfusion, metabolism, and function in late mid-life: A multimodal discordant twin study. *J Alzheimers Dis*, 97(3), 1223-1233. <https://doi.org/10.3233/jad-230640>
- Kelly, C. E., Thompson, D. K., Adamson, C. L., Ball, G., Dhollander, T., Beare, R., Matthews, L. G., Alexander, B., Cheong, J. L. Y., Doyle, L. W., Anderson, P. J., & Inder, T. E. (2024). Cortical growth from infancy to adolescence in preterm and term-born children. *Brain*, 147(4), 1526-1538. <https://doi.org/10.1093/brain/awad348>
- Khan, N. N., Evans, S. M., Ioannou, L. J., Pilgrim, C. H. C., Blanchard, M., Daveson, B., Philip, J., Zalcberg, J. R., & Te Marvelde, L. (2023). Characteristics of patients diagnosed with pancreatic cancer who access palliative care: An observational study. *Qual Life Res*, 32(9), 2617-2627. <https://doi.org/10.1007/s11136-023-03425-x>
- Kilkenny, M. F., Olaiya, M. T., Cameron, J., Lannin, N. A., Andrew, N. E., Thrift, A. G., Hackett, M., Kneebone, I., Drummond, A., Thijs, V., Brancatisano, O., Kim, J., Reyneke, M., Hancock, S., Allan, L., Ellery, F., Cloud, G., Grimley, R. S., Middleton, S., & Cadilhac, D. A. (2024). Statistical analysis plan for the Recovery-focused Community support to Avoid readmissions and improve Participation after Stroke randomised controlled clinical trial. *Trials*, 25(1), 78. <https://doi.org/10.1186/s13063-023-07864-2>

