Third Annual Scientific Symposium

New Alliances
Mindgardens and The Bright Alliance

27 November 2014
Royal Hospital for Women
Lecture Theatre
Randwick
The Health-Science Alliance Mission
The individual institutions comprising the Health-Science Alliance (HSA) and their staff are committed to working together in a spirit of collaboration in order to:

- continue as a multidisciplinary team to provide the best possible prevention and healthcare to our patients;
- focus our health and medical research efforts on excellence and on rapid translation of discovery into the clinical setting;
- identify and exploit synergies between our various activities, at the same time avoiding inefficiencies and maximising cooperation; and
- provide our clinical and non-clinical staff with the best educational facilities available in order both to support existing staff and to assist us in recruiting the best possible new staff.
Welcome from the Chairman

The third Health-Science Alliance (HSA) scientific symposium celebrates two new alliances. The Mindgardens Neurosciences Project which consolidates and federates more than 600 scientists and clinicians working collaboratively to improve health and well-being physically, philosophically and operationally. In doing so we are creating a world-class, once in a generation, neurosciences and mental health translational research centre that will deliver enormous benefits to patients and the broader community in our lifetime. The Bright Alliance is a collaboration of scientists, clinicians and allied health staff involved in cancer research, teaching and service delivery activities in the “Randwick Hub” working together to consolidate and co-ordinate cancer related research, teaching and service delivery activities. The flagship is a purpose built facility in Randwick that connects a new comprehensive cancer centre with Australia’s first publicly funded early phase clinical trial facility.

These alliances will provide a comprehensive, high quality ‘one-stop shop’ for patients and referring clinicians that has no parallel in the Southern Hemisphere. Today’s event focuses on some contemporary issues addressing the prevalent health concerns of cancer, neurodegeneration and mental health. It also gives glimpse at how these new alliances will accelerate understanding of these disorders and diseases with better care and cure outcomes.

I would like to take this opportunity to personally welcome you all, to thank our guest speakers and everyone attending for your support of this initiative which one day may be seen as a small step in ushering in a new era of healthcare. Please enjoy.

Yours sincerely

Peter Joseph AM
Program Overview

8:30 – 9:00am  REGISTRATION

9:00 – 9:10am  Welcome to Country - Aunty Ali Golding, Inaugural Elder-in-Residence, UNSW Medicine

9:10 – 10:00am  Welcome Addresses

Peter Joseph AM, Chairman, The Health-Science Alliance
Gerry Marr OBE, Chief Executive, South Eastern Sydney Local Health District and Michael Still, Chair, South Eastern Sydney Local Health Division Board
“South Eastern Sydney Local Health District’s vision for The Health-Science Alliance”

Chair: Terry Campbell AM, Deputy Dean, UNSW Medicine

10:00 – 10:30am  MORNING TEA

10:30 – 12:00pm  Scientific Session 1: The Bright Alliance

Claire Vajdic: “Genes or environment? What are the risk factors for non-Hodgkin Lymphoma subtypes?”
Nicki Meagher: “Two years, fifteen hundred consents and counting. Integrating the HSA biobank within routine practice”
John Pimanda: “Blood cancer research in the era of genomics and Stem Cells”
Dame Valerie Beral: “Large-scale prospective epidemiological studies”

Chair: Vivien Chen, Research Team Leader, UNSW Lowy Cancer Research Centre and Clinical Academic Haematologist, Prince of Wales Hospital
12:00 – 1:00pm  LUNCH

1:00 - 1:45pm  Keynote address
Stephen K Smith: “Academic health science centres as drivers of innovation”
Chair: Terry Campbell AM, Deputy Dean, UNSW Medicine

1:45 - 3:15pm  Scientific Session 2: Mindgardens and Neurodegeneration
Lars Ittner: “Genetic models of proteinopathies in understanding the cellular aspects of neurodegeneration”
James Colebatch: “Postural instability in Parkinson’s Disease”
Antony Cooper: “Neurogenomics applied to Parkinson’s Disease”
Jason Warren: “The dementias as ‘molecular nexopathies’”
Chair: Peter Schofield, Executive Director and Chief Executive Officer, Neuroscience Research Australia (NeuRA)

