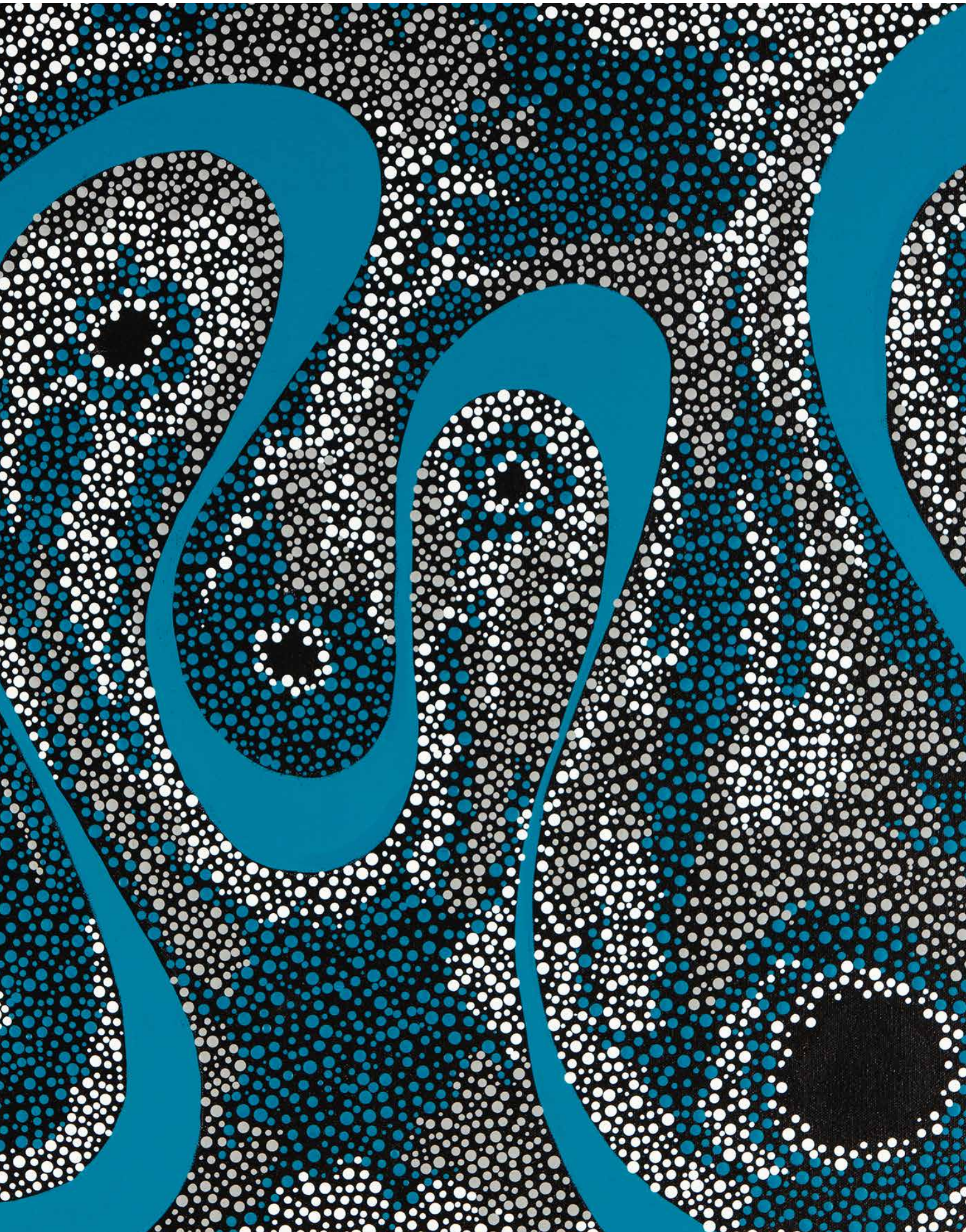


# Review of Operations 2023-24









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### Acknowledgement of Land and Traditional Owners

Calvary Mater Newcastle acknowledges the Traditional Custodians and Owners of the lands of the Awabakal Nation on which our service operates. We acknowledge that these Custodians have walked upon and cared for these lands for thousands of years.

We acknowledge the continued deep spiritual attachment and relationship of Aboriginal and Torres Strait Islander peoples to this country and commit ourselves to the ongoing journey of Reconciliation.

Aboriginal and Torres Strait Islander people are respectfully advised that this publication may contain the words, names, images and/or descriptions of people who have passed away.

## OUR MISSION

**We bring the healing ministry of Jesus to those who are sick, dying and in need through “being for others”:**

- in the Spirit of Mary standing by her Son on Calvary;
- through the provision of quality, responsive and compassionate health, community and aged care services;
- based on Gospel values; and
- in celebration of the rich heritage and story of the Sisters of the Little Company of Mary.

## OUR VISION

**As a Catholic Health, Community and Aged Care provider, to excel, and to be recognised as a continuing source of healing, hope and nurturing to the people and communities we serve.**

## OUR VALUES

**Our Values are visible in how we act and treat each other. We are stewards of the rich heritage of care and compassion of the Little Company of Mary. We are guided by these values:**



### Hospitality

Hospitality demonstrates our response to the desire to be welcomed, to feel wanted and to belong.

It is our responsibility to extend hospitality to all who come into contact with our Services by promoting connectedness, listening and responding openly.



### Healing

Healing demonstrates our desire to respond to the whole person by caring for their spiritual, psychological and physical wellbeing.

It is our responsibility to value and consider the whole person, and to promote healing through reconnecting, reconciling and building relationships.



### Stewardship

Stewardship recognises that as individuals and as a community all we have has been given to us as a gift. It is our responsibility to manage these precious resources effectively now and for the future.

We are responsible for striving for excellence, developing personal talents, material possessions, our environment, and handing on the tradition of the Sisters of the Little Company of Mary.



### Respect

Respect recognises the value and dignity of every person who is associated with our Services.

It is our responsibility to care for all with whom we come into contact with justice and compassion no matter what the circumstances, and we are prepared to stand up for what we believe and challenge behaviour that is contrary to our values.

**Continuing the Mission of the Sisters  
of the Little Company of Mary**



# Spirit of Calvary

BEING FOR OTHERS

## Everyone is welcome.

You matter. We care about you.

Your family, those who care for you, and the wider community we serve, matter.

Your dignity guides and shapes the care we offer you.

Your physical, emotional, spiritual, psychological and social needs are important to us.

We will listen to you and to those who care for you. We will involve you in your care.

We will deliver care tailored to your needs and goals.

Your wellbeing inspires us to learn and improve.



# Management and Community Advisory Council

## Hospital Executive

- General Manager: Mark Jeffrey/Roz Everingham
- Director of Medical Services: Dr Ralph Gourlay
- Director of Nursing and Cancer Services: Nicole Feenan
- Director of Mission Integration: Kellie Goldsworthy
- Director of Critical Care and Surgery: Tracy Muscat
- Director of General Medicine and Palliative Care: Kim Kolmajer/Leearna Bennett
- Director of Finance and Corporate Services: Wayne Wells/Petula Steele

## Department Managers

- Alcohol and Drug Unit Nurse Unit Manager: Jason Scott
- Chief Hospital Scientist: Assoc Prof Jennette Sakoff
- Chief Medical Physicist: John Simpson/Prof Peter Greer
- Chief Radiation Therapist: Karen Jovanovic/Janine Downie
- Clinical Dean: Prof Christian Gericke
- Clinical Information Manager: Elizabeth Knight
- Coronary Care Nurse Unit Manager: Anne Thomson
- Department of Palliative Care Nurse Unit Manager: Sheree Martin
- Day Treatment Centre Nurse Unit Manager: Marissa Ledlin
- Desktop Services Manager: Clinton Starrett
- Director Alcohol and Drug Services: Dr Craig Sadler
- Director of Anaesthetics: Dr Allysan Armstrong-Brown
- Director Clinical Toxicology: Prof Geoff Isbister
- Director of Prevocational Education and Training: Prof Ian Whyte/Dr Joanne Patel
- Director of Physician Education: Dr Howard Chan
- Director Consultation-Liaison Psychiatry: Prof Gregory Carter
- Director Department of General Medicine: Dr Suzanne Wass
- Director Department of Palliative Care: Dr Rachel Hughes/Dr Laura Bird

- Director Emergency Department: Dr Ingrid Berling
- Director Haematology: Dr Sam Yuen
- Director of Health Research and Translation: Prof Christian Gericke
- Director Intensive Care Unit: Dr Menaka Perumbuli Achchige
- Director of Cardiology: Dr Stuart Murch
- Director of Medical Oncology: Assoc Prof James Lynam
- Director of Pharmacy: Rosemary James
- Director of Radiation Oncology: Dr Sanjiv Gupta
- Director of Surgery: Dr Adeeb Majid
- Emergency Department Nurse Manager: Jo-Anne Berry and Rebecca Robertson
- Emergency Short Stay Nurse Unit Manager 2: Stephanie Duke
- Emergency Department Clinical Nurse Unit Managers: Maree Connor / Kate Blackler / Kim Blayden /Andrew Adams / Rebecca Robertson / Jo-Anne Berry
- Financial Controller: Petula Steele
- Head of Social Work: Julie Steffner
- Human Resources Manager: Liana O'Connor
- Health Information Services and Information Communications Technology Manager: Heather Alexander
- Intensive Care Nurse Unit Manager: Katrina Gunn
- Junior Medical Officer Managers: Brad McDougall
- Management Accounting Manager: Neville Brown
- Network and Infrastructure Manager: Brendan Wilson
- Nurse Manager Clinical Resources: Jason Robards, Katrina Gunn, Helen Hanbury, Maria Dolahenty, Rebecca Hahn, and Leanne Bradford
- Nurse Manager Surgical Services: Cheryl Cooley
- Nurse Unit Manager Outpatient Cancer Services: Megan Kepreotis
- Nutrition and Dietetics Manager: Andrew Court
- Occupational Therapist in Charge: Andrew Wakely



- Operations Manager, Cancer Services: Marissa Ledlin
- Operations Manager, Critical Care Services: Tanya Bradbury
- Operations Manager, Medicine and Palliative Care: Leearna Bennett
- Operations Manager, Surgical Services: Chris Aartsen
- Operating Theatre Suite Clinical Nurse Unit Manager: Camilla Smith
- Pastoral Care Manager: Margot McCrindle
- Patient Services Manager: Leonie Nebauer
- Payroll Manager: Kerrie Chapman
- Perioperative Services Nurse Manager: Julia Hird
- Physiotherapist in Charge: Judy Holland
- Pre-Procedures Nurse Unit Manager: Jodie Casserly/Renae McIlwain
- Public Affairs and Communications Manager: Courtney Farrar/Helen Ellis
- Quality Manager: Jeanette Upton/Brooke Pattison
- Speech Pathologist in Charge: Patricia Potter
- Learning and Development Manager: Jacinta Carr
- Purchasing and Procurement Manager: Lucas Miller
- Support Services Manager: Darrin Jenkins
- Ward 4B Surgical Inpatient Nurse Unit Manager: Lara Riley
- Ward 4C Medical Nurse Unit Manager: Niamh Finch
- Ward 5A/MAAZ Nurse Unit Manager: Tracey Coates
- Ward 5B Oncology Nurse Unit Manager: Ashley Powell
- Wards 5C/D Haematology Nurse Unit Manager: Linzi Nolan
- Work Health and Safety Consultant: Gemma McMillan

## Community Advisory Council

### Chairperson:

- Robert Russell, Consumer Representative

### Members:

- Teresa Brierley, Consumer Representative
- Kay Fordham, Consumer Representative
- Susan Russell, Consumer Representative
- Steven Tipper, Consumer Representative
- Andrew Smith, Consumer Representative
- Aron Hidru, Consumer Representative
- Luke Sams, Calvary NSW Regional Chief Executive Officer
- Mark Jeffrey/Roz Everingham, General Manager
- Kellie Goldsworthy, Director of Mission Integration
- Wayne Wells/Petula Steele, Director of Finance and Corporate Services
- Courtney Farrar/Helen Ellis, Public Affairs and Communications Manager

# Report from the General Manager

It is my pleasure to present the 2023-24 Review of Operations Report for Calvary Mater Newcastle.

As an Affiliated Health Organisation, we are contracted to provide public health services in conjunction with Hunter New England Local Health District (HNELHD). As part of this, we provide inpatient and outpatient services in medical oncology, radiation oncology, haematology and surgical oncology. We are also a major research and cancer clinical trials centre with local, national and international research collaborations and activities taking place.

In addition to cancer services, we provide a 24/7 emergency department, intensive care, general medicine, surgical, specialist palliative care, toxicology and pharmacology, and alcohol and drug services. We are one of three Designated Centres of Integrated Oncology and Palliative Care in Australia, as recognised by the European Society for Medical Oncology. We are a Certified 'Gold Status' Centre for Excellence in Cardio-Oncology, as recognised by the International Cardio-Oncology Society, and are the only centre in Australia to have been awarded this certification. We have a rich, 102 year history of serving our community and are extremely lucky to receive unwavering community support.

This report not only highlights our core foundations but also underscores our steadfast commitment to delivering high-quality, safe, and innovative care, always with the patient at the centre of everything we do.

The year 2023-24 was a huge year for change at Calvary Mater Newcastle. An executive and operational re-structure took place which saw the introduction of new Operational Manager roles for Critical Care, Surgical Services and Medicine and Palliative Care, and the ED Nurse Unit Manager (Level 3). Five staff members were directly impacted by the restructure. I would like to take this opportunity to acknowledge the work of Kim Kolmajer, Cheryl Cooley, Tracy Muscat, Jo-Anne Berry and Rebecca Robertson, and thank them for their commitment to their patients and colleagues.

Throughout the past year the hospital and its staff have accomplished some remarkable achievements, which are highlighted in this report. As a leading research and clinical trial centre, we have had the privilege of celebrating numerous research successes. I encourage you to take a moment to explore the stories we've shared in this report.

One significant achievement we must acknowledge is Calvary Mater Newcastle's cancer clinical trials and research teams who moved into a newly refurbished home in May 2024.

In a Mater-first, all cancer clinical trials units now operate from one centralised location, McAuley Lodge, situated on the hospital grounds. The refurbishment works see the former Newcastle Mater Misericordiae

Hospital nurses' quarters converted into fit-for-purpose office space.

As the primary cancer centre for the Hunter region with local, national and international research and clinical trial collaborations taking place, it is wonderful to now have this dedicated space for our highly experienced and knowledgeable teams.

Calvary Mater Newcastle's Palliative Care Service marked a significant milestone in August 2023, celebrating 40 years of caring for patients from the Hunter, Lower Mid North Coast and New England regions. Established in August 1983, the service was born out of necessity, operating unfunded and in a voluntary capacity by Haematologist, Dr Pamela Harrison OAM, and Sister Mary Brendan O'Connor (RSM – Sister of Mercy). It was wonderful to be able to acknowledge its 40 year history and the important role it now plays as part of HNELHD's networked palliative care services.

In alignment with the Calvary values and commitment to holistic care, Calvary Mater Newcastle implemented Schwartz Rounds® in November 2023. This is a hospital-wide initiative to address the issue of psychological safety for all staff, including non-clinical workers. Schwartz Rounds provides a safe and structured forum where staff can come together regularly to discuss the emotional and psychosocial challenges of working in health care.



“

*People are at the heart of everything we do. I would like to take a moment to acknowledge and thank our exceptional staff who continuously provide outstanding care to our patients.*

Celebrating our staff's achievements is something we take great pride in at Calvary Mater Newcastle. On 23 November 2023 the hospital celebrated Mary Potter Day with a Celebration of Service to recognise the long service of our staff. The occasion also allows us to celebrate and congratulate our research grant recipients and staff members who were nominated by their peers for the 2023 Mary Potter Award. Congratulations went to Lyndal Moore, Clinical Nurse Consultant for the Hunter and Northern NSW Youth Cancer Service, who was named the Mary Potter Award winner for 2023.

The loss of Junior Medical Officer (JMO), Rebecca 'Bec' Mullen, earlier in 2023 was one felt deeply at the Mater. Bec was known to many as a skilled junior doctor, and was admired for her kindness and strong advocacy for her patients and colleagues.

To ensure her legacy lives on, the Mullen family and the Calvary Mater Newcastle team came together to establish the Bec Mullen Wildflower Award. Each year, the award is given to a JMO at Calvary Mater Newcastle who upholds the values Bec was known for: compassion, leadership and clinical excellence.

This year at the Mater's Celebration of Service, the award was given out for the very first time by Bec's father Matt in front of her wider family, to the incredibly deserving Dr Craig Miller. It was a very special occasion.

Our incredible Volunteers and Auxiliary members have consistently made meaningful contributions to the hospital through their unwavering support of patients and staff, as well as their ongoing fundraising efforts.



Thanks to the Calvary Mater Newcastle Auxiliary members' steadfast commitment and unrelenting community support, the group exceeded last years' fundraising efforts to raise an amazing \$277,370.69 for Calvary Mater Newcastle. We are humbled and thankful for the Auxiliary's ongoing support for our patients comfort and care.

I would also like to express my heartfelt gratitude to the local community for its support of the hospital, as well as to the Community Advisory Council (CAC) for dedicating their time, providing valuable feedback, and, most importantly, ensuring that consumers have a voice.

People are at the heart of everything we do. I would like to take a moment to acknowledge and thank our exceptional staff who continuously provide

outstanding care to our patients. Their dedication, expertise, and compassion make a profound impact on the well-being of those they serve. Each day, they go above and beyond to ensure that every patient receives the highest level of care, comfort, and support. Calvary Mater Newcastle is a special place, where as a team we continue to uphold our values of Hospitality, Healing, Stewardship and Respect in the Spirit of Calvary 'Being for Others'.

**Roz Everingham**  
General Manager

# Report from the Community Advisory Committee

At Calvary Mater Newcastle we are committed to building and maintaining relationships that strengthen the links between our hospital and the community that we serve.

The hospital's Community Advisory Council (CAC), which has membership from a broad cross section of the community, assists Calvary Mater Newcastle in achieving this objective.

The CAC provides the General Manager with advice on consumer and community engagement to ensure Calvary Mater Newcastle continues the mission of Calvary and achieves objectives that are tailored to the community we serve. As a consequence Calvary Mater Newcastle can continue to improve its community's health outcomes by providing services that are reflective of each person's individual needs and those of the wider community.

## Hospital committees

CAC members are represented on a number of hospital committees including those for Infection Prevention and Control, Translational Research, Work Health and Safety, Research Development and Engagement, Closing The Gap Collaborative, Patient Blood Management, Drugs and Therapeutics, Heritage, and Mission and Values.

Members' participation ensures that each committee recognises and responds to consumer concerns, hears the consumer perspective, provides information on issues affecting consumers, and protects the interests of consumers. Members also have the opportunity to review and discuss

de-identified patient feedback and complaints and review performance data.

Mater staff gain valuable insight from consumers and are truly appreciative of their time and contribution which ultimately improves the patient experience.

## Calvary Mater Newcastle Consumer and Community Engagement Framework 2023-2028

Calvary Mater Newcastle's Consumer and Community Engagement Framework (2023-2028), underpins all of the work we have methodically and meticulously carried out over the past few years in a building a robust foundation for our consumer and community engagement. The Framework takes into account compliments, complaints and surveys. It is aligned and underpinned by the Calvary Mater Newcastle Operational Plan 2022-23, the Translational Research Strategic Plan 2021-2023, Calvary Mater Newcastle Innovate Reconciliation Action Plan (2022-2024), the Health Literacy Action Plan 2019-2024, Wayfinding Audit 2021, and the Calvary Clinical Governance Framework. Other key external documents included: NSW Health Elevating the Human Experience Guide, Hunter New England Local Health District (HNELHD) Policy Implementing the Partnering with Consumers Framework, and the second edition of the National Safety and Quality Health

Service Standards and the National Clinical Trials Governance Framework.

At Calvary Mater Newcastle we recognise that by involving the people that we serve, providing them with a voice within our hospital and truly listening, that we can genuinely provide safe environments that are responsive to needs, deliver high quality care and reflect the individual and collective diversity of the community who access our hospital and its services.

The actions and priorities contained within the Framework are once again driven by the voices of consumers, community and workforce through their direct input: What matters to you? What can we do better? Whose voices are not being heard?

By asking these questions, we have been able to hear and act upon some of the untold stories. These voices have been captured and explored through, surveys, staff and consumer rounding, one-to-ones and Calvary Mater Newcastle committees. Throughout, members of the Consumer Advisory Council have provided rich and meaningful observations and feedback which in turn continue to inform the Framework and its strategic priorities and intent.

The Framework is deeply aligned with Calvary values of Hospitality, Healing, Stewardship and Respect and embodies the Spirit of Calvary 'Being for Others.'



The framework's strategic priorities, intent and actions, commits us to demonstrating our mission which is informed and directed by the experience of the people that we serve.

The Framework has eight priority areas:

- All Voices Matters
- Human Encounters Matter
- Listening Matters
- Wellbeing Matters
- Information Matters
- Being Involved Matters
- Systems Matter
- Environment Matters

At Calvary Mater Newcastle we continue to work with consumers and the workforce to bring the identified priorities to life and implement meaningful actions.

Notable achievements include:

- **Ongoing readiness and preparedness for National Safety and Quality Health Service (NSQHS) Standards** accreditation which will now occur as a short

notice assessment. The Community Advisory Council members provide unwavering commitment in their roles to ensure the hospitals outcome reflects day to day practices, assisting with identifying gaps and supporting our health service to improve safety and quality systems and processes.

- **Ensuring our hospital environment acknowledges and welcomes Aboriginal and Torres Strait Islander peoples** - this has been achieved by:
  - Ongoing work on and commitment to our Innovate Reconciliation Action Plan (RAP) (August 2022 – August 2024), with significant implementation activities undertaken throughout the year, and ongoing input from the chair of CAC who is an Aboriginal man as well as being our CAC representative on the Closing The Gap Collaborative.
  - As part of our ongoing commitment to Reconciliation, Calvary Mater Newcastle has been working with Elise

Randall a Bundjalung (maternal) and Yaegl (paternal) woman, Community leader and artist. During National Reconciliation Week 2024, Elsie led a collective story telling through art and yarnning, with staff being asked:

- \* Can you list at least one thing that you took away from the session that you didn't know?
- \* What will you do differently and/or apply to your area of business?
- \* What do you want to know more about?

The artwork has being coming to life over the course of the year and has been enriched through community participation. Once complete, this artwork will be displayed in the main foyer of the hospital.

- Ongoing work with HNELHD Aboriginal Mental Health (co-located on the Mater Campus) and its Wellbeing Model of Care



(MOC) Program – this includes the creation of a yarning and cultural healing space, adjacent to the Villas. Additionally, the Mater welcomed Kinchela Aboriginal Boys, the Truth Bus – A Journey of Reconciliation and Cootamundra Girls Aboriginal Corporation for truth telling sessions.

- Involvement with community and hospital based NAIDOC week activities which included attendance at the Newcastle Awabakal Day of Celebration March and Opening Ceremony for NAIDOC 2024 “Keep the Fire Burning: Blak, Loud and Proud”, Acknowledgement of Country, the meaning and importance of NAIDOC Week and Smoking Ceremony Led by Leigh Ridgeway, proud Worimi man and yarning time with our Aboriginal Hospital Liaison Officer, Margaret Whitson.
- Executive attended a cultural immersion training day with Bahtabah Local Aboriginal Land Councils.
- **Ensuring our hospital provides a culturally safe environment for our Culturally and Linguistically Diverse (CALD) communities** – this has been achieved by:
  - Updating the staff orientation presentation in conjunction with Hunter New England Local Health District’s Multicultural Health Unit.
  - Providing in-services on interpreter use to departments throughout the hospital which includes inpatient and outpatient services.
  - Training staff on how to use myVirtualCare for interpreter services.
- **Implementing a clear wayfinding experience for staff, patients and visitors to the site** – this includes updating signage when the ward re-locations took place.

- **Providing a diverse volunteer service** – Mater volunteers continue to support the hospital across many different areas such as the wards, hospice and the Wig Service. Volunteer services continue to be expanded to other areas as needed. During this year, we ran orientation workshops for prospective volunteers and have welcomed several new volunteers to the Mater. We have continued to acknowledge the incredible work that our volunteers undertake through Mater Matters and throughout National Volunteer Week with celebrations. This year the Bereavement Support Team received a community recognition which was tabled in parliament by the Hon Sonia Hornery MP.
- **Utilising feedback to improve the patient experience** – we continue to seek feedback from our consumers through a variety of channels. This includes through online and hardcopy feedback forms; in patient care group forums; via the ‘You Said, We Did’ initiative; and through verbal feedback to staff/ Executive team.
- **Keeping staff wellbeing at the forefront of all engagement activities** – this was achieved through regular promotion of the Employee Assistance Program (EAP); having EAP services on site following critical incidents/during challenging times; and running an ‘R U OK? Day’. This year we commenced running Schwartz Rounds. Schwartz Rounds are a structured group forum where clinical and non-clinical staff meet to discuss the emotional and social aspects of working in healthcare. They provide an opportunity to take ‘time-out’ to reflect on work in a safe space. Some of the benefits include: improved teamwork, interdisciplinary communication, and appreciation for the roles and contributions of colleagues; decreased feelings of stress and isolation and more openness to giving and receiving support; increased insight into the social and

emotional aspects of patient care and increased feelings of compassion toward patients.

