COLLABORATING WITH OUR GPS TO PROVIDE COORDINATED COMMUNITY CARE

San Doctor

SPRING 2021

Adventist HealthCare

Welcome to San Doctor, a publication that has been providing our doctor community with insight from our San Specialists for over 20 years.

We've developed this resource to provide you with the latest insights into treatments and common conditions that may present at your practice from the leading clinicians and health care professionals that serve this community. You'll have noticed that we've update the look of the publication. We do hope you like it.

As with your practice, the constantly changing conditions of COVID 19 have placed considerable challenges on our organisation. With high vaccination rates, and the easing of restriction across NSW, Sydney Adventist Hospital has now resumed 75% overnight stay elective surgery, along with no restrictions on day only surgery. While activity is ramping up, the safety of our patients, staff and doctors remain our top priority.

Through these challenging times, the San wants to work with you to communicate a clear message to our patients that they should continue to seek medical treatment during this time. The San Clinic remains open, as do other San specialist rooms throughout Sydney. Patients can be seen by their San specialist on-site or as arranged by the specialist practice via tele health conferencing.

Our San specialists continue to be available to all GPs. They are happy to be contacted by you. Should you see a patient - who has been affected by these surgical delays –, please encourage them to contact their specialist.

Once again, thank you for your commitment to keeping our community safe. We're looking forward to working with you.

Brett Goods, CEO

Contact us

If you are interested in participating in our GP education program, would like to be visited by one of the members of our Clinician Engagement and Development team, or have a query regarding one of our San Clinicians or service, please contact

Ben Lewis
Clinical Engagement Manager
0448 164 844

Linda Abbott
GP Liaison
0409 925 335

You can also email us at **doctorengagement@sah.org.au**

Swaddle

Swaddle program makes private maternity care more accessible

WITH IDENTICAL OR EVEN BETTER CARE THAN STANDARD MATERNITY CARE, THE SWADDLE PROGRAM CARRIES NO OUT-OF-POCKET COSTS* – AND PATIENT FEEDBACK SHOWS STRONG SUPPORT FOR THE PROGRAM.

Established in 2019 as a partnership between not-for-profits Adventist HealthCare and HCF, the Swaddle program has seen over 1450 babies born to date.

The Swaddle program offers a comprehensive package to pregnant women and their families, providing all the services women may need during their pregnancy – including choice of participating San obstetrician, ultrasounds and pathology, epidural and hospital stay, inpatient paediatrician and more, all with no out-of-pocket costs*.

This popular program has seen growth of more than 100 per cent since the program started, with HCF bookings up by 1400 per cent.

Obstetrician John Keogh says that patient feedback has been outstanding.

"The program's success is an indication that families are very interested in accessing private maternity but are looking for more cost-effective avenues," he said. "People are voting with their feet, transferring from other programs to Swaddle.

"Feedback tells us that with Covid, employment is uncertain and families are feeling the financial stress. At a time when money is tight, the savings of around $6000 a patient provides them with a significant buffer.

"And the care they are receiving is identical. In fact, in some ways it's better because if I feel an investigation is needed, I can order it without any concern that I am putting a family under any financial pressure. It enables me to provide the best care I can. People don't have to worry about the cost of an additional ultrasound, for example.

"I see around 18 to 20 patients for pregnancy per month, the same as I have over many years. While the unit is definitely busier, I make sure that I am not too busy. HCF used to represent 15 per cent of San maternity patients, but it now supports the majority of San maternity patients."

"It took two not-for-profit organisations to come together to introduce this revolutionary new model. Interestingly, health funds who were driven by profits for shareholders chose not to join the program because of the impact on revenue to them.

"Swaddle could not have come at a better time for the community at large. The San has been very active and responsible in addressing Covid. For a family, an extra $6000 at an uncertain time like this is a great comfort."

Before referral, expectant mums should contact HCF to ensure they have appropriate cover.

**HCF eligibility rules and any excess payable both apply.*

Dr John Keogh

MBBS (Hons), Dip Paed, FRCOG, FRANZCOG

After graduation from Sydney University in 1982 and practicing general medicine and paediatrics for five years, Dr Keogh did his Obstetrics and Gynaecology training in England, Dublin and Australia. With an interest in Encephalopathy study he has been Senior Staff Specialist and later Head of the Department of Obstetrics and Gynaecology at Hornsby Hospital. After ten years at Hornsby Dr Keogh decided to move into private Obstetrics where he joined colleagues at the Sydney Adventist Hospital and established rooms in the San Clinic with Dr Andrew Booker.

FIND OUT MORE AT

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Find out more about the changes in eligibility criteria for patients on page 18

Dr Ann Liebert treats patients at the Photobiomodulation Therapy Clinic at the San.

Treating Parkinson's with Light Therapy

A NEW CLINICAL TRIAL WILL INVESTIGATE THE USE OF LIGHT THERAPY FOR PARKINSON'S DISEASE.

In partnership with the Sydney Adventist Hospital, lead researcher Dr Ann Liebert will build on previous Parkinson's disease research with a randomised control trial (RCT) that will look specifically at the anti-inflammatory effects of infrared light on Parkinson's disease symptoms.

The trial has recently begun and will involve 40 participants.

"Several studies have observed that the gut microbiome in Parkinson's patients is radically altered," Dr Liebert said. "We know that certain proteins travel from the gut to the brain and we see an altered gut biome in patients presenting with Parkinson's disease. Dysbiosis in the intestine indicates inflammatory disease.

"Applying light to the stomach area reduces inflammation by stimulating the body to produce anti-inflammatory chemicals, which reduces inflammation to promote healing."

The San RCT will focus on people with early to middle Parkinson's disease. The 12-week clinical trial will include a placebo treatment, with participants who received the placebo treatment then offered the clinical therapy at the end.

With origins in a 1903 Nobel prize, light therapy, known as Photobiomodulation (PBM) therapy research indicates wide-ranging therapeutic benefits in multiple biological contexts. These include inflammation and, more recently, neurological disorders such as Parkinson's disease symptoms.

Dr Liebert and her team published their proof-of-concept study that has informed on the upcoming San RCT in BMC Neurology earlier this year, which found that measures of mobility, cognition, dynamic balance and fine motor skills were significantly improved with PBM treatment for 12 weeks and up to one year.

The research showed that many individual improvements were above the minimal clinically important difference, the threshold judged to be meaningful for participants. The study also found that PBM was shown to be a safe and potentially effective treatment for a range of clinical signs and symptoms of Parkinson's disease. Improvements were maintained for as long as treatment continued, for up to one year in a neurodegenerative disease where decline is typically expected.

Dr Liebert and her team at the Sydney Adventist Hospital – including cardiologist Professor Hosen Kiat – were the first to articulate the complex mechanistic actions by which low level photon energy might confer myocardial protection. They have also been successful in using light therapy to treat oral mucositis in cancer patients, a treatment with international guidelines for treatment of the condition.