3:15 – 3:30pm  AFTERNOON TEA

3:30 – 4:30pm  Scientific Session 3: Mindgardens and Mental Health
Rhoshel Lenroot: “Mental health in the young”
Jane Stein-Parbury and Katherine Gill: “A college for recovery”
Olivier Piguet: “Mental health in carers of dementia patients”
Chair: Glenda Halliday, Professor of Neuroscience UNSW & NeuRA

4:30pm  CLOSE
Speakers and Abstracts

Claire VAJDIC

Associate Professor Claire Vajdic is Head of the Adult Cancer Program and Leader of the Cancer Aetiology and Prevention Group at UNSW Lowy Cancer Research Centre. She is a cancer epidemiologist focusing on the causes of cancer and factors that influence outcomes after cancer diagnosis, including behavioural, environmental, infectious and immunologic determinants. She employs classical and innovative study designs, integrating cancer epidemiology with biostatistics, biological sciences, pharmacoepidemiology and health services research. Claire is currently studying non-Hodgkin lymphoma, multiple myeloma, glioma, and cancer of unknown primary origin. She is also building an evidence base for strategies and interventions that will reduce the excess burden of cancer in people with immune dysfunction, in particular transplant recipients.

Genes or environment? What are the risk factors for non-Hodgkin Lymphoma subtypes

Abstract: The International Lymphoma Epidemiology Consortium (InterLymph) was established to examine the risk factors for subtypes of the most common haematological malignancy, non-Hodgkin lymphoma (NHL). Using data from 20 case-control studies (17471 cases and 23096 controls), the Consortium systematically examined the associations between 11 NHL subtypes and self-reported medical history, family history of haematologic malignancy, lifestyle factors and occupation. The Consortium also performed genome-wide association studies of common NHL subtypes to identify genetic susceptibility loci. These analyses identified risk factors that were common among NHL subtypes and risk factors that appeared to be unique, suggesting both subtype-specific and shared pathways to lymphoma development. The genetic studies identified new common genetic variants implicating pathways involved in immune recognition and immune function in NHL development. These findings indicate the aetiology of NHL subtypes is multifactorial, both genetic and environmental, and they provide clues for NHL prevention.
Ms Nicki Meagher is a Project Manager with the Translational Cancer Research Network (TCRN). She works to make biobanking and health data collection part of the standard of care in six participating hospitals in NSW. Nicki has worked in cancer research for over 6 years, with over 5 years at UNSW. She has experience co-ordinating a diverse range of cancer research projects with strong expertise in epidemiological research, working closely with population-based cancer registries, health data linkage, biobanking, and research ethics.

Nicki chairs the Lowy Biorepository Audit Committee, and sits on the South Eastern Sydney Illawarra Clinical Cancer Registry Steering Committee, as well as the newly established The Bright Alliance Data Governance and Applications Committees.

Two years, fifteen hundred consents and counting. Integrating the HSA biobank within routine practice

Abstract: Under the HSA Biobank protocol, patients are offered consent to the use of their biospecimens and health data for unspecified future research. The broad aim is to embed processes for patient consent and tissue collection within routine care. A series of projects were undertaken in a collaboration between the South Eastern Sydney Local Health District (SESLHD), South Eastern Area Laboratory Service (SEALS) and UNSW. These include establishing procedures for routine tissue collection through SEALS, IT infrastructure for electronic delivery of pathology reports to the biobank database, and trialling systems for patient consent by clinical teams during routine peri-operative processes.

An official SESLHD consent form was approved, including collection of linked health data. A Biobank Technician was appointed at SEALS for routine tumour collection. A biorepository module delivers an electronic copy of reports into the biorepository database. After a series of pilot projects, consent now occurs routinely in eight tumour streams with consent rates ranging from 30% to 80%.
John PIMANDA

Associate Professor John Pimanda is Head of the Stem Cell Group at UNSW Lowy Cancer Research Centre and a haematologist at Prince of Wales Hospital. Since starting his research group in 2008, he has developed an internationally recognised research programme investigating the transcriptional control of normal and cancer stem cells. He is a Fellow of the Royal Australian College of Physicians and the Royal College of Pathologists of Australia. His research goals are to decipher the molecular hierarchy governing stem cell development and maintenance to better understand the pathogenesis of, and to develop treatment strategies for haematological and solid organ cancers. He has attracted over six million dollars in research grant funds, publishes high impact research and is regularly invited to present work from his laboratory both nationally and internationally.