- **Inviting consumers to be part of awareness, engagement and recruitment activities** – this was achieved by inviting a consumer to assist with the Prostate Cancer Awareness Month stall; inviting consumers to judge the staff Christmas decorating competition; and using current Mater consumers as panel members for recruitment panels.
- **Actioning of the Calvary Mater Newcastle Health Literacy Action Plan (2019-2024)** – the plan, which sits within the Consumer and Community Engagement Framework (2023-28), continues to be actioned when reviewing/ creating consumer information and undertaking signage audits. The plan also highlights ‘Environment’ as one of the four priority areas to ensure ‘health facilities and centres are easy to access and navigate’. This information is presented at Orientation Day on a monthly basis for all new staff members
- **Promotion of the Calvary Mater Newcastle Consumer Register** – requests for Expressions of Interest to join continues to be promoted through various internal and external publications.
- **Giving back to the community that supports the Mater** – this was achieved by running the annual St Vincent de Paul Giving Tree Appeal; and donating equipment and PPE to health services in need overseas
- **Honouring our heritage** – this was achieved through the ongoing and tireless work of the Heritage Committee who meet quarterly. They have continued to maintain the Mater archives and museum, which hosts many items that have been donated.





# Quality report

## Patient-Centred Care

The NSW Health Bureau of Health Information (BHI) Patient Survey program provides insights into patient's perspectives on their treatment and care, significantly contributing to service enhancement. It includes question sets for Admitted Patients, Outpatient Cancer Clinics and the Emergency Department.

Calvary Mater Newcastle consistently reviews and shares findings from the integrated patient feedback report. The hospital outperforms peer facilities and the NSW average in many areas.

During 2023, 73% of Calvary Mater Newcastle patients rated the overall quality of care they received as 'Very Good', while 20% rated it as 'Good'.

## Consumer Feedback

Calvary Mater Newcastle encourages patients and their families to provide feedback about their experience. Their feedback assists us to identify what we are doing well and where we can improve our service.

The majority of complaints related to the coordination of care and communication, 39% and 29% respectively.

## Delivering Quality Care

In addition to the periodic accreditation programs, Calvary Mater Newcastle continues to routinely report a range of nationally benchmarked measures, including the Hospital Acquired Complications indicators. These indicators assist us to identify key ongoing improvements so we can deliver better, safer care to our patients and the community.

During a 2024 project, Calvary Mater Newcastle was able to significantly reduce Hospital Acquired Pressure Injuries.

## Risk Management

Incident reporting is an integral component of Calvary Mater

Newcastle's risk management system. Incidents are routinely analysed and trends reported to the executive and staff. Serious incidents are formally reviewed. Open disclosure - being the acknowledgement of, apology for and investigation of adverse events - occurs with patients, families, carers and staff who are affected by a serious adverse event while receiving healthcare.

The year 2023-24 saw some major work in the space of minimising harm from violence and aggression in the workplace and the implementation of recruitment strategies to reduce medical and nursing workforce shortages.

## Patient Safety

Across the 12 month period, 1430 clinical incidents were notified by staff. A majority of these incidents were related to falls and skin integrity, followed by medication incidences.

Of these, 98.6% sustained minimal or no harm, 1.2% sustained an event that required additional medical care and two events resulted in significant harm or death. Both of these incidents were reported to NSW Health and investigated in accordance with NSW Legislation. All recommendations generated from these investigations have been implemented.

## SABSI rate

Staphylococcus aureus bloodstream infections (SABSI) are serious infections associated with significant morbidity and mortality. The national benchmark rate remains at 1/10,000 occupied bed days (OBDs). Calvary Mater Newcastle's rate for the period for July 2023-June 2024 was seven events for occupied bed days/10,000 = 1.06%.

The ongoing clinical strategies in place including improving ANTT compliance, above national target rate compliance for hand hygiene and the introduction of equipment such as the HLD ultrasound probe units has reduced the

SABSI rate from the previous year 2022-23 of 1.53% to meeting the National target rate 1% in 2023-24.

## Hand Hygiene

Overall during 2023-24, 87% of all staff complied with the hand hygiene audit requirements. The national benchmark is 80%. Ongoing hand hygiene auditor training programs are continuing in 2024-25.

## Staff health and wellness

The year 2023-24 saw 453 new staff recruitment health reviews.

Our Staff Health Nurse led many staff wellness initiatives including a mobile library and the Wednesday Wellness trolley.

The 2023-24 Influenza campaign saw 1800 vaccines administered to staff.

## Antimicrobial stewardship (AMS)

The introduction of ICNET pharmacy has improved AMS oversight over restricted antimicrobials through the use of a post prescription review system. Through the addition of this system, the AMS team has been able to initiate timely interventions for inappropriate antimicrobials thereby reducing toxicities, costs and minimising antimicrobial resistance.

Calvary Mater Newcastle's AMS team continues to analyse total hospital antimicrobial use through monthly submissions to the National Antimicrobial Usage Surveillance Portal (NAUSP) and compare our performance against other NSW and HNE facilities. In 2025, the AMS team will look to further target prolonged use of intravenous antimicrobials in an attempt to minimise financial impacts on the facility, reduce the burden on nursing staff during administration and promote the quality use of antimicrobials in our patients.







# Report from the Calvary Mater Newcastle Auxiliary 'Cancer Carers'

Thanks to Calvary Mater Newcastle Auxiliary members' steadfast commitment and unrelenting community support, the group exceeded last years' fundraising efforts by more than \$44,000.

The Auxiliary worked incredibly hard throughout the 2023-24 financial year to raise an amazing \$277,370.69 for Calvary Mater Newcastle.

The Auxiliary has 29 members ranging in age from 60 to 97, who have worked 15,201 hours. This equates to each member working about 524 hours, raising an average of \$9,564 each this financial year.

Below is a breakdown of how the funds were raised for the 2022-23 financial year:

Activity	Funds Raised	Activity	Funds Raised
Bank Interest	\$2,754.68	Grants	\$25,000
Bowls day	\$39,360.40	Housie	\$54,278.30
Cookbooks	\$649	Jams and pickles	\$9,120
Cooking and craft days	\$3,126.32	Lollies	\$39,515.91
Golf day	\$5,099	Raffles	\$7,830
Craft	\$46,932.73	Bunnings barbecues	\$5,531
Donations	\$2,120.60	Sundry	\$13,858.35
Functions	\$22,194.40		

Whether it be manning lolly and craft tables, selling raffle tickets, attending luncheons, movie days and fashion parades, crocheting items, catering at bowls days and lolly packing, the Auxiliary received incredible support from their own members, families, friends and loved ones throughout the year.

In addition, the Auxiliary were richly supported by the local community who donate to the group and purchase goods for the benefit of the hospital and its patients.



Providing ongoing support was Beresfield Bowling Club, who continued to hold 'Housie Sessions', and the Wests Group via their ClubGRANTS NSW. Contributions the Auxiliary were incredibly grateful for.

Over the year, the Auxiliary purchased hospital equipment to the value of \$147,316.96. Equipment and items purchased included:

- 4 forearm support frames and 15 wheeled walking frames for the Physiotherapy Department Oncology Loan Pool - \$6,842
- 2 low profile beds for Ward 5A - \$20,000
- 1 Scalp Cooling Machine for the Day Treatment Centre - \$47,750
- Intensive Care Unit family waiting room makeover - \$9,564.46
- Lymphodema garments for patients attending the Physiotherapy Department - \$10,000
- Equipment for the Occupational Therapy Oncology Equipment Loan Pool - \$9,000
- 2 Para Robot Seals for use across the hospital - \$18,960

- A SEM (sub-epidermal moisture) scanner for Surgical Outpatient Services - \$19,080
- Contribution towards Head and Neck cancer patient prosthetics - \$5,000

- Weekly fresh flowers for the Mary Potter Chapel - \$1,000
- Wool for knitting rugs for the Hospice - \$120.50

Other donated items included:

- Comfort teddies for ED
- Toiletry bags for ED patients
- Pump bags for Ward 4B and Day Treatment Centre
- Knitted blankets for the Hospice

The Auxiliary is led by a team of extraordinary, committed women who dedicate a large part of their lives to fundraise on behalf of Calvary Mater Newcastle. The Auxiliary Executive team comprises President, Elaine Wellard; Treasurer, Kay Fordham; Secretary, Suzanne Lawrance; Vice Presidents, Robyne Pitt and Gloria Graham; Assistant Secretary, Margaret Dougherty; Assistant Treasurer,

Brenda Harris; and Publicity Officer, Evelyn Duggan.

The Auxiliary would like to give special thanks to the following people for their ongoing assistance:

- Public Affairs and Communication Department - Helen Ellis, Deb Astawa and Courtney Farrar
- Roz Everingham, General Manager and Mark Jeffrey, previous General Manager
- Kellie Goldsworthy, Director of Mission Integration
- Finance Department - Petula Steele, Euan Hoang and Selina Maybury
- Support Services team - Darrin Jenkins, Hayden Linich, Corey Pepperall, Murray Wilkinson and Jennifer Williams
- Beresfield Bowling Club and other District Bowling Clubs
- The Wests Group (ClubGRANTS NSW)
- The families, friends, hospital staff and members of the community.





# The Public Private Partnership

Calvary Mater Newcastle's Public Private Partnership (PPP) includes the financing, design, construction and commissioning of new buildings and refurbishment of existing buildings, facilities management, and delivery of ancillary non-clinical services on the site until November 2023.

These services are provided through the PPP by the Novacare Consortium.

Management of the PPP including asset management services is provided by Plenary under the guidance of Novacare General Manager, Michael Caldwell.

## Soft Services

Medirest proudly delivers specialist food, hospitality, and support services to patients, staff, and visitors and we have valued our role in supporting Calvary Mater Newcastle throughout 2023-24 in delivering excellent patient centred care for which they are renowned.

Highlights for the Medirest team included:

- Newcastle City Council Food Business External Audit – Five star rating achieved for all retail outlets
- Providing support and resources for Calvary Mater Newcastle's successful participation in the Calvary National Work Health and Safety Audit
- Participated in the successful HICMR audit led by the CMN Infection Control representatives

Positive results were achieved in the following external audits:

- Clinical Waste

- Infection Prevention and Control
- Quality Management Systems
- Work Health and Safety

## Overall Service Statistics

- The Catering team served 360,380 meals to hospital patients
- The Security team attended 1,125 incidents
- The Reactive Cleaning team made 14,569 hospital beds
- The hospital site generated 68 tonnes of clinical waste
- Helpdesk Operators logged 23,050 events





- 335 tonnes of waste were diverted from landfill
- 42,795 deliveries were received via the Stores Department

### Catering Services

The Catering Department prepared and served a monthly average of 30,031 hot and cold patient meals during the reporting period. Working closely with the Nutrition and Dietetics Department our team also ensure the necessary accuracy and extra care required to provide specific diets and supplements to patients.

### Retail

High quality meals, beverages, snacks, and ancillary items are offered via retail outlets Deli Marche Café, Amigo-to-Go Express Store, Level 2 Coffee Cart, and vending machines located throughout the hospital. Average visitor numbers during the reporting period of 5,294 demonstrates a revision to pre-COVID patronage numbers which has been positively welcomed by the Retail team. Onsite catering opportunities for Calvary Mater Newcastle events including:

- Mary Potter Day staff barbeque

- Celebration of Service cocktail party

### Helpdesk

The Helpdesk provides a primary point of communication for all Novacare service requests 24-hours a day, 365 days a year. Facilities management software provides a system for reporting and responding to requests, incidents and suggestions for improvements.

Averaging over 20,000 logged events annually since the commencement of the Public Private Partnership the Helpdesk recorded just over 365,000 events raised at the end of June 2024.

In addition, alongside the Security Department the Helpdesk also assists employees, volunteers and contractors with the application, processing and issuing of identification badges, electronic access cards and hard keys to ensure secure and safe access to required site locations.

### Cleaning and Environmental Services

Medirest's cleaning and environmental services solution comprises scheduled, reactive, periodic and project cleaning in addition to a complete waste management program. The success of

the Cleaning and Environmental Services Department is based on a deep understanding of the critical importance of delivering cleaning, domestic and waste management (environmental) services to Calvary Mater Newcastle in a collaborative approach with clinical and infection control units. Opportunities for collaboration this year included:

- During July-August 2023 we supported the implementation of the patient flow portal bed cleaning app which promotes the smooth transition of bed making requirements between the Clinical, Helpdesk and Cleaning teams.
- Medirest and Calvary Mater Newcastle's Infection, Prevention and Control representatives attended the National Interclean Conference during early 2024 to research and discuss opportunities to acquire improved and advanced systems and equipment.

The service's reactive cleaners made an average of 1,214 beds within the hospital per month over the reporting period, and a monthly average of just over 5.75 tonnes of clinical waste was removed from the site. Over the year we continued

to work closely with the hospital's Sustainability Working Party and are pleased to have achieved the following:

- Diverting approximately 73% of our general waste from landfill via the Bedminster waste recovery system. A total of just over 335 tonnes of compost was produced via this method.
- Recycling 10.9 tonnes of confidential wastepaper via Veolia / Shredex which was repurposed into more sustainable paper products.
- Just over 33 tonnes of paper and cardboard was diverted through correct source separation and repurposed into recycled paper products.
- Just over 1000 kilograms of batteries have been diverted and precious metals such as lithium, silver, gold, and cadmium have been repurposed to process more batteries.

## Security

The Medirest Security team provides efficient and quality security, escort, and response services across Calvary Mater Newcastle. The team is responsible for the safe response to internal incidents and the security of people and assets.

During 2023-24, Medirest Security Officers responded to an average of 79 Code Black incidents per month and a total of 24 unconfirmed Code Red incidents within Calvary Mater Newcastle.

The Medirest Security Manager continued to deliver fire and evacuation training regularly throughout the year via mandatory in-services and refresher courses. These sessions also included providing fire and evacuation training online via Microsoft Teams and also scheduling multiple sessions across singular days to provide varied and regular training opportunities for all participants.

## Materials Management

The Materials Management Department provides an efficient, high-quality service for the receipt and distribution of materials throughout the hospital, including clinical supplies, general consumables, and hospital mail. On behalf of the hospital, the Materials Management Department also maintains a supply of a wide range of items required in clinical areas.

During 2023-24, the department issued a monthly average of 3,566 combined stock units to hospital wards.

## Hard Services

Honeywell proudly provides a fully integrated Facility Management Service solution that is people-centred, providing comprehensive, responsive and high-quality outcomes to the hospital's patients, staff and visitors throughout Calvary Mater Newcastle.

## Highlights for the Honeywell team in 2023-24 include:

- Successful changeover for the South Block Generator
- Installation of water tank bypass to continue to provide uninterrupted water supply to facility
- Completion on the installation of Central Plant's new Chiller
- Main entry driveway grate replacement works with no interruption to facility operations
- Registration of the Annual Fire Safety Statement with Newcastle City Council
- Completion of change to Central Hot Water Plant without disruption to facility operations

## Overall Service Statistics

- The Reactive Maintenance team responded to 6,989 maintenance requests
- 2,200 planned maintenance events were scheduled and completed
- Responded to 16,793 critical alarm notifications.

## Modifications

- Bed Relocation, Level 3 Imaging
- Radiation Oncology, completion of Lawson Bunker refurbishment

## Lifecycle

- Hospice bathroom/bedroom refurbishments
- 4C courtyard resurfacing
- South Block storeroom floor resurfacing
- South Block cool room/freezer replacement
- Site wide line marking
- North Block Lift 6 Upgrade
- New Med hot water circulation pumps replacement
- New Med cold water pipe replacement Levels 2 & 3
- Lawson Bunker refurbishment

## Grounds and Gardens

Honeywell continues to maintain the gardens and grounds of the facility to provide a healthy and aesthetically pleasing landscape all year round.

Multiple courtyards around the facility provide a space for staff, patients and visitors to meet and catch-up in a relaxed atmosphere to enrich and promote wellbeing.

Year-round tree trimming, kerb and paving repairs and external cleaning continues to improve the aesthetics of the external areas to the hospital.









## Stories for the Year

## Bec Mullen Wildflower Award Winner

The loss of Junior Medical Officer (JMO), Rebecca 'Bec' Mullen, in June 2023 was one felt deeply at the Mater. Bec was known to many as a skilled junior doctor, and was admired for her kindness and strong advocacy for her patients and colleagues.

To ensure her legacy lives on, the Mullen family and the Mater team came together to establish the Bec Mullen Wildflower Award. Each year, the award is given to a JMO at Calvary Mater Newcastle who upholds the values Bec was known for: compassion, leadership and clinical excellence.

This year at the Mater's Celebration of Service, the award was given out for the very first time by Bec's father Matt in front of her wider family, to the incredibly deserving Dr Craig Miller.

Speaking after the ceremony, Craig was honoured to be the first recipient of the Wildflower Award.

"All of us really miss Bec," he said.

"In a lot of ways, she's still bringing out the best in us, I hope."

Craig commented that it was special to know that others saw in him, the

amazing qualities that he saw working alongside Bec.

"Bec was in a position where she stayed back many times to help me out, and she got me through lots of really tough times with lots of compassion," he said.

In Craig's submission, his nominator described him as a quiet achiever who is always eager to learn and is wise beyond his years. An excerpt from the submission read:

"We had a very busy day...which Craig took in his stride. An elderly gentleman required a ward procedure and was very restless. We spent many hours with this patient, and Craig treated him with kindness and ensured his dignity was maintained at all times.

"Craig then attended to a very unwell patient in the next room.

"At one stage, I lost Craig and thought the day may have been getting overwhelming. We had spent hours with two patients who required our attention and there were still others to be seen.

"I found him sitting in a quiet office with the wife of one of the patients,

taking the time to carefully and kindly explain what had happened to her husband."

Thanks to the incredible generosity and kindness of the Mullen family, the winner also receives \$2000 to go towards supporting their mental, physical, emotional or spiritual wellbeing.

Nominations were submitted by nursing staff as the core group who work alongside the junior medical workforce day-to-day, and ratified by a panel consisting of members of the senior nursing team, JMO management and the Mullen family.

Similarly to the Mary Potter Award, the panel had an incredibly hard task in choosing a winner, with eight strong nominations submitted for the inaugural year.

The namesake of this award is an ode to Bec's favourite flower - the Wildflower - and represents her experience as a JMO with us at the Mater.





# Stories for the Year

## *Calvary Mater Newcastle's new research hub opens in time for International Clinical Trials Day*

Calvary Mater Newcastle's cancer clinical trials and research teams moved into a newly refurbished home, in time to celebrate International Clinical Trials Day on Monday 20 May.

In a Mater-first, all cancer clinical trials units now operate from one centralised location, McAuley Lodge, situated on the hospital grounds.

Director of Health Research and Translation, Professor Christian Gericke, is confident that bringing the units together will have long-term benefits for the Mater and the local community.

"There is no doubt this move will improve collaboration and development between the teams, as we strengthen our capability in cancer clinical trials," Prof Gericke said.

"On average, we conduct more than 100 clinical trials at the Mater each year. Conducting these trials is integral to providing innovative cancer care and improving outcomes for cancer patients now and into the future."

The refurbishment works see the former Newcastle Mater Misericordiae Hospital nurses' quarters converted into fit-for-purpose office space.

Medical Oncology Research Trials Manager, Kim Adler, reflected on the importance of clinical trials and the role they play in improving health outcomes.

"Clinical trials are essential to developing new treatments and improving standards of care across the health system," she said.

"At the Mater, we are fortunate to have some incredibly talented staff undertaking world-renowned cancer research right here in the Hunter. We need to continue working hard to attract the best clinical trials to the region, to ensure our patients have the best treatment options without having to travel to Sydney."

In addition to the Mater's dedicated teams working in cancer clinical trials, there are trials taking place in medicine, surgery, palliative care, clinical toxicology, liaison psychiatry and pharmacy.





## Celebrating 40 years of palliative care

Calvary Mater Newcastle's Palliative Care Service marked a significant milestone in August 2023, celebrating 40 years of caring for patients from the Hunter, Lower Mid North Coast and New England regions.

Established in August 1983, the service was born out of necessity, operating unfunded and in a voluntary capacity by Haematologist, Dr Pamela Harrison OAM, and Sister Mary Brendan O'Connor (RSM – Sister of Mercy).

In 1984, the first community nurse coordinator for palliative care was appointed, and the following year, the first funded palliative care nurse was employed. In 1987, the palliative care service became fully funded by the NSW Government.

Service Director, Dr Rachel Hughes, said the service has come a long way in its 40 year history and acknowledged the important role it now plays as part of Hunter New England Local Health District's networked palliative care services.

"In our anniversary celebrations, we acknowledge the legacy of our founding and past staff and volunteers – namely Dr Pam Harrison OAM and Sister O'Connor – and their determination and commitment to improving the experience of our local community," she said.

"Today, we are proud to operate as an integral part of the Local Health District, providing public health services to our community in the form of public inpatient, outreach and hospice care."

As the largest specialist palliative care provider in the region, the Palliative Care Service includes a 17-bed inpatient hospice and a 24/7 multidisciplinary community palliative

care team, and provides clinical support to other hospitals and residential aged care facilities across the District.

"We work hard to maximise the quality of life for our patients, their family and loved ones, and ensure we are providing the best care possible in the patient's preferred setting. In order to do this, we also have a big focus on education and research," Rachel said.

To mark the anniversary, a formal Celebration of Service took place at the Mater Lecture Theatre on Wednesday 23 August 2023. The service was attended by former and current staff, volunteers, and community members.



# Stories for the Year

## *Saying goodbye to the daily reminder*

Patients undergoing radiation therapy for the treatment of breast cancer at Calvary Mater Newcastle are now benefitting from a new 'tattoo-less' technology.

Known as Optical Surface Monitoring (OSM), the technology removes the need for permanent tattoos or 'reference markers' on the skin. Instead, it uses a three-dimensional light and camera system to map the skin's surface and identify any movements to ensure the radiation is delivered safely and accurately.

Radiation Therapist, Leia Buxton, said the benefits to patients go further than skin deep.

"Previously, all breast cancer patients receiving radiation therapy would come in for a planning session where we would tattoo them with small dots, so we knew exactly where to target," she said.

"When patients look in the mirror after their treatment has finished, these tattoos are a daily reminder of a challenging time in their life, so it's great that we're able to change this experience for others moving forward."

As the major cancer centre for the region, Leia further explained that the technology is a safeguard for Mater patients.

"Rather than having two small dots as our reference points, the technology gives us thousands of reference points and visible feedback of what a patient's contours are meant to look like," she said.

"If the patient were to cough, sneeze, hiccup, or fidget, the technology will automatically interrupt the



treatment and turn the machine off, making it safer."

As one of the first public hospitals in NSW to offer this technology, there are plans to roll this out further at the Mater.

"We currently have this technology available on four out of five of our radiation therapy machines, with the final machine due to be upgraded in the coming months," she said.

"Once it is well embedded in the treatment of our breast cancer patients, we will also look to utilise this technology for radiation treatment of other cancer sites too."

Radiation Oncology patient, Nicole Manuel, is among the first Mater patients undergoing breast cancer treatment without tattoos.

"After a regular mammogram at Breastscreen NSW, my world was turned upside down. I was informed that my results showed an irregularity," Nicole said.

Following a breast biopsy, Nicole was told that she had a complex cancer requiring treatment, including chemotherapy and 25 sessions of radiation therapy.

"When the radiation therapists explained to me that I didn't require a tattoo, I felt grateful that I wouldn't have a permanent reminder of this disease."



## NAIDOC Week

From Monday 3 July 2023, Calvary Mater Newcastle staff donned their commemorative pins with pride, to mark National NAIDOC Week.

Each year, celebrations take place across the country to acknowledge the history, culture and achievements of Aboriginal and Torres Strait Islander people. This year at the Mater was no different, with a jam-packed schedule of activities taking place both on and off campus.

A great turn-out of staff and friends of the Mater attended the Hunter's official launch at Civic Park. Following the opening ceremony, Aboriginal Hospital Liaison Officer, Margaret Whitson, led the group on the long march into the foreshore, flying the Mater flag.

"It was a wonderful day to spend with colleagues and community, bringing together culture," Margaret said.

Back at the hospital, proud Worimi man Leigh Ridgeway, led staff in an Acknowledgement of Country and talked through the meaning of NAIDOC Week. Leigh spoke passionately about the importance of knowing your true self and the integral role this plays in belonging, and - in a nod to this year's theme 'For our Elders' - talked about the importance of such figures in families and communities.

Mater Emergency Department Patient Experience Officer, Jenny Metcalfe, attended alongside her family - who are proud Gomeroi people - including her mother and Elder Doreen and sister Aunty Trish. Generously sharing her own experiences, Aunty Trish spoke to the wider staff group.

Closing formalities with a smoking ceremony, Leigh walked from the Ward 4B courtyard around the outside of the hospital, in traditional dress with burning gum to cleanse the area.

Linda and Ray from local food business 'OzTukka' fed the masses with scones, native jam and cream, and were on hand to provide education about native Australian bush foods.

Palliative Care Aboriginal Health Coordinator, Julieanne Rose, and Director of Palliative Care, Dr Rachel Hughes, also honoured NAIDOC Week at the monthly staff Grand Rounds. The pair highlighted the Miromullia Project (continue to take care of, Awabakal language), which looks at co-designing Palliative and End of Life Care with the Newcastle Aboriginal and Torres Strait Islander community.

Hunter New England Aboriginal Health Workers Thomas Croft, Preston Connors and Lili Holmes, showcased their incredible talents of dot painting, drawing, weaving and other crafts on-site, while Margaret Whitson led yarning time with staff and community members who were interested in learning more.

"Thank you to the social work team and Mater staff for their support and participation throughout the week. The social work team reported that they loved their weaving session and the opportunity this provided for cultural expression and learning through yarning," Margaret said.

Thanks to the commitment of Margaret and her team, NAIDOC Week celebrations at the Mater were a great success. In line with the 2023 theme, the activities honoured that across every generation, Elders have played, and continue to play, incredibly important roles.



# Stories for the Year

## *Increasing the accuracy of treatment*

Congratulations to the Mater's Department of Radiation Oncology Principal Medical Physics Specialist, Prof Joerg Lehmann, who was awarded funding from the NSW Regional Cancer Research Network.

The funding will go towards a research project aiming to improve the quality and utilisation of breast cancer treatment across the state, through accurate monitoring of the patient position during radiotherapy under breath hold.

Working alongside Prof Lehmann on the project is a core team of radiation oncology experts, including Radiation Oncologist, Dr Jane Ludbrook; Medical Physicist, Prof Peter Greer; and University of Newcastle Medical Physicist, Jose Antonio Baeza.

