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AREA HEALTH SERVICE
NSW HEALTH



The University of Sydney



THE GEORGE INSTITUTE
for International Health

Year in Review
2006 CALENDAR YEAR

WITHOUT ACTION 400 MILLION PEOPLE

WILL DIE FROM CHRONIC DISEASES IN THE COMING DECADE

MANY OF THESE DEATHS WILL OCCUR PREMATURELY WITH
DEVASTATING EFFECTS FOR FAMILIES, COMMUNITIES AND NATIONS

THE GEORGE INSTITUTE FOR INTERNATIONAL HEALTH YEAR IN REVIEW – 2006 CALENDAR YEAR

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THE GEORGE INSTITUTE
for International Health

THE GLOBAL IMPACT OF DISEASE AND INJURY...

58 MILLION
DEATHS
FROM CHRONIC DISEASES¹

17 MILLION
PEOPLE
AFFLICTED BY STROKE GLOBALLY³

800 BILLION
DOLLARS
LOST IN CHINA AND INDIA
DUE TO HEART DISEASE¹

2 MILLION
PEOPLE
NUMBER OF AUSTRALIAN ADULTS
WITH CHRONIC KIDNEY DISEASE⁴

100
THOUSAND
DEATHS
PER ANNUM IN CHINA
FROM MOTOR VEHICLE INJURY²

Statistical source:

Front cover: Preventing chronic diseases – a vital investment, WHO, Geneva, Switzerland, 2005.

1. Preventing chronic diseases – a vital investment, WHO, Geneva, Switzerland, 2005.

2. Wang S, Chi G, Jing C, Dong X, Wu C, Li L. Trends in road traffic crashes and associated injury and fatality in the People's Republic of China, 1951-1999. Inj Contr Saf Promot. 2003;10:83-7.

3. Health systems: improving performance. The World Health Report 2000. WHO, Geneva, Switzerland, 2000.

4. Howard K, Salkeld G, White S, Chadban S, Craig J, McDonald S, Perkovic V, Cass A. The cost-effectiveness of early detection and intervention to prevent the progression of chronic kidney disease in Australia. Kidney Health Australia, Melbourne, Australia, October 2006. Available from: www.kidney.org.au

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THE GEORGE INSTITUTE

IMPROVING GLOBAL HEALTH THROUGH
HIGH QUALITY RESEARCH

The primary mission of The George Institute is to improve global health through undertaking high quality research, and applying this research to health policy and practice.

The Institute focuses on research and related activities that can deliver the greatest improvement in health outcomes where it is most urgently needed, such as in the low and middle-income countries of Asia, and in Indigenous populations in Australia.

Understanding that its available resources may not be adequate to tackle some major health problems, the Institute collaborates with recognised and capable partners on key health projects around the globe. Effective utilisation of local expertise and resources in target countries and regions is also crucial in ensuring the Institute’s research outcomes and intervention programs are sustainable in the longer term.

The statistics presented at the front of this report provide some idea of the enormity of the issues we face in tackling non-communicable diseases and injury in many regions of the world. The following review highlights the efforts of The George Institute in overcoming these challenges.



2006 HIGHLIGHT

IMPROVED ACCESS TO BASIC HEALTH CARE SERVICES IN CHINA

In 2006, the third annual meeting in the China Health Policy Roundtable series was held to bring together international health experts with senior representatives from the China Ministry of Health and other government departments to discuss and examine health policy issues relevant to China. This meeting was the final in the current series of three Roundtables established under the auspices of a Memorandum of Understanding between the China Ministry of Health and The George Institute for International Health.

This Roundtable, held in May 2006 in Beijing, focused on 'Access to Basic Health Care Services'. It attracted participants from the public, private and non-profit sector, including senior delegates from the Chinese Government. The main sessions centred on financing and delivering health care services in China, followed by a key, final interactive 'policy forum', allowing policy recommendations to be formulated.

Following the Roundtable meeting, The George Institute, working in collaboration with members of an International Reference Group, prepared a policy report and recommendations based on the meeting outcomes. The report will be presented to the China Ministry of Health for its consideration in planning future health policy reform in China.



2006 HIGHLIGHT

HEALTH POLICY ANALYSIS

A PRIORITY AT THE GEORGE

In the latter part of 2006, a new Health Policy Division was created at the Institute to undertake research and analysis of government health policies and policy initiatives. The focus on health policies will pertain to those specifically impacting low and middle-income countries, particularly the development and delivery of new medicines and vaccines. Using research evidence, more efficient health policies can be designed and recommended to government policy makers and funding sources.

The capacity and capabilities of this new Division were enhanced when several policy experts transferred to The George Institute from the London School of Economics and Political Science. This group is best known for their analyses of the development of pharmaceutical products for neglected diseases, as well as their widely-acknowledged report on this area, which detailed

new approaches to government funding policies for the treatment of diseases such as tuberculosis, malaria and sleeping sickness. The Health Policy Division will facilitate empirically based analysis to assist those making health policy to craft effective public policy in response to changes in the international health environment.



2006 HIGHLIGHT

NEW ALLIANCE TO STRENGTHEN GLOBAL CAPABILITY IN DRUG EVALUATION

The George Institute has joined with a number of other international clinical research centres and affiliated academic institutions to form a world-first academic research alliance. Known as the Academic Alliance for Clinical Trials (AACT), this umbrella body provides a wide range of services, embracing research science, strategy development, researcher training and development, clinical trials services (including data management and biostatistical services) and health policy and practice.

During 2006, much work was undertaken by the Institute and its AACT partners, the MMRF Berman Center for Outcomes and Clinical Research and the Coordinating Center for Biometric Research (University of Minnesota, USA) and the Julius Center for Health Sciences and Primary Care (University Medical Center Utrecht, The Netherlands) to develop and deliver

its unique service portfolio. The AACT is likely to attract increased research funding from potential sponsors of large-scale international research, and thus promises to both strengthen the research capacity of The George Institute and increase its impact on health policy and clinical practice.



2006 HIGHLIGHT

SIGNIFICANT FINANCIAL INJECTION FOR INDIGENOUS HEALTH ACCESS STUDY

In early 2006, Australia's National Health and Medical Research Council announced a \$2.8 million research grant for a study focusing on improving health outcomes for Indigenous Australians. The study is examining why Aboriginal people who are suffering chronic disease are not accessing the benefits of improved health systems experienced by other Australians.

The research, being conducted by The George Institute, the Menzies School of Health Research, and six Aboriginal Medical Service sites, is utilising the substantial funding over the next five years to identify existing health system barriers and develop strategies to reduce obstacles to essential care. The significant funding reflects the federal government's recognition of the urgent need to address the difficulties faced by Indigenous Australians in accessing health services, as well as the high rates of heart and kidney disease in Aboriginal people. The research will bring together senior

doctors, Indigenous community leaders, health researchers, policy makers, health workers, patients and communities across three Australian states – New South Wales, Queensland and the Northern Territory. The study is being coordinated by the Renal Division at The George Institute, which focuses on the development and implementation of treatment and prevention strategies for kidney disease. It exemplifies the efforts of the Division to improve equity both in health outcomes and in access to health care for patients with kidney disease.



2006 HIGHLIGHT

INDIA

SUBSIDIARY ESTABLISHED TO SUPPORT LOCAL INITIATIVES

The Institute's commitment to India was strengthened in 2006, with the establishment of The George Institute, India in Hyderabad. In recent years, George researchers have undertaken significant health studies in Andhra Pradesh, a rural part of India, in response to the alarming rise in mortality from diabetes, hypertension and other chronic diseases which are claiming more lives than ever before. The goal of the Andhra Pradesh Rural Health Initiative (APRHI) is to improve the health status, prevent and manage non-communicable disease, prevent premature death, and enhance access to health services for the rural population.

Also in 2006, The George Institute hosted a meeting of experts in the field of mortality surveillance at a major workshop in New Delhi, India. Delegates from Canada, USA, UK, India and Australia discussed the progress of mortality surveillance initiatives in India and other regions. Validation techniques were reviewed and participants discussed the findings of APRHI with a particular focus on its long-term implications

for India. To adequately support these activities and develop and implement further health projects, the Institute needed to have a firm base, and Hyderabad was selected as the ideal location for the new Indian subsidiary of the Institute. Senior staff were appointed during the year to lay the foundations for this new, permanent subsidiary.

MESSAGE FROM THE
CHAIR

WHAT I FIND PARTICULARLY IMPRESSIVE, AS EVIDENT IN THE PAGES OF THIS REPORT, IS HOW MUCH THE INSTITUTE HAS ACHIEVED, AND HOW FAR IT HAS COME, IN ITS COMPARATIVELY BRIEF LIFE.

Relative to other health and medical research institutes in Australia and overseas, The George Institute has been in existence for a very short period of time. What I find particularly impressive, as evident in the pages of this report, is how much the Institute has achieved, and how far it has come, in its comparatively brief life.

Many such institutes take years to become established and productive, particularly when they choose to operate across national borders and in parts of the world that lack suitable infrastructure and resources to sustain high-level research.

Yet, in this and previous reports, it is apparent that the George has wasted no time in setting up and implementing significant research programs, large-scale clinical trials and productive partnerships with kindred bodies, both here in Australia and internationally. This fact particularly impressed me when I was approached to take on the role of Chair of the Institute in mid-2006.

Research is a fundamental component of medical practice and health provision. At the same time it remains an activity, the true worth of which is both undervalued and underestimated. Adequate funding and proper support for such research in this country remains elusive, and frustrates the achievement of outcomes that would significantly alleviate suffering and misery. It also hinders the development and application of new health practices that have the potential to significantly improve life quality for future generations.

We see in Asia a looming epidemic of chronic disease that is both treatable and preventable. It is now affecting millions of lives and will significantly reduce the future prosperity of those countries, locking them into further poverty and dependence on richer western nations. The 2005 report on chronic disease by the World Health Organization was unequivocal in its message that the huge impact of chronic disease in poorer countries is so capable of being addressed and its reduction so achievable. The application of available knowledge and practice, and further research into the causes of morbidity and mortality, will return huge dividends for these nations and alleviate the dependence on foreign aid. Yet dealing with chronic disease is still seen as a lesser concern of many countries that are in a position to make a difference, including Australia.

On the positive side, the reader will be heartened by The George Institute's unwavering focus on chronic disease in low and middle-income countries, and the contribution it has made, and continues to make, both to the body of scientific knowledge and to the practical application of this knowledge in the field. Even a cursory examination of this report will demonstrate what can be learnt and achieved by a relatively small group of researchers with a clear focus on cause and effect, and a willingness to work closely with affected regions to help them solve their own health problems.

In a significant move to enhance its on-the-ground presence in those countries that are the focus of its chronic disease research, the Institute has now established a permanent subsidiary institute in Hyderabad, India and significantly expanded its existing subsidiary in Beijing, China. Both its China and India institutes visibly reinforce the George's long-term commitments to these countries. Their presence also contributes significantly to international goodwill towards Australia, which is now more important than ever in such an uncertain and fractured global environment.

RESEARCH IS A FUNDAMENTAL COMPONENT OF MEDICAL PRACTICE AND HEALTH PROVISION. AT THE SAME TIME IT REMAINS AN ACTIVITY, THE TRUE WORTH OF WHICH IS BOTH UNDERVALUED AND UNDERESTIMATED.

Dr John Yu AC FRACP FRACMA

Chair



Hand-in-hand with its population health research activities, the Institute's contribution to the development of new drugs to tackle chronic disease is also expanding. In recent years, there has been much criticism and concern at the approach of the pharmaceutical sector to drug development, in terms of scientific credibility, priority and commercial considerations. Ethical and independent testing of new drugs and treatment methods is seen as essential as more and more drug research is undertaken in a commercial context.

The George Institute's exceptional work in large clinical trials, covering multiple countries, has earned it considerable recognition and credibility in the pharmaceutical and scientific community. The development of new, potent drugs is always accompanied by the prospect of significant side effects. Potential genetic variability in reactions to new drugs, combined with differences in social behaviour or local customs, can be best addressed through large clinical trials that cross over many geographic areas of the world. The George is working closely with the pharmaceutical sector to provide independent, credible services in drug evaluation, and is actively partnering with major clinical research centres in the US and Europe, to offer a true global capability in this area.

Successful research bodies, like other successful enterprises, need clear and relevant goals combined with strong, purposeful leadership. In the past 12 months the George has undertaken considerable efforts to define its objectives and the strategies needed to achieve them. This is critical in the initial years of any new 'startup', as it takes time to recognise and address issues that are not apparent in the early planning stages. The Institute's new strategic plan sets out exactly where it wants to head and what its priorities are. In support of this, the Institute has strengthened its depth of leadership and put in place a board and management structure that will guide and sustain its longer term growth.

I am excited to be a part of this new structure, and to be able to contribute to the important work and future success of a unique institute. As Chair, I have a number of goals I would like to see realised for the future development of the Institute. These include:

- Ensuring that the Institute works in a business-like manner, yet recognising that we are not a business, as such, and our dividends are often measured differently.

- Building a strong board with varied skills capable of guiding and supporting the Principal Directors and staff – a board with gender and experiential diversity and first hand knowledge of the markets and communities in which we choose to function.
- Increasing public awareness of the work and strengths of the Institute and the excellence of its research and its research staff.

Finally, it would be remiss of me not to acknowledge Peter Burrows, my predecessor in this role, for his outstanding efforts in helping steer the Institute through its first critical years of life and for his long-time commitment to public life. His legacy in handing over a healthy, viable and rapidly expanding organisation is recognised and appreciated by us all.

It is my pleasure to present to you the 2006 Annual Review of The George Institute for International Health.

Dr John Yu AC FRACP FRACMA
Chair

MESSAGE FROM THE

PRINCIPAL DIRECTORS

AS WE END THE INSTITUTE’S EIGHTH YEAR SINCE ITS ESTABLISHMENT, IT GIVES US GREAT PLEASURE TO REFLECT ON A TRULY EVENTFUL 12 MONTHS, BOTH IN TERMS OF NEW AREAS OF ENDEAVOUR AND THE RESULTS OF EXISTING PROGRAMS AND PROJECTS.

This year we significantly stepped up our presence offshore in the regions which have become a particular focus of our research. Our program in China has been upgraded with the establishment of The George Institute, China as a legally independent subsidiary registered in Beijing. This will enable a larger staff to more fully support our on-the-ground programs in China, and reaffirms our long-term commitment to this country in terms of health research and policy advice. Similarly in India, we have established a new subsidiary, The George Institute, India in Hyderabad. This is our first significant base in the region which will bolster our input into local public health and clinical initiatives.

Our continuing growth and diversification in 2006 has also necessitated a rethink as to how our governance, risk, performance and resources are managed. Risk, in particular, was closely examined this year with the assistance of external advisers, resulting in a number of core risk management strategies being put in place. Significant internal restructuring, undertaken in the early part of the year, is also resulting in a more effective allocation of leadership responsibilities and more efficient reporting channels. To help ensure that the Institute’s research continues to be effective and relevant, we also introduced a system to evaluate new research proposals being submitted for funding consideration and to monitor and report research and operational output against key performance measures. These approaches will help ensure that we are operating in a more rigorous and accountable fashion and that our research dollars are being utilised in the most transparent and efficient manner.

From a guidance and governance perspective we were delighted to have Dr John Yu join us as Chair of our board. John has a wealth of relevant experience in medicine, management, philanthropy and Australia-Asia relations that will be of immense value to the Institute in its next stage of development. John has a strong empathy for our vision and commitment to contribute to health outcomes in low and middle-income countries. Other planned appointments to our board in 2007 will support John’s effort in this regard.

A key issue for the board over the coming year is the financial sustainability of the Institute, particularly in an environment in which competition for health research and development funding is fierce. Both in its long-term strategic planning, and in its short-term financial management, the Institute is seeking to diversify its income base so as not to be overly reliant on a few sources of support. Efforts at expanding its financial base will continue throughout 2007.

Also of critical importance to the board is the Institute’s profile and visibility. Being comparatively young, the Institute is still relatively unknown despite the high calibre research it undertakes. A major focus in the next 12 months will be to elevate the Institute’s profile and awareness amongst its key stakeholders in academia, government, business, the media and the wider community, both domestically and internationally. Direct stakeholder engagement is central to this, as well as a strengthening of our relationship with The University of Sydney, with whom we share many common aspirations and goals.

Prof. Stephen MacMahon
Prof. Robyn Norton
Principal Directors

During 2006, we were particularly pleased to acquire the Institute’s team of policy experts from the London School of Economics and Political Science. The group, led by Dr Mary Moran, has undertaken outstanding research on neglected diseases and the effectiveness of Public-Private Research Partnerships in the development of pharmaceutical products. Mary and her team will be leading the George’s involvement in health policy analysis and contributing to the broader public policy landscape.

Also in the drug development area, the George is forging ahead with a key academic partnership designed to offer pharmaceutical companies a unique multi-faceted, academically-based, clinical research service with access to major key global trial networks. Our partners in this endeavour, the Julius Center in the Netherlands, and the Berman Center

in the United States, are both widely-recognised and exceptionally experienced leaders in the field. We believe that the combined clinical expertise and broad global coverage that is a feature of the Alliance will also be very attractive to our key collaborators.

Closer to home, the George maintained its strong focus on Indigenous health issues through a range of quite diverse initiatives. As mentioned in the Highlights, we have secured key funding to study barriers to health service access amongst Aboriginal communities. We are also collaborating on several specific Aboriginal health issues, such as renal disease and the high rates of injury amongst children, with other health researchers and Indigenous leaders. Outcomes of these studies should help deliver practical, immediate solutions in a context that is acceptable and sustainable amongst Indigenous communities.

None of the work highlighted in this annual review would ever have seen the light of day were it not for the support and generosity of our many sponsors who see value in the work that we do.

The competition for grants and other forms of health funding in this country is intense, and the additional support from the corporate and philanthropic sector is essential if our research is to happen and the outcomes realised. Thank you to all those supporting bodies listed in this report for their generosity and belief in our goals.

Finally, thank you to our dedicated staff, in both the research and operational areas, who are so passionate about our objectives and so determined to make a difference to the world around them.

Robyn Norton
Principal Director
Professor of Public Health
The University of Sydney

Stephen MacMahon
Principal Director
Professor of Cardiovascular Medicine
and Epidemiology
The University of Sydney

INSTITUTE STRUCTURE

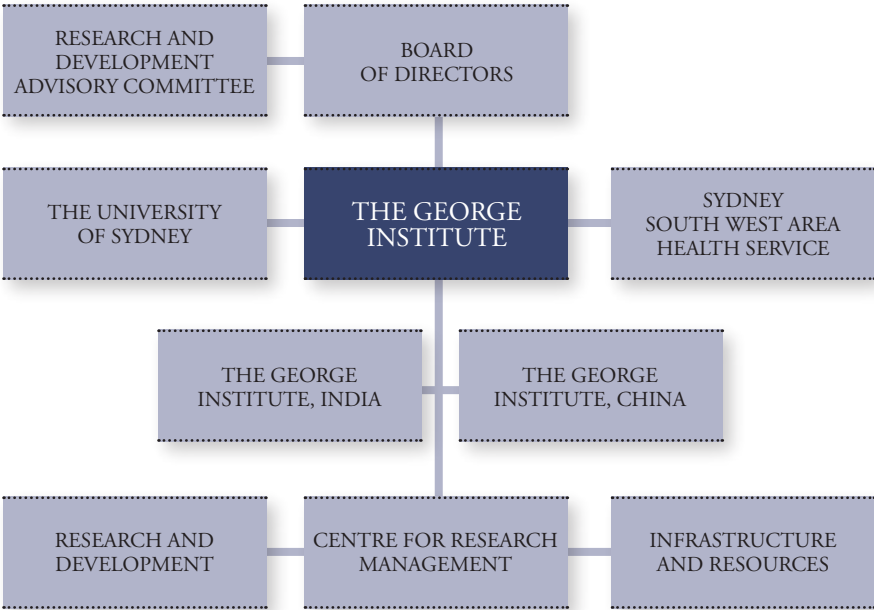


The senior executive team: Left to right – Joanne Andrews, Ross Bidencope, Vlado Perkovic, Stephen MacMahon, Bruce Neal, Robyn Norton, Graham Lawrence, Mark Stevenson, Nick Glozier. See pages 21-23 and 59 for further details.

The George Institute is a not-for-profit research institute, accredited by the National Health and Medical Research Council of Australia. It is affiliated with The University of Sydney and formally associated with the Sydney South West Area Health Service, through Memoranda of Understanding.

The Institute’s direction and operations are overseen by its Board of Directors and its research, policy and capacity development activities are reviewed by an independent Research and Development Advisory Committee.

In 2006, The George Institute, China and The George Institute, India were established as wholly owned legal entities of The George Institute. The George Institute, China is affiliated with Peking University Health Science Center, through a Memorandum of Understanding, and its activities are guided by a China Advisory Board.