- King, O., West, E., Alston, L., Beks, H., Callisaya, M., Huggins, C. E., Murray, M., Mc Namara, K., Pang, M., Payne, W., Peeters, A., Pithie, M., Sayner, A. M., & Wong Shee, A. (2024). Models and approaches for building knowledge translation capacity and capability in health services: a scoping review. *Implement Sci*, 19(1), 7. <https://doi.org/10.1186/s13012-024-01336-0>
- Klein, O. (2024). Assessing response for nivolumab plus ipilimumab in squamous cell carcinoma of the head and neck. *JAMA Oncol*, 10(1), 143-144. <https://doi.org/10.1001/jamaoncol.2023.5404>
- Klein, O., Palmer, J., Behren, A., Cebon, J., & Kee, D. (2023). Durable response to combination immunotherapy using nivolumab and ipilimumab in metastatic succinate dehydrogenase (SDH)-deficient gastrointestinal stroma tumour. *Eur J Cancer*, 194, 113351. <https://doi.org/10.1016/j.ejca.2023.113351>
- Langton, D., Politis, J., Collyer, T., Khung, S. W., & Bardin, P. (2023). Benralizumab and mepolizumab treatment outcomes in two severe asthma clinics. *Respirology*, 28(12), 1117-1125. <https://doi.org/10.1111/resp.14578>
- Lawler, K., Shelley, S., Edney, K., Stephenson, C., Castle, R., de Zoete, S., Callisaya, M. L., Courtney-Pratt, H., & Farlie, M. K. (2024). "I'm still in the lap of the gods... I don't know whether I'm going to improve or not": listening to people with dementia or cognitive impairment and their support people, talking about inpatient rehabilitation experiences. *Disabil Rehabil*, 1-8. <https://doi.org/10.1080/09638288.2024.2343822>
- Layton, N., Lalor, A., Slatyer, S., Lee, D. A., Bryant, C., Watson, M., Khushu, A., Burton, E., Oliveira, D., Brusco, N. L., Jacinto, A., Tiller, E., & Hill, K. D. (2023). Who cares for the carer? Codesigning a carer health and wellbeing clinic for older care partners of older people in Australia. *Health Expect*, 26(6), 2644-2654. <https://doi.org/10.1111/hex.13863>
- Lee, D. A., Callisaya, M. L., Haines, T. P., & Hill, K. D. (2024). Program evaluation and refinement of the "Safe Functional Home Exercise" program for improving physical activity in older people with dementia who receive home care. *Healthcare (Basel)*, 12(2). <https://doi.org/10.3390/healthcare12020166>
- Leenen, J. P. L., Ardesch, V., Kalkman, C. J., Schoonhoven, L., & Patijn, G. A. (2024). Novel textbook outcomes following emergency laparotomy: Delphi exercise. *BJS Open*, 8(1). <https://doi.org/10.1093/bjsopen/zrad128>
- Lim, B., Cevik, J., Seth, I., Sofiadellis, F., Ross, R. J., Rozen, W. M., & Cuomo, R. (2024). Evaluating artificial intelligence's role in teaching the reporting and interpretation of computed tomographic angiography for preoperative planning of the deep inferior epigastric artery perforator flap. *JPRAS Open*, 40, 273-285. <https://doi.org/10.1016/j.jpra.2024.03.010>
- Lim, B., Seth, I., Bulloch, G., Xie, Y., Hunter-Smith, D., & Rozen, W. (2023). Evaluating the efficacy of major language models in providing guidance for hand trauma nerve laceration patients: a case study on Google's AI BARD, Bing AI, and ChatGPT. *Plastic and Aesthetic Research*, 10. <https://doi.org/10.20517/2347-9264.2023.70>
- Lim, B., Seth, I., Cuomo, R., Cameron, A., & Rozen, W. M. (2024). Cutaneous amyloidosis mimicking basal cell carcinoma: a case series and literature review. *J Plast Reconstr Aesthet Surg*, 95, 340-348. <https://doi.org/10.1016/j.bjps.2024.06.010>
- Lim, B., Seth, I., Cuomo, R., Kenney, P. S., Ross, R. J., Sofiadellis, F., Pentangelo, P., Ceccaroni, A., Alfano, C., & Rozen, W. M. (2024). Can AI answer my questions? Utilizing artificial intelligence in the perioperative assessment for abdominoplasty patients. *Aesthetic Plast Surg*. <https://doi.org/10.1007/s00266-024-04157-0>
- Lim, B., Seth, I., Kah, S., Sofiadellis, F., Ross, R. J., Rozen, W. M., & Cuomo, R. (2023). Using generative artificial intelligence tools in cosmetic surgery: A study on rhinoplasty, facelifts, and blepharoplasty procedures. *J Clin Med*, 12(20). <https://doi.org/10.3390/jcm12206524>
- Lim, B., Seth, I., Xie, Y., Kenney, P. S., Cuomo, R., & Rozen, W. M. (2024). Exploring the unknown: Evaluating ChatGPT's performance in uncovering novel aspects of plastic surgery and identifying areas for future innovation. *Aesthetic Plast Surg*, 48(13), 2580-2589. <https://doi.org/10.1007/s00266-024-03952-z>
- Lin, O. M., Hunter-Smith, D. J., & Rozen, W. M. (2024). Thermal Challenges in dynamic infrared thermography used for perforator mapping. *J Reconstr Microsurg*, 40(4), 268-275. <https://doi.org/10.1055/a-2153-4552>
- Ling, R. R., Bonavia, W., Ponnappa Reddy, M., Pilcher, D., & Subramaniam, A. (2024). Persistent Critical illness and long-term outcomes in patients with COVID-19: A multicenter retrospective cohort study. *Crit Care Explor*, 6(3), e1057. <https://doi.org/10.1097/cce.0000000000001057>
- Ling, R. R., Ueno, R., Alamgeer, M., Sundararajan, K., Sundar, R., Bailey, M., Pilcher, D., & Subramaniam, A. (2024). FRailty in Australian patients admitted to Intensive care unit after eLective CANCER-related SURGery: a retrospective multicentre cohort study (FRAIL-CANCER-SURG study). *Br J Anaesth*, 132(4), 695-706. <https://doi.org/10.1016/j.bja.2024.01.020>
- Lodge, M. E., Dhesi, J., Shipway, D. J., Braude, P., Meilak, C., Partridge, J., Andrew, N. E., Srikanth, V., Ayton, D. R., & Moran, C. (2024). The implementation of a perioperative medicine for older people undergoing surgery service: a qualitative case study. *BMC Health Serv Res*, 24(1), 345. <https://doi.org/10.1186/s12913-024-10844-0>
- Marshall, S. (2024). Best practices in cognitive aid design for clinical emergencies. *Br J Anaesth*, 132(5), 1007-1008. <https://doi.org/10.1016/j.bja.2024.01.004>
- Marshall, S. D., Rush, C., Elliott, L., Wadman, H., Dang, J., St John, A., & Kelly, F. E. (2024). Reducing the time to activation of the emergency call system in operating theatres: effect of installing vertical red line indicators. *British Journal of Anaesthesia*, 133(1), 118-124. <https://doi.org/10.1016/j.bja.2024.03.030>
- McLean, G., & Lewis, A. (2024). Building research capacity in ultrasound departments. *Sonography*. <https://doi.org/10.1002/sono.12407>



