

## School of Women's & Children's Health Research Newsletter

Volume 2; Issue 2. July 2018

Welcome to the latest issue of the School of Women's & Children's Health Research Newsletter.

I would like to introduce our new School Manager, [Emma Francis](#). Emma has a Bachelor of Arts (Psychology) and a Masters in Public Health. Her most recent role was with the Royal Australasian College of Physicians, as Senior Executive Officer, where she was heavily involved in the strategic development and implementation of new programs, policies and projects, as well as business planning, finance and resource management, and managing a small team. She brings a wealth of experience and knowledge to this role, coupled with her exceptional communication skills, professionalism, ability to deal with a range of stakeholders, and strategic experience. Emma has joined our team at an important time as we look to further strengthening our School following the changes that occurred with Operational Excellence. We look forward to working with her.



We've farewelled **Melinda Bresolin and Deborah Broder** who have moved to positions with St George and Sutherland Clinical Schools. I'd like to acknowledge their hard work and support over the many years of service to our School. They will be missed by all and we wish them the very best with their new roles. The Education Support Team Leader position is currently being advertised. **Alexandra Skinner** has commenced in the role of HDR Administrator and has fitted in very nicely with the team.

The Randwick Campus Redevelopment project is gathering momentum with lots of meetings between the University, Sydney Children's Hospitals Network, South Eastern Sydney LHD and Health Infrastructure. UNSW is currently developing the UNSW Paediatric Research Strategy, which will include opportunities

for greater Sydney including South West Sydney. As part of this process, a number of research champions across the Randwick campus and within the key strategic focus areas have been nominated to help develop and drive this strategy. Further updates will be provided on this as they come to fruition.

Good luck to all those who have submitted applications for Scientia Fellowships and Scholarships which closed at the end of July. We look forward to hearing of the results in due course.

And finally, I would be grateful if you could please diarise UNSW Paediatrics Research Week will be held 12th-16th November 2018. A similar format will be followed this year with a symposium of presentations from higher degree research students from the Discipline of Paediatrics and Children's Cancer Institute. A reminder that for those undertaking a higher degree in child health research, student attendance is compulsory for the Symposium and it is also expected that supervisors attend their student's presentation and remain for the entire session.

ILP Awards for both Disciplines will also be held in November, EoL's for current students will open in mid-August.

- Paediatrics ILP Awards: 14<sup>th</sup> November 2018
- Obstetrics & Gynaecology ILP Awards: 20<sup>th</sup> November 2018.

Enjoy this issue of the School of Women's & Children's Health Research Newsletter. Please remember to send any news or suggestions for content, in future issues.

Best wishes,



**Professor Adam Jaffe**

Head of School &  
John Beveridge Professor of Paediatrics  
School of Women's & Children's Health

Associate Director of Research  
Sydney Children's Hospital Network  
(Randwick)

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### NEWS

#### IMPROVING POST-OPERATIVE OUTCOMES FOR YOUNG KIDNEY TRANSPLANT PATIENTS

01 August 2018 | Mimi Gemmell | [Kids Research](#)

A recent study published in [Paediatric Nephrology](#) has shown that children who receive a kidney transplant are more likely to need a blood transfusion following surgery if they have low pre-transplant haemoglobin levels.

Blood transfusions following a transplant can cause adverse reactions, including increasing the chance of rejection of the donor kidney, stimulated by an immune response to donor blood. However, they are often needed to counter-act severe anaemia that can occur after this major surgery.

The study, which was conducted by clinicians and researchers at Sydney Children's Hospital, Randwick and the School of Women's and Children's Health, UNSW Sydney, therefore aimed to identify factors that might predict the need for a blood transfusion, and suggest potential strategies to reduce this.

[Read More.](#)

#### TOP ROYAL HOSPITAL FOR WOMEN SURGEON SAVES MAROUBRA TWINS

31 July 2018 | Ben James | [Southern Courier](#)

IT'S every couple's nightmare. To be pulled into the doctor's office and told there's a complication.

For Kathryn and Phillip Hanly, from Maroubra, that complication was their unborn twins had what is known as twin to twin syndrome.

The Royal Hospital for Women's **Professor Alec Welsh** was blunt when he met with the couple in December last year.

If nothing was done there was an 80 per cent chance one of both of babies wouldn't make it.

Most identical twins grow in the womb with two placentas with blood and nutrients received separately through each babies' umbilical cords.

But Eleanor and Aisling shared a placenta, which meant the blood vessels carrying their nutrients and blood were interconnected. Blood was also passing from one twin to another.



[Read More.](#)

#### NEW BLOOD TEST TO HELP DETECT OVARIAN CANCER EARLY

29 July 2018 | Annabel Hennessy | [News.com.au](#)

A NSW scientist is trying to develop a new blood test which would help detect ovarian cancer early.

UNSW School of Women's and Children's Health's **Dr Kristina Warton** is investigating a blood test which would be able identify ovarian cancer based on DNA shed by cancerous tumours found circulating in the bloodstream.

It comes as the disease — which is known as the “silent killer” — continues to claim the lives of 1000 Australian women each year.

[Read More.](#)

#### NO LONGER LOOKING FOR 'MR RIGHT'? ONE IN 10 WOMEN OPTING FOR IVF ARE SINGLE AND WANT TO GO IT ALONE WITHOUT A MAN

28 July 2018 | Zoe Zaczek | [Daily Mail Australia](#)

Women are increasingly opting to undergo IVF without a man as they give up on finding 'Mr Right'.

A move away from the negative social stigma around single parenting has influenced the change as some

IVF clinics report that one in 10 women visit on their own to access donor sperm.

About 30,000 women use the reproductive technology each year, [The Saturday Telegraph](#) reported.

**Michael Chapman**, president of the Fertility Society of Australia, said that single people or gay couples using donor sperm services had doubled over the past five years to an estimated 600-800 women.

'Finding Mr Right has also become more difficult — maybe women are becoming more choosy or men are not committing themselves in the way they did in the past,' Mr Chapman said.

[Read More.](#)

## TOP UNSW ACADEMIC TO HEAD NATIONAL ENDOMETRIOSIS ACTION PLAN

27 July 2018 | Lucy Carroll | [UNSW Newsroom](#)

**Professor Jason Abbott** will lead a major clinical trial program as part of Australia's first national action plan on a condition that affects 1 in 10 women.

UNSW Sydney's Professor of Gynaecological Surgery Jason Abbott will chair the first National Endometriosis Steering Group in Australia over the next five years, following a major funding boost for debilitating disease announced yesterday.



Health Minister Greg Hunt has released Australia's first National Action Plan for Endometriosis to improve the quality of life of patients through better treatment, diagnosis and providing an outline for the path to ultimately find a cure.

The government yesterday committed a further \$1.2 million in funding to the plan, taking the total investment to \$4.7 million. Of the funding, \$2.5 million will be dedicated to rolling out the National Endometriosis Clinical and Scientific Trials Network (NECST network), allowing patients to take part in a coordinated national research program to improve

diagnosis and treatment plans. Professor Abbott will lead the national trials network, which will include an online capability, matching biological samples and databases to facilitate the roll out of large-scale clinical trials.

"Ten percent of women have endometriosis. It is a substantial cause of morbidity and lost productivity," Professor Abbott said.

"It has a major impact on fertility and often occurs when women are establishing careers, further education and family. One of the most difficult things is it can stop women reaching their full potential. The spotlight on the disease makes it easier for women to talk about and helps debunk the myth that endometriosis is just bad period pain."

Professor Abbott said endometriosis patients often endured pain worse than women who had cancer, and many frontline primary carers "don't know enough about it to clock it as a substantial disease".

Endometriosis is an inflammatory menstrual health disorder that affects around 700,000 Australian women and girls. It occurs when tissue that normally lines the uterus grows in other parts of the body. It can cause severe abdominal pain and organ damage, and can lead to mental health complications, social and economic stress and infertility.

Professor Abbott, from School of Women's and Children's Health at UNSW Medicine, said the National Endometriosis Steering Group will oversee the implementation of the action plan, which includes awareness and education, clinical management and the implementation of personal plans and clinical trial research.

"The illness costs the community up to \$6 billion a year. At the moment the only way to diagnose endometriosis is to undergo a laparoscopy and have a biopsy taken.