According to Prof Lehmann, this work will allow the team to optimise their software in a clinical environment and increase the accuracy of radiation treatment, limiting the risk of avoidable radiation to the heart.

"By more precisely monitoring the patient's position during breast radiotherapy we aim to reduce the side effects of treatment and raise cure rates," Prof Lehmann said.

Not only will this improve patient outcomes, but the precise nature of the treatment may also allow doctors to reduce the number of treatment sessions required for a patient. For breast therapy, this could mean reducing treatment sessions from 20 to 5.

"Creating a more convenient service, improving access to radiotherapy and reducing travel time is something we are working towards for our patients."



## *Welcome Rosie and George*

In honour of World Delirium Awareness Day, the Mater's Aged Care team came together to educate staff and visitors about delirium and showcase the Mater's newest recruits – two very cute PARO Robot Seals.

Aged Care Liaison Clinical Nurse Specialist, Sharon Lewis (pictured left), explained that the seals are designed with the benefits of animal therapy in mind.

"The seals have been found to reduce patient stress, stimulate interaction between patients and caregivers, and improve relaxation," she said.

Thanks to the hard work and generosity of the Calvary Mater Newcastle Auxiliary, the team was able to purchase the seals to better support patients during their admission.

Auxiliary President, Elaine Wellard (pictured centre), was pleased to pop by and meet the cuddly pair.

"The Auxiliary are thrilled to fund the purchase of these two adorable seals. Anything that helps patients at the Mater feel more relaxed and comfortable, as well as improve emotions and behaviours, is a fantastic project for us to fund," Elaine said.

With some fantastic suggestions from staff and visitors, the Aged Care team are excited to announce the names of our dynamic duo – Rosie (white) and George (grey).





## Palliative care researcher takes home the trophy



The work of Senior Aboriginal Health Worker and Project Officer, Julianne 'Julie' Rose, was honoured at the National Palliative Care Awards in Sydney, taking home the award for Outstanding Achievement in Aboriginal and Torres Strait Islander Palliative Care.

Julie, who has over 30 years' experience working in the health sector with Awabakal and Hunter New England Local Health District, joined the Mater to co-design a model of care for Aboriginal people in the Greater Newcastle area.

The project, entitled Miromullia which means 'continue to take care of' in Awabakal language, involved hours of yarning and research to find out what Aboriginal communities want from palliative care services.

"I started from scratch, going out to grassroots community and homes, chatting to bereaved families and others that have used our services about their experiences and stories," Julie said.

"I also yarned with health professionals that work with Aboriginal people in the health space - from GPs, nurses, allied health workers and Aboriginal Health Workers, to our own Mater palliative care staff. We're now in the process of

putting it all together to identify how we can achieve what our community would like to see."

In regards to the project, Julie explains that the Aboriginal-led research framework is something that can be adopted across other areas of health.

"What we have done here at the Mater could work for other services. It's a very authentic way of engaging with Aboriginal people and it's meaningful," she said.

"I also have a big responsibility to champion this work for my community, and I feel a sense of pride about that," she said.

As she approaches the final stages of the project, Julie is looking forward to going back out to community to present the findings.

"The community gave all their time and were open in sharing with me, so it will be great to show them what we've found."

# Stories for the Year

## Our new recruits



We experienced a welcome boost to our nursing workforce, with 19 registered nurse recruits from the United Kingdom (UK) and 12 others recruited locally, bolstering the workforce just in time for the 2023 festive season.

An additional nine overseas registered nurses were recruited and commenced in early 2024.

Director of Nursing and Cancer Services, Nicole Feenan, said, "We are so pleased to welcome our new nurses to the Mater, especially in time for the Christmas and New Year period," she said.

"At this time of year, we are particularly focused on providing great care to our patients who unfortunately cannot get home for the holidays, and we often see a spike in people presenting who are travelling from out of area.

"To be able to add these highly skilled nurses to our roster at this time is a great win for our hospital and our community."

The increase in nursing workforce at the Mater and other Calvary sites follows an international recruitment drive to attract nurses to Australia, boosting healthcare teams across the country.

The Mater's General Manager, Roz Everingham, was part of a team of Calvary leaders that travelled to the UK and Ireland earlier this year to promote employment opportunities with Calvary in Australia.

"Over a two week period in March, we interviewed various candidates for placements across all Calvary sites and it is fantastic 126 of them accepted offers of employment, with a large number coming to the Mater," she said.

"It has been a successful recruitment drive and our National and local teams are working hard to provide ongoing support to our new recruits with visas, travel arrangements, and local advice to help ensure they settle in as best as possible."

The recruits have experience in areas including emergency, intensive care, coronary care, surgical, haematology, and medical nursing, and will bolster the existing Calvary Mater Newcastle workforce, which provides specialist cancer, palliative, toxicology, emergency, general medicine and surgical services.



## Why research matters

As a stepping stone into the world of research and clinical trials, a number of fifth year medical students participated in major international studies here at Calvary Mater Newcastle.

As part of a medical degree, students are given the opportunity to participate in research programs from their third year onwards. In August 2023, there were 15 medical students participating in three international data collection studies for the Surgery Department.

These studies, led by groups based out of Europe with hospitals from around the world participating, include: the GECKO study (Global Evaluation of Cholecystectomy Knowledge and Outcomes), which is a prospective, multi-site observational study on emergency and elective cholecystectomies; the HIPPO study (Hernias, Pathway and Planetary Outcomes for Inguinal Hernia Surgery), which is a global cohort project; and the APOLLO study, which is an international snapshot on the acute presentation of colorectal cancer.

Shane Zhang, medical student and an assistant in medicine, worked alongside Colorectal Surgeon, Professor Stephen Smith, and Senior Staff Specialist for Surgical Outpatient Services, Dr Adeeb Majid, in setting up these programs.

"Research is important to improve patient outcomes in the long run. Ideally, we want to treat patients using the best possible methods. In order to do this, we have to rely on evidence and evidence is built on research," he said.

"Being involved in research programs is a great exercise for medical students in terms of knowing more about research, why research matters and how research is performed."

Research Governance Officer, Melissa Gavenlock, liaised with the students and believes that getting involved in research at data collection level is a great entry point.

"It's a really good way of introducing medical students to research. They should feel like they are contributing to global health knowledge and initiatives," she said.

"They get to learn and be enthusiastic about research and clinical trials and it adds that extra layer to their medical training, making for more engaged and enthusiastic medical professionals.

"Studies have shown that hospitals that research have better health outcomes," she said.

As for Shane, he wants to get involved in research as much as he can.

"As a future clinician, it allows me to stay on top of new guidelines and new forms of evidence and also have a chance of contributing to that evidence."



# Stories for the Year

## *Gaining real-world experience while studying*



In her final year of a Biomedical Science degree with the University of New England, Nicole Hingerty (pictured centre) is thrilled to be gaining valuable experience at the Mater while she studies.

Previously working as a Data Manager with the Medical Oncology Clinical Trials Unit, the Mater team is supporting Nicole to take on a new challenge as a trainee Clinical Trial Coordinator.

In this role, Nicole assists the team to carry out research investigations where patients test new treatments or interventions to better prevent, detect, treat or manage diseases like cancer. According to Nicole, working in clinical trials is great for those interested in the research and the clinical aspects of medical science.

"It always seemed so clear cut that post-graduate opportunities meant focusing on lab-based research or stepping into a clinical role. Clinical trials bridge those worlds together," she said.

"For someone seeking a patient-centred role in an innovative and exciting research space, a clinical trial coordinator presents this opportunity."

Nicole is working alongside a dedicated team of clinical trial oncologists, coordinators and support staff who provide a service that is imperative to a patient's cancer journey.

"Participation in a clinical trial can seem daunting, but our team supports the patient through all aspects of the process," Nicole said.

Medical Oncology Research Clinical Trial Unit Manager, Kim Adler, echoes Nicole's sentiments and hopes more students will consider completing their work experience in the unit.

"We encourage university students to pursue work experience in clinical trials as it can be a valuable and rewarding opportunity for their academic and professional development," Kim said.

"They will gain practical experience and also apply theoretical concepts learned in the classroom to real-world scenarios, allowing students to improve research skills."

As the primary cancer centre for the Hunter region with local, national and international research and clinical trial collaborations taking place, we are so pleased to have Nicole at the Mater.



## 'Giving fund' benefits haematology patients

Director of Haematology, Dr Sam Yuen, and Senior Hospital Scientist, Conjoint Associate Professor Lisa Lincz, accepted a generous donation from Tomago Aluminium totalling \$14,000.

On the day, Tomago Aluminium employee and Mater haematology patient Trevor, was on-site with his daughters for the official cheque handover.

As part of the employee-administered 'Workplace Giving Fund', Tomago Aluminium Communications Advisor, Katie Burns, explained that both employees and the company contribute financially.

"Currently, 74 per cent of our staff donate to the fund from their pay, with the company making an additional donation," she said.

"Each year, staff vote to nominate which local charities will receive funding and Calvary Mater Newcastle was one of the five organisations selected in 2023."

According to A/Prof Lincz, the Haematology Department has several areas of research that will benefit from this funding, ranging from basic discovery to clinical implementation of new treatments to combat the disease.



"The department was both surprised and humbled to be nominated as beneficiaries of this great scheme. As researchers, we rarely have contact with the patients that we hope will one day benefit from our work, so it is nice to know that they are thinking of us and value our efforts," she said.

In the laboratory, the team are working closely with collaborators at the University of Newcastle to identify new cellular targets that can be used for drug development and predicting the best treatment for each patient.

"We are also testing new combinations of commonly used cancer drugs to see if a better treatment regimen can be developed for patients with leukaemia, especially in the context of relapsed disease," A/Prof Lincz said.

A/Prof Lincz and Dr Yuen thanked Trevor and Katie for their donation towards such a valuable cause and the benefit of future Mater patients.

## Lending a helping hand for Tonga

In recent years, the small island of Vava'u, Tonga, has suffered devastating destruction. From cyclones in 2014 and 2018, to a volcanic eruption, subsequent tsunami and ash fall in 2022, the people of Vava'u were in need of a helping hand.

Answering the calls for assistance was Rotary Australia, including active members Sandy and Sani Veal from the East Maitland Rotary Club, who call the island of Vava'u their native home. Originally enquiring via the Radiation Oncology Department, Sandy and Sani requested donations of repurposed medical and educational equipment for Tongan hospitals and schools.

Acting Clinical Nurse Consultant for Oncology, Casey Hutchinson; Director of Mission Integration, Kellie Goldsworthy; and the Support

Services team, including Darrin Jenkins, Hayden Linich and Corey Pepperall; were keen to lend a hand.

With plenty of hope and an empty truck, Sandy and Sani arrived at Calvary Mater Newcastle in early July. According to Casey Hutchinson, they were overwhelmed by the response.

The Support Services team helped them load the truck with wheel chairs, beds, commodes, blood pressure machines, bandages, bed side tables, walking frames, recliners, crutches, walking sticks, and various other medical equipment, that were no longer able to be used within the hospital.

"Sandy was emotional with the generosity and support shown by Calvary Mater Newcastle staff," Casey said.



"Every donated item could be used or repurposed. It was truly one of the most rewarding projects that I have had the opportunity to participate in here at the Mater."

Before leaving, Sandy talked passionately about her home town to Casey, and what a positive impact the donations will have on the local community of Vava'u.

# Stories for the Year

## Human Experience Week – Innovate to Elevate



From 29 April to 3 May, NSW Health and the Mater celebrated Human Experience Week; an initiative to highlight the important connection between the experiences of patients, their families and carers, and the experiences of our staff and volunteers.

This year's theme 'Innovate to Elevate', looked at the importance of amplifying voices to inspire hope and the important shift from surviving to thriving.

To kick off the week, we were pleased to partner with Look Good Feel Better to deliver workshops for cancer patients held in the Mater Lecture Theatre.

The workshops, which covered topics such as hair loss, wigs, makeup and skin care, oncology massage, nutrition and mindfulness, were designed to help patients manage the physical,

psychological and social impacts of cancer treatment.

A big thank you to our incredible presenters Cindy, Tracey, Margaret, Lyn, and Camilla, as well as our friends at NSW Health, Calvary Home Care, Sleepys Foundation, Cancer Council NSW, Cakeboi and The Little Garden Florist, for making the day possible.

A special thanks also goes to our own Mater staff, who supported patients throughout the day and offered free flu vaccinations.

The event was a fantastic way of bringing services together to put on a lovely day for patients when they need it most.





## Using respectful care to disarm aggression

Knowing how to manage aggression is important in any profession – particularly in the health care setting. That's where Emergency Medicine Staff Specialist, Dr Michael Downes, and Emergency Department Registered Nurse, David Fitzgerald, come in.

The Australasian College for Emergency Medicine (ACEM) recently held their winter symposium in Newcastle, with health professionals from across Australia and New Zealand travelling to the Hunter for the four day conference.

Toxicology was one of the main topics of the conference, with Michael, David and other Mater staff presenting on management of the poisoned patient, cardiotoxic poisoning, plus snakebite and envenoming. In addition, Michael and David led a two hour interactive session on managing the agitated, commonly intoxicated patient in the emergency department.

With most of the wider team having presented on the topic previously, this was the first time the group have performed a live simulation – professional actors, paramedics and all.

"The simulation proved to be engaging and stimulating for the participants and was also a lot of fun to present. Plus, the addition of paramedics for the first time enhanced the multi-disciplinary nature of the presentation," Michael said.

With aggression becoming an ever increasing challenge in the hospital setting, Michael and David are firm believers that skills in managing conflict are crucial.

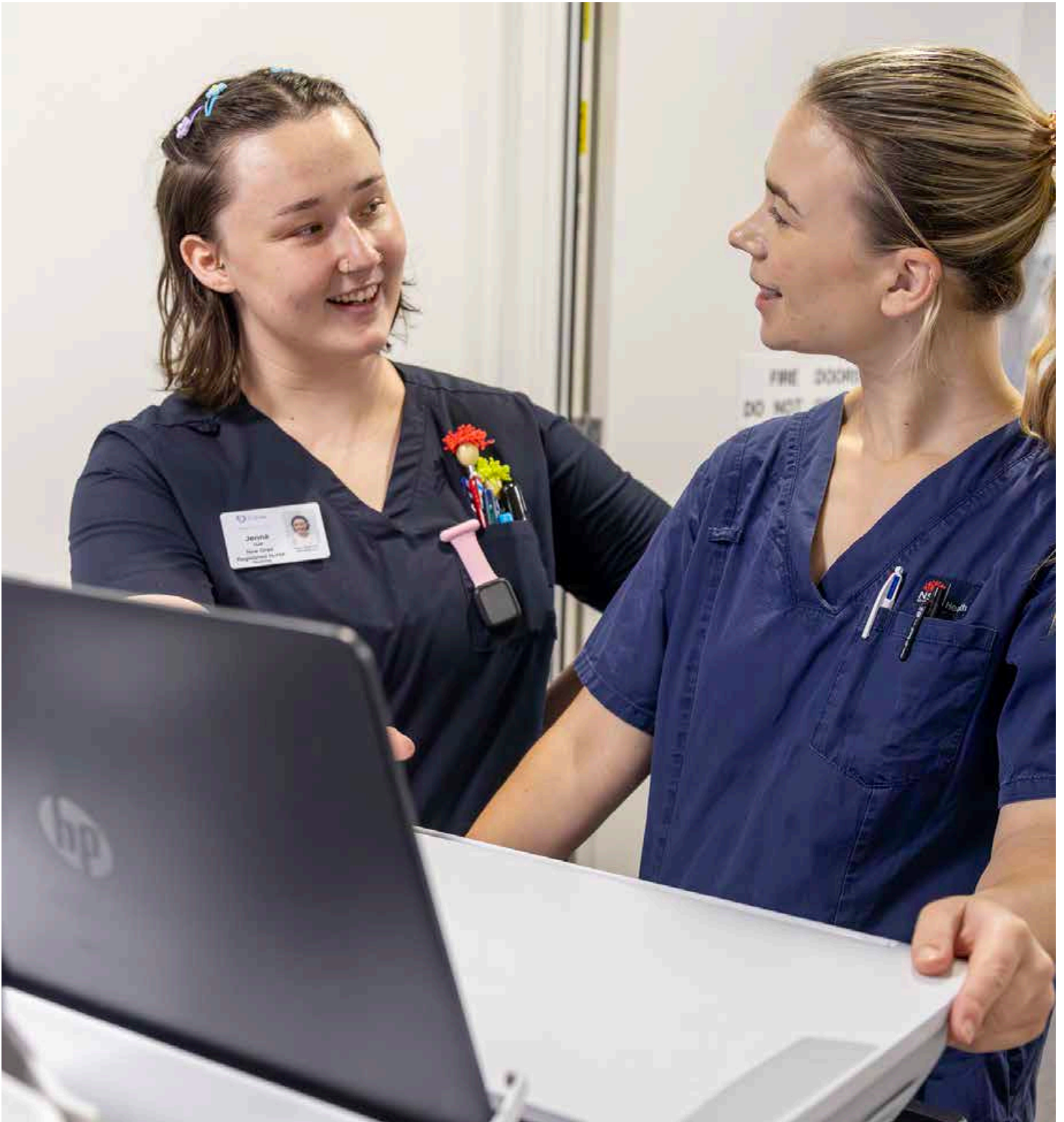
"The more skilled our workers are in early identification of potential risks and conflict resolution, the better our patient-centred care will be, while minimising the impact on staff."

As for the main take home message for the audience?

"Focus on person-centred care and treat the agitated patient with respect," David said.

"The management of an agitated patient should be treated like any critical situation – with an organised, collaborative, team-based approach."





## Fast Facts (2023-24)



## Fast facts (2023-24)



**97.9%**

Bed occupancy rate



**16,401**

Patients admitted



**3.39 days**

Average length of stay



**645**

Coronary Care Unit Admissions and **955** patients were remotely monitored via telemetry



**1323**

FTE staff employed



**340,502**

Occasions of outpatient services



**5012**

Same day admissions

**40,527**



Emergency presentations, and of these **11,375** were admitted for further treatment



**634**

Intensive Care Unit admissions



**3940**

Admissions for the Department of General Medicine, including **725** booked procedures



**1224**

Rapid response calls were attended by the Intensive Care Unit



**4471**

Outpatient occasions of service for the Department of General Medicine, including **112** off-site/ outreach appointments



**10,392**

Patients visited by Pastoral Care



**6033**

Surgical Outpatient Services occasions of service



**4246**

Procedures performed by the Operating Suite and Preoperative Clinic including electroconvulsive therapy treatments



**1817**

Occasions of service performed by the Physiotherapy Outpatient Department



**2223**

Department of Consultation-Liaison (inpatients) occasions of service and **658** new referrals



**452**

New staff recruitment health reviews



**2229**

ECHOs carried out



**1340**

ECGs performed



**29**

Radiation Oncology Clinical Trial enrollments onto **8** recruiting clinical trials



**1203**

Psycho-Oncology Service (outpatients) occasions of service and **269** new referrals





**4121**

Volunteering hours carried out  
by **40** volunteers



**\$277,370.69**

Raised by our **29** Auxiliary members



**85**

Medical Oncology Clinical Trial  
enrollments onto **40** recruiting  
clinical trials



**50**

Haematology Clinical Trial  
enrollments and **12** new clinical  
trials activated



**360,380**

Meals served to patients



**7701**

Haematology Ward  
inpatient admissions



**335**

Tonnes of waste were diverted  
from landfill



**260,055**

Radiation Oncology patients  
received radiation therapy



**14,905**

Day Treatment Centre recorded treatments  
with **1238** monthly appointments

# Year in Review









# Year in Review









# Year in Review









# Year in Review











## Research and Teaching reports



## Research Grants awarded

The hospital's Research Development and Engagement (ReDE) Committee was delighted to be able to offer grant opportunities in 2023-2024 through the Coalfield Cancer Support Group Equipment Grant, Jane Reid Harle Grant, James Lawrie Grant, Margaret Mitchell Grant, Oncology Research Grant and the Vicki Barrett Grant.

The funding recipients in 2023-24 were:

### Coalfields Cancer Support Group Equipment Fund

- Assoc Professor Lisa Lincz, Haematology – Replacing the 17 year old CMN flow cytometer, \$29,200.
- Lisa MacKenzie, Palliative Care – Data analysis software licences for Stata version 18 & Nivo version 12, \$9,795.
- Assoc Professor Jennette Sakoff, Medical Oncology – Modernisation of Zeiss Fluorescence Microscope, \$17,202.47.

### Jane Harle Reid

- Catherine Johnson, Medical Oncology, Sandra McKendry, Radiation Oncology, Dr James Lynam, Medical Oncology – Measuring Cancer Patient's Perception of care coordination at Calvary Mater Newcastle (MAP PERCEPTION), \$11,820.

### James Lawrie Grant

- Dr Yuvnik Trada, Radiation Oncology – Prognostic implication of nerve density in the tumour macro-environment in patients with oropharyngeal malignancy undergoing radiotherapy, \$29,389.

### Margaret Mitchell Research Grant

- Dr Jonathan Goodwin, Dr Mahesh Kumar, Radiation Oncology – APT-CEST MRI for Metabolic Assessment of Cancer \$50,000. 1st Recipient: Dr James Lynam

### Oncology Research Grant

- Dr Jayne Gilbert, Medical Oncology – Novel platinum agents for the treatment of ovarian cancer, \$23,536.

### Vicki Barrett Grant

- Assoc Prof Jennette Sakoff and Assoc Professor Fiona Day, Medical Oncology – New agents for the treatment of pancreatic cancer, \$58,812.00.

The ReDE Committee would like to acknowledge and thank the assessors and review panel members for their time and commitment to providing expert scientific reviews and invaluable advice for funding distribution.

## Department Research

### Department of Consultation-Liaison Psychiatry

#### Journal articles/publications

1. Colleen Loo, Nick Glozier, David Barton, Bernhard Baune, Natalie Mills, Paul Fitzgerald, Paul Glue, Shanthi Sarma, Veronica Galvez-Ortiz, Dusan Hadzi-Pavlovic, Angelo Alonzo, Vanessa Dong, Donel Martin, Stevan Nikolin, Philip Mitchell, Michael Berk, Gregory Carter, Maree Hackett, John Leyden, Sean Hood, Andrew Somogyi, Kyle Lapidus, Elizabeth Stratton, Ellen Lyrtzis, Kirsten Gainsford, Shona Neehoff, Deepak Garg, Nicollette Thornton, Célia Fourrier, Karyn Richardson, Demi Rozakis, Anish Scaria, Cathrine Mihalopoulos, Mary Lou Chatterton, William McDonald, Philip Boyce, Paul Holtzheimer, Frank Andrew Kozel, Patricio Riva-Posse, Anthony Rodgers  
  
Efficacy and Safety of Repeated Subcutaneous Ketamine Injections for Treatment Resistant Depression – The KADS Study: A Randomised, Double-Blind, Comparator-Controlled Trial  
  
(B J Psych, 223(6), 2023. 533–541. doi:10.1192/bjp.2023.79. ).
2. Witt K, McGill K, Leckning B, Nicole Hill N.T.M, Davies B.M, Robinson J, Carter G.  
  
Global prevalence of psychosocial assessment following hospital-treated deliberate self-harm: A systematic review and meta-analysis (Lancet Psychiatry. June 2023. <https://dx.doi.org/10.2139/ssrn.4476199>)
3. Chitty KM, Sperandei S, Carter G, Ali Z, Raubenheimer JE, Schaffer A, Page A, Buckley NA  
  
Five healthcare trajectories in the year before suicide and what they tell us about selective prevention: a population-level case series study (eClinical Medicine. Volume 63, 2023, 102165, <https://doi.org/10.1016/j.eclinm.2023.102165>.)
4. Forbes, Erin; Clover, Kerrie; Oultram, Sharon; Wratten, Chris; Kumar, Mahesh; Tieu, MinhThi; Carter, Gregory; McCarter, Kristen; Britton, Ben; Baker, Amanda  
  
Situational anxiety in head and neck cancer: rates, patterns, and clinical management interventions in a regional cancer setting  
  
(J Med Radiat Sci. 2023 <https://doi.org/10.1002/jmrs.736>)
5. Erin Forbes; Amanda L. Baker; Ben Britton; Kerrie Clover; Eliza Skelton; Lyndell Moore; Tonelle Handley; Sharon Oultram; Christopher Oldmeadow; Alison Gibberd et al. A systematic review of nonpharmacological interventions to reduce procedural anxiety among patients undergoing radiation therapy for cancer. Cancer Medicine. 2023-10-06. DOI: 10.1002/cam4.6573
6. Forbes E, Clover K, Baker AL, Britton B, Carlson M, McCarter K. 'Having the mask on didn't worry me until... they clamped my head down so I wouldn't move': A qualitative study exploring anxiety in patients with head and neck cancer during radiation therapy. Journal of Medical Radiation Sciences. 2023 Jan.
7. Wu Y, Levis B, Daray FM, .. et al Comparison of the accuracy of the 7-item HADS Depression subscale and 14-item total HADS for screening for major depression: A systematic review and individual participant data meta-analysis. Psychological Assessment. 2023 Feb;35(2):95.
8. Witt K, McGill K, Leckning B, Nicole Hill N.T.M, Davies B.M, Robinson J, Carter G.  
  
Global prevalence of psychiatric in- and out-patient treatment following hospital presenting deliberate self-harm: A systematic review and meta-analysis (eClinicalMedicine. Vol 65 October 2023. <https://doi.org/10.1016/j.eclinm.2023.102295>.  
  
(<https://www.sciencedirect.com/science/article/pii/S2589537023004728>)
9. Garry John Stevens, Sandro Sperandei, Gregory Leigh Carter, Sithum Munasinghe, Trent Ernest Hammond, Naren Gunja, Vlasios Brakoulis, Andrew Page  
  
Efficacy of a short message service brief contact intervention (SMS-SOS) in reducing repetition of hospital-treated self-harm: randomised controlled trial.  
  