- Mei, H., Simino, J., Li, L., Jiang, F., Bis, J. C., Davies, G., Hill, W. D., Xia, C., Gudnason, V., Yang, Q., Lahti, J., Smith, J. A., Kirin, M., De Jager, P., Armstrong, N. J., Ghanbari, M., Kolcic, I., Moran, C., Teumer, A.,...Mosley, T. H., Jr. (2024). Multi-omics and pathway analyses of genome-wide associations implicate regulation and immunity in verbal declarative memory performance. *Alzheimers Res Ther*, 16(1), 14. <https://doi.org/10.1186/s13195-023-01376-6>
- Moran, C., Herson, J., Than, S., Collyer, T., Beare, R., Syed, S., & Srikanth, V. (2024). Interactions between age, sex and visceral adipose tissue on brain ageing. *Diabetes Obes Metab*, 26(9), 3821-3829. <https://doi.org/10.1111/dom.15727>
- Mu, X., Lim, B., Seth, I., Xie, Y., Cevik, J., Sofiadellis, F., Hunter-Smith, D. J., & Rozen, W. M. (2024). Comparison of large language models in management advice for melanoma: Google's AI BARD, BingAI and ChatGPT. *Skin Health Dis*, 4(1), e313. <https://doi.org/10.1002/ski2.313>
- Naude, K., Andrew, N. E., Srikanth, V., Parker, E., Marsh, L., Beare, R., McNaney, R., & Snowdon, D. A. (2024). Using a multi-stakeholder co-design process to develop a health service organisation-wide patient reported outcome measure collection system. *Qual Life Res*, 33(3), 619-636. <https://doi.org/10.1007/s11136-023-03552-5>
- Newton, F. J., Lee, D. A., & Brito, S. (2023). Understanding and optimising support resources to facilitate CALD student and supervisor allied health fieldwork experiences. *PLoS One*, 18(8), e0289871. <https://doi.org/10.1371/journal.pone.0289871>
- Orman, Z., Cadilhac, D. A., Andrew, N. E., Kilkenny, M. F., Olaiya, M. T., Thrift, A. G., Ung, D., Dalli, L. L., Churilov, L., Sundararajan, V., Lannin, N. A., Nelson, M. R., Srikanth, V., & Kim, J. (2024). Cost-effectiveness of a government policy to incentivise chronic disease management following stroke: A modelling study. *Neuroepidemiology*, 58(3), 208-217. <https://doi.org/10.1159/000536224>
- Orman, Z., Olaiya, M. T., Thrift, A. G., Cadilhac, D. A., Phan, T., Nelson, M. R., Ung, D., Srikanth, V. K., Bladin, C. F., Gerraty, R. P., Phillipos, J., & Kim, J. (2024). Cost-effectiveness of an individualised management program after stroke: A trial-based economic evaluation. *Neuroepidemiology*, 58(3), 156-165. <https://doi.org/10.1159/000535638>
- Osiurak, S., Taylor, N. F., Albiston, T., Williams, K., Collyer, T. A., & Snowdon, D. A. (2024). Interactive clinical supervision training added to self-education leads to small improvements in the effectiveness of clinical supervision of physiotherapists: a randomised trial. *J Physiother*, 70(1), 33-39. <https://doi.org/10.1016/j.jphys.2023.11.002>
- Padhi, S., Shrestha, P., Alamgeer, M., Stevanovic, A., Karikios, D., Rajamani, A., & Subramaniam, A. (2024). Oncology and intensive care doctors' perception of intensive care admission of cancer patients: A cross-sectional national survey. *Aust Crit Care*, 37(4), 520-529. <https://doi.org/10.1016/j.aucc.2023.12.005>
- Pang, R. K., Andrew, N. E., Srikanth, V., Weller, C. D., & Snowdon, D. A. (2023). Perceptions of barriers and facilitators to a pilot implementation of an algorithm-supported care navigation model of care: A qualitative study. *Healthcare (Basel)*, 11(23). <https://doi.org/10.3390/healthcare11233011>
- Papi, A., Castro, M., Busse, W. W., Langton, D., Korn, S., Xia, C., Soler, X., Pandit-Abid, N., Radwan, A., Jacob-Nara, J. A., Rowe, P. J., & Deniz, Y. (2024). Long-term dupilumab efficacy on severe exacerbations and lung function in patients with type 2 asthma. *Ann Am Thorac Soc*, 21(4), 675-679. <https://doi.org/10.1513/AnnalsATS.202306-544RL>
- Paxino, J., Szabo, R. A., Marshall, S., Story, D., & Molloy, E. (2024). What and when to debrief: a scoping review examining interprofessional clinical debriefing. *BMJ Qual Saf*, 33(5), 314-327. <https://doi.org/10.1136/bmjqs-2023-016730>
- Paynter, J., Qin, K. R., Brennan, J., Hunter-Smith, D. J., & Rozen, W. M. (2024). The provision of general surgery in rural Australia: a narrative review. *Med J Aust*, 220(5), 258-263. <https://doi.org/10.5694/mja2.52232>
- Pearce, B., Nguyễn, V. N. B., Cowling, C., Pinson, J. A., & Sim, J. (2024). Australian radiographer roles in the emergency department; evidence of regulatory compliance to improve patient safety - A narrative review. *Radiography (Lond)*, 30(1), 319-331. <https://doi.org/10.1016/j.radi.2023.11.022>
- Phan, R., Xie, Y., Seth, I., Atkinson, C. J., Thomas, D., Hunter-Smith, D. J., Rozen, W. M., & Cuomo, R. (2024). Free hemi-hamate arthroplasty: A review of donor site outcomes. *JPRAS Open*, 40, 206-214. <https://doi.org/10.1016/j.jpra.2024.03.009>
- Pope, B., Park, G., Lau, E., Belic, J., Lach, R., George, A., McCoy, P., Nguyen, A., Grima, C., Campbell, B., Jung, C. H., Ditter, E. J., Zhao, H., Wedge, D. C., Brewer, D. S., Lynch, A. G., Dev, H., Gnanpragasam, V. J., Rosenfeld, N.,...Corcoran, N. M., Massie, C. E. (2024). Ultrasensitive detection of circulating tumour DNA enriches for patients with a greater risk of recurrence of clinically localised prostate cancer. *Eur Urol*, 85(4), 407-410. <https://doi.org/10.1016/j.eururo.2024.01.002>
- Prats-Sanchez, L., Camps-Renom, P., Nash, P. S., Wilson, D., Ambler, G., Best, J. G., Guasch-Jiménez, M., Ramos-Pachón, A., Martínez-Domeño, A., Lambea-Gil, Á., Díaz, G. E., Guisado-Alonso, D., Du, H., Al-Shahi Salman, R., Jäger, H. R., Lip, G. Y., Ay, H., Jung, S., Bornstein, N. M., Srikanth, V. S.,...Marti-Fabregas, J. (2024). Statin therapy for secondary prevention in ischemic stroke patients with cerebral microbleeds. *Neurology*, 102(7), e209173. <https://doi.org/10.1212/wnl.00000000000209173>
- Pu, D., Cameron, P., Chapman, W., Greenstock, L., Sanci, L., Callisaya, M. L., & Haines, T. (2024). Virtual emergency care in Victoria: Stakeholder perspectives of strengths, weaknesses, and barriers and facilitators of service scale-up. *Australas Emerg Care*, 27(2), 102-108. <https://doi.org/10.1016/j.aucc.2023.10.001>

