Inaugural Annual Scientific Symposium

Science and Health for Women in 2012

15 November 2012
Lecture Theatre
Royal Hospital for Women
Randwick
About the HSA

The HSA grew out of what we saw as a unique opportunity in NSW, namely a campus consisting of three hospitals providing care for adults (Prince of Wales), children (Sydney Children’s Hospital) and women’s health (the Royal Hospital for Women), co-located with three Medical Research Centres (Neuroscience Research Australia, Black Dog Institute and Children’s Cancer Institute, Australia) and sitting alongside a major research-intensive Medical School (UNSW). The Nursing and Allied Health staff at the hospitals come from a number of universities, but the University of Technology, Sydney (UTS), is one of the major providers and employs two of the three Chairs of Nursing on the campus and so it is a founding member of the HSA. The two Local Health Districts/Networks, (South-East Sydney LHD and the Randwick-based elements of the Sydney Children’s Hospitals Network) and the two Universities have all signed a Collaboration Agreement. The Medical Research Institutes and other institutions involved (see Partners) have signed letters of affiliation with the HSA.

Mission

The individual institutions comprising the 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
• to focus our health and medical research efforts on excellence and on rapid translation of discovery into the clinical setting
• to identify and exploit synergies between our various activities, at the same time avoiding inefficiencies and maximising cooperation
• to 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

For further details:

www.healthsciencealliance.org
Welcome from the Chairman

Today’s inaugural Health Science Alliance (HSA) symposium is a wonderful opportunity to showcase the endeavours of some of our best health professionals, leaders in their field and their collective pursuit of solutions to the health issues that confront our society today. The environment created in bringing together all the HSA partners allows those undertaking medical research in the laboratory to translate their findings from “bench to bedside” with access to clinicians to assist with this translation. It is also of immense benefit for those undertaking clinical training for careers in medicine, nursing and allied health to be part of this collaborative, dynamic cross-functional environment.

The Royal Hospital for Women was chosen as the venue for this event as we join with “The Royal” in celebrating 100 years of antenatal care in Australia. From this flows our theme, Science and Health for Women in 2012 in which we will focus on some contemporary issues faced by women addressing the prevalent health concerns of cancer, mental health and cardiovascular disease.

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

Yours sincerely

Peter Joseph, AM
Program Overview

8:00 – 8:30am  Registration


8.35 – 9.00am  Welcome Addresses

Peter Joseph AM, Chairman, The Health-Science Alliance
Warwick Anderson AM, CEO, National Health and Medical Research Council

Chair: Terry Campbell AM, Senior Associate Dean, UNSW Medicine

9:00 -10:00am Antenatal Care: Celebrating 100 Years of Antenatal Care in Australia

Keynote Speaker: Robert Norman, Director, Robinson Institute: “Preconception – an opportunity to start well”

William Walters AM, Executive Clinical Director, Royal Hospital for Women: “A Century of Antenatal Care (1912-2012) at the Royal Hospital for Women”

Chair: William Ledger, Head and Professor of Obstetrics and Gynaecology, School of Women’s and Children’s Health, UNSW

10:00 -10.30am  Morning Tea

10.30 – 12 noon  Scientific Session: Cancer in Women

Karen Canfell, Program Leader, Cancer Modelling Program, Cancer Council NSW: “Cervical cancer: is eradication on the horizon?”

Neville Hacker AM, Professor and Director, Gynaecological Cancer Centre, Royal Hospital for Women: “Where are we now with ovarian cancer?”

Caroline Ford, Adult Cancer Program, UNSW: “Hear the Ror! A new target in triple negative breast cancer”

Belinda Rahman, Psychosocial Research Group, Prince of Wales Hospital: “Too much, too soon? The impact of treatment focussed genetic testing in patients newly diagnosed with breast cancer.”

Chair: Robyn Ward, Clinical Associate Dean, UNSW Prince of Wales Clinical School, Director of Cancer Services, SESLHD

12:00 – 1:00pm  Lunch
1:00 – 1.30pm Official Address
Jane Halton PSM, Secretary, Department of Health and Ageing.
Terry Clout, Chief Executive, South Eastern Sydney Local Health District: “Reflections on The Health Science Alliance”
Chair: Terry Campbell AM, Senior Associate Dean, UNSW Medicine