"It's absolutely imperative that we have a better way to diagnose it and do not have to go to that invasive stage," Professor Abbott said at a joint press conference with Mr Hunt.

Professor Abbott is the director of Endometriosis Australia, an associate editor for ANZJOG, Human Reproduction and the Journal of Minimally Invasive Gynaecology and has more than 120 publications including textbooks, book chapters and large-scale RCTs in gynaecological surgery.

A release by Mr Hunt said that \$1 million had already been committed to supporting GPs and other frontline health professionals through better access to educational resources about endometriosis, to help reduce diagnostic delay, and ensure that the right clinical care is provided to the right patients at the right time. This will include the development of a

short course in endometriosis for primary healthcare professionals.

## CAMPBELLTOWN HOSPITAL PAEDIATRIC WARD SET FOR A MASSIVE UPGRADE

27 July 2018 | Jess Layt | [Campbelltown-Macarthur Advertiser](#)

About 100 children are admitted to the paediatric ward at Campbelltown Hospital every day – and that number will increase exponentially as the region continues to rapidly expand.

That's why the ward is set to undergo a massive upgrade as part of the hospital's \$632 million stage two redevelopment.

Macarthur MP Dr Michael Freeland and Campbelltown MP Greg Warren have recently called for a paediatric intensive care unit (ICU) to be included in the upgraded hospital, but **Dr Matthew O'Meara** said this was unnecessary.

Dr O'Meara, the chief paediatrician of NSW Health, said only about two children per week who presented to Campbelltown Hospital needed to be transferred to existing ICUs at Randwick or Westmead.

"The small number of children who need paediatric ICUs are the very top bricks of the pyramid," Dr O'Meara said.

"This redevelopment will benefit the vast number of kids admitted to the hospital."

Dr O'Meara said he and other experienced paediatric experts believed additional Close Observation beds would be of more benefit to the hospital and the community than a paediatric ICU.

"The redevelopment is focussed on bringing the most benefit to the most number of kids," he said.

"Only the kids who are critically unwell need full intensive care services."

Dr O'Meara said respiratory problems were the number one cause of paediatric admissions and the majority of serious cases could be treated in the Close Observation.

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**Dr Raymond Chin**, the hospital's head of paediatrics, said the expanded services would allow patients to continue seeing the same medical team in the same place throughout their childhood and into their teenage years and even into adulthood.

"There will be a whole floor dedicated to paediatrics in the redevelopment," Dr Chin said.

"That will include a space for allied health, which includes things like speech pathology.

"It will become much more of a one-stop-shop and families will have to spend less time travelling."

[Read More.](#)

## TEN UNSW FINALISTS IN THE RUNNING FOR THE 'OSCARS' OF AUSTRALIAN SCIENCE

25 July 2018 | Lucy Carroll | [UNSW Newsroom](#)

UNSW has 10 finalists at this year's Australian Museum Eureka Prizes, Australia's most high-profile science awards.

The genetic rescue of one of our tiniest possums, breakthroughs in the elimination of tuberculosis, wearable sunburn sensors and solutions for sustainable electricity are among the projects headed by 10 UNSW Sydney and UNSW-affiliated researchers that have been named finalists in the Eureka Prizes 2018.

The eminent awards, presented by the Australia Museum, represent the best in science research, recognising excellence in innovation and research, leadership, science engagement and school science.

The finalists from UNSW come from the faculties of Science, Engineering and Medicine, including from the Victor Chang Cardiac Research Institute, Children's Cancer Institute and the ARC Centre of Excellence for Climate Extremes.

UNSW Deputy Vice-Chancellor (Research) Professor Nicholas Fisk congratulated all the finalists on an outstanding result.

"Our continued success in these prestigious prizes – with over 20% of finalists this year – is a fantastic reflection of the ongoing calibre of discovery and leadership at UNSW. Such breadth is extraordinary, covering everything from birth defects and cancer in children, through environment and energy, to the public understanding of science. I congratulate each of the finalists on their achievement in being selected among the nation's best researchers."

Now in their 29th year, the Eureka Prizes, known as the 'Oscars of Australian science', will be announced at a gala award dinner at Sydney Town Hall on 29 August.

The UNSW finalists are:

- Professor Sally Dunwoodie, Victor Chang Cardiac Research Institute - UNSW Eureka Prize for Scientific Research

What if a vitamin could prevent miscarriage, foetal death and birth defects? Professor Dunwoodie and her multidisciplinary team have discovered the potential of vitamin B3 to treat a molecular deficiency causing miscarriages and multiple types of birth defects. Their finding could prevent developmental defects through a common dietary supplement, which may transform the way pregnant women are cared for around the world.

- Scientia Professor Justin Gooding, Dr Parisa Khiabani and Dr Alexander Soeriyadi, School of Chemistry, UNSW Science - ANSTO Eureka Prize for Innovative Use of Technology

With one in three Australians are diagnosed with skin cancer by age 70, knowing when you've had too much sun is crucial. Professor Gooding, Dr Khiabani and Dr Soeriyadi have created a simple and affordable paper-based sensor that indicates to the wearer when to seek shade or apply more sunscreen. Created with off-the-shelf components and existing materials and manufacturing technologies, the sensor has the potential to be widely deployed and deliver long-term benefits to public health.

- **Professor Michelle Haber AM**, Children's Cancer Institute - CSIRO Eureka Prize for Leadership in Innovation and Science

Professor Haber is a global authority in childhood cancer research, setting the agenda for this field in Australia. She is the driving force behind Zero Childhood Cancer, a world-leading program uniquely bringing together all major Australian clinical and research groups working in childhood cancer to offer Australia's first ever personalised medicine program for children with high-risk or relapsed cancer. Led by Children's Cancer Institute and The Kids Cancer Centre at Sydney Children's Hospital, it is an unprecedented collaboration that stands to revolutionise the treatment of childhood cancer, and is an integral step towards one day curing every child.

- Dr Brett Hallam, Research Director for Advanced Hydrogenation/SPREE, UNSW Engineering - 3M Eureka Prize for Emerging Leader in Science

Dr Hallam is an international leader in the field of crystalline silicon photovoltaics. He supervises and mentors a world-class research team, and the effects of his innovation have a major impact on a global scale in the solar energy sector. Dr Hallam is currently an Australian Research Council Discovery and Early Career Research Award (DECRA) Fellow and the Research Director for Advanced Hydrogenation in the School of Photovoltaic and Renewable Energy Engineering at UNSW. Dr Hallam is recognised internationally for his work on crystalline silicon PV, being regarded as the leading expert globally for

hydrogen passivation in silicon solar cells; an area that has been considered as 'black magic' for decades.

- Professor Guy Marks, SWS Clinical School and UNSW Medicine, working with a multi-institutional team of four from UNSW, University of Sydney and the Woolcock Institute for Medical Research, including Dr Jennifer Ho, a former UNSW PhD student - Australian Infectious Diseases Research Centre Eureka Prize for Infectious Diseases Research

Tuberculosis is the leading infectious disease killer in the world, yet one third of cases are not diagnosed. Using innovative screening techniques in robustly-designed clinical trials, Professor Marks and the Act Now for Tuberculosis Control Team has made major breakthroughs that promise to transform global efforts to eliminate the disease. In their study, the team found pro-actively screening people who share households with other TB patients has more than doubled the detection rate of TB and reduced the mortality rate by 40%.

- Professor Andrew Pitman, Director at ARC Centre of Excellence for Climate Extremes and UNSW Science - CSIRO Eureka Prize for Leadership in Innovation and Science

Professor Pitman has transformed how Australian climate science thinks and works – moving from competitive silos to a collaborative community focused on national and global outcomes. Over the past 15 years he has demonstrated visionary leadership in the field of climate science. By bringing together and maintaining a consortium of leading universities and institutions, he has transformed the scale and impact of Australian climate science research. Professor Pitman leads the ARC Centre of Excellence for Climate Extremes (CLEX), based at UNSW.

- Associate Professor Darren Saunders, School of Medical Sciences, UNSW Medicine - Celestino Eureka Prize for Promoting Understanding of Science

A gifted and intuitive communicator, Associate Professor Saunders gives medical research a clear, authoritative voice across a diverse range of media. He makes evidence-based science accessible to the general public, with particular emphasis on platforms through which vulnerable audiences are seeking health advice. Associate Professor Saunders' particular areas of research are cancer, cell biology, gene regulation and biochemistry.

