



PRICELESS

THE NEWS BULLETIN FOR SUPPORTERS OF THE CLIFFORD CRAIG FOUNDATION

LAUNCESTON GENERAL HOSPITAL HAS A CHRISTMAS WISH ...

Every day people in our community undergo life-saving treatment at the Launceston General Hospital. But there are limitations – particularly when it comes to medical equipment and the associated costs.

Most of us wouldn't give the health of our oesophagus much thought. You might just think of it as the hollow pipe that helps transport food from your throat to your stomach. But it doesn't just get there by gravity. Your oesophagus is actually lined with muscles that help push food and liquid down, and when this lining becomes damaged, the consequences can be deadly.

A condition called Barrett's Oesophagus can be a serious precursor for oesophageal cancer – one of the deadliest forms of cancer. However, the Launceston General Hospital doesn't have the necessary equipment to treat Barrett's Oesophagus patients who have developed precancerous cells.

The LGH Gastroenterology Department has identified a solution – a HALO Radiofrequency Ablation system – but it comes at a cost of \$50,000.

The Clifford Craig Foundation is committed to securing this vital piece of equipment for the Launceston General Hospital. This Christmas, please help us give a gift to the hospital. One small machine could make a BIG difference.



SEE INSIDE

A message from the CEO

COVID-19 vaccine developments

CROSSFIRE research publication

Obesity study gains ground

Gilbert's mask message

A tribute to Toni Maloney



Are you following us on social media?



Stay up to date with all the latest news and highlights from the Clifford Craig Foundation online via Instagram and Facebook @cliffordcraigfoundation.

PLEASE SAVE THIS COUPON FOR WHEN YOU NEXT WISH TO MAKE A GIFT TO SUPPORT INNOVATIVE MEDICAL RESEARCH AT THE CLIFFORD CRAIG FOUNDATION.



FROM THE CEO

I believe that everyone will agree that 2021 has been another “unprecedented” year to use this familiar term. COVID-19 has continued to have a significant impact on all our daily lives. From the way we undertake our work, restrictions on activities, inability to travel to see loved ones, not to mention the enormous associated stress impacts on society in general.

Despite this, the Foundation continues to focus on raising funds that adds value to the delivery of best possible healthcare through funding for medical research, equipment, education, or patient facilities. The stories in this issue paint a picture of generosity, strength and community – qualities which are vital to ensuring the aims of the Foundation to make a positive difference.

On a sad note, we recently saw the passing of Steve Backhaus, who has been fighting motor neurone disease. Steve was the ambassador of our mid-year research appeal and in the short time I had with Steve and his son Ben on Flinders Island, I quickly grew a strong admiration for a person who knew his fate but wanted to support our work and ensure there was hope for future patients living with motor neurone disease.

Next year will be the 30th Anniversary of the Clifford Craig Foundation and it will be a landmark year whereby we set about ensuring the organisation is ready to move into the next phase of its journey to ensure the Foundation continues its work for future generations.

Our work would not be possible without your generosity and we are very thankful. Wishing you and yours a safe, happy and relaxing Festive Season.

Peter Milne
Chief Executive Officer

A WONDERFUL GIFT FOR THE FOUNDATION

Donations to the Clifford Craig Foundation come in all different shapes and sizes.

Every Monday for the past seven months an envelope containing \$50 cash has been dropped at the Launceston General Hospital front reception and then delivered to us.

We don't know who it's from, but written on the envelope is: For L. Giles, for the MND.

Dr Lauren Giles is a neurologist at the LGH.

With \$58,870 funding from the Clifford Craig Foundation she's leading the first international multi-centre Motor Neurone Disease



therapeutic trial to be offered locally in Tasmania, exploring potential treatment options and ways to slow down the progression of this debilitating disease.

We wouldn't be able to support ground-breaking projects like this without the support of our local community - so thank you anonymous donor!

Read more about Dr Giles' work at our website: cliffordcraig.org.au

I would like to make a one-off donation of \$.....

I would like to make a monthly donation of \$..... deducted from my credit card

ALL DONATIONS OVER \$2 ARE TAX DEDUCTIBLE

Please complete the following details

Title : Mr / Mrs / Miss / Other

Name

Address

Postcode

Email

I have enclosed my cheque made payable to Clifford Craig Foundation

Please debit my credit card

Mastercard VISA AMEX

Credit Card Number

Cardholder's Name

Expiry

Signature

I am considering making a gift in my will and would like to know more about how it will benefit.