- ▶ Pulis, B., Hastie, C., & Donnellan-Fernandez, R. (2024). Factors contributing to women's psychological birthing trauma: Victorian midwives' perspectives. *The Practising Midwife*, 2(3), 22-23. <https://doi.org/10.55975/VYGD2657>
- ▶ Quick, S. M., Lawler, K., Shannon, M. M., Soh, S. E., McGinley, J. L., Peiris, C. L., Snowdon, D. A., & Callisaya, M. L. (2024a). Physiotherapy students are underprepared to work with people living with dementia: a qualitative study. *Physiotherapy*, 123, 47-55. <https://doi.org/10.1016/j.physio.2023.09.004>
- ▶ Quick, S. M., Lawler, K., Shannon, M. M., Soh, S. E., McGinley, J. L., Peiris, C. L., Snowdon, D. A., & Callisaya, M. L. (2024b). Reply to letter to the editor regarding article, "Physiotherapy students are underprepared to work with people living with dementia: a qualitative study". *Physiotherapy*. <https://doi.org/10.1016/j.physio.2024.04.346>
- ▶ Quick, S., Snowdon, D., Lawler, K., Soh, S.-E., McGinley, J., Hunter, S., & Callisaya, M. (2024). Dementia education for physiotherapy students: A questionnaire of Australian and Canadian entry-to-professional practice programs. *Physiotherapy Canada*. <https://doi.org/10.3138/ptc-2023-0100>
- ▶ Rajamani, A., Subramaniam, A., Lung, B., Masters, K., Gresham, R., Whitehead, C., Lowrey, J., Seppelt, I., Kumar, H., Kumar, J., Hassan, A., Orde, S., Bharadwaj, P. A., Arvind, H., & Huang, S. (2023). Remi-fent 1-A pragmatic randomised controlled study to evaluate the feasibility of using remifentanyl or fentanyl as sedation adjuncts in mechanically ventilated patients. *Crit Care Resusc*, 25(4), 216-222. <https://doi.org/10.1016/j.ccrj.2023.10.012>
- ▶ Rajaram, R., Cevik, J., Bhindi, N., Seth, I., & Rozen, W. M. (2024). The use of medicinal leeching in breast surgery: A systematic review. *Journal of Clinical Medicine*, 13(5). <https://doi.org/10.3390/jcm13051243>
- ▶ Rehan, R., Virk, S., Wong, C. C. Y., Passam, F., Layland, J., Keech, A., Yong, A., White, H. D., Fearon, W., & Ng, M. (2024). Intracoronary thrombolysis in ST-elevation myocardial infarction: a systematic review and meta-analysis. *Heart*, 110(15), 988-996. <https://doi.org/10.1136/heartjnl-2024-324078>
- ▶ Rehman, S., Barker, S., Jose, K., Callisaya, M., Castley, H., Schultz, M. G., Moore, M. N., Simpson, D. B., Peterson, G. M., & Gall, S. (2024). Co-designed cardiac rehabilitation for the secondary prevention of stroke (CARESS): A pilot program evaluation. *healthcare (basel)*, 12(7). <https://doi.org/10.3390/healthcare12070776>
- ▶ Rozen, W. M., Niumsawatt, V., Gibson, L. D., Seth, I., Hunter-Smith, D. J., & Ek, E. W. (2023). Quantification of level I neck lymph nodes for lymph node transfer in lymphedema treatment: an anatomical study and review of literature. *Gland Surg*, 12(7), 875-883. <https://doi.org/10.21037/gs-23-23>
- ▶ Rozen, W. M., Yogaraj, V., Siddiqui, M., Lok, E., & Hunter-Smith, D. J. (2024). Surgical delay in abdominal based flap surgery: a scoping review. *Ann Transl Med*, 12(3), 51. <https://doi.org/10.21037/atm-23-306>
- ▶ Sari, Y., Hill, K., Burton, E., Lee, D.-C. A., & Lalor, A. (2024). Experiences of Indonesian people with dementia and carers undertaking an online-delivered exercise program. *Dementia (London, England)*, 23, 14713012241235688. <https://doi.org/10.1177/14713012241235688>
- ▶ Sathe, A., Seth, I., Bulloch, G., Xie, Y., Hunter-Smith, D. J., & Rozen, W. M. (2023). The role of artificial intelligence language models in dermatology: Opportunities, limitations and ethical considerations. *Australas J Dermatol*, 64(4), 548-552. <https://doi.org/10.1111/ajd.14133>
- ▶ Sathianathen, N. J., Furrer, M. A., Mulholland, C. J., Katsios, A., Soliman, C., Lawrentschuk, N., Peters, J. S., Zargar, H., Costello, A. J., Hovens, C. M., Bishop, C., Rao, R., Tong, R., Steiner, D., Moon, D., Thomas, B. C., Dundee, P., Calero, J. A. R., Thalmann, G. N., & Corcoran, N. M. (2023). Lymphovascular invasion at the time of radical prostatectomy adversely impacts oncological outcomes. *Cancers (Basel)*, 16(1). <https://doi.org/10.3390/cancers16010123>
- ▶ Sathianathen, N. J., Lawrentschuk, N., Konety, B., Azad, A. A., Corcoran, N. M., Bolton, D. M., & Murphy, D. G. (2024). Cost effectiveness of systemic treatment intensification for metastatic hormone-sensitive prostate cancer: Is triplet therapy cost effective? *Eur Urol Oncol*, 7(4), 870-876. <https://doi.org/10.1016/j.euo.2023.11.013>
- ▶ Seth, I., Bulloch, G., Joseph, K., Hunter-Smith, D. J., & Rozen, W. M. (2023). Use of artificial intelligence in the advancement of breast surgery and implications for breast reconstruction: A narrative review. *J Clin Med*, 12(15). <https://doi.org/10.3390/jcm12155143>
- ▶ Seth, I., Bulloch, G., Lim, B., Xie, Y., Seth, N., Rozen, W. M., & Ng, S. K. (2024). Evaluating extended curettage and adjuvant therapy against wide resection and reconstruction in the management of distal radius giant cell tumors: A systematic review and Meta-analysis. *Hand (N Y)*, 15589447241245736. <https://doi.org/10.1177/15589447241245736>
- ▶ Seth, I., Bulloch, G., Qin, K. R., Xie, Y., Sebastian, B., Liew, H., Rozen, W. M., & Lee, C. H. A. (2024). Pre-rehabilitation interventions for patients with head and neck cancers: A systematic review and meta-analysis. *Head Neck*, 46(1), 86-117. <https://doi.org/10.1002/hed.27561>
- ▶ Seth, I., Bulloch, G., & Rozen, W. M. (2023). Applications of artificial intelligence and large language models to plastic surgery research. *Aesthet Surg J*, 43(10), Np809-np810. <https://doi.org/10.1093/asj/sjad210>
- ▶ Seth, I., Gibson, D., Bulloch, G., Joseph, K., Cevik, J., Qin, K. R., Shahbaz, S., & Rozen, W. M. (2024). Vasovasostomy: A systematic review and meta-analysis comparing macroscopic, microsurgical, and robot-assisted microsurgical techniques. *Andrology*, 12(4), 740-767. <https://doi.org/10.1111/andr.13543>
- ▶ Seth, I., Gracias, D., & Rozen, W. M. (2024). Response to "Letter regarding 'exploring the role of a large language model on carpal tunnel syndrome management: An observation study of ChatGPT'". *J Hand Surg Am*, 49(4), e3-e4. <https://doi.org/10.1016/j.jhsa.2023.12.005>