Blood Cancer Research in the era of genomics and stem cells

Abstract: Myelodysplasia (MDS) is a malignant blood disorder that affects both children and adults. Clinically, patients present with anaemia, bleeding or infection and deteriorate as a consequence of progressive marrow failure or transformation of MDS to acute myeloid leukaemia (AML). Treatment options for high-risk MDS are limited. Bone marrow transplantation for those with a suitable donor and sufficiently fit to tolerate the procedure can be curative. However, first-line treatment for most adult patients is Azacitidine (AZA), a drug that is infused daily for seven days each month and if successful, is often continued indefinitely. However, half the patients that receive this drug do not respond and of those that respond less than half achieve a complete response. As response is not apparent for up to six months of treatment and there are few alternatives for non-responders, MDS remains a disorder that is characterised by drug wastage, inadequate alternatives and treatment breakthroughs as the malignant MDS blood stem cells are not eradicated by current pharmacotherapies. I will outline a program of work that leveraged the HSA to identify a gene expression signature that predicts AZA response in MDS and has provided clues to drug combinations that should improve treatment response for the more than 75% of AZA recipients who fail to achieve a complete response. The HSA will now be mobilised to translate these discoveries to the clinic through investigator initiated trials.
Dame Valerie BERAL (UK)

Dame Valerie Beral studied medicine at the University of Sydney. After a few years of clinical work in Australia, New Guinea and the UK, she spent almost 20 years at the London School of Hygiene and Tropical Medicine in the Department of Epidemiology. In 1988 she became the Director of the Cancer Epidemiology Unit in Oxford. Major focuses of her research include the role of reproductive, hormonal and infectious agents in cancer. She is Principal Investigator for the Million Women Study and leads the international collaborations on breast, ovarian and endometrial cancer.

Large-scale prospective epidemiological studies

Stephen K SMITH

Professor Stephen K Smith is the Dean of the Faculty of Medicine Dentistry and Health Sciences at the University of Melbourne and Chair of the Melbourne Academic Centre for Health.

Prior to taking up the position of Dean, Professor Smith was Vice President (Research) at the Nanyang Technological University which led the review of a Singapore Stratified Medicine effort focused on Diabetes and Oncology.

A gynaecologist by training, he has published over 230 papers on reproductive medicine and cancer. He was awarded his Doctor of Science in 2001 for his work in Cambridge on the complex gene pathways that regulate the growth of blood vessels in reproductive tissue.

Professor Smith led the formation of the UK’s first Academic Health Science Centre and its integration with Imperial College London (ICL). He was Principal of the Faculty of Medicine at ICL and had been Chief Executive of Imperial College Healthcare National Health Service Trust since its inception, the largest such trust in the UK.

Academic health science centres as drivers of innovation
Lars ITTNER

Professor Lars Ittner graduated in Medicine from the University of Ulm in Germany and received his MD from the University of Zurich in Switzerland, where he studied neuronal stem cells and signalling pathways. In 2005, he moved to Australia focusing on basic pathomechanisms in Alzheimer’s Disease. In 2013, he joined UNSW to head the Dementia Research Unit and the Transgenic Animal Unit. His major research interest is in the development of novel therapies for Alzheimer’s disease, related forms of dementia and stroke. Lars holds a prestigious NHMRC Senior Research Fellowship and has received several awards for his work, including the ASMR/Merck Young Achiever Award 2010 for Excellence in Translational Medical Research. He is chief investigator in the current NHMRC Program forefront, investigating Frontotemporal Dementia and Motor Neuron Disease. Lars’ work has been published in leading journals and is highly cited.