1.30 - 1.45pm Q &A – Discussion

1.45 – 3.15pm Scientific Session: Mental Health in Women
Helen Christensen, Executive Director, Black Dog Institute: “Cognitive impairment in pregnancy: myth or fact?”
Maree Teesson, Director, NHMRC Centre of Research Excellence in Mental Health and Substance Use, NDARC: “Are we losing our young women to alcohol and drugs?”
Marie-Paule Austin, Chair and Director Perinatal and Women’s Mental Health Unit (PWMHU), UNSW and St John of God Health Care: “Maternal mental health outcomes in the perinatal period: using linked data and survey findings to inform policy in Australia”
Chair: Colleen Loo, Professor of Psychiatry, UNSW, Clinical Academic - St George Hospital and Black Dog Institute, Medical Director, ECT Wesley Hospital, Kogarah

3:15 – 3:45pm Afternoon Tea

3:45 – 4:45pm Scientific Session: Cardiovascular Health
Lin Perry, South Eastern Sydney LHD and Faculty of Health, UTS: “Nurses’ health: Cardiovascular lifestyle and occupational risk”
Caroline Homer, Professor of Midwifery, Director, Centre for Midwifery, Child and Family Health, UTS and Maralyn Foureur, Professor of Midwifery, Course Co-ordinator Master of Midwifery, UTS: “The potential epigenetic impact of peri-partum events and long-term cardiovascular health”
Philip Newton, Centre for Cardiovascular and Chronic Care, UTS and Patricia Davidson, Director, Centre for Cardiovascular and Chronic Care, UTS: “Women and cardiovascular disease: Evidence, gaps and future interventions”
Robyn Gallagher, Associate Professor, Chronic and Complex Care and Director Research Students, Faculty of Health, UTS, “Secondary cardiovascular risk factor prevention: Issues for women with multiple conditions”
Chair: Christine Duffield, Associate Dean (Research), Director, Centre for Health Services Management and Director, Health Services and Practice Research Strength, UTS

4:45pm Close
Scientific Speakers and Abstracts

Robert NORMAN

Professor Robert Norman holds a personal chair as Professor for Reproductive and Periconceptual Medicine at the University of Adelaide and is a subspecialist in reproductive medicine (CREI) and in endocrine biochemistry (FRCPA). He is Director of the Robinson Institute at the University of Adelaide, a collection of over 450 researchers in reproductive health and regenerative medicine. He has published 350 peer-reviewed publications and one book. He serves on the editorial board of major journals. His major research contributions have been in IVF and reproductive endocrinology, particularly in PCOS, the effect of lifestyle on reproductive outcomes and periconception medicine. He is an active reproductive medicine specialist. He serves on the National Health and Medical Research Council’s research and embryo licensing committees.

“Preconception – an opportunity to start well”

Abstract: Events around conception, embryo development and pregnancy have an enormous influence on our potential for health and disease later in life. They set a trajectory we will follow that may impact on our ability to respond to the surrounding environment. It is therefore logical that investments in the earliest stages of life make strong economic sense.

There is now emerging evidence that obesity, smoking, age and environmental chemicals affect sperm and eggs and that these in turn affect the developing embryo. The increasing use of assisted reproduction also affects the growth rate of babies and congenital abnormalities. Despite the use of folic acid advice, there are few preconception programs available to Australian couples and preventative programs are ignored by many aspiring parents. Our challenge is to address periconception health to achieve maximum outcomes for our future children.
**Abstract**

Antenatal care is a system of healthcare provided to pregnant women throughout pregnancy. It aims to maintain optimal health in mother and baby by preventing complications of pregnancy and detecting abnormalities at an early stage of their development so that appropriate intervention can be undertaken. This aspect of care in pregnancy began in the early 1900s in Edinburgh, Adelaide, Boston and Sydney and subsequently became essential world-wide clinical practice for achieving improved outcomes of pregnancy for women.

An outpatient antenatal clinic was first established in Sydney at the Royal Hospital for Women in 1912 by Professor John Cadell Windeyer of Sydney University. Since its inception antenatal care has been provided without interruption for 100 years at the hospital, making it the longest serving provider of antenatal care in the world. During the last century the clinical staff of the Royal Hospital for Women has made a number of major contributions to advances in antenatal care which are discussed in the presentation.

The Royal Hospital for Women has been in the forefront of applying new knowledge to provide women and babies with the best and most up-to-date antenatal care over the last hundred years and will strive to continue this tradition into the future.

**A Century of Antenatal Care (1912-2012) at the Royal Hospital for Women**

*William A W WALTERS AM*

Professor William Walters AM, MBBS (Adel), PhD (Lond), FRANZCOG, FRCOG, FACHSHM (RACP) is Executive Clinical Director of the Royal Hospital for Women and an obstetrician and gynaecologist. He is an Emeritus Professor of the University of Newcastle and a Conjoint Professor at UNSW.