(The British Journal of Psychiatry. November 2023;1-8. doi:10.1192/bjp.2023.152)
10. Stieler, M., Carter, G., Spittal, M.J., Campbell, C. and Pockney, P.  
  
Somatic symptom severity, depression and anxiety associations with pancreatitis and undifferentiated abdominal pain in surgical inpatients.  
  
(ANZ Journal of Surgery, 2024, 94: 634–639. <https://doi.org/10.1111/ans.18801>)
11. Donel Martin, Co-Authors: Anna Harvey; Bernard Baune; Michael Berk; Gregory Carter; Vanessa Dong; Nick Glozier; Paul Glue; Sean Hood; Dusan Hadzi-Pavlovic; Maree Hackett; Shanthi Sarma; Andrew Somogyi; Anthony Rodgers; Colleen Loo  
  
Cognitive outcomes from the randomised, active-controlled Ketamine for Adult Depression Study (KADS)  
  
(Journal of Affective Disorders 352, 2024, 163-170.  
  
ISSN 0165-0327, <https://doi.org/10.1016/j.jad.2024.02.052>.  
(<https://www.sciencedirect.com/science/article/pii/S0165032724003616>)
12. Britton B, Baker AL, Wolfenden L, Wratten C, Bauer J, Beck AK,



McCarter K, Handley T, Carter GL. Five-Year Mortality Outcomes for Eating As Treatment (EAT), a Health Behavior Change Intervention to Improve Nutrition in Patients With Head and Neck Cancer: A Stepped-Wedge, Randomized Controlled Trial.

(Int J Radiat Oncol Biol Phys. 2024 Jul 15;119(4):1166-1170. Epub 2024 Feb 5. PMID: 38320712.

doi: 10.1016/j.ijrobp.2024.01.205.)

13. Brooke Levis, Parash Mani Bhandari, Dipika Neupane, Suiqiong Fan, Ying Sun, Brett D. Thombs, Andrea Benedetti, and the DEPRESSion Screening Data (DEPRESSD) PHQ Group

Variability and bias in optimal cutoffs and accuracy estimates due to data-driven cutoff selection: Simulation study using data from 100 PHQ-9 accuracy studies

(JAMA Network Open, accepted July 2024)

## Book chapters

1. Faye Stanage and Gregory Carter

Notes on Training Pathways in Consultation-Liaison Psychiatry pp 19-31 (Chapter 2)

Seminars in Consultation-Liaison Psychiatry. Cambridge University Press January 2024

DOI: <https://doi.org/10.1017/9781911623533.002>

2. Gregory Carter, Wolfgang Söllner, James Levenson and Kathleen Sheehan

Consultation-Liaison Psychiatry: Four International Perspectives pp 413-447 (Chapter 26)

Seminars in Consultation-Liaison Psychiatry. Cambridge University Press January 2024

DOI: <https://doi.org/10.1017/9781911623533.002>

3. Britton B, Clover K, Forbes E (2024). The Psychological Impacts of Head and Neck Cancer. In: Ward, E.C. and

van As-Brooks, C.J. eds., 2024. Head and neck cancer: treatment, rehabilitation, and outcomes. Plural Publishing.

## Conference presentations

1. Cognitive outcomes following a course of racemic ketamine: Results from the randomised, active-controlled Ketamine for Adult Depression Study (KADS)

Donel M. Martin, Anna J. Harvey, Bernhard T. Baune, Michael Berk, Gregory L. Carter, Vanessa Dong, Nick Glozier, Paul Glue, Sean Hood, Dusan Hadzi-Pavlovic, Maree Hackett, Natalie Mills, Shanthi Sarma, Andrew Somogyi, Anthony Rodgers, Colleen K. Loo

Australian Brain Stimulation Conference Society. UNSW November 2023

2. Clinical Research in Liaison Psychiatry

Prof Greg Carter

Invited lecture. NSW Branch Conference, Hunter Valley 3 – 5 November 2023

3. Can the need for anxiety management interventions during radiation therapy sessions for head and neck cancer be predicted using a questionnaire to screen for claustrophobia?

Clover K, Forbes E, Oultram S, Wratten C, Kumar M, Tieu MT, Carter GL, McCarter KL, Britton B, Baker AL. Psycho-Oncology Cooperative Group (PoCoG) Scientific Meeting, Melbourne, Vic, October 2023

4. SMS SOS: The Effectiveness Of A Short Message Service (SMS) Brief Contact Intervention In Reducing Repetition Of Hospital-Treated Self-Harm

Prof Greg Carter

RANZCP Annual Congress. Canberra, ACT. March 2024

## Conference posters

1. SMS SOS: The effectiveness of a Short Message Service (SMS) brief contact intervention in reducing repetition of hospital-treated self-harm

Garry John Stevens, Sandro Sperandei, Gregory Leigh Carter, Sithum Munasinghe, Trent Ernest Hammond, Naren Gunja, Vlasios Brakoulis, Andrew Page

IASP. Piran Slovenia. September 2023

## Research funding/grants

2024 Suicide Prevention Australia Research Fund

Improving the uptake and quality of safety planning in a public mental health service

Katie McGill, Greg Carter, Bernard Leckning, Liz Newton.

\$49,900 over two years

## GENERAL MEDICINE

### Research Funding/Grants

Awarded Research Starter Grant from NSW Regional Cancer Research Network (via NSW Cancer Institute) for project titled "Investigating blood biomarkers for early cancer detection in patients with stroke of unknown cause."

### Clinical Trials

Investigator for the AHEAD 3-45 Study in dementia research (Calvary Mater Newcastle).

Investigator for Acute Telestroke Implementation to increase Treatment rates and improve outcomes for rural and regional stroke patients ('At It' study) (Calvary Mater Newcastle).

Investigator for Evaluation of an implementation intervention to enhance national translation of nurse-initiated protocols for fever, hyperglycaemia and swallowing management following stroke: a cluster randomised controlled trial (Calvary Mater Newcastle).

## Milestones

Undertaking PhD with The University of Newcastle in "Mechanisms of Cancer-Related Stroke".

## Haematology

### Overview

The Haematology Unit engages in both clinical and laboratory-based research. Clinicians and nurses are actively involved in research directed at improving patient care, while the department also supports dedicated laboratory and clinical trials teams. The Staff Specialists are committed to providing quality training to haematology registrars. Many of the staff hold conjoint appointments with the University of Newcastle and engage in teaching undergraduate medical students and supervising higher research degrees. The Unit is fortunate to have strong community support and is grateful for all the generous donations received in 2023-24.

### 2023-24 department highlights and notable events

- Retirement of Professor Philip Rowlings. A clinical haematologist with a passion for research a long history of service to the department.
- Departmental clinical trial fellows were appointed: Ben Reardon and Claudia Boshier.
- First patient was treated with CAR-T cells outside of a capital city in Australia on the CARTITUDE-5 study.
- CARTITUDE-6 was activated, a phase 3 RCT of CAR-T vs ASCT in first line treatment of younger patients with myeloma.
- Opened a phase 1B study of a bispecific autologous CAR-T cell study in lymphoma - a new generation of CAR-T cells.
- Further work on early-phase clinical trials, with increasing phase 1B study activity and work with novel compounds like ABBV-383 and BGB-16673.
- A/Prof Anoop Enjeti was awarded a Medical Research Future Fund (MRFF) grant for an Australasian Leukaemia and Lymphoma Group (ALLG) clinical trial in myelodysplastic syndrome (MDS).
- Increasing activity outside of the usual haemato-oncology trials with trials opening in Polycythemia vera, essential thrombocythemia, and

idiopathic thrombocytopenic purpura.

### Haematology Clinical Trials

#### Unit Manager: Kathy Hall

**A/Prof Enjeti** continues in his role as lead for MDS trials nationally as part of the ALLG and was successful in an MRFF grant which will fund a new domain in the national MDS platform trial he is currently leading. This trial brings leading edge treatment options via investigator-initiated trials to patients in Australasia. A number of trials in the myeloid space including investigator led as well as industry sponsored trials are underway. One such unique trial is the MRFF funded INTERCEPT trial which is focused on novel combination therapies directed towards measurable residual disease (MRD) in AML. A/Prof Enjeti was elected executive member of the ALLG's scientific advisory committee and continues to lead the ALLG's acute leukaemia/myelodysplasia working party.

### Blood and Marrow Stem Cell Transplant Research

#### Philip Rowlings, Sam Yuen, Louisa Brown, Linda Welschinger

Patient transplant data is reported to the Australian Bone Marrow Transplant





Recipients Registry (ABMTRR) as part of Australian Bone Marrow Transplant (BMT) research and development. This data is also part of the Asia Pacific Bone Marrow Transplant (APBMT) research group. The CMN Unit is the lead site on the ethics application for data collection of the NSW BMT Network, a subgroup of the Agency for Clinical Innovation (ACI) of the Clinical Excellence Commission (CEC), of the NSW Ministry of Health.

### Venous Thromboembolism and Transfusion Research

**Dr Ritam Prasad, Dr Kate Melville, Dr Katherine Rankin, Dr Jillian De Malmanche, and Dr Anoop Enjeti**

Practise changing audits and interventions have been important contributions in these areas with Dr Katherine Rankin as chair of area transfusion committee and Dr Melville as chair of the area venous thromboembolism (VTE) committee. Dr Melville is also involved in Obstetric Haematology.

### Laboratory Research - The Hunter Haematology Research Group

**Lisa Lincz, Fiona Scorgie, Anoop Enjeti, Ritam Prasad**

The Haematology Research Laboratory conducts studies into haematological cancers and disorders of coagulation. The laboratory is linked to the University of Newcastle and offers training to registrars and students.

The group maintains strong collaborations with researchers nationally and internationally through memberships with various societies: Australasian Leukaemia & Lymphoma Group (ALLG), Thrombosis and Haemostasis Society of Australia and New Zealand (THANZ), International Society on Thrombosis and Haemostasis (ISTH); Children's Oncology Group (COG); as well as through individual collaborations with researchers interstate and internationally; and locally with the departments of Molecular Medicine (NSW Health Pathology-JHH), Medical Oncology (CMN), Hunter Medical Research Institute, and the School of Biomedical Sciences and Pharmacy (U of Newcastle).

Clinical and laboratory researchers from the haematology unit make up a large proportion of the Blood Cancer component within the Precision Medicine Research Program within the Hunter Medical Research Institute. This program forms connections between basic medical research and patient-centred intervention studies with the ultimate aim of identifying the most appropriate treatments for individual patients by deciphering the characteristics of complex diseases – providing the right treatment for each patient at the right time.

### Completed Research Higher Degrees/ Student projects

Examination of tetrandrine as a potential treatment of Acute myeloid leukaemia. D Barry (BSc. Hons 2023) Supervisors: K Skelding and L Lincz

### Research Funding

NSW Regional Cancer Research Network Grant Recipient 2024, Benjamin Reardon for a project on PCP implementation led by Dr Janowski and A/Prof Enjeti. This is co-funded by industry.

CMN Coalfields Cancer Support Group. Contribution towards a new flow cytometer. L Lincz \$30,000

MRFF and industry co-funded grant awarded ~1.7 million to A/Prof Anoop Enjeti for a lower risk MDS trial which will be a multicentre AU/NZ investigator initiated trial in MDS.

Optimal Care Pathway Adherence Assessment (OCPAA) Tools: User Guide – Macquarie University (mq.edu.au). These freely available webtools were developed in collaboration with Macquarie University and co-funded by industry. Dr Janowski contributed and A/Prof Enjeti led the project from the clinical perspective.

### Conference and Meeting Proceedings

(including results of clinical trials in which CMN haematology patients were participants)

1. Kaufman, J., C. Gasparetto, T. Kovacovics, G. Mikala, T. Masszi, L. Rosinol, **W. Janowski**, A. Oriol, M. Onishi, Z. Liu, M. Badawi, J. Ross, R.

Pothacamury, O. Bueno, E. Dobkowska, E. Stadtmauer, and L. Costa, OA-29 First results from the randomized portion of a phase 2 study of venetoclax plus carfilzomib-dexamethasone vs carfilzomib-dexamethasone in patients with t(11;14) relapsed/refractory multiple myeloma. Clinical Lymphoma, Myeloma and Leukemia, 2023. 23: p. S18.DOI: 10.1016/S2152-2650(23)01596-3.

2. Verner, E., A. Johnston, N. Pati, E. Hawkes, H.P. Lee, T. Cochrane, C.Y. Cheah, R. Filshie, D. Purtill, H. Sia, **A.K. Enjeti**, C. Brown, N. Murphy, J. Curnow, K. Lee, M.K. Gandhi, B.E. Butcher, and J. Trotman, Final analysis of Australasian Leukaemia & Lymphoma Group NHL29: A phase II study of ibrutinib, rituximab and mini-CHOP in very elderly patients with newly diagnosed DLBCL. Hematological Oncology, 2023. 41(S2): p. 426-7.DOI: [https://doi.org/10.1002/hon.3164\\_313](https://doi.org/10.1002/hon.3164_313).
3. Touzeau, C., M. Beksac, E. Terpos, S.Z. Usmani, A.Y. Krishnan, I.S. Nijhof, **W. Janowski**, C. Hulin, S. Grosicki, M. Delforge, D. McAleer, S. Nagle, Y. Olyslager, J. Miller, Z. Craig, J. Khan, T. Kampfenkel, S. Manier, and N.W.C.J.v.d. Donk, Safety results from the phase 3 MajesTEC-7 study in patients (pts) with transplant ineligible/not intended newly diagnosed multiple myeloma (NDMM). Journal of Clinical Oncology, 2024. 42(16\_suppl): p. 7506-.DOI: 10.1200/JCO.2024.42.16\_suppl.7506.
4. **Enjeti, A.K.**, C.Y. Fong, F. Castaldi, G. van Wyk, R. Walton, and H.N. Keer, Phase 3b Study Design: Comparing Treatment Preference between Oral Decitabine/Cedazuridine and Azacitidine in Patients with Myelodysplastic Syndrome, Low-Blast Acute Myeloid Leukaemia, or Chronic Myelomonocytic Leukaemia. Leukemia Research Reports, 2024. 21: p. 100440.
5. **Reardon, B.** and I. Kerridge, Real world retrospective analysis of elotuzumab therapy in relapsed/refractory multiple myeloma.

Pathology, 2024. **56**: p. S104.DOI: 10.1016/j.pathol.2023.12.349.

**American Society of Haematology 65th annual meeting, Dec 9-12, 2023, San Diego, CA**

6. **Enjeti, A.K.**, C.Y. Fong, F. Castaldi, T. Paine, D. Collett, and R. Morlock, Development of the Treatment Preference in Myelodysplasia Questionnaire (TPMQ) for Clinicians (mTPMQ), Carers (cTPMQ), and Patients (pTPMQ). *Blood*, 2023. **142**(Supplement 1): p. 5188-.DOI: 10.1182/blood-2023-185981.
7. Garcia-Manero, G., O. Odenike, S. Fleming, G.J. Roboz, M. Jacoby, I. Cunningham, K.-A. Kreuzer, **A.K. Enjeti**, M.R. Baer, R. Cook, J. Jurcic, G. Ku, Y. Zhou, D. Hoffman, J. Potluri, and J.S. Garcia, Combination of Venetoclax and Azacitidine in Patients with Treatment-Naive, High-Risk Myelodysplastic Syndromes with Responses Leading to Stem Cell Transplantation. *Blood*, 2023. **142**(Supplement 1): p. 1868-. DOI: 10.1182/blood-2023-187102.
8. Lasica, M., A. Spencer, N. Horvath, **W. Janowski**, D. Coghlan, C. Wallington-Gates, P. Campbell, H.C. Lai, G. McCaughan, N. Weber, A. Puliyayil, P. Wong, D. Yachao, K. Le, J. Reynolds, and H. Quach, A Phase I/II Single Arm Study of Belantamab Mafodotin, Carfilzomib and Dexamethasone in Patients with Relapsed Multiple Myeloma: Planned Interim Analysis of Safety and Efficacy. *Amarc 19-02 Belacard Study*. *Blood*, 2023. **142**(Supplement 1): p. 2012-.DOI: 10.1182/blood-2023-189005.
9. Lim, K.J.C., C. Wellard, E. Moore, S. Ninkovic, W.-J. Chng, A. Spencer, P. Mollee, J. Hocking, P.J. Ho, **W. Janowski**, K. Kim, K. Dun, Z.K. McQuilten, F. Chen, and H. Quach, Impact of 1q21 Gain and Amplification on Daratumumab-Treated Multiple Myeloma Patients: Real-World Data from the Australia-New Zealand and Asia-Pacific Myeloma and Related Diseases Registries. *Blood*, 2023. **142**(Supplement 1): p. 3325-.DOI: 10.1182/blood-2023-173896.

10. Murray, H.C., **A.K. Enjeti**, S. Samaraweera, J.S. Brzozowski, K. Miller, R.J. D'Andrea, and N.M. Verrills, Proteogenomics Coupled with Ex Vivo Profiling for Therapeutic Targeting in AML. *Blood*, 2023. **142**(Supplement 1): p. 4300-.DOI: 10.1182/blood-2023-191314.
11. Ninkovic, S., C.K. Yannakou, N. Murphy, R.A. Harrup, C. Wallington-Gates, M. Sobieraj-Teague, M.H. Sidiqi, A. Puliyayil, **W. Janowski**, J. Reynolds, A. Spencer, and H. Quach, Isatuximab Rescue for Inadequate Response to Lenalidomide and Dexamethasone in Transplant Ineligible Patients with Newly Diagnosed Multiple Myeloma: Primary Analysis of the Phase II Iril Study of the Australian Myeloma Research Consortium (AMaRC 18-02). *Blood*, 2023. **142**(Supplement 1): p. 2019-.DOI: 10.1182/blood-2023-185944.

**European Haematology Association meeting, June 13-16, 2023, Madrid, Spain**

12. Minson, A., E. Verner, P. Giri, S. Min Wong, S. Ratnasingam, J. Butler, **W. Janowski**, M. Ku, C. Cheah, M. Hertzberg, K. Herbert, N. Hamad, C. Yannakou, P. Neeson, J. Saghebi, P. Blombery, M. Robertson, L. Shong Lau, J. Xie, J. Seymour, and M. Dickinson, P1117: Glofitamab Plus R-Chop or Polatuzumab Vedotin-R-Chp Is Deliverable and Yields High Overall Response in Patients <=65 Years of Age with High-Risk Dlbcl or Hgbl: Interim Analysis of the Coalition Study. 2023: Hemasphere. 2023 Aug 8;7(Suppl ):e8608732. doi: 10.1097/01.HS9.0000971364.86087.32. eCollection 2023 Aug.
13. Tan, C., E. Searle, S. Anguille, M. Bhutani, N. Biran, K. Boyd, A. Cowan, J. Matous, A. Perrot, J. Berdeja, **W. Janowski**, R. Popat, H. Quach, M. Schroeder, S.W. Wong, D. Vishwamitra, Y. Guo, Z. Niu, J. Larsen, L. Chen, A. Banerjee, and C. Touzeau, P865: Teclistamab in Combination with Lenalidomide in Previously Treated Patients with

Multiple Myeloma in the Phase 1b Multicohort Majestic-2 Study. 2023: Hemasphere. 2023 Aug 8;7(Suppl ):e162590e. doi: 10.1097/01.HS9.0000970364.16259.0e. eCollection 2023 Aug.

14. Usmani, S.Z., M. Mielnik, J. Min Byun, A. Alonso Alonso, A.-O. Abdallah, M. Garg, H. Quach, C.-K. Min, **W. Janowski**, E.M.O.S. Miguel, K. Weisel, A. Oriol, I. Sandhu, P. Rodríguez-Otero, K. Ramasamy, J. Egger, D. Williams, J. MA, M. Kaisermann, and M. Hus, P864: a phase 1 study of belantamab mafodotin in combination with standard of care in newly diagnosed multiple myeloma: an interim analysis of DREAMM-9. *HemaSphere*, 2023. **7**(S3): p. e069676b.DOI: 10.1097/01.HS9.0000970360.06967.6b.
15. Verner, E., A. Johnston, N. Pati, E. Hawkes, H. Peng Lee, T. Cochrane, C. Yoon Cheah, R. Filshie, D. Purtill, H. Sia, **A.K. Enjeti**, C. Brown, N. Murphy, J. Curnow, K. Lee, M. Gandhi, B. Butcher, and J. Trotman, P1127: final analysis of australasian leukaemia & lymphoma group NHL29: a phase II study of ibrutinib, rituximab and mini-CHOP in very elderly patients with newly diagnosed DLBCL. *HemaSphere*, 2023. **7**(S3): p. e129974b.DOI: https://doi.org/10.1097/01.HS9.0000971404.12997.4b.

**American Society for Clinical Oncology (ASCO) 2024 May 30-June 3 Chicago. IL**

16. Touzeau, C., M. Beksac, E. Terpos, S.Z. Usmani, A.Y. Krishnan, I.S. Nijhof, **W. Janowski**, C. Hulin, S. Grosicki, M. Delforge, D. McAleer, S. Nagle, Y. Olyslager, J. Miller, Z. Craig, J. Khan, T. Kampfenkel, S. Manier, and N.W.C.J.v.d. Donk, Safety results from the phase 3 MajesTEC-7 study in patients (pts) with transplant ineligible/not intended newly diagnosed multiple myeloma (NDMM). *Journal of Clinical Oncology*, 2024. **42**(16\_suppl): p. 7506-.DOI: 10.1200/JCO.2024.42.16\_suppl.7506.



## Blood 2023, Melbourne, Australia

17. **Benjamin Reardon, Bryony Ross**, Caroline Bateman. Transient Abnormal Myelopoiesis with non-constitutional trisomy 21 and GATA1 mutation.
18. Lisa Bentley, **Benjamin Reardon**, Anette Nissen, Laura Pollard, Kathy Maloney, Jenna Langfield, Mark Robertson Granulocyte transfusion as bridge to allogeneic stem cell transplant in severe aplastic anaemia.
19. **Fiona E Scorgie**, Danielle Theron, Daniel Barry, Kylie Cox, **Jonathan Sillar, Anoop K Enjeti**, Kathryn Skelding, **Lisa F Lincz**. High expression of ENO1 and low levels of circulating anti-ENO1 autoantibodies correlate with MDS/AML.

## Invited speaker presentations

A/Prof Anoop Enjeti. American Society of Haematology Dec 2023, San Diego, Novartis symposium: Updates on therapy in Myelodysplasia

A/Prof Anoop Enjeti. LIMBIC online Myelodysplasia update, 2023, chair and lead presenter

A/Prof Anoop Enjeti. Co-presenter and host for Amer Zeidan in Australia, MDS updates Sydney, 2023

## Advisory/Board Membership

### Sam Yuen

- Executive Committee, NSW BMT Network of the Agency for Clinical Innovation, NSW Health

### Anoop Enjeti

- Co-chair, Acute Leukaemia working party, ALLG
- Chair, MDS working group, ALLG
- Executive member Scientific Advisory committee, ALLG
- Board of Examination and Assessment, Board of Professional Practise and Quality (RCPA)
- Chair RACP /RCPA Combined Joint College Training Program Australia New Zealand
- Executive member Precision Medicine Program HMRI and UoN
- Member, Evidence based Guidelines

(EviQ) committee, NSW Cancer Institute (NSW CI)

- Member, NSW Haematology Teaching/ AT committee

### Ritam Prasad

- Member, Australian Haemophilia Centre Directors organisation Executive Committee
- Member, Executive Advisory Board, Alexis Pharmaceuticals

### Wojt Janowski

- Member, Myeloma Australia Scientific Advisory Group
- Member, ALLG myeloma subcommittee
- Member, Australasian Myeloma Research Consortium Steering Committee
- Member, eVIQ Haematology Reference Group

### Lisa Lincz

- Member, CMN Translational Research Advisory Committee
- Member, CMN Research Development and Engagement Committee

### Fiona Scorgie

- Chairperson, CMN OH&S Committee
- Member, CMN Mission and Values Committee

### Linda Welschinger

- CCS, Blood & Marrow Transplant Laboratory
- Member, ACI BMT Laboratory Working Group

## Publications (including results of clinical trials in which CMN haematology patients were participants)

1. Campbell, A., B. Teh, S. Mulligan, D.M. Ross, R. Weinkove, N. Gilroy, S. Gangatharan, H.M. Prince, J. Szer, J. Trotman, S. Lane, M. Dickinson, H. Quach, **A.K. Enjeti**, M. Ku, G. Gregory, G. Hapgood, P.J. Ho, T. Cochrane, C. Cheah, M. Greenwood, M. Latimer, L. Berkahn, J. Wight, T. Armytage, P. Diamond, C.S. Tam, and N. Hamad, Australia and New Zealand consensus position statement: use of COVID-19 therapeutics in patients with haematological malignancies. Intern Med J, 2024. 54(2): p. 328-36. DOI: 10.1111/imj.16303.