- › Seth, I., Lim, B., Cevik, J., Gracias, D., Chua, M., Kenney, P. S., Rozen, W. M., & Cuomo, R. (2024). Impact of nutrition on skin wound healing and aesthetic outcomes: A comprehensive narrative review. *JPRAS Open*, 39, 291-302. <https://doi.org/10.1016/j.jpra.2024.01.006>
- › Seth, I., Lim, B., Joseph, K., Gracias, D., Xie, Y., Ross, R. J., & Rozen, W. M. (2024). Use of artificial intelligence in breast surgery: a narrative review. *Gland Surg*, 13(3), 395-411. <https://doi.org/10.21037/gs-23-414>
- › Seth, I., Lim, B., Xie, Y., Cevik, J., Rozen, W. M., Ross, R. J., & Lee, M. (2023). Comparing the efficacy of large language models ChatGPT, BARD, and Bing AI in providing information on rhinoplasty: An observational study. *Aesthet Surg J Open Forum*, 5, ojad084. <https://doi.org/10.1093/asjof/ojad084>
- › Seth, I., Lindhardt, J., Jakobsen, A., Bo Thomsen, J., Kiil, B. J., Rozen, W. M., & Kenney, P. S. (2023). Improving visualization of intramuscular perforator course: Augmented reality headsets for DIEP flap breast reconstruction. *Plast Reconstr Surg Glob Open*, 11(9), e5282. <https://doi.org/10.1097/gox.0000000000005282>
- › Seth, I., & Rozen, W. M. (2023). Revisiting the methodology and implications of the network meta-analysis on Dupuytren disease treatments: A letter to the editor. *Hand (N Y)*, 15589447231218398. <https://doi.org/10.1177/15589447231218398>
- › Seth, I., Xie, Y., Hunter-Smith, D. J., Seifman, M. A., & Rozen, W. M. (2024). Response to: Investigating the impact of innovative AI chatbot on post-pandemic medical education and clinical assistance: a comprehensive analysis. *ANZ J Surg*, 94(3), 495. <https://doi.org/10.1111/ans.18718>
- › Seth, I., Xie, Y., Rodwell, A., Gracias, D., Bulloch, G., Hunter-Smith, D. J., & Rozen, W. M. (2023). Exploring the role of a large language model on carpal tunnel syndrome management: An observation study of ChatGPT. *J Hand Surg Am*, 48(10), 1025-1033. <https://doi.org/10.1016/j.jhsa.2023.07.003>
- › Shannon, B., Bowles, K. A., Williams, C., Ravipati, T., Deighton, E., & Andrew, N. (2023). Does a community care programme reach a high health need population and high users of acute care hospital services in Melbourne, Australia? An observational cohort study. *BMJ Open*, 13(9), e077195. <https://doi.org/10.1136/bmjopen-2023-077195>
- › Singhal, S. (2024). Classification of postoperative complications in plastic and reconstructive surgery: a systematic review. *Australasian Journal of Plastic Surgery*, 7. <https://doi.org/10.34239/ajops.87892>
- › Sivarajah, J., Toolis, M., Seminoff, S., Smith, J., Bhalla, V., Paul, E., & Tiruvoipati, R. (2024). Prognostic value of high-sensitivity cardiac troponin in non-cardiac surgical patients in intensive care units. *Intern Emerg Med*, 19(1), 201-209. <https://doi.org/10.1007/s11739-023-03509-z>
- › Snelling, P. J., Jones, P., Connolly, R., Jelic, T., Mirsch, D., Myslik, F., Phillips, L., & Blecher, G. (2024). Comparison of lung ultrasound scoring systems for the prognosis of COVID-19 in the emergency department: An international prospective cohort study. *Australas J Ultrasound Med*, 27(2), 75-88. <https://doi.org/10.1002/ajum.12364>
- › Snowdon, D. A., Collyer, T. A., Marsh, L., Srikanth, V., Beare, R., Baber, S., Naude, K., & Andrew, N. E. (2024). Healthcare consumer acceptability of routine use of the EQ-5D-5L in clinical care: a cross-sectional survey. *Qual Life Res*, 33(5), 1307-1321. <https://doi.org/10.1007/s11136-024-03598-z>
- › Snowdon, D. A., Kent, F., Farlie, M. K., Taylor, N. F., Howlett, O., Downie, S., & Gardner, M. (2024). Access to and effectiveness of clinical supervision for allied health workers: A cross-sectional survey. *Med Teach*, 46(5), 640-647. <https://doi.org/10.1080/0142159x.2023.2271158>
- › Snowdon, D., Vincent, P., Callisaya, M., Collyer, T., Brusco, N., Wang, M., & Taylor, N. (2024). Allied health assistant management of people with hip fracture is feasible and may improve patient adherence to hip fracture mobilisation guidelines: a feasibility randomised controlled trial. *Physiotherapy*, 124, 51-64. <https://doi.org/10.1016/j.physio.2024.05.002>
- › Snowdon, D. A., Wang, Y. T., Callisaya, M. L., Collyer, T. A., Jolliffe, L., Johns, N., Vincent, P., Pragash, N., & Taylor, N. F. (2024). Staying Active with Multimorbidity In Acute hospital settings (StAMInA) trial: protocol for a feasibility randomised controlled trial of allied health assistant mobility rehabilitation for patients with multimorbidity. *BMJ Open*, 14(1), e078843. <https://doi.org/10.1136/bmjopen-2023-078843>
- › Spiro, J., Ford, T. J., Yong, A., Zeitz, C., & Beltrame, J. F. (2024). Protocol variation in functional coronary angiography among patients with suspected angina with non-obstructive coronary arteries: A nationwide snapshot of current practice within Australia and New Zealand. *Heart Lung Circ*. <https://doi.org/10.1016/j.hlc.2024.04.299>
- › Srikanth, V. (2023). Hospital utilisation in Australia, 1993-2020, with a focus on use by people over 75 years of age: a review of AIHW data. *Med J Aust*, 219(10), 503. <https://doi.org/10.5694/mja2.52149>
- › Subramaniam, A., Ling, R. R., & Darvall, J. (2024). The truism of 'life limiting illness' in ICU. *Crit Care Resusc*, 26(2), 61-63. <https://doi.org/10.1016/j.ccrj.2024.06.003>