- Dr Jakub Stoklosa, School of Mathematics and Statistics, UNSW Science, in collaboration with researchers from the University of Melbourne, La Trobe University and Mount Buller Mount Stirling

Resort Management - NSW Office of Environment and Heritage Eureka Prize for Environmental Research

The unique mountain pygmy possum population of Mt Buller had been isolated for 20,000 years and was facing imminent extinction just ten years after it was discovered. Through a program of cross breeding isolated populations of the threatened species, the Burrumys Genetic Rescue Team was able to boost genetic variation, translating to population growth, healthy breeding and improved survival rates. Australia's first genetic rescue has become a template for saving other species under threat. Dr Stoklosa's role as a statistician was to provide reliable and accurate estimates of mountain pygmy possum abundances using statistical methods and recapture data collected over 20 years.

## UNSW RESEARCHER TO LEAD GLOBAL INITIATIVE TO DEVELOP TRAINING FOR END-OF-LIFE CONVERSATIONS

19 July 2018 | [CanTeen / UNSW Media](#)

UNSW's **Dr Ursula Sansom-Daly** has received a \$60,000 grant to develop a training program for healthcare professionals on how to have end-of-life conversations with young cancer patients.

UNSW researcher Dr Ursula Sansom-Daly will lead a global team to develop a training program for healthcare professionals on how to have end-of-life conversations with young cancer patients.

The project is being funded by the Adolescent and Young Adult (AYA) Cancer Global Accord, an international partnership between CanTeen Australia, Teen Cancer America and the UK's Teenage Cancer Trust. Their aim is to improve outcomes for adolescents and young adults with cancer and their families worldwide.

"It's a tragic reality that around 400,000 young people aged 15-39 will die of cancer worldwide every year," said Dr Ursula Sansom-Daly, a Post-Doctoral Research Fellow leading the Behavioural Sciences Unit's Mental Health Research Team at UNSW Sydney, and Clinical Psychologist at Sydney Youth Cancer Service.

"In Australia, sadly this means about one adolescent/young adult cancer patient dies every 3-4 days.

"If young people with a potentially incurable diagnosis aren't given the opportunity to have end-of-life conversations, they're more likely to experience greater anxiety and physical pain and undergo intrusive procedures in their final days, and may also be less

likely to die where they would want to.

"Because of how confronting it is, young people and their families can really rely on health professionals to 'lead the way' in talking about end of life issues and preferences. If these conversations don't happen, this can be really isolating for the young person, and can make it even harder for surviving relatives to deal with their grief.

"That's why training healthcare professionals to guide and facilitate age-appropriate end of life conversations for adolescents and young adults with cancer is absolutely critical," Dr Sansom-Daly said.

"What we don't yet know is what this kind of training should include, in order to best equip healthcare professionals to navigate these difficult discussions with young people."

The \$60,000 grant from the AYA Cancer Global Accord will be used to develop a training blueprint, which will then be evaluated with healthcare professionals and young people.

"The Global Accord partners are committed to international collaboration on innovative research into the psychological effects of cancer on adolescents and young adults," said CanTeen CEO Peter Orchard.

"Despite being critically important, there has been little research into how best to facilitate end-of-life conversations, which is why all three partner organisations are thrilled to be supporting this vital project," he added.

The grant announcement comes ahead of the 3rd Global Adolescent and Young Adult Cancer Congress being held in Sydney from 4-6 December 2018. For more information and to register, visit [www.ayaglobalcancercongress.com](http://www.ayaglobalcancercongress.com).

## HOW DO YOU TALK TO A YOUNG CANCER SUFFERER ABOUT POSSIBLE DEATH?

19 July 2018 | Esther Han | [Sydney Morning Herald](#)

**Clarissa Schilstra** was 13 and relishing every second of her summer holidays - playing basketball, organising sleepovers and giggling at the sight of Mr Darcy during movie marathons - when she started getting strange headaches.

A blood test and a visit to the hospital later, she received the horrifying news the leukaemia she had beaten 10 years earlier had returned. She had a 50-50 chance of surviving.



In the next two weeks, her chances of surviving would go up or down depending on how her body responded to chemotherapy. Amid the “chaos”, one thing was clear - she wanted to have the conversation her doctors were avoiding.

“That 50 per cent statistic was scary, but we didn’t talk about it, what it meant or how it made me feel,” Ms Schilstra, now 24, said.

“The problem is, things like death are spoken in vague terms because they don’t want to distress you, but for teenagers, that vagueness can be distressing and I would have loved more realistic discussions.”

Work is under way to develop a training program and guidelines for doctors, nurses and other clinicians on how to have end-of-life conversations with adolescent and young adult cancer patients and their families.

No such resources exist anywhere in the world.

**Ursula Sansom-Daly**, a mental health researcher at University of NSW, has received a \$60,000 grant from the AYA Cancer Global Accord - a partnership between CanTeen Australia, Teen Cancer America and the UK’s Teenage Cancer Trust - to create training materials that can be used by different types of clinicians in a range of hospital settings.

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After 2½ years of chemotherapy and two weeks of radiation, Ms Schilstra beat acute lymphoblastic leukaemia.

She is now working as a research assistant at Sydney Children’s Hospital’s Kids Cancer Centre.

“It’s fantastic this work is being done, because it’s so important, needed and relevant,” she said.

[Read More.](#)

## PRIME MINISTER ANNOUNCES \$5M FUNDING BOOST FOR BRAIN CANCER PERSONALISED TRIALS

17 July 2018 | [Children’s Cancer Institute / UNSW](#)

A world-leading personalised medicine program will be available to children with high risk brain cancer following new funding for the Zero Childhood Cancer program.

Prime Minister Malcolm Turnbull and Federal Health Minister Greg Hunt yesterday announced \$5 million in funding from the Medical Research Future Fund for the Zero



Childhood Cancer brain cancer program, a national initiative led by the Children’s Cancer Institute based at UNSW’s Lowy Cancer Research Centre.

Brain tumours are the most common solid tumour of childhood, and one of the leading causes of death in Australian children aged under 14. Recent statistics suggest 4 out of 10 children with aggressive brain cancer will die of their disease.

The Zero Childhood Cancer personalised medicine program is the largest single initiative ever undertaken for children with cancer in Australia, and is led by the Children’s Cancer Institute in partnership with the Kids Cancer Centre at Sydney Children’s Hospital, Randwick.

The program is designed to fast-track children with high risk brain cancer into treatment with new drugs specifically tailored for their unique disease.

**Professor Michelle Haber AM, Executive Director of the Children’s Cancer Institute and UNSW Conjoint Professor**, who spoke at the announcement in Melbourne, said the Zero program “recognises that every child’s cancer is unique, so to improve survival rates the precise molecular and biological profile of each child’s cancer needs to be identified using complex laboratory tests to enable recommendation of an individual personalised treatment plan”.

The national Zero Childhood Cancer clinical trial opened last September involving all eight children’s hospitals in Australia with more than 400 children with high risk cancer expected to participate over the next three years. Since starting the pilot study, almost half of all the patients involved in the program are children with aggressive brain cancer.

### The \$5 million in funding will help to:

- Establish the Zero Childhood Cancer program as a clinical trial nationally, and consolidate research activities to identify the most appropriate therapeutics for all Australian children with high risk brain cancers. This means that every child in Australia with high risk brain cancer, no matter where they live or which hospital they are being treated at, will be able to access this world leading personalised medicine program.
- Establish a dedicated brain cancer clinical trials capability. To facilitate the roll out of a number of clinical trials of new drugs and therapies for brain cancer patients, this will be the first clinical trial centre in Australia solely dedicated to establishing investigator-initiated and industry-led novel clinical trials for high risk Australian paediatric brain cancer patients.

- Establish an immunoprofiling platform to expand therapeutic recommendations to include immunotherapy. This funding will support the positions and the direct research costs required to develop routine immunoprofiling methods which will be integrated into the Zero Childhood Cancer testing platform, as well as developing novel immune-therapeutic treatments for high risk paediatric brain cancer patients.

At the announcement, the Prime Minister said that the funding, which is part of a broader \$100 million Australian Brain Cancer Mission, will mean more than 200 children – around 50 every year – with high risk brain cancer will now be included in the program across Australia.

