



RCH 1000

MEMBERS NEWSLETTER



Nathan's Rare Heart Condition

Big Nathan stops by to give little Nathan a Magpie bib. Baby Nathan's grandfather, Jim Guagliardo, a fervent Magpie supporter in Geraldton contacted the Collingwood club in Melbourne to enroll his Grandson as a new member, and Buckley was happy to visit the club's latest recruit in intensive care. The Royal Children's Hospital is the only hospital in Australia that was able to perform the life-saving surgery that saved baby Nathan's life. Read about baby Nathan's journey from Perth to Melbourne on page 11.

RCH 1000 Trainee Research Scholarships

Each year the Royal Children's Hospital and the Murdoch Childrens Research Institute invite applications from junior doctors who wish to spend two to four years in full-time research obtaining the degree of Doctor of Philosophy. In 2002, eleven doctors applied for this honour, and a panel chaired by eminent scientist Professor Geoff Tregear (Florey Institute) chose three of the best of these to be recipients of the inaugural RCH 1000 research fellowships.

The three who are chosen are:

- Dr. Michele Yeo, Adolescent Health, "Risk Behaviours"
- Dr. Anastasia Pellicano, Neonatology, "Lung Function in Premature Babies"
- Dr. Kate Simpson, Cardiology, "Heart Disease in Infants"

All three have had distinguished records as medical students and doctors, and have chosen to work in fields of high importance in child health.

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CHAIRMAN'S NOTE

It gives me a great deal of pleasure to write my first note for the RCH 1000 Newsletter; first, because it gives me an opportunity to thank all of our very generous members for making the RCH 1000 the success that it has become and, second, because that very generosity has now crystallized in funding three research scholarships that are dealt with in more detail throughout this Newsletter.

The political and economic landscape that we live in today creates many uncertainties. There is no doubt that in these trying times, the collective call on each family's resources is probably at its maximum. It is against this background that your generosity towards the Royal Children's Hospital is so meritorious and worthy of praise.

Your support has provided the springboard for research that will extend and enhance the body of scientific knowledge in order to improve the health and happiness of our most precious asset - our children. You, as families, are what make our society so special.

I thank you most sincerely for your support, and, together, look forward to realising our objective of 'making a difference' to our children.

To that end, I am pleased to welcome into our Hospital family, Drs Kate Simpson, Anastasia Pellicano and Michele Yeo; the first recipients of the RCH 1000 research scholarships. We will all get an opportunity to meet with our recipients over the next few months as they join us during our various functions. I'm sure that over the next three years we will get to know them very well and that we will take a personal interest in their work and their future careers. I'm equally certain that they will be eager to keep us informed on their progress.

The continued success of the RCH 1000 is entirely dependent on your involvement, not only from a monetary perspective, but also from a physical and emotional one. It is important that you become part of the RCH family; meet other members, meet the Doctors and staff and meet the kids and please, introduce some of your friends to join us also. Remember, we have a target of 1000 members and with your help we will get there that much faster.

I would like to take this opportunity of thanking the entire RCH 1000 committee for their hard work and selfless devotion; it takes a very special person to give of their money and their time in pursuit of improvement in somebody else's life - you are special and I thank you most sincerely.

Thank you one and all and I look forward to seeing you and your friends at our next function.

Efrem Goldhammer
Chairman

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Trainee Research Scholarships


Trainee Research Scholarships (TRS) enable scholarship holders to undertake full time research in the area of child health while enrolled for a post-graduate degree. Scholarships are available to honours graduates within the health disciplines .

Since funding for research scholarships are limited, the MCRI and RCH have requested our commitment to support those applications that they consider worthy of research but are beyond their capacity to fund.

All applicants have submitted a comprehensive application for consideration by the Trainee Research Scholarship Committee, a group of eminently qualified people in the Child Health genre, namely:

Prof Geoff Tregear
Prof Glenn Bowes
A/Prof Susan Sawyer
Dr Margot Nash
Dr Alex Auld
Dr David Thorburn
Ms Jane Miller
A/Prof John Carlin
Prof Sheena Reilly
Prof Graeme Barnes
Dr Vicki Anderson
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Following are our successful Trainee Research Scholarship applicants:



Dr Anastasia Pellicano was born in 1970. She is currently enrolled in the University of Melbourne. Her supervisors are Professor Colin Morley, Dr Peter Dargaville and Dr John Mills.

Anastasia's research project is to determine an optimal pressure strategy during high frequency oscillatory ventilation. This entails understanding the effect of different pressure strategies on lung function during high frequency oscillatory ventilation in animal models of lung injury. Anastasia's research is to be conducted in the Department of Neonatology at RCH.