FOR MORE INFORMATION AND ALL ENQUIRES, PLEASE CONTACT

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Photobiomodulation Therapy Clinic
Fox Valley Medical and Dental Centre
185 Fox Valley Rd
Wahroonga

OR

Artarmon Physiotherapy Clinic
Suite 6, 110-114 Hampden Rd
Artarmon
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PATIENT-FOCUSED IN EVERY WAY:

Does the newly launched San Breast Care have it all?

SAN BREAST CARE HAS BEEN DESIGNED TO ACHIEVE AN OUTSTANDING BALANCE BETWEEN BEING A HIGH-VOLUME CENTRE WITH ADVANCED TECHNOLOGY AND TREATING EACH AND EVERY PATIENT WITH UNIQUE, INDIVIDUALISED CARE.

In 2020, for the third consecutive year, the San's Integrated Cancer Centre achieved some of the highest ratings in the Bureau of Health Information patient survey, conducted in partnership with the Cancer Institute of NSW.

The care provided by our breast team played a major role in receiving these outstanding results and recognition. This track record of outstanding care is the foundation for San Breast Care.

San Breast Care is the culmination of years of experience, teamwork and constant innovation that brings together all the elements of a truly integrated and multidisciplinary service, including state-of-the-art imaging, a full range of high-quality surgical and reconstructive services, comprehensive medical oncology services, expert onsite cancer genetics, the most up-to-date radiation oncology technology and techniques, clinical trials and extensive cancer support services.

San Breast Care Imaging opened in July 2021 after significant renovation of the facility and installation of the best imaging equipment available. These upgrades, together with service enhancements to streamline care and optimise support for patients, enable the team at the San to deliver world-class individualised care.

Associate Professor Michael Hughes, Clinical Director of Surgical Services at the San, and long-standing chair of the San Breast Multidisciplinary Team (MDT) says that San Breast Care has all the qualities to make it one of the best breast care services in the country.

"Our success comes in part from being a high-volume service, which is known to achieve better clinical outcomes for patients," said Professor Hughes. "At the same time, the service is anything but a 'factory'. Everyone who comes under our care is treated as an individual, and every case is looked at as unique by a group of very experienced specialists.

"Consistent with the San's larger Integrated Cancer Care model, San Breast Care has all the ingredients for outstanding care located in a single institution. The result is a very patient-centred model run by a hugely empathetic, experienced and collaborative team of health professionals."

San Breast Care will enable patients and their GPs to get rapid access to diagnostic assessment and specialist consultation.

Radiation oncologist and breast cancer specialist Professor John Boyages who practices at Icon Cancer Centre on-site at the SAN says that San Breast Care is unique in bringing together dedicated caring staff in a 'one-stop-shop' centre of excellence where the patient always comes first.

"Patients seek my opinion from rural or regional NSW, interstate and the Asia-Pacific and are amazed at the sophistication and depth of our team," said Professor Boyages, who has more than 35 years of experience in breast cancer care both in Australia and overseas, and was a pioneer of MDT in Australia.

"San Breast Care is also one of the best resourced centres in the world with investment in nurse navigators in surgery and imaging. The fortnightly MDT meeting is the best I've seen and I'm very proud to be part of it. And having on-site accommodation with support services is greatly appreciated by our patients."

Multidisciplinary teams: Optimising outcomes

The many facets of breast care at the San are held together by the Hospital's robust multidisciplinary team (MDT) approach and its commitment to treating each patient collaboratively with all the available and relevant information to advise on the optimal treatment approach. First established almost 20 years ago, with support from the NSW Cancer Institute, MDTs at the San meet regularly and are made up of representatives from all the relevant specialities and support services

"Our meeting space has a circular design, lending itself to discussion and collegiality," says Professor Hughes, who chairs the Breast Cancer MDT. "Every patient discussed is entered into a database that allows us to easily measure outcomes and performance. At any given meeting, we have around 6 or 7 breast surgeons, 3 or 4 radiation oncologists, 2 or 3 medical oncologists, breast care nurses, nuclear medicine physicians, pathologists, radiologists, allied health workers including lymphoedema practitioners and a genetics oncologist and the all-important patient navigators. Occasionally, pharmacy joins us, too.

"It's a superb meeting with superb technology underpinning it. We discuss every patient and there is a wide range of input. Care plans are written in both the context of clinical information and also in consideration of the whole person. We take the time needed to discuss the nuances, subtleties and complexities of a patient's diagnosis."

This shared discussion and excellent communication amongst a patient's team means that decisions are not made in isolation. A good body of evidence now shows that MDT collaboration results in better health outcomes and this is a major contributing factor to the San's high-quality service.

At its core, the breast cancer service is about the people. Highly committed San staff want patients to have a positive experience with positive outcomes. This means that every point of contact with a patient is supportive and positive.

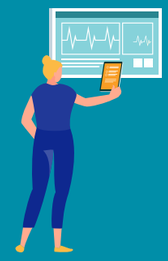
In the hands of highly skilled breast-specialist radiologists, with robust multidisciplinary team care and extensive support services, San Breast Care is unequivocally of an international standard. For the women of New South Wales to have access to a high-volume centre that simultaneously treats every case as unique is a point of pride for the outstanding senior clinicians who treat them and for the broader community.

Specialists in Breast Imagining

Breast imaging is often the point of entry into a cancer service and can be the most distressing time for a patient. Because of this, says Associate Professor Gavin Marx, San radiologists have a very caring and empathetic approach, and the patient always comes first.

"San Breast Care has a dedicated breast imaging and assessment service that has a broad scope – from assessing asymptomatic women who want thorough review through to those diagnosed with breast cancer," said Professor Marx. "Because it's a dedicated service, the radiologists are specialists in breast radiology. Everyone is highly experienced in this area of breast health."

As one example, the recent acquisition of state-of-the-art imaging and diagnostic equipment now sees the San offer – amongst other things – 3D tomosynthesis imaging, contrast mammography and MRI-guided biopsy, as well as short-sequence MRI imaging (to make the procedure quicker and more comfortable) and plans to integrate AI software into mammography.



Research and Clinical trials

The Clinical Trials Unit (CTU) at the San provides patients with novel treatments and keeps up to date with emerging treatments. Through clinical trial participation, researchers also contribute to evolving medical literature and information.

Sydney Adventist Hospital's Clinical Director of Cancer Services and Director of Clinical Trials Unit, Associate Professor Gavin Marx, says that the CTU partners with international and national centres on large and important studies.

"We participate in trials in the areas of breast, colorectal, prostate, melanoma and other cancers," explained Professor Marx. "In the area of breast cancer treatments, we are part of multi-national centre trials into novel immunotherapies and biological therapies. The Hospital's new partnership with the Australian National University will further research in medical trials and translational research."