“This is about giving each and every child the best possible chance at a better life,” Mr Turnbull said.

The funding is one of the first to be announced from the Medical Research Future Fund and is the first for the Brain Cancer Mission Fund.

### About Zero Childhood Cancer

The Zero Childhood Cancer Program is a national initiative of the Children’s Cancer Institute and The Sydney Children’s Hospitals Network. The program is led by scientists and clinicians from the Children’s Cancer Institute and Sydney Children’s Hospital, Randwick and is one of the most exciting childhood cancer research initiatives ever undertaken in Australia, to tackle the most serious cases of infant, childhood and adolescent cancer. The clinical trial is open in Sydney with other cities set to open in a staged roll-out over coming months.

## SINGULAIR AND MONTELUKAST ASTHMA MEDICATION, LINKED TO PSYCHOTIC EPISODES IN CHILDREN, TO BE SOLD WITH WARNINGS

13 July 2018 | Sophie Scott & Meredith Griffiths | [ABC News](#)

A popular asthma tablet linked to cases of suicidal thoughts and depression in children will now be sold with side effect warnings inside its packaging.

The drug, known as Montelukast or Singulair, is prescribed for children aged two to 14 with frequent intermittent, mild persistent or exercise-induced asthma.

In 2017, the ABC revealed parental concerns about the medication.

Vanessa Sellick’s son Harrison had been taking the drug since he was two years old and suffered serious behavioural changes.

“Harrison was four years old when he started making comments about wanting to die, wishing that he was dead, that he was a piece of garbage — he had terrible self-loathing,” Ms Sellick said.

“It was just devastating at the time.”

She has been campaigning to have better warnings about the drug, as well as more education for doctors.

Following a review of its safety, the Therapeutic Goods Administration (TGA) has decided that information about the drug’s side effects should be included in boxes.

The TGA also wants health authorities to include warnings in guidelines for health professionals, and called for better monitoring of how many kids might be suffering serious side effects.

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Paediatric respiratory physician **Adam Jaffe**, from Sydney Children’s Hospital, said there was no way of knowing which children might suffer a reaction to the medication.

He has taken some of his own patients off the drug because they experienced serious side effects.

“Some of my patients complained of nightmares, tantrums, being angry or sad, and the challenge for me and the parents is to figure out whether it’s the medication or the child’s behaviour,” he said.

He stressed the majority of patients could take it safely, but said some children could suffer the psychiatric side effects.

[Read More.](#)

## THE DANGER WITH THE NEW STUDY ON SOLIDS AND SLEEP FOR BABIES

12 July 2018 | Dr Jennifer Cohen | [DrJenniferCohen.com](#)

### Solids and Sleep for Babies

My kid’s were pretty bad sleepers, especially for the first 6 months of their lives. During those early months of sleepless nights and 45 minutes of sleep followed by 2 hours of feeding, I would have done everything I could do get even 5 more minutes of sleep. I also know I am not alone and most new parents and parents of babies have a lot of issues with a lack of sleep.

The [new study](#) that has just been published on solids and sleep for babies sounds like a welcome relief for sleep-deprived parents. This new study compared babies who were given solids at around 6 months with babies who were given solids at around 3 months of age. Both groups of babies were breast-fed and this

was a large study of over 1000 babies. The study found that the babies that were started on solids at 3 months slept an average of 16 more minutes each night, had less wakings and parents had better Quality of Life than those who were started at 6 months.

*This sounds amazing doesn't it?*

### Why You Should Avoid Starting Solids Early

I do worry that there is danger in this study and I don't want parents to start their kid's on solids early in the hope their child sleeps a little bit better. Before you start sending me comments about how horrible sleep deprivation is, just remember I do get it. The thing about this study is that it doesn't look at any other factors that we take into account when deciding on when solids should be started with your baby.

The Australian Society of Clinical Immunology and Allergy (ASCIA) recommend starting [solids at around 6 months of age](#). The reason for this recommendation is there is good research that early introduction of allergy foods reduces a child's risk of getting a food allergy. The recommendation is still around 6 months as it the research doesn't show that introducing an allergy food before 6 months has any other benefit. They are leaving the door open for parents to look for signs the child is ready to eat food. They also say not before 4 months of age.

The other area that this paper does not really discuss is the increased risk of kids being overweight who were started on solids early. There is a lot of research showing that kids who were started solids early (before 4 months) had a [higher chance of being overweight](#) as a toddler. One reason for this increased chance of overweight with an earlier introduction of solids may be because of a high intake of protein, especially animal protein. I have written a post all about [protein and kids](#) which talks about how too much protein in kid's may not be a good idea. This new study does discuss the fact that reduced sleep in babies may also be associated with obesity in adulthood but we do not know if an extra 16 minutes sleep will reduce the risk.

### Solids is Not Just About Food

Introducing solids to your baby and early food experiences really do lay down a child's eating habits as they get older and as an adult. I often talk about the fact that eating with kids is about the long game not the short game. I worry when we tell parents that kid's will sleep better if they are given more food. This can easily encourage sleep-deprived parents to over-ride a child's natural fullness (satiety) cues by pushing more food into a child to make sure they sleep. This can cause such issues with a child's ability to regulate their appetite when they are older. If a child is not taught about hunger cues as a child this can lead to over eating as an adult. This study on sleep and solids for

babies I feel is just reinforcing this thought about sleep and food and I worry about the issues for the kid's in future.

### When Should you Start Solids?

The recommendation for starting solids is very complicated and saying that babies should be started on solids early to help with sleep does not take into account the long-term affects that early introduction of solids may have on a baby. This is why studies like this provide a small piece to a very large puzzle but is not enough for me to start recommending early introduction of solids. I will be sticking to the ASCIA guidelines of around 6 months and not before 4 months.

- Look for signs that your child is ready to eat which includes showing interest in food
- Make sure your child is able to sit upright before you start solids
- Avoid forcing your child to eat-let your child decide whether they will eat or not
- Remember that starting solids is so much more than nutrition. Starting solids sets up your babies eating habits for life. Offer a variety of food flavours, textures and finger foods.

Let me know in the comments what your thoughts are about the new study and would it have changed when you started your child on solids?

*[Dr Jennifer Cohen](#) is a paediatric nutritionist with the School of Women's & Children's Health and Sydney Children's Hospitals Network, and author of blog - ['The Fussy Eating Doctor.'](#)*

## FEMALE LEADERS IN NSW PUBLIC SECTOR

The School of Women's and Children's Health would like to congratulate **Conjoint Associate Professor Karen Zwi**, who was named in the inaugural Top 50 Public Sector Women (NSW) List announced in early July.

The initiative was first launched in Victoria in 2017 and adopted by organisers [Davidson](#) in partnership with the NSW Government and SEEK. Elizabeth Koff, Secretary of NSW Health was the lead judge and MC for the event, held at NSW Parliament House, Sydney.

Claire McCartin, Founder of the Top 50 Initiative, highlighted:

- Women make up 64.4 per cent of the NSW Public Sector workforce, and hold only 37.4 per cent of leadership positions;

- Within the 128 local councils in NSW, women hold 14 per cent of CEO or General Manager positions.

She described the initiative as a “milestone event” for NSW, providing the a platform to acknowledge some of the State’s top female leaders in the public sector.

**Adjunct Associate Professor Cheryl McCullagh**, Director of Clinical Integration at The Sydney Children’s Hospital Network was also named on the list.

[Read More.](#)

## RESEARCHERS IN FOCUS: DR TEJASWI KANDULA

21 June 2018 | Mimi Gemmell | [Kids Research](#)

**Dr Tejaswi Kandula** is paediatric neurologist at Sydney Children’s Hospital, Randwick, with a special interest in researching peripheral neuropathy in childhood cancer survivors.

Dr Kandula recently published her [fourth paper](#) on the subject in the American Medical Association’s top-ranking neurology journal, [JAMA Neurology](#), which generated worldwide interest and has been viewed more than 4000 times since its publication last month.

Now in the final year of her PhD at the School of Women’s and Children’s Health at UNSW Sydney, she has big plans to further her research long into the future.

“This is a really exciting time to be working in neurology. So many discoveries are being made but there is still so much to be uncovered” she said.