Dr Anastasia Pellicano

Background

Although mechanical ventilation reduces the mortality of newborn infants with respiratory failure, it is now clear the ventilation can injure the lungs. This injury is thought to be due to a combination of excessive tidal volumes and oxygen toxicity. These acute events can progress to chronic neonatal lung disease (CNLD), which is a significant burden to the infant, their carers and the healthcare system. When high frequency oscillatory ventilation (HFOV) was first introduced as a mode of ventilatory support in the 1980's, it was hoped the CNLD may be reduced. It is now clear HFOV will only reduce CNLD if a high volume strategy is used. This means applying HFOV in such a way as to adequately recruit lung volume (i.e. inflate the lung), but the ideal pressure strategy to achieve and maintain high lung volume remains to be elucidated.

Study Aims

This research will be carried out on neonatal piglets and preterm lambs, because their lung volumes, lung mechanics, and chest diameters are similar to the human infant.

Phase I

Investigation of recruitment of lung volume during HFOV in the surfactant-depleted piglet

To compare methods of recruiting lung volume during HFOV

To examine the effects of these different recruitment techniques on oxygenation and lung function

To examine the effects of these techniques on the heterogeneity of lung recruitment

Phase II

Study of high and low pressure ventilation strategies in the preterm lamb

To compare oxygenation, lung volume, and lung function in the recruited lung

To compare lung injury sustained during HFOV using different strategies

Significance

This project critically examines pressure strategy during HFOV in animal models of lung disease, seeking to determine both the best method for recruitment of lung volume at the outset, and the optimum pressure at which HFOV should continue to maintain maximum lung function with minimal lung injury as HFOV is continued.

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Dr Kate Simpson was born in 1970. She is currently enrolled in the University of Melbourne. Her supervisors are Professor Daniel Penny, Dr Lara Shekerdemian and Associate Professor Joe Smolich, who will be an Associate Supervisor.

Kate's research project is based on the comprehensive examination of the mechanisms and treatment of neonatal pulmonary hypertension. This entails an investigation of the contribution of the nitric oxide and endothelin pathways to the pathogenesis and treatment of neonatal pulmonary hypertension. Kate's research is to be conducted in the Department of Cardiology at RCH.

Dr Kate Simpson

Background



Pulmonary vascular resistance (PVR) normally falls dramatically at birth as the lung assumes the function of gas exchange. In some newborn infants, this decrease in pulmonary vascular tone does not occur, resulting in pulmonary hypertension of the newborn (PHN). PHN comprises a devastating group of diseases that can ultimately lead to the infant's death.

Study Aims

To develop three discrete models of pulmonary hypertension
 Investigate the effect of pharmacological and molecular alterations on these systems
 To relate responses to specific pulmonary vasodilator therapies to the molecular changes which occur in these models
 To gain an understanding of a wide variety of pharmacological methods, which can be used as a basis for further independent research

Significance

This project critically examines pressure strategy during HFOV in animal models of lung disease, seeking to determine both the best method for recruitment of lung volume at the outset, and the optimum pressure at which HFOV should continue to maintain maximum lung function with minimal lung injury as HFOV is continued.

GEOFF W. HUMPHREY
L.S. M.I.S. (Aust.)
 Director

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Dr Michele Yeo

Dr Michele Yeo was born in 1970. She is currently enrolled in the University of Melbourne. Her supervisors are Associate Professor Susan Sawyer and Dr Lyndal Bond.

Michele's research project is to investigate psychosocial screening in Adolescents. Her research is to be conducted at the center for Adolescent Health.

Background

Much of the burden of illness in adults (such as complications of smoking and obesity) has its onset in adolescent behaviours and lifestyles. While guidelines have been developed in response to these problems, the issue of identification of risk behaviours in adolescents has yet to be fully addressed. There are a large number of screening instruments for specific health risks such as smoking, alcohol and depression. However, these have limited utility in clinical settings because young people commonly present with a range of health risks (these health issues tend to co-occur). For example – a young person who smokes is more likely to use marijuana and is also more likely to be depressed.

The two most commonly used clinical approaches to risk screening; HEADS and GAPS, have important limitations in a clinical setting. Namely, they do not include key relevant areas, neither are operationalised in terms of specific questions, HEADS is too brief whereas GAPS is overly long, and finally there are no guidelines for clinician response to issues identified by screening.

A brief but broadly inclusive screening instrument would be a major advance in this field, providing a mechanism to improve adolescent health care in the areas of identification and early intervention for both individuals and populations.

Study Aims

This study aims to improve the identification and management of health-compromising behaviours in young people seeking medical care. The specific aim is to develop a screening instrument for the identification of adolescent health risk behaviours in both primary care and tertiary settings. The broader goal of this work is to provide an outcome measure for intervention studies that aim to reduce health risk behaviours of young people in order to improve their health and well being.