2. Chauhan, A., R. Harrison, R. Mitchell, G. Arnolda, P. Hibbert, J. Braithwaite, **A. Enjeti, W. Janowski**, C. Pinto, M. Smith, and W. Shaw, Optimal Care Pathway Adherence Assessment (OCPAA) Tools: User Guide. 2024.
3. Choi, P., E. Merriman, A. Bennett, **A. Enjeti**, C.W. Tan, I. Goncalves, D. Hsu, and R. Bird, Updated treatment options for immune thrombocytopenia. Intern Med J, 2024. 54(2): p. 201-3. DOI: 10.1111/imj.16246.
4. **Enjeti, A., A. Ashraf**, V. Caillet, A. Alam, J. Silar, H. Keer, F. Castaldi, and T. Paine, Real-world study of the use of azacitidine in myelodysplasia in Australia. EJHaem, 2024. 5(3): p. 527-34. DOI: 10.1002/jha2.911.
5. **Enjeti, A.K.**, W.E. Fogler, T.A.G. Smith, **L.F. Lincz**, D.R. Bond, and J.L. Magnani, Combining 5-azacitidine with the E-selectin antagonist uproleselan is an effective strategy to augment responses in myelodysplasia and acute myeloid leukaemia. Br J Haematol, 2024. 204(6): p. 2264-74. DOI: 10.1111/bjh.19466.
6. Facon, T., M.A. Dimopoulos, X.P. Leleu, M. Beksac, L. Pour, R. Hájek, Z. Liu, J. Minarik, P. Moreau, J. Romejko-Jarosinska, I. Spicka, V.I. Vorobyev, B. Besemer, T. Ishida, **W. Janowski**, S. Kalayoglu-Besisik, G. Parmar, P. Robak, E. Zamagni, H. Goldschmidt, T.G. Martin, S. Manier, M. Mohty, C. Oprea, M.F. Brégeault, S. Macé, C. Berthou, D. Bregman, Z. Klippel, and R.Z. Orlowski, Isatuximab, Bortezomib, Lenalidomide, and Dexamethasone for Multiple Myeloma. N Engl J Med, 2024. DOI: 10.1056/NEJMoa2400712.
7. Ho, P.J., A. Spencer, P. Mollee, C.E. Bryant, **A.K. Enjeti**, N. Horvath, B.E. Butcher, J. Trotman, S. Gibbs, and D.E. Joshua, Serum Free Light Chain Kinetics Is Predictive of Renal Response in Myeloma Patients With Renal Impairment-An ALLG Trial of Carfilzomib-Dexamethasone Therapy in Frontline and Relapse. Clin Lymphoma Myeloma Leuk,

2024. 24(8): p. 543-52.e1.DOI: 10.1016/j.clml.2024.04.001.
8. Hungria, V., P. Robak, M. Hus, V. Zherebtsova, C. Ward, P.J. Ho, A.C. Ribas de Almeida, R. Hajek, K. Kim, S. Grosicki, H. Sia, A. Bryant, M. Pitombeira de Lacerda, G. Aparecida Martinez, A.M. Sureda Balarí, I. Sandhu, C. Cerchione, P. Ganly, M. Dimopoulos, C. Fu, M. Garg, A.O. Abdallah, A. Oriol, M.E. Gatt, M. Cavo, R. Rifkin, T. Fujisaki, M. Mielnik, N. Pirooz, A. McKeown, S. McNamara, X. Zhou, M. Nichols, E. Lewis, R. Rogers, H. Baig, L. Eccersley, S. Roy-Ghanta, J. Opalinska, M.V. Mateos, and D.-. Investigators, Belantamab Mafodotin, Bortezomib, and Dexamethasone for Multiple Myeloma. *N Engl J Med*, 2024. 391(5): p. 393-407.DOI: 10.1056/NEJMoa2405090.
9. Lim, S., J. Reynolds, H. Quach, A. Hutchinson, I. Kerridge, **W. Janowski**, K. Bergin, and A. Spencer, Response adaptive salvage treatment with daratumumab-lenalidomide-dexamethasone for newly diagnosed transplant-eligible multiple myeloma patients failing front-line bortezomib-based induction therapy-ALLG MM21. *Br J Haematol*, 2024.DOI: 10.1111/bjh.19578.
10. **Lincz, L.F., K. Makhija, K. Attalla, F.E. Scorgie, A.K. Enjeti, and R. Prasad**, A comparative evaluation of three consecutive artificial intelligence algorithms released by Techcyte for identification of blasts and white blood cells in abnormal peripheral blood films. *Int J Lab Hematol*, 2024. 46(1): p. 92-8.DOI: 10.1111/ijlh.14180.
11. **Lincz, L.F., D.Z. Theron, D.L. Barry, F.E. Scorgie, J. Sillar, O. Sefhore, A.K. Enjeti**, and K.A. Skelding, High Expression of ENO1 and Low Levels of Circulating Anti-ENO1 Autoantibodies in Patients with Myelodysplastic Neoplasms and Acute Myeloid Leukaemia. *Cancers (Basel)*, 2024. 16(5).DOI: 10.3390/cancers16050884.
12. Loo, S., A.W. Roberts, N.S. Anstee, G.A. Kennedy, S. He, A.P. Schwarzer, **A.K. Enjeti**, J. D'Rozario, P. Marlton, I.A. Bilmon, J. Taper, G. Cull, C. Tiley, E. Verner, U. Hahn, D.K. Hiwase, H.J. Iland, N. Murphy, S. Ramanathan, J. Reynolds, D.M. Ong, I.S. Tiong, M. Wall, M. Murray, T. Rawling, J. Leadbetter, L. Rowley, M. Latimer, **S. Yuen**, S.B. Ting, C.Y. Fong, K. Morris, A. Bajel, J.F. Seymour, M.J. Levis, and A.H. Wei, Sorafenib plus intensive chemotherapy in newly diagnosed FLT3-ITD AML: a randomized, placebo-controlled study by the ALLG. *Blood*, 2023. 142(23): p. 1960-71.DOI: 10.1182/blood.2023020301.
13. McErlean, G., C. Tapp, L. Brice, N. Gilroy, M. Kabir, M. Greenwood, S.R. Larsen, J. Moore, D. Gottlieb, M. Hertzberg, **L. Brown**, M. Hogg, G. Huang, C. Ward, and I. Kerridge, Predictors of post traumatic growth in allogeneic hematopoietic stem cell transplantation survivors: a cross-sectional survey. *BMC Psychol*, 2023. 11(1): p. 235.DOI: 10.1186/s40359-023-01204-4.
14. Morlock, R., C. Fong, F. Castaldi, T. Paine, D. Collett, and **A. Enjeti**, Development of the treatment preference in myelodysplasia questionnaire for clinicians, carers, and patients. *EJHaem*, 2024. 5(3): p. 535-40.DOI: 10.1002/jha2.930.
15. Ng, A.P., R. Adams, I.S. Tiong, L. Seymour, D. Talaulikar, E. Palfreyman, **A. Enjeti**, and C. Tate, Reporting bone marrow biopsies for myelodysplastic neoplasms and acute myeloid leukaemia incorporating WHO 5th edition and ICC 2022 classification systems: ALLG/RCPA joint committee consensus recommendations. *Pathology*, 2024. 56(4): p. 459-67. DOI: 10.1016/j.pathol.2024.02.002.
16. **Reardon, B.**, J. Hsu, S. Smith, R. Van Der Linde, D.A. Brown, E. Tegg, and S.C. Sasson, Anti-JOVI.1 antibodies to detect clonal T cell populations: implementation into a diagnostic flow cytometry laboratory and correlation with clinical findings. *Pathol Pathophysiol*, 2024. 1: p. 1-6.
17. **Reardon, B.**, L. Pasalic, and E.J. Favaloro, The Role of Viscoelastic Testing in Assessing Hemostasis: A Challenge to Standard Laboratory Assays? *Journal of Clinical Medicine*, 2024. 13(12): p. 3612.
18. Tiong, I.S., M. Wall, A. Bajel, A. Kalro, S. Fleming, A.W. Roberts, N. Thiagarajah, C.C. Chua, M. Latimer, D. Yeung, P. Marlton, A. Johnston, A. Enjeti, C.Y. Fong, G. Cull, S. Larsen, G. Kennedy, A. Schwarzer, D. Kipp, S. Ramanathan, E. Verner, C. Tiley, E. Morris, U. Hahn, J. Moore, J. Taper, D. Purtill, P. Warburton, W. Stevenson, N. Murphy, P. Tan, A. Beligaswatte, H. Mutsando, M. Hertzberg, J. Shortt, F. Szabo, K. Dunne, and A.H. Wei, How comparable are patient outcomes in the "real-world" with populations studied in pivotal AML trials? *Blood Cancer J*, 2024. 14(1): p. 54.DOI: 10.1038/s41408-024-00996-x.
19. **Yuen, S.**, T.J. Phillips, R. Bannerji, P. Marlton, G. Gritti, J.F. Seymour, A. Johnston, C. Arthur, A. Doderio, S. Sharma, J. Hirata, L. Musick, and C.R. Flowers, Polatuzumab vedotin, venetoclax, and an anti-CD20 monoclonal antibody in relapsed/refractory B-cell non-Hodgkin lymphoma. *Am J Hematol*, 2024. 99(7): p. 1281-9.DOI: 10.1002/ajh.27341.
20. Zinzani, P.L., J. Mayer, C.R. Flowers, F. Bijou, A.C. De Oliveira, Y. Song, Q. Zhang, M. Merli, K. Bouabdallah, P. Ganly, H. Zhang, R. Johnson, A. Martín García-Sancho, M. Provencio Pulla, M. Trněný, **S. Yuen**, H. Tilly, E. Kingsley, G. Tumyan, S.E. Assouline, R. Auer, E. Ivanova, P. Kim, S. Huang, R. Delarue, and J. Trotman, ROSEWOOD: A Phase II Randomized Study of Zanubrutinib Plus Obinutuzumab Versus Obinutuzumab Monotherapy in Patients With Relapsed or Refractory Follicular Lymphoma. *J Clin Oncol*, 2023. 41(33): p. 5107-17. DOI: 10.1200/jco.23.00775.



## MEDICAL ONCOLOGY RESEARCH (MOR)

### MOR Trials

- **Investigators:** Dr Howard Chan, Dr Fiona Day, Dr Janine Lombard, Dr James Lynam, Dr Girish Mallesara, Dr Hiren Mandaliya, Dr Ina Nordman, Dr Tin Quah, Dr Andre van der Westhuizen, Dr Mathew George, Dr Prajwol Shrestha and Dr Lucy Corke
- **Clinical Trial Fellow:** Dr Faisal Hayat and Dr Syapiq Long
- **Clinical Trial Manager:** Kim Adler
- **Senior Clinical Trial Coordinators:** Kerrie Cornall, Jennifer McFarlane and Gail Walker
- **Clinical Trial Coordinators:** Kirrilee Askew, Kelly Barker, Bridgette Donati, Rochelle Jones, Saba Kugashiya, Caitlyn McHugh, Ashleigh Gartner, Emily Munn, Emily Millington and Emily Byrne
- **Finance Coordinator:** Alison Leonard-England
- **Ethics Coordinator:** Allison Kautto
- **Start-up Coordinator:** Lisa Paksec
- **Systems Coordinator:** Anthony Morrison
- **Data Managers:** Nicole Hingerty, Leigh Pauls, Zoran Jovanovic, Dmitry Dvoretzkiy and Liam Pride
- **Laboratory Technicians:** Phillip McIndoe and Liam Pride
- **Administration Officer:** Courtney Hill

2023-24 has proven to be another busy year for MOR Trials. In November 2023 we participated in the pilot Early Phase Clinical Trial Quality Recognition Scheme (EPCT QRS) coordinated by the office of Health and Medical Research (OHMR). This was a great opportunity to review our practices and ensure we are providing the best care for our patients and producing quality research. This recognition will enable MOR trials to be a preferred centre and increase our portfolio of access to early phase trials for our patients.

We have increased our early phase portfolio substantially in the last 12 months with 1 'first in Human study' and 6 'Phase 1 studies' recruiting. This means more treatment opportunities for our patients close to home. Over the past year MOR Trials opened 20 new clinical trials to recruitment across the Hunter New England health district - covering breast, colorectal, gastroesophageal, lung, melanoma, head & neck cancer, bladder, pancreas, renal, testicular, ovarian, and non-melanoma skin cancer.

As of 30 June 2024, 40 trials were actively recruiting participants, 4 trials remained on hold and another 16 trials were pending approval to commence. These trials were a mixture of phase 1, II & III cooperative group, pharmaceutical sponsored studies and investigator initiated studies.

Overall 107 patients were offered the opportunity to participate in a clinical trial. Of these 85 have been enrolled into a clinical trial.

MOR has been successful in receiving a grant from OMICO to fund an increase in our participation to the OMICO Cancer Screening program (CaSP). This has enabled us to send over 200 patients samples so far for molecular testing in order to help find treatments specific to patients.

### MOR Experiments

- **Director of MOR Laboratory and Chief Hospital Scientist:** Assoc Prof Jennette Sakoff
- **Hospital Scientists:** Dr Jayne Gilbert and Madhu Garg

Another busy year also for the research laboratory. Of note, for many years Madhu Garg has been studying the benefits of therapeutic drug monitoring (TDM) of mitotane, a compound used in the treatment of a rare cancer called adrenocortical carcinoma. During this time Madhu developed a rapid HPLC method for the detection of mitotane and its metabolites in plasma from patients undergoing treatment. Leading on from this, our research facility became the only laboratory in the southern hemisphere to provide a service of monitoring mitotane in this

patient cohort. The original method publication was Garg MB, Sakoff JA, Ackland SP 2011, A simple HPLC method for plasma level monitoring of mitotane and its two main metabolites in adrenocortical cancer patients. J Chromatog B 879: 2201- 2205.

More recently, the assay development by Madhu was translated by BSN Biological (Italy) into a diagnostic kit (FloChrom Mitotane/DDE in Plasma, Ref # M-EUH07050), allowing global access to a standardised assay tool, with acknowledgement of our contribution in the package insert. This development is a significant achievement underpinning the importance of monitoring mitotane in clinical management and the importance of investing in scientific method development.

Our research laboratory also received significant funding from PanKIND Foundation for the development of novel compounds for the treatment of pancreatic cancer. This funding is in collaboration with the UNSW (Sharbeen and Phillips), the University of Newcastle (McCluskey) and CMN (Gilbert, Garg and Sakoff). This project focuses on the pre-clinical analysis of a unique class of compounds discovered by Assoc Professor Jennette Sakoff.

### Publications

1. **Esophageal chemo radiotherapy with concurrent nivolumab: Pilot results in the palliative treatment of oligo metastatic disease.** Day F, Sridharan S, Johnson C, et al. Asia-Pac J Clinical Oncology. 2024; 20: 416-422. <https://doi.org/10.1111/ajco.14057>
2. **Pamiparib in combination with tislelizumab in patients with advanced solid tumours: results from the dose-expansion stage of a multicentre, open-label, phase I trial.** Friedlander, M., Mileschkin, L., Lombard, J. et al. Br J Cancer (2023). <https://doi.org/10.1038/s41416-023-02349-0>
3. **The impact of erythropoiesis-stimulating agents administration concomitantly with adjuvant anti-HER2 treatments on the**

**outcomes of patients with early breast cancer: a sub-analysis of the ALTTO study.**

Martins-Branco, D., Kassapian, M., Debien, V., Lombard J., et al. <https://doi.org/10.1007/s10549-023-07159-9> Breast Cancer Res Treat (2023).

4. **Women's cardiovascular health – the cardio-oncologic jigsaw.** Ray M, Butel-Simoes LE, Lombard JM, Nordman IIC, Van der Westhuizen A, Collins NJ, Ngo DTM, Sverdllov AL. *Climacteric*. 2023 Dec 11:1-8. doi:10.1080/13697137.2023.2286382
5. **Mucinous ovarian carcinoma: A survey of practice in Australia and New Zealand.** Rajadevan N, Flinkier A, Saunders H, Lee Y C, Scott C, Khaw P, Allan P, Davies C, Andrew J, Wilson M, Lombard J M, Harrison M, Nesfield H, DeFazio A, Meniawy T and Gorringe, K.L. <https://doi.org/10.1111/ajo.13792>. Australia New Zealand J Obstetrics Gynaecology (2024)
6. **Atezolizumab and chemotherapy for advanced or recurrent endometrial cancer (AtTend): a randomised, double-blind, placebo-controlled, phase 3 trial.** Nicoletta Colombo, Elena Biagioli, Kenichi Harano, Francesca Galli, Emma Hudson, Yoland Antill, Chel Hun Choi, Manuela Rabaglio, Frederic Marmé, and the AtTend study group. [https://doi.org/10.1016/S1470-2045\(24\)00334-6](https://doi.org/10.1016/S1470-2045(24)00334-6) The Lancet Oncology, Aug 2024.
7. Reviewer for 'Resilience Kit – for women living ovarian cancer' Ovarian Cancer Australia. Hiren Mandaliya
8. **Inhibition of clathrin mediated endocytosis: Pitstop 1 and Pitstop 2 chimeras.** Prichard K; Chau N; Xue J; Krauss M; Sakoff JA; Gilbert J; Bahnik C; Muehlbauer M; Radetzki S; Robinson PJ; Haucke V, McCluskey A. Accepted June 2024 ChemMedChem
9. **Next generation of BBQ analogues that selectively target breast cancer.** Baker JR, Gilbert J, O'Brien

NS, Russell CC, McCluskey A, Sakoff JA. Accepted May 2024. *Frontiers*.

10. **2,3-Dihydroquinazolin-4(1H)-ones and Quinazolin-4(3H)-ones as Broad-Spectrum Cytotoxic Agents and Impact on Tubulin Polymerisation.** O'Brien N, Gilbert J, McCluskey A, Sakoff J. *RSC Medicinal Chemistry*. 2024 6;15(5):1686-1708. doi: 10.1039/d3md00600j. eCollection 2024 May 22.
11. **Platinum(IV) Prodrugs Incorporating an Indole-Based Derivative, 5-Benzyloxyindole-3-Acetic Acid in the Axial Position Exhibit Prominent Anticancer Activity.** Aputen AD, Elias MG, Gilbert J, Sakoff JA, Gordon CP, Scott KF, Aldrich-Wright JR. *International Journal of Molecular Sciences (IJMS)*. 2024, Vol 25, 2181
12. **Synthesis and Characterisation of Platinum(II) Diaminocyclo-hexane Complexes with Pyridine Derivatives as Anticancer Agents.** McGhie BS, Sakoff J, Gilbert J, Gordon CP, Aldrich-Wright JR. *IJMS*. Dec 2023. V24, Issue24, 17150
13. **Novel Piperazine-1,2,3-Triazole Leads for the Potential Treatment of Pancreatic Cancer.** Sun J, Baker JR, Russell CC, Pham HNT, Goldsmith CD, Cossar PJ, Sakoff JA Scarlett CJ, and McCluskey A. *RSC Medicinal Chemistry*. 2023, July.
14. **Synthesis and Characterisation of Fluorescent Novel Pt(II) Cyclometallated Complexes with Anticancer Activity.** McGhie B, Sakoff J, Gilbert J, Gordon C, Aldrich-Wright J. *ijms-2344389*. *International Journal of Molecular Sciences* 2023.
15. **Versatile Platinum(IV) Prodrugs of Naproxen and Acemetacin as Chemo-anti-inflammatory Agents.** Aputen AD, Elias MG, Gilbert J, Sakoff JA, Gordon CP, Scott KF, Aldrich-Wright JR. *Cancers-2280953*, 2023.

## Conference Posters

1. **TPS: A First-In-Human Phase I/Ib study of ATG-037 Monotherapy and Combination Therapy with Pembrolizumab in Patients with Advanced Solid Tumors – STAMINA-01.** Ganessan Kichenadasse<sup>1\*</sup>, Janine Lombard<sup>2</sup>, Adnan Khattak<sup>3</sup>, Joanne Lundy<sup>4</sup>, Andrea Tazbirkova<sup>5</sup>, Qing Zhou<sup>6</sup>, Yongsheng Li<sup>7</sup>, Anupa Kudva<sup>8</sup>, Jiang Li<sup>8</sup>, Edwin Hoe<sup>8</sup>, Jeff Song<sup>8</sup>, Kevin Lynch<sup>8</sup>, Michael Chisamore<sup>9</sup>, Yi-Long Wu<sup>6\*</sup> ASCO (American Society of Clinical Oncology) 2024.
2. **Immunestrant, an oral Selective Estrogen Receptor Degradator (SERD), as monotherapy and in combination with abemaciclib, in endometrioid endometrial cancer (EEC): results from the EMBER Phase 1a/1b study.** Kan Yonemori<sup>1</sup>; Kalyan Banda<sup>2</sup>; Valentina Boni<sup>3</sup>; Joohyuk Sohn<sup>4</sup>; Tarek M. Meniawy<sup>5</sup>; Janine Margaret Lombard<sup>6</sup>; Peter A. Kaufman<sup>7</sup>; Debra L. Richardson<sup>8</sup>; Laura Bender<sup>9</sup>; Koji Matsumoto<sup>10</sup>; Karthik Giridhar<sup>11</sup>; Jose Angel Garcia-Saenz<sup>12</sup>; Hans Prenen<sup>13</sup>; Bernard Doger de Speville Uribe<sup>14</sup>; Don S. Dizon<sup>15</sup>; Javier Garcia-Corbacho<sup>16</sup>; Yujia Li<sup>17</sup>; Bastien Nguyen<sup>17</sup>; Roohi Ismail-Khan<sup>17</sup>; Patrick Neven<sup>18</sup>. ASCO (American Society of Clinical Oncology) 2024.
3. **SOLACE 2 Phase 2 randomized trial of Olaparib (O) and Durvalumab (D) with or without low dose cyclophosphamide (LDCy) in platinum-sensitive recurrent ovarian cancer (PSROC).** Clare L Scott, Michael Friedlander, Katherine Francis, April Kartikasari, Katrina Diamante, Nirasha Bound, Claire Davies, Rachel O'Connell, Yeh Chen Lee, Janine Lombard, Sally Baron-Hay, Yoland Antill, Catherine Shannon, Sudarsha Selva-Nayagam, Philip Beale, Kristy Shield, Matthew Wakefield, Cassandra Vandenberg, Magdalena Plebanski, Chee Khoon Lee. ESMO (European Society of Medical Oncology) Gynae 2024.
4. **'Real World Outcomes of Patients with Extensive Stage Small Cell**





## Lung Cancer – A Multicenter Australian Experience’.

Martin Hong, Rebecca Nguyen, H Mandaliya et al COSA (Clinical Oncology Society of Australia) Annual Scientific Meeting 2023

5. **Hepatitis B Screening compliance for patients commencing chemotherapy.** Casey Hutchinson <sup>(1)</sup>, Laura Healey <sup>(1)</sup>, Zoe Feighan <sup>(1)</sup>, Gillian Blanchard <sup>(1,2)</sup>. Cancer Nurse Society of Australia (CNSA) annual congress 19–21 June 2024.

## Conference Oral Presentations

1. **ISNCC Breast aware: A train the trainer programme for nurses in Africa.** Conference: International Cancer Nursing Conference, Glasgow, Scotland, September 29 – October 2, 2023. Presentation: 01 October 2023. Authors: C. Johnson (1); A. Anarado (2); R. Bafumba, (3); J. Downing, (4); A. Manyanda, (5); S. Mueller, (6); C. Ndkiom, (7); SV. Larfi, (8); E. Tomlins (9)

(1) Calvary Mater Newcastle, Australia; (2) University of Nigeria, Nigeria, Federal Republic of; (3) Uganda Cancer Institute, Kampala, Uganda; (4) Makerere University, Uganda; (5) Bugando Medical Centre, Tanzania, United Republic of; (6) International Society of Nurses in Cancer Care (ISNCC ) Canada; (7) University of Ibadan, Nigeria, Federal Republic of; (8) Mboppi Baptist Hospital, Cameroon; (9) Royal Marsden Hospital, United Kingdom

2. **Invited speaker and Session Chair. Hiren Mandaliya.** ANZHNCS (Australian and New Zealand Head & Neck Cancer Society) Annual Scientific Meeting 2023.
3. **AhR and SULT1A1 induced bioactivation of highly selective breast cancer targeting molecules.** Gilbert J, Baker J, McCluskey A and Sakoff JA. NSW Cancer Conference Sept 2023.
4. **Oral Presentation. Aryl Hydrocarbon Receptor. Cancer Detection and Therapy Research.** Sakoff J, Gilbert J. Symposium

Retreat. Oral Presentation Newcastle May 2023.

5. **New treatments for Pancreatic cancer.** Sakoff J. PanKIND Symposium. Oral Presentation. Sydney October 2024.
6. **A phase 1b dose escalation of a novel co-formulation of 5-fluorouracil and leucovorin to determine pharmacokinetics, safety, tolerability and maximum tolerated dose in patients with advanced malignancy after failure of standard treatment.** Hill J, Brungs D, Aghmesheh M, Ackland SP, Parker S, Jokela R, Garg MB, Ranson D, Clingan PR ESMO 2023 Trial in Progress Poster.

## Grant Funding

1. **Catherine Johnson and Sandra Mckendry.** Jane Reid Harle (Haematology/oncology) Project: Measuring cancer Patients’ Perception of care coordination at Calvary Mater Newcastle (MAP PERCEPTION) \$11,820.00
2. **Janine Lombard.** 2 applications submitted to MRFF in 2024 – one for ideas grant and for clinical trials opportunity – still awaiting outcomes
3. **Janine Lombard (PI Alison Davis).** 2023 ANZGOG Fund for new Research TIME study (The time toxicity involved in medical treatment for platinum resistant or refractory ovarian cancer \$50 000
4. **Hiren Mandaliya.** Research Starter Grant for ‘Personalised Nanomedicine for Lung Cancer Treatment Project Team – Global Innovative Centre for Advanced nanomaterials (GICAN)Funding Body – NSW Regional Cancer Research Network. \$30,000
5. **Sakoff JA and Gilbert J.** (2023) Infrastructure for processing and storage of patient blood and tissue samples. HCRA Clinical Cancer Research Fund (CCRF). \$5560
6. **Sakoff J.** Modernisation of Zeiss Fluorescence Microscope” (2024) Coalfields Cancer Support Group

Equipment Fund. \$17,202

7. **Sakoff J. and Day F.** New agents for the treatment of pancreatic cancer (2024). Vicki Barrett Research Grant. \$58,812
8. **Sakoff J, Gilbert J, McCluskey A, Day F, Garg M, Philips P, Sharbeen G.** (2024–25). New pancreatic cancer treatment involving Aryl Hydrocarbon Receptor (AhR) inhibition in the tumour and microenvironment. PanKIND Australia Pancreatic Cancer Foundation. \$300,000.
9. **Garg MB, Ackland SP.** (2023) HPLC Stability monitoring of Deflexifol formulations. Destamma Investments Pty Ltd, Austinmer, NSW \$13,000
10. **Garg MB, Lynam J.** (2024) Statistical Software for clinical oncology research. Clinical Cancer Research Fund (CCRF): \$2,754
11. **Gilbert, J, Garg MB.** (2024) Microcentrifuge for clinical oncology research. Clinical Cancer Research Fund (CCRF): \$10,463
12. **Gilbert and Aldrich-wright** (2024). Novel platinum agents for the treatment of ovarian cancer. Oncology Research Fund. \$23,536.