I have already included a gift to Clifford Craig Foundation in my Will.



PO Box 1963, Launceston TAS 7250
E admin@cliffordcraig.org.au
T 03 6777 6010
www.cliffordcraig.org.au

BETTER HOSPITALS.
CHANGING LIVES.



Clifford Craig Foundation director Mark Baker, with mentor Janine Healey.

A TOP HONOUR

Clifford Craig Foundation director Mark Baker has been recognised for his commitment to professional development in the field of governance, winning this year's Tasmanian Emerging Director Award.

An award of the Australian Institute of Company Directors, Mark - who is the Chief Executive Officer of the Northern Tasmania Development Corporation - was honoured in Hobart last month.

Mark joined his first board in 2016 when he became the youngest ever director of the Clifford Craig Foundation - a position he holds to this day.

“HE BRINGS EXCELLENT KNOWLEDGE AND SKILLS TO THE BOARD TABLE.”

Describing him as an enthusiastic and positive contributor to the Foundation, Clifford Craig Chief Executive Peter Milne said Mark had always brought a refreshing approach to his work.

“He brings excellent knowledge and skills to the board table,” Mr Milne said.

“His role as managing editor of *The Examiner* newspaper provided him with sound people and business skills. And now he is the CEO in his own right, at an important development incorporation, here in Northern Tasmania.

“What a great honour. Well done mate, and on behalf of everyone here at the Clifford Craig Foundation, congratulations.”

Speaking to *The Examiner* about his work with the Foundation, Mark said he was proud of how the board has worked to mature the organisation.

He also paid tribute to his mentor Janine Healey - Director of Ruddicks Chartered Accountants - for her guidance over the years.

SARS-CoV-2 VACCINES: WHERE ARE WE NOW?

The urgent need to develop safe and effective COVID-19 vaccines has been met with unprecedented speed and action from the global community. It's one of the greatest public health achievements in history. But even at the current rate it could take years to vaccinate the world's population. There is still much that researchers don't fully



understand about immunity to the new disease, and its emerging variants.

In October, a Clinical Commentary Review co-authored by Launceston General Hospital Infectious Disease Specialist Katie Flanagan was published by Elsevier Inc, on behalf of the American Academy of Allergy, Asthma and Immunology. 'SARS-CoV-2 Vaccines: Where are we now?' discusses the clinical trial data

that led to rapid emergency use authorisation, along with the many challenges of the global vaccine roll-out. Here are some of the highlights:

Where are we at?

As of July, 2021 there were 184 COVID-19 vaccine candidates in preclinical development and 105 in human clinical trials. A little over 12 months after the declaration of a pandemic by the World Health Organisation, the phase 3 efficacy results of a number of vaccines were published. Nineteen vaccines had regulatory approval (most preliminary and emergency use only) and more than 3 billion doses of COVID-19 vaccines had been administered globally.

How did we get here so quickly?

According to the review, international regulatory bodies played a pivotal role in the SARS-CoV-2 pandemic response through the oversight and facilitation of clinical studies which led to emergency use authorisation.

While a typical vaccine development can take up to 10-15 years, unprecedented collaboration and transparency between regulatory bodies, clinical investigators and industry led to a monumental shortening of this review cycle - without compromising long-standing standards for new vaccine development.

Impact on transmission

Emerging real-world data shows impressive effectiveness of COVID-19 vaccines against symptomatic infection, hospitalisation and death from COVID-19.

A Scottish prospective study in 5.4 million people, of which just over 1.3 million had received their first dose, showed 88% protection from the AstraZeneca vaccine and 91% protection for the Pfizer vaccine against hospitalisation, 28 to 34 days after vaccination.

Further studies have also shown that COVID-19 vaccines reduce asymptomatic infection, and thus the likelihood of disease transmission. For example, two doses of Pfizer vaccine provide efficacy against asymptomatic infection of >85% in several studies.

Issues for global mass vaccination

Herd immunity is considered the cessation of sustained community transmission and protection of unvaccinated people, when vaccination rates are high enough. According to the review, mass vaccination, which has been pursued by countries such as Israel, may lead to herd immunity - with the required level of vaccination determined by the efficacy and effectiveness of the vaccine and the basic reproductive number of the infection, i.e, the number of infections that an infected case causes.

For SARS-CoV-2, to interrupt community transmission with a vaccine of 90% efficacy would require approximately 66% of the population to be vaccinated. However, the review notes this efficacy must be against all infections, rather than symptomatic infections only, which is a common endpoint in COVID-19 vaccine clinical trials.