- Subramaniam, A., Ling, R. R., & Pilcher, D. (2024). Impact of frailty on long-term survival in patients discharged alive from hospital after an ICU admission with COVID-19. *Crit Care Resusc*, 26(1), 16-23. <https://doi.org/10.1016/j.ccrj.2023.11.001>
- Subramaniam, A., Ling, R. R., Ridley, E. J., & Pilcher, D. V. (2023). The impact of body mass index on long-term survival after ICU admission due to COVID-19: A retrospective multicentre study. *Crit Care Resusc*, 25(4), 182-192. <https://doi.org/10.1016/j.ccrj.2023.10.004>
- Tait, J., Collyer, T., Gall, S., Venn, A., Dwyer, T., Fraser, B., Moran, C., Srikanth, V., & Callisaya, M. (2024). Associations of midlife fitness and obesity profiles with cognitive function. *European Journal of Sport Science*, 24. <https://doi.org/10.1002/ejsc.12067>
- TASMAN Collaborative. (2024) Impact of opioid-free analgesia on pain severity and patient satisfaction after discharge from surgery: multispecialty, prospective cohort study in 25 countries. (2024). *Br J Surg*, 111(1). <https://doi.org/10.1093/bjs/znad421>
- Teng, L. E., Kennedy, L., Lok, S. C., O'Rourke, E., & Premaratne, M. (2023). An opportunity to seize from low hanging fruits: Capitalising on incidentally reported coronary artery calcification. *Heart Lung Circ*, 32(10), 1222-1229. <https://doi.org/10.1016/j.hlc.2023.07.011>
- Thomas, D., McDonald, V. M., Stevens, S., Harvey, E. S., Baraket, M., Bardin, P., Bowden, J. J., Bowler, S., Chien, J., Chung, L. P., Gillman, A., Hew, M., Hodge, S., James, A., Jenkins, C., Katelaris, C. H., Katsoulotos, G. P., Langton, D., Lee, J.,...Gibson, P. G. (2024). Biologics (mepolizumab and omalizumab) induced remission in severe asthma patients. *Allergy*, 79(2), 384-392. <https://doi.org/10.1111/all.15867>
- Tiruvoipati, R., Kaul, S., Gupta, S., & Haji, K. (2024). VENT-AVOID Trial: Avoiding acute hypercapnic respiratory failure! *Am J Respir Crit Care Med*, 209(12), 1513-1514. <https://doi.org/10.1164/rccm.202403-0514LE>
- Tiruvoipati, R., Ludski, J., Gupta, S., Subramaniam, A., Ponnappa Reddy, M., Paul, E., & Haji, K. (2023). Evaluation of the safety and efficacy of extracorporeal carbon dioxide removal in the critically ill using the PrismaLung+ device. *Eur J Med Res*, 28(1), 291. <https://doi.org/10.1186/s40001-023-01269-2>
- Tjokrowijoto, P., Kneebone, I., Baker, C., Andrew, N. E., & Stolwyk, R. J. (2024). Mental health support after stroke: A qualitative exploration of lived experience. *Rehabil Psychol*, 69(3), 195-205. <https://doi.org/10.1037/rep0000527>
- Tran, R., Pedersen, K., Kolawole, H., Roessler, P., & Scolaro, R. (2024). Australian and New Zealand Anaesthetic Allergy Group/Australian and New Zealand College of Anaesthetists Perioperative Anaphylaxis Management Guideline 2022. *Anaesth Intensive Care*, 52(3), 147-158. <https://doi.org/10.1177/0310057x231215823>
- Ueno, R., Reddy, M. P., Jones, D., Pilcher, D., & Subramaniam, A. (2024). The impact of frailty on survival times up to one year among patients admitted to ICU with in-hospital cardiac arrest. *J Crit Care*, 83, 154842. <https://doi.org/10.1016/j.jcrc.2024.154842>