He is also Chair of the New South Wales Maternal and Perinatal Health Priority Taskforce, Chair of the New South Wales Maternal and Perinatal Committee and a member of the NSW Kids and Families Board.

His major research interests have been in obstetrics and maternity services and he has promoted the establishment of primary health care maternity services including a variety of models of care in New South Wales in accord with the NSW Maternity Services Framework.
Karen CANFELL

Associate Professor Karen Canfell is Senior Research Fellow, Cancer Council NSW and Clinical Associate Professor, School of Public Health, University of Sydney. She leads an international collaboration of epidemiologists and health economists who are evaluating the interplay between HPV vaccination and cervical screening in several settings. Her group has performed evaluations of new cervical screening technologies for the governments of Australia, New Zealand and the UK, and has established a collaboration with the Cancer Institute of the Chinese Academy of Medical Sciences to evaluate options for cervical cancer prevention in China. In collaboration with the Victorian Cytology Service, she is also co-leading a new trial of HPV-based cervical screening in Australia.

“Cervical cancer: is eradication on the horizon?”

Abstract: Organised cervical screening programs in many developed countries, including Australia, have been highly successful in reducing incidence and mortality from cervical cancer. However, cervical cancer remains one of the most common cancers in women in low and middle income countries, and estimates suggest that well over 500,000 new cases are diagnosed globally each year. Over the last five years, vaccination of young females against infection with human papillomavirus (HPV), the cause of cervical cancer, has been implemented in most developed countries. Although this represents a historic breakthrough in cancer prevention, a range of important challenges remain. In developed countries these challenges relate to optimising cervical screening in the new era of vaccination, whereas in low resource settings the issues relate to effective delivery of vaccination in young females while also considering the role of emerging low cost screening technologies in older women. This presentation will discuss these challenges in relation to the question of whether, how and when the eradication of cervical cancer might be on the horizon.
Professor Neville Hacker AM is the Director of the Gynaecological Cancer Centre at the Royal Hospital for Women in Sydney. He is a Past President of the International Gynecological Cancer Society, a Past President of the Society of Pelvic Surgeons, a Past Chairman of the Oncology Committee of the RANZCOG, and a member of the Cancer Committee of the International Federation of Gynecology and Obstetrics (FIGO). He has written over 150 peer reviewed scientific papers and published two textbooks, both in their 5th Edition.

“Where are we now with ovarian cancer?”

Abstract: Ovarian cancer represents 2.7% of new cases of cancer in women, but is responsible for 5.2% of deaths. Most of the mortality is due to the high-grade serous cancers, and recent studies suggest that about 25% of these cancers are hereditary. Most of the germ-line mutations are in the BRCA1 and BRCA 2 genes. Diagnosis is usually delayed, particularly in these high-grade serous cancers because of the lack of a screening test, and the latter is the focus of current research. Prophylactic removal of the tubes and ovaries is increasingly being practised on high-risk patients, and this has been responsible for a 25% reduction in the age-standardised incidence rate for ovarian cancer in the 50-69 year age group. Recent studies suggest that the fimbrial end of the Fallopian tube may be the site of origin of many high-grade serous cancers. Tubal, ovarian and peritoneal cancers all behave in a similar manner, and are now regarded as a single entity for FIGO staging and treatment purposes. The heterogeneity of epithelial ovarian cancer was first proposed in 2004, with high-grade serous cancers classified as Type II, along with undifferentiated carcinomas. This has allowed some modifications to management. The basis of management remains surgical staging for early cases, and cytoreductive surgery for advanced cases, with or without neoadjuvant chemotherapy. Targeted therapies, including PARP inhibitors, are playing an increasingly important role.
Dr Caroline Ford leads the Wnt signalling and Metastasis group at the Lowy Cancer Research Centre, UNSW. After completing her PhD on the role of viruses in cancer at Prince of Wales Hospital with Professor Bill Rawlinson, Caroline undertook two international postdocs in cancer cell biology. First at the University of Toronto, Canada with Professor Wolfgang Vogel on receptor tyrosine kinases and cancer, then at Lund University, Sweden with Professor Tommy Andersson on Wnt signalling and breast cancer. In 2009, Dr Ford returned to Australia on a CJ Martin Fellowship and took up a position as a group leader at the Lowy Cancer Research Centre. The overall aim of her group’s research is to understand the key processes in epithelial to mesenchymal transition (EMT) and cancer metastasis, in order to identify targets for novel therapies. Her group focuses on an important signalling pathway involved in metastasis, the Wnt signalling pathway. They are particularly interested in investigating the regulation of a number of key proteins involved in this pathway, and understanding their role in the context of breast, ovarian and colorectal cancer. Her research is funded by the NHMRC and Cure Cancer Australia.