At-risk populations and future directions

Many elements are needed to ensure mass vaccination can be carried out - including: adequate vaccine supply, vaccinators and infrastructure, community outreach and a communication strategy to help combat vaccine hesitancy.

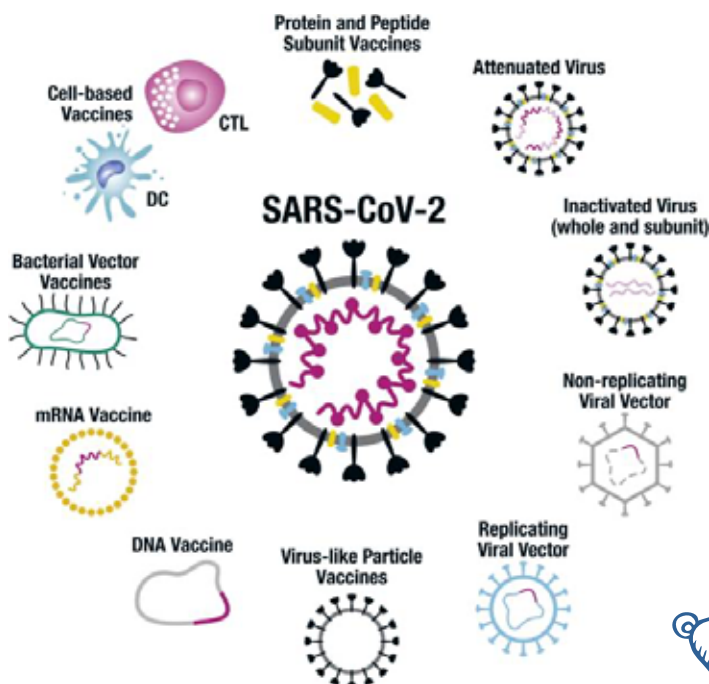
Vaccine supply has been an issue for many countries. The review notes a growing concern around the inequities of international access to the vaccine, with the majority of vaccine doses available worldwide purchased by wealthier countries. As such, it is likely we will see hot spots of COVID-19 in the world for several years to come.

Unanswered questions and conclusions

Variants of SARS-CoV-2 will continue to emerge, requiring close international monitoring and potential vaccination boosters. Currently, unanswered questions include the vaccine efficacy against disease transmission, the duration of protection and whether the use of mixed schedules of different vaccines can be used.

The review notes there is still much to learn about the vaccine-induced immunity to COVID-19 and the next generation of vaccines are likely to be better than the first.

"GLOBAL MASS VACCINATION ON THIS SCALE HAS NOT BEEN ATTEMPTED SINCE THE ERADICATION OF SMALLPOX, WHICH TOOK 20 YEARS TO ACHIEVE."



An illustration of the conventional and novel platform technologies being used to develop COVID-19 vaccines.



Orthopaedic surgeon Dr Jonathan Mulford

CROSSFIRE PUBLICATION

When it comes to fracture injuries, wrist fractures are one of the most common types.

Because of osteoporosis and an increased risk of falls, the incidence of wrist fractures peak in older people.

When we consider the functional decline and overall cost to the health system, wrist fractures in older people represent a significant patient and societal burden.

In Australia, annual direct costs from osteoporotic wrist fractures have been estimated to be more than \$130 million dollars.

The two most common treatments for wrist fracture are nonsurgical treatment by closed reduction and cast immobilization (CR) and surgical treatment by open reduction and fracture fixation using a volar-locking plate (VLP).

Volar-locking plate fixation has become the most common surgical treatment, with the rate of use in older people increasing substantially in the past two decades.

The increase in VLP fixation has coincided with considerable practice variation in the management of wrist fractures in older people, with the choice of treatment likely to be determined by surgeon preference and patient expectations – in line with the best available evidence.

However, the cost differential between VLP fixation and CR is estimated to be tenfold. The cost burden is expected to accelerate with an aging population and increasing use of surgical treatment.

Although research suggests no significant advantages for some forms of surgical fixation over CR and no differences among surgical techniques, evidence exclusively comparing CR with VLP fixation in older patients is limited.

The orthopaedic unit at the Launceston General Hospital, led by surgeon Dr Jonathan Mulford, recently contributed to the CROSSFIRE trial.

Made possible by a Clifford Craig Foundation medical research grant, CROSSFIRE was a multicenter study that recruited participants from 19 sites across Australia and New Zealand, with treatment randomised to surgical (VLP) fixation or nonsurgical treatment (CR).