Icon Cancer Centre: A partnership in precision

A key service in the Integrated Cancer Centre, Icon Cancer Centre provides the latest in radiation therapy technology and techniques for all cancer types. Radiation oncologist Professor Boyages says that Icon has invested significantly in the San centre with the latest equipment, physics support and dedicated research coordinator.

"For example, we are currently developing a trial of partial breast irradiation where very small cancers in older women can be treated with five localised treatments of radiation," said Professor Boyages, who is also the national chair of the Icon Breast Imaging Group. "We are able to deliver the latest radiation with sub-millimetre accuracy by using 'invisible tattoos' and accurate low-dose scans to set up the patient to the same position every day.

"Everywhere I turn, there is patient-centred technology – from deep-inspiration breath hold techniques to reduce the dose to the heart, to the use of cold-caps in the infusion suite to reduce the chance of total hair loss from chemotherapy, to the use of the SOZO device to detect lymphoedema early. This is a great centre not only for the patients but also for the dedicated staff who help them each and every day."

Patient Navigators: With you at every step of the way

Before the McGrath Breast Care patient support program began, the San introduced the role of the patient navigator in the early 2000s. Over time, the role has evolved and is a fundamental reason the care is so supportive of patients.

Patient navigators help navigate our patient experience to manage and reduce the distress associated with this diagnosis. Navigators are on-site and across all cases, so they know where each woman is in her journey and can provide information or direction at any time. Navigators facilitate the care, taking away the burden of having to arrange appointments and find out where to go.

How do your patients access this service?

Patients need a referral from a medical practitioner to our breast imaging service.

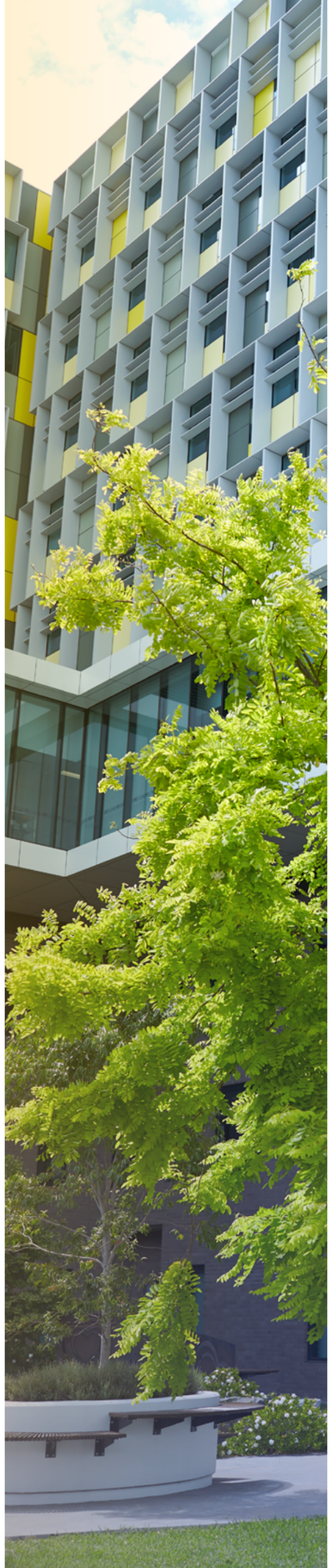
Breast imaging will take place within San Radiology, located on level 3 Tulloch Building **within the Sydney Adventist Hospital.**

To download a referral form visit **sah.org.au/sanbreastcare** and follow the prompts

Should you have an enquiry please call **(02) 9480 9840**

San Breast Care

What to expect if you are referred in to the service



IN THE RIGHT PLACE AT THE RIGHT TIME

Beverley Sindel remembers her time at The San

MORE THAN FIVE DECADES AGO, BEVERLEY SINDEL TRAINED AS A NURSE. THIS YEAR, SHE LEAVES THE SAN AFTER WORKING FOR THE PAST 20 YEARS AS A SURGICAL ADMISSIONS NURSE AND – UNEXPECTEDLY – SPENDING A SHORT TIME AS A CARDIAC PATIENT.

After training as a Registered Nurse in 1964, Beverley worked in a variety of different surgical and medical nursing roles, including a stint as a district nurse. She kept up her registration for 54 straight years.

She was appointed by Glenys Chapman in 2000 as part of the San Day Surgery team and has stayed with the Surgical Centre team ever since, moving from the old DOSAC quarters to what is now the Chapman Surgical Centre.

For Beverley, her time at the San stands out as the highlight of her long career. Even though she worked in surgical centre nursing for so long, her work has been varied. Above all, the patients have made her work meaningful.

"All patients going for surgery are seen by our team," says Beverley. "It was a real privilege meet them and to be part of helping them through a difficult time. As nurses, we have a chance at the beginning of a patient's journey, when they are admitted for surgery, to hopefully send them on a good journey. Then we see day patients after recovery for their post-op care.

"My colleagues in the Surgical Centre feel like family. We all get on very well and the people I work with really care. They really try to do the best for each patient. The Hospital feels like my second home.

"Here I am at 76 and still working three days a week until very recently. I couldn't leave because I loved it so much. There has never been a day when I have not wanted to go to work."

Last year, Beverley found herself unexpectedly in the position of a patient. It was a normal Monday, while admitting a patient, that she suddenly felt severe central chest pain. She went straight to her Nurse Unit Manager, Rennie Woodman, who immediately arranged for her to be seen in Emergency Care. A CT showed a life-threatening aortic arch dissection.

"The head of radiology delivered the news to me," remembers Beverley. "I was taken up to pre-op holding, where I met anaesthetist Dr Stephen Llewellyn. I had emergency open heart surgery that lasted seven and a half hours with Professor Tristan Yan. I spent four days in ICU and then was on the cardiac ward for another 12 days.

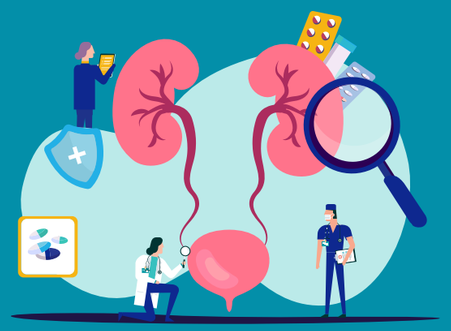
"I got to experience how wonderful the San doctors and nurses really are and I am just so grateful that I was in the right place at the right time when I needed emergency, high-quality care.

"I have had more dissections since that first event – all due to high blood pressure that was difficult to control. I've had further vascular surgery, and I'm on medications that are helping to manage it. I'm finally retiring as I really need to put my health first. I want to spend time with my husband, four children and six grandchildren, as family means everything to me."