BOARD OF DIRECTORS



Dr John Yu AC FRACP FRACMA

John Yu joined the George Institute’s board as its Chair in September 2006. John was formerly the President of the Australian Association of Paediatric Teaching Centres (1990-1995), Deputy Chancellor of The University of Western Sydney (1997-1999), Chancellor of The University of New South Wales (2000-2005), and Chief Executive of the Children’s Hospital (1978-1997). He holds an impressive list of current appointments, including Chair of the International Advisory Council, UNSW Asia; Chair of the Australia-China Council, Department of Foreign Affairs and Trade; Chair of the Advisory Council, International Centre of Excellence for Asia Pacific Studies at the Australian National University, and Chair of VisAsia, NSW Art Gallery.

John is the National Patron of the Australian Association for the Welfare of Child Health and Patron for Childsafe, the Seasons of Growth Program of the Sisters of St Joseph and is a member of the Board of the Health Services Association of New South Wales and the Starlight Foundation. John was made a Member of the Order of Australia in 1989 and a Companion of the Order of Australia in 2001. He was also the 1996 Australian of the Year. He has held senior positions in the Council of the Royal Australasian College of Physicians, the Paediatric Research Society, the Postgraduate Medical Foundation and the Australian Paediatric Association. He served on the National Council of the Australian Healthcare Association and received the Association’s Sidney Sax Medal in 1996. He has published extensively on paediatrics, management issues and the decorative arts.



Peter Church OAM

Co-founder and Managing Director of the Asean Focus Group, Peter Church is an international lawyer and corporate adviser. His involvement in business relations between Australia and the South-East Asian region spans more than 35 years. He has authored and edited several books focused on business in Asia.

Peter has a number of other Asia-related business roles including:

- Special Counsel to Blake Dawson Waldron;
- Chairman of Thai law firm Bangkok International Associates Limited;
- Member of the global Board of Directors of IMAP (the International Network of M&A Partners);
- Non-executive director of ‘Australia Centre’ businesses (principally English language schools in Chiang Mai, Thailand and in Medan, Indonesia);
- Member of the Advisory Board of eangelz.com (an Asia-wide networking organisation based in Singapore) and Indonesia’s Aksara Foundation (a charitable organisation that promotes dialogue on important social, economic and political issues).

BOARD OF DIRECTORS cont'd



Prof. Andrew Coats

Andrew Coats is Deputy Vice-Chancellor (Community) and was previously Dean, Faculty of Medicine, The University of Sydney. He has had a distinguished international career in clinical cardiology, with a particular focus on the treatment of chronic heart failure. He took undergraduate studies in medicine at Oxford and Cambridge universities before completing his general medical and cardiological training in Melbourne. Andrew returned to Oxford to conduct research in his key areas of interest – hypertension, heart failure and cardiovascular physiology.

Prior to his appointment as Dean of the Faculty of Medicine at The University of Sydney, Andrew was Viscount Royston Professor of Cardiology, National Heart and Lung Institute, Imperial College School of Medicine, London and Associate Medical Director, Royal Brompton and Harefield NHS Trust, London.

Andrew has an MBA from London Business School, and is interested in strategic transformations, organisational behaviour and managing change.



Don Green

Don Green is a Fellow Chartered Accountant, a Fellow CPA and is a Senior Partner of Ernst & Young Australia, where he leads the Oceania Transaction Tax practice. Don has a Bachelor of Business and Master of Laws degrees and has lectured in Taxation and Finance undergraduate and postgraduate programs at UTS, Macquarie and Sydney Universities. He has also been a Visiting Fellow at the Centre for Studies in Money, Banking and Finance at Macquarie University for many years.

Don played a key role in the establishment of the Friends of the Mater Misericordiae Hospital and is a member of the Foundation's Investment Advisory Committee. He is a Director of the Australian Council for Infrastructure Development and has participated on professional committees of the Institute of Chartered Accountants over a number of years.



Peter Burrows (until June 2006)

A stockbroker and director of Bell Potter Securities, Peter Burrows has chaired a number of listed public companies such as Rabbit Photo, Garratts and China Region Investments. He has served on a number of company boards such as Stocks Convertible Trust plc and the Sydney Stock Exchange.

His past contributions include:

- President of the Medical Foundation at The University of Sydney for 12 years;
- Chair of the Power Institute and Foundation for Art and Visual Culture;
- Chair of the Royal Botanic Gardens Foundation;
- Chair of the CRC for Asthma;
- Fellow of the Senate of The University of Sydney and Chair of its Audit, Remuneration, Finance and Investment committees.

Peter is an Honorary Fellow of The University of Sydney.



Prof. Stephen MacMahon

Stephen MacMahon is a Principal Director of The George Institute for International Health. He is also Professor of Cardiovascular Medicine and Epidemiology at The University of Sydney and Honorary Consultant Epidemiologist at the Royal Prince Alfred Hospital. He also holds honorary professorial appointments at Peking University Health Science Center and The University of Auckland.

Stephen holds numerous international appointments including those of: Chair, Foundation Council of the Initiative for Cardiovascular Health Research in Developing Countries (Switzerland); Chair, Academic Alliance for Clinical Trials (USA) and Chair, International Scientific Advisory Board, Biobank Project (UK).



Prof. Robyn Norton

Robyn Norton is a Principal Director of The George Institute for International Health, Professor of Public Health and Associate Dean (International) within the Faculties of Health at The University of Sydney. She holds an Honorary Professorship at the Peking University Health Science Center, and is an Honorary Consultant Epidemiologist at the Royal Prince Alfred Hospital.

Robyn is Chair of the Road Traffic Injuries Research Network, an initiative supported by the Global Forum for Health Research, the World Health Organization and the World Bank, and Acting Chair of the Australian Coalition for Global Health Research.

SENIOR EXECUTIVES



Prof. Mark Stevenson

Senior Director, Research and Development

Professor Stevenson is a Senior Director at The George Institute, a Professor in the School of Public Health at The University of Sydney and a National Health and Medical Research Council (Australia) Fellow. Mark was an Associate Professor in the School of Population Health at The University of Western Australia and worked as an epidemiologist at the Centers for Disease Control and Prevention in Atlanta, USA, and the Harvard University School of Public Health. A strong advocate for road and child injury prevention, he has extensive research experience including investigations of mobile phone use and motor vehicle crash, young drivers and motor vehicle crash, childhood pedestrian injuries, alcohol-related road traffic injury as well as studies involving paediatric fire and burn-related injuries. Mark is a member of the Australasian Trauma Society, the Australasian College of Road Safety, is on the editorial boards of a number of international journals and is a member of the Technical Advisory Group for the international not-for-profit Alliance for Safe Children.



Assoc. Prof. Bruce Neal

Senior Director, Research and Development

Bruce Neal is a Senior Director at The George Institute. He is an Associate Professor in the Faculty of Medicine at The University of Sydney and an Honorary Consultant Epidemiologist at the Royal Prince Alfred Hospital. He holds a five-year career development award from the National Heart Foundation of Australia. Bruce completed his medical training at Bristol University in the UK in 1990 and spent four years in clinical posts during which he gained membership of the UK Royal College of Physicians. Prior to taking up his current post in 1999, he worked as an epidemiologist at the Clinical Trials Research Unit in Auckland, New Zealand, where he completed a PhD in Medicine.



Ross Bidentcope

Senior Director and CFO, Infrastructure and Resources

Ross Bidentcope is Chief Financial Officer and Company Secretary of The George Institute. Ross graduated from The University of New South Wales with a Bachelor of Commerce degree and, later, a Master of Commerce degree. Ross is a member of the Institute of Chartered Accountants in Australia and the Institute of Chartered Secretaries and Administrators in Australia. He has over 15 years' senior financial experience in both public and private companies, predominantly within the information technology sector. Ross worked at Sabre Pacific Pty Limited as Finance Director before joining The George Institute in December 2005, bringing with him an ability to apply commercial principles to the running of a not-for-profit organisation.



Dr Joanne Andrews

Senior Director and Head, Centre for Research Management

Joanne Andrews heads The George Institute's Centre for Research Management. She was a Clinical Research Director for Merck Sharpe and Dohme and has 15 years' clinical trials experience. In addition to directly monitoring or providing managerial oversight for over 60 trials (covering most therapeutic areas and all stages of drug development) Joanne has played a key role in the development of research organisations and systems.



Dr Nick Glozier

Associate Principal Director, Population Health

Nick Glozier is Associate Principal Director, working with Robyn Norton on initiatives in population health and health systems research. He has a number of coordinating responsibilities within the Principal Directors' Office. Nick is a consultation liaison psychiatrist and an active member of the Neurological and Mental Health Division at the Institute. He has strong links with European, Indian sub-continental and WHO mental health research.



Dr Vlado Perkovic

Associate Principal Director, Clinical Research

Vlado Perkovic is Associate Principal Director at The George Institute and works on developing new research and business opportunities for The George Institute, particularly in the area of large scale clinical trials. He is also an active member of the Renal Division at the Institute, and is involved with several ongoing research projects. Vlado is a Consultant Physician in Nephrology and Hypertension at the Royal North Shore Hospital.

Prof. John Chalmers AC FAA FRACP

Senior Director, Research Advisory Unit

John Chalmers is a Senior Director and Head of the Research Advisory Unit at The George Institute, Emeritus Professor of Medicine at The University of Sydney and Honorary Consultant Physician at the Royal Prince Alfred Hospital. John is active in cardiovascular research as Chief Investigator for the NHMRC Program Grant and Co-Principal Investigator for the PROGRESS and ADVANCE Studies. He is Chairman of the International Executive Committee for INTERACT, a major study on the treatment of acute intracerebral haemorrhage. Previous appointments include chairmanship or presidency of the Australian Society for Medical Research, The Royal Australasian College of Physicians, NHMRC, the International Society of Hypertension and the Scientific Advisory Board of The World Heart Federation.



ADVISORY COMMITTEES / BOARDS

RESEARCH AND DEVELOPMENT
ADVISORY COMMITTEE (RADAC)

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The George Institute, The University of Sydney

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Professor YANG Gonghuan
Director, National Center for Public Health Surveillance and Information Services, Chinese Center for Disease Control and Prevention

Dr Henk Bekedam (Observer)
World Health Organization, China

STAFF AWARDS
AND ACHIEVEMENTS

David Ali
– Elected to the Board of Directors, Australian Association of Regulatory and Clinical Scientists

Kate Anderson
– Tempe-Mann Scholarship, The Australian Federation of University Women
– G.H.S and I.R. Lightoller Scholarship, The University of Sydney
– ACSANZ Post Graduate Travel Award, Association for Canadian Studies in Australia and New Zealand

Federica Barzi
– Appointed Conjoint Senior Lecturer, The University of Sydney

Soufiane Boufous
– NHMRC Post-doctoral Public Health Fellowship

Alan Cass
– NHMRC Senior Research Fellowship

John Chalmers
– Awarded the Honorary Degree of Doctor of Medicine by The University of Sydney on the occasion of its Sesqui-centenary celebrations

Kathie Clapham
– Australian Injury Prevention Network's Award for Meritorious Achievement in Research

Leonie Crampton
– Appointed Vice-President, Australasian Health and Research Data Managers Association

Maree Hackett
– PhD 'Deans List', The University of Auckland

Christina Halteh
– Dorothy Thorpe Prize for Excellence in Science Communication, The University of Sydney

Alex Headley
– Peter Bladin New Investigator Award, Stroke Society of Australasia (SSA)

Shaheen Islam
– Australian Medical Council (AMC) exam: First part (written/MCQ)

Stephen Jan
– NHMRC Career Development Award

Lisa Keay
– NHMRC Overseas Public Health (Sidney Sax) Fellowship

Andre Pascal Kengne
– Young Investigators Travel Grant, International Society of Hypertension
– Jiri Widimsky Sr Award, International Society of Hypertension
– 'Prevention' Finalist, Health@Sydney Research Prize

Crystal Lee
– 'Prevention' Finalist, Health@Sydney Research Prize

Stephen MacMahon
– AstraZeneca Cardiovascular Award, International Society of Hypertension
– Awarded Doctor of Science by The University of New South Wales

Alex Martiniuk
– The John Chalmers Post-Doctoral Award, The George Foundation for International Health
– Post-Doctoral Fellowship, the Canadian Institutes of Health Research (CIHR)
– The Asian Pacific Society of Hypertension Fellowship
– Appointed Lecturer, The University of Sydney

Suzanne McEvoy
– The John Chalmers Doctoral Award, The George Foundation for International Health
– Royal Australasian College of Physicians and Centre of National Research on Disability and Rehabilitation Medicine (RACP-CONROD) Fellowship

Toshiharu Ninomiya
– ISH International Fellowship, the Foundation for High Blood Pressure Research

Robyn Norton
– Appointed Associate Dean (International), Faculties of Health, The University of Sydney

Anushka Patel
– Peter Bancroft Prize, The University of Sydney

David Peiris
– Ian O'Rourke PhD Scholarship, the Clinical Excellence Commission

Vlado Perkovic
– Royal Australasian College of Physicians Pfizer Cardiovascular Research Fellowship
– National Heart Foundation Postdoctoral Fellowship

Sarah Potter
– NHMRC CJ Martin Postdoctoral Training Fellowship

Mark Stevenson
– NHMRC Senior Research Fellowship

Fiona Turnbull
– The John Chalmers Doctoral Award, The George Foundation for International Health

Sarah White
– 'Prevention' Finalist, Health@Sydney Research Prize
– Genzyme Young Investigator Travel Grant, Australia and New Zealand Society of Nephrology

WU Yangfeng
– The China Country Level Bai-Qian-Wan (Hundred, Thousand, Ten-Thousand) Experts

THE GEORGE INSTITUTE

STUDY LOCATIONS
2006

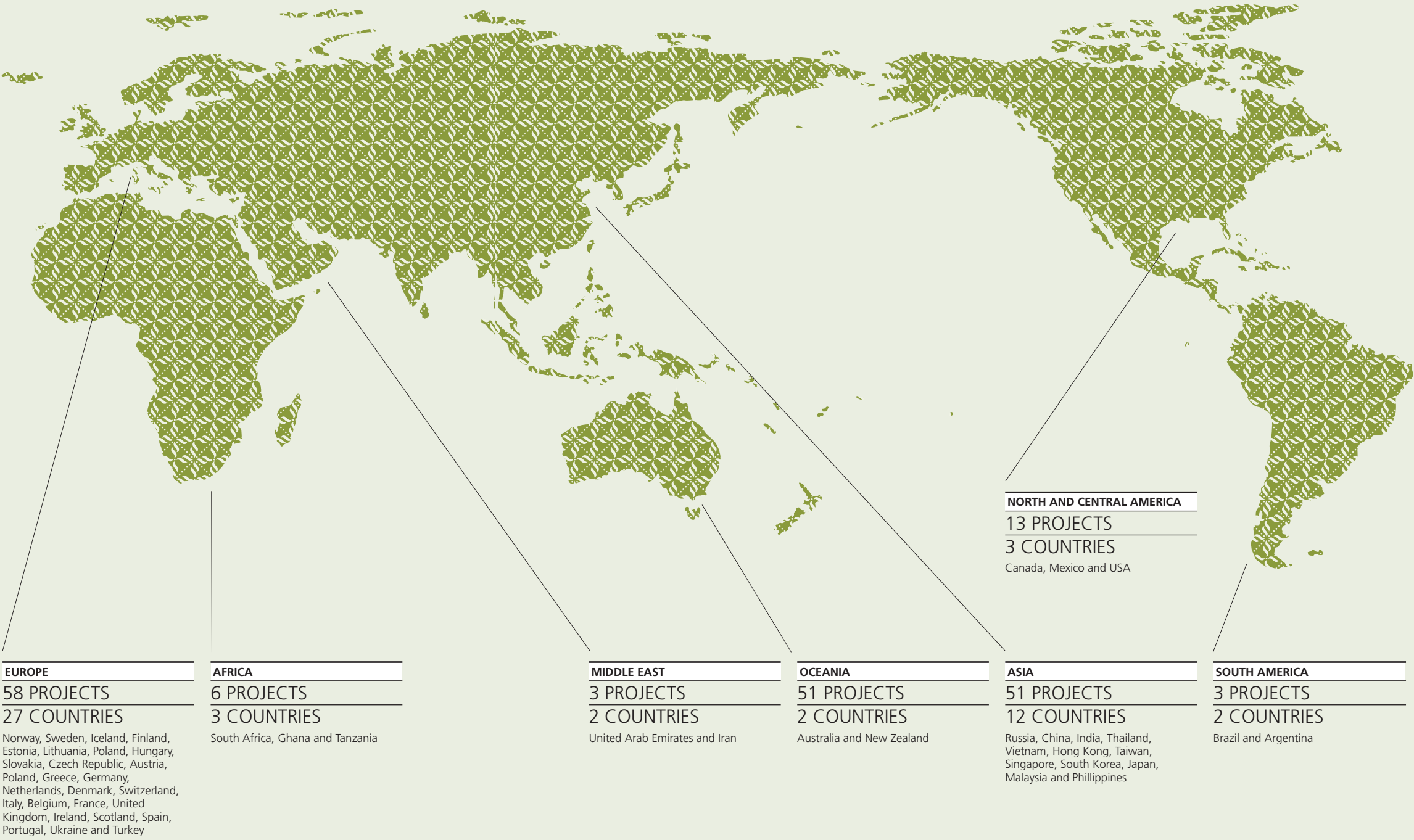
>300
COLLABORATORS
185
PROJECTS
51 COUNTRIES

In order to maximise the global effort in tackling chronic disease and injury, The George Institute collaborates with many research partners across the world.

The Institute believes that collaborating with like-minded organisations is essential, drawing on local expertise and efficiently allocating and utilising resources to achieve the best possible research quality and health outcomes.

More than 300 collaborators, such as universities, hospitals and research centres, have helped amplify the breadth, impact and outcomes of our research efforts, and they have been noted in the individual project reports.

This international network of reputable partners means that the George can identify and implement more effective and affordable prevention and treatment strategies for the benefit of all concerned.



THE GEORGE INSTITUTE

NORTH AMERICA

Canada

- Action in Diabetes and Vascular Disease: Preterax and Diamicon MR Controlled Evaluation (ADVANCE)
- Blood Pressure Lowering Treatment Trialists’ Collaboration (BPLTTC)
- Familial Intracranial Aneurysm (FIA)
- Normoglycaemia in Intensive Care Evaluation and Survival Using Glucose Algorithm Regulation (NICE-SUGAR)
- Ongoing Telmisartan Alone and in Combination with Ramipril Global Endpoint Trial (ONTARGET)
- The SAFE Translation of Research into Practice Study (SAFE TRIPS)

USA

- Blood Pressure Lowering Treatment Trialists’ Collaboration (BPLTTC)
- Familial Intracranial Aneurysm (FIA)
- Intensive Blood Pressure Reduction in Acute Cerebral Haemorrhage Trial (INTERACT)
- Normoglycaemia in Intensive Care Evaluation and Survival Using Glucose Algorithm Regulation (NICE-SUGAR)
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Mexico

- Ongoing Telmisartan Alone and in Combination with Ramipril Global Endpoint Trial (ONTARGET)

SOUTH AMERICA

Brazil

- Ongoing Telmisartan Alone and in Combination with Ramipril Global Endpoint Trial (ONTARGET)
- The SAFE Translation of Research into Practice Study (SAFE TRIPS)

Argentina

- Ongoing Telmisartan Alone and in Combination with Ramipril Global Endpoint Trial (ONTARGET)

EUROPE

Norway

- Ongoing Telmisartan Alone and in Combination with Ramipril Global Endpoint Trial (ONTARGET)
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Sweden

- Blood Pressure Lowering Treatment Trialists’ Collaboration – BPLTTC
- Ongoing Telmisartan Alone and in Combination with Ramipril Global Endpoint Trial (ONTARGET)
- Perindopril Protection Against Recurrent Stroke Study (PROGRESS)
- The SAFE Translation of Research into Practice Study (SAFE TRIPS)

Iceland

- The SAFE Translation of Research into Practice Study (SAFE TRIPS)

Finland

- Ongoing Telmisartan Alone and in Combination with Ramipril Global Endpoint Trial (ONTARGET)
- The SAFE Translation of Research into Practice Study (SAFE TRIPS)

Estonia

- Action in Diabetes and Vascular Disease: Preterax and Diamicon MR Controlled Evaluation (ADVANCE)

Lithuania

- Action in Diabetes and Vascular Disease: Preterax and Diamicon MR Controlled Evaluation (ADVANCE)

Poland

- Action in Diabetes and Vascular Disease: Preterax and Diamicon MR Controlled Evaluation (ADVANCE)

Hungary

- Action in Diabetes and Vascular Disease: Preterax and Diamicon MR Controlled Evaluation (ADVANCE)
- Ongoing Telmisartan Alone and in Combination with Ramipril Global Endpoint Trial (ONTARGET)

Slovakia

- Action in Diabetes and Vascular Disease: Preterax and Diamicon MR Controlled Evaluation (ADVANCE)
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Czech Republic

- Action in Diabetes and Vascular Disease: Preterax and Diamicon MR Controlled Evaluation (ADVANCE)
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Austria

- Ongoing Telmisartan Alone and in Combination with Ramipril Global Endpoint Trial (ONTARGET)

Poland

- Ongoing Telmisartan Alone and in Combination with Ramipril Global Endpoint Trial (ONTARGET)