A total of 300 patients participated in the study, with findings recently published in the BMJ Open medical journal and JAMA Surgery journal.

In this randomized clinical trial, VLP fixation provided a small but clinically unimportant benefit over CR for wrist pain and function at three months, and no difference was found at 12 months after treatment.

Participants receiving VLP fixation were more likely to rate their treatment as successful. The incidence of all complications was generally low and similar between groups.

Dr Mulford said the findings support that VLP fixation offers no clinically important advantage over CR in the treatment of wrist fractures in older patients at 12 months.

“These results should encourage practitioners to carefully consider the indications and cost implications for surgical treatment in this context,” he said.

**ESTIMATED ANNUAL COSTS
FROM OSTEOPOROTIC WRIST
FRACTURES IN AUSTRALIA
\$130 MILLION**





‘A MESSY BALL OF WOOL’ – DIMENSIONS OF THE LIVED EXPERIENCE OF OBESITY

Obesity has a significant impact on individuals, communities and our broader health system, with an estimated two in three (67%) Australians aged over 18 estimated to be overweight or obese. However, the issue is a growing complex and multifaceted phenomenon which overlaps physiological, psychological and dietetic domains. There is no easy fix.

For decades, health professionals have been grappling with the best ways to treat and prevent the chronic condition, with the topic of obesity subject to extensive quantitative analysis. While the outcomes from obesity interventions are usually measured in quantifiable terms – such as Body Mass Index – researchers are now starting to rethink their approach to obesity by focusing less on the medicine, and more on the person and their lived experience.

As part of a collaborative Tasmanian Health Service/ University of Tasmania research team, last month Tasmanian researcher and Chronic Condition Psychologist Dr John Mercer presented the findings of new research aimed at rethinking the approach to obesity, at the Tasmanian Allied Health Symposium.

‘A qualitative study of the dimensions of the lived experience of obesity’ explored the social, psychological, and systematic factors preventing people with obesity from engaging with weight-loss interventions, while helping to formulate a response framework for clinicians. The paper was also included as one of 38 publications (from an original 12,388 screened) in a systematic review and qualitative synthesis on the lived experience of obesity.

Dr Mercer said understanding the lived experience of overweight and obese people, along with the self-perceived barriers for accessing and engaging in interventions, was imperative to forming a systematic response to the complex problem.

One study participant described living with obesity as a “messy ball of wool”, with research suggesting the condition manifests as constraints and challenges across six “polarised dichotomies” – each active in the lived experience of obesity.

The qualitative evidence suggests that if these dichotomies can be better understood and applied by practitioners, it will allow them to untangle each “messy ball of wool”. Now, insights from the study have been used to refine Dr Mercer’s latest research project aimed at improving the outcomes of bariatric surgery patients. Funded by the Clifford Craig Foundation, for more than a decade Dr Mercer has been collaborating with colleagues at the UTAS Clinical School in the area of obesity intervention. Here’s what he had to say on:



1. The need to rethink the approach to obesity, without perpetuating damaging stereotypes:

“At the reductionist level, it’s easy to understand obesity as a simple ‘energy’ equation: more energy in than out = energy stored. But that doesn’t account for complex human factors such as food choice, eating behaviour, and the motivations which underlie them. While at the biological level, excess calories equals weight, at more human

levels, food choices (dietetic), behaviour and motivations (psychological) equal weight. It’s imperative then, that systemically, we reconceptualise obesity in ways that accommodate the biological, dietetic and psychological aspects of weight problems and interventions.”

2. The medicalisation of obesity:

“In developing the most accessible interventions and services possible, it’s important we recognise that obesity is a profoundly quantified health condition, and appreciate what this quantification can mean for the individual. Whether in kilos, BMI or centimetres, the quantification of a person can be experienced as dehumanising and alienating, reinforcing loaded emotions and compounding social stigma, and making it extremely difficult to approach a service or engage in an intervention.”

3. What this study will lead to:

“This qualitative study has done precisely what qualitative studies are supposed to do – explore the complexity of a phenomenon in ways that identify key questions for further quantitative investigation. As well as informing service system design at the local level, learnings from this project have identified key questions for subsequent research, investigating which factors predict the best outcomes from Bariatric Surgery. Perhaps as important though, learnings from the study translate into direct insights for clinicians, into the complexity of obesity as a lived experience. Ultimately, this means clinicians can respond in more sensitive, compassionate and effective ways.”