## DEPARTMENT OF PALLIATIVE CARE

### Journal articles/publications

Sarah Moberley, Jacqui Hewitt, John Attia, Cole Janean, Joelle Bevington, Christopher Oldmeadow, Zach Howard, Rachel Hughes. Preferences and end of life care for residents of aged care facilities: a mixed methods study. BMC Palliative Care. 2023 Sep 1;22(1):124. doi: 10.1186/s12904-023-01239-9. PMID: 37658403; PMCID: PMC10472708.

### Conference posters

1. Fern Beschi, Jennifer Schneider, Sarah Moberley, Rachel Hughes. Subcutaneous Levettiracetam: Improving best evidence for practice change. 2023 Oceanic Palliative Care Conference 13–15 September 2023, Darling Harbour.



2. Philip Rowlings, Alison Chandler, Nina Vogel, Phillip Collard, Allison Boyes, Robert Gale. Sunset haematology: Improving the end-of-life journey for patients and caregivers of patients with haematological malignancies and bone marrow failure. Whole Person Care Conference, Montreal, October 2023.

### Research funding/grants

- 2024 Calvary Mater Newcastle Coalfields Cancer Support Group Equipment Fund "Data analysis software licences for Stata version 18 & NVivo version 12". Lisa Mackenzie. 2024: \$9795
- Central Coast Local Health District "Caring for our Future" Research Grants. "Participatory action research to improve the death literacy of CCLHD allied health clinicians". CIs: Lucy Leu-Marshall, Jacinta Hensby, Zoi Triandafilidis, Jeanette Hurl, Kerrie Noonan. Als: Amye Fraser, Karen Hutchinson, Lisa Mackenzie, Erin Bonvino, Charles Broadfoot. 2023-25: \$11,520
- NSW Regional Health Partners 2023 Consumer and Community Involvement (CCI) in Research Grant. "Participatory action research to improve the death literacy of CCLHD allied health clinicians". CIs: Lucy Leu-Marshall, Jacinta Hensby, Zoi Triandafilidis, Jeanette Hurl, Erin Bonvino, Kerrie Noonan, Amye Fraser, Karen Hutchinson, Lisa Mackenzie, Charles Broadfoot. 2024: \$960
- 2024 NSW Regional Cancer Research Network Clinician Research Fellowship. "Improving Symptom Management to Support Best Clinical Practice: Addressing Levetiracetam Drug Stability and Compatibility via Continuous Subcutaneous Infusion". Fern Beschi; September 2024-September 2025: \$100,000.

### Awards

- Julianne Rose: Outstanding Achievement in Aboriginal and Torres Strait Islander Palliative Care Award, September 2023.

**Any other relevant material** (milestones, achievements, etc)

### Miromullia Project (Awabakal language, continue to take care of)

Project Lead: Julianne Rose

In 2021, Calvary Mater Newcastle had the opportunity to pause and reflect on how palliative care was being delivered to its local Aboriginal and/or Torres Strait Islander community. It was identified that a model of care, culturally safe and effective for Indigenous communities, as well as staff, was best informed through understanding of needs, preferences and experience of the community. Consulting with the Aboriginal Health Unit and Local Land Councils, a partnership was developed to consult with community to create a best practice framework for care. Further, it was agreed that it was acceptable and optimal that this project was undertaken within a research framework to ensure the process is ethical and meaningful, that the voices of community members are respected and represented authentically.

To date, the project has involved:

- Employment of an Aboriginal Project Coordinator (Julie Rose) and establishment of an Aboriginal Advisory Group;
- Co-design of methodological approach in consultation with Aboriginal Advisory Groups and academic bodies;
- Obtaining ethical clearance from the national Aboriginal Health and Medical Research Council and local ethics committees;
- Community survey and community and health professional yarning completed with good community support, and
- A new Aboriginal Health Worker position description populated, reviewed and advertised.

Analysis of results is in progress with feedback to Aboriginal Advisory Group is the next step prior to wider sharing of findings. Lessons learnt from this approach so far have highlighted the

need for such a project to have a strong Aboriginal lead and strong community support. It is hoped that this project will continue to facilitate collaborative relationship across services to improve experience and meet needs of patients, family and communities accessing specialist palliative care. It is also hoped that the consultative research model may prove translatable and inform ongoing culturally safe service design models.

### HPC3 (Hunter Palliative Community Coordinated Care)

Project lead: Jessica Scaife

Supported through a MRFF grant in partnership with NSW Regional Health Partners, a randomised control trial is underway to identify best practice community palliative care service delivery and explore the role of care coordination in specialist palliative care. The research was designed to understand need in patients and carers, and the impact of earlier identification of distress and unmet need on the ability for patients to receive care in their preferred place. Hunter Palliative Community Coordinated Care (known as HPC3) is a partnership with University of Newcastle, Hunter New England LHD, Hunter Medical Research Institute and Calvary Community Care. Recruitment to this study commenced in May 2021 and full participant recruitment (n=500) was completed within 11 months. Data analysis is underway in preparation for the dissemination of study findings.

### Other projects underway:

- Current practices in prescription and administration, and pharmacology of subcutaneous Levetiracetam in specialist palliative care – Fern Beschi
- Implementation and evaluation of a model of community palliative care triage in the local setting – Dr Ran May Saw
- Systematic review of sexual orientation and gender identify characteristics in palliative care settings – Dr Ashwin Kaniah
- Palliative Care is carrying out a project on the Interpreter Service,

looking at improvement processes, particularly with follow-up phone calls.

- Exploring nursing staff views on outreach model of care

#### PhD candidate:

- Jessica Scaife continuing PhD(Medicine) candidature at the University of Newcastle, on the topic "A Randomised Controlled Trial of a Multidisciplinary Model of Community Palliative Care to Improve Patient-Centred Care in Preferred Place", supervised by Prof John Attia and Dr Sarah Moberley

#### Masters by research candidates:

- Fern Beschi continuing MPhil(Clinical Pharm) candidature at the University of Newcastle, on the topic "Levetiracetam Use in Palliative Care: Investigation of Levetiracetam Stability and Compatibility When Administered Alone or in Combination With Other Medications by Subcutaneous Infusion", supervised by A/Prof Jenny Schneider.
- Commencement of University of Newcastle MPhil(Public Health & Behavioural Science) Student "Exploring Death Literacy: What Do Australians Really Know And Understand About Navigating Death And Dying?", supervised by Dr Lisa Mackenzie and Dr Zoi Triandifilidis.

#### Research committee involvement

- Dr Lisa Mackenzie – Clinical Cancer Research Network: Member
- Fern Beschi – NSW Regional Cancer Research Network: Member

## DEPARTMENT OF RADIATION ONCOLOGY

The Department of Radiation Oncology continues to integrate a strong research priority alongside clinical service delivery. Over the last year, we have seen substantial research contributions from across the departments separate various specialities, supported by key national and international collaborations. Notable achievements include 44 journal publications with significant research publication contributions coming from Prof Jarad Martin (18), Prof Peter Greer (13) Dr Chris Wratten (7), Dr Yuvnik Trada (7) and Dr Swetha Sridharan (6). A highlight of the year included a plenary presentation by Dr Swetha Sridharan at the American Society for Radiation Oncology Annual Scientific Meeting in San Diego. There was a particularly impressive output from the Radiation Therapists who contributed to nine articles including four first author articles. The department successfully attracted over \$355,389 of competitive research funding. Additionally, we enrolled 29 radiation oncology patients onto eight recruiting clinical trials.

### Journal Articles and Publications

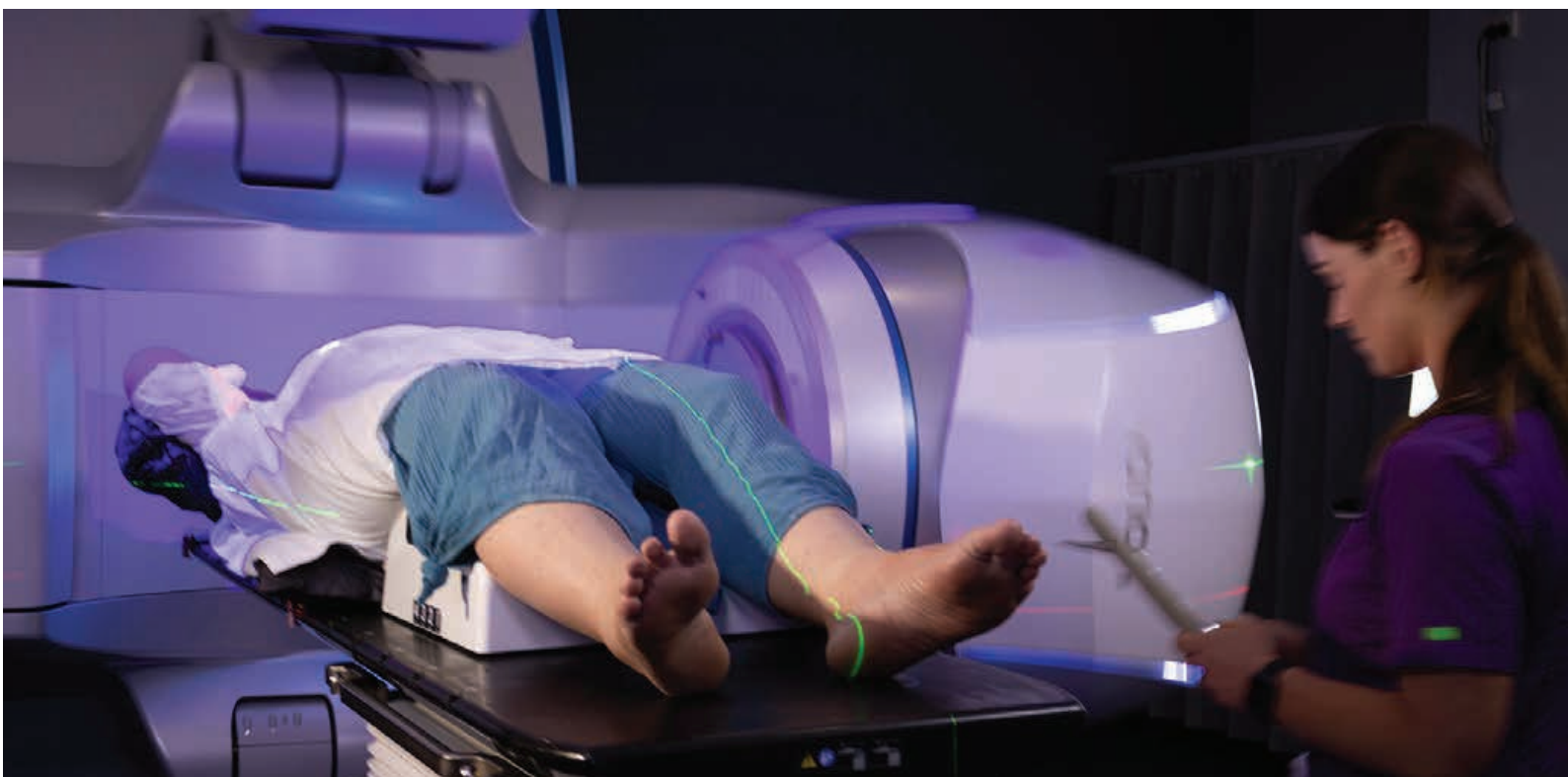
During this reporting period 43 journal articles were published by the Radiation Oncology department. These have been broadly broken down into Research Area

#### Gastrointestinal

1. A Wigg, J Tibballs, R Woodman, K Stuart, H Le, SK Roberts, JK Olynnyk, SI Strasser, M Wallace, **J Martin**, A Haworth, N Hardcastle, KF Loo, C Tang, YY Lee, J Chu, R De Abreu Lourenco, A Koukourou, D De Boo, K McLean, J Buck, R Sawhney, A Nicoll, A Dev, M Wood, A Braund, M Weltman, R Khor, M Levy, T Wang, M Potter, J Haridy, A Raj, O Duncan, A Zekry, N Collier, J O'Beirne, C Holliday, **Y Trada**, J Tronidjaja, J George, D Pryor. A randomised controlled trial of Standard Of Care versus RadioAblation in Early Stage HepatoCellular Carcinoma (SOCRATES HCC). BMC Cancer. 2024;24(1):813

2. C Sengupta, DT Nguyen, T Moodie, D Mason, J Luo, T Causer, SF Liu, E Brown, L Inskip, M Hazem, M Chao, T Wang, YY Lee, K van Gysen, E Sullivan, E Cosgriff, P Ramachandran, P Poulsen, J Booth, R O'Brien, **P Greer**, P Keall. The first clinical implementation of real-time 6 degree-of-freedom image-guided radiotherapy for liver SABR patients. Radiother Oncol. 2024;190:110031.
3. F Day, **S Sridharan**, C Johnson, GT Quah, G Mallesara, **M Kumar**, AL Poulter, A Morrison, A van der Westhuizen, A Fraser, C Oldmeadow, **J Martin**. Esophageal chemoradiotherapy with concurrent nivolumab: Pilot results in the palliative treatment of oligometastatic disease. Asia Pac J Clin Oncol. 2024;20(3):416-22.
4. L McDowell, M Bressel, MT King, J Corry, L Kenny, S Porceddu, **C Wratten**, A Macann, JE Jackson, D Rischin. Patient-Reported Symptom Severity, Health-Related Quality of Life, and Emotional Distress Trajectories During and After Radiation Therapy for Human Papillomavirus-Associated Oropharyngeal Cancer: A TROG 12.01 Secondary Analysis. Int J Radiat Oncol Biol Phys. 2023;116(5):1110-25
5. S Siva, M Bressel, M Sidhom, **S Sridharan**, B Vanneste, R Davey, J Ruben, F Foroudi, BG Higgs, C Lin, A Raman, N Hardcastle, M Shaw, P Mancuso, N Lawrentschuk, S Wood, N Brook, T Kron, **J Martin**, DI Pryor. TROG 15.03/ANZUP International Multicenter Phase II Trial of Focal Ablative STereotactic RAdiotherapy for Cancers of the Kidney (FASTRACK II). International Journal of Radiation Oncology, Biology, Physics. 2023;117(2):S3.
6. S Siva, M Bressel, M Sidhom, **S Sridharan**, BGL Vanneste, R Davey, R Montgomery, J Ruben, F Foroudi, B Higgs, C Lin, A Raman, N Hardcastle, MS Hofman, R De Abreu Lourenco, M Shaw, P Mancuso, D Moon, LM Wong, N Lawrentschuk, S Wood, NR Brook, T





Kron, **J Martin**, D Pryor, FII Group. Stereotactic ablative body radiotherapy for primary kidney cancer (TROG 15.03 FASTRACK II): a non-randomised phase 2 trial. *Lancet Oncol.* 2024;25(3):308-16.

#### General

1. A Mallum, FA Barry, MB Tendwa, AO Joseph, L Keno, KM Graef, S Kibudde, H Li, A Ajose, E Lugina, MT Ngoma, JD Kisukari, K Awusi, SO Adeneye, T Mkhize, A Alabi, IE Hamamsi, MA Mseti, A Studen, **J Lehmann**, W Swanson, K Wijesooriya, S Avery, MS Huq, L Incrocci, W Ngwa, TA Ngoma. Cancer Research in sub-Saharan Africa: Progress in closing the gap. *Medical Research Archives.* 2024;12(4).
2. B Britton, AL Baker, L Wolfenden, **C Wratten**, J Bauer, AK Beck, K McCarter, T Handley, GL Carter. Five-Year Mortality Outcomes for Eating As Treatment (EAT), a Health Behavior Change Intervention to Improve Nutrition in Patients With Head and Neck Cancer: A Stepped-Wedge, Randomized Controlled Trial. *Int J Radiat Oncol Biol Phys.* 2024;119(4):1166-70.

3. CL Paul, NM Verrills, S Ackland, R Scott, S Goode, A Thomas, S Lukeman, S Nielsen, J Weidenhofer, J Lynam, EA Fradgley, **J Martin, P Greer**, S Smith, C Griffin, KA Avery-Kiejda, N Zdenkowski, A Searles, S Ramanathan. The impact of a regionally based translational cancer research collaborative in Australia using the FAIT methodology. *BMC Health Serv Res.* 2024;24(1):320.
4. J Corry, A Moore, L Kenny, **C Wratten**, T Fua, C Lin, S Porceddu, C Liu, M Ruemelin, A Sharkey, L McDowell, D Wilkinson, A Tiong, D Rischin. Radiotherapy quality assurance in the TROG 12.01 randomised trial and its impact on loco-regional failure. *Front Oncol.* 2024;13:1333098.

#### Genitourinary

1. E Wegener, J Samuels, M Sidhom, **Y Trada, S Sridharan, S Dickson**, N McLeod, J Martin. Virtual HDR Boost for Prostate Cancer: Rebooting a Classic Treatment Using Modern Tech. *Cancers (Basel).* 2023;15(7).
2. E Wegener, M Sidhom, D Pryor, J Bucci, K Yeoh, **M Richardson, P**

**Greer, L Wilton, S Gallagher**, L Schmidt, S Arumugam, S Keats, S Brown, A Glyde, J Martin. Prostate Virtual High-dose-rate Brachytherapy Boost: 5-Year Results from the PROMETHEUS Prospective Multicentre Trial. *Eur Urol Oncol.* 2024.

3. H Chourak, A Barateau, **P Greer**, C Lafond, JC Nunes, R de Crevoisier, J Dowling, O Acosta. Determination of acceptable Hounsfield units uncertainties via a sensitivity analysis for an accurate dose calculation in the context of prostate MRI-only radiotherapy. *Phys Eng Sci Med.* 2023;46(4):1703-11.
4. H Min, J Dowling, MG Jameson, K Cloak, J Faustino, M Sidhom, **J Martin**, M Cardoso, MA Ebert, A Haworth, P Chlap, J de Leon, M Berry, D Pryor, **P Greer**, SK Vinod, L Holloway. Clinical target volume delineation quality assurance for MRI-guided prostate radiotherapy using deep learning with uncertainty estimation. *Radiother Oncol.* 2023;186:109794
5. J Nikitas, WL Ong, N Carrier, T Romero, J Millar, ML Steinberg, MB Rettig, PC Boutros, R Reiter, NG

- Nickols, L Valle, SE McGuire, DE Spratt, L Souhami, S Roy, **J Martin**, D Joseph, A Nabid, AU Kishan. Prostate-Specific Antigen Response to Androgen Deprivation Therapy in the Neoadjuvant Setting for High-Risk Prostate Adenocarcinoma (PIRANHA): Pooled Analysis of Two Randomized Clinical Trials. *Int J Radiat Oncol Biol Phys*. 2024;119(3):826-31.
6. **J Samuels, J Martin, M Richardson**, K Skehan. Effects of Dietary Supplements on Iron-Loading Susceptibility Artefacts in Pelvic MRI. *Cureus*. 2024;16(7):e65605
  7. M Byrne, AYM Teh, B Archibald-Heeren, Y Hu, J Rijken, S Luo, T Aland, **P Greer**. Intrafraction Motion and Margin Assessment for Ethos Online Adaptive Radiotherapy Treatments of the Prostate and Seminal Vesicles. *Adv Radiat Oncol*. 2024;9(3):101405.
  8. **M Richardson**, M Sidhom, P Keall, L Leigh, H Ball, J Bucci, **S Gallagher, P Greer**, AJ Hayden, A Kneebone, D Pryor, S Siva, **J Martin**. Genitourinary Quality-of-Life Comparison Between Urethral Sparing Prostate Stereotactic Body Radiation Therapy Monotherapy and Virtual High-Dose-Rate Brachytherapy Boost. *Int J Radiat Oncol Biol Phys*. 2023;116(5):1069-78.
  9. MJ Roberts, C Conduit, ID Davis, RM Effene, S Williams, **J Martin**, MS Hofman, G Hruby, R Eapen, C Gianacas, N Papa, RA Lourenco, HM Dhillon, R Allen, A Fontela, B Kaur, L Emmett, Australian, U New Zealand, G Prostate Cancer Trials. The Dedicated Imaging Post-Prostatectomy for Enhanced Radiotherapy outcomes (DIPPER) trial protocol: a multicentre, randomised trial of salvage radiotherapy versus surveillance for low-risk biochemical recurrence after radical prostatectomy. *BJU Int*. 2024;133 Suppl 3:39-47.
  10. MJ Roberts, G Hruby, A Kneebone, **J Martin**, SG Williams, M Frydenberg, DG Murphy, B Namdarian, JW Yaxley, MS Hofman, ID Davis, L Emmett. Treatment de-intensification for low-risk biochemical recurrence after radical prostatectomy: rational or risky? *BJU Int*. 2023;132(2):146-8.
  11. T Niazi, PL Nguyen, S Williams, MR Stockler, AJ Martin, L Horvath, H Thomas, DS Zebic, F Roncolato, T Lim, C Jose, **J Martin**, HT Chung, A Ebacher, SC Morgan, S Hughes, SM McBride, PJ Kelly, ID Davis, C Sweeney. Baseline disease characteristics of participants enrolled on ENZARAD (ANZUP1303) and DASL-HiCaP (ANZUP1801) trials of highly effective androgen receptor antagonists in high-risk localized or locally advanced prostate cancer (PCa). *Journal of Clinical Oncology*. 2024;42(4 suppl):328-.
  12. P Chlap, H Min, M Sidhom, **J Martin**, A Whitehead, A Moore, J Dowling, A Haworth, MA Ebert, SK Vinod. 1554: Automated contour quality assurance: Implementation and impact in the TROG18. 01 NINJA Clinical Trial. *Radiotherapy and Oncology* 2024.
  13. Y Wang, S Tadimalla, N Thiru, L Holloway, S Turner, A Hayden, M Sidhom, **J Martin**. Quantitative Imaging for Assessment of Treatment Response Following Prostate Radiation Therapy. *AAPM Annual Meeting*; July; Los Angeles, USA2024.
- ### Gynae
1. **K Skehan, M Richardson, LM O'Connor, S Dickson, K Martin, G Govindarajulu, S Sridharan**. Viscous Aqueous Gel Illustrating Natural Anatomy: The VAGINA method in gynaecological MRI simulation. *J Med Radiat Sci*. 2024;71(1):150-5.
- ### Head and Neck
1. C Jeans, B Brown, EC Ward, AE Vertigan, AE Pigott, JL Nixon, **C Wratten**, M Boggess. A Prospective, Longitudinal and Exploratory Study of Head and Neck Lymphoedema and Dysphagia Following Chemoradiotherapy for Head and Neck Cancer. *Dysphagia*. 2023;38(4):1059-71
2. E Forbes, K Clover, **S Oultram, C Wratten, M Kumar, MT Tieu**, G Carter, K McCarter, B Britton, AL Baker. Situational anxiety in head and neck cancer: Rates, patterns and clinical management interventions in a regional cancer setting. *J Med Radiat Sci*. 2024;71(1):100-9.
  3. **Y Trada**, C Low, **L O'Connor, MT Tieu, M Kumar, B Beeksm, D Cope, C Wratten**. Differences in geometric patterns of failure in human papillomavirus (HPV)-associated and HPV-non-associated oropharyngeal cancer after definitive radiotherapy. *Head Neck*. 2024;46(3):552-60.
  4. **Y Trada**, MT Lee, MG Jameson, P Chlap, P Keall, D Moses, P Lin, A Fowler. Mid-treatment 18F-FDG PET imaging changes in parotid gland correlates to radiation-induced xerostomia. *Radiother Oncol*. 2023;186:109745.
  5. **Y Trada**, P Keall, M Jameson, D Moses, P Lin, P Chlap, L Holloway, M Min, D Forstner, A Fowler, MT Lee. Changes in serial multiparametric MRI and FDG-PET/CT functional imaging during radiation therapy can predict treatment response in patients with head and neck cancer. *Eur Radiol*. 2023;33(12):8788-99.
  6. **Y Trada**, P Lin, MT Lee, MG Jameson, P Chlap, P Keall, D Moses, A Fowler. Impact of tumour region of interest delineation method for mid-treatment FDG-PET response prediction in head and neck squamous cell carcinoma undergoing radiotherapy. *Quant Imaging Med Surg*. 2023;13(5):2822-36.
- ### Lung
1. J Ahn, R Yeghiaian-Alvandi, F Hegi-Johnson, LH Browne, PH Graham, Y Chin, H Gee, S Vinod, **J Ludbrook**, A Last, P Dwyer, A Ong, N Aherne, M Azzi, E Hau. SABR for





Early Non-Small Cell Lung Cancer: Changes in Pulmonary Function, Dyspnea, and Quality of Life. *Int J Radiat Oncol Biol Phys*. 2023;117(5):1213–

2. M Field, S Vinod, GP Delaney, N Aherne, M Bailey, M Carolan, A Dekker, S Greenham, E Hau, **J Lehmann, J Ludbrook**, A Miller, A Rezo, J Selvaraj, J Sykes, D Thwaites, L Holloway. Federated Learning Survival Model and Potential Radiotherapy Decision Support Impact Assessment for Non-small Cell Lung Cancer Using Real-World Data. *Clin Oncol (R Coll Radiol)*. 2024;36(7):e197–e208.
3. M Shaw, J Lye, A Alves, **J Lehmann**, M Sanagou, M Geso, R Brown. Measuring dose in lung identifies peripheral tumour dose inaccuracy in SBRT audit. *Phys Med*. 2023;112:102632.
4. S Siva, P Sakyanun, T Mai, W Wong, A Lim, **J Ludbrook**, C Bettington, A Rezo, D Pryor, N Hardcastle, T Kron, B Higgs, H Le, M Skala, S Gill, T Eade, R Awad, G Sasso, S Vinod, R Montgomery, D Ball, M Bressel. Long-Term Outcomes of TROG 13.01 SAFRON II Randomized Trial of Single- Versus Multifraction Stereotactic Ablative Body Radiotherapy for Pulmonary Oligometastases. *J Clin Oncol*. 2023;41(19):3493–8.