Tell us what you think about the our new format?

WORLD CONTINENCE WEEK

Incontinence: Help is at Hand



INCONTINENCE AFFECTS ONE IN 10 MEN AND ONE IN THREE WOMEN. WHILE MANY PEOPLE DON'T SEEK HELP, THERE ARE A RANGE OF TREATMENTS AVAILABLE TO MANAGE THE CONDITION AND INCONTINENCE SUFFERERS ARE ENCOURAGED TO SEE THEIR GP.

Sydney Adventist Hospital urologist Dr Amanda Chung says that just because incontinence is common, this doesn't mean it's normal, and people don't have to suffer for years with the condition.

Instead, Dr Chung says that she aims to empower people to seek help and know that there are treatments available – most cases of urinary incontinence are curable.

"There are lots of reasons why people don't seek help," said Dr Chung. "There can be a misconception that incontinence is a normal part of ageing or life after childbirth or pelvic cancer surgery. Also, it can be embarrassing to discuss.

"However, I urge people with ongoing symptoms to see their GP to get assessed, and to start with simple non-invasive strategies. Don't avoid seeking treatment because you think it means surgery."

Incontinence can negatively affect social engagement, work participation and leisure activities and can take a toll on emotional wellbeing.

The two main types of incontinence include an over-active bladder and stress incontinence. Conservative treatments are non-invasive and can include dietary changes, pelvic floor exercise or fluid management. Medications can help to calm over-active bladders. Sacral neuromodulation, bladder botox and tibial nerve stimulation are advanced therapies that can help in situations where conservative treatments and medications aren't enough.

Stress incontinence involves the urinary sphincter and pelvic floor. Treatments include exercises or a urethral bulking agent injection – a 15-minute day-admission procedure. More severe cases might require sling or sphincter surgery.

"A GP will determine the type of incontinence and recommend initial strategies," said Dr Chung. "GPs will refer patients to urologist if they don't respond to first-line treatments, have particularly severe incontinence or have other symptoms such as blood in the urine. Urologists can then perform more complex urodynamic studies and treatments. That said, the vast majority of people experiencing incontinence can be helped greatly with simple non-surgical treatments."

Dr Amanda Chung

BSc (Med) / MBBS, MS

Dr Amanda Chung is a urological surgeon who cares for general urology patients. She also has a special interest and further subspecialty qualifications in urogenital reconstruction (such as urethal stricture), functional urology (such as lower urinary tract sympotoms, incontinence and erectile dysfunction) and neurourology for both women and men. Dr Chung completed her medical degree (BSc (Med) / MBBS) at the University of New South Wales in 2007, Master of Surgery (MS) at the University of Sydney in 2012 and became a Fellow of the Royal Australasian College of Surgeons in 2016. Furthermore, she completed a Fellowship of the Society of Genitourinary Reconstructive Surgeons (Eastern Virginia Medical School, Norfolk VA, USA) in 2017. She is a member of the Urological Society of Australia and New Zealand. She combines her clinical work with research and is also currently undertaking a Doctor of Philosophy (PhD) through the University of Sydney. Her research topic is detrusor ultrastructural studies in geriatric lower urinary tract dysfunction: correlation of features and development of a standardised protocol.

FIND OUT MORE AT

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Dr Stephen Pillinger and Stephen Wan

Gastrointestinal Surgical team delivers Synchronous Robotic Surgery

SAN SURGEONS PERFORMED A COMBINED SYNCHRONOUS ROBOTIC LIVER AND BOWEL RESECTION IN JULY. NOT COMMONLY PERFORMED, THE APPROACH IS A FIRST FOR THE SAN AND DELIVERED AN OUTSTANDING RESULT FOR THE PATIENT.

With strong support from Da Vinci Surgical Systems, two surgeons at the San worked together during a single robotic operation to treat metastatic bowel cancer.

Colorectal surgeon Stephen Pillinger collaborated with liver and pancreatic surgeon Christos Apostolou to perform a synchronous robotic bowel and liver resection. Bowel cancer is often associated with liver disease.

"In general, only about 10 per cent of liver procedures are done using minimally invasive means worldwide – and even fewer are done robotically," said Dr Apostolou. "Liver resections usually require a major abdominal incision, or two surgeons working together laparoscopically.

"The Da Vinci, however, changes this because the agility of the robot allows surgeons to reach into difficult areas. Our robotic approach is not unheard of but it is the first time it was performed at the San."

To prepare, both doctors worked with robotic representatives from Da Vinci to refine the approach. The patient, 70-year-old Stephen Wan, had Stage 4 disease, which responded very well to pre-operative chemotherapy. The single surgical approach then prevented him from having to undergo two open operations.

"Receiving the diagnosis was devastating," said Mr Wan. "However, after six of the 12 scheduled chemotherapy sessions, it was reassuring when MRI and PET scans showed two of the original three liver lesions had disappeared.

"We proceeded with the operation at this point. I'm very happy that it went well and that I was able to avoid having more invasive procedures."

Mr Wan returned home five days after the operation – significantly sooner than for patients after open abdominal procedures. He is recovering quickly and moving around easily after two weeks post-procedure. Additional benefits from robotic surgery include less pain, lower risk of wound infection and fewer potential complications than for two procedures.

The San is ranked in the top two hospitals in NSW for colorectal cancer outcomes by the NSW Cancer Institute and Dr Pillinger attributes this to a combination of factors.

"Our gastrointestinal multidisciplinary team is well established and the result is a smooth complete care experience for patients," said Dr Pillinger. "We focus on offering our patients a personalised consultant-led cancer service, from diagnosis to intervention and after care, and the results show the benefits of this.

"It means we can offer patients like Mr Wan a highly individualised approach that is rarely available. The combination of equipment and expertise available, along with the hospital facilitating the pathway, makes this possible."

The San GI MDT is comprised of surgeons, oncologists, radiologists, nuclear medicine physicians, gastroenterologists, nurses and other support staff and is the current standard of care towards optimal outcomes for patients like Mr Wan.

A high-volume centre, the San performed one-fifth of robotic colorectal surgery in Australasia according to 2020 numbers. The San is one of the few centres in NSW that can offer robotic liver surgery through a combination of the appropriate skill set and resource availability.

Dr Stephen Pillinger

MBChB, FRACS

Dr Pillinger is a Consultant Colon and Rectal Surgeon, having commenced Consultant practice in 2005. The major focus of his practice is benign and malignant colorectal pathology, and has particular expertise in minimally invasive laparoscopic and robotic surgery, transanal endoscopic microsurgery, diagnostic and interventional colonoscopy. He has trained in robotic surgery in the US and South Korea and is one of the busiest robotic colorectal surgeons in NSW.