Her most recent paper showcased the findings of a cross-sectional study exploring peripheral nerve injury and its impact in childhood cancer survivors treated with chemotherapy.

[Read More.](#)

## NEW TREATMENT REDUCES SEIZURES IN CHILDREN WITH TUBEROUS SCLEROSIS COMPLEX

1 June 2018 | Mimi Gemmell | [Kids Research](#)

[Findings of a phase 3 clinical trial](#) for the treatment of seizures associated with tuberous sclerosis complex (TSC) in children have been published today in The Lancet Child & Adolescent Health.

The international study was conducted in 25 countries, with centres across Australia led by **Dr John Lawson**, paediatric neurologist at Sydney Children’s Hospital,

Randwick and national leader in epilepsy research in children with the School of Women’s and Children’s Health, UNSW.

This trial is one of countless examples of paediatric clinical research conducted through the Clinical Research Centre at Sydney Children’s Hospital, Randwick, where the team of research nurses work tirelessly to help sick children access novel therapies and innovative research.

[Read More.](#)

## KICKSTARTING GENOMIC RESEARCH WITH ONLINE RESOURCE

25 May 2018 | Mimi Gemmell | [Kids Research](#)

Staff from Sydney Children’s Hospitals Network have contributed to a new [online resource](#) introducing clinicians and researchers to the world of clinical genomics research.

Gayathri Parasivam, Genetic Counsellor at Kids Research was part of the team who developed the educational package, together with colleagues from Bioplatforms Australia, NSW Health Centre for Genetics Education and the Garvan’s Kinghorn Centre for Clinical Genomics (KCCG).

Genomics has the potential to transform healthcare by improving the diagnosis of rare and genetic conditions, assessing an individual’s disease predisposition and informing the selection of treatment options.

The new resource aims to assist clinicians and researchers who are commencing clinical genomics research in their area of expertise. It guides users through the key considerations for clinical genomics research, covering topics such as ethics, participant interactions and the multidisciplinary team involved in the process.

It also addresses project and experimental design, and the challenges associated with different genomic technologies and genomic data. The content includes links to professional guidelines and case studies to allow users to apply their new knowledge to potential clinical and research-related scenarios.

This important resource recognises the complexity of genomic research and the challenges that result from the sheer volume of data and the sensitive nature of genomic information.

*The Clinical Genomics Research Resource was developed with support funding from the NSW Ministry of Health Office of Health and Medical Research (OHMR).*

## ART PREGNANCIES AT HIGHER RISK OF PLACENTAL COMPLICATIONS

18 May 2018 | [UNSW Newsroom](#)

A review of 6 million pregnancies has found that pregnancies after assisted reproduction technologies, such as IVF, are at a higher risk of placental complications, compared to those following natural conception.

A review of more than 6 million pregnancies has found that pregnancies after assisted reproduction technologies, such as IVF with fresh or frozen embryo transfer, are at a higher risk of placental complications, when compared to pregnancies that followed natural conception.

The study, led by UNSW medical researcher **Dr Christos Venetis**, is published in [BJOG: An International Journal of Obstetrics and Gynaecology](#).

Assisted reproduction technologies (ART) are increasingly used to treat infertility and have enabled millions of couples to achieve parenthood. More than 2.4 million ART cycles are estimated to have been performed in 2013, and more than 7 million children have been conceived using ART therapies over the last three decades.

Previous studies have linked ART with a greater risk of placental complications, including placenta praevia (low lying placenta) and placental abruption (detached placenta), which are associated with a range of adverse outcomes for mother and baby, such as preterm birth, low birth weight, haemorrhage, hysterectomy, renal failure and maternal and infant mortality.

In a bid to find out whether singleton pregnancies – rather than twin pregnancies which are also associated with complications for both mother and baby – after ART are associated with a higher risk of placental anomalies, the researchers carried out a large systematic review and meta-analysis.

The team of researchers from UNSW and Aristotle University of Thessaloniki in Greece, evaluated 33 studies of 124,215 singleton pregnancies that followed ART and 6,054,729 pregnancies that followed natural conception.

The results showed the odds of developing placenta praevia were 3.8 times higher (about 16 more cases in 1000 singleton pregnancies), placental abruption were 1.9 times higher (about 7 more cases in 1000 singleton pregnancies), and morbidly adherent placenta were 2.3 times higher (about 23 more cases in 1000 singleton pregnancies), when conception was assisted than when it was following natural conception.

“This review is the first to comprehensively evaluate

the vast amount of evidence on placental complications that can develop during singleton pregnancies that followed assisted reproduction technology,” says Dr Venetis, a senior lecturer at the UNSW Centre for Big Data Research in Health.

“These placental complications can have significant adverse implications for the health of both mother and baby, and place a significant burden on health services.

“It is unclear why women are more likely to develop placental complications during pregnancy following ART. However, this study shows that more research is needed to confirm the underlying causes in order to reduce the risk.

“It is important women and their partners undergoing ART are reassured that the risk of developing placental complications is very low, but research like this will help to ensure any increased risks are managed throughout pregnancy,” he says.

## PERIPHERAL NEUROPATHY COMMON IN CHILDHOOD CANCER SURVIVORS

15 May 2018 | [MPR](#)

HealthDay News — Childhood cancer survivors frequently have clinical abnormalities attributable to peripheral neuropathy, according to a study published online May 14 in [JAMA Neurology](#).

Tejaswi Kandula, MBBS, from the University of New South Wales in Sidney, and colleagues recruited cancer survivors who were treated with chemotherapy for extracranial malignancy before age 17 years and compared them with healthy age-matched controls. One hundred sixty-nine patients met the inclusion criteria; 121 childhood cancer survivors underwent neurotoxicity assessments at a median of 8.5 years after completion of treatment and were included in the analyses.

The researchers found that the main neurotoxic agents were vinca alkaloids and platinum compounds.

[Read More.](#)

## FERTILITY STUDY FINDS ACUPUNCTURE INEFFECTIVE FOR IVF BIRTH RATES

15 May 2018 | [NICM Health Research Institute](#)

A study of over 800 Australian and New Zealand women undergoing acupuncture treatment during their IVF (in vitro fertilization) cycle has confirmed no significant difference in live birth rates. The findings

[published today in JAMA](#) support recent guidelines from the American Society for Reproductive Medicine and two high-quality meta-analyses.

The researchers from NICM Health Research Institute (NICM), Western Sydney University, Flinders University, UNSW Sydney, University of South Australia, University of Adelaide and Greenslopes Private Hospital examined the effects of acupuncture administered prior to and following an embryo transfer (ET).

Undertaken across 16 IVF centres in Australia and New Zealand, the randomised clinical trial involved 848 women aged 18 to 42 undergoing an IVF cycle using fresh embryos between June 2011 and October 2015, whereby participants were given either acupuncture or a sham acupuncture control (a non-insertive needle placed away from the true acupuncture points).

The results showed the rate of live birth was 18.3 per cent among participants who received acupuncture versus 17.8 per cent who received the sham acupuncture control, a non-significant difference.

\*\*\*

“We also examined the outcomes of psycho-social benefits in our study of which we are currently writing up in a further paper,” says co-author **Professor Michael Chapman**, UNSW Sydney and President at the Fertility Society of Australia.

“Feeling relaxed and reporting relief from stress and women feeling good about themselves is to be welcomed for women as they undergo an IVF cycle,” he said.

[Read More.](#)

## RESEARCH GROUP UPDATES

### CHILDREN'S CANCER INSTITUTE

[Subscribe](#) to stay up-to-date with stories, events & research.

#### Children's Cancer Institute's Michelle Haber recognised with a Eureka Nomination

25 July 2018 Tania Ewing | [CCI News](#)

Cancer is diagnosed in more than 950 children and adolescents in Australia every year. **Professor Michelle Haber AM**, of Children's Cancer Institute and UNSW, was today announced as a finalist for the 2018 Australian Museum Eureka Prize for Leadership in Innovation and Science, sponsored by CSIRO, for her pivotal work in developing the Zero Childhood Cancer program. The program was designed specifically to

ensure that those children diagnosed with aggressive cancer have the best possible chance of surviving and doing so with a high quality of life.