Genetic models of proteinopathies in understanding the cellular aspects of neurodegeneration

Abstract: Alzheimer’s disease is characterised by deposition of the microtubule-associated protein tau in neurons, forming neurofibrillary tangle. We and others have shown that tau plays a role in neuronal dysfunction already prior to its deposition. More recently, we addressed the role of tau in acute and chronic excitotoxicity, as implicated in stroke and Alzheimer’s disease at the molecular level. Using genetic mouse models of Alzheimer’s disease and stroke together with tau-deficient strains, we showed that reducing tau levels prevents premature death and memory deficits in mouse models of Alzheimer’s disease by interfering with NMDAR-dependent excitotoxic signalling. This revealed a novel approach for treating dementia. Furthermore, we showed how reducing tau prevents excitotoxic brain damage and immediate early gene activation in a mouse model of stroke. Taken together, we revealed that tau is critically involved in mediating excitotoxicity in chronic brain damage in Alzheimer’s disease and in acute brain damage stroke, providing possibly new approaches for therapeutic intervention.
James COLEBATCH

Professor Colebatch is a Clinical Neurologist and a graduate of UNSW. He is currently Director of the Institute of Neurological Sciences at Prince of Wales Hospital and Head of the Department of Neurology and the Clinical Neurophysiology Unit. His clinical interests are in the areas of movement and balance disorders and application of neurophysiological methods in their assessment. His research is supported by grants from the National Health and Medical Research Council of Australia and the Garnett Passe and Rodney Williams Memorial Foundation. His reports describing the vestibular evoked myogenic potential (VEMP) have been central to this becoming a widely applied new test of vestibular function.

Postural instability in Parkinson’s Disease

Abstract: The onset of postural instability in Parkinson’s Disease is taken as evidence of the transition from Stage II to Stage III of the condition, using the Hoehn and Yahr scale. This, in turn, is assessed clinically using the “pull back” test. Human posture is inherently less able to respond to perturbations displacing the body posteriorly, and this becomes exaggerated in Parkinson’s Disease. Abnormalities on the “Pull Back” correlate with a risk of falling. A similar abnormality can also be seen in older patients with white matter disease. The mechanism remains unknown and, paradoxically, it has been observed that Parkinson’s Disease patients show a slower posterior displacement of their Centre of Pressure than do controls, despite their instability. We have made observations of the normal responses to small and large axial displacements in standing volunteers as well as some initial observations in unstable PD patients. These provide new information on the normal mechanism of these responses and the changes occurring in Parkinson’s Disease.
Antony COOPER

Professor Antony Cooper completed his BSc (Hons) in Biochemistry at the University of Otago. He was awarded a Commonwealth Scholarship to conduct his PhD at McGill University in Montreal where he studied membrane trafficking in the yeast *S. cerevisiae*. His post-doctoral studies at the Institute of Molecular Biology at the University of Oregon involved investigating protein misfolding, quality control in the endoplasmic reticulum (ER) and their detrimental consequences involving mitochondria dysfunction and reactive oxygen species (ROS). These features coalesce prominently in Parkinson’s Disease which is what Antony focused his NIH funded research on during his time as a tenured faculty member at the University of Missouri.

He returned to Australia in 2006 and joined the Garvan Institute where he has continued investigating the underlying molecular mechanisms of Parkinson’s Disease with emphasis on the interactions of alpha-synuclein with dysfunctional lysosomes or impaired mitochondria. More recently he has expanded his neurogenomic interests to use GWAS and RNA-Capture-Seq to assess the contributions of long non-coding RNA in Parkinson’s Disease and AD.

**Neurogenomics applied to Parkinson’s disease**

Recent genome-wide association studies comparing the DNA of thousands of healthy people with the DNA of idiopathic Parkinson’s patients (~90% of Parkinson’s Disease patients), identified regions of the human genome that differed somewhat between these two groups. A major emphasis in our lab is to focus on these small regions of the human genome that influence susceptibility to Parkinson’s disease and identify how they contribute to Parkinson’s Disease. Many of these regions do not encode proteins and instead they may encode long non-coding RNAs- complex molecules, produced from a DNA blueprint, that frequently regulate genes encoding proteins. Specifically we seek to identify early changes in the disease process to (i) focus research for therapeutic approaches to halt disease progression and (ii) provide critically needed biomarkers for Parkinson’s Disease that could allow pre-symptomatic detection of Parkinson’s Disease, screen for people at risk and to monitor both disease progression and therapeutic effectiveness.
Jason WARREN (UK)