- Vertigan, A. E., Harvey, E. S., Beyene, T., Van Buskirk, J., Holliday, E. G., Bone, S. L., McDonald, V. M., Horvat, J. C., Murphy, V. E., Jensen, M. E., Morgan, G. G., Zosky, G. R., Peters, M., Farah, C. S., Jenkins, C. R., Katelaris, C. H., Harrington, J., Langton, D., Bardin, P.,...Gibson, P. G. (2023). Impact of landscape fire smoke exposure on patients with asthma with or without laryngeal hypersensitivity. *J Allergy Clin Immunol Pract*, 11(10), 3107-3115.e3102. <https://doi.org/10.1016/j.jaip.2023.06.015>
- Vukovic, D., Wang, A., Antico, M., Steffens, M., Ruvinov, I., van Sloun, R. J., Canty, D., Royse, A., Royse, C., Haji, K., Dowling, J., Chetty, G., & Fontanarosa, D. (2023). Automatic deep learning-based pleural effusion segmentation in lung ultrasound images. *BMC Med Inform Decis Mak*, 23(1), 274. <https://doi.org/10.1186/s12911-023-02362-6>
- Webb, A., Coward, L., Yousef, M., Karamesinis, A., & Leong, S. (2023). Does offering small financial incentives to smokers at the time of being wait-listed for surgery increase smoking cessation by the day of surgery? A randomised feasibility trial. *BMJ Open*, 13(12), e080693. <https://doi.org/10.1136/bmjopen-2023-080693>
- Webb, A., & Rasmussen, M. (2024). Should proactive smoking cessation support before spinal surgery be routine and universal? *Anaesth Crit Care Pain Med*, 43(2), 101357. <https://doi.org/10.1016/j.accpm.2024.101357>
- Westworth, S. E., Ung, D., Dalli, L. L., Barnden, R., Kilkenny, M. F., Srikanth, V., Lannin, N. A., Lodge, M. E., Cadilhac, D. A., Olaiya, M. T., & Andrew, N. E. (2023). Factors associated with transition from community to permanent residential aged care following stroke: A linked registry data study. *Stroke*, 54(12), 3117-3127. <https://doi.org/10.1161/strokeaha.123.043972>
- Wong, L. M., Sutherland, T., Perry, E., Tran, V., Spelman, T., Corcoran, N., Lawrentschuk, N., Woo, H., Lenaghan, D., Buchan, N., Bax, K., Symons, J., Saeed Goolam, A., Chalasani, V., Hegarty, J., Thomas, L., Christov, A., Ng, M., Khanani, H.,...Tarlinton, L. (2024). Fluorine-18-labelled prostate-specific membrane antigen positron emission tomography/computed tomography or magnetic resonance imaging to diagnose and localise prostate cancer. A prospective single-arm paired comparison (PEDAL). *Eur Urol Oncol*. <https://doi.org/10.1016/j.euo.2024.01.002>
- Woodcock, D. J., Sahli, A., Teslo, R., Bhandari, V., Gruber, A. J., Ziubroniewicz, A., Gundem, G., Xu, Y., Butler, A., Anokian, E., Pope, B. J., Jung, C. H., Tarabichi, M., Dentre, S. C., Farmery, J. H. R., Van Loo, P., Warren, A. Y., Gnanapragasam, V., Hamdy, F. C.,...Corcoran, N. M.,...Wedge, D. C. (2024). Genomic evolution shapes prostate cancer disease type. *Cell Genom*, 4(3), 100511. <https://doi.org/10.1016/j.xgen.2024.100511>
- Xia, T., Picco, L., Lalic, S., Buchbinder, R., Bell, J. S., Andrew, N. E., Lubman, D. I., Pearce, C., & Nielsen, S. (2023). Determining the impact of opioid policy on substance use and mental health-related harms: Protocol for a data linkage study. *JMIR Res Protoc*, 12, e51825. <https://doi.org/10.2196/51825>