Greece

- Ongoing Telmisartan Alone and in Combination with Ramipril Global Endpoint Trial (ONTARGET)

Germany

- Action in Diabetes and Vascular Disease: Preterax and Diamicon MR Controlled Evaluation (ADVANCE)
- Blood Pressure Lowering Treatment Trialists’ Collaboration (BPLTTC)
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- The SAFE Translation of Research into Practice Study (SAFE TRIPS)

Netherlands

- Action in Diabetes and Vascular Disease: Preterax and Diamicon MR Controlled Evaluation (ADVANCE)
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Denmark

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Switzerland

- Blood Pressure Lowering Treatment Trialists’ Collaboration (BPLTTC)
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Italy

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- Perindopril Protection against Recurrent Stroke Study (PROGRESS)
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Belgium

- Blood Pressure Lowering Treatment Trialists’ Collaboration (BPLTTC)
- Ongoing Telmisartan Alone and in Combination with Ramipril Global Endpoint Trial (ONTARGET)

France

- Action in Diabetes and Vascular Disease: Preterax and Diamicon MR Controlled Evaluation (ADVANCE)
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- Ongoing Telmisartan Alone and in Combination with Ramipril Global Endpoint Trial (ONTARGET)
- Perindopril Protection Against Recurrent Stroke Study (PROGRESS)
- The SAFE Translation of Research into Practice Study (SAFE TRIPS)

United Kingdom

- Action in Diabetes and Vascular Disease: Preterax and Diamicon MR Controlled Evaluation (ADVANCE)
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- Ongoing Telmisartan Alone and in Combination with Ramipril Global Endpoint Trial (ONTARGET)
- Perindopril Protection against Recurrent Stroke Study (PROGRESS)
- The SAFE Translation of Research into Practice Study (SAFE TRIPS)

Ireland

- Action in Diabetes and Vascular Disease: Preterax and Diamicon MR Controlled Evaluation (ADVANCE)
- Ongoing Telmisartan Alone and in Combination with Ramipril Global Endpoint Trial (ONTARGET)
- The SAFE Translation of Research into Practice Study (SAFE TRIPS)

Scotland

- The SAFE Translation of Research into Practice Study (SAFE TRIPS)

Spain

- Ongoing Telmisartan Alone and in Combination with Ramipril Global Endpoint Trial (ONTARGET)
- Blood Pressure Lowering Treatment Trialists’ Collaboration (BPLTTC)

Portugal

- Ongoing Telmisartan Alone and in Combination with Ramipril Global Endpoint Trial (ONTARGET)

Ukraine

- Ongoing Telmisartan Alone and in Combination with Ramipril Global Endpoint Trial (ONTARGET)

Turkey

- Ongoing Telmisartan Alone and in Combination with Ramipril Global Endpoint Trial (ONTARGET)

AFRICA

South Africa

- Integrating HIV post-exposure prophylaxis into post-rape care services in rural South Africa (‘Refentse’)
- Intervention for Microfinance and Gender Equity (IMAGE)
- Ongoing Telmisartan Alone and in Combination with Ramipril Global Endpoint Trial (ONTARGET)
- Strategies for health insurance mechanisms to address health system inequities in Ghana, South Africa and Tanzania (SHIELD)

Ghana

- Strategies for health insurance mechanisms to address health system inequities in Ghana, South Africa and Tanzania (SHIELD)

Tanzania

- Strategies for health insurance mechanisms to address health system inequities in Ghana, South Africa and Tanzania (SHIELD)

MIDDLE EAST

UAE

- Development, implementation and evaluation of an intervention to increase the use of seatbelts in Abu Dhabi, United Arab Emirates
- Ongoing Telmisartan Alone and in Combination with Ramipril Global Endpoint Trial (ONTARGET)

Iran

- Obesity in Asia Collaboration (OAC)

ASIA

Russia

- Action in Diabetes and Vascular Disease: Preterax and Diamicon MR Controlled Evaluation (ADVANCE)
- Ongoing Telmisartan Alone and in Combination with Ramipril Global Endpoint Trial (ONTARGET)

China

- Action in Diabetes and Vascular Disease: Preterax and Diamicon MR Controlled Evaluation (ADVANCE)
- Asia Pacific Cohort Studies Collaboration (APCSC)
- Blood Pressure Lowering Treatment Trialists’ Collaboration (BPLTTC)
- China Plant Sterol Trial (CPST)
- China Rural Health Initiative
- China Salt Substitute Study (CSSS)
- China Seat Belt Intervention
- Clinical Pathways in Acute Coronary Syndromes in China Study (CPACS)
- Intensive Blood Pressure Reduction in Acute Cerebral Haemorrhage Trial (INTERACT)
- Motorcycle Helmet Use and Risk Factors for Helmet Non-use among Motorcyclists in China
- Obesity in Asia Collaboration
- Ongoing Telmisartan Alone and in Combination with Ramipril Global Endpoint Trial (ONTARGET)
- Perindopril Protection against Recurrent Stroke Study (PROGRESS)
- Quality Evaluation of Stroke Care and Treatment, ChinaQUEST
- Systematic Reviews of Interventions in Motorcycle Safety
- The SAFE Translation of Research into Practice Study (SAFE TRIPS)

India

- Action in Diabetes and Vascular Disease: Preterax and Diamicon MR Controlled Evaluation (ADVANCE)
- Andhra Pradesh Rural Health Initiative (APRHI)
- Burden of Fatal and Non-Fatal Injury in Rural Andhra Pradesh, India
- Heart Disease in Indians (HINDI)
- Obesity in Asia Collaboration (OAC)

Thailand

- Asia Pacific Cohort Studies Collaboration (APCSC)
- International Collaborative Study of Cardiovascular Disease in Asia (InterASIA)
- Ongoing Telmisartan Alone and in Combination with Ramipril Global Endpoint Trial (ONTARGET)
- Study of Heart and Renal Protection (SHARP)
- Obesity in Asia Collaboration (OAC)**Vietnam**
 - Motorcycle Helmet Use in Vietnam: Prevalence, Barriers to Use and Policy Implications

Hong Kong

- Asia Pacific Cohort Studies Collaboration (APCSC)
- Intensive Blood Pressure Reduction in Acute Cerebral Haemorrhage Trial (INTERACT)
- Ongoing Telmisartan Alone and in Combination with Ramipril Global Endpoint Trial (ONTARGET)
- Obesity in Asia Collaboration (OAC)

Taiwan

- Asia Pacific Cohort Studies Collaboration (APCSC)
- Ongoing Telmisartan Alone and in Combination with Ramipril Global Endpoint Trial (ONTARGET)
- Obesity in Asia Collaboration (OAC)

Singapore

- Asia Pacific Cohort Studies Collaboration (APCSC)
- Ongoing Telmisartan Alone and in Combination with Ramipril Global Endpoint Trial (ONTARGET)
- Obesity in Asia Collaboration (OAC)

South Korea

- Asia Pacific Cohort Studies Collaboration (APCSC)
- Intensive Blood Pressure Reduction in Acute Cerebral Haemorrhage Trial (INTERACT)
- Ongoing Telmisartan Alone and in Combination with Ramipril Global Endpoint Trial (ONTARGET)

Japan

- Asia Pacific Cohort Studies Collaboration (APCSC)
- Blood Pressure Lowering Treatment Trialists’ Collaboration (BPLTTC)
- Obesity in Asia Collaboration (OAC)
- Perindopril Protection against Recurrent Stroke Study (PROGRESS)

Malaysia

- Action in Diabetes and Vascular Disease: Preterax and Diamicon MR Controlled Evaluation (ADVANCE)
- Ongoing Telmisartan Alone and in Combination with Ramipril Global Endpoint Trial (ONTARGET)
- Study of Heart and Renal Protection (SHARP)

Philippines

- Action in Diabetes and Vascular Disease: Preterax and Diamicon MR Controlled Evaluation (ADVANCE)
- Ongoing Telmisartan Alone and in Combination with Ramipril Global Endpoint Trial (ONTARGET)
- Obesity in Asia Collaboration (OAC)

OCEANIA

Australia

- Aboriginal Health Workers and Injury Prevention
- Action in Diabetes and Vascular Disease: Preterax and Diamicon MR Controlled Evaluation (ADVANCE)
- Asia Pacific Cohort Studies Collaboration (APCSC)
- Blood Pressure Lowering Treatment Trialists’ Collaboration (BPLTTC)
- Developing Return-to-Play Guidelines Following Mild Traumatic Brain Injury
- Cost of diabetes in Australia (AUSDiab 2)
- Dietary Intervention in e-shopping Trial (DiET)
- Evaluation of the Lismore Driver Education Program ‘On the Road’
- Familial Intracranial Aneurysm (FIA)
- Heart Disease in Indians (HINDI)
- Improving Health Outcomes for Aboriginal Australians with Chronic Disease through Strategies to Reduce Systems Barriers to Necessary Care

- Improving Indigenous Patient Access to Kidney Transplantation (IMPAKT)
- Improving Vision to Prevent Falls: A Randomised Trial
- Injury Prevention and Safety Promotion for Urban Aboriginal Children and Youth in South Western Sydney
- Intensive Blood Pressure Reduction in Acute Cerebral Haemorrhage Trial (INTERACT)
- Internet-based Cholesterol Assessment Trial (I-CAT)
- Long Term Evaluation of Glucosamine Sulphate (LEGS)
- Mobile Phone Use and Road Crashes
- Motorcycle Crashes in Sydney, Australia
- National Review of Injury Intervention Activity
- Normoglycaemia in Intensive Care Evaluation and Survival Using Glucose Algorithm Regulation (NICE-SUGAR)
- Obesity in Asia Collaboration (OAC)
- Ongoing Telmisartan Alone and in Combination with Ramipril Global Endpoint Trial (ONTARGET)
- Optimising prevention and care for Australians with, or at risk of, serious and continuing illness
- Prevention of Ectopic Bone-Related Pain and Disability after Elective Surgery (HIPAID)
- Perindopril Protection against Recurrent Stroke Study (PROGRESS)
- RCT of Normal vs. Augmented Level of Renal Replacement Therapy in ICU (RENAL)
- Retrospective Analysis of Trauma Transfers (RATTS)
- Safe Koori Kids: Community Based Approaches to Indigenous Injury Prevention
- Saline vs. Albumin Fluid Evaluation Study (SAFE)
- Study of Heart and Renal Protection (SHARP)
- Study of the Economic Impact of the Burden of Chronic Kidney Disease in Australia (CKD Burden)
- Systematic Review of Trauma Volume and Patient Outcomes
- The SAFE Translation of Research into Practice Study (SAFE TRIPS)
- The Visible Study: A Randomised Trial
- Young Driver Cohort Study (DRIVE)

New Zealand

- Action in Diabetes and Vascular Disease: Preterax and Diamicon MR Controlled Evaluation (ADVANCE)
- Asia Pacific Cohort Studies Collaboration (APCSC)
- Auckland Car Crash Injury Studies
- Blood Pressure Lowering Treatment Trialists’ Collaboration (BPLTTC)
- Familial Intracranial Aneurysm (FIA)
- Intensive Blood Pressure Reduction in Acute Cerebral Haemorrhage Trial (INTERACT)
- New Zealand Blood Donors’ Health Study
- Normoglycaemia in Intensive Care Evaluation and Survival Using Glucose Algorithm Regulation (NICE-SUGAR)
- Ongoing Telmisartan Alone and in Combination with Ramipril Global Endpoint Trial (ONTARGET)
- Perindopril Protection against Recurrent Stroke Study (PROGRESS)
- Prevention of Ectopic Bone-Related Pain and Disability After Elective Hip Replacement Surgery (HIPAID)
- RCT of Normal vs. Augmented Level of Renal Replacement Therapy in ICU (RENAL)
- Saline vs. Albumin Fluid Evaluation Study (SAFE)
- Study of Heart and Renal Protection (SHARP)
- The SAFE Translation of Research into Practice Study (SAFE TRIPS)

THE GEORGE INSTITUTE

INSTITUTE FUNDING SOURCES
2006

American Fund for Charities	Future Forum	Perpetual Trustee Company
AstraZeneca	Gambro Pty Ltd	Pfizer Australia Pty Ltd
Attorney General's Department of NSW	Global Forum for Health Research	Pfizer Inc (USA)
Auckland City Hospital	Guidant Corporation	QANTAS Airways Limited
Auckland Uniservices Limited	Health Policy and Management Department, School of Public Health, Yale University	Roche Products
AusAID	Health Research Council of New Zealand	Royal Hobart Hospital
Australian Government Department of Education, Science and Training	High Blood Pressure Foundation	Sanofi-Aventis, China
Australian Government Department of Health and Ageing	HLSP International Ltd (member of the Mott MacDonald Group)	Sanofi-Aventis, Australia
Australian Health Management Group Limited	Initiative for Cardiovascular Health Research in Developing Countries (IC Health), India	Servier Australia
Australian Institute of Aboriginal and Torres Strait Islander Studies (AIATSIS)	International Association for the Study of Obesity – International Obesity Task Force	Servier (I.R.I.S)
Australian State, Territory and Local Governments	International Development Fund – IDA	Solvay
Banyu Life Science Foundation International, Japan	World Bank	The George Foundation for International Health
Bard Australia	Joint Commission International, Chicago	The Johns Hopkins University
Bayer	Kidney Health Australia	The Royal Australasian College of Physicians
Boehringer-Ingelheim	Macquarie Bank Foundation, Australia	The University of Melbourne
BP China	MBF Australia Limited	The University of Queensland
British Medical Association	Merck, Sharp and Dohme, Australia	The University of Sydney
Byrraju Foundation	Merck, Sharp and Dohme, China	Unilever Foods, China
Canadian Institutes of Health Research	Motor Accidents Authority of NSW	UnitedHealthcare Asia, Limited
Centre of National Research on Disability and Rehabilitation Medicine	National Health and Medical Research Council (NHMRC)	University of Cambridge
China Capital Medical Science Development Fund	National Heart Foundation, Australia	University of Dundee
China Centers for Disease Control and Prevention	National Institute of Neurological Disorders and Stroke, National Institutes of Health	University of Oxford
Diabetes Australia	NRMA Motoring and Services	University of Pittsburgh
Division of Pulmonary & Critical Care Medicine, Mayo Clinic College of Medicine	NRMA – ACT Road Safety Trust	US Centers for Disease Control and Prevention
European Union (EU)	NSW Department of Health	Victorian Trauma Foundation
	NSW Institute of Trauma and Injury Management	WA Country Health Service
	NSW Office for Science and Medical Research	Wellcome Trust
		World Health Organization
		Zahedan University of Medical Sciences, Iran

THE GEORGE INSTITUTE

CHINA

► RESEARCH SPOTLIGHT

Completion of Current Series of China Policy Roundtables

The China Health Policy Roundtable on ‘Access to Basic Health Care Services’, which took place on 11 and 12 May 2006 in Beijing (see Highlight on page 5), was the final in the current series of roundtables established under a Memorandum of Understanding between China’s Ministry of Health and The George Institute.

These roundtables have been a crucial component of the Institute’s commitment to China, and have been the most effective expression to date of its involvement in health policy development. In his visit to Australia in 2005, the Chinese Health Minister, GAO Qiang, also expressed his support of the roundtables as crucial opportunities for international input into the future of China’s health system. The mixture of international participants at these meetings has enabled views from public, private and non-profit sectors to be presented directly to senior delegates from the Chinese Government. The outcomes from these sessions have been captured in a series of reports that present recommendations and proposals for consideration by the Ministry of Health in shaping the future of health provision in this populous country.

Initial planning and discussion is now underway regarding a future Roundtable which will focus on pharmaceutical and national drug policy in China.

ABOUT THE GEORGE INSTITUTE, CHINA

The George Institute was first established in 1999, with a mission to focus its research on chronic diseases and injury in developing countries in the Asia and Pacific region. China was a country of interest for the Institute’s health research, given its enormous population and the health challenges it faces in becoming one of the leading world economies. A China Program was launched at the George in 2004, with the aim of promoting the adoption of evidence-based approaches to health improvement in China. This aim includes initiating and supporting policy development to ensure that clinical and population-based health research is effectively translated into practice.

During the year, the China Program was established as a formal legal entity, The George Institute, China. This significant change in status reflects the Institute’s continued significant commitment to working in China and in particular its commitment to building local capacity.

2006 ACHIEVEMENTS

NEW CHINA OFFICES

The formal establishment of The George Institute, China marks a new and exciting phase in the George’s development. As part of its long-term commitment to facilitating research and health policy initiatives, The George Institute, China has acquired a new office in the Zhong Guancun District, the famous technology hub in Beijing. The relocation was completed in mid-December, with the new facilities capable of accommodating up to 40 staff.

SCIENTIFIC WORKSHOPS

Another highlight of the Institute in 2006 was the hosting, together with Peking University Health Science Center, of three scientific workshops. The workshops were entitled:

- The early intervention on the multiple risk factors of atherosclerotic diseases;
- Descriptive epidemiological data on road traffic injuries in China; and
- Opportunities for collaborative intensive care research between China and Australia.

100,000
DEATHS PER ANNUM
IN CHINA
FROM MOTOR VEHICLE INJURY⁵

5. Wang S, Chi G, Jing C, Dong X, Wu C, Li L. Trends in road traffic crashes and associated injury and fatality in the People’s Republic of China, 1951-1999. *Inj Contr Saf Promot.* 2003;10:83-7.

► 中国普及基本卫生保健服务的改善

第三次中国健康政策系列圆桌年会于 2006 年召开，与会的国际健康专家、中国卫生部和其他政府部门的高层代表就与中国相关的健康政策问题进行了研究讨论。为支持中国卫生部和乔治国际健康学院（The George Institute for International Health）相互理解备忘录而召开的圆桌系列会议目前已进行了三次，此次会议为最后一次。

此次于 2006 年五月在北京召开的圆桌会议的焦点议题为“普及基本卫生保健服务”。会议吸引了来自公立、私立和非营利机构的与会者，包括中国政府的高层代表。会议的主要议题集中在中国卫生保健服务的资金筹措和交付放送上，随后为关键性、决定性的交互式“政策论坛”，这使得政策建议得以规划设计。圆桌会议后，乔治国际健康学院与国际参考组成员协作在圆桌会议成果的基础上准备了一份政策报告和建议。该报告将会提交给中国卫生部用以规划将来中国健康政策的改革。



The third annual meeting in the China Health Policy Roundtable series was held in Beijing during May 2006.

Participants discussed study designs, established networks and developed a consensus on approaches to move forward with these projects.

VISITING FELLOWS

In 2006, the Institute hosted several visiting fellows including:

- Professor YANG Xiaoguang, Professor at the National Institute of Nutrition and Food Safety, China Center for Disease Control and Prevention, who spent a month at the George working on a series of hypertension studies to be conducted in China and Australia.
- Dr FAN Jing, WHO Policy Fellow and Program Officer of the Medical Service Management at the China Ministry of Health, spent one year at the George to research health care performance evaluation.
- Professor SONG Ruilin, Deputy Director General, Department of Education, Science, Culture and Public Health, Legislative Affairs Office of the State Council, China, working on a series of research papers related to drug policy and pricing in China.

HONORARY SENIOR FELLOWS APPOINTED

In 2006, The George Institute appointed three honorary senior fellows from China. This title not only acknowledges their contribution to the work of the Institute, but also welcomes their expert advice on specific projects which are undertaken in Australia and China.

- Dr LIU Yunguo is the Deputy Director General, Foreign Loan Office at the China Ministry of Health. Dr Liu has been responsible for managing and coordinating bilateral health projects and his expertise lies in needs assessment and services related to reproductive health, gender and health equity study and poverty analysis, and rural health and medical relief for the rural poorest.

Prior to his current appointment, he worked as a lecturer and physician at Tongji Medical University and contributed to teaching and research in obstetrics and gynaecology.

- Dr REN Minghui, Deputy Director General, Department of International Cooperation at the China Ministry of Health, has been involved in numerous major research projects including the ‘Health care systems research in rural China’ and ‘Financing and organisation of health care services in poverty areas of China’ (World Bank). He has worked as a collaborator on the ‘Pilot study of health insurance reform in urban China’ (Chinese State Council) and the ‘Experiment in community health protection policy exploration, training and demonstration program’ (United Nations Development Programme).
- Professor SONG Ruilin is the Deputy Director General, Department for Education, Science, Culture and Public Health, Legislative Affairs Office of the State Council, China. Prior to this appointment, Professor SONG was the Director of The Division of the Public Health Legislative Affairs for 10 years and has been extensively involved in drafting and reviewing most health and pharmaceutical laws and regulations. He is also an Executive Board member of Chinese Health Legal Society, Chinese Pharmacy Society, and Chinese Hospital Society. Professor SONG is a guest Professor at the Peking University and an Adjunct Professor at the China Europe International Business School (Shanghai).