Professor Jason Warren completed general neurology training as the Australasian Fellow to the National Hospital, Queen Square (FRACP 2000) and subsequently trained in cognitive neurology and dementia in the Dementia Research Centre at the Institute of Neurology. Following completion of a PhD in the functional imaging of the human auditory brain at the Wellcome Department of Cognitive Neurology (2005) he was awarded a Wellcome Intermediate Clinical Fellowship (2006) and subsequently a Wellcome Senior Clinical Fellowship (2010) based at the Dementia Research Centre. He is currently Professor of Neurology at UCL and jointly runs the Specialist Cognitive Disorders Clinic at the National Hospital. His research group uses complex sound as a paradigm to understand disordered information processing in neurodegenerative disease. Special interests include the progressive aphasias, auditory cognition in dementia and functional imaging of neurodegenerative diseases.

The dementias as ‘molecular nexopathies’

Abstract: The field of neurodegenerative disease research has seen recent dramatic progress in molecular pathology and ‘deep phenotyping’ of clinical dementia syndromes as disorders of brain networks. However, these levels of description have yet to be linked in a principled way and predicting tissue pathology from syndrome (and syndrome from pathology) remains a key challenge in understanding these diseases – arguably, the essential pathway to rational and effective treatments. Here I summarise a series of studies addressing this issue in diverse cohorts of patients with frontotemporal dementias and Alzheimer’s disease. These studies have revealed clinical and anatomical patterns that can be used to partition and predict molecular pathologies of neurodegeneration via the medium of specific brain network disintegration. The findings together suggest a novel synthesis according to which network signatures of dementia diseases are determined by pathogenic protein effects (e.g., loss vs toxic gain of function) acting on particular neural circuit elements (e.g., shorter- vs longer-range projections) and scaling of local circuit dysfunction to the level of distributed brain systems. I will make the case for ‘molecular nexopathies’ – coherent conjunctions of pathogenic protein and intrinsic brain network attributes – as a new paradigm for understanding the dementias in physiological terms.
Rhoshel LENROOT

Professor Lenroot received her medical degree and training in Adult, Child, and Adolescent Psychiatry at the University of New Mexico in the United States, followed by a research fellowship on MRI studies of longitudinal brain development with the Child Psychiatry Branch of the National Institutes of Mental Health. In May of 2009, Rhoshel relocated to Sydney to take up joint roles at UNSW, NeuRA, and South Eastern Sydney and Illawarra Area Health Service. Her work here is focused on neuroimaging studies of disorders affecting brain development, such as conduct disorder, autism and schizophrenia, and improving mental health interventions for children and adolescents.

Mental health in the young

Abstract: Mental illnesses are the leading causes of disability worldwide. Half of all individuals with mental disorders report developing symptoms before the age of fourteen, implying the major role of neurodevelopmental processes in providing either increased risk or resilience to developing a mental illness. This talk will discuss what we are learning about how genetic and environmental risk factors affect neurodevelopment, with implications for early intervention as a key public health issue.
Jane STEIN-PARBURY

Widely recognised for her expertise in interpersonal communication, Professor Jane Stein-Parbury is particularly well known for her best-selling textbook, Patient & Person: Interpersonal Skills in Nursing, now in its 5th edition. She has more than 35 years of experience in mental health as a registered nurse and is Professor of Mental Health Nursing in the UTS Faculty of Health. In this capacity, she has led research and practice development activities. Her funded research includes the implementation of person-centred care for dementia in residential settings and patient-clinician in the emergency department. Her current practice development projects include the reduction of seclusion and the development of ward structure to reduce conflict in acute mental health settings. Her research work has been published in peer-reviewed journals and she has been invited to contribute chapters in academic textbooks.

Katherine GILL

Dr Katherine Gill is a Registered Occupational Therapist, and is undertaking the Research and Evaluation for the South Eastern Sydney Recovery Colleges, in keeping with a basic co-production tenet of Recovery College. Dr Gill has a background in medical and mental health research, and has worked in the non-government community mental health sector and manages the broader health cover programs for a private health fund.