FIND OUT MORE AT

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Dr Christos Apostolou

MCChB, Cert. Gastro (SA) Surg, MMed (Surg), FCS (SA), FRACS

Dr Christos Apostolou is a Clinical Senior Lecturer, Sydney Medical School the University of Sydney and a Consultant Surgeon at the Sydney Adventist, Bankstown-Lidcombe and Macquarie University Hospitals. He is an ANZHPBA board member and holds expertise in upper gastrointestinal, liver, biliary and pancreatic surgery (open, laparoscopic and robotic). His interests include the management of upper GI cancer, reflux, robotic surgery and ERCP.

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AN ARTICLE WRITTEN BY OUR LEADING SAN SPECIALIST

Dr Angela Yates

The Evolving Role of Stereotactic Body Radiotherapy

STEREOTACTIC RADIOSURGERY (SRS) WAS ORIGINALLY DEVELOPED BY NEUROSURGEON LARS LEKSELL AS A NON-INVASIVE METHOD OF TREATING SURGICALLY INACCESSIBLE INTRACRANIAL TUMOURS. PRECISE LOCALISATION AND TREATMENT WAS MADE POSSIBLE BY USING AN EXTERNAL REFERENCE "STEREOTACTIC FRAME" TO TARGET THE LESION WITH HIGH DOSES WITHOUT THE NEED TO MAKE AN INCISION.

Stereotactic Body Radiotherapy (SBRT) or Stereotactic Ablative Radiotherapy (SABR) is the application of SRS to extracranial sites within the body and these terms are often used interchangeably. The hallmark of SBRT is the precise delivery of a high dose to a small area with a sharp dose fall off. With SBRT a more potent biological effect is achieved with fewer fractions of large dose with shorter overall treatment time. Precision is achieved using fitted immobilisation devices and highly accurate pre-treatment imaging. SBRT is different to other forms of conventional radiotherapy which utilise larger fields for the purpose of treating more advanced cancers or locoregional treatments to sterilise larger areas of potential microscopic disease. Conventional radiotherapy is given as lower dose daily treatments (known as fractions) over several weeks whereas stereotactic treatment is usually 1-5 high dose fractions.

SBRT is used in three main ways: Radical Ablative Treatments, Disease Modifying treatment (oligometastatic or oligoprogressive disease) and in Palliation.

Radical Ablative Therapy

SBRT with curative intent is an established treatment in lung and liver cancers. Lung SBRT is a non-surgical well tolerated treatment for early stage lung cancer especially in those who decline surgery or who are medically unfit (1). SBRT is an effective treatment for hepatocellular carcinomas and can be used for medically inoperable renal tumours and is emerging as an alternative for low and intermediate risk prostate cancer.

DISEASE MODIFYING THERAPY

Oligometastatic disease

Oligometastatic disease is an intermediary stage of disease between completely absent and widely metastatic cancer which might be cured if the sites of disease are eradicated. Definitions vary but most trials have treated patients with 1-3 (up to 5) metastases involving 1-3 different organs.

There are three key Phase II studies combining systemic therapy and locally ablative therapies (SBRT or surgery) which have demonstrated increased progression free survival (PFS) and overall survival (OS) benefits with aggressive local treatment of metastases.

SABR-COMET randomised 99 cancer patients (breast, lung, colorectal and prostate) with 1-5 metastases to standard of care with or without SBRT. The authors reported a doubling of progression free survival (PFS) from 6 to 12 months (p=0.012) and improvement in median overall survival from 28 to 41 months. An increase in adverse events was seen in the SBRT arm. Long-term follow up has reported a 5 year OS benefit favouring the SBRT arm 17.7% vs 42.3% (p=0.006) (2).

Patterns of failure studies in lung cancer have suggested that sites of initial metastatic disease are the first to progress and this has been investigated in the following two trials. Iyengar et al randomised NSCLC patients to maintenance therapy +/- SBRT in patients with stable disease after induction chemotherapy. Patients were non-EGFR or ALK mutant and up to 5 metastatic sites were allowed. Accrual stopped early due to tripling of PFS (9.7 vs 3.5 months) with similar toxicity in both arms (3). Gomez randomised NSCLC patients with 1-3 metastases and no progression 3 months after first line systemic therapy to maintenance therapy +/- local consolidation (LCT) with either SBRT or surgery. Once again the data safety board recommended early trial closure at just 49 patients due to significant PFS in the local consolidation arm. PFS was durable 14.2 months (95%CI:7.4-23.1) vs 4.4 months (95%CI:2.2-8.3), p=0.022 and an overall survival benefit was also seen 41.2 months (95%CI:18.9-NR) vs 17 months (95%CI:10.1-39.8) favouring LCT. Interestingly survival after progression was also longer in the LCT arm. No additional grade 3 toxicities were observed in the LCT arm (4).

These trials represent early but compelling data that patients with early metastatic disease may experience disease free and survival benefits when all sites of initial disease are consolidated with SBRT or surgery.

Oligoprogressive disease

SBRT is being increasingly utilised for patients with advanced cancer who develop one or more sites of progressive disease after initial successful systemic therapy. These oligoprogressive metastases may represent more resistant subclones of disease and may be controlled or eradicated with SBRT.

This combination can be used to prolong the effectiveness of systemic therapy by delaying the need to introduce the next line of therapy. Extrapolating from the oligometastatic trials this could benefit patients by increasing progression free survival.

Palliative radiotherapy

SBRT also has applications for cancer palliation with fewer fractions and tighter margins making treatments more convenient and can reduce treatment-related side effects. A recent phase III Canadian trial reported doubled complete pain response rates at 3 and 6 months with two fraction SBRT vs five fraction conventional palliative radiotherapy in patients with spinal bone metastases (5).

SBRT can also be used in complex palliative settings such as re-irradiation and where dose intensification may be desirable. The unique precision of stereotactic radiotherapy can allow for safe repeat radiotherapy where the tumour overlaps or is in close proximity with a previously irradiated region or sensitive organ.

Future directions

The timing and integration of SBRT or local ablation with systemic therapies has yet to be clearly defined and current decision making should be within a multidisciplinary context. The combination of SBRT and immunotherapy is an exciting area of active research internationally. The ablative doses of SBRT can generate tumour antigens through radiation-induced tumour cell death which have the potential to increase the effectiveness of these treatments by priming the immune system. There are also several large phase III clinical trials of SBRT and systemic therapy in oligometastatic non-small cell lung (NRG-LU002-NSCLC) and breast cancers (NRG-BR002-MDT) and in combination with androgen deprivation therapy in prostate cancer. SABR-COMET-10 is enrolling patients in a trial of SBRT in 4-10 metastases to investigate whether patients with a larger volume of disease still benefit from local ablative therapies. These trials will provide robust clinical data on how to most effectively apply SBRT to improve patient outcomes.