► **PROFILE**

Prof. WU Yangfeng

Director, The George Institute, China



Professor WU Yangfeng is the Director of The George Institute, China. A cardiovascular specialist, Professor WU is responsible for the Institute’s operations in China, including the scientific program, which covers all areas of non-communicable disease and injury. Professor WU has made valuable contributions to reduce the impact of cardiovascular disease in the region thanks to his work at Fu Wai Hospital, the WHO Collaborating Center in Cardiovascular Disease Prevention, Control and Research, China and Peking University. Whilst the Director of the WHO Collaborating Center in Cardiovascular Disease Prevention, Control and Research in China he has reported on hypertension control in low and middle-income countries, including reducing salt intake in populations.

CHINA-AUSTRALIA PARTNERSHIP FOR HEALTH

The primary mechanism for developing and implementing the strategy of The George Institute, China is The China-Australia Partnership for Health. It is an initiative established between the George and Peking University Health Science Center and links Peking University with The University of Sydney. The Partnership aims to strengthen research capacity and the development of policy and guidelines. The broader aim of this collaboration is to ensure a sustained commitment to address the burden of disease in China.

The China-Australia Partnership Committee meeting held in May 2006 was led by Professor KE Yang, Vice President of Peking University Health Science Center and facilitated by Professor Robyn Norton, Principal Director of The George Institute. The purpose of the meeting was to facilitate discussion toward building the Partnership and to discuss strategies for joint research collaborations. Members of the Committee were also invited to reflect on the proposed goals and objectives of the Partnership and to provide contribution and input into its China-related activities.

STUDIES COMPLETED OR UNDERWAY IN CHINA IN 2006

Details on the following studies, undertaken in China in 2006, can be found elsewhere in this report.

- Action in Diabetes and Vascular Disease: Preterax and Diamicon MR Controlled Evaluation (ADVANCE)
- Asia Pacific Cohort Studies Collaboration (APCSC)
- Blood Pressure Lowering Treatment Trialists’ Collaboration (BPLTTC)
- China Plant Sterol Trial (CPST)
- China Rural Health Initiative
- China Salt Substitute Study (CSSS)
- China Seat Belt Intervention
- Clinical Pathways in Acute Coronary Syndromes in China Study (CPACS)
- Intensive Blood Pressure Reduction in Acute Cerebral Haemorrhage Trial (INTERACT)
- Motorcycle Helmet Use and Risk Factors for Helmet Non-use among Motorcyclists in China
- Obesity in Asia Collaboration (OAC)
- Ongoing Telmisartan Alone and in Combination with Ramipril Global Endpoint Trial (ONTARGET)
- Perindopril Protection against Recurrent Stroke Study (PROGRESS)
- Quality Evaluation of Stroke Care and Treatment (ChinaQUEST)
- Systematic Reviews of Interventions in Motorcycle Safety
- The SAFE Translation of Research into Practice Study (SAFE TRIPS)

THE GEORGE INSTITUTE

INDIA

ABOUT THE GEORGE INSTITUTE, INDIA

As mentioned in the Highlights section at the front of this review, the move to establish an Indian subsidiary of The George Institute in Hyderabad reflects the emphasis of the George on contributing to improving health outcomes in India.

Since 2003, the George has been proud to be part of the Andhra Pradesh Rural Health Initiative (APRHI), which is a collaboration between the George and The University of Queensland in Australia, the Byrraju Foundation, the Centre for Chronic Disease Control (CCDC) and the CARE Foundation in India.

The APRHI Collaboration works to improve health status, prevent and manage non-communicable disease, reduce premature death, and enhance access to health services for the people of rural Andhra Pradesh. The group aims to achieve this through the design, implementation and evaluation of affordable and sustainable interventions that can be incorporated in the existing primary health care infrastructure of rural areas. Research has been structured around a large-scale mortality surveillance system, followed by disease and risk factor prevalence surveys. The team will also conduct an assessment of health services to help develop low-cost, evidence-based interventions to address priority health issues. Capacity building, including institutional strengthening and academic training, is an integral part of the Institute's work in India.

13%
OF ADULTS AGED
30
OR ABOVE WERE
FOUND TO HAVE
DIABETES⁶

6. Chow C, Raju P, Raju R, Reddy K, Cardona M, Celermajer D, Neal B. The prevalence and management of diabetes in rural India. *Diabetes Care*. 2006;29:1717-8.

2006 ACHIEVEMENTS

ANDHRA PRADESH INJURY SURVEY
Injury morbidity and mortality in low and middle-income countries such as India is increasingly being recognised as a major public health issue. This survey found that the leading causes of non-fatal injury among adults were falls, road traffic injuries and injuries caused by mechanical forces. Injury was the second leading cause of death. The leading causes of injury (falls, road traffic injuries and suicides) are all preventable, and simple cost-effective interventions can be developed and implemented to minimise the impact of injury in this region. The George Institute collaborated with the Byrraju Foundation, Care Foundation and the Centre for Chronic Disease Control. Funding was supplied from the Byrraju Foundation, India.

CARDIOVASCULAR DISEASE RISK FACTORS
More research on cardiovascular risk factors was published in mid-2006 in the *International Journal of Cardiology*. Acknowledging that heart attack and stroke are problems already faced by some urban populations of India, the study found that the levels and management of major cardiovascular risk factors in two villages in rural Andhra Pradesh, India were not favourable.

Increasing cardiovascular risk and the prevalence of vascular disease in parts of rural India represents a major public health concern. Significant contributors to cardiovascular disease are highly prevalent and although community knowledge about cardiovascular disease is quite good, management of risk factors remains suboptimal. This work was funded by The Initiative for Cardiovascular Health Research in Developing Countries, New Delhi, the Byrraju Foundation, Hyderabad and The George Foundation, Sydney.



CHRONIC DISEASE MORTALITY
Additional findings from the large survey conducted in Andhra Pradesh, India, highlights the rapid growth of chronic diseases and injuries in developing countries.

Diseases of the cardiovascular system, such as heart attacks and stroke, caused a third of deaths in this region. Death from injury (self-inflicted injury, falls, etc) was the second most common cause. Published in the *International Journal of Epidemiology*, this work was funded by the Wellcome Trust, UK and the Byrraju Foundation, India.

DIABETES IN RURAL INDIA
Research released in 2006 included results of a large-scale survey of diabetes in rural India. Published in *Diabetes Care*, data suggested that almost three quarters of India's population is set for an epidemic of this disease. Conducted in rural Andhra Pradesh, 13% of adults aged 30 or above were found to have diabetes with a further 16% exhibiting features of pre-diabetes. The study, conducted in 20 villages from the Godavari regions of Andhra Pradesh, sampled over 4,500 individuals. Of those with known diabetes, 67% were taking sugar lowering tablets, 3% were using insulin, and 46% were taking blood pressure lowering agents.

► स्थानीय प्रयासों को समर्थन देने के लिए भारत में सहायक संस्था की स्थापना

स्थानीय प्रयासों को समर्थन देने के लिए भारत में सहायक संस्था की स्थापना
संस्थान की वचनबद्धता सन् 2006 में भारत के प्रति और बढ़ गई जब भारत के हैदराबाद शहर में जार्ज इन्स्टीट्यूट की स्थापना हुई। पिछले कुछ सालों में, आंध्रप्रदेश के ग्रामीण इलाके में मधुमेह, उच्च रक्तचाप, तथा अन्य गंभीर बीमारियों के कारण पहले की अपेक्षा अधिक और असामयिक मृत्यु दर के कारण जार्ज शोधकर्ताओं ने कुछ महत्वपूर्ण स्वास्थ्य अध्ययन किए हैं। आंध्रप्रदेश के ग्रामीण स्वास्थ्य सेवा प्रयास ए पी आर एच आई का लक्ष्य स्वास्थ्य स्तर को सुधारना, असंक्रामक बीमारियों को रोकना व नियंत्रित करना, असामयिक मृत्यु को रोकना और ग्रामीण जनता के लिए स्वास्थ्य सेवाएं उपलब्ध कराना है।

सन् 2006 में ही जार्ज इन्स्टीट्यूट ने नई दिल्ली, भारत में हुई एक बड़ी कार्यशाला में मृत्यु दर निरीक्षण के क्षेत्र में विशेषज्ञों की एक सभा आयोजित की। जिसमें भारत तथा अन्य क्षेत्रों में मृत्यु दर निरीक्षण संबंधित प्रयासों पर चर्चा करने के लिए कनाडा, अमरीका, इंग्लैंड, भारत और अन्य क्षेत्रों से प्रतिनिधि आए। इस सभा में प्रमाणिकता तकनीकियों की समीक्षा की गई और प्रतिभागियों ने संस्थान ए पी आर एच आई की उपलब्धियों पर चर्चा की, जिसमें भारत में इसकी दीर्घकालीन समावेश पर मुख्य ध्यान दिया गया।

इन गतिविधियों को समुचित रूप से सहयोग देने के लिए और आगामी स्वास्थ्य परियोजनाओं को लागू करने के लिए संस्थान को एक मजबूत आधार की आवश्यकता थी और इस कारण संस्थान की नई भारतीय सहायक संस्था के लिए हैदराबाद को आदर्श स्थान के रूप में चुना गया। इस नई व स्थाई संस्था को स्थापित करने के लिए पिछले साल वरिष्ठ कार्य कर्ताओं की नियुक्ति की गई।

THE DIVISIONS


CARDIOVASCULAR
DIVISION

► RESEARCH SPOTLIGHT

Providing the Right
Dietary Direction

Recent research by the Cardiovascular Division has underlined the importance of simple dietary habits in helping reduce the relentless rise of heart disease.

In 2006, the Institute's China Salt Substitute Study (CSSS) demonstrated the benefits of using a salt substitute compared to normal table salt, reporting a substantial decline in blood pressure in the study sample. In addition, a Dietary Intervention in e-shopping Trial (DIeT) provided online shoppers with real-time dietary advice regarding their purchases and saturated fat intake. Results showed that following the advice shoppers changed their shopping habits, moving away from foods high in fat.



Simple changes in dietary habits can reduce the toll of heart disease.

ABOUT THE CARDIOVASCULAR DIVISION

Globally, cardiovascular diseases are killing more people than ever before. The incidence of risk factors for heart disease are also on the rise, and include blood pressure, tobacco, cholesterol, diabetes and obesity, each substantially contributing to the burden of vascular disease. In light of these trends, new treatments and prevention strategies are a global health priority and a strong focus of the activities within the Institute's Cardiovascular Division.

In 2006, the cardiovascular team was established as a stand-alone division and continued to achieve successful research results in cardiovascular health for developing countries. A portfolio of domestic research remains also an important aspect of activity including projects relating to chronic disease management among Indigenous Australians.

Utilising funding provided by the NHMRC, the Division has been able to establish a series of new academic and industry collaborations.

2006 ACHIEVEMENTS

CHINA SALT SUBSTITUTE STUDY (CSSS)

In 2006, the Cardiovascular Division announced the results of a major dietary intervention study. Over 600 high-risk individuals were recruited from northern China, and assigned either salt substitute or normal salt for cooking. The results of the study demonstrated significant and clinically important blood pressure lowering effects associated with salt substitute. Collaborators for this project included Fu Wai Hospital, China and the Clinical Trials Research Unit (CTRU), New Zealand. Funding was provided by the National Heart Foundation of Australia, The University of Sydney, Foundation for High Blood Pressure Research, Australia and China Capital Medical Science Development Fund.

CLINICAL PATHWAYS FOR ACUTE CORONARY SYNDROMES IN CHINA (CPACS)

A large survey of management practices for acute coronary syndromes (ACS) in hospitals in China was completed in 2006. A survey of approximately 3,000 heart patients, 51 hospitals and tertiary level centres in China indicated important evidence-practice gaps in ACS management. The Institute worked in collaboration with the Chinese Cardiology Society, Peking University Health Science Center. Sanofi-Aventis, Guidant Corporation, and the Royal Australasian College of Physicians provided funding for this work.

DIETARY INTERVENTION IN E-SHOPPING TRIAL (DIET)

The first online dietary intervention of its kind, DIeT evaluated the effects of tailored dietary advice on the amount of saturated fat purchased by consumers using a commercial internet-based shopping service. The intervention was successful in reducing the amount of saturated fat purchased by consumers. Collaborators included the Department of Human Nutrition, The University of Sydney, Shopfast, Australia and the British Heart Foundation. Funding was provided by the Future Forum and the National Heart Foundation of Australia.

PROGRAMME TO IMPROVE LIFE AND LONGEVITY (PILL)

In 2006, funding became available for this key new study in cardiovascular disease prevention.

The PILL study is a pilot study evaluating the effects of a fixed-dose combination pill (or polypill) containing aspirin, blood pressure lowering and cholesterol lowering drugs in people who have not yet experienced a cardiovascular event, but are at an elevated risk. The study will include about 500 participants, and The George Institute will manage the recruitment and follow-up of 150 participants in Australia and India. PILL includes collaboration with The University of Auckland and Dr Reddy's Laboratories in Hyderabad, India. The overall project has core funding from the Heart Research Council of New Zealand, and the Australian component is funded by NHMRC.

ACTION IN DIABETES AND VASCULAR DISEASE: PRETERAX AND DIAMICRON MR CONTROLLED EVALUATION (ADVANCE)

Much of the Cardiovascular Division activities over the next 12 months will focus on completion and reporting of the ADVANCE study, one of the largest global trials conducted in type 2 diabetes to date. The aim of ADVANCE is to determine the effects of routine blood pressure lowering and intensive glucose control on the risks of major cardiovascular events in high-risk patients with type 2 diabetes. Collaborators include The University of Melbourne, The University of Auckland, the Chinese Academy of Medical Sciences, Imperial College, The University of Montreal, Utrecht University and 215 clinical centres in 20 countries worldwide. Both Servier (Institut de Recherches Internationales Servier) and NHMRC are the key funding agencies for this study.

► HIGHLIGHT

INSTITUTE RECOGNISED
IN NHMRC

10
OF THE
BEST

In September 2006, The Minister for Health and Ageing, Tony Abbott, launched a new book showcasing the best in Australian health research from recent years. The '10 of the Best' book highlights 10 world-leading medical research projects and included the Institute's pivotal study of the effects of blood pressure lowering medications on the major killers, stroke and heart attack.

The results of this study are now a cornerstone of blood pressure guidelines in Australia and around the world. Most notably, the project highlights the need for renewed efforts to achieve better blood pressure control.

The research has also uncovered important differences in the effectiveness of different types of blood pressure lowering drugs. Most recently, the work of the collaboration has provided important insight into possible differences in the protection

provided by two drug classes often considered interchangeable – ACE inhibitors and angiotensin receptor blockers. Worldwide, high blood pressure (or hypertension) is responsible for around seven million deaths annually. With an estimated 600 million people having hypertension, this study makes a major contribution to our knowledge on how best to prevent the growing epidemic of death and disability from blood pressure-related disease.



► PROFILE

Dr Anushka Patel

Director, Cardiovascular Division



Anushka Patel is a Staff Specialist in the Department of Cardiology at Royal Prince Alfred Hospital. Anushka is particularly interested in the translation of research into practice. She has a Master of Science degree in Epidemiology from Harvard University, and completed her PhD in Medicine at The University of Sydney. Anushka currently holds a five-year Career Development Award from the National Heart Foundation of Australia.

ONGOING WORK

The NICS Diabetes Collaborative Project aims to improve and harmonise guidelines implementation among patients attending diabetes clinics throughout Australia. Sponsored by the National Institute of Clinical Studies (NICS), The George Institute provides project management services, in collaboration with The University of New South Wales.

The China Plant Sterol Trial (CPST), which evaluated the effectiveness of plant sterols in lowering adult serum cholesterol, closed in 2006. Dietary Plant Sterols (PS) resulted in significant reductions in total cholesterol (TC). Collaborators included the School of Public Health, Peking University Health Science Center, with funding from Unilever Foods, China.

The Internet-based Cholesterol Assessment Trial (I-CAT) is surveying the

effects of advice on cholesterol provided via the internet. I-CAT will gauge the number of participants that commence or increase their use of cholesterol-lowering medication following use of the study website. This collaboration includes the School of Public Health, The University of Sydney, the Lipid and Cardiovascular Risk Assessment Clinic at Westmead Hospital and the Lipid Clinic at Royal Prince Alfred Hospital. Funding agencies include Medical Benefits Fund (MBF), National Heart Foundation of Australia and Pfizer.

Perindopril Protection against Recurrent Stroke Study (PROGRESS) was a large-scale trial that achieved its primary goal of demonstrating the benefits to be gained from the use of routine blood pressure lowering amongst patients with cerebrovascular disease.

A series of subsidiary analyses have now commenced utilising the data collected and new funding has been awarded. Several papers have been completed, reporting findings additional to those in the initial report. Collaborators include The University of Auckland, The University of Melbourne, the Chinese Academy of Medical Sciences, the National Cardiovascular Centre, Japan, University of Glasgow, the Lariboisiere Hospital, The Universita degli Studi di Milano, The Uppsala University and 172 other hospital and university centres worldwide. Funding agencies include the Health Research Council of New Zealand, NHMRC, the US National Institutes of Health, the Australian Health Management Group, Pfizer Cardiovascular Lipid Grants and Servier.

THE DIVISIONS

RENAL
DIVISION

APPROXIMATELY
1 IN 7
AUSTRALIAN
ADULTS HAVE
CHRONIC KIDNEY DISEASE (CKD)⁷



Kimberley Satellite Dialysis Centre in Broome plays a vital role in assessing dialysis and transplantation options for Indigenous Australians in remote communities.

7. Chadban S, et al., Prevalence of kidney damage in Australian adults: the AusDiab Kidney Study. J Am Soc Nephrol. 2003;14:S131-8.

ABOUT THE RENAL DIVISION

The Renal Division researches and advises on treatment and prevention strategies for kidney disease. A major priority for the team is to improve equity in health outcomes and health care access for patients with kidney disease.

One in three Australians has an increased risk of developing kidney disease, and this disease is listed as a cause of death for approximately one in every 10 Australians.

Aboriginal kidney health is a significant part of the Division's work. Amongst Indigenous Australians, rates of end stage kidney disease (ESKD) range from several to more than 30 times the national average. A similar trend has been demonstrated among Indigenous populations throughout the world and ethnic minorities.

Kidney disease is not a disease of affluence, rather it should more accurately be described as a disease of disadvantage or poverty.

The ageing population, diabetes, hypertension, obesity and smoking are all leading to significant increases in the number of people with chronic kidney disease (CKD).

The challenge is implementing early intervention, to prevent the progression of CKD in order to substantially reduce the number of people requiring renal replacement therapy, dialysis or transplants. Better interventions will also reduce premature cardiovascular morbidity and death.

Mary Tolson, with her grandchildren, in Kintore during her fourth trip home made possible through community-based dialysis established through Western Desert Nganampa Walytia Palyantjaku Tjutaku Aboriginal Corporation (WDNWPT). Photo: Courtesy of WDNWPT.



Elizabeth Anderson (SHARP Study Nurse), Carl (haemodialysis patient), New Zealand Prime Minister Helen Clark and Dr Krishan Madhan (SHARP Renal Physician) at Taranaki Base Hospital, New Zealand.

2006 ACHIEVEMENTS

STUDY OF HEART AND RENAL PROTECTION (SHARP)

By July 2006, almost 2,300 participants had been recruited into the SHARP study across Australasia. Aiming to determine the effects of cholesterol lowering on the risk of major vascular complications in patients with chronic kidney disease, the study has recruited 9,400 individuals from approximately 300 centres worldwide. The results of SHARP are expected to be available in 2009. Collaborators include The University of Oxford, the Australia and New Zealand Society of Nephrology, the Clinical Research Centre, Kuala Lumpur Hospital and 64 specialist renal centres in Australia, New Zealand, Malaysia and Thailand. Funding has been provided by both NHMRC and The University of Oxford.

STUDY OF THE ECONOMIC IMPACT OF THE BURDEN OF CHRONIC KIDNEY DISEASE IN AUSTRALIA

Commissioned by Kidney Health Australia, this study evaluated the impact of improved treatment of chronic kidney disease, the costs and benefits of screening for chronic kidney disease, renal replacement therapy and increasing rates of kidney transplants. The report was compiled in two parts*, and was released by Kidney Health Australia in January 2006, and November 2006 respectively. The Institute worked on this research in collaboration with the School of Public Health at The University of Sydney, Royal Prince Alfred Hospital, ANZDATA and Queen Elizabeth Hospital. The Institute gratefully acknowledges the funding of the study by Kidney Health Australia.

INDIGENOUS HEALTH SERVICES RESEARCH PROGRAM
A 2006 highlight for the Renal Division was a \$2.8 million NHMRC grant to research the barriers facing Indigenous Australians with chronic vascular diseases in achieving optimal health outcomes. Premature adult mortality from chronic diseases contributes significantly to disparities in life expectancy for Aboriginal Australians. This research program, which commenced in September 2006, will explore the reasons for poor access to necessary care for chronic diseases. Researchers will evaluate knowledge, attitudes, practices and perceived needs, and develop interventions to improve levels of access.

The research team includes leading Indigenous and non-Indigenous health researchers, practitioners and policy makers. The research will be undertaken in partnership with medical services in urban and rural settings in NSW, Queensland and the Northern Territory. The study is funded by a five-year health services program grant from the NHMRC.