GILBERT'S MESSAGE TO MASK UP



You might have heard about Gilbert – the newest consultant at the Launceston General Hospital's emergency department.

Gilbert also happens to be a dog and is the first facility dog to be used in an ED anywhere in Australia.

A former guide dog, Gilbert's presence at the hospital is intended to boost the morale of staff during particularly stressful periods.

The black Labrador also joins in on daily rounds, and as such is adored by both staff and patients alike.

Since being introduced to the hospital in September Gilbert has also been recognised on an international scale.

Not just for his important work supporting staff, but through his advocacy for the wearing of face masks.

Masks are now mandatory in all Tasmanian public hospitals, and a poster of Gilbert demonstrating the do's and don'ts of wearing a face mask correctly has been shared all over the world on social media.

The poster has also been requested by hospitals and healthcare workers internationally, as the world adapts to the new norms of a COVID-19.

Well done Gilbert!



Lifelink Samaritans Helene Whitehead and Kim Brundle-Lawrence OAM MAIES, with Clifford Craig Foundation Chief Executive Officer Peter Milne.

LIFELINK CALLS IT A DAY

Just shy of its 53-year anniversary, Tasmania's oldest telephone crisis hotline has called it a day.

Since its inception in December 1968, Lifelink Samaritans has offered a non-judgmental line to people in need of support, or at risk of suicide.

But after more than five decades the organisation's volunteers have made the decision to cease operations – but not without one last donation to a very worthy cause.

Among Lifelink's founding members was the late Dr John Morris AO MBE, whose legacy continues through it and the John Morris Diabetes Centre.

A champion of medical research and nurse education in Northern Tasmania, Dr Morris was also the founding chairman of the Clifford Craig Foundation.

It was this historic connection that led the Lifelink Samaritans' managing committee to donate its remaining funds of \$4000 to the Clifford Craig Foundation, in support of research being conducted by Professor Nicholas Shackel.

A gastroenterologist at the Launceston General Hospital, Professor Shackel is leading three translational research projects aimed at improving patient outcomes in gastrointestinal diseases.

Lifelink Samaritans spokeswoman Helene Whitehead, who has been volunteering with the organisation since 1975, said the group wanted to honour their history.

"We wouldn't have achieved what we have over the past 53 years if it wasn't for people like Dr John Morris," she said.

"We had some money left over, and we couldn't think of a more worthwhile cause than helping to continue the legacy of one of our founding members."

Lifelink Samaritans was the first telephone crisis helpline established in Tasmania and the fourth in Australia. At its peak, there were 250 volunteers answering crisis phone calls from Launceston, New Zealand and Western Australia, with up to 300 calls received each month.

Dr John Morris was part of the organisation's first a medical advisory panel, formed in the early 1970s and was made a life member of the organisation. He died in 2017, aged 90.

"WE WOULDN'T HAVE ACHIEVED WHAT WE HAVE OVER THE PAST 53 YEARS IF IT WASN'T FOR PEOPLE LIKE DR JOHN MORRIS."

A BUSY FEW MONTHS OF EVENTS



October's Run and Walk for Your Heart event saw hundreds of Tasmanians commit to leading a healthier lifestyle, with all funds raised on the day supporting heart disease research in the state.

With Northern Tasmania experiencing some of the highest rates of heart disease in Australia, the event proved that even a small commitment to getting active could make a big difference.

In the lead up to this year's event the Clifford Craig Foundation shared stories from a team of "Wellness Warriors". They included heart attack survivor Celia Lanham, Launceston GP Dr Dan Lack, and Launceston General Hospital Cardiologist Dr Brian Herman.

Hear their inspiring messages online at cliffordcraig.org.au or on our Facebook page.

MELBOURNE CUP LUNCHEON SUCCESS

November 2 saw the return of the Launceston Friends of Clifford Craig luncheon, with guests enjoying a delicious three-course meal prepared by hospitality students at TasTafe's Drysdale campus.

About 150 people enjoyed the glitz and glamour of Cup Day, including Fashions on the Field, with \$8700 raised for the Foundation in support of Launceston General Hospital.

The day was particularly poignant as it was the first without former Friends of Clifford Craig president Toni Maloney, who lost her battle with lung cancer in September.

Toni established the Melbourne Cup Luncheon almost three decades ago. Event organiser Angela Medwin said her friend was sorely missed, but her legacy lived on, with next year's 30th anniversary event to be dedicated to Toni.



Photo, courtesy of *The Examiner*

A TRIBUTE TO TONI MALONEY

In September the Clifford Craig Foundation farewelled one of its founding members - Geertruida 'Toni' Antonetta Maloney.