A college for recover

Abstract: Recovery in mental health is a consumer-driven movement whereby consumers are empowered to achieve their life goals and aspirations, that is, to live a fulfilling life despite the presence of mental health problems and/or diagnoses. Termed personal recovery, this view stands in contrast to traditional medical views that a serious mental illness effectively ‘robs’ a person of a satisfying life. Recovery Colleges are designed to assist people in their personal recovery journey through converting traditional mental health treatment approaches and consumer worker training into educational opportunities. Professor Stein-Parbury and Dr Katherine Gill, one of the consumer co-producers, will present preliminary results of an evaluation of the first Recovery College in NSW.
Olivier PIGUET

Associate Professor Olivier Piguet is a clinical neuropsychologist with 15 years clinical experience in the field of ageing and neurodegeneration. He is the co-director of FRONTIER, the frontotemporal dementia clinical research group based at NeuRA and Director of the memory programme of the Centre of Excellence in Cognition and its Disorders supported by the Australian Research Council (ARC). Associate Professor Piguet trained in Geneva and Melbourne and completed his PhD at the University of Sydney. After a 2-year postdoctoral fellowship at MIT, he established his research group at NeuRA in 2007. His research focuses on early clinical markers of frontotemporal dementia and related younger-onset dementia syndromes. He is particularly interested in the biological correlates underlying changes in social cognition, memory and executive function in these disorders. Associate Professor Piguet has published over 100 peer-reviewed articles on these topics. His research is funded by the ARC and the National Health and Medical Research Council of Australia.

Mental health in carers of dementia patients

Abstract: Dementia is a generic term encompassing a number of progressive neurodegenerative brain disorders, such as Alzheimer’s disease or frontotemporal dementia, which have variable patterns of brain atrophy and variable underlying pathologies. Clinically, dementia is commonly accompanied by a range of changes in behaviour, personality, cognition and functional independence. These changes have a major impact on the quality of interpersonal relationships and social interactions between dementia patients and members of their social network. One of the consequences of these changes is that family members, especially primary carers, are at risk of mental health difficulties. This presentation will review some of the variables contributing to stress and burden in carers of dementia patients, with a particular focus on frontotemporal dementia and related younger-onset dementia syndromes.
Official Guest Speakers and Session Chairs

Gerry MARR

Mr Gerry Marr is the Chief Executive of South Eastern Sydney Local Health District, taking up the position in February 2014. Prior to this position, Gerry has held Senior Executive roles for the past last thirteen years, with the National Health Service (NHS) Tayside, firstly as Chief Executive Tayside University Hospitals Trust, then Chief Operating Officer/Deputy Chief Executive Officer, NHS Tayside and then Chief Executive from 2010 until 2013. Prior to his work with NHS Tayside, Gerry held senior roles in the areas of system performance and human resources management with the NHS Scotland Department of Health. In his early career, Gerry held senior management roles at major tertiary hospitals, including Yorkhill Hospitals NHS Trust in Glasgow and the Women and Children Services, Greater Glasgow Health Board.

In his role as Chief Executive, NHS Tayside between 2010 and 2013, Gerry was responsible for an operating budget of $1.6b, 14,000 staff and the provision of community through to tertiary level services – including neurosciences and specialist cancer services - for a population of over 400,000 people. Facing performance challenges when Gerry took up the role of Chief Executive, NHS Tayside is now seen as one of the top performing NHS Boards in Scotland.

With qualifications in nursing and education, Gerry has been a passionate advocate for quality in health care delivery. He has led the implementation of a range of quality programs within the Scottish health system in partnership with The Institute of Healthcare Improvement based in Boston, was a non-executive Board member, Healthcare Improvement Scotland, and is an international guest speaker on the topic of quality and safety.

Michael STILL

Chair, South Eastern Sydney Local Health District
**Terry CAMPBELL AM**

Professor Terry Campbell AM BSc (Med) MBBS MD UNSW DPhil Oxon FRACP FACC is Head of the Department of Medicine, St Vincent’s Hospital and Deputy Dean, UNSW Medicine. He is Past President of the Cardiac Society of Australia and New Zealand and served as the Chair of the Therapeutics Advisory Committee of the Royal Australian College of Physicians from 1996 to 2000. He also served as a Director of the New South Wales Division of the National Heart Foundation and was the Honorary Secretary/Treasurer of the XIV World Congress of Cardiology in 2002.