8. Cass A, Chadban S, Craig J, Howard H, McDonald S, Salkeld G, White S. The economic impact of end-stage kidney disease in Australia. Kidney Health Australia. Melbourne, Australia, October 2006. Available from: <http://www.kidney.org.au>. Howard K, Salkeld G, White S, Chadban S, Craig J, McDonald S, Perkovic V, Cass A. The cost-effectiveness of early detection and intervention to prevent the progression of chronic kidney disease in Australia. Kidney Health Australia. Melbourne, Australia, October 2006. Available from: <http://www.kidney.org.au>.

► PROFILE



Alan Cass has trained and worked as a kidney diseases specialist physician, epidemiologist, and health services researcher for many years. Alan's research focus into Aboriginal health began in 1998 when he worked as a clinician in the Northern Territory; his work in Indigenous kidney health is a key part of the Renal Division's activities. In 2007, he will commence a five-year Senior Research Fellowship funded by the National Health and Medical Research Council.

RANDOMISED CONTROLLED TRIAL OF NORMAL VS. AUGMENTED LEVEL OF RENAL REPLACEMENT THERAPY IN INTENSIVE CARE UNITS (RENAL)
This new study commenced in 2006 at more than 30 sites across Australia and New Zealand. This project is looking at the effect of different doses of dialysis in patients with severe, acute kidney failure in the intensive care unit. This project aims to reduce the very high death rates caused by acute renal failure, which currently claims 1,800 lives each year. This is a joint initiative of the Australian and New Zealand Intensive Care Society Clinical Trials Group and The George Institute. The RENAL study is funded by the NHMRC.

► RESEARCH SPOTLIGHT

Burden of Chronic Kidney Disease in Australia

Approximately one in seven (almost two million) Australian adults have chronic kidney disease (CKD). The most severe form of CKD is end-stage kidney disease (ESKD), where death is inevitable unless dialysis or a kidney transplant is performed. People with CKD have a poor quality of life and an elevated risk of premature death due to cardiovascular disease. A study by the Institute's Renal Division recently evaluated the economic impact of ESKD, the costs and benefits of early screening, renal replacement therapy and increasing kidney transplant rates. Future kidney health care costs were estimated, revealing that the cumulative cost for kidney health care will skyrocket from \$1.8 billion in 2006 to \$4.7 billion in 2010. The report also showed that a reduction in the prevalence of CKD could be achieved by a control strategy, based on opportunistic screening of 50- to 69-year-olds, in addition to intensive management of diabetes, hypertension and proteinuria. The strategy is likely to be highly cost-effective and should prevent many premature deaths due to cardiovascular disease.

ONGOING WORK

The Blood Pressure Lowering Treatment Trialists' Collaboration conducts research into the effects of different classes of blood pressure-lowering drugs on cardiovascular mortality and morbidity, including patients with kidney disease. This collaboration includes principal investigators from large-scale trials worldwide, including Australasia, Asia, North America and Europe. Funding bodies for this collaboration include NHMRC, National Heart Foundation of Australia, AstraZeneca, Bayer, Boehringer-Ingelheim, Merck, Pfizer, Servier and Solvay. Research to Improve Access to Kidney Transplants (the IMPAKT study) amongst Indigenous Australians is also underway in the Renal Division. Several key presentations were made in 2006 showcasing the findings of this research at national and international meetings. Collaborators include the Menzies School of Health Research, the Cooperative Research Centre for Aboriginal Health, renal units in Sydney, Dubbo, Brewarrina, Darwin, Alice Springs, Brisbane, Cairns, Townsville, Adelaide, Port Augusta, Perth, Kalgoorlie and Broome. Funding has been provided by NHMRC.

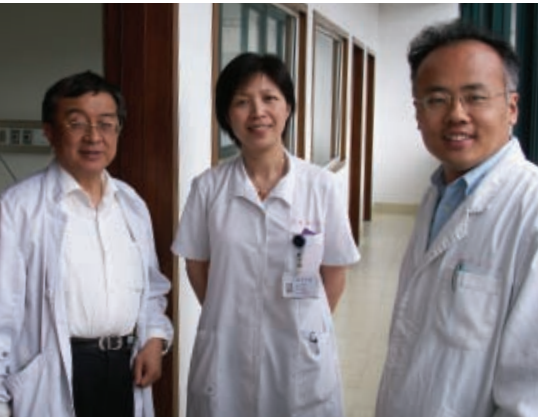
THE DIVISIONS

NEUROLOGICAL
AND MENTAL HEALTH
DIVISION

ABOUT THE NEUROLOGICAL AND MENTAL HEALTH DIVISION

The Neurological and Mental Health Division focuses on neurological conditions of major health burden, namely cerebrovascular disease (stroke), cognitive loss (dementia) and depression, and the overlap between mental illness (anxiety and depressive disorders) and recovery from physical illness. As many developing countries are witnessing rapid social and economic changes, and a potential epidemic in non-communicable diseases, special attention is also being given to developing strategies to address these problems in low and middle-income countries, through partnerships with key academic groups.

Stroke is well established as a major cause of death and long-term disability, and this burden is projected to rise in line with population and lifestyle changes. A particular focus of the Division's research is on the development of strategies to improve the prevention of stroke, through better assessment of geographical and secular trends in the burden of the disease. A major project is addressing the role of early blood pressure lowering in primary intracerebral haemorrhage, one of the most serious forms of stroke, which is particularly common in Asian populations. Other studies are addressing the social determinants of outcome and quality of life after stroke.



Members of the SAVE Study (see next page) meet in Shanghai, China. Left to right: Prof. Huang, Ms Ni and Prof. Wang.

2006 ACHIEVEMENTS

INTENSIVE BLOOD PRESSURE
REDUCTION IN ACUTE CEREBRAL
HAEMORRHAGE TRIAL (INTERACT)

INTERACT aims to determine if early intensive blood pressure lowering therapy can reduce death and disability from intracerebral haemorrhage. The study is being conducted in two phases. An initial vanguard phase is currently being undertaken in 400 patients from approximately 40 centres in China, Korea, Australia and New Zealand to determine the feasibility of the study and the effectiveness of an intervention. The second, expanded phase will involve several thousand participants to test the intervention of hard clinical endpoints. The vanguard phase is funded from NHMRC.

QUALITY EVALUATION OF STROKE
CARE AND TREATMENT (CHINAQUEST)

This is a prospective, multi-centre, hospital-based, registry study conducted in urban, suburban and rural regions of China to assess current levels of stroke management, secondary prevention and outcomes. Over 6,000 stroke patients were registered prospectively over a five-month period in over 60 centres throughout nearly all provinces in China. From the information collected at baseline and over the following 12 months, new models of service delivery will be developed for implementation and evaluation. This study is funded by Macquarie Bank Foundation and AstraZeneca.

SOCIOECONOMIC DETERMINANTS
OF STROKE (SEDS)

This project involves pooling data obtained from population-based stroke incidence studies undertaken in Western Australia, Victoria, and New Zealand, to quantify individual and area measures of social deprivation on stroke rates and outcome. The study is funded by the National Heart Foundation.

► PROFILE

Prof. Craig Anderson

Director, Neurological and
Mental Health Division



Craig Anderson is Professor of Stroke Medicine and Clinical Neuroscience in the Faculty of Medicine at The University of Sydney and the Department of Neurology of Royal Prince Alfred Hospital. From 1997 to 2003, he was Professor of Gerontology and Co-Director of the Clinical Trials Research Unit at The University of Auckland. He is an Editor for the Cochrane Stroke Group, and is currently President of the Stroke Society of Australasia. He has published widely on the clinical and epidemiological aspects of stroke, cardiovascular disease and aged care. Craig is on the steering committees for several large-scale research projects including the ONTARGET global trials program in cardiovascular prevention, involving over 30,000 patients in 40 countries.

SLEEP APNOEA CARDIOVASCULAR
ENDPOINTS (SAVE) STUDY

Obstructive sleep apnoea (OSA) is a very common disorder which is associated with increased cardiovascular risk and disease endpoints. SAVE is a randomised controlled trial of continuous positive airway pressure (CPAP) therapy in patients with OSA and high cardiovascular risk, to be undertaken in China and Asia. The aim of this study is to resolve an area of persisting clinical uncertainty and a major health issue: whether CPAP therapy has direct benefits in reducing vascular risk. The research program is planned to be undertaken as part of a China-Australia partnership in collaboration with the recently established Australian Sleep Trials Network.

ONGOING TELMISARTAN ALONE AND
IN COMBINATION WITH RAMIPRIL
GLOBAL ENDPOINT TRIAL (ONTARGET)

Cardiovascular disease (CVD) is a major global health care problem accounting for almost half of all deaths in industrialised countries and about a quarter of all deaths in other countries. Trials show that several different types of drugs used for the treatment of high blood pressure can be used to prevent these forms of CVD. However, it is not certain if one type of drug is more effective than another, or if a combination of two different types of drugs is more effective than a single drug at reducing the risk of CVD events.

ONTARGET aims to evaluate randomly the effects of one of three different treatments:

► RESEARCH SPOTLIGHT

Trends in Stroke
Incidence and Impact
on Populations

The overall goal of this work is to determine the impact of prevention strategies and improvements in stroke health care services on the incidence and outcome of stroke in different populations over recent decades. Analyses of datasets from The Auckland Regional Community Stroke Study (ARCOS) and Perth Community Stroke Study (PCSS) are being undertaken. Both ARCOS and PCSS provide some of the most reliable data on the incidence and outcomes from stroke in a population.

The Institute is undertaking this research in collaboration with the Clinical Trials Research Unit, The University of Auckland; the School of Population Health, The University of Western Australia; the School of Population Health, The University of Queensland; the Stroke Prevention Research Unit, the University of Oxford. The Institute would like to acknowledge the financial support of the Health Research Council of New Zealand.

1. a new blood pressure lowering drug called telmisartan;
2. an established drug of the ACE inhibitor class called ramipril; or
3. a combination of both drugs.

A further study, called TRANSCEND, will examine treatment with either telmisartan or a placebo in an additional 6,000 participants who are intolerant to the ACE inhibitors. The ONTARGET/TRANSCEND trials program involves about 730 study centres in 40 countries. In collaboration with McMaster University, The Oxford University and The University of Auckland, a total of 31,546 participants are involved in the trials, with results due for presentation in 2008.

The ChinaQUEST study members will assess levels of stroke management, secondary prevention and outcomes in urban, suburban and rural hospitals in China.



FAMILIAL INTRACRANIAL ANEURYSM (FIA)

The FIA study aims to identify the gene, or genes associated with the formation and rupture of intracranial aneurysm in families with multiple affected family members. This is a large-scale investigation, conducted across 26 centres internationally (40 sites), to identify regions on chromosomes that lead to the formation and potential rupture of intracranial aneurysms in the blood vessels of the brain.

The study includes approximately 475 families from Australia, New Zealand, Canada and the United States who have two or more affected members with intracerebral aneurysms. This project is being undertaken in collaboration with the Royal Prince Alfred Hospital, Flinders Medical Centre, Westmead Hospital, Royal Perth Hospital, Royal Melbourne Hospital, Auckland Hospital/Clinical Trials Research Unit, Royal North Shore Hospital, Sir Charles Gairdner Hospital, Royal Adelaide Hospital, and the University of Cincinnati. The Clinical Trials Research Unit coordinates the study within the Australia/New Zealand region. Results from the study are expected to be available in 2007.

IN 2006, THE DIVISION HOSTED SEVERAL VISITING FELLOWS AND MEDICAL STUDENTS, INCLUDING:

- Dr Dashiell Gantner, one of the newest members of the Division and the recipient of an AusAID Australian Youth Ambassador for Development award and a George Foundation scholarship, is working with researchers at Peking University Health Science Center on both ChinaQUEST and an observational study of stroke incidence and outcome.
- Dr BIN Peng, a visiting neurologist from Beijing, will undertake a clinical research study investigating the frequency, characteristics and outcomes of respiratory disturbance in the setting of acute stroke as well as investigate the role of sleep disordered breathing as a risk factor for acute stroke.
- Dr LIU Haibo, who came to Sydney from Jilin University Hospital in China, having gained an award from The Chinese Scholarship Council to learn about the management of stroke patients. Dr LIU will undertake clinical and epidemiological research related to critical care neurology through participation in INTERACT and other projects.

CAPACITY BUILDING

During the year, Dr Maree Hackett and Professor Craig Anderson coordinated the Mental Disorders in a Global Context, course of the Masters of International Public Health, at The University of Sydney. The course provided an overview of mental disorders in an international context including the classification of disorders, prevalence and associated disability. The module focused on the economic and humanitarian implications of mental illness and associated public policy implications.

THE DIVISIONS

INJURY AND MUSCULOSKELETAL DIVISION

► RESEARCH SPOTLIGHT

Research into Motorcycle Helmet Use in China

The Division is involved in extensive research on motorcycle helmet use in Vietnam and China. The research, which includes both observational studies and systematic reviews, will be instrumental in informing road safety policy and practice.

Examining helmet wearing rates as well as cost and quality of helmets, Research Fellow and doctoral student, Dr Dang Viet Hung, completed field work for observational studies in 2006, on the use of motorcycle helmets in Vietnam. Results of the first of these studies were published in the journal *Injury Prevention*.

Divisional Director, Dr Rebecca Ivers, along with Dr Hung, also contributed to the WHO's manual on helmets, and a United Nations Small Working Group on the design of helmet surveys. Dr Ivers is also completing a review on the effectiveness of helmet legislation in preventing death and injury.

Dr James Yu, Senior Research Fellow from The George Institute, China was successful in applying to join a collaborative multi-centre study on motorcycle helmets, run with the Road Traffic Injuries Research Network, to be completed in 2007. Further proposals aimed at improving motorcycle safety in China and India are under development, and a PhD student funded by the NRMA-ACT Road Safety Trust will be commencing research on motorcycle injuries in Australia in 2007.



The Division's road safety research on the use of motorcycle helmets examines not only the type of helmets being worn, but also the policies and practices designed to encourage helmet usage in the Asia-Pacific region.

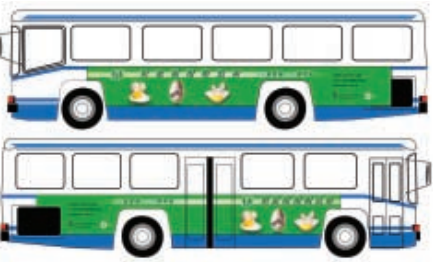
ABOUT THE INJURY AND MUSCULOSKELETAL DIVISION

The Injury and Musculoskeletal Division operates a diverse research program that focuses on the leading causes of injury-related morbidity and mortality in addition to treatment strategies for musculoskeletal problems.

In 2006, the Musculoskeletal Conditions program published the main results of the HIPAID study (see research spotlight on page 48). It also obtained support from Symbion Health Pty Ltd for the supply of all required study treatment capsules for the LEGS (the Long-term Evaluation of Glucosamine Sulphate) study.

The Injury Prevention Program maintains a significant focus on road injury, particularly young driver safety, driver distraction, heavy vehicle safety and helmet use. Research into Indigenous injury also continues to be a priority.

Internationally, the Division's research activities have grown, including a Seatbelt Intervention in China and extensive research on motorcycle helmet use in Vietnam and China (see research spotlight on this page). The Division plans to extend capacity development and training into Asia. This was facilitated in 2006 by scholarships awarded to Institute students from China and India for the Division's online injury prevention course.



The China Seatbelt Intervention included a large-scale social marketing campaign (bus and billboard advertisements as shown), in conjunction with widespread law enforcement among drivers in Guangzhou, China.



2006 ACHIEVEMENTS IN ROAD SAFETY

CHINA SEATBELT INTERVENTION

The past year saw the completion of this important research program, which examined the effectiveness of a city-wide enforcement, social marketing and training intervention designed to increase seatbelt restraint use in Guangzhou, China.

Researchers conducted baseline observational surveys in early 2005 in both Guangzhou City (the intervention site) and Nanning City (the control site) to estimate the prevalence of seatbelt use. Following the surveys, the first of the social marketing activities and enhanced law enforcement and training programs took place, which continued until October 2006. The post-test observational surveys have been completed and the findings will be released in April 2007.

The George Institute undertook this work in collaboration with the China Ministry of Health and China Ministry of Public Security, Guangzhou Municipal Bureau of Public Security and the Traffic Command and Control Center (Guangzhou Police). Funding was provided by BP China and The George Foundation.

YOUNG DRIVER STUDY (DRIVE)

The DRIVE Study is a large-scale cohort study set up to examine risk factors for motor vehicle-related crashes and injuries among young drivers aged 17 to 24 years. Information on a range of key risk factors, including road risk perceptions and behaviours, pre-licence driving experience, training and education, and mental health was collected from 20,822 novice drivers between 2003 and 2004. Methods and study population were described in the first paper published in 2006,

and were also presented at several key road safety conferences. The main linkage to outcome data was completed in late 2006 and study results will be disseminated in 2007.

Collaborators include the Injury Risk Management Research Centre, The University of New South Wales, the Institute for Health and Diversity, Victoria University and the Roads and Traffic Authority of New South Wales (RTA). Funding was supplied by the NHMRC, National Roads and Motorists' Association (NRMA) Motoring and Services, the Motor Accidents Authority of New South Wales (MAA), NRMA-ACT Road Safety Trust and NSW Health.

DRIVER DISTRACTION IN ROAD CRASHES

In recognition of her role in a series of three studies examining the role of driver distraction, Institute Senior Research Fellow, Dr Suzanne McEvoy, received the 2006 Royal Australasian College of Physicians and Centre of National Research on Disability and Rehabilitation Medicine (RACP-CONROD) Fellowship. Results of her studies into the role of driver distraction (including mobile phone use) in road crashes, were published in *Injury Prevention*, *Accident Analysis and Prevention* and the *Medical Journal of Australia* during 2006. Data showed the use of a mobile phone while driving resulted in a fourfold increase in the likelihood of a serious accident. Available hands-free devices did not lessen the risk.

The George Institute collaborated with the Injury Research Centre, School of Population Health, The University of Western Australia. Funding came from the Insurance Institute for Highway Safety and the Motor Accidents Authority of New South Wales (MAA).

► PROFILE

Dr Rebecca Ivers

Director, Injury and Musculoskeletal Division
Head, Injury Prevention Program



Rebecca is an injury epidemiologist who has published widely in the fields of road traffic injury and falls prevention. Rebecca is currently leading a series of systematic reviews examining the effectiveness of interventions in motorcycle safety, and is the lead investigator on the DRIVE study, a cohort study of over 20,000 young drivers. Her research also includes studies in road injury prevention in India, Vietnam and China and she coordinates three injury prevention courses at The University of Sydney.

ONGOING ROAD SAFETY RESEARCH

The Division is working on a number of Systematic Reviews of Interventions in Motorcycle Safety that aim to review and synthesise evidence for interventions designed to reduce motorcycle injury, and to report on the estimated reductions in risk of death and injury achieved by these interventions. The final reviews are being used to help develop interventions in motorcycle safety in the region. Funding was supplied by The University of Sydney, SESQUI Research and Development Grants, and the Cochrane Health Promotion Field.

Road injury experts in the Division are also working on the Translation of Road Safety Research into Practice, which explores the key factors that facilitate or inhibit the transfer of road safety research into policy. NRMA-ACT Road Safety trust has provided a doctoral scholarship for this project. Collaborators include the School of Public Health and Community Medicine, The University of New South Wales and The School of Public Health, The University of Sydney.

In 2006, the Division also commenced pilot work for a large-scale study on heavy vehicle safety and continued work on the development, implementation and evaluation of an intervention to increase the use of seat belts in Abu-Dhabi, United Arab Emirates.

► RESEARCH SPOTLIGHT

Anti-inflammatory Drugs under the Spotlight for Osteoarthritis Sufferers

Osteoarthritis (OA) is ranked the leading health problem among older Australians and a National Health Priority. Due to the aging population, it has been estimated in the next 14 years, one in every 10 Australians will have OA. With these issues in mind, the Musculoskeletal Conditions Program published results of their HIPAID project in 2006. Prevention of Ectopic Bone-Related Pain and Disability After Elective Hip Replacement Surgery reported the long-term benefits and risks of anti-inflammatory drugs in OA patients undergoing hip replacement surgery.

The study specifically measured the effects of a short, post-operative course of anti-inflammatory drugs on ‘ectopic’ bone formation and related pain and disability, six to 12 months after surgery. Results showed the use of these drugs following hip replacement surgery could do more harm than good. The paper was published in the *British Medical Journal* and widely disseminated in international media.

The George Institute undertook this work in collaboration with The University of Auckland, Royal Prince Alfred Hospital, Royal North Shore Hospital and Prince Charles Hospital, Rehabilitation Studies Unit, Middlemore Hospital and 17 other hospitals in Australia and New Zealand. Funding bodies included NHMRC and MBF Australia Limited.



The HIPAID research project measured the effect of anti-inflammatory drugs on ectopic bone following hip replacement surgery.