“Hear the Ror! A new target in triple negative breast cancer”

Abstract: Breast cancer remains the leading cause of cancer in women worldwide. Despite vast improvements in detection and treatment, mortality from this disease remains high, particularly for the subset of patients referred to as “triple negative”. Triple negative breast cancer (TNB) patients lack expression of three key breast cancer drug targets: estrogen receptor (ER), progesterone receptor (PR) and human epidermal growth factor receptor 2 (Her2). TNB patients are often younger, more prone to aggressive disease and have a worse prognosis than other breast cancer patients. New targets and avenues for treatment are therefore critically required for this group of breast cancer patients.

We have found that a gene called ROR2 is frequently expressed in TNB patients, and is associated with poor prognosis. ROR2 is a recently described receptor that sits on the surface of cancer cells, and represents an attractive target for drug development. ROR2 regulates a network of genes that are essential for crucial components of cancer aggression and metastasis including differentiation, migration, adhesion and survival. We have altered the expression of ROR2 in breast cancer cells in the laboratory, and shown that we can inhibit the metastatic potential of these cells. This preliminary research suggests that ROR2 may be an attractive new drug target in these patients.
Belinda RHANMAN

Belinda Rahman completed a Masters of Genetic Counselling at the University of Melbourne in 2009. Since joining the Psychosocial Research Group at the Prince of Wales Hospital in 2010, Belinda has coordinated a multi-centre randomised controlled trial looking at the impact of treatment-focused genetic testing on young women newly diagnosed with breast cancer. She has also previously been part of the kConFab Psychosocial Study at the University of Sydney exploring the psychosocial factors involved in the development of breast cancer in women from high risk breast cancer families.

Belinda is a member of the Human Genetics Society of Australasia (HGSA), and the Australasian Society of Genetic Counsellors (ASGC).

“Too much, too soon? The impact of treatment-focused genetic testing in patients newly diagnosed with breast cancer”

Abstract: Currently most women with breast cancer and a relevant family history are referred to a familial cancer service for genetic counselling following completion of cancer treatment. However, there is growing evidence that knowledge of genetic status, i.e. BRCA1 or BRCA2 mutation status, may influence breast cancer treatment recommendations. Increasingly, women newly diagnosed with breast cancer with a relevant cancer family history or other high risk features are being offered rapid genetic testing to guide their treatment (Treatment-Focused Genetic Testing ‘TFGT’).

If TFGT becomes more widely available in the near future, the need to provide genetic testing and counselling to many patients with breast cancer will undoubtedly increase the burden on familial cancer services. This multi-centre randomised controlled trial tested the impact and efficacy of educational materials compared to face-to-face genetic counselling on decision-related, psychosocial and surgical outcomes.

Results for change in decisional conflict in relation to genetic testing choices are reported for 128 women. Decisional conflict decreased following receipt of information about TFGT, with no difference in mean change between the two groups; this suggests that both modes of delivering information about genetic testing are equally effective. Educational materials may be a safe and effective way of offering and informing women newly diagnosed with breast cancer about TFGT.
Professor Helen Christensen is Executive Director of the Black Dog Institute and a Professor of Mental Health at UNSW, a NHMRC Senior Principal Research Fellow, a member of the Academy of Social Sciences, Australia, the President of the Australasian Society for Psychiatric Research, and the immediate past President of the International Society for Research in Internet Interventions. She is recognised as an international leader in epidemiology, public mental health and e health. She has over 300 research publications, and has produced a number of e mental health web applications, including MoodGYM, which is used by over 450,000 individuals globally as a means of lowering depression. She has received over 8 state and national awards for her work in providing e health services directly to consumers through the web. As Director of the Black Dog Institute, Professor Christensen aims to facilitate the Black Dog’s mission to lower depression in the community by providing the highest quality information, assessment, clinical and prevention services.

“Cognitive impairment in pregnancy: myth or fact?”

Abstract: Research has reported that pregnant women and mothers become forgetful. However, in these studies, women are not recruited prior to pregnancy, samples are not representative and studies are underpowered. Our current studies have sought to determine whether pregnancy and motherhood are associated with brief or long-term cognitive deterioration using representative community samples and measuring cognition during and before the onset of pregnancy and motherhood. In the study reported today, women aged 20–24 years were recruited prospectively and assessed in 1999, 2003 and 2007. Seventy-six women were pregnant at follow-up assessments, 188 became mothers between study waves and 542 remained nulliparous. Results from the study will be reported, and conclusions reached. A fourth follow-up of women becoming pregnant since the last wave of the study is currently in progress.