Professor Campbell obtained his BSc (Med) MBBS from UNSW, undertaking clinical student training at Prince Henry Hospital, Royal Hospital for Women and Sydney Children’s Hospital. He completed postgraduate training in Internal Medicine and Cardiology at St Vincent’s Hospital and completed a Nuffield Fellowship in Cardiac Pharmacology at Oxford University. His extensive research work has encompassed both basic laboratory research and clinical cardiology. His laboratory research includes cardiac electrophysiology and pharmacology, using patch-clamp methods to study individual cardiac ion channels and their modulation by drugs and more recently, their structure-function relationships. Clinical research activities have been related to drug therapy for arrhythmias, heart failure and ischaemic heart disease.

**Vivien CHEN**

Dr Vivien Chen received her MBBS at the University of Sydney, PhD at UNSW and post-doctoral training at Harvard Medical School. She is a fellow of the Royal Australasian College of Physicians and the Royal College of Pathologists, Australasia, she is currently a clinical haematologist at the Prince of Wales Hospital and heads the Coagulation in Cancer Research Group at UNSW Lowy Cancer Research Centre. Her clinical interests are in abnormal blood clotting, particularly in cancer. Her research interests include mechanisms of pathological thrombosis in cancer as well as in cardiovascular disease. Her work involves both basic and translational research in mechanisms of platelet activation in response to vascular injury. Her group aims to improve health outcomes for patients with thrombosis by developing new diagnostics and drug therapies.
Glenda HALLIDAY

Professor Halliday received her degrees at UNSW and postdoctoral training at the Centre for Neuroscience, Flinders University of South Australia prior to returning to Sydney as an Australian Research Council Queen Elizabeth II Fellow. She has been a Research Fellow of the National Health and Medical Research Council of Australia (NHMRC) since then and is one of the senior scientists at Neuroscience Research Australia, joining in 1993. She is currently Professor of Neuroscience at the UNSW and Director of the Sydney Brain Bank, as well as a NHMRC Senior Principal Research Fellow working on the pathogenesis of frontotemporal and motor neurodegenerative syndromes. Professor Halliday has published over 300 research articles and two books with a H index of 62 (Web of Science) and was elected president of the Australian Neuroscience Society for 2006-2007. She serves on a number of international editorial and advisory boards.

Peter SCHOFIELD

Professor Peter Schofield BScAgr (Syd) PhD (ANU) DSc (UNSW) is Executive Director and CEO of NeuRA - Neuroscience Research Australia - one of Australia’s leading independent centres for neuroscience research. He is also a Professor of Medicine at UNSW.

He obtained his PhD in genetics from the Australian National University and was awarded a DSc from UNSW for his work on neurotransmitter receptors. He has worked in both biotech and academic research in the US, Germany and Australia, commencing his current role at NeuRA in 2004.

His research focuses on understanding signaling in the brain and identifying genes that lead to neurodegenerative and psychiatric disorders such as Alzheimer’s disease and bipolar disorder. He has published over 300 papers.
Health Science Alliance Partners

- Black Dog Institute
- Children’s Cancer Institute
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- Prince of Wales Hospital
- Prince of Wales Private Hospital
- Royal Hospital for Women
- South Eastern Area Laboratory Services
- South Eastern Sydney Local Health District
- Southern Radiology
- Sydney Children’s Hospital
- Translational Cancer Research Network
- UNSW Medicine
- UTS Faculty of Health

Collaborators
UNSW Business School
National Drug and Alcohol Research Centre, UNSW

website: thehealthsciencealliance.org
Our Logo
If the elimination of suffering were the measure of greatness, there’d be no Australian greater than Howard Florey. He and his team, in their painstaking development of penicillin, are testimony to the power of alliance between medical scientists and clinicians – hence our insignia, ‘penned’ in Howard Florey’s hand.

We thank Professor Charles Florey for providing examples of his father’s handwriting.

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