2006 ACHIEVEMENTS IN INDIGENOUS INJURY PREVENTION

SAFE KOORI KIDS: A COMMUNITY-BASED APPROACH TO INDIGENOUS INJURY PREVENTION

Safe Koori Kids is designed to educate children and raise community awareness of safety and the importance of preventing injuries to Indigenous children. Injury experts have worked closely with local schools and Aboriginal community organisations in South West Sydney and Campbelltown City Council to develop this innovative approach to address the risk of injury to youths and children in the area. The George Institute is working in collaboration with Yooroang Garang, School of Indigenous Health Studies, The University of Sydney. The three-year study is funded by NHMRC.

CAPACITY BUILDING IN INDIGENOUS RESEARCH

A new capacity-building project, commenced in November 2006, involves Aboriginal workforce development, partnerships and identification of local injury prevention projects in the Greater Western New South Wales. This project was made possible through a Commonwealth Government Falls Prevention and Injury Prevention Community Grants Program.

The Division’s Indigenous research program also received funding from NSW Health to host the NSW Aboriginal Safety Promotion Strategy Implementation Workshop, in collaboration with the NSW Collaborative Centre for Aboriginal Health Promotion.

ONGOING WORK IN INJURY PREVENTION

The Division is investigating Injury Prevention and Safety Promotion for Urban Aboriginal Children and Youth in South Western Sydney. This pilot study investigates the impact of injury on Indigenous children and youth in South Western Sydney. The study will document the extent of injury, increase understanding of suitable injury prevention strategies and propose community-based, collaborative interventions. The George Institute is undertaking this work in collaboration with Yooroang Garang, School of Indigenous Health Studies, The University of Sydney. The Institute would like to thank the Australian Institute of Aboriginal and Torres Strait Islander Studies for its support of this research.

RESEARCH INTO FALL INJURY RISK FACTORS

For older Australians, falls and visual impairment are common problems. Improving Vision to Prevent Falls: A Randomised Trial measured the impact of treating visual impairment on risk of falls. Vision tests were followed by interventions including new spectacles and treatment of eye disease. The George Institute worked in collaboration with the Centre for Education and Research on Ageing, Concord Hospital, Sydney and the Centre for Vision Research, Westmead Hospital. The NHMRC funded this trial.

The VISIBLE Study is designed to determine whether the provision of single-lens distance glasses to elderly multifocal glasses wearers, together with recommendations for wearing them, can reduce falls. Collaborators include Prince of Wales Medical Research Institute, The University of New South Wales, Department of Aged Care and Rehabilitation Medicine, Royal North Shore Hospital, School of Public Health at The University of Sydney and the Rehabilitation Studies Unit, Royal Rehabilitation Centre Sydney. Funding for this trial has been provided by the NHMRC.

The George’s commitment to building capacity in injury prevention continued during the year, when an Australian Department of Health and Ageing-funded Online Falls Prevention course was run for the first time, with great success. This builds on the already successful injury epidemiology course which is delivered online, with a two-day face-to-face workshop.

2006 ACHIEVEMENTS IN MUSCULOSKELETAL CONDITIONS RESEARCH

REHABILITATION AFTER KNEE REPLACEMENT SURGERY IN AUSTRALIA

Last year, in collaboration with Dr Justine Naylor at the Whitlam Joint Replacement Centre and the School of Physiotherapy at The University of Sydney, a survey evaluating the status of rehabilitation practice after knee replacement surgery was conducted among more than 60 orthopaedic surgery and physiotherapy departments around Australia. This national survey (published early 2006) revealed considerable practice variation due to lack of evidence-based guidelines. A systematic review of all published clinical trials evaluating rehabilitation after knee replacement surgery is now underway.

THE PHYSICAL ACTIVITY FOR OSTEOARTHRITIS MANAGEMENT (PAFORM) STUDY

Results of the Physical Activity for Osteoarthritis Management (PAFORM) study were in press in late 2006 in *Arthritis and Rheumatism*, highlighting the clinical

► PROFILE

Dr Marlene Fransen

Head, Musculoskeletal Conditions Program



Marlene Fransen has been awarded an NHMRC Career Development Award 2006-2010. She is a physiotherapist and epidemiologist with experience in research amongst people with osteoarthritis involving the lower limb joints and has published widely in international journals. Marlene’s areas of special interest include osteoarthritis, exercise, physical disability in the aging population and joint replacement surgery.

benefits of both hydrotherapy and Tai Chi classes for older people with chronic osteoarthritis. More than 150 community dwelling older people were randomised to either hydrotherapy or Tai Chi classes for 12 weeks and followed up for six months. PAFORM was conducted in collaboration with the Departments of Rheumatology and Physiotherapy at the St George Hospital. The trial was funded by a National Arthritis and Musculoskeletal Conditions Improvement Grant and the Divisions of General Practice (St George, Central Sydney).

CHINA INITIATIVES

A survey of more than 1,000 people aged 50 years and over living in Inner Mongolia has recently been completed by collaborators at the Arthritis Research Centre, Peking University. The survey was undertaken to investigate the prevalence of knee and back pain in this rural region of China and examine risk factors for disability. The analysis of the data is currently being undertaken. A larger prospective cohort study of chronic disease in older people living in various regions throughout China is being planned.

NEW WORK

Glucosamine is a dietary supplement widely used (although without evidence of benefit) by people with arthritis in order to relieve joint pain and slow the disease process. The Long-term Evaluation of Glucosamine Sulphate (LEGS) study is a large clinical trial of more than 900 patients with osteoarthritis of the knee, and monitors treatment with either glucosamine sulphate or matching placebo capsules for a period of two years. It will assess if glucosamine, with or without chondroitin, has reduced the rate of cartilage loss. The LEGS study will also evaluate whether certain patient, joint or disease characteristics can identify those people who are likely to benefit from these dietary supplements.

The George Institute is undertaking this work in collaboration with the Royal Australian College of General Practitioners, St Vincent’s Hospital, St George Hospital, Royal North Shore Hospital and Royal Prince Alfred Hospital. Funding has been provided by NHMRC.

THE DIVISIONS

CRITICAL CARE AND TRAUMA DIVISION

► RESEARCH SPOTLIGHT

Developing Guidelines for Rugby Players Following Mild Brain Injury

Currently there are few guidelines for determining when a rugby player should return to the field following a concussion, or mild traumatic brain injury. This lack of information has led to ‘ad hoc’ decisions that can endanger the player’s recovery and safety.

In 2006, recruitment of rugby players for a unique study on sport-related mild traumatic brain injury (mTBI) continued. An ambitious project, this study will develop guidelines for managing players’ return-to-play decisions following mTBI. The study is following 3,500 rugby union players over three years. Researchers will note the incidence of mTBI, the time until intact cognitive functioning is achieved, and when participants return to play. Based on findings, effective guidelines and policies on which to base return-to-play decisions will be developed.

Collaborators include the School of Safety Science and NSW Injury Risk Management Research Centre, The University of New South Wales; The University of Pittsburgh Medical Center and Center for Sports Medicine. Funding bodies include US Centers for Disease Control and Prevention, through The University of Pittsburgh.



The mTBI study will help foster the development of appropriate return-to-play guidelines for rugby players.

ABOUT THE CRITICAL CARE AND TRAUMA DIVISION

The success and growth of the critical care and trauma research programs within the Injury Prevention and Trauma Care Division has resulted in the formation of a separate Critical Care and Trauma Division.

This Division expands the Institute’s expertise in large-scale, multi-centre clinical trials in critical care, both within Australasia and internationally. Research activities are centred on improving patient outcomes.

2006 ACHIEVEMENTS

SALINE VS. ALBUMIN FLUID EVALUATION STUDY (SAFE)

The SAFE study investigated the effects of fluid resuscitation with human albumin solution or normal saline on all cause mortality in critically ill patients in intensive care. Results showed there is no discernable difference in the death rate of intensive care patients resuscitated using either of these two commonly used fluids. Further studies on patients with traumatic brain injury, patterns of organ dysfunction and treatment effects in patients with severe sepsis are also part of the project.

The collaboration involved the Australian and New Zealand Intensive Care Society Clinical Trials Group, the Australian Red Cross Blood Service and 16 hospitals in Australia and New Zealand. Funding agencies for the SAFE study include NHMRC, the Health Research Council of New Zealand (HRC), Australian Government Department of Health and Ageing, Australian State and Territory governments, Auckland Hospital, Middlemore Hospital, Royal Hobart Hospital and CSL.


RETROSPECTIVE ANALYSIS OF TRAUMA TRANSFERS (RATTS)

One of the Division’s newer projects, RATTS, commenced in 2006 as a collaboration with the Ambulance Service of New South Wales to identify factors associated with adherence to the Ambulance Service of NSW Protocol 4 (the trauma bypass protocol). Specifically, this project will identify rates of compliance to Protocol 4, estimate the time of definitive care in rural NSW, and determine the impact of interventions implemented by the NSW Ambulance Service on adherence to Protocol 4.

The study will analyse more than 23,000 cases including the patient’s age, gender, postcode, the mechanism of injury, Glasgow Coma Scale (GCS) scores, heart rate, systolic and diastolic blood pressure and respiratory rates, level of training of the ambulance officer and time to transport patients. Collaborators include the Ambulance Service of New South Wales. NSW Institute of Trauma and Injury Management has provided funding for this project.


► PROFILES

Assoc. Prof.
John Myburgh
Co-Director, Critical Care and Trauma Division



John Myburgh is Conjoint Associate Professor of Medicine at The University of New South Wales and an Honorary Associate Professor in the Department of Epidemiology and Preventive Medicine at Monash University. He is also lead clinician in the Department of Intensive Care Medicine at the St George Hospital, Sydney. John has extensive research experience in neurophysiology, catecholamine pharmacology, aspects of traumatic brain injury and intensive care medicine. His current interests are large-scale, multi-centre clinical trials in critical care, both within Australasia and internationally.

Assoc. Prof.
Simon Finfer
Co-Director, Critical Care and Trauma Division



Simon Finfer is an active practicing critical care physician with an appointment as a Senior Staff Specialist in Intensive Care at Royal North Shore Hospital, and Clinical Associate Professor in the Faculty of Medicine (Northern Clinical School) at The University of Sydney. He is also an Honorary Associate Professor in the Department of Epidemiology and Preventative Medicine at Monash University in Melbourne. Simon’s major research interest is the design and conduct of large-scale randomised controlled trials in critical care.

NORMOGLYCAEMIA IN INTENSIVE CARE EVALUATION AND SURVIVAL USING GLUCOSE ALGORITHM REGULATION (NICE-SUGAR)

During 2006, recruitment of patients for this collaborative trial continued in order to find the best health outcomes for intensive care unit patients. Hyperglycaemia is common in critically ill patients, but the best management approach is currently unknown. The NICE-SUGAR study will determine whether targeting a normal blood glucose concentration will benefit patients. Collaborators include the Australian and New Zealand Intensive Care Society Clinical Trials Group, the Canadian Critical Care Trials Group and The Mayo Clinic.

Funding agencies include NHMRC, Health Research Council of New Zealand (HRC) and the Canadian Institutes of Health Research.

SALINE VS. ALBUMIN FLUID EVALUATION – TRANSLATION OF RESEARCH INTO PRACTICE STUDY (SAFE TRIPS)

The SAFE Translation of Research Into Practice Study (SAFE TRIPS) is an international collaboration that will document fluid resuscitation practices in the Intensive Care Units around the globe and assess the impact of recent research findings, including those of the Saline versus Albumin Fluid Evaluation (SAFE) study, and its sub-studies on those practices. The international collaborative study will be coordinated by The George Institute and the Australia and New Zealand Intensive Care Research Centre (ANZIC-RC), Melbourne.

ONGOING WORK

The Systematic Review of Trauma Volume and Patient Outcomes will investigate the association between trauma volume and in-hospital mortality. The George Institute works in collaboration with NSW Institute of Trauma and Injury Management, who is also funding the review.

The Division completed an Environmental Scan of Trauma Research in Australia. This project assisted in the identification of priority areas of need for trauma care research over the next five to 10 years. The George Institute undertook this work in collaboration with the Australasian Trauma Society. Funding was provided by the Victorian Trauma Foundation.

The Critical Care and Trauma Division also conducted a retrospective Review of the Use of CT Chest Scans in Patients with Major Blunt Trauma.

THE DIVISIONS

NUTRITION AND LIFESTYLE DIVISION

► RESEARCH SPOTLIGHT

Obesity and its Impact on *In Vitro* Fertilisation (IVF)

An oft-overlooked, but significant, consequence of obesity is its role in infertility. Observational studies have shown that women who are obese are substantially less likely to become pregnant compared to women who are of 'normal' size. They are also more likely to require more IVF cycles to become pregnant. This study will provide the first randomised controlled trial evidence about the effect on fertility and metabolic parameters of a weight loss program in obese women undertaking IVF.

The trial will test whether a 12-week weight loss intervention that incorporates dietary, exercise, educational and psychological factors, can reduce the average number of IVF cycles undertaken to achieve a pregnancy.

If successful, the expected benefits of the study would not only include a reduction in the financial burden of fertility treatment, but weight loss prior to pregnancy could be shown to have long-term beneficial effects on metabolic, obstetric and perinatal outcomes.



The Obesity and IVF study is the first research program to investigate the effects on fertility and metabolic parameters of a weight loss program in obese women undertaking IVF.

ABOUT NUTRITION AND LIFESTYLE

As the newest research division within The George Institute, Nutrition and Lifestyle was established primarily as a result of the growing recognition of the importance of nutrition and other major lifestyle risk factors in chronic disease and injury. Studies centre around the areas of obesity, tobacco and alcohol, which account for a substantial component of the global burden of disease and disability.

Much of the divisional activity is undertaken in low and middle-income countries of the Asia-Pacific Region, home to one-third of the global population. The region is undergoing enormous social-demographic, economic and nutritional upheavals and, as a result, is experiencing epidemics of obesity and type-2 diabetes.

The majority of the Division's epidemiological studies are observational, aimed at reliably describing the nature of the associations between major components of lifestyle with chronic disease and injury.

Evidence from these studies will be used as the basis for the design and implementation of intervention studies in the fields of obesity, diabetes and smoking prevention.

2006 ACHIEVEMENTS

ASIA PACIFIC COHORT STUDIES COLLABORATION (APCSC)

The APCSC is one of the Institute's leading studies, designed to provide the most reliable evidence concerning the associations of risk factors with cardiovascular disease. It includes a large program of work concerned with cardiovascular outcomes and has produced over 20 publications. Several presentations of APCSC data have been made in Australia, Asia, UK and the USA. Collaborators include The University of Auckland; Academia Sinica, Taiwan; Chinese Academy of Medical Sciences; Sugiyama Jogakuen University; Shiga University; Yonsei University and more than 80 investigators representing 44 cohorts from eight countries. Funding is provided by Pfizer, NHMRC and The University of Sydney Cancer Research Fund.

FETAL-ORIGINS OVERVIEWS

This study is designed to investigate the strength of evidence for the fetal-origins hypothesis of adult disease, which proposes that impaired fetal and neonatal growth is associated with increased risk of morbidity and mortality in adult life. New analyses of the associations of birth weight with cholesterol were published in the *Journal of the American Medical Association*.

Data collection for the analyses of the association between birth weight and coronary heart disease were completed and preliminary analyses have begun with publication of results expected in 2007.

Collaborators include the Clinical Trial Service Unit and Epidemiological Studies Unit, the University of Oxford, University of Bristol, St George's Hospital, London and the Harvard School of Public Health.

OBESITY IN ASIA COLLABORATION

This collaboration was initiated to provide reliable evidence concerning the relationships between indicators of adiposity and cardiovascular disease (CVD) risk amongst different ethnic groups.

Researchers from 12 countries have contributed information on different measures of adiposity and CVD risk factors for over 170,000 individuals. These data will be combined with others from the APCSC to provide reliable evidence on the association of adiposity with CVD risk factors for various ethnic groups. A further aim is to facilitate the development of ethnically appropriate clinical indicators and contribute to intervention strategies for obesity-related disorders.

During 2006, the second Obesity in Asia investigators meeting was held in September in Sydney, Australia, as part of the International Congress of Obesity. The first manuscript on the association between blood pressure and overweight has been circulated to collaborators and is expected to be published in early 2007.

Collaborators include Professor Philip James, International Obesity Task Force, London, UK, Professor Ian Caterson, Department of Human Nutrition, The University of Sydney, Australia, and more than 25 collaborators from 19 studies. Funding is provided by the Australian Heart Foundation, NHMRC and Sanofi-Aventis.

► PROFILE



Dr Rachel Huxley
Director (Acting),
Nutrition and Lifestyle Division

Rachel Huxley holds a Conjoint Senior Lectureship in the Faculty of Medicine, School of Public Health at The University of Sydney. Her research activities focus on the role of lifestyle determinants of chronic disease and injury, with particular emphasis on low and middle-income countries. She has wide experience in the conduct of meta-analyses of observational studies. Rachel lectures in Public Health at The University of Sydney and has published widely in journals including *The Lancet*, *JAMA*, *BMJ*, *Stroke* and *Journal of Hypertension*.

CAPACITY BUILDING

The Division continues to contribute to teaching and training activities within The University of Sydney and, in particular, lecture within the Master of Public Health Program, the Medical Program, and the Master of International Public Health Program. During 2006, staff were asked to give guest lectures at events locally and in China, Thailand and Korea.

A course on quantitative methods in cardiovascular research was held during the year in Beijing, Taipei and Bangkok, to increase research capacity amongst young cardiovascular researchers in Asia. The course covered areas such as biostatistics, epidemiology, modelling data, sampling and meta-analysis.

Scholars visiting the Nutrition and Lifestyle Division in 2006 included Dr YANG Xiaoguang from China and Dr Koshi Nakamura from Japan. The Division also has several doctoral students undertaking research at the Institute, including Alireza Moghaddam (looking at the relationship of cancer incidence to cardiovascular risk factors in South East Asian Cohorts), Crystal Lee (studying ethnic comparisons of obesity and cardiovascular risk factors in the Asia-Pacific region) and Kyra Sim (examining the impact of a weight loss program on pregnancy rates in *in vitro* fertilisation).

THE DIVISIONS

HEALTH POLICY DIVISION

RESEARCH SPOTLIGHT

In 2005, the Health Policy Division's Pharmaceutical R&D Policy Project (PRPP) received a substantial grant to analyse the current state of new malaria drugs and vaccines and to give global donors an estimate of the funds needed to take these potential new malaria products through clinical trials to registration, and to patients in the developing world. The project commenced in December 2005 and is expected to deliver its recommendations in December 2007.

As part of this process, The George Institute maintains an office in London, from where staff have regular contact with the major public and private product development groups, and with key Northern Hemisphere donors, including the UK, Netherlands and Irish Governments, the European Commission and major USA donors.

The group also regularly briefs policy makers seeking to support research and development of new products. It has contributed to the European Parliament's work on antibiotic development; to the World Health Organization's Commission on Intellectual Property Rights, Innovation and Public Health; and the European Commission/Netherlands Government's review of Priority Medicines for Europe and the World.

ABOUT THE HEALTH POLICY DIVISION

The role of new medicines for old scourges like TB, malaria and sleeping sickness, as well as for newer threats such as HIV/AIDS, has become increasingly important with the post-2000 influx of private philanthropic funding into medicine and vaccine development aimed at the world's poor. This relatively recent phenomenon has seen hundreds of millions of dollars poured into discovering new treatments and preventatives, but it has also meant that government and institutional policy makers, often more used to under-funding and making-do, have sometimes been at a loss as to how to respond to these new initiatives.

The George Institute's Health Policy Division provides empirically-based analysis to support policy makers in crafting new public policies to address these new needs and opportunities.



The landmark report on the development of drugs for neglected diseases, recommending new government funding policies for these pharmaceuticals, has been widely publicised.

PROFILE

Dr Mary Moran

Director (Acting),
Health Policy Division

Mary Moran trained as a medical doctor, working for 13 years in Emergency Medicine at teaching and affiliated hospitals in Australia. She then commenced a diplomatic career with the Australian Department of Foreign Affairs and Trade, including a posting to the Australian High Commission in London where she focused on climate change negotiations and international trade.

Mary subsequently worked for Medecins Sans Frontieres, setting up and directing their Access to Essential Medicines Campaign in Australia, and later working as a Europe-based advocate on a range of issues relating to access to medicines for neglected patients.

In 2004, she founded the Pharmaceutical R&D Policy Project (PRPP) at the London School of Economics and Political Science, and continues as PRPP Director following the unit's transfer to The George Institute in 2006.

Mary has participated in numerous working groups and committees examining neglected diseases, including the WHO Commission on Intellectual Property Rights, Innovation and Public Health (CIPRH); the Rockefeller Health Innovation Systems in Developing Countries Working Group; the European Union 'Priority Medicines for Europe and the World' project; and as an adviser to the Malaria Research and Development Alliance.



2006 ACHIEVEMENTS

The George Institute's former Policy and Practice Program was revamped in 2006 into a more tightly-focused Health Policy Division. The division researches and analyses government policies, and uses this evidence to design more efficient strategies to recommend to government policy makers and funders.

In line with The George Institute's core mission, the Division's focus is on developing countries, with an initial focus on the development and delivery of new medicines and vaccines.