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Dr Angela Yates

BSc/BA, MBBS,
MMed (clin epi), FRANZCR

Dr Angela Yates is a consultant Radiation Oncologist with a special interest in Stereotactic Radiotherapy. She has post-graduate Fellowship training in CNS and Lung Stereotactic Radiotherapy at The Alfred hospital in Melbourne. Dr Yates practices an evidence based multidisciplinary approach incorporating new technology and innovation to cancer care. Dr Yates treats all oncological tumours at ICON Cancer Centre located in the San.

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AN ARTICLE WRITTEN BY OUR LEADING SAN SPECIALIST **Dr Charles Nelson**

Cardiovascular Disease and Diabetes

Overview

Cardiovascular Disease (CVD) is the biggest health problem that a diabetic faces. While CVD is also the biggest health problem the general population faces, the incidence of CVD and cardiovascular events (CVEs) doubles in diabetics. CVD is responsible for 50% of mortality in diabetics.

Screening, Lipid Therapy (Lipid Rx) and BP

American Diabetic Association (ADA), American College of Cardiology (ACC), European Society of Cardiology (ESC) and Heart Foundation (HF) recommend more aggressive screening for, and treatment of, CVD in diabetics than in the general population.

ACC/ESC/HF (age 45) recommend everyone have a Heart Check at age 40. Heart Check includes calculation of the patient's 10-year risk of myocardial infarction and preventive therapy appropriate to the risk. For all diabetics, firstly, minimum Rosuvastatin 10 mg or equivalent is mandated regardless of calculated risk score. In diabetics without demonstrated CVD, a calculated risk of:

- >3% risk (men) >4% (women) indicates a target LDL < 2.6 mmol/l, >7.5% indicates minimum Rosuvastatin 20 mg
- >15% risk (men) >20% (women) indicates a target LDL < 1.8 mmol/l
- < 50% baseline and > 30% risk (men) > 20% (women), indicates a target LDL < 1.4 mmol/l and < 50% baseline.

Risk calculators not including DM are inappropriate for diabetics. Mesa risk calculator incorporates Calcium Score (Ca Sc) resulting in 20 x the accuracy of other calculators. Adding Ca Sc to the risk calculation leads to a change in Lipid Rx in 25% of pts. Ca Sc is therefore extremely valuable in diabetics and should be considered when DM diagnosed especially if the patient is naïve to Lipid Rx.

Screening CT coronary angiogram (CTCA) is reasonable in diabetics even if there is no evidence of coronary disease (CAD), especially if there is family history (FHx) of CAD (FHx being an independent indication for screening CTCA), TIA, stroke, carotid bruits, peripheral arterial disease or ECG abnormalities. ESC recommends screening ECG in diabetics if there is Hypertension or if CVD suspected. Given CVD is present in 32% of diabetics, it is reasonable to suspect it in any diabetic.

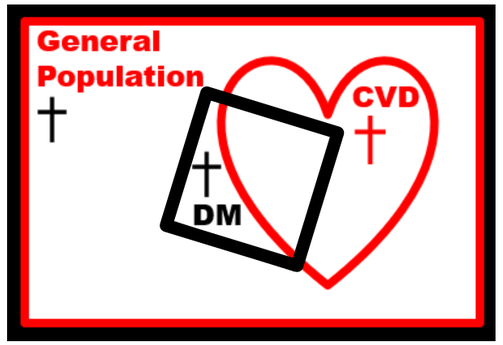

Figure 1:

Mortality Venn Diagram. Areas representing DM mortality (tilted square) and CVD mortality (heart shape) are proportionate to each other and also to the percentage of General Population Mortality for which they are each responsible. DM mortality accounts for ~11% of General Population mortality. CVD mortality accounts for ~33% of General Population mortality. CVD accounts for ~50% of DM mortality. DM mortality accounts for 16% of CVD mortality. Although 2/3 CVD deaths occur in pts with DM or pre DM.

ACC/ESE/ADA mandate a threshold and target BP of 130/80 mmHg in diabetics. For diabetics with demonstrated CVD, ACC/ESC mandate the following:

- minimum Rosuvastatin 20 mg,
- target LDL < 1.4 mmol/L
- sufficient Lipid Rx to reduce baseline LDL by >50%.

ADA now states it is reasonable to initiate statin in diabetics >75yo.Repeating Ca Sc 3 yrly has been recommended in diabetics who have not yet fulfilled criteria for the most aggressive Lipid Rx to reassess risk and increase Lipid Rx when appropriate. Unfortunately, Lipid Rx has the paradoxical effect of increasing Ca Sc over time compared to untreated patients, despite reducing the cardiovascular risk. Therefore, serial Ca Sc in Lipid Rx patients can overestimate (but will not underestimate) risk.

Sodium–Glucose Transport Protein 2 Inhibitors (SGLT2I) and Glucagon-like Peptide–1 Receptor Agonists (GLP-1RA)

Unlike any other glucose lowering agents, recently, SGLT2I and GLP-1RA have been demonstrated to reduce CVEs (with ~equal efficacy) in diabetics. In diabetics with CVD, or even only with risk factors for CVD, or with diabetic kidney disease, SGLT2I also reduce risk of heart failure hospitalization and progression of kidney disease.

ADA recommend SGLT2I or GLP1RA in diabetics as part of the glucose-lowering regimen independent of HbA1C. If patient is already on Metformin +1 or more other agent and not on SGLT2I or GLP1RA, ADA recommends switching non-Metformin agent(s) to SGLT2I and/or GLP1RA and finally that GLP1RA is preferred to insulin.

It is currently unknown whether use of both SGLT2I and GLP1RA in the same diabetic patient will provide an additive cardiovascular outcomes benefit versus either alone. Their mechanisms of action being quite different supports the hypothesis their benefits are additive.

Caution is recommended using SGLT2I >75 yo and they are not recommended in >85 yo.

PBS

PBS subsidy of SGLT2I or GLP1RA is available for only a minority of patients for whom there is clinically proven benefit. Even for this minority, PBS requires a protracted labour-intensive process for both patient and doctor. As well as denying the patient the benefits of these medications, there is potential for direct harm through mandatory use of sulphonylureas with known adverse effect profiles including hypoglycaemia.

"Blood Thinners"

Recent, as yet not practice changing, research suggests a potential future role for prolonged and/or more intensive antiplatelet therapy in diabetics with CVD. However, what is practice changing is the new proven role for rivaroxaban 2.5 mg BD in addition to aspirin for secondary prevention of CVEs in a substantial proportion of CVD patients both with and without DM. Independently, colchicine 500 mcg daily now has a similar proven benefit in these patients.

CABG

In diabetics with triple vessel disease CABG delivers superior clinical outcomes to stenting.