Co-researchers: Professor Andrew Mackinnon, The University of Melbourne; Dr Liana Leach, The Australian National University.
Professor Maree Teesson is Director of the NHMRC Centre of Research Excellence in Mental Health and Substance Use at the National Drug and Alcohol Research Centre, UNSW. Professor Teesson has made a major contribution to Australia’s health and medical research effort in the field of mental health and drug and alcohol. In particular, she is known nationally and internationally for her research on the comorbidity between mental disorders and drug and alcohol disorders. Professor Teesson has also been a key contributor in developing new approaches to the measurement and treatment of drug and alcohol problems. Her research interests include the epidemiology of drug and alcohol use disorders, effects of alcohol on brain development, internet delivered prevention and treatment programs, new treatments for individuals with comorbid depression, post traumatic stress disorders and anxiety disorders and improving treatment delivery. Professor Teesson has a strong track record of winning competitive scientific grant funding and has published more than 150 papers, reports and books. She maintains a strong link with treatment services and is a founding member (since 1990) of the Mental Health Services Conference Inc, the largest mental health services conference in Australia.

“Are we losing our young women to alcohol and drugs?”

Abstract: More than one quarter of Australian teenagers put themselves at risk of short-term alcohol-related harm at least once a month and 17% have used an illicit drug at least once in the previous year. Early initiation to drug and alcohol use is associated with a range of negative consequences including the development of substance use disorders, depression, juvenile offending, poor educational performance and early school drop-out. Being a young male is one of the strongest predictors of alcohol and drug use, however, young women are starting to narrow the gap.

This presentation will present data on the changes in alcohol and drug use of young women. It will also present results of our program of research in preventing drug and alcohol harms. Our schools drug prevention has been delivered to over 5000 students across four large randomised controlled trials. Students navigate their way through an internet delivered cartoon-based teenage drama and classroom activities. Three drug prevention interventions have been developed based on social learning theory principles; alcohol, alcohol and cannabis, psychostimulants and cannabis. The findings from the evaluation of all three drug prevention programs provides evidence that such programs based on a harm-minimisation approach and delivered by computer can offer an innovative new platform for the delivery of prevention education for both licit and illicit drugs in schools. Data demonstrating the effectiveness of the program for young women will be presented.
Professor Marie-Paule Austin, MBBS MD, FRANZCP, is the St John of God Chair of Perinatal and Women’s Mental Health at UNSW and a Perinatal Psychiatrist at the Royal Hospital for Women, Sydney, Australia. She is also an Associate of the Black Dog Institute and a founding member of the Australian Centre for Perinatal Science. Austin led the development of both the Australian beyondblue Perinatal Mental Health National Action Plan and Clinical Practice Guidelines.

Over the last 15 years she has established a model of perinatal psychosocial screening and early intervention which has informed practice across Australia. Professor Austin is a chief investigator on a number of clinical studies in the field of perinatal mood disorders and the developmental origins of health and disease; she has published over 100 peer reviewed articles. Professor Austin is currently leading a large NHMRC study evaluating the impact of perinatal mental health reforms on service uptake across Australia.

“Maternal Mental Health outcomes in the perinatal period: using linked data and survey findings to inform policy in Australia”

Abstract: The Australian Longitudinal Study on Women’s Health (ALSWH) has surveyed a cohort of women every few years since 1993 and most have now had their children. A detailed subsurvey has been developed to examine the uptake of routine perinatal psychosocial assessment (recently introduced through the National Perinatal Depression Initiative) and maternal health outcomes. In a separate study, linkage of the NSW Midwifery and Admitted Patient databases examined hospital admission for the period from 6 months prepregnancy, through to the second postnatal year (in women delivering for the first time during 2002-2004). Timing in relation to birth and frequency of admissions with a psychiatric diagnosis were examined. Study results and conclusions will be reported.

Co-researchers: Fenglian Xu, and Liz Sulivan, Perinatal Reproductive Epidemiological Research Unit (PRERU), School Women’s and Children’s Health (SWCH), UNSW, Nicole Reilly, Perinatal and Women’s Mental Health Unit (PWMHU), School Psychiatry UNSW and St John of God Healthcare, Deborah Loxton, Research Centre for Gender, Health and Ageing, University of Newcastle, PRERU, SWCH UNSW.
Lin PERRY

Professor Lin Perry is a nurse researcher with a specialist interest in chronic conditions and knowledge translation for service development and evaluation. She has extensive experience of running, supervising and evaluating research and practice development initiatives in a wide range of settings and has been widely involved with multi-disciplinary and inter-disciplinary working with a wide range of health clinicians.