The Division was boosted by the arrival of the Pharmaceutical R&D Policy Project (PRPP), a six-person group who moved to The George Institute from the London School of Economics and Political Science.

The PRPP is best known for its analyses of pharmaceutical product development for neglected diseases, and its 2005 report

recommending new government funding policies for neglected disease drug development was widely published.

The Institute's health economist, Dr Stephen Jan, was involved in a number of new projects in 2006, including the Serious and Continuing Illness Policy and Practice Study (SCIPPS), improving health outcomes for Aboriginal Australians with chronic disease through strategies to reduce systems barriers to necessary care, and the Long term Evaluation of Glucosamine Sulphate (LEGS) study.

The first two of these were funded by Health Services Research Grants from the NHMRC and the latter, by an NHMRC project grant. Dr Jan was also involved in securing seeding funds from AstraZeneca to conduct a feasibility study and develop a protocol for the China Rural Health Initiative (CRHI).

Other activities included participating in the Intervention for Microfinance And Gender Equity (IMAGE), plus a study to evaluate the delivery of post-rape prophylaxis and counselling (The Refentse Study) with University of the Witwatersrand and the London School of Hygiene and Tropical Medicine. Both of these projects were conducted in South Africa. Dr Jan has had ongoing involvement in the Economics Sub-Committee of the Pharmaceutical Benefits Advisory Committee, the NSW Health Department Population Health Taskforce and the running of a course module in health economics for the Graduate Diploma of Health Policy at The University of Sydney. During the year, Dr Jan was awarded an NHMRC Career Development Award.

PROGRAMS

ACADEMIC PROGRAMS
AND CAPACITY BUILDING

THE GROWTH OF INDIVIDUAL AND INSTITUTIONAL CAPACITY TO ADDRESS LEADING HEALTH PROBLEMS, BOTH IN AUSTRALIA AND INTERNATIONALLY, IS A KEY FOCUS OF THE GEORGE INSTITUTE.

TO THIS END, THE INSTITUTE IS COMMITTED TO SUPPORTING THE DEVELOPMENT OF SKILLS AND EXPERTISE OF THOSE WORKING BOTH OUTSIDE AND WITHIN THE INSTITUTE. THE GEORGE COLLABORATES CLOSELY WITH PARTNERS SUCH AS THE UNIVERSITY OF SYDNEY IN DELIVERING THESE OBJECTIVES.

Peking University Health Science Center (PUHSC) has become an important focus for our capacity development activities in recent years. In 2006, the Institute hosted, together with PUHSC, a selection of scientific workshops addressing key health topics in epidemiology, intervention approaches and intensive care. The workshops included discussions on study designs, networking and developing a consensus on moving ahead with workshop outcomes.

In August 2006, international researchers from as far afield as Bosnia, Slovakia, Nigeria and Nepal converged in Queensland to join an international World Heart Federation teaching seminar on cardiovascular diseases. Australia hosted the seminar for the first time, with the George acting as the conference organiser and convener. The seminar attracted almost 40 research fellows thanks to sponsorship from the Foundation for High Blood Pressure Research, National Heart Foundation, the NSW Office for Science and Medical Research, GlaxoSmithKline, Merck Sharp and Dohme, Pfizer and Servier.

During the year, the Institute's Neurological and Mental Health Division coordinated the Mental Disorders in a Global Context course within the Masters of International Public Health, at The University of Sydney, which provided an overview of mental disorders in an international context. This Division also hosted a number of visiting fellows and medical students, who worked on Institute research projects both in Australia and in Asia.

With the assistance of a Commonwealth Government Falls Prevention and Injury Prevention Community Grants Program, a new capacity building project in Indigenous health commenced in November 2006. It focused on partnerships and identification of local injury prevention projects in the Far West Region of New South Wales including Aboriginal workforce development.

The Nutrition and Lifestyle Division continued to contribute to educational activities within The University of Sydney, including the Master of Public Health Program, the Graduate Medical Program, and the Master of International Public Health Program. To help increase research capacity amongst young cardiovascular researchers in Asia, a course on quantitative methods in cardiovascular research was delivered in Beijing, Taipei and Bangkok. The Nutrition and Lifestyle Division also hosted several doctoral students wishing to undertake research at the Institute.

Academic programs in critical care and trauma were presented as part of the teaching and training activities within The University of Sydney and The University of New South Wales. Associate Professor Simon Finfer helped deliver an Evidence-based Medicine Program at the Northern Clinical School of The University of Sydney. He also conducted training seminars in Hong Kong and Beijing in addition to lecturing at a number of International Critical Care Congresses in Australasia, Europe and North America. Associate Professor John Myburgh taught medical students at The University of New South Wales and additionally coordinated the Joint Faculty of Intensive Care Medicine Training Program in New South Wales. He also lectured at scientific meetings in Australasia, Africa, Europe and North America and organised the Annual Scientific Meeting for the Joint Faculty of Intensive Care Medicine. As part of the NICE-SUGAR research study, the Institute's Leonie Crampton travelled to The Mayo Clinic to train research coordinators and nursing staff in the conduct of the study.

The World Heart Federation teaching seminar on cardiovascular diseases was held in Queensland during August 2006. The event was hosted by The George Institute and teaching staff included cardiovascular experts from the UK, USA, Australia and Europe.



Thirty students were accepted to attend the teaching seminar, from as far afield as Bosnia, Slovakia, Nigeria, and Nepal.



The Institute's Injury and Musculoskeletal Division ran an extensive teaching and training program in injury prevention in 2006, with three courses conducted through the School of Public Health, The University of Sydney. These included a workshop in injury prevention and online courses in injury epidemiology, prevention and control and falls prevention. The development of the two online courses was supported by the Australian Government Department of Health and Ageing's Public Health Education and Research Program and the Strategic Injury Prevention Partnership. Staff of the Division also gave invited presentations at road safety seminars in China, the International Injury Research Methods Conference, the Australasian Road Safety Research, Policing and Education Conference, as well as the Asia Pacific League Against Rheumatism conference in Malaysia, NHMRC & OSMR (NSW Office for Science and Medical Research) Complementary Medicine Future Directions Forum, NSW Pain Society and Australian Rheumatology Association annual meetings and the World Congress in Osteoarthritis annual meeting.

During 2006, staff of the Renal Division contributed to university, hospital and nephrology academic programs. These contributions included lecturing in The University of Sydney's Medical Program and the Graduate Certificate in Health Policy, clinical teaching at Concord, Hornsby and Royal North Shore hospitals, and facilitating and lecturing in the Australasian Kidney Trials Network Clinical Trials Education Workshop and to advanced nephrology trainees. The Renal Division currently has three scholars undertaking doctoral studies. In October 2006, a post-doctoral fellow – Dr Toshiharu Ninomiya – commenced a two-year position within the Division undertaking clinical and epidemiological research relating to chronic kidney disease.

CENTRE FOR RESEARCH MANAGEMENT

THE CENTRE FOR RESEARCH MANAGEMENT (CRM) PROVIDES EXPERT OPERATIONAL AND STRATEGIC SUPPORT FOR THE INSTITUTE’S CLINICAL RESEARCH ACTIVITIES. IN THE LONG TERM, THE CRM WILL SERVICE ALL THE RESEARCH PROGRAMS OF THE GEORGE INSTITUTE.

IN 2006, THE CRM FOCUSED ON DEVELOPING THE TEAM, MANAGING THE PORTFOLIO OF ONGOING CLINICAL TRIALS, IMPLEMENTING NEW TRIALS, HONING BUSINESS PROCESSES AND SETTING A LONGER TERM STRATEGY TO MEET THE GROWING NEEDS OF THE GEORGE.

Left to right: Rochelle Currie, Hugh Capper, Sameer Pandey, Tara Doris and Laurent Billot.



The CRM is comprised of four groups:

INFORMATION SERVICES

Information Services supports business processes and external customers, along with meeting the internal IT needs of the organisation. In 2006, the group implemented new systems within the George in addition to installing new software to support business processes.

In order to address geographical challenges presented by the Institute’s widely spread offices and to enhance communication capabilities, Information Services introduced new technologies to the George. In 2006, the group also improved and harmonised processes and systems in its Beijing and London offices.

PROJECT MANAGEMENT

The Project Management group provides expertise and resources to all research projects across the George, to help share resources between projects and to provide support for projects run by the George Institute, China. The unit develops standard operating procedures for the conduct of clinical trials and other research projects, to ensure both quality assurance/control for all projects and that all studies are conducted according to best practice guidelines. Project Management also provides training and development opportunities for all project staff and offers training to the wider Institute in areas such as regulatory affairs and good clinical practice guidelines.

STATISTICAL SERVICES

The Statistical Services group aims to develop an efficient allocation of statistical resources to projects across the George and to ensure timely and accurate delivery of statistical products. The group concentrates on improving quality control, standardising procedures, providing advice and training, and conducting methodological research. Since its inception, the group has been actively involved in a variety of projects and activities, including support for several large-scale clinical trials. The group is now developing new standards and quality control procedures and building a program to address some recent statistical issues commonly encountered in biomedical research.

DATA MANAGEMENT

The Data Management group provides data support for research projects at the George. In 2006, the group developed and provided standard operating procedures for the conduct of data management on clinical trials and other research projects to assure quality and ensure that studies are conducted according to world’s best practice. At the end of 2006, the group managed 11 local and international clinical trials and studies.

COMMERCIAL DEVELOPMENT

► PROFILE

Graham Lawrence

Director, Commercial Development and CEO, George Medica

Graham Lawrence is responsible for business development for commercial contract research services and for the commercialisation of intellectual property at The George Institute. Successes to date include major clinical research contracts for phase II and phase III studies across the Asia-Pacific region, and the licensing of George Institute technology to a Canadian venture capital consortium. Graham has held several senior roles in the health care, IT, media and television industries in various financial roles.



As mentioned earlier in the review, a core concern for the Board is the financial sustainability of the Institute, and the consequent pursuit of opportunities to diversify its income sources so as not to be overly dependent on any one area of support.

The George Institute is therefore looking to commercialise intellectual property produced by its research, and to leverage the expertise and capacity developed in the conduct of its programs to reinvest for the public good.

Importantly, such activities provide an increasing economic return on investment for the funds employed in research activities in Australia, as well as the obvious public health benefits.

In 2006, the following activities were undertaken:

CONTRACT RESEARCH SERVICES FOR PHASE II TRIAL OF DIABETES VACCINE

This is a study aiming to provide a step in the path to developing a vaccine for insulin-dependent diabetes. The randomised controlled trial will evaluate the effects of intranasal insulin among children and young adults at high risk of type 1 diabetes.

An innovative web-based data management solution was developed by the Institute to facilitate a massive screening program for approximately 13,000 children and young adults, in centres located in both Australia and New Zealand.

CONTRACT RESEARCH SERVICES FOR A MULTI-COUNTRY, PHASE III CLINICAL TRIAL ADDRESSING HEART FAILURE

A new international trial in heart failure commenced in 2006, evaluating the effects of an *if* inhibitor on clinical outcomes among patients with heart failure.

This study utilises the Institute’s extensive networks of researchers and capacity across the Asia-Pacific region. The study involves approximately 900 participants in four countries, including Australia, China, Malaysia and South Korea.

The George Institute will manage patient recruitment, project management, monitoring and medical review services over the next four years.

LICENSING AGREEMENT

A licensing technology was developed by The George Institute for a Canadian biotechnology firm. This technology will be used to develop diagnostic kits for identifying patients at risk of developing complications of diabetes.

INFRASTRUCTURE AND RESOURCES

THE INFRASTRUCTURE AND RESOURCES GROUP PROVIDES OPERATIONAL SUPPORT AND MONITORS THE INFRASTRUCTURE REQUIREMENTS AND PERFORMANCE OF THE ORGANISATION.

SINCE ITS INCEPTION, THE GROUP HAS BEEN LEADING THE INTRODUCTION OF NON-FINANCIAL KEY PERFORMANCE INDICATORS THROUGHOUT THE ORGANISATION, ALONG WITH CONTINUED EMPLOYMENT RETENTION AND COMMITMENT. INFRASTRUCTURE AND RESOURCES HAS ALSO EXPANDED ITS CAPACITY TO DELIVER STRONGER COMMUNICATIONS TOOLS TO THE VARIOUS STAKEHOLDERS OF THE GEORGE.

Left to right: Joshua Fathers, Rick Brown, Ross Bidencope and Paul Davies.



FINANCE AND ADMINISTRATION

This Unit provides financial, contractual and operational guidance and support for all projects undertaken by The George Institute, including The George Institute, China and The George Institute, India, as well as The George Foundation. This includes detailed budgeting, forecasting and monthly financial reporting for each project, program, and division. The reporting of relevant key performance indicators has been an area of development focus for the Finance team during 2006.

The creation of subsidiary Institutes in Beijing and Hyderabad has required the Finance Unit to provide a higher level of support off-shore. With the rapid growth of the George, building and facilities management has also remained a significant part of the responsibilities of this Unit.

PEOPLE STRATEGY AND DEVELOPMENT

The continued growth of the George in both operations and employee numbers in 2006 has presented the dual challenges of sourcing the best staff, and retaining the Institute's most valuable employees.

Meeting these challenges has involved developing and implementing contemporary policies and practices to enhance the way new employees are recruited, selected and inducted, as well as to improve the systems for managing and rewarding performance. Employment statistics have revealed an improvement in the retention and commitment of the Institute's staff.

PUBLIC AFFAIRS

In 2006, the Public Affairs Unit continued to expand media coverage, stakeholder relations, events, website capabilities and tools such as publications and promotional materials.

As part of its profile-raising focus, Public Affairs obtained substantial media coverage in both domestic and international media (see next page). A new Institute newsletter, *George Research*, was developed to inform the wider community of significant research findings. A comprehensive evaluation of the Institute's website was conducted, outcomes of which will be used to enhance the dynamism and availability of research information online.

In 2007, the Institute will deliver several key events, and Public Affairs will play a central role in planning and delivering these, as well as in the branding and marketing of the Institute.

THE GEORGE IN THE NEWS

DURING 2006, NEWS AND INFORMATION GENERATED BY THE RESEARCH OUTPUT OF THE INSTITUTE WAS COMMUNICATED GLOBALLY VIA RADIO, TELEVISION, NEWSPAPERS, MAGAZINES AND THE INTERNET. THROUGH HIGHLIGHTING RESEARCH OUTCOMES AND RELATED ACTIVITIES, THE MEDIA PLAYED AN IMPORTANT ROLE IN ENSURING THAT RELEVANT HEALTH INFORMATION REACHES THOUSANDS OF STAKEHOLDERS, BOTH IN AUSTRALIA AND INTERNATIONALLY.



The George Institute's Prof Stephen MacMahon and Dr Rachel Huxley contributed to TIME magazine's debate on obesity, *Fat or Fiction?*

Locally, research from the Institute's Injury Prevention Program, including young driver restrictions, driver distraction and mobile phones featured on *Network TEN National News* and was reported in *The Daily Telegraph*, *The Sydney Morning Herald*, *Sunday Telegraph*, *Sun-Herald*, *Adelaide Advertiser*, *Sunday Mail* and *Sunday Age*.

New research in the area of stroke and mental health were also reported in *Australian Doctor*, *Medical Observer* and *The West Australian*.

Several news media sought commentary and expert opinions from staff at the Institute. The issue of obesity was addressed in September's *TIME* magazine, in its cover story 'Fat or Fiction', which included comments from Institute Principal Director, Professor Stephen MacMahon.

The George's work in Indigenous health featured widely across Australia, including child injury and renal disease in *The Canberra Times*, *Adelaide Advertiser*, *Sydney Morning Herald*, *The Age*, *The West Australian*, *Sunday Territorian*, *National Indigenous Times*, *Australian R&D Review*, *Hospital and Healthcare*, *Australian Senior*, *Victorian Senior*, *Centralian Advocate*, *ABC Radio*, *SBS Radio News*, *The 7.30 Report*, *Lateline*, *ABC Message Stick* and *Channel Seven News*.

Research from the Cardiovascular Division in the areas of salt, blood pressure and hypertension appeared in the *Weekend Australian*, *The Australian*, *Medical Observer*, *Herald Sun*, *Australian Doctor*, *Hobart Mercury* and *ABC Radio National*.

Results of the online dietary intervention were profiled across Australia including interviews on *ABC Radio National*, *ABC Queensland Regional Radio*, *ABC Health News online*, *Nine MSN*, *The Australian*, *The Weekend Australian*, *Gold Coast Bulletin*, *Cairns Post*, *Herald Sun*, *The Age*, and *The Sydney Morning Herald*.

Internationally these results were broadcast on *CBC News* (Canada), *ABC News* (USA), *BBC News* (UK), *The University of Sydney International News*, *Reuters* (UK, USA, Canada).

The Institute's work as part of the APRHI Collaboration in India was reported in several Indian publications including *The Hindu*, *The Financial Express*, *Hindustan Times*, *The Telegraph*, *Indian Link*, numerous medical internet news sites and other international publications such as *New Scientist*, *Asia Bulletin*, *Yahoo! News* and *Business World*.

Research into musculoskeletal conditions, such as the HIPAID project was included in *The Times* (UK).

High-profile work of the Institute's Health Policy Division, in the area of neglected diseases, was included in numerous articles in *Foreign Policy*, *Pharmaceutical Business Online* and also in a segment on *BBC World Radio Science Program*.

THE GEORGE INSTITUTE

PUBLICATIONS AND PRESENTATIONS

PEER REVIEWED JOURNALS

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Leonie Crampton

Bringing collaborators together. The Australasian Clinical Research: collaborating to do it right. 16th Scientific Meeting of the Australasian Health and Research Data Managers Association and Queensland Clinical Trials Network. Brisbane, Australia, October 2006.

Marlene Fransen

HIPAIID Collaborative Group. The association between ectopic bone formation after hip replacement surgery and clinical outcomes. Results from the HIPAIID clinical trial. World Congress on Osteoarthritis. Prague, Czech Republic, December 2006.

HIPAIID Collaborative Group. The safety and efficacy of routine perioperative NSAIDs prophylaxis for ectopic bone formation after hip replacement surgery. A randomised clinical trial. World Congress on Osteoarthritis. Prague, Czech Republic, December 2006.

The Physical Activity for Osteoarthritis Management (PAFORM) study. A randomised controlled clinical trial evaluating hydrotherapy and Tai Chi classes. World Congress on Osteoarthritis. Prague, Czech Republic, December 2006.

Rehabilitation after knee replacement surgery in Australia. A national survey. Australian and New Zealand Orthopaedic Associations. Canberra, Australia, October 2006.

Evidence-based physiotherapy in rheumatology. 12th APLAR Congress for the Asia-Pacific League Against Rheumatism. Kuala Lumpur, Malaysia, August 2006.

Maree Hackett

Improving depression following stroke. Sydney South West Area Health Service Stroke Conference. Sydney, Australia, November 2006.

Predictors of abnormal mood following stroke: results from the Auckland Regional Community Stroke (ARCOS) Study. 15th European Stroke Conference. Brussels, Belgium, May 2006.

Alex Headley

ChinaQUEST (Quality Evaluation of Stroke care and Treatment) project: an overview. Annual Scientific Meeting of the Stroke Society of Australasia. Adelaide, Australia, October 2006.

ChinaQUEST (QUality Evaluation of Stroke care and Treatment) project: an overview. International Health: Research Informing Policy and Practice ACGHR/PHAA International Health Symposium. Sydney, Australia, September 2006.

Stephane Heritier

From robust estimation to robust testing. 27th Annual Conference, International Society for Clinical Biostatistics. University of Geneva, Switzerland, August 2006.

Reece Hinchcliff

Stakeholder analysis of the road safety research-to-policy process in New South Wales and Western Australia. ‘From Cell to Society 5’. 5th Biennial Health Research Conference. Leura, Australia, November 2006.

Hung Dang Viet

Motorcycle related injuries and helmet use in Vietnam. International Conference on Injury Prevention and Safe Community Development. Hanoi, Vietnam, October 2006.

Rachel Huxley

Are there ethnic differences in the attributable risks of obesity? Conference on Obesity and Related Disease Control in China. Beijing, PR China, November 2006.

Early life determinants of cardiovascular risk. Australian Nutrition Society. Sydney, Australia, November 2006.

Impact of smoking cessation on mortality from lung cancer in the Asia Pacific region. International Society for the Prevention of Tobacco Induced Disease. Hong Kong, November 2006.

Shaheenul Islam

Declining rates of stroke in Perth, Western Australia during 1989 to 2001: results of the Perth Community Stroke Study. Annual Scientific Meeting of the Stroke Society of Australasia. Adelaide, Australia, October 2006.

Rebecca Ivers

DRIVE Study update. Annual Meeting of the Australian Driver Trainers Association. Sydney, Australia, December 2006.

Improving vision to prevent falls among older people: a randomised trial. 38th Annual Scientific Congress of the Royal Australian and New Zealand College of Ophthalmologists. Sydney, Australia, November 2006.

Alcohol and drug use and risky driving in young people: the DRIVE Study. The Australasian Road Safety Research, Policing and Education Conference. Gold Coast, Australia, October 2006.