Dr Charles Nelson

MB BS, MPhil, FRACP, FCSANZ

Dr Charles Nelson is a General Cardiologist with a subspecialty interest in Imaging. He has a Masters in Cardiac Imaging, a Clinical Echocardiology Fellowship, and is a registered Cardiac/Coronary CT Specialist. His main practice is at Wahroonga and satellite practices at Tuggerah and Morisset.

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ELIA WELLNESS

GP Information Sheet
Reduce Your Risk for Cancer Plan

FACTS AT A GLANCE

30-45% of all cancers may have been prevented if risk factors (e.g. tobacco, poor diet, obesity and alcohol) had been altered to optimal levels or eliminated.

ELIA Wellness:

ELIA Wellness is a sister organisation to the Sydney Adventist Hospital under the corporate umbrella of Adventist HealthCare. It aims to inspire and empower people to achieve Whole-Person health as defined through the 7 Dimensions of Wellness.

All plans, programs and information on the ELIA Wellness digital platform are evidence-based and referenced. A Knowledge Centre is also included, which provides information that promotes optimal health across the 7 Dimensions of Wellness.

Reduce Your Risk of Cancer Plan:

ELIA Wellness has collaborated with the Integrated Cancer Centre and Cancer Support Services at Sydney Adventist Hospital to develop a free 28-day behavioural change plan – Reduce Your Risk of Cancer. This plan educates people about the relationship between lifestyle behaviours and the risk of developing cancer and helps them to start modifying these behaviours.

The plan is delivered on the ELIA Wellness digital platform, both through the Wellness App (iOS and Android) and the www.eliawellness.com website. Participants can use either platform, or both.

Wellness plans provide a daily To Do list, which users mark off as they complete tasks. Plans include referenced, evidence-based videos, articles, fact sheets, activities and recipes.

Plan content is presented by staff associated with the Integrated Cancer Centre as well as ELIA Wellness presenters.

Plan content is presented by staff associated with the Integrated Cancer Centre as well as ELIA Wellness presenters.

A/Prof Gavin Marx
BSc(Med), MBBS(Hons), FRACP, Medical Oncologist, Director San Clinical Trials Unit, Clinical Director, San Integrated Cancer Centre, Plan host

Anna-Louise Mohl
Exercise Physiologist

Claire Ho
Dietician, Food and Nutrition

FREQUENTLY ASKED QUESTIONS BY GPs:

What does it cost?

- Wellness App: **FREE**
- Reduce Your Risk of Cancer Plan: **FREE**
- Knowledge Centre - Fact sheets, articles, videos and recipes: **FREE**

How do I download the Wellness App and find plans?

To sign up:

1. Download the Wellness App

Available on the App Store | Google Play

2. Create an ELIA Wellness Account
3. Click on Self-Guided Plan
4. Start your Reduce Your Risk of Cancer Plan

How can I share this with my patients?

Please ask your patients to email us at **pro@eliawellness.com**

New specialist nurse at the San

SYDNEY MEN WITH PROSTATE CANCER AND THEIR FAMILIES WILL SOON HAVE IMPROVED ACCESS TO SPECIALISED SUPPORT, THANKS TO THE INTRODUCTION OF A NEW PROSTATE CANCER SPECIALIST NURSE AT THE SAN, LEVINA SAAD.

The Prostate Cancer Foundation of Australia's (PCFA) Specialist Nursing Service is working with local health care teams and the community to improve outcomes for men impacted by the disease.

PCFA CEO, Professor Jeff Dunn AO, said hundreds of men in the area would benefit, with about 16,700 Australian men newly diagnosed each year.

PCFA's Director of Nursing Programs, Sally Sara, said the new nurse would be a welcome addition to the nationwide Service.

"Sydney Adventist Hospital's commitment will vastly improve the support available to local men and families impacted by the disease, giving men much greater confidence that they can navigate the challenges of prostate cancer with all the support they need," she said.

Ms Saad said she was honoured to take up the role and be the first Prostate Cancer Specialist Nurse appointed in Sydney Adventist Hospital and funded by PCFA to support local men and their families impacted by prostate cancer.

Would you like to arrange a visit with one of our GP liaisons?

email us at **doctorengagement@sah.org.au**

UAE a promising treatment for Adenomyosis

A SAN RESEARCH TEAM HAS PUBLISHED FIVE-YEAR FOLLOW-UP RESULTS CONFIRMING UTERINE ARTERY EMBOLISATION (UAE) TO BE A PROMISING OPTION FOR WOMEN WITH ADENOMYOSIS SUFFERING FROM DEBILITATING HEAVY MENSTRUAL BLEEDING AND PERIOD

Adenomyosis is a benign disease of the uterus that occurs when the tissue that normally lines the inner cavity has infiltrated the wall. The condition is far more common than clinically realised, and is found in 80 to 90 per cent of endometriosis sufferers. It is often missed in ultrasound exams, with women going undiagnosed from the debilitating condition for years.

In the past, if conservative medical therapy has failed, hysterectomy – major surgery that is not without long-term consequences – is often recommended.

San interventional radiologist Dr Eisen Liang and San gynaecologist Dr Bevan Brown led the research that has proven UAE as a safe and effective option.

UAE is a little-known non-surgical procedure, often used to shrink fibroids. The radiological intervention is performed under local anaesthetic, and requires just a one-night stay in hospital with a few days' rest at home to recover.

Initial results from the study that is following 117 women showed 90 per cent satisfaction at 22 months. This was published in Australian and New Zealand Journal of Obstetrics and Gynaecology (ANZJOG) in 2018 and remains the largest study with the highest success rate.

They published again in the April 2021 issue of ANZJOG their five-year results to prove that UAE is a long-lasting treatment. Recurrence of symptoms was noted in just 10 per cent of participants.

"The significance of our study is that those women who choose to avoid a hysterectomy do not have to put up with heavy painful periods anymore," said Dr Liang. "They can come forward to have UAE, which has been 'life-changing' for many women."

Dr Eisen Liang

MBBS (Hon1 UNSW) FRCR FANZCR

Dr Eisen Liang has been an interventional radiologist at the San since 2004. He has special interest in women's health intervention using embolisation to treat fibroids, adenomyosis and pelvic congestion syndrome. He works collaboratively with gynaecologists and conducts clinical research at the San. He consults patients at San Clinic, Bella Vista, Chatswood and Westmead Private.

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Urology Research Fund

SYDNEY ADVENTIST HOSPITAL IS WORKING TOWARDS ESTABLISHING A PROSTATE CENTRE OF EXCELLENCE (COE). PROFESSOR HENRY WOO, THE DIRECTOR OF THE PROSTATE CENTRE OF EXCELLENCE, SAYS THIS INITIATIVE HAS BEEN A LONG-TERM VISION OF THE HOSPITAL EXECUTIVE TO IMPROVE THE OFFERING IN PROSTATE CARE AT THE SAN.