“Nurses’ health: Cardiovascular lifestyle and occupational risk”

Abstract: Australian healthcare is facing crisis with the global shortage of nurses increasing with their aging demographic. Increasingly complex healthcare interventions and an aging population are escalating the demand for nursing care. Nurses constitute approximately half the Australian health workforce and any factors that influence the capacity of this workforce to provide care, including their health, are likely to influence the health of the Australian community. Progressively more stretched and stressed, sickness absence compounds this demand-supply mismatch. Health promotion interventions support healthy ageing and limit chronic disease, but the health profile of the nursing workforce is unknown and such interventions have not been used with nurses. This study of nurses of two metropolitan hospitals provides the first insights into the health risk profile of this major occupational group.
Caroline HOMER

Professor Caroline Homer is the Professor of Midwifery, Director of the Centre for Midwifery, Child and Family Health and Associate Dean (International and Development) in Faculty of Health, UTS. She is currently leading research and consultancies into place of birth, midwifery continuity of care, and workforce issues for maternity care providers. She is also part of research teams developing a system to track severe maternal morbidity; and, testing new ways of providing maternity care.

Maralyn FOUREUR

Professor Maralyn Foureur is Professor of Midwifery at the Centre for Midwifery, Child and Family Health at UTS. Maralyn is currently leading research into the impact of the Birth Environment and Birth Unit Design on the neurophysiology of childbearing women and is part of research teams examining the Epigenetic Impact of Childbirth (EPIIC); Continuity of midwifery care for women experiencing the Next Birth After Caesarean; Group Based Antenatal care for Obese Pregnant women and a trial of Mindfulness Based Stress Reduction for healthcare staff.

“The potential epigenetic impact of peri-partum events and long-term cardiovascular health”

Abstract: Life before birth, the events surrounding birth and the early years of life are increasingly known to impact on long term health. The knowledge of epigenetics provides insights into how these early experiences may trigger epigenetic changes that affect cardiac and other health status.

During pregnancy, exposures to environmental events such as stress, poor nutrition and particular toxins contribute to changes in the neuro-physiology of the mother, and in turn, her unborn baby. The neuro-hormone oxytocin is the key orchestrator of most other neuro-hormonal events and therefore plays a critical role in human development. Interrupting normal oxytocin seems to be associated with adverse effects including cardio vascular disease schizophrenia, autism, drug dependency, suicidality and obesity. Labour and birth also plays a role, with birth by caesarean section associated with a range of long terms health consequences for the baby.

This talk aims to explore these issues with a reference to the important role of antenatal care and support in the growth and development of a healthy society, in particular, cardiovascular health.
**Philip NEWTON**

Dr Phillip Newton RN PhD is a UTS Chancellor’s Post Doctoral Fellow in the Centre for Cardiovascular and Chronic Care at UTS. His program of research addresses symptom management and development and trialling of health care interventions to improve outcomes for individuals living with chronic conditions. He has been successful in both NHMRC and ARC Funding.

**Patricia DAVIDSON**

Professor Patricia Davidson RN, BA, MEd, PhD is the Director of the Centre for Cardiovascular and Chronic Care at UTS and Professor of Cardiovascular Research at St Vincent’s Hospital Sydney.

Professor Davidson is a Fellow of the Royal College of Nursing Australia, co-chair of the NSW Agency for Clinical Innovation Cardiac Network and Chairperson of the Cardiac Nursing Council of Cardiac Society of Australia and New Zealand. She is Counsel General of the International Council on Women’s Health Issues (ICOWHI) and a Board member of the National Heart Foundation (NSW).

**“Women and cardiovascular disease: Evidence, gaps and future interventions”**

**Abstract:** Cardiovascular disease impacts on the health of women globally. Women with acute coronary syndromes show consistently poorer health outcomes than men, independent of comorbidity and management, despite less anatomical obstruction of coronary arteries and relatively preserved left ventricular function. To date although sex differences in atherogenesis and cardiovascular adaptation have been hypothesised they are largely unproven and likely are a minor contributor to health disparities. Sociocultural factors, delays in seeking care and differences in health seeking and self-management behaviours contribute to poorer outcomes in women. Research suggests that interventions to improve health outcomes in women are necessary at the patient, provider and health system level and need to consider changes in the population health profile.
Robyn Gallagher is Associate Professor of Chronic and Complex Care and Director Research Students, Faculty of Health, UTS. She is involved in patient care, teaching and research related to patients with cardiac and other chronic illnesses. Her philosophy in supervision is to support students’ research training within a philosophy of respect for individuals. She is a member of the American Heart Association Cardiovascular Nurses’ Council, NSW Safer Medications Committee of the NSW Therapeutic Advisory Group and an affiliate member of the Cardiac Society of Australia and New Zealand as well as several related professional groups. She reviews papers for several leading cardiac journals including Heart and Lung, Journal of Cardiovascular Nursing and American Journal of Critical Care.