Supervised driving experience in learner drivers – the DRIVE Study. The Australasian Road Safety Research, Policing and Education Conference. Gold Coast, Australia, October 2006.

Supervised driving experience in learner drivers – the DRIVE Study. The International Traffic Medicine Association 20th World

Conference. Melbourne, Australia, October 2006.

Improving vision to prevent falls among older people: a randomised trial. 8th Australian Injury Prevention Conference. Sydney, Australia, September 2006.

Supervised driving experience in learner drivers – the DRIVE Study. 8th Australian Injury Prevention Conference. Sydney, Australia, September 2006.

Systematic reviews in motorcycle research: evidence to inform research and policy. 8th Australian Injury Prevention Conference. Sydney, Australia, September 2006.

Descriptive epidemiological data on road traffic injuries in China. The China-Australia Partnership for Health Scientific Workshop. Beijing, PR China, May 2006.

Motorcycle helmet legislation for preventing injuries in motorcyclists. 8th World Conference on Injury Prevention and Safety Promotion. Durban, South Africa, April 2006.

Supervised driving experience in learner drivers – the DRIVE Study. 8th World Conference on Injury Prevention and Safety Promotion. Durban, South Africa, April 2006.

Randomised controlled trials: the only way to decide on effective injury prevention programs. International Injury Research Methods Conference. Cape Town, South Africa, April 2006.

Meg Jardine

Depression and chronic kidney disease. 5th Annual Baker Heart Research Institute and The George Institute for International Health Symposium. Sydney, Australia, May 2006.

Rohina Joshi

High blood pressure related diseases: a leading cause of death in rural Andhra Pradesh. The High Blood Pressure Research Council of Australia. Melbourne, Australia, December 2006.

The Andhra Pradesh Rural Health Initiative. Mortality Surveillance in Developing Countries – an investigator’s workshop. New Delhi, India, April 2006.

Verbal autopsy methods – a review. Mortality Surveillance in Developing Countries – an investigator’s workshop. New Delhi, India, April 2006.

Vascular mortality in rural Andhra Pradesh, India. The Heart Foundation Conference. Sydney, Australia, March 2006.

Andre Pascal Kengne

Cardiovascular risk profile of newly diagnosed type 2 diabetic patients in Cameroon. 19th World Diabetes Congress. Cape Town, South Africa, December 2006.

Influence of oral glucose tolerance test on plasma leptin in obese and non-obese Cameroonians. 19th World Diabetes Congress. Cape Town, South Africa, December 2006.

Systolic blood pressure, diabetes and the risk of cardiovascular diseases in the Asia-Pacific region. ‘From Cell to Society 5’. 5th Biennial Health Research Conference. Leura, Australia, November 2006.

Temporal changes in blood pressure levels and prevalence of hypertension in sub-Saharan Africa. ‘From Cell to Society 5’. 5th Biennial Health Research Conference. Leura, Australia, November 2006.

Compliance to biomedical therapy in sub-Sahara Africa: the perspective of social science findings from Cameroon. 21st Scientific Meeting of the International Society Hypertension. Fukuoka, Japan, October 2006.

Temporal changes in blood pressure levels and the prevalence of hypertension in urban and rural Cameroon. A ten years trend study. 21st Scientific Meeting of the International Society of Hypertension. Fukuoka, Japan, October 2006.

Crystal Lee

Discrimination of cardiovascular risk factors by simple measures of overweight and obesity. ‘From Cell to Society 5’. 5th Biennial Health Research Conference. Leura, Australia, November 2006.

A systematic review of the association between the four measures of adiposity and cardiovascular risk factors. 10th International Congress on Obesity Sydney, Australia, September 2006.

Nicole Li

A low sodium, high potassium salt substitute substantially lowers blood pressure levels among high-risk individuals in rural northern China - the China Salt Substitute Study. 16th Scientific Meeting of the European Society of Hypertension. Madrid, Spain, June 2006.

Plant sterol enriched milk tea significantly decreases blood cholesterol levels in Chinese adults. 5th Congress of Asian Pacific Society of Atherosclerosis and Vascular Diseases. Jeju, Korea, April 2006.

A low sodium, high potassium salt substitute substantially lowers blood pressure levels among high-risk individuals in rural northern China. Cardiovascular Disease in the 21st Century: shaping the future. Heart Foundation Conference and Scientific Meeting. Sydney, Australia, March 2006.

Stephen MacMahon

New frontiers in cardiovascular risk management: optimising outcomes in patients with cardiovascular risks. Satellite Symposium, Korean Society of Circulation. Seoul, Korea, October 2006.

The global burden of cardiovascular disease. Satellite Symposium: modern approaches to protect target organs in patients at increased total cardiovascular risk. 21st Scientific Meeting of the International Society of Hypertension. Fukuoka, Japan, October 2006.

The importance of co-existing CV risk factors. Preventive Cardiology Symposium, Korean Society of Circulation. Seoul, Korea, October 2006.

Worldwide epidemiologic data: coexistence of multiple risk factors. Hypertension: The Gateway to Managing Total CV Risk Targeting Hypertension with Additional CV Risk Factors. Caduet Meeting. Paris, France, May 2006.

Revaluation of the effects of rennin-angiotensin system inhibitors: new results from the BPLTTC. 70th Scientific Meeting of the Japanese Circulation Society. Nagoya, Japan, March 2006.

New evidence from trials of blood pressure lowering - implications for patient care. International Symposium on Cardiovascular and Neurovascular Medicine in conjunction with International Heart Failure Symposium. Hong Kong, February 2006.

Outcome trials in hypertension - implications for practice. International Symposium on Cardiovascular & Neurovascular Medicine in conjunction with International Heart Failure Symposium. Hong Kong, February 2006.

Alexandra Martiniuk

An evaluation of the Trillium Childhood Cancer Support Centre. Annual Pediatric Oncology Group of Ontario (POGO) Symposium: Childhood Leukemia and Its Broader Outcomes. Toronto, Canada, November 2006.

The value of recreation-based programming for children with cancer and their families. Canadian Camping Association Conference. Toronto, Canada, November 2006.

Hypertension: its prevalence and population attributable fraction for mortality from cardiovascular disease in the Asia-Pacific region. 21st Scientific Meeting of the International Society of Hypertension. Fukuoka, Japan, October 2006.

Asia Pacific Cohort Studies Collaboration. Determinants of coronary heart disease in the Asia-Pacific region. National Heart Foundation of Australia Conference. Sydney, Australia, March 2006.

Determinants of cardiovascular diseases in the Asia-Pacific region. Institute of Actuaries of Australia. Sydney, Australia, March 2006.

Suzanne McEvoy

The impact of driver distraction on young drivers. Proceedings of the 2006 Australasian Road Safety Research, Policing and Education Conference. Gold Coast, Australia, October 2006.

The impact of driver distraction on young drivers. 20th World Congress of the International Traffic Medicine Association. Melbourne, Australia, October 2006.

Are we prepared in the event of a disaster? Findings from the Hospital Surge Capacity Of Patients in Emergencies (SCOPE) Study. Innovations in the Management of Patients Involved in Disasters Conference. Brisbane, Australia, May 2006.

The role of mobile phones in motor vehicle crashes resulting in hospital attendance. 8th World Conference on Injury Prevention and Safety Promotion. Durban, South Africa, April 2006.

Mary Moran

Designing good incentives: what we need to know and what we already know. Vaccinology Frontiers Meeting. Wellcome Trust. Winchester, UK, October 2006.

Drug discovery and development for parasitic diseases. 3rd COST Action B22, European Cooperation in the field of Scientific and Technical Research. National Hellenic Research Foundation. Athens, Greece, October 2006.

Neglected disease drugs: Gates, governments and a recipe for success. International Health: Research Informing Policy and Practice. ACGHR/PHAA International Health Symposium. Sydney, Australia, September 2006.

Drug R&D: filling the gap at the International Conference. Connecting the Chain. The Netherlands Ministry of Foreign Affairs, European & Developing Countries Clinical Trials Partnership (EDCTP), Netherlands-African partnership for capacity development and clinical interventions against poverty-related diseases (NACCAP). Brussels, Belgium, June 2006.

Neglected disease drug development: funding for success. Strategies for the improvement of global human health. European Parliament workshop. Brussels, Belgium, June 2006.

Pushing at an open door: NMAs and drug development for neglected diseases. Improving health in the developing world: what can national medical associations do? British Medical Association. London, UK, June 2006.

Susanne Mouwen

Review of trauma volume and patient outcomes. Trauma 2006. 2nd Combined Australasian Trauma Society (ATS) and Early Management of Severe Trauma (EMST) Conference. Gold Coast, Australia, October 2006.

Bruce Neal

The effectiveness and costs of population interventions to reduce salt consumption. WHO Forum and Technical Meeting on Reducing Salt in Populations. World Health Organization. Paris, France, October 2006.

For the against team, summary and rebuttal in the debate: that the benefits of inhibiting the RAS are due to blood pressure lowering alone. 5th Annual Baker Heart Research Institute and The George Institute for International Health Symposium. Sydney, Australia, May 2006.

Technology solutions for mortality surveillance. Mortality surveillance in developing countries workshop. New Delhi, India, April 2006.

China Salt Substitute Study. A low sodium, high potassium salt substitute substantially lowers blood pressure levels among high-risk individuals in rural northern China. Late Breaking Clinical Trials, American College of Cardiology 55th Annual Scientific Session. Atlanta, USA, March 2006.

Preventing cardiovascular disease in China using a salt substitute. National Heart Foundation Scholars' Session. Sydney, Australia, March 2006.

Robyn Norton

Changing fundamental perceptions. Road traffic injuries prevention: an overview. Workshop on Saving Lives and Limbs of Users of Two-wheeled Vehicles. Administrative Staff College of India. Hyderabad, India, October 2006.

Principles of grant writing – using examples from the recent call for EOI. Road Traffic Injuries Research Network. Workshop: Skills Development for Research on Road Traffic Injuries. Cairo, Egypt, October 2006.

Clinical trials in intensive care. The George Institute for International Health and the Peking University Health Science Center Seminar. Beijing, PR China, February 2006.

Critical elements of publication. Road Traffic Injuries Research Network Workshop. Skills Development for Research on Road Traffic Injuries. Kandy, Sri Lanka, January 2006.

Anushka Patel

Vascular risk factors: lessons and unanswered questions. Cardiovascular Lipid Forum 2006. Sydney, Australia, October 2006.

Management of patients with acute coronary syndromes in China. 15th World Congress of Cardiology. Barcelona, Spain, September 2006.

Polypill: what will be its impact on cardiovascular disease prevention. 15th World Congress of Cardiology. Barcelona, Spain, September 2006.

Clinical trials in primary care – opportunities and challenges. Clinical Trials Symposium. 54th Annual Scientific Meeting of the Cardiac Society of Australia and New Zealand CSANZ. Canberra, Australia, August 2006.

Importance of total or absolute CV risk. International Society of Hypertension Meeting on the Prevention of Hypertension and Associated Diseases. Antalya, Turkey, April 2006.

Potential health gain at global level through effective risk factor control. International Society of Hypertension Meeting on the Prevention of Hypertension and Associated Diseases. Antalya, Turkey, April 2006.

Cardiovascular risk prediction – population differences. Symposium on Risk Prediction. Heart Foundation Conference. Sydney, Australia, March 2006.

Vlado Perkovic

Critical appraisal of clinical trials. Caring for Australians with Renal Impairment (CARI) Guidelines Workshop. Sydney, Australia, May 2006.

Site management issues in international clinical trials. International Society for Clinical Trials. Orlando, USA, May 2006.

Outcomes in kidney trials. Australasian Kidney Trials Network Meeting. Sydney, Australia, February 2006.

Anne-Laure Ropars

Neglected diseases - when no-profit drugs make good business sense. 23rd Assembly of the International Federation of Pharmaceutical Manufacturers and Associations (IFPMA). Geneva, Switzerland, October 2006.

Neglected disease drug development: filling the gap. INNOGEN Conference. London, UK, September 2006.

Neglected disease drug development - funding for success. TB Alert Conference. London, UK, June 2006.

Drug development for the patient outside the market. Association of Medical Research Charities (AMRC) Residential Meeting. Creaton, UK, March 2006.

Mark Stevenson

Injury prevention interventions: transferring the evidence into practice. 2nd International Road Safety Conference. Dubai, United Arab Emirates, November 2006.

Injury prevention interventions: transferring the evidence into practice. International Conference on Injury Prevention and Safe Community Development. Hanoi, Vietnam, October 2006.

Working together to reduce the burden of injury. Australian Injury Prevention Network Conference. Sydney, Australia, September 2006.

Supervised driving for learner drivers: the DRIVE Study. Younger Driver Licensing: tales from near and far. International Symposium, Centre for Accident Research and Road Safety. Brisbane, Australia, July 2006.

A model for road injury research. Conference of Parliamentary Road Safety and Transport Committees. NSW Parliament, Sydney, Australia, April 2006.

The China Seatbelt Intervention: working with government to implement change. Road safety: from local to global perspectives. NSW Parliament. Sydney, Australia, April 2006.

Clinical research in musculoskeletal disease and trauma care. The People's Hospital. Beijing, PR China, February 2006.

Seatbelts save lives: the China Seatbelt Intervention to the British Chamber of Commerce, China. British Chamber of Commerce. Beijing, PR China, February 2006.

Steve Su

Maximum log likelihood estimation using EM algorithm and partition maximum log likelihood estimation for mixtures of generalized lambda distributions. International Conference on Interdisciplinary Mathematical & Statistical Techniques. Lisbon/Tomar, Portugal, September 2006.

Fiona Turnbull

The experience of patients with acute coronary syndromes admitted to hospitals in China. International Health: Research Informing Policy and Practice ACGHR/PHAA International Health Symposium. Sydney, Australia, September 2006.

Ruth Webster

Assessment and management of cardiovascular risk in general practice. 'From Cell to Society 5'. 5th Biennial Health Research Conference. Leura, Australia, November 2006.

Assessment and management of cardiovascular risk in general practice: can we make it easier? General Practice & Primary Health Care Research Conference. Perth, Australia, July 2006.

Sarah White

Cost-effectiveness of early detection and intervention in chronic kidney disease. 'From Cell to Society 5'. 5th Biennial Health Research Conference. Leura, Australia, November 2006.

Mark Woodward

Associations between blood pressure, lipids and diabetes and stroke in the Asia Pacific region. 1st International Conference on Hypertension, Lipids, Diabetes and Stroke Prevention. Paris, France, March 2006.

THE GEORGE INSTITUTE

INSTITUTE STAFF
2006

PRINCIPAL DIRECTORS’ OFFICE

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Medicine and Epidemiology,
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Associate Dean (International),
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Personal Assistant to
Associate Professor Neal
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Mamta Merai

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NEUROLOGICAL AND
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Craig Anderson

Director, Professor of Stroke
Medicine and Clinical
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Research Scholar

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(until April 2006)
Senior Research Fellow

Kristie Carter

(until December 2006)
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Dashiell Gantner

Australian Youth Ambassador
(Beijing Office)

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Senior Research Fellow

Maree Hackett

Senior Research Fellow

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Siriwattana Leksuwat

Project Manager

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Visiting Fellow

MING Cai

(until April 2006)
Visiting WHO Fellow Placement

Chaya Murli

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PENG Bin

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CRITICAL CARE AND
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Co-Director, Associate Professor,
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John Myburgh

Co-Director, Associate Professor,
The University of New South
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Michelle Blunden

(until September 2006)
Research Assistant

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Senior Project Manager

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(until October 2006)
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Research Scholar

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Program, Senior Lecturer,
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Tracey Bruce

Research Officer

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Hung Dang Viet

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Senior Research Fellow (Beijing
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ZHOU Ying

Project Officer (Beijing Office)

NUTRITION AND LIFESTYLE
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Rachel Huxley

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Senior Lecturer,
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Senior Research Fellow,
Senior Lecturer,
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Director,
Professor of Biostatistics,
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HEALTH POLICY DIVISION

Mary Moran
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Research Assistant

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Senior Research Fellow

Hiwot Haile Selassie
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Senior Health Economist

Margaret Jorgensen
Research Fellow

Alina McDonald
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Rachel Miller
Administration Assistant

Sarah Potter
Research Fellow

Anne-Laure Ropars
Head, London Unit

CENTRE FOR RESEARCH MANAGEMENT

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Coordinator

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Clinical Trials Assistant

STATISTICAL SERVICES

Laurent Billot
Head, Statistical Services

Severine Bompoin
Statistical Programmer

Jihane Ben Farhat
Intern Biostatistician

Stephane Heritier
Senior Biostatistician,
Senior Lecturer,
The University of Sydney

Steve Su
Biostatistician

Baohui Yang
(until November 2006)
Intern Biostatistician

INFORMATION SERVICES

Sameer Pandey
Head, Information Services

Pradeep Baisani
(until November 2006)
Database Administrator/
Developer

Rob Blascetta
(until November 2006)
IT Helpdesk Analyst

Ankur Desai
IT Helpdesk Analyst

Teodoro Debulos
Programmer/Systems
Administrator

Hong Kam
Java Developer

Andrew Riding
IT Helpdesk Analyst

Balamurali Vijayan
Programming Team Leader

George Vukas
Systems and Network
Administrator

DATA MANAGEMENT

Hugh Capper
Head, Data Management

Kathleen Jayne
(until February 2006)
Head, Data Management
Consultant

Elain Le
Clinical Data Manager

Natalie Perkins
Clinical Data Manager

Suzanne Ryan
Clinical Data Manager

Manuela Schmidt
Clinical Data Manager

Gemma Starzec
Clinical Data Manager

INFRASTRUCTURE AND RESOURCES

Ross Bidencope
Chief Financial Officer,
Senior Director

Evangeline Barton
Personal Assistant to
Mr Bidencope

FINANCE AND ADMINISTRATION UNIT

Joshua Fathers
Head, Finance and
Administration

Evangeline Barton
Administration Coordinator

Josephine Bender
Kitchen Attendant, Kent Street

Claire Coulter
Kitchen Attendant, KGV

Diana Hachem
Receptionist, KGV

Trang Le
Accounts Payable Clerk

Elisabeth Quinnell
Receptionist, Kent Street

James Scott
Management Accountant

Roxanne Siu
Assistant Accountant

Kerrith Sowden
(until January 2006)
Finance and Administration
Manager

Laura Spence
Administration Trainee

PEOPLE STRATEGY AND DEVELOPMENT UNIT

Rick Brown
People Strategy
and Development Manager

Sarah Allen
Administration Assistant

Aylin Dulagil
Recruitment Consultant

Sarah Reid
Learning and Development
Consultant

Lydia Venetis
Coordinator

PUBLIC AFFAIRS UNIT

Paul Davies
Public Affairs Manager

Don Atkinson
Assistant Graphic Designer

Evangeline Barton
Event Coordinator

Beverley Mullane
Graphic Designer

Pauline O’Meara
Information Officer

Emma Orpilla
Public Affairs Officer

Melanie Parkinson
Website Officer

THE GEORGE INSTITUTE, CHINA

Lucy Chen
(until November 2006)
Chief Executive Officer

WU Yangfeng
Director

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WHO Policy Fellow (Sydney Office)

Dashiell Gantner
Australian Youth Ambassador

Dorothy Han
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Management

Alex Headley
(until October 2006)
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(until May 2006)
Office Assistant

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Project Manager

LIU Fei
Project Assistant

Lyndi Ma
Coordinator (Sydney Office)

RONG Ye
Administration Assistant
and Project Officer
(Sydney Office)

SONG Ruilin
Senior Fellow (Sydney Office)

SUN Jian
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SUN Zheng
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WANG Jingjing
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and Resources

James Yu
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ZHANG Jean
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ZHOU Ying
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Project Officer

THE GEORGE INSTITUTE, INDIA

Rao Rama SV
Head, Infrastructure
and Resources

THE GEORGE FOUNDATION FOR INTERNATIONAL HEALTH

Jenni Elliott
(until April 2006)
Executive Director

HONORARY APPOINTMENTS

Robert Bernstein
Senior Fellow

Simon Chapman
Professorial Fellow

Stephen Colagiuri
Professorial Fellow

Samath D Dharmaratne
Senior Fellow

Kyp Kypri
Senior Fellow

Stephen Leeder
Professorial Fellow

LIU Yunguo
Senior Fellow

REN Minghui
Senior Fellow

Anthony Rodgers
Professorial Fellow

SONG Ruilin
Senior Fellow

FINANCIAL SUMMARY
AS AT 30 JUNE 2006

Revenue and Expenditure in AU\$	
REVENUE	AU\$
PEER REVIEWED GRANTS	
NHMRC	3,360,479
Other Peer Reviewed Grants	1,219,493
	4,579,972
MAJOR PROJECT FUNDING	
ADVANCE	15,760,945
SHARP	2,204,824
Other Project Funding	2,142,321
	20,108,090
INFRASTRUCTURE GRANTS	2,730,370
OTHER REVENUE	3,964,119
TOTAL REVENUE	31,382,551

EXPENDITURE	AU\$
PROJECTS	23,933,624
INFRASTRUCTURE	7,413,196
TOTAL EXPENDITURE	31,346,820

NET OPERATING SURPLUS	35,731
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