Significance

This screening instrument will allow health care practitioners to better utilise existing clinical guidelines that have been developed and facilitate new clinical pathways for effective intervention. This will build on national depression initiatives that aim for better collaboration between primary care and specialist adolescent services to help improve the health of young people.

Back Of Hospital Tours

Join us on **Tuesday 8th April** for a back of hospital tour visiting a number of areas relating to our Trainee Research Scholarships, such as Murdoch Children's Research Institute, Oncology, Adolescent Ward and the Department of Neonates.

Approx tour duration is 2 hours - 10:00am to 12 noon - Tour numbers limited to **20 people**.

If you would like to attend, book your place with Jan Kraina on: 9345 7051 or on-line at:

WWW.RCH1000.COM/RCH1000EVENTS.HTML

RCH 1000 Sponsorship

The Royal Children's Hospital is a world-recognised center of paediatric excellence, specialising in the diagnosis, care, treatment and research into all diseases, disorders and illnesses of childhood and adolescents.

Incorporating the Murdoch Children's Research Institute, it is the largest tertiary paediatric Hospital in the southern Hemisphere and provides a major paediatric teaching center in association with Melbourne University.

The Hospital offers a wide range of clinical and surgical facilities, including cardiac surgery, renal services, craniofacial, orthopaedic surgery as well as emergency and community services.

The Royal Children's Hospital has an ambitious vision with increasing emphasis on supporting families whose children are cared for by the Hospital and the pursuit of research into some of the toughest health challenges.

There is a strong desire to minimize the hospitalization of patients, whilst increasing the support to the community and other health care agencies in the improvement of health for children and adolescents.

Into the Future

Critically, research will continue and expand into the causes, treatment and cure of childhood diseases, the prevention of illness and injury and most importantly, total health promotion.

The RCH 1000

The major challenge facing the Hospital, is to develop various fundraising programs and activities that will allow it to continue to build its reputation as an international leader in paediatric healthcare, education and research.

The Royal Children's Hospital has an ambitious vision with increasing emphasis on supporting families whose children are cared for by the Hospital and the pursuit of research into some of the toughest health challenges.

The funds raised by the RCH 1000 will be applied toward vital research to ensure the complete physical, mental and social well being of our most important asset – the next generation.

Our Mission

The aim of the RCH 1000 is simple – to provide over \$1 million per annum for research programs to be conducted by the Royal Children’s Hospital and its Murdoch Children’s Research Institute.

Sponsorship

As a member of the RCH 1000 you will be given a privileged opportunity to contribute to these ambitious plans and to gain enormous personal satisfaction from witnessing these plans transformed into action. Sponsorship entails an annual deductible donation of \$1,000 invoiced on each anniversary.

Sponsors of the RCH 1000 will have opportunities for networking whilst at the same time contributing to a charitable organization that is an icon within the community.

Sponsorship will also offer:

Functions with guest speakers from the funded research projects to update members on progress and on current issues relevant to the Royal Children’s Hospital

You will be asked for permission to publicise your sponsorship on our website.

The option to display your support of this worthwhile undertaking by the use of the “RCH 1000” logo for personal stationery.

A quarterly newsletter, to provide updates and matters of interest.

Most importantly, being part of the RCH 1000 will give you the chance to make a difference.

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- I am interested in RCH 1000 special events
- I am interested in RCH 1000 discussion luncheons

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Nathan's Rare Heart Condition



As if he knew there would be other opportunities, seven-week old Nathan Garcia slept through his first trip to the big world outside the Royal Children's Hospital.

But to his parents, Monique and Brian Garcia, the outing was magical. A few weeks ago Nathan's tiny body was enveloped in a tangle of tubes and wires attached to machines that helped keep him alive. Monique could not hold her infant son, much less put him in a pram and take him for a stroll.

Nathan was born in Perth on 3 November 2002, five weeks early. His lungs were not fully developed and doctors were focused on his breathing problems until they realised that the lung condition masked a more serious problem—a lethal heart defect.

Nathan was born with Hypoplastic Left Heart Syndrome, a condition in which the left ventricle, the part of the heart responsible for pumping blood to the body, is abnormally small, as is the aorta, the major vessel through which blood moves from the heart to the body. In short, the baby wasn't getting enough blood and oxygen to his body, and was seriously ill.

Babies with Hypoplastic Left Heart Syndrome die without treatment such as reconstructive heart surgery performed shortly after birth. The syndrome is usually diagnosed *in utero*, but the defect somehow went undiscovered in Nathan until he was six days old. By that time he was in immediate need of the surgery.

The Royal Children's Hospital is the only hospital in Australia that performs the life-saving surgery and was little Nathan's only hope for survival. The Garcias hopped the first possible flight to Melbourne desperately hoping they would make it on time, and two days later Nathan underwent the first of three operations to help his heart do its job.