## Neurological

1. **L O'Connor, K Skehan, J Goodwin, M Kumar**. MRI sequence optimisation methods to identify cranial nerve course for radiotherapy planning. *J Med Radiat Sci*. 2023;70(4):509–17.

## Physics

1. B Texier, C Hemon, A Queffelec, J Dowling, I Bessieres, P Greer, O Acosta, A Boue-Rafle, R de Crevoisier, C Lafond, J Castelli, A Barateau, JC Nunes. 3D Unsupervised deep learning method for magnetic resonance imaging-to-computed tomography synthesis in prostate radiotherapy.

*Phys Imaging Radiat Oncol*. 2024;31:100612.

2. B Texier, C Hemon, P Lekieffre, E Collot, S Tahri, H Chourak, J Dowling, **P Greer**, I Bessieres, O Acosta, A Boue-Rafle, JL Guevelou, R de Crevoisier, C Lafond, J Castelli, A Barateau, JC Nunes. Computed tomography synthesis from magnetic resonance imaging using cycle Generative Adversarial Networks with multicenter learning. *Phys Imaging Radiat Oncol*. 2023;28:100511.
3. G Yang, S Luo, **P Greer**. Advancements in skin cancer classification: a review of machine learning techniques in clinical image analysis. *Multimedia Tools and Applications*. 2024.
4. **L O'Connor**, A Quinn, S Denley, L Leigh, **J Martin**, JA Dowling, **K Skehan**, H Warren-Forward, P Greer. Cone beam computed tomography image guidance within a magnetic resonance imaging-only planning workflow. *Phys Imaging Radiat Oncol*. 2023;27:100472.
5. M Pearson, **M Barnes**, K Brown, K Hawthorn, S Stevens, R Kizhakke Veetil, S Weston, J Whitbourn. IPEM topical report: results of a 2022 UK survey on the use of linac manufacturer integrated quality control (MIQC). *Phys Med Biol*. 2023;68(24).
6. M Phonlakrai, S Ramadan, J Simpson, **K Skehan, J Goodwin, Y Trada, J Martin, S Sridharan**, LT Gan, SH Siddique, **P Greer**. Non-contrast based approach for liver function quantification using Bayesian-based intravoxel incoherent motion diffusion weighted imaging: A pilot study. *J Appl Clin Med Phys*. 2023;24(11):e14178.
7. S Altowairqi, S Luo, **P Greer**, S Chen. Efficient Crowd Anomaly Detection Using Sparse Feature Tracking and Neural Network. *Applied Sciences*. 2024;14(9):3928.

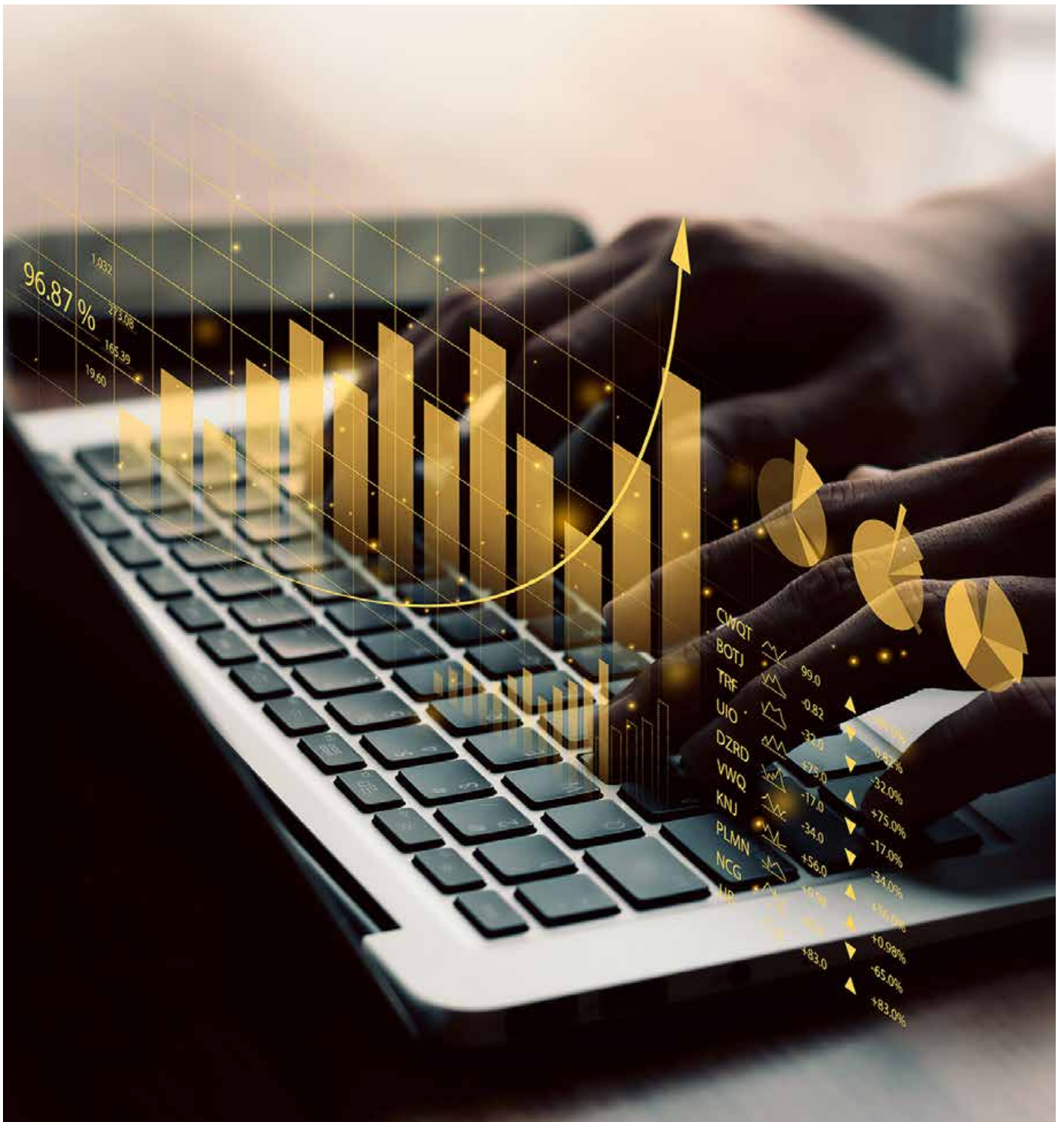
8. SL Richardson, IM Buzurovic, GN Cohen, WS Culberson, **C Dempsey**, B Libby, CS Melhus, RA Miller, DJ Scanderbeg, SJ Simiele. AAPM medical physics practice guideline 13.a: HDR brachytherapy, part A. *J Appl Clin Med Phys*. 2023;24(3):e13829.

## Conference Presentation

1. **S Sridharan**, N Shore, B Venugopal, M Rosales, F Zohren, et al. Enzalutamide or Placebo Plus Leuprolide Acetate and Enzalutamide Monotherapy in Men with High-Risk Biochemically Recurrent Prostate Cancer and Prior Radiotherapy: EMBARK Subgroup Analysis. *ASTRO Plenary*. San Diego. 2023
2. A Mallum, A Joseph, S Kibudde, T Ngoma, A Ajose, E Lugina, M Vorster, S Bhadree, J Kisukari, K Awusi, S Adeneye, T Mkhize, A Alabi, F Aina-Tolofari, I El Hamamsi, M Mseti, P Akowe, A Studen, H Li, **J Lehmann**, K Wijesooriya, M Huq, P Greer, S Aery, E Olatunji, K Graef, S Patel, W Swanson, W Ngwa, L Incrocci. Feasibility of hypofractionated radiotherapy for prostate cancer in Africa: The HYPOAfrica study. 14th AORTIC International Conference on Cancer in Africa; Nov; Dakar, Senegal.2023.
3. **J Lehmann**, J Ortega Baeza, A Moore, S Porter, M Hussein, C Clark, **P Greer**. Improving patient-specific quality assurance – The SEAFARER Australia project. *TROG*; March; Newcastle, Australia2024.
4. J Ortega, M Hussein, C Clark, **P Greer, J Lehmann**. SEAFARER Australia: Assessment of the sensitivity of PSQA systems with equivalent treatment plans. *Engineering and Physical Sciences in Medicine*; Nov; Christchurch, New Zealand2023.
5. **J Samuels**. The Iron Curtain: Can Curcumin Supplements Cause Iron-Loading Susceptibility Artefact on Pelvic MRI? . *AUS MRinRT*; Feb2024.



6. **P Greer, J Lehmann**, A Moore. Remote EPID-based dosimetric audit results with clinically relevant IMRT dose evaluation criterion. ESTRO; May; Glasgow, Scotland.2024.
  7. **P Greer, J Lehmann**, B Zwan, A Moore. A remote, sensitive and cost-effective method for international dosimetric auditing including developing countries. AAPM Annual Meeting; July; Houston, USA2023.
  8. P Taylor, **J Lehmann**, C Clark, E Miles, L Hoffman, S Kry, D Moller, H Palmans, K Akbarov, M Aznar, E Clementel, C Corning, R Effene, B Healy, A Moore, M Nakamura, S Patel, M Shaw, M Stock. Risky business: A failure modes and effects analysis (FMEA) of clinical trial failures for photon and proton therapy. AAPM Annual Meeting; July; Houston, USA2023.
  9. **S Oultram**, G Kaur, B Beeksm, G Govindarajulu, **S Sridharan**, J Waugh, S Wrightson, P Simpson, **C Dempsey**. Cervix brachytherapy: determining the optimal bladder volume using empty and full bladder MRI scans. ESTRO; May2023.
- Poster Presentations**
1. A Mallum, A Joseph, S Kibudde, T Ngoma, A Ajose, E Lugina, M Vorster, S Bhadree, J Kisukari, K Awusi, S Adeneye, T Mkhize, A Alabi, F Aina-Tolofari, I El Hamamsi, M Mseti, P Akowe, A Studen, H Li, **J Lehmann**, K Wijesooriya, M Huq, **P Greer**, S Aery, E Olatunji, K Graef, S Patel, W Swanson, W Ngwa, L Incrocci. Hypofractionated radiotherapy for prostate cancer: preliminary results from the HYPOAFRICA study. ESTRO; May; Vienna, Austria2023.
  2. C Low, **Y Trada**, K Yeoh, M Lee, **MT Tieu**, **M Kumar**, A Fowler, **C Wratten**. Impact of alcohol consumption on locoregional recurrence in patients with oropharyngeal cancers treated with definitive radiotherapy. RANZCR Annual Scientific Meeting; Oct; Brisbane, Australia2023.
  3. E Olatunji, J Kisukari, S Adeneye, T Mkhize, S Patel, A Joseph, A Studen, A Ajose, A Alabi, W Swanson, T Ngoma, K Wijesooriya, S Avery, **J Lehmann**, K Graef, H Li, M Huq, W Ngwa, L Incrocci, F Abba Mallum. Can advanced radiotherapy clinical trials be conducted in resource-limited countries? . ASTRO; Oct; San Diego, USA2023.
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# Financial report

Financial Report for the Year Ended 30 June 2024

Calvary Health Care (Newcastle) Limited | ABN 75 081 149 126



Annual Financial Report 30 June 2024 | Calvary Health Care (Newcastle) Limited

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**Being for Others**

**Annual Financial Report**

**30 June 2024**

**Calvary Health Care (Newcastle) Limited**

ABN 75 081 149 126



## DIRECTORS' REPORT

The Board of Directors of Calvary Health Care (Newcastle) Limited (the Company) submit their report for the year ended 30 June 2024.

### Directors

The names of the Company's Directors in office during the financial year and until the date of this report are as follows.

NAME	QUALIFICATIONS	AREAS OF SPECIFIC RESPONSIBILITY
Jim Birch AM	BHA, FCHSM	Chair All Committees, Ex Officio
Lucille Scomazon	LLB (Hons 1), BA, GAICD	Director (appointed Deputy Chair 12.7.23) Member, Clinical Governance Committee Member, Audit Finance & Risk Committee (to 1.3.24) Member and Chair, Performance & Remuneration Committee (from 1.3.24)
David Catchpole (Retired 23.11.23)	BEC, Dip FP, FAICD, FCPA (Retired)	Director Chair, Performance & Remuneration Committee (to 23.11.23) Member, Audit Finance & Risk Committee (to 23.11.23)
Jennifer Stratton	BA (Economics, English & History), FAICD	Director Chair, Mission & Ethics Committee Member, Performance & Remuneration Committee
Lucille Halloran	BCom (Hons), BA GAICD	Director Member, Mission & Ethics Committee Member, Clinical Governance Committee
Annette Carruthers AM	MBBS (Hons), FRACGP, FAICD, Grad Dip App Fin	Director Member, Performance & Remuneration Committee Member, Clinical Governance Committee
Agnes Sheehan	BA Business Studies (Hons), GAICD	Director Member, Audit Finance & Risk Committee Member, Clinical Governance Committee
Professor Christopher Baggoley AO	BVSC (Hons), BMBS, B Soc Admin, FACEM, FRACMA, D Univ (FUSA), FAAHMS	Director Chair, Clinical Governance Committee Member, Mission & Ethics Committee
Yvonne Le Bas	BBus Studies, MA, Fellow CA Aus/NZ, Fellow Inst. CA England/Wales, FAICD	Director Member, Audit Finance & Risk Committee Chair Audit Finance & Risk Committee (from 27.7.23)
David Issa (Appointed 23.11.23)	Bachelor of Science (Mathematics)	Director Member, Audit Finance & Risk Committee (from 23.11.23)

## DIRECTORS' REPORT (continued)

Directors were in office for the entire period unless otherwise stated.

The Directors attended the following Board meetings and applicable Committees each Director was eligible to attend:

Director	Board Meetings		AFRC		MEC		PRC		CGC	
	Held	Att	Held	Att	Held	Att	Held	Att	Held	Att
Jim Birch AM	9	9								
David Catchpole	3	3	3	3			2	2		
Jennifer Stratton	9	9			4	4	4	4		
Lucille Halloran	9	9			4	4			4	3
Annette Carruthers AM	9	9					4	4	4	4
Lucille Scomazon	9	9	3	3			2	2	4	4
Agnes Sheehan	9	9	5	5					4	4
Prof Chris Baggoley AO	9	8			4	3			4	3
Yvonne Le Bas	9	8	5	5						
David Issa	6	6	2	2						

Key:

AFRC Audit Finance & Risk Committee

MEC Mission & Ethics Committee

PRC Performance & Remuneration Committee

CGC Clinical Governance Committee

### Short and long term objectives

Calvary's vision, as a Catholic health, community and aged care provider, is to excel and be recognised as a continuing source of healing, hope and nurturing to the people and communities it serves. Calvary's unique strength is being able to provide quality, patient centred, integrated longitudinal care through its range of services and partnerships with other health care providers.

Calvary's strategic intent is to be the health, community and aged care provider of choice, delivering with equity and compassion integrated, seamless, safe and quality care appropriate to the individual and community's needs.

Calvary's four priority focus areas are:

- Care for our people and our working environment
- A focus on quality and safety
- Partnering and planning for the present and future
- Caring for our resources.

### Principal activities

The principal activities of the Company remain the operation of a public hospital for the provision of acute and sub-acute health care.



DIRECTORS' REPORT (continued)

Significant changes in the state of affairs

There were no significant changes in the state of affairs of the Company during the financial year.

Review of operations

A deficit of \$10.3M was incurred for the Company for the financial year ended 30 June 2024 (2023: deficit of \$3.2M).

The Company continued to provide quality services in accordance with the mission, vision and values of the organisation.

(a) Revenues

The Company's revenue from operating activities totalled \$212.4M (2023: \$207.8M). Grants and subsidies from Government for hospital operations totalled \$175.3M (2023: \$168.7M). Grants and subsidies represent 83% (2023: 81%) of revenue from operating activities.

(b) Expenses

The Company's expenses from operating activities totalled \$230.2M (2023: \$218.5M). Expenses on personnel costs represent 68% (2023: 66%) of total operating expense.

Staffing levels have increased during the reporting period with total full time equivalents of 1,113 as at 30 June 2024 (2023: 1,093).

Future developments

The Company expects to maintain the present level of operations within an environment of enhanced service delivery, and hence there are no significant developments or changes in operations anticipated in future financial years.

Significant events after year end

There has not arisen in the interval between the end of the financial year and the date of this report any item, transaction or event of a material and unusual nature likely, in the opinion of the Directors of the Company, to affect significantly the operations of the Company, the results of those operations, or the state of affairs of the Company, in future financial years.

Deed of access and indemnity – Directors

Little Company of Mary Health Care Ltd has executed a Deed of Access & Indemnity which provides Directors with the right of access to records for seven years after they cease office and also indemnifies Directors (to the extent permitted by law) against liability incurred in the course of their duties as a Director of companies within the Calvary group.

DIRECTORS' REPORT (continued)

Indemnification of officers and auditors

During the financial year Little Company of Mary Health Care Limited (parent entity) has paid premiums in respect of Directors' and officers' liability and legal expenses insurance contracts for the year ended 30 June 2024 and since the financial year, Little Company of Mary Health Care Limited has paid premiums in respect of such insurance contracts for the year ended 30 June 2025. Such insurance contracts insure against certain liability (subject to specific exclusions) persons who are or have been Directors or executive officers of the group.

The Directors have not included details of the nature of the liabilities covered or the amount of the premiums paid in respect of the Directors' and officers' liability and legal expenses insurance contracts, as such disclosure is prohibited under the terms of the contract.

Since the end of the previous financial year, Little Company of Mary Health Care Limited has not otherwise indemnified or made a relevant agreement for indemnifying against a liability any person who is or has been an officer or auditor of Little Company of Mary Health Care Limited.

Rounding off

Amounts in the financial report and Board Member's Report have been rounded off to the nearest thousand dollars, unless otherwise stated.

Proceedings on behalf of the Company

No person has applied for leave of the Court to bring proceedings on behalf of the Company or intervene in any proceedings to which the Company is a party for the purpose of taking responsibility on behalf of the Company for all or any part of those proceedings.

The Company was not a party to any such proceedings during the year.

Member guarantee

The Company is incorporated as a company limited by guarantee. If the Company is wound up, the constitution states that each member is required to contribute a maximum of \$100 towards meeting any outstanding obligations of the Company. As the Company only has one member, a total maximum of \$100 is payable on a wind up.


Registered Office


The Company's registered office is Level 15, 345 George Street, Sydney NSW 2000 and principal place of business is located on the Corner of Edith & Platt Streets, Waratah NSW Australia 2298.

The auditor's independence declaration is included on page 7 of the financial statements.

The Directors' Report is signed in accordance with a resolution of the Directors.

On behalf of the Directors.

  
Chair of the Board

  
Director


Dated at this 24<sup>th</sup> day of October 2024.


DIRECTORS' DECLARATION

In the opinion of the Directors of the Company:

1. the Company is not publicly accountable;
2. the financial statements and notes, set out on pages 9 to 26, are in accordance with the Australian Charities and Not-for-profits Commission Act 2012, including:
  - (a) complying with Australian Accounting Standards – General Purpose Financial Statements – Simplified Disclosures; and the Australian Charities and Not-for-profits Commission Regulation 2022; and
  - (b) giving a true and fair view of the Company's financial position as at 30 June 2024 and of its the performance, for the financial year ended on that date;
3. there are reasonable grounds to believe that the Company will be able to pay its debts as and when they become due and payable.

Signed in accordance with a resolution of the Directors

  
Chair of the Board

  
Director

Dated at this 24<sup>th</sup> day of October 2024.



Auditor's Independence Declaration under subdivision 60-C  
section 60-40 of Australian Charities and Not-for-profits  
Commission Act 2012

To the Directors of Calvary Health Care (Newcastle) Limited

I declare that, to the best of my knowledge and belief, in relation to the audit of Calvary Health Care (Newcastle) Limited for the financial year ended 30 June 2024 there have been:

- i. no contraventions of the auditor independence requirements as set out in the *Australian Charities and Not-for-profits Commission Act 2012* in relation to the audit; and
- ii. no contraventions of any applicable code of professional conduct in relation to the audit.

  
  
Stephen Isaac  
Partner  
Sydney  
24 October 2024

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Annual Financial Report 30 June 2024 | Calvary Health Care (Newcastle) Limited

## STATEMENT OF PROFIT OR LOSS AND OTHER COMPREHENSIVE INCOME

For the year ended 30 June 2024			
In thousands of AUD		Note	
	2024	2023	
Revenue from operations	212,357	207,790	
Other income	4,224	5,828	
<b>Total revenue for the year</b>	<b>216,581</b>	<b>213,618</b>	
Employee benefits expense	156,298	144,689	
Supplies	20,681	25,609	
Computer expenses	67	108	
Contracted services	34,051	30,386	
Loss on sale of asset	115	29	
Depreciation and amortisation expense	8,291	8,022	
National office contribution	3,749	3,631	
Repairs and maintenance	282	175	
Power, light & heat	8	10	
Other expenses	6,669	5,825	
<b>Total expenses for the year</b>	<b>230,221</b>	<b>218,484</b>	
<b>Results from operating activities</b>	<b>(13,640)</b>	<b>(4,866)</b>	
Finance income	2,825	1,714	
<b>Net Deficit for the year</b>	<b>(10,815)</b>	<b>(3,152)</b>	
Other comprehensive income for the year	-	-	
<b>Total comprehensive income for the year attributable to members of the company</b>	<b>(10,815)</b>	<b>(3,152)</b>	

The accompanying notes, set out on pages 13 to 26, form part of these financial statements.

Annual Financial Report 30 June 2024 | Calvary Health Care (Newcastle) Limited

## STATEMENT OF FINANCIAL POSITION

As at 30 June 2024			
In thousands of AUD		Note	
	2024	2023	
<b>Current assets</b>			
Cash and cash equivalents	16,155	16,392	
Term deposits	45,000	45,000	
Trade and other receivables	6,486	4,948	
Inventories	1,198	1,248	
Other current assets	533	505	
<b>Total current assets</b>	<b>69,372</b>	<b>68,093</b>	
<b>Non-current assets</b>			
Property, plant and equipment	98,459	98,859	
<b>Total non-current assets</b>	<b>98,459</b>	<b>98,859</b>	
<b>Total assets</b>	<b>167,831</b>	<b>166,952</b>	
<b>Current liabilities</b>			
Bank overdraft	-	711	
Trade and other payables	20,838	13,113	
Borrowings	3,000	-	
Employee benefits	47,514	45,844	
Contract liabilities	55	136	
<b>Total current liabilities</b>	<b>71,407</b>	<b>59,804</b>	
<b>Non-current liabilities</b>			
Employee benefits	1,055	964	
<b>Total non-current liabilities</b>	<b>1,055</b>	<b>964</b>	
<b>Total liabilities</b>	<b>72,462</b>	<b>60,768</b>	
<b>NET ASSETS</b>	<b>95,369</b>	<b>106,184</b>	
<b>Equity</b>			
Retained earnings	96,369	106,184	
<b>TOTAL EQUITY</b>	<b>95,369</b>	<b>106,184</b>	

The accompanying notes, set out on pages 13 to 26, form part of these financial statements.

## STATEMENT OF CASH FLOWS

For the year ended 30 June 2024

*In thousands of AUD*

	Note	2024	2023
<b>Cash flows from operating activities</b>			
Receipts from customers		41,002	47,775
Government grants received		172,960	166,041
Payments to suppliers and employees		(215,433)	(217,027)
Interest received		2,691	1,581
Other income received		4,224	5,828
<b>Net cash provided by operating activities</b>		<b>5,444</b>	<b>4,198</b>
<b>Cash flows from investing activities</b>			
Proceeds on disposal of PP&E		471	338
Payment for PP&E		(8,441)	(3,338)
<b>Net cash used in investing activities</b>		<b>(7,970)</b>	<b>(3,000)</b>
<b>Cash flows from financing activities</b>			
Distribution to the owner of the Company		-	(3,000)
Funds Advanced by National Treasury		3,000	-
<b>Net cash used in financing activities</b>		<b>3,000</b>	<b>(3,000)</b>
<b>Net increase / (decrease) in cash held</b>		<b>474</b>	<b>(1,802)</b>
<b>Cash at the beginning of the financial year</b>		<b>15,681</b>	<b>17,483</b>
<b>Cash at end of the financial year</b>	7	<b>16,155</b>	<b>15,681</b>

The accompanying notes, set out on pages 13 to 26, form part of these financial statements.

## STATEMENT OF CHANGES IN EQUITY

For the year ended 30 June 2024

*In thousands of AUD*

2024	Retained Earnings	Total Equity
<b>Balance as at 1 July 2023</b>	<b>106,184</b>	<b>106,184</b>
Net deficit for the year	(10,815)	(10,815)
<b>Total comprehensive income for the year</b>	<b>(10,815)</b>	<b>(10,815)</b>
<b>Balance as at 30 June 2024</b>	<b>95,369</b>	<b>95,369</b>
<b>2023</b>	<b>Retained Earnings</b>	<b>Total Equity</b>
Balance as at 1 July 2022	112,336	112,336
Net deficit for the year	(3,152)	(3,152)
<b>Total comprehensive income for the year</b>	<b>(3,152)</b>	<b>(3,152)</b>
Distribution to the parent entity	(3,000)	(3,000)
<b>Balance as at 30 June 2023</b>	<b>106,184</b>	<b>106,184</b>

The accompanying notes, set out on pages 13 to 26, form part of these financial statements.



## NOTES TO THE FINANCIAL STATEMENTS

### About this report

#### 1. Reporting entity

Calvary Health Care (Newcastle) Limited (the Company) is a not-for-profit Public Company limited by guarantee, incorporated and domiciled in Australia.