- Xie, Y., Seth, I., Hunter-Smith, D., & Rozen, W. (2024). Synchronous necrotising soft tissue infection: A Narrative review of presentation, treatment and outcomes. *Archives of Clinical and Medical Case Reports*, 08. <https://doi.org/10.26502/acmcr.96550670>
- Yanada, B. A., Dias, B. H., Corcoran, N. M., Zargar, H., Bishop, C., Wallace, S., Hayes, D., & Huang, J. G. (2024). Implementation of the enhanced recovery after surgery protocol for radical cystectomy patients: A single centre experience. *Investig Clin Urol*, 65(1), 32-39. <https://doi.org/10.4111/icu.20230282>
- Yanada, B. A., Homewood, D., Dias, B. H., Ogluszk, C., & Corcoran, N. M. (2024). The treatment landscape of nonmetastatic castrate resistant prostate cancer: A contemporary perspective. *Urol Oncol*, 42(6), 175.e179-175.e118. <https://doi.org/10.1016/j.urolonc.2024.03.005>
- Yang, T. W. W., Mayavel, N., Gerstenmaier, J. F., Aga, A., Pilgrim, C., & Kavnoudias, H. (2023). A rare case of MRI of myxoid hepatocellular adenoma with gadoxetic acid uptake. *BJR Case Rep*, 9(6), 20230033. <https://doi.org/10.1259/bjrcr.20230033>
- Yang, Y. J., Vadivelu, A. K. N., Hepworth, J., Zeng, Y., Pilgrim, C. H. C., Kulic, D., & Abdi, E. (2024). Experimental evaluation of accuracy and efficiency of two control strategies for a novel foot commanded robotic laparoscope holders with surgeons. *Sci Rep*, 14(1), 9264. <https://doi.org/10.1038/s41598-024-59338-3>

# Acknowledgements

Peninsula Health acknowledges the contribution made by all staff involved in research. The Research Report 2024 showcases some of these projects, and recognises the many ongoing projects and commercially sponsored, collaborative group and investigator-initiated trials across the health service that fulfill our vision of exceptional healthcare driven by excellence in research.

Manager Office for Research: Lee-Anne Clavarino. Editor: Jessica Mills, Kylie Sprague.

Writers: Sam McCormick, Isla Brown, Kylie Sprague, Jessica Mills. Design: Jasmine Richards.

©Peninsula Health 2024.

Front cover image: Artificial Intelligence generated image produced by Associate Professor Richard Beare.





## Office for Research

(03) 9784 2680

[peninsulahealth.org.au/research-and-innovation](https://peninsulahealth.org.au/research-and-innovation)



Peninsula Health is proudly inclusive.