Nathan had jumped the first hurdle, but it wasn't smooth sailing. Brian and Monique were on edge as the baby suffered one problem after another. Complications after the surgery are normal, but Nathan seemed to have more than his fair share. The care provided by the cardiac team, lead by cardiac surgeon, Christian Brizard and cardiologist Dan Penny, got both baby and parents through six long weeks in intensive care.



Nathan is currently an outpatient awaiting his second surgery. Monique and Brian expect to be back in Perth by Easter, and are looking forward to introducing Nathan to the beach.

The Royal Children's Hospital cardiac team boasts an 80 per cent success rate on the complex procedure. Monique, who owes her baby's life to the Royal Children's Hospital cardiac team, says she cannot understand why some parents take their children overseas when world-class treatment for Hyperplastic Left Heart Syndrome is available at Royal Children's Hospital.

Nathan's story may not have had such a happy ending were it not for the generous support received by this hospital from the many businesses and community groups, family and friends and Royal Children's Hospital Foundation fundraising programs such as RCH 1000. The cardiac team is currently carrying out research, funded by the Foundation, to optimize recovery from the surgery for Hypoplastic Left Heart Syndrome to ensure a better future for babies like Nathan.



Dr L.E. Ohman
Communications Officer
Women's & Children's Health

Member Profile



After serving nearly three years as a Consul of the United States in Melbourne, Abigail Aronson is due to leave us in June to accept her new assignment in Washington, DC. Abigail was an early and enthusiastic supporter of the RCH1000, and has been a RCH1000 Committee member since October 2001. “I was humbled and flattered that Efrem would invite me to join the Committee for RCH1000. The Royal Children’s Hospital is held in such esteem through Melbourne, both for the care they provide every day, and for the research that will benefit kids in years to come. How could I pass up the chance to be part of something so special?”

Abigail Aronson

Abigail’s appreciation for the importance of providing cutting edge medical technology comes from personal experience. “At seventeen, I suffered a devastating spinal injury. I was fortunate that my care was at a leading children’s research hospital in New York, and I received one of the earliest anterior-entry spinal fusions performed in the United States. Had that hospital not prioritized attracting the leading innovators of the day, I would probably not have recovered as I have. The RCH1000 recognizes the vital importance of Royal Children’s role as a leader in research, that fostering excellence attracts excellence.”

While she is looking forward to her new responsibilities with the State Department Bureau of Legislative Affairs, she says she is “in a state of conscious denial that I’ll have to leave Melbourne. It’s an occupational hazard in the diplomatic corps that we must pull up roots every few years, but this time is going to be especially tough; Melbourne has been an exceptional assignment for me personally and professionally.”

Abigail arrived in Australia just before the 2000 Olympic Games and assumed the rotational responsibilities of Political and Economic Officer and Chief of Visa Services for the U.S. Consulate General. Both work and her own curiosity have led her all over Australia, including at least three visits to each individual state. “But the travel has sometimes come at a cost,” she says. “It broke my heart that I missed both the RCH1000 Gala last July and the invitational showing of The Italians in October because I was on the road both times with the Ambassador.”

Although she is leaving Melbourne, Abigail says she has no intention of leaving her commitment to the RCH1000 behind. “Being a part of RCH1000 has been one of my most treasured experiences of my time in Australia. Just because I won’t be living here does not change my convictions to the mission of RCH1000 or the work of the hospital. Joining the RCH1000 is a commitment of continuing support I believe in strongly. Besides, the yearly nature of renewed support means I’ll be able to keep up on the research projects RCH1000 makes possible, and it’s another incentive to keep in touch!”

Calendar Of Events

**Please record these important dates in your diaries.
Don't forget, you may RSVP on-line via our website
WWW.RCH1000.COM/RCH1000EVENTS.HTML**

Tuesday 25th March

Cocktail Evening with our Hospital Connection

Host: This function will be at the University of Melbourne hosted by Prof Glenn Bowes, Stevenson Professor and Head, Department of Pediatrics, University of Melbourne.

Venue: Upper East Dining Room, University House, University Melbourne

Time: 6.30pm and finishing at 8.00pm

Tuesday 8th April

Back of Hospital Tour

Venue: RCH Foundation Office, Ground Floor, Royal Children's Hospital

Time: 10:00am to 12 noon (approx)

Monday 28th April

*Luncheon with special guest speaker
Dr Tony Cull, Executive Director of the
Royal Children's Hospital*

Venue: Ella Latham Meeting Room,
Level 1, Royal Children's Hospital

Time: 12.30pm and finishing at 2.00pm

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newsletter contact:

Jan Kraina

Ph: (03) 9345 7051



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**With Best Wishes from
Sharon & Leon Mrocki
and Family**

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