[Read More.](#)

#### Curing Childhood Cancer – a Global Approach to Improve Cancer Treatment

17 July 2018 | Tania Ewing | [CCI News](#)

This week in the United States, a database of genetic information will be made publicly available of more than 270 patient-derived cancer models, encompassing 25 different childhood cancers. Assisted by funding from the Australian Federal Government Department of Health, Children's Cancer Institute contributed 90 leukaemia models to this global effort.

Although childhood cancer is relatively rare, it is the leading cause of death from disease in young children. The low numbers of childhood cancer patients who are available for clinical trials of new drugs means that it is essential to carry out extensive laboratory testing of new drugs (called preclinical drug testing) so that clinical researchers can better prioritise which drugs to pursue in paediatric clinical trials.

Children's Cancer Institute in Sydney is a world leader in the development of patient-derived xenograft (PDX) models and their use for preclinical drug testing. These PDX models allow researchers to test known and novel drugs against childhood cancer samples in the laboratory to measure their effectiveness as treatments for individual children, opening up new options for access to novel drug clinical trials. It is essential that these PDX models undergo extensive molecular characterisation so that researchers can try to exploit their genetic vulnerabilities with new treatments.

The Children's Cancer Institute team, headed by **Professor Richard Lock**, is the only non-US member of the Pediatric Preclinical Testing Consortium (PPTC). Funded by the National Cancer Institute, part of the National Institutes of Health in the US, the PPTC's goal is to produce reliable, preclinical drug testing data using paediatric cancer PDX models. The Pediatric Preclinical Genomic Characterization Project is an effort to characterise those childhood cancer PDX models that lack full genomic data so that they can be used to test for better treatments and cures.

[Read More.](#)

#### Nano-stars – targeting a deadly childhood brain cancer

27 June 2018 | Tania Ewing | [CCI News](#)

At the International Nanomedicine Conference in Sydney (25-27 June), **Helen Forgham**, from Children's Cancer Institute, is presenting a new technology for targeting the childhood brain cancer medulloblastoma.

She's using star-shaped nanoparticles to deliver gene silencing drugs to tumour cells.

Medulloblastoma is the most common malignant brain tumour of childhood, representing 20% of all childhood brain tumours, mainly affecting children between the ages of three and eight.

Current treatments are effective in 70% of cases, however the therapy is so harsh that these children often experience life-long health issues such as cognitive impairment, hearing loss and endocrine dysfunction.

An ideal treatment is one that targets cancer without harming the patient's healthy cells and organs. This week (beginning June 25) PhD scholar Helen Forgham, from Children's Cancer Institute, will describe at the International Nanomedicine Conference in Sydney a therapy using star-shaped nanoparticles that may deliver gene silencing drugs (siRNA) more effectively to the tumour.

The strategy – the use of nanomedicines to kill cancer cells and help reduce toxic side effects on healthy tissues – will be discussed at the International Nanomedicine Conference in Sydney this week.

[Read More.](#)

### **We've created our road map for the next five years**

30 May 2018 | Claudia Flemming | [CCI News](#)

We've just launched our Strategic Plan for 2018–2022. The culmination of months of consultation and thought, it provides a road map for achieving our vision as quickly as possible.

At Children's Cancer Institute, our vision is "To save the lives of all children with cancer and improve their long-term health, through research". But how do you make a vision a reality? By coming up with a plan that keeps your goal front and centre, by considering and weighing every possibility. And then, of course, by following it through.

In our Annual General Meeting last week, we launched our Strategic Plan for the next five years. It's a strategy we're confident will take us closer to achieving our vision. In the words of our Executive Director, Professor Michelle Haber AM, "We can and will cure childhood cancer in the foreseeable future".

[Read More.](#)

## **HIGHER DEGREE RESEARCH**

Welcome to the School of Women's & Children's Health and Children's Cancer Institute PhD and Masters students who have commenced their candidature in 2018:

### **Obstetrics & Gynaecology - PhD**

- Nicole Yuwono  
Supervised by Dr Caroline Ford & Dr Kristina Warton
- Dr Danielle Susic  
Supervised by Dr Amanda Henry & Prof Emad El-Omar

### **Paediatrics - PhD**

- Dr Clara Wai Ting Chung  
Dr David Mowat & Conjoint Prof Edwin Kirk
- Paayal Gohil  
Prof Claire Wakefield & Dr Jennifer Cohen
- Kate Marshall  
A/Prof Nadine Kasparian & Dr Michelle McElduff

### **Children's Cancer Institute - PhD**

- Ane Kleynhans  
Supervised by Dr Belamy Cheung & Dr Daniel Carter
- Alice Salib  
Supervised by Dr Daniel Carter & Dr Belamy Cheung
- Karen McCleary  
Supervised by Dr Toby Trahair & Conjoint Prof Glenn Marshall.

## SUCCESSFUL GRANTS

Congratulations to School of Women's & Children's Health, Centre for Childhood Cancer Research, and Children's Cancer Institute researchers who have been successful in receiving competitive grant funding in 2018.

If your grant is missing from the list, please [email](#) Samantha McFedries, Research Projects Officer.

CCI	HENDERSON, Michelle	Tour de Cure / Senior Research Grant	Targeting protein production as a selective therapy for high risk neuroblastoma
CCI	KAVALLARIS, Maria	Tour de Cure / Senior Research Grant WCH - Sch of WCH - Operating	Advancing the treatment of aggressive brain cancers: Radiosensitizing multi-targeted therapeutic nanoparticle delivery
CCI	LOCK, Richard	Tour de Cure / Senior Research Grant	A personalised medicine approach to the treatment of acute myeloid leukaemia in children
CCI	VITTORIO, Orazio	Australian Institute of Nuclear Science and Engineering / Postgraduate Research Award	[64Cu]CuCl <sub>2</sub> PET/CT imaging method to monitor drug response and acquired drug resistance in neuroblastoma - PhD Student Florida Voli
CCR	WANG, Jenny	Tour de Cure / Senior Research Grant	Targeting leukaemia stem cells: the path towards the cure of poor- prognosis leukaemia
PAED	FARRAR, Michelle	TREAT-NMD / SMA Data-set Pilot	Bursary allocation for TREAT-NMD SMA Pilot Registries
PAED	HAMILTON, Stuart	Thrasher Research Fund / Early Career Awards	Therapeutic Strategies for the Prevention and Treatment of Congenital Cytomegalovirus Disease
PAED	JAFFE, Adam	Murdoch Childrens Research Institute / NHMRC Genomics TCR Shared Grant	chILDRANZ Rare Disease Flagship
PAED	VETSCH, Janine	Ian Potter Foundation / Travel and Conference Grants	'European Society of Human Genetics Conference', Milano, Italy, 16-19 June 2018
PAED	WATERS, Shafagh	Vertex Pharmaceuticals (CH) / Vertex Innovation Awards	Exo-CF; Exosomal Biomarkers for Early Prediction of Cystic Fibrosis Related Diabetes (CFRD)
PAED	ZIEGLER, David	Children's Cancer Foundation / Research Projects	Leveraging the SIOPEN High risk 2.0 clinical trial for high-risk neuroblastoma to understand relapse, improve residual disease detection and develop pre-clinical testing models for high-risk neuroblastoma
OG	RAMUS, Susan	Cancer Australia / Priority-driven Collaborative Cancer Research Scheme	The contribution of rare alleles to non-high grade serous ovarian cancer
OG	RAMUS, Susan	Marsha Rivkin Center for Ovarian Cancer Research / Pilot Study Projects	Genetic susceptibility to non high grade serous ovarian cancer
OG	WALTERS, Kirsty	The Endocrine Society of Australia (ESA) / ESA Research Seed Grants	Targeting androgen driven neuroendocrine actions - a potential treatment for PCOS
OG	WALTERS, Kirsty	Ovarian Cancer Research Foundation / Ovarian Cancer Research Projects	Detection of ovarian tumour-specific DNA methylation in blood for the early diagnosis of ovarian cancer

## OPEN GRANTS

### MRFF Frontiers EOI

The Frontiers Health and Medical Research Program initiative through the MRFF is likely to have a call for research proposals before the end of this year. As a reminder of this initiative the salient points are:

- \$240 million over five years;
- Aims to support innovative 'out of the box' ideas and discoveries, unlock ground breaking research for new treatments and technologies to improve health, and open new markets for industry growth;
- Department of Health is currently consulting on the disbursement framework with Dr John Howard;
- Two stage process:
  1. competitive EOI to demonstrate novelty, competitiveness and transformative nature, and potential for partnerships; one year and \$1 million to advance the idea, ready to put forward for potential stage two investment
  2. support to realise a new frontier in health and medical research and build new industry ecosystems through up to five years of funding – ranging from \$10 to \$20 million per year.

