

Newsletter

August 2016 Issue #1



Updates

Surgical training

Pravin Ranchod from the Cabrini Monash University Department of Surgery earlier this year attended several overseas educational and training sessions. While in London UK, he participated in a three day Abdominal Wall Reconstruction Europe training program, which was a multidisciplinary conference focused on the management of complex abdominal wall defects and hernias.

Gastrointestinal and reconstructive surgery is continuously progressing and leading the way in complex and fascinating technical advances. AWR Europe provided attendees the opportunity to hear from a range of new discipline perspectives, as well as learning skills to progress their surgical techniques.

While at the Hospital Clinic de Barcelona, Pravin also completed a two day TaTME (Transanal Total Mesorectal Excision) workshop that included in-depth hands-on training, with a focus on the rationale for transanal approach, patient selection, operative set up, live surgery demonstrations and intensive practice opportunities. The workshop was led by Antonio Lacy, Director of Gastrointestinal Surgery Department, Hospital Clinic, Barcelona Spain.



Training session, TaTME course Barcelona.



2016 Golf Classic

The annual Let's Beat Bowel Cancer Golf Classic hosted on the beautiful fairways of Kingston Heath is scheduled this year for **Tuesday 18 October**.

The LBBC Golf Classic was created to drive fundraising for LBBC's programs and today remains one of the cornerstones of our fundraising efforts.

“When you've got the opportunity to work and raise money you want to have a good time while you do it. And so this day is one of the best you get to be actually involved with.”

Todd Woodbridge OAM



The Golf Classic is an outstanding event providing not just a great day of golf and corporate hospitality, but a genuine opportunity to make a real difference for those impacted by bowel cancer. We are delighted to invite you to join us.

For more information please contact Sam McLennan via email smclennan@cabrini.com.au, or mobile 0409 940 804.

Or contact Matt Holmes on work phone (03) 9508 3550.

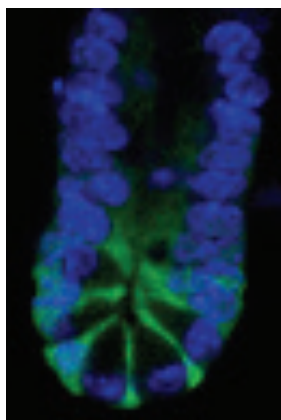
NHMRC Grant Success

Associate Professors **Helen Abud** and **Paul McMurrick** have recently been awarded a National Health and Medical Research Council (NHMRC) three-year project grant to examine the role of proteins mediating intestinal stem cell identity. NHMRC grants are extremely competitive, and in 2015 over 3,700 applications were lodged with a successful funding rate of only 13.7 per cent.

The project aims to investigate how a molecule (called Snail) acts to regulate stem cells in normal tissue and tumours. The lining of the

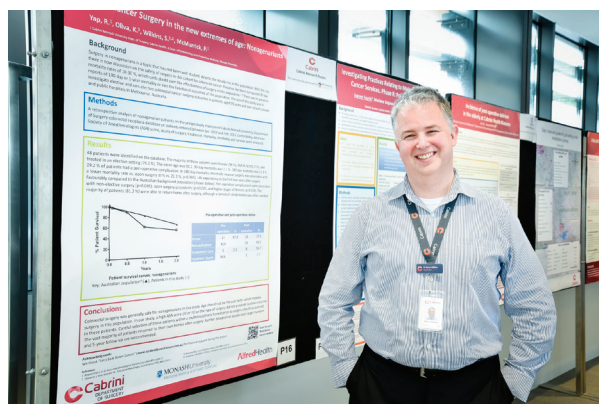
intestine is constantly renewed by stem cells (see picture below) which also contribute to the replenishment of this layer following damage caused by trauma, infection or treatments such as chemotherapy. The project team will study how a family of gene regulators called 'Snail' proteins act to maintain stem cells in the gut. Snail proteins have also been found to be present at high levels in bowel tumours so the project will examine their role in the genesis of tumours and resistance to common treatments.

There is considerable evidence that tumours may be seeded by a small population of "cancer stem cells", and that these cells are thought to be highly resistant to anti-cancer therapies that target rapidly proliferating cells. Cancer stem cells may therefore be responsible for the regrowth of tumours after treatment and may also drive metastasis. By investigating whether Snail localises to stem cells in human bowel tumours, it may prove to be a useful biomarker for identifying aggressive cancers.



An intestinal crypt where the stem cells are highlighted in green.

poster presentation', for 'Colorectal Cancer Surgery in the new extremes of age: Nonagenarians' with authors Raymond Yap, Karen Oliva, and Paul McMurrick. This event is a highlight for Cabrini researchers and audiences, because it provides a premier opportunity for 'translational research' which refers to the translation of fundamental findings from bench research into medical and nursing practice, and consequently into health outcomes that benefit the patient.



Dr Simon Wilkins in front of the award-winning poster.

Recent research publications

Yap, R, Oliva, K, Wilkins, S, McMurrick, P. Colorectal Cancer in the very elderly: nonagenarians. **Dis Colon Rectum**. Vol 59 Issue 6, 2016.

This paper showed that colorectal surgery in the over 90s was generally safe. This has implications in a steady rise of patients of this age in Australia.

Wilkins, S, Haydon, A, Porter, I, Oliva, K, Staples, M, Carne, P, McMurrick, P, Bell, S. Complete pathological response after neoadjuvant long-course chemoradiotherapy for rectal cancer and its relationship to the degree of T3 mesorectal invasion. **Dis Colon Rectum**. Vol 59 Issue 5, 2016.

This paper was the first to show a linear relationship between the depth of T3 invasion and complete pathological response, disease-free survival and overall survival.

Database^{Update}

Participating sites

Cabrini Health:	66.6%
Alfred Hospital:	22.4%
Avenue Hospital:	1.3%
Monash Health:	7.2%
Peninsula Health:	2.5%

Data on **2,246 patients** with colorectal neoplasia diagnosed between Jan 2010 - Dec 2015.

24 surgeons have contributed data from 5 sites.

Average age is 69, with an age range from 18 - 100 years.

Ratio of male to female is roughly equal.

Rectal tumours represent **30%** of total colorectal neoplasia.

With **12.7%** of patients having metastatic disease at presentation; and **15%** have had a previous malignancy.

Median length of stay in hospital is 7 days.

Mortality is less than 1%.

Minimally invasive techniques (such as laparoscopic surgery) were used for 62% of colon resections.

46 robotic operations: 90% of which were rectal cases.

Cabrini Research Day

Dr Simon Wilkins featured in Cabrini's Research Day 2015 and was awarded runner-up in the 'best

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