“Secondary cardiovascular risk factor prevention: Issues for women with multiple conditions”

Abstract: Cardiovascular disease (CVD) is a leading cause of death and disability in Australian women, however, secondary risk factor prevention provides strong potential to improve these women’s lives. Women who are already diagnosed with CVD and have multiple risk factors to address find the process of risk factor reduction complex and daunting and few interventions address their needs. The Healthy Eating and Exercise Lifestyle Program (HELP) was developed to address this need and we investigated the outcomes for women versus men.

Method: Men (n = 79) and women (n = 54) who were overweight or obese (BMI 27-39 kg/m2) who had coronary heart disease and/or diabetes and were able to exercise regularly were recruited from cardiac rehabilitation and diabetes education programs. Participants were randomised to HELP (16-weeks of group-based supervised exercise, diet and behaviour change sessions) (n=83) or usual care (n=64). Outcomes for weight, BMI, waist circumference, exercise capacity (six minute walk test 6MWT) and behaviour and psychological factors were assessed at baseline, 4 and 12 months.

Results: Men and women were similar at baseline for age, marital status, ethnicity and presence of diabetes. Women were more likely to have musculoskeletal problems such as arthritis and reported lower exercise volume. At 4 months, both demonstrated significant improvements for weight, BMI, waist circumference, 6MWT and exercise volume. More women achieved clinical significant weight loss. After adjusting for baseline differences in arthritis, CHD and exercise volume, women were 3 times more likely to achieve a clinically significant weight loss than men (OR 3 95% CI 1.11 – 8.04). More women dropped out than (20% vs 4%). These women had slightly lower exercise capacity but did not vary for age, diagnosis or referral.

Conclusion: The HELP offers a promising intervention for secondary risk factor prevention in people with multiple CVD risk factors and may especially benefit women.
Jane HALTON PSM

Jane Halton is Secretary of the Australian Department of Health and Ageing. She is responsible for operation of the Department including advising and administering Medicare, the PBS, Aged and Community Care, Population Health, regulation of Therapeutic Goods, hospital financing and Private Health Insurance. She also has responsibility for leadership on health security issues, including matters related to bioterrorism.

Ms Halton is a board member of the Australian Institute of Health and Welfare, the National E-Health Transition Authority and a Commissioner of the Australian Commission on Safety and Quality in Health Care. She is on the executive board of the Institute for Health Metrics and Evaluation at the University of Washington and on the Advisory Boards of the Centre for Applied Philosophy and Public Ethics (CAPPE), and the Melbourne Institute Advisory Board. Jane is the chair of the OECD’s Health Committee and the WHO Intergovernmental Meeting on Pandemic Influenza Preparedness.

Prior to her appointment as Secretary, Ms Halton was Executive Co-ordinator, Department of the Prime Minister and Cabinet, responsible for advising on all aspects of Australian Government Social Policy. Prior to this she was national program manager of the Government’s Aged and Community Care Program. Jane holds an honours degree in Psychology from ANU and is a fellow of the Australian Institute of Management. She was awarded the Public Service Medal in 2002, and the Centenary Medal in 2003.

Warwick ANDERSON AM

Professor Warwick Anderson is the Chief Executive Officer of NHMRC, Australia’s major governmental funding body for health and medical research. Previously, he was Head of School of Biomedical Sciences, Monash University and Deputy Director, Baker Medical Research Institute, following research fellowships at University of Sydney and Harvard Medical School. His research focused on renal causes of hypertension, including the roles of renal vascular remodelling, renal innervation and the renin-angiotensin system. He has published over 170 peer review articles.

Professor Anderson is a member of the Prime Minister’s Science Engineering and Innovation Council, a Board member of the Global Alliance for Chronic Disease, a member of Heads of International (Biomedical) Research Organisations and of the National Lead Clinicians Group. He is an Honorary Fellow of the Royal College of Pathologists of Australasia and an International Fellow of the American Heart Foundation. He was made a Member of the Order of Australia in 2005.
Terry Clout is the Chief Executive of South Eastern Sydney Local Health District (SESLHD), taking up the position in January 2011, having been Chief Executive of South Eastern Sydney Illawarra Area Health Service (SESI AHS) since 2007. Prior to these appointments Terry was Chief Executive Officer of a number of Area Health Services (AHS) including, Hunter New England, Mid North Coast, Northern Sydney Central Coast and Illawarra.