Proposals will need to be transformative, high impact and very likely multi-institutional. There is still a lot of uncertainty about this process, however the Division of Research and Faculty has commenced a process to identify and help develop potential proposals.

The EOI process will be followed by a workshop. This is the first step in a process to get people focussed and thinking about this opportunity.

Please note that single investigator/ even single institutional proposals will almost certainly not get up through this scheme, so please keep this in mind when thinking about this.

EOIs will be reviewed by a cross-Faculty panel, and highly ranked submissions will be invited to present and discuss their proposal at an MRFF Frontiers Workshop on Thursday, 30 August.

Eoi closing date is **21<sup>st</sup> August 2018**.

[More information.](#)

### UNSW Sydney Research Infrastructure Scheme

The 2019 round of the Research Infrastructure Scheme (RIS) is now open. The funding guidelines and key dates are included in the email below, with additional

information available on the RIS [website](#).

This year, there will be an online Application Management System that will enable researchers to submit their applications online and improve the process by which Medicine approves and ranks the submissions.

As a Faculty, we will hold an Expression of Interest (EOI) process prior to submission of full applications. **EOIs will close on Monday 20<sup>th</sup> August 2018.**

Final applications to the Division of Research close on **Monday 17<sup>th</sup> September 2018.**

For the EOI process, applicants should email [Dr Brett Szmajda](#) with a brief outline of no more than half a page (minimum font size Arial 11) addressing the following three criteria:

1. Demonstrated need of the proposed infrastructure support;
2. Capability of the proposed infrastructure to enhance collaborations; and
3. Significant and/or innovative nature of the research supported by the proposal.

The intention of the addition of the EOI is to make sure that full applications have the greatest chance of the Faculty as a whole maximising the outcomes of this scheme.

The Research Infrastructure team will hold an information session for prospective applicants on **Thursday 16<sup>th</sup> August 2018** in Lecture Theatre 202, Ainsworth Building.

#### Key Dates:

Phase	Event/Milestone	Dates
EOI	RIS 2019 guidelines published	July 2018
	Medicine EOI process closes	20 <sup>th</sup> Aug 2018
Applications	Information session	16 <sup>th</sup> Aug 2018
	Full Applications close	17 <sup>th</sup> Sep 2018
Approval	Schools to complete review and approval of applications	2 <sup>nd</sup> Oct 2018
	Faculties to complete review, ranking and approval of applications	15 <sup>th</sup> Oct 2018
Funding	Announcement of funding outcomes	Mid-Nov 2018
	Distribution of funds	Jan 2019

### Sydney Children's Hospitals Foundation Research Starter Grants

Applications for Sydney Children's Hospitals Foundation Research Starter Grants will open in mid-August 2018.

Five, one-year seed grants of \$20,000 each will be available for research projects lead by Sydney

Children's Hospital, Randwick.

The Chief Investigator must be employed by Sydney Children's Hospital Network (SCHN), primarily based at Randwick. However, cross-SCHN (Randwick and Westmead) collaboration is encouraged.

SCHF has prioritised the following area for Research Starter Grant funding in 2019:

- Allied Health and Nursing  
*Research proposals that generate new knowledge in the area of allied health or nursing disciplines.*

One of the five SCHF Research Starter Grants will be dedicated to funding this area.

Applications will close on **30<sup>th</sup> September 2018**.

More information will be available soon.

### **UNSW Sydney Jagdish & Lalitha Gupta HDR Scholarship in Paediatric Research**

Applications for Jagdish & Lalitha Gupta HDR Scholarship in Paediatric Research will open in October 2018.

The Jagdish & Lalitha Gupta Scholarship will be awarded to a student of excellent research potential, enabling them to undertake a Masters by Research or PhD in the field of paediatrics within the School of Women's & Children's Health, UNSW Medicine.

The purpose of the scholarship is to support financially an allied health, nursing, medical professional or scientist to advance their career by providing them training and mentorship to build their capacity to undertake original research.

The scholarship will be provided for two-years for Masters by Research candidates; and three years for PhD candidates (pro rata for part-time candidates).

Both domestic and international applicants are encouraged to apply, however the scholarship does not include tuition fees.

Applications are expected to close in November 2018, with the scholarship commencing in 2019.

More information will be available soon.

### **Australian Institute of Policy and Science 2018 CSL Florey Next Generation Awards**

The 2018 CSL Florey Next Generation Award will be conferred to a **current PhD candidate** who has demonstrated outstanding capability, creativity and potential in the biomedical sciences and/or health and medical research.

As well as the award trophy, the award currently carries

a prize of \$20,000 thanks to the generous support of [CSL Limited](#).

Two runner-up prizes of \$2,500 will also be awarded.

Information on Selection and Eligibility Criteria and how to apply can be found [online](#).

Nominations will close on **14<sup>th</sup> September 2018**.

Nominations are to be completed by the nominating institution, not the nominee

Nominations should be made in the name of the Institute Director or Dean of Medicine (or equivalent).

## **EVENTS**

### **SCHN Good Clinical Practice Training**

SCHN Research Governance invite you to an interactive training session on **Good Clinical Practice and the Regulatory Requirements for Clinical Trials for Clinician/Allied Health Investigators and Study Coordinators**.

Thursday 13<sup>th</sup> September 2018: 12.45pm – 2.30pm  
Tutorial Room A, Level 8, Bright Alliance Building

This session is specifically designed for time-pressed investigators and study coordinators with some knowledge of GCP.

It is transclerate accredited and you will receive a certificate valid for 3 years that is accepted by sites and Industry. Further information will be sent following registration.

Please register via [email](#) by 31<sup>st</sup> August 2018.

### **UNSW Researcher Development Unit**

Visit the UNSW Researcher Development Unit [website](#) for information and registration for upcoming events. There are development workshops and seminars for PhD students through to Senior Researchers, and Research Administrators.

[More Information.](#)

### **Planning to Publish - First Steps**

Tuesday, 9 October, 10am-1pm

Aimed at ECRs, this workshop is suitable for those beginning to publish and assists researchers in developing a considered and effective approach to building a research profile and develop skills in comparing journals in your field for impact and citation metrics. This practical workshop will also equip you to sustainably manage your research

outputs using selected techniques and resources.

[More information & registration.](#)

### Nature Masterclass

Friday, 9 November, 9am-5pm

The Division of Research and Springer Nature are pleased to deliver the final UNSW Nature Masterclass for 2018, with UNSW alumni and now Senior Editor for Nature Climate Change Graham Simpkins, and Chief Editor of Nature Ecology & Evolution Patrick Goymer. Expressions of Interest now open.

Eol's close on 15<sup>th</sup> October 2018.

[More information.](#)

### Prince of Wales Clinical School Postgraduate Research Seminar

The 2018 POWCS Postgraduate Research Seminar will be held on Friday 19<sup>th</sup> October 2018. The School's PhD and Masters students will give oral presentations or present posters on their research.

[More Information.](#)

### Network Meta-Analysis Course - How to understand, appraise and write a network meta-analysis

A/Prof Andrea Cipriani from Oxford University leads this 3-day interactive course along with international Network Meta-Analysis experts Professor Georgia Salanti and Professor Toshi Furukawa.

The course is **designed for clinicians, researchers and policy-makers** interested in evidence synthesis and comparative effectiveness. This is a popular, established course that has been run five times at Oxford University, UK. For the very first time, this course will be available in Australia.

**Course Dates:** 2<sup>nd</sup> Nov 2018 - 4<sup>th</sup> Nov 2018

**Course Cost:** \$1500

**Venue:** NeuRA, Margarete Ainsworth Building, Barker St, Randwick

Network meta-analysis (NMA) is the latest evidence synthesis tool. NMA provides a framework to analyse and compare multiple interventions. The field is evolving rapidly and clinicians, researchers and policy makers are increasingly required to understand and use.