The 79-year-old left behind a lasting legacy in Northern Tasmania, defined largely by her generosity and dedication to a good cause.

Most notably, her three-decade association with the Clifford Craig Foundation and its ongoing contribution to medical research at the Launceston General Hospital.

Toni was the organisation's first paid employee when it was established in 1992 - then known as the Clifford Craig Medical Research Trust.

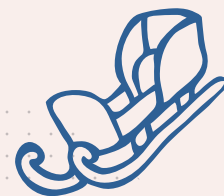
She was among a core group of people committed to ensuring innovative medical research in the state's North wasn't hindered by financial insecurity, and spent the early years travelling around the region garnering support for the worthwhile cause.

Toni held the role of executive officer for three years until her retirement.

However, she continued her involvement with the foundation for close to 30 years through numerous support groups, including the Launceston Friends of Clifford Craig, where she served as president on numerous occasions, only stepping down from her role in 2018 due to illness.

Son Bob Hallam said his mother had made a lasting impression on many people throughout her life, and that she had fought her illness until the very end.

In lieu of flowers, through her death Toni continued to encourage others to support the LGH, with her funeral raising \$1115 for the Clifford Craig Foundation.



FOR THE DIARY



INTERNATIONAL WOMEN'S DAY

We are delighted to announce that Her Excellency the Honourable Barbara Baker AC will be the guest speaker at next year's Clifford Craig Foundation International Women's Day Luncheon.



Tasmania's 29th Governor, Her

Excellency was appointed a Companion of the Order of Australia in June for her eminent service to the people of Tasmania through leading contributions to the law - particularly in the area of family law and as a mentor for young women.

We hope you will join us for this very special event.

When: Wednesday, March 2, 2022

When: Country Club Tasmania, Launceston

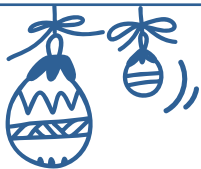
Bookings: Tickets on sale soon

30TH ANNIVERSARY CHARITY BALL

When: Friday, 3 June, 2022

When: Hotel Grand Chancellor Launceston

Bookings: Early January - theme to be announced soon



THAI PRAWN SKEWERS WITH KALESLOW

Serves 4
Prep: 25 + 30 mins
Cooking : 8 mins

INGREDIENTS

16 raw king prawns, peeled and deveined

1 tablespoon Thai chilli jam stir-fry paste

1 ½ medium red capsicum, cut into 3cm squares

½ pineapple (650g), skin and core removed, cut into 3cm pieces

350g packet kaleslow & yoghurt dressing (See Tip)

METHOD

1. Place prawns and chilli jam in a large bowl. Mix to coat prawns. Cover and refrigerate 30 minutes.
2. Thread capsicum, pineapple and prawns alternately onto eight small bamboo skewers (See Tip)
3. Heat an oiled barbecue or char-grill plate over a medium high heat. Add skewers in a single layer. Cook for 6-8 minutes until prawns change colour and are tender, turning skewers occasionally during cooking time. Transfer to a plate. Cover with foil to keep warm.
4. Meanwhile, prepare slaw kit as directed on packet.
5. Place slaw over a large serving platter. Top with skewers. Sprinkle with seed mix.

Tip: Soak bamboo skewers in cold water for at least 30 minutes before threading with ingredients to prevent burning when barbecuing. Capsicum, pineapple and prawns can be threaded onto skewers up to 4 hours ahead. Place on a foil-lined tray. Cover and refrigerate. Cook as required. Prawns can be replaced with boneless, firm white fish fillets, if preferred e.g. swordfish. Try serving skewers and kaleslow with steamed brown rice for more hearty meal.



Next year the Clifford Craig Foundation will reach a significant milestone - its 30th anniversary.

When the Foundation was established in 1992, its goal was to improve the health of the community through the provision of funding for innovative medical research, education, medical equipment and patient facilities within the Launceston General Hospital.

In 2022, this remains more important than ever as we work to find better treatments and ways to cure the health-related issues impacting Tasmanians.

It's hard to believe it's been 30 years since a dedicate group of like-minded community members embarked on a mission to ensure innovative medical research in the state's North wasn't hindered by financial insecurity.

Since then, the Foundation has contributed millions of dollars to causes that not only help improve the direct health outcomes of people in our community, but also strengthens our broader health system and the future of medicine.

We have some big things planned to mark our 30th anniversary year - watch this space.