#### 2. Basis of Preparation

##### 2.1 Basis of Accounting

In the opinion of the Directors, the Company is not publicly accountable. These financial statements are Tier 2 general purpose financial statements that have been prepared in accordance with the Australian Accounting Standards - Simplified Disclosures adopted by the Australian Accounting Standards Board and the Australian Charities and Not-for-profits Commission Act 2012. These financial statements comply with Australian Accounting Standards - Simplified Disclosures.

They were authorised for issue by the Board of Directors on 24 October 2024.

##### 2.2 Functional and Presentation Currency

These financial statements are presented in Australian dollars, which is the Company's functional currency.

Amounts in the financial report and Director's Report have been rounded off to the nearest thousand dollars, unless otherwise stated.

##### 2.3 Use of estimates and judgements

In preparing these financial statements, management has made judgements, estimates and assumptions that affect the application of the Company's accounting policies and the reported amounts of assets, liabilities, income and expenses. Actual results may differ from these estimates.

Estimates and underlying assumptions are reviewed on an ongoing basis. Revisions to accounting estimates are recognised prospectively.

Details of estimates specific to revenue are included in Note 3.1 (iv).

##### 2.4 Going concern

These financial statements have been prepared on a going concern basis, which contemplates the continuity of normal business activities and realisation of assets and settlement of liabilities in the ordinary course of business.

The Company incurred a deficit during the year ended 30 June 2024 of \$10.8M and as at that date, the Company's current liabilities exceed current assets by \$2.0M. The Company has financial support from its parent company, Little Company of Mary Health Care Limited, which has confirmed it will continue to provide financial support to the Company to meet all financial obligations as and when they fall due. This support will continue to apply for at least 12 months from the date of approval of these financial statements. On this basis, there are no identified events or conditions that may cast significant doubt on the ability of the Company to continue operating as a going concern.

### Our Results

#### 3. Revenue

In thousands of AUD

**Revenue from operating activities**  
Revenue from rendering of services 39,077  
Recurrent grants received/receivable 168,217  
Resources received free of charge 496  
**212,357 207,790**

Donations	993	2,393
Other income	3,231	3,435
	4,224	5,828

#### 3.1 Revenue from Operating Activities

**Revenue from contracts with customers - AASB 15 Revenue from Contracts with Customers**

Revenue from rendering of services	37,016	39,077
Recurrent grants received/receivable	175,019	168,217
	212,035	207,294

**Revenue recognised under - AASB 1058 Income of NFP entities**

Resources received free of charge	322	496
	322	496
	212,357	207,790

**Disaggregation of revenue from contracts with customers**

<b>Type of service</b>		
Recurrent grant income	175,019	168,217
Patient fees	11,346	10,659
Prosthesis Fees	141	171
Facility Fees	4,274	4,463
Pharmacy Fees	36	38
Research grants	6,966	7,371
Revenue on recoveries	6,312	6,714
Other revenue from rendering of services	7,941	9,661
	212,035	207,294
Revenue recognised under AASB 1058	322	496
<b>Total revenue from operations</b>	<b>212,357</b>	<b>207,790</b>

## 3. Revenue (continued)

## Accounting Policy

For construction projects, this is generally as the construction progresses in accordance with costs incurred since this is deemed to be the most appropriate measure of completeness. When the cost incurred is not deemed to be the most accurate reflection of construction or acquisition, revenue is recognised on a straight-line basis.

*Resources received free of charge*

Income is recognised when fair value can be reliably measured. Services received free, or for nominal consideration not recognised as income include but are not limited to:

- companionship for patients and residents
- support for mental health carers; and
- ward and fundraising assistance.

## (iii) Other income

## Interest

Interest income is recognised using the effective interest method.

## Donations

Donations collected, including cash and plant and equipment, are recognised as other income when the Company gains control of the asset.

Donations with specific conditions attached will be deferred until those conditions are satisfied.

*(iv) Significant estimates and judgements relating to revenue*

For many of the grant agreements received, the determination of whether the contract includes sufficiently specific performance obligations was a significant judgement involving discussions with several parties, review of the proposal documents prepared during the grant application phase and consideration of the terms and conditions.

Grants received by the company have been accounted for under both AASB 15 and AASB 1058 depending on the terms and conditions and decisions made. If this determination was changed then the revenue recognition pattern may have been different from that recognised in this financial report.

## 3. Revenue (continued)

## Accounting Policy

Income is measured at the fair value of the consideration or contribution received or receivable. When an agreement is enforceable and contains sufficiently specific performance obligations, the revenue is either recognised over time as the work is performed or recognised at the point in time that the control of the services pass to the customer under AASB 15. The contribution is otherwise recognised immediately as income under AASB 1058. Where government grants are provided to construct non-financial assets the income is recognised as construction occurs.

**(i) Revenue recognition policy for revenue from contracts with customers (AASB 15)**

AASB 15 requires revenue to be recognised when control of a promised good or service is passed to the customer at an amount which reflects the expected consideration. Generally the timing of the payment for sale of goods and rendering of services corresponds closely to the timing of satisfaction of the performance obligations, however where there is a difference, it will result in the recognition of a receivable, contract asset or contract liability.

For further information on the accounting treatment for contract assets refer to Note 5, or contract liabilities, refer to Note 10.

*Government revenue - recurrent grants*

Recurrent grants are received from the Government to deliver outcome based services on a range of programs to provide relief to sick and injured persons through the provision of care and treatment, and to promote, protect and maintain the health of the community. Revenue is recognised over time as performance obligations are met. The performance agreement between the Company and the Government specifying these services and programs typically cover the period of one year, and it is renewed annually. Funding is usually received in advance with a contract liability recorded for unspent funds.

Hunter New England Local Health District (HNELHD) transferred control of the general hospital facility through a sub-lease agreement to Calvary Health Care (Newcastle) Limited, a controlled entity. The terms and conditions of the use of the facility are contained in a Head Lease between the parties to the PPP arrangement. The recognition of the assets is based on the fact that the Company, being an Affiliated Health Organisation which is outside the accounting control of either HNELHD or the NSW Ministry of Health, recognises its funding (recurrent or capital) as grant income in the year of receipt.

*Revenue from rendering of services - Patient fee revenue*

Patient fee revenue is recognised on an accrual basis when the service has been provided to the patient. Accrued patient income represents an estimate of fees due from patients not billed at balance date. This estimate is calculated with reference to individual episode information and per diem rates.

**(ii) Revenue recognition policy for revenue streams which are either not enforceable or do not have sufficiently specific performance obligations (AASB 1058)***Public Health Service - capital grants*

When the company receives cash or other financial assets to construct or acquire a non-financial asset (e.g. building) for its own use it is considered to be a capital grant.

Under AASB 1058 capital grants received under an enforceable agreement to enable the company to acquire or construct an item of property, plant and equipment to identified specifications are recognised as revenue as and when the obligation to construct or purchase is completed.



## Our Assets

### 4. Property, Plant and Equipment

<b>At Carrying Value</b>	<b>Land and buildings</b>	<b>Plant and equipment</b>	<b>Motor Vehicles</b>	<b>Assets under construction</b>	<b>Total</b>
<i>In thousands of AUD</i>					
Carrying amount as at 1 July 2023	80,270	18,075	451	63	98,859
Additions	-	7,972	505	-	8,477
Transfers from assets under construction	-	63	-	(63)	-
Disposals	-	(111)	(475)	-	(586)
Depreciation expense	(3,301)	(4,990)	-	-	(8,291)
Balance at 30 June 2024	76,969	21,009	481	-	98,459
Book value as at 30 June 2024	140,263	51,058	481	-	191,802
Accumulated depreciation as at 30 June 2024	(63,294)	(30,049)	-	-	(93,343)
<b>Net book value as at 30 June 2024</b>	<b>76,969</b>	<b>21,009</b>	<b>481</b>	<b>-</b>	<b>98,459</b>
Book value as at 30 June 2023	140,263	45,762	451	63	186,539
Accumulated depreciation as at 30 June 2023	(59,993)	(27,687)	-	-	(87,680)
<b>Net book value as at 30 June 2023</b>	<b>80,270</b>	<b>18,075</b>	<b>451</b>	<b>63</b>	<b>98,859</b>

#### Accounting Policy

##### Recognition and measurement

Property, plant and equipment is stated at historical cost less any accumulated depreciation and any accumulated impairment losses.

##### Subsequent expenditure

Subsequent costs are included in the asset's carrying amount or recognised as a separate asset, as appropriate, only when it is probable that future economic benefits associated with the item will flow to the Company and the cost of the item can be measured reliably. All other repairs and maintenance are charged to profit and loss during the financial period in which they are incurred.

##### Capitalised interest

Borrowing costs relating to qualifying assets are capitalised and form part of the total construction cost of the asset in the Statement of Financial Position.

### 4. Property, Plant and Equipment (continued)

#### Accounting Policy

##### Depreciation

Depreciation is recognised so as to write off the cost of assets less their residual values over their useful lives, using the straight line method. Leasehold improvements are depreciated over the shorter of either the unexpired period of the lease or the estimated useful lives of the improvements. Assets held under finance leases are depreciated over their expected useful lives on the same basis as owned assets. However, when there is no reasonable certainty that ownership will be obtained by the end of the lease term, assets are depreciated over the shorter of the lease term and their useful lives.

The estimated useful lives for the current and comparative periods are as follows:

Buildings	40 years
Building improvements	10 years
Plant and equipment	6-10 years
Computer equipment	3 years

The estimated useful lives, residual values and depreciation method are reviewed at the end of each reporting period, with the effect of any changes in estimate accounted for on a prospective basis.

##### Derecognition

An item of property, plant and equipment is derecognised upon disposal or when no future economic benefits are expected to arise from the continued use of the asset.

Any gain or loss arising on the disposal or retirement of an item of property, plant and equipment is determined as the difference between the sales proceeds and the carrying amount of the asset and is recognised in profit or loss.

##### Impairment

At each reporting date, the Company assesses whether there is an indication that an asset may be impaired. If any indication exists, or when annual impairment testing for an asset is required, the Company estimates the asset's recoverable amount. An asset's recoverable amount is the higher of an asset's or cash-generating unit's (CGU) fair value less costs of disposal and its value in use.

Recoverable amount is determined for an individual asset, unless the asset does not generate cash inflows that are largely independent of those from other assets or groups of assets. Where the carrying amount of an asset or CGU exceeds its recoverable amount, the asset is considered impaired and is written down to its recoverable amount.

Value in Use is calculated as the asset's current replacement cost.

Impairment losses are recognised in profit or loss. For non-current assets excluding goodwill, a previously recognised impairment loss is reversed only if there has been a change in assumptions used to determine the asset's recoverable amount since the last impairment loss was recognised. The reversal is limited so that the carrying amount of the asset does not exceed its recoverable amount, nor exceed the carrying amount that would have been determined, net of depreciation, had no impairment loss been recognised for the asset in prior years and is recognised in profit or loss.

5. Trade and Other Receivables (continued)

Accounting Policy

Impairment of financial assets

The Company applies a simplified approach in calculating expected credit losses (ECLs) for trade receivables recognising a loss allowance based on lifetime ECLs at each reporting date rather than monitoring changes in credit risk. The Company has established a provision matrix that is based on its historical credit loss experience, adjusted for forward-looking factors specific to the debtors and the economic environment.

The Company considers a financial asset is in default when contractual payments are 90 days past due. However, in certain cases, the Company may also consider a financial asset to be in default when internal or external information indicates that the Company is unlikely to receive the outstanding contractual amounts in full before taking into account any credit enhancements held by the Company. A financial asset is written off when there is no reasonable expectation of recovering the contractual cash flows.

Derecognition

The Company derecognises a financial asset when the contractual rights to the cash flows from the asset expire, or when it transfers the financial asset and substantially all the risks and rewards of ownership to the asset to another entity. On derecognition of a financial asset in its entirety, the difference between the asset's carrying amount and the sum of consideration received and receivable and is recognised in profit or loss.

Contract assets

Where a timing difference arises between the payment for sale of goods and rendering of services and the timing of satisfaction, a contract asset or contract liability is required to be recognised.

For further information on contract liabilities, refer to Note 10.

Contract assets arise when work has been performed on a particular program or services have been transferred to the customer but the invoicing milestone has not been reached and the rights to the consideration are not unconditional. If the rights to the consideration are unconditional then a receivable is recognised. No impairment losses were recognised in relation to these assets during the year (2023: \$nil).

6. Other Assets

In thousands of AUD

Current

Prepayments

	2024	2023
	533	505
	533	505

5. Trade and Other Receivables

In thousands of AUD

Current

Trade receivables

Grant receivable

Other receivables

Other receivables due from related parties

	2024	2023
	2,370	1,365
	-	148
	4,116	3,427
	-	8
	6,486	4,948

The movement in the allowance for impairment in respect of trade and other receivables during the year was as follows:

In thousands of AUD

Balance at the beginning of the year

Impairment losses recognised

Amounts written off/recovered

Balance at the end of the year

	2024	2023
	(107)	(84)
	(35)	(206)
	28	183
	(114)	(107)

Accounting Policy

Recognition and measurement

Trade receivables are recognised when they are originated. All other financial assets are recognised when an entity becomes a party to the contractual provisions of the instrument.

Financial assets are initially measured at fair value. Transaction costs that are directly attributable to the acquisition or issue of financial assets are added to or deducted from the fair value of the financial assets, as appropriate, on initial recognition. A trade receivable without a significant financing component is initially recognised at the transaction price.



## Annual Financial Report 30 June 2024 | Calvary Health Care (Newcastle) Limited

## 7. Cash and Cash Equivalents

<i>In thousands of AUD</i>	2024	2023
Cash at bank and on hand	2,382	-
Cash at bank - special purpose funds	13,773	16,392
<b>Cash and cash equivalents in the statement of Financial Position</b>	<b>16,155</b>	<b>16,392</b>
Bank Overdrafts repayable on demand and used for cash management purposes	-	(711)
<b>Cash and cash equivalents in the statement of Cash Flows</b>	<b>16,155</b>	<b>15,681</b>

**Accounting Policy**

Cash and cash equivalents in the Statement of Financial Position comprise cash at bank and in hand and term deposits with a term of less than three months.

For the purposes of the statement of cash flows, cash and cash equivalents consist of cash and cash equivalents as defined above.

## 8. Term Deposits

<i>In thousands of AUD</i>	2024	2023
Term deposits (> 3 months < 12 months maturity)	45,000	45,000

## 9. Restricted Assets

The Company hold assets which are restricted by externally imposed conditions (e.g. in line with grant and donor requirements). The assets are only available for application in accordance with the terms of these restrictions.

<i>In thousands of AUD</i>	2024	2023
Special Purpose / Conditions imposed by granting body	21,312	22,394
No. 2 Account / Conditions imposed by NSW Ministry of Health	29,597	31,043
Research grants / Conditions imposed by granting body	7,864	7,955
	<b>58,773</b>	<b>61,392</b>
<b>Disclosed in the Statement of Financial Position as:</b>		
Cash and cash equivalents	13,773	16,392
Term deposits (greater than 3 months and less than 12 months maturity)	45,000	45,000
	<b>58,773</b>	<b>61,392</b>

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## 10. Contract Liabilities

<i>In thousands of AUD</i>	2024	2023
Contract liabilities - current	55	136
	<b>55</b>	<b>136</b>

**Accounting Policy**

Where a timing difference arises between the payment for sale of goods and rendering of services and the timing of satisfaction of a performance obligation, a contract asset or contract liability is to be recognised in accordance with AASB 15.

Contract liabilities represent the unspent grants or revenue received on the condition that specified services are delivered or conditions are fulfilled.

The services are usually provided, or the conditions usually fulfilled within 12 months of receipt of the grant / fees. Where the amount received is in respect of services to be provided over a period that exceeds 12 months after the reporting date or the conditions will only be satisfied more than 12 months after the reporting date, the liability is presented as non-current.

Where capital grants are received for the company to acquire or construct an item of property, plant and equipment which will be controlled by the Company then the funds are initially recognised as a contract liability and amortised to revenue as and when the obligation is satisfied.

## 11. Employee remuneration

## 11.1 Employee benefits expense

<i>In thousands of AUD</i>	2024	2023
Salaries and wages	136,193	126,314
Superannuation - defined contribution	13,121	11,446
Superannuation - defined benefit	322	496
Workcover	1,885	2,700
Long-term and post-employment benefits	4,777	3,733
	<b>156,298</b>	<b>144,689</b>

## 11.2 Employee Provisions

<i>In thousands of AUD</i>	2024	2023
<b>Current</b>		
Annual leave	20,254	19,572
Long service leave	27,086	26,014
Other employee provisions	174	258
	<b>47,514</b>	<b>45,844</b>
<b>Non-current</b>		
Long service leave	1,055	964

## 11.2 Employee Provisions (continued)

**Accounting Policy**

A liability is recognised for benefits accruing to employees in respect of salaries and wages, annual leave and long service leave when it is probable that settlement will be required and they are capable of being measured reliably.

**Short-term benefits**

Liabilities recognised in respect of short-term employee benefits are measured at their nominal values using the remuneration rate expected to apply at the time of settlement.

**Other long-term benefits**

Liabilities recognised in respect of long-term employee benefits are measured as the present value of the estimated future cash outflows to be made by the Company in respect of services provided by employees up to the reporting date.

**Defined contribution plan**

Payments to defined contribution retirement benefit plans are recognised as an expense when employees have rendered service entitling them to the contributions.

## 11.3 Key Management Personnel compensation

**Compensation of key management personnel**

Non-Executive Directors' fees and National executive salaries are paid and are reported separately by the Parent Entity, Little Company of Mary Health Care Ltd. Remuneration for the Company's Executives is detailed below.

The key management personnel compensation included in 'personnel expenses' is as follows:

<i>In thousands of AUD</i>	2024	2023
Compensation to directors and other members of key management	657	584

## 12. Related Parties

## 12.1 Transaction with key management personnel

From time to time Directors and other key management personnel of the Company may be treated as patients. This service is provided on the same terms and conditions as those entered into by other employees or customers and are trivial or domestic in nature.

## 12.2 Transactions with other related parties

*In thousands of AUD***Amounts included in income received during the year from Calvary group companies:**

Recovery for goods and services	-	14
	-	14

**Amounts included in expenses paid to Calvary group companies:**

National Office shared service contribution	2,410	2,318
Distribution to the parent entity	-	3,000
National IT shared service contribution - recurrent	1,058	1,047
National IT shared service contribution - non-recurrent	280	266
Payments for goods and services	1	6
	3,749	6,637

## 12.3 Balances with other related parties

*In thousands of AUD***Amounts payable to Calvary group companies:**

Borrowings	3,000	-
	3,000	-

## 13. Remuneration of auditors

During the year the following fees were paid or payable for services provided by KPMG Australia and its related parties as the auditor:

*In thousands of AUD***(a) Audit and other assurance services**

*KPMG Australia*

Audit and review of financial statements

**Total remuneration for audit and other services**

	97	90
	97	90
<b>Total remuneration of auditors</b>	97	90



#### 14. Economic Dependency

The public hospital facilities within the Company operated by Calvary Health Care (Newcastle) Limited depend on the annual appropriation of monies by their relevant State or Territory Governments to fund operations and meet commitments in accordance with separate agreements between these companies and the relevant Government authority.

The Company has indemnification from the NSW Ministry of Health for any accrued public hospital employee leave entitlements or any other employee entitlements such as redundancies payable by Calvary Health Care (Newcastle) Ltd which the Company is liable to pay at the time of, or becomes liable to pay as a consequence of, ceasing to conduct a public hospital in whole or part, as a public hospital listed in the Third Schedule of the Health Services Act or any successor Act subject to certain conditions.

#### 15. Contingent liabilities and assets

##### Claims on managed fund

On 1 July 1989 the NSW Government implemented a self-insurance scheme known as the Treasury Managed Fund (TMF). Since that time, the Company has been a member of the TMF. The TMF will pay to or on behalf of the Company all sums which it shall become legally liable to pay by way of compensation or legal liability except for employment related, discrimination and harassment claims that do not have state-wide implications. Therefore, since 1 July 1989, apart from the exceptions noted above no contingent liabilities exist in respect of liability claims against the Company.

A Solvency Fund (now called Pre-Managed Fund) Reserve was established by the NSW Government to deal with the insurance matters incurred before 1 July 1989 that were above the limit of insurance held or for matters that were incurred prior to 1 July 1989 that would have become verdicts against the State. The Pre-Managed Fund will respond to all claims against the Company.

#### 16. Subsequent events

There has not arisen in the interval between the end of the financial year and the date of this report any item, transaction or event of a material and unusual nature likely, in the opinion of the Directors of the Company, to affect significantly the operations of the Company, the results of those operations, or the state of affairs of the Company in future financial years.

#### 17. Other Accounting Policies

The accounting policies set out below have been applied consistently to all periods presented in these financial statements, and have been applied consistently by the Company.

##### 17.1 Goods and services tax

Revenues, expenses and assets are recognised net of the amount of goods and services tax (GST), except where the amount of GST incurred is not recoverable from the Australian Taxation Office (ATO). In these circumstances, the GST is recognised as part of the cost of acquisition of the asset or as part of the expense. Receivables and payables in the Statement of Financial Position are shown inclusive of GST.

The GST components of cash flows arising from operating, investing and financing activities which are recoverable from, or payable to, the ATO are classified as operating cash flows.

The net amount of GST recoverable from, or payable to, the ATO is included as a current asset or liability in the Statement of Financial Position.

##### 17.2 Finance income and expense

Interest income and expenses are recognised using the effective interest method.

#### 18. Changes to accounting policies

There have been no changes to accounting policies in preparation of these financial statements of the Company.



## Independent Auditor's Report

To the members of Calvary Health Care (Newcastle) Limited

### Opinion

We have audited the **Financial Report** of Calvary Health Care (Newcastle) Limited (the Company).

In our opinion, the accompanying Financial Report of the Company is in accordance with Division 60 of the Australian Charities and Not-for-profits Commission (ACNC) Act 2012 including:

- giving a true and fair view of the Company's financial position as at 30 June 2024, and of its financial performance and its cash flows for the year ended on that date; and
- complying with Australian Accounting Standards – Simplified Disclosures Framework and Division 60 of the Australian Charities and Not-for-profits Commission Regulation 2022 (ACNCR).

The **Financial Report** comprises:

- Statement of financial position as at 30 June 2024;
- Statement of profit or loss and other comprehensive income, Statement of changes in equity, and Statement of cash flows for the year then ended;
- Notes, including material accounting policies;
- Directors' declaration of the Company.

### Basis for opinion

We conducted our audit in accordance with Australian Auditing Standards. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Our responsibilities under those standards are further described in the Auditor's responsibilities for the audit of the Financial Report section of our report.

We are independent of the Company in accordance with the auditor independence requirements of the ACNC Act 2012 and the ethical requirements of the Accounting Professional and Ethical Standards Board's APES 110 Code of Ethics for Professional Accountants (including Independence Standards) (the Code) that are relevant to our audit of the Financial Report in Australia. We have fulfilled our other ethical responsibilities in accordance with these requirements.



### Other Information

Other information is financial and non-financial information in Calvary Health Care (Newcastle) Limited's annual reporting which is provided in addition to the Financial Report and the Auditor's Report. The Directors are responsible for the Other Information.

Our opinion on the Financial Report does not cover the Other Information and, accordingly, we do not express an audit opinion or any form of assurance conclusion thereon.

In connection with our audit of the Financial Report, our responsibility is to read the Other Information. In doing so, we consider whether the Other Information is materially inconsistent with the Financial Report or our knowledge obtained in the audit, or otherwise appears to be materially misstated.

We are required to report if we conclude that there is a material misstatement of this Other Information, and based on the work we have performed on the Other Information that we obtained prior to the date of this Auditor's Report we have nothing to report.

### Responsibilities of the Directors for the Financial Report

The Directors are responsible for:

- Preparing the Financial Report that gives a true and fair view in accordance with the Australian Accounting Standards – Simplified Disclosures Framework and the ACNC and ACNCR;
- Implementing necessary internal control to enable the preparation of a Financial Report that gives a true and fair view and is free from material misstatement, whether due to fraud or error; and
- Assessing the Company's ability to continue as a going concern and whether the use of the going concern basis of accounting is appropriate. This includes disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless they either intend to liquidate the Company or to cease operations, or have no realistic alternative but to do so.

### Auditor's responsibilities for the audit of the Financial Report

Our objective is:

- to obtain reasonable assurance about whether the Financial Information as a whole is free from material misstatement, whether due to fraud or error; and
- to issue an Auditor's Report that includes our opinion.

Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with Australian Auditing Standards will always detect a material misstatement when it exists.

Misstatements can arise from fraud or error. They are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of this Financial Information.

As part of an audit in accordance with *Australian Auditing Standards*, we exercise professional judgement and maintain professional scepticism throughout the audit.





We also:

- i. Identify and assess the risks of material misstatement of the Financial Report, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- ii. Obtain an understanding of internal control relevant to the Audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Company's internal control.
- iii. Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the Directors.
- iv. Conclude on the appropriateness of the Directors' use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the registered Company's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our Auditor's Report to the related disclosures in the Financial Report or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our Auditor's Report. However, future events or conditions may cause the registered Company to cease to continue as a going concern.
- v. Evaluate the overall presentation, structure and content of the Financial Report, including the disclosures, and whether the Financial Report represents the underlying transactions and events in a manner that achieves fair presentation.

We communicate with the Directors of the registered Company regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

Stephen Isaac  
Partner  
Sydney  
24 October 2024

KPMG



**CALVARY MATER NEWCASTLE**

Awabakal Country | Locked Mail Bag 7 |

Hunter Region Mail Centre NSW 2310

**p:** 02 4921 1211 **w:** [calvarymater.org.au](http://calvarymater.org.au)

*In 1885, six courageous Sisters sailed into Sydney to continue the mission of Venerable Mary Potter and the Sisters of the Little Company of Mary to care for those in need. Thus began Calvary's enduring legacy of care in Australia. Today, we continue their mission, in our hospitals, home and virtual care services, retirement living and residential aged care homes across five states and two territories.*

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