Researchers at Neuroscience Research Australia are hosting the course in Sydney in November 2018.

The course features:

- Introduction to key concepts and purpose of NMA
- Introduction to assumptions of NMA
- Guidance to developing NMA research questions
- Theoretical foundation to analysis
- Practical workshop learning of analysis in STATA and R
- Determining confidence in the evidence from NMA
- Writing and peer review of NMA manuscripts
- Opportunity to share project ideas
- Real examples (design, project management, peer review) from an ongoing Cochrane review

The course will be delivered in an informal, hands-on environment. The material is a mixture of lectures and practical workshops.

[More Information.](#)

### UNSW Paediatric Research Week 2018

The 2018 POWCS Postgraduate Research Seminar will be held from Monday 12<sup>th</sup> November 2018.

Highlights include:

- PhD and Masters students giving oral presentations on their research.
- Independent Learning Project (ILP) Awards - oral presentations from four, undergraduate medicine students who have completed their ILP year in 2018.
- Margaret Dance Prize - oral presentation from the recipient of the Margaret Dance Prize for the highest ranked Discipline of Paediatrics BSc (Med) Hons student in 2017.  
(This prize is awarded retrospectively)

### DIVISION OF RESEARCH TOWN HALL ROUNDUP: QUALITY VS. QUANTITY

11 July 2018 | Prof Nick Fisk

We saw an impressive turnout of UNSW staff to our mid-year Research Town Hall, and I thank those who took the time to attend and offer valuable input into one of the hottest topics (or most vexed questions) on the research landscape- quality vs. quantity.

For a long time, publication quantity- 'the publish or perish' mantra, has been the game. HERDC and Research Block Grant funding, academic promotion and grant success were all considered rewards for prolific publishing.

Yet the way research, impact and engagement is

gauged is changing. Frameworks around the globe now increasingly value quality over quantity, and Australian universities must change with the times. ERA for instance penalises citation disciplines for the proportion of lowly cited outputs.

Then there is our performance in university rankings - love them or loathe them, rankings are here to stay. Global rankings are useful as a benchmarking tool, widely used by international students in deciding where to study, and play an important role in academic recruitment, industry and government engagement, and peer perception.

Our 2025 Strategy aspires to be a top 50 university – as measured by the average of the three main ranking systems (THE, QS, ARWU) - and we have never shied away from this ambitious target. There are many components to the different rankings, but each includes a citation/publication score directly relevant to this quality over quantity challenge. This is one area where the University could be performing better, including our field weighted citation impact, our number of highly cited researchers, and our Nature and Science papers.

#### **Tips for improving your citation impact:**

- Ensure you have an ORCID number, and especially if you have a common name, so that all your citations are correctly attributed.
- Create a Google Scholar page- this increases public access to your outputs, boosting your profile across the board.
- Increase your Altmetrics score- tweeting and other social media significantly increase attention and engagement around your research.
- Engage with Open Access- evidence suggests that if a paper is more widely available, it has more chance of being cited. Just beware of low impact or predatory open access journals.
- Attend the UNSW Nature Masterclass or Publishing for Impact workshops, hosted by the [Researcher Development Unit](#) and free for UNSW staff.
- Contact your [Outreach Librarian](#) for tailored, discipline-specific workshops on maximising scholarly reach for citation impact, including metrics, curating your digital presence and negotiating publishing contracts.

#### **High Quality Research Papers Incentive Scheme**

An incentive scheme has been launched to reward researchers and research groups for publishing high quality research papers. Its three tiers are found below,

with additional details on the High Quality Research Papers Scheme [webpage](#).

#### **Key Incentive 1: Increasing the number of articles in High Quality Journals**

This initiative provides \$500 per paper for the lead UNSW author of published papers in the Nature Index, SJR journals >8, and intramurally-selected top 1% Humanities, Arts & Social Science journals.

#### **Key Incentive 2: Increasing the number of Highly Cited Journal Articles**

This initiative provides \$1,000 for each paper identified once in any one year of the THE/QS five-year windows as a 'Highly Cited Paper' in Web of Science.

#### **Key Incentive 3: Increasing the number of Nature & Science Articles**

This incentive provides up to \$10,000 for Corresponding Author of articles published in Nature or Science, and sliding amounts for other authors.

#### **What else is UNSW doing to support quality publishing?**

- BORIS was introduced in 2017 to encourage researchers to reflect on their own metrics. Our next step will be enhancements to help you work out before you submit a paper, how likely you are to be cited and where a particular journal fits into various quality indicators.
- Over 200 education-focused roles created across the university for those wishing to move out of teaching/research into teaching-only roles.
- Quality now factored into MyCareer discussions, performance expectations, and promotions.
- A pilot to embed similar 'quality principles' into other publication outputs, including non-traditional research outputs (NTRs), to ensure quality is addressed across the full spectrum of UNSW research output.
- A series of well attended roadshows with Schools and Faculties to talk about quality vs. quantity, where our Pro Vice-Chancellor (Research) and Pro Vice Chancellor (Academic Excellence) present data using CiteScore to show the impact of your choice of journal on citation outcomes.

Targeting journals, as well as performance, training and support tools, are all part of a balanced multifaceted approach to enhancing research and citation performance at UNSW, and I encourage all staff to familiarise themselves with these initiatives.

For those of you couldn't make it to the Town Hall, both the video recording and slides are available [online](#).

## PUBLICATIONS

### Early-Career Researcher Best Publication Award Round 2, 2018

The School of Women's & Children's Health Best Publication Award Round 2 for 2018 is now open for papers published between April and June 2018.

Please be sure to check your eligibility and submit your best papers. Guidelines are available [here](#).

A reminder, that you need to affiliate all papers to the School of Women's & Children's Health, UNSW Sydney (in addition to any other affiliations) to be eligible.

**Applications close on 10<sup>th</sup> August 2018.**

[Dr Michelle Farrar](#) was the recipient of the Early Career Researcher Best Publication Award Round 1 for 2018. The abstract of her publication is below.

#### [Nusinersen for SMA: expanded access programme](#)

**Michelle A Farrar, Hooi Ling Teoh, Kate A Carey, Anita Cairns, Robin Forbes, Karen Herbert, Sandra Holland, Kristi J Jones, Manoj P Menezes, Margot Morrison, Kate Munro, Daniella Villano, Richard Webster, Ian R Woodcock, Eppie M Yiu, Hugo Sampaio, Monique M Ryan.**

*Journal of Neurology, Neurosurgery & Psychiatry*, 2018. Article in Press.

#### **Background:**

Spinal muscular atrophy (SMA) is a devastating motor neuron disorder causing progressive muscle weakness and respiratory insufficiency. We present the initial Australian experiences implementing the expanded access programme (EAP) to enable preapproval access to nusinersen, the first disease-modifying therapy, for SMA type 1.

#### **Methods:**

An Australian multicentre, open-label EAP for nusinersen enrolled patients with infantile-onset SMA type 1 from November 2016 to September 2017. Standard-of-care medical therapy and treatment with intrathecal nusinersen were provided to all patients. Clinical and diagnostic characteristics, molecular genetics, treatment administered, and functional motor outcomes were assessed.

#### **Results:**

A total of 20 patients with SMA type 1 met the inclusion criteria, of whom 16 consented and received nusinersen treatment. Median time to diagnosis from symptom onset was 5.0 months and was correlated with age of onset ( $r=0.54$ ,  $P<0.05$ ). Management

shifts included proactive nutritional and pulmonary support in all newly diagnosed patients with increased complexity of decision making. Supplemental nutrition with or without nocturnal non-invasive ventilation was implemented during follow-up in new diagnoses with age of onset  $<3$  months and 2 SMN2 copies.

#### **Conclusions:**

The nusinersen EAP highlights difficulties in achieving early diagnosis and/or prevention, the evolution of optimal clinical care in a time of uncertain prognostication, resource implications and ethical issues in clinical practice for SMA type 1. These challenges are broadly relevant to the realisation of all novel therapeutics in neurological disorders.

Access full text paper [online](#).

## PUBLICATION LIST

Publications available online from May 2018 and authored by UNSW School of Women's & Children's Health academics, conjoints, & students.

Publications are listed under UNSW Medicine Themes to illustrate how the School of Women's & Children's Health is contributing in all areas of medical research at UNSW Sydney.

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