Terry is an experienced Senior Health Administrator, with 27 years with NSW Health in roles including Director Operations and Deputy CEO of the former Illawarra AHS, Director of Corporate Services South Western Sydney AHS, Director of Health Services Implementation, Senior Planner and Senior Industrial Officer at NSW Department of Health.

He is an Associate of the Australian College of Health Service Executives, Fellow of the Australian Institute of Company Directors, Fellow of the Australian Compliance Institute and Fellow of the Risk Management Institute of Australia. He is also a Certified Practising Risk Manager with the Risk Management Institute of Australia.

Terry believes passionately that the values of the leaders of an organisation, over time, create the culture of that organisation.

Terry Campbell AM

Professor Terry Campbell BSc (Med) MBBS MD (UNSW), DPhil Oxon, FRACP, FACC is Head of the Department of Medicine, St Vincent’s Hospital and the Senior Associate 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 the 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.

Professor Campbell obtained his BSc (Med), MBBS from UNSW, 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.
Christine DUFIELD

Professor Christine Duffield is the Associate Dean (Research), Director, Centre for Health Services Management and Director, Health Services and Practice Research Strength, UTS. She graduated from the University of Western Ontario with a Bachelor of Science in Nursing and completed her doctoral education and a Master of Health Planning at UNSW. She has published extensively on topics related to nursing workforce issues with a particular emphasis on the role of nurse managers and leaders.

Professor Duffield is Australia’s leading academic in the field of nursing workforce. She has worked on projects at both state and national levels and internationally, with the World Health Organization (WHO) and the International Council of Nurses (ICN). Her research has focused on management and leadership in nursing and more recently, factors impacting on nursing workload and patient outcomes, including facility design. She is regularly consulted about nursing workforce matters and has over 200 publications and conference presentations.

William LEDGER

Professor William Ledger is Professor of Obstetrics and Gynaecology at the Royal Hospital for Women in Sydney, Head of the Discipline of Obstetrics and Gynaecology at UNSW and Director of Research and Development with IVF-Australia in Sydney.

Professor Ledger moved to Sydney in 2011 having been Professor of Obstetrics and Gynaecology at the University of Sheffield since 1999. Prior to this he was Reader in Obstetrics and Gynaecology at the University of Oxford and Clinical Lecturer and Subspecialist Trainee in Reproductive Medicine in Edinburgh. He was a Member of the UK Human Fertilisation and Embryology Authority and Chair of the Royal College of Obstetricians and Gynaecologists (RCOG) Examinations and Assessment Committee and a Member of Council of RCOG.

His research interests focus on in vitro fertilisation and assisted reproduction, impacts of reproductive disorders such as gynaecological cancer, endometriosis and polycystic ovary syndrome on quality of life, reproductive effects of cancer treatment and health economic and demographic aspects of infertility.
**Colleen LOO**

Professor Colleen Loo is a psychiatrist and clinical academic based at St George Hospital and the Black Dog Institute. She is Medical Director of the ECT service at Wesley Hospital (Kogarah, Sydney). Her research interests and collaborations include: Electroconvulsive Therapy; novel brain stimulation techniques; clinical trials in psychiatric disorders, majoring in depression, cognitive effects, neuroimaging, mechanisms, genetics, neurophysiology and novel treatments in depression.

Professor Loo is active in ECT practice and education, has advised the NSW Ministry of Health on policy and practice, and the Royal Australian and NZ College of Psychiatrists on guidelines for the use of ECT and Novel Brain Stimulation treatments.

**Robyn WARD**

Professor Robyn Ward, MBBS PhD (UNSW), FRACP, is the Clinical Associate Dean Prince of Wales Clinical School, UNSW and the Director of Cancer Centre at the Prince of Wales Hospital. She is a specialist medical oncologist at Prince of Wales Hospital, Sydney and holds a PhD in medicine. She leads the Adult cancer research program in the Lowy Cancer Research Centre at UNSW which is focused on the application of recent advances in molecular biology to the clinical problem of cancer.

Professor Ward was awarded the Commonwealth Health Minister’s Award for Excellence in Health and Medical Research in 2004, and the Premiers Award for Outstanding Cancer Researcher in 2007. Amongst other roles, Professor Ward serves as member of the Commonwealth’s Pharmaceutical Benefits Advisory Committee and in 2009 she was appointed the Chair of the Medical Services Advisory Committee.
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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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