The San Foundation has long supported prostate services around radiology and the early detection and treatment of prostate cancer at theospital. Consequently, patients at the San have access to unique technology and expertise in diagnostics. This latest donation from San Foundation will enable the Hospital to significantly invest in research and education, enabling the Prostate Centre for Excellence to become a reality.

Professor Woo has also provided a generous donation. In fact, it is the most significant gift the San has received from an AMO, demonstrating Professor Woo's strong personal commitment to the initiative.

"The culture of philanthropy is alive and well in our urology department," Prof Woo explained. The urologists have each donated annually to an education fund to upskill nurses in the area of urology. This ensures our patients have access to highly qualified nurses who are regularly trained in the most up to date techniques."

Dr James Symons and Dr Venu Chalasani, along with Prof Woo have been key donors supporting the COE. " We want this centre to be world-class in its research approach", Prof Woo explained.

"To fulfil this vision, we need to attract the right people", he explained. "This year, we hired our first prostate research fellow, Dr Hadia Khanani, who is proving to be a highly valued member of our urology team.

"With the funding raised, we've established two research fellow positions. The foundation has funded the first full-time position, and the second position is partially funded by myself and my colleagues Dr Symons, and Dr Chalasani.

We recently completed the highly competitive recruitment process for these positions, and I'm delighted to announce both places have been filled. Dr Anika Jain will hold the position of Prostate Research Fellow and Dr Anthony-Joe Nassour will join us as our Clinical Research Fellow. Both will commence their roles with us in Feb 2022," Prof Woo explained.

The clinical research fellows will work closely with Professor Woo and the Prostate COE steering committee to develop and implement research projects that enhance the clinical and academic reputation of AHCL in prostate services and move AHCL towards recognition as a centre of excellence in Prostate Services.

These positions will have a mix of research and clinical activity. The clinical activity may include assisting in operations, in-patient care and teaching activities in association with medical students from the Australian National University.

The research fellows will work closely with urologists and radiologists to develop and implement research projects that enhance our clinical and academic reputation in prostate services. Our Fellows will collaborate with clinicians to develop new study proposals, preparation of grant applications, undertake research activities and data management and analysis, prepare manuscripts and submit reports.

Upcoming GP educational events

Would you like to attend one of our GP education sessions?

Please visit **sah.org.au/event-calendar**

Service updates

Changes to eligibility criteria for Swaddle patients coming on December 1

Swaddle is the San's comprehensive maternity package with no out-of-pocket costs*, provided in partnership with HCF.

Currently, expectant mothers are eligible to join the Swaddle program provided they:

- have a valid Medicare card
- have HCF hospital cover with pregnancy and birth related services, and
- will have served the 12-month waiting period for obstetrics services by the date of their baby's birth.

However, new patients booking into Swaddle from 1 December 2021 must hold HCF hospital cover with pregnancy and birth related services exclusively for 12 months before the baby's date of birth.

Patients will no longer be able to switch from other health funds to HCF during their pregnancy to become a member of Swaddle.

Swaddle package inclusions:

- **Obstetrician** - all standard antenatal appointments, pregnancy management fee, plus delivery with your patient's chosen participating Swaddle obstetrician
- **Hospital stay & services** - all delivery theatre costs in state-of-the-art birthing suites, postnatal stay on our maternity ward
- **Ultrasounds** - dating, early structural/nuchal scan, morphology and all necessary growth scans needed as part of the patient's pregnancy journey, at San Ultrasound for Women or Ultrasound Care Australia locations (excluding non-standard procedures and services not covered by Medicare). Please note that referrals for each scan must be from a participating Swaddle obstetrician in order to be included in this package
- **Pathology testing** - all required pathology tests (excluding optional chromosomal abnormality tests) through San Pathology and DHM
- **Anaesthetist and assistant surgeon** - any required anaesthetic care as part of a vaginal or caesarean delivery, as well as the assistant surgeon (if required)
- **Paediatrician** - any care the baby receives from a paediatrician during the mothers' maternity admission
- **Special care nursery**- admission to our special care nursery is covered provided the baby is added to the mothers' private health fund cover within 2 months after the baby's date of birth.

More information for GPs and patients

All the relevant information for both potential patients and doctors, including a list of participating obstetricians and frequently asked questions, can be found on our website at **sanswaddle.com.au**. Our Swaddle brochure is available to download, along with versions translated into Chinese and Hindi.

A GP Factsheet is also available for download at **sah.org.au/gps**. If you would like to obtain physical copies of any of these resources, please contact our GP Liaison staff (contact details can be found on page 20).

If your patients are interested in this program, before referring them to one of our participating obstetricians we encourage them to contact HCF to ensure they have appropriate cover and meet eligibility criteria.

**The excess on the patients' HCF hospital cover still applies and must be paid.*

Blackouts and Faints Clinic

Our San Heart Blackouts and Faints Clinic has been running now for almost two years and has treated over 179 patient. If your patients are experiencing unexplained blackouts or faints, our Blackouts & Faints Clinic provides bulk-billed* clinic tests as part of our comprehensive assessment and evaluation. Our specialist syncope doctors refer your patient on to appropriate specialists or multidisciplinary teams if required. While clinic appointments and associated tests are bulk-billed, any subsequent specialist referral or hospital stay may incur costs subject to specialist billing practices and private health fund cover.

For more information, please visit **sah.org.au/blackouts-and-faints**

Orthopaedics at the San

FOCUS ON REHAB

Our highly regarded orthopaedic service covers a broad range of treatments, from simple day procedures to complex joint reconstructions and replacements. The San has 24 x 7 emergency care, expert medical and physiotherapy services and is chosen for orthopaedics by top athletes and people of all ages.

Our orthopaedic services are supported by PRIME, a rehabilitation program that is particularly beneficial if your patients are undergoing hip, knee or back surgery. The pre-surgery education, advice and strengthening exercises provided in this program can assist recovery afterwards, ensuring that patients have the correct support networks in place during recovery, and are better prepared for their return home.

By referring to one of our orthopaedic specialists, your patient will automatically be contacted by a case manager, and the process of the prime program commences. It is important to note that your patient must meet a set criteria for admission to inpatient rehabilitation. You will be kept informed about your patient's progress and receive a discharge summary for their ongoing care.

For more information, please visit **sah.org.au/rehabilitation-overview**

San Clinic is coming to the Northern Beaches

Adventist Healthcare (AHCL) is proud to announce that we are broadening our horizons and bringing our specialist services to the Northern Beaches.

Mona Vale San Clinic will bring our leading specialists to your community. The clinic will provide a fast access pathway for Northern Beaches residents to access high-quality private health care at Sydney Adventist Hospital – the state's largest and most established private hospital.

The San – as it is fondly known – has a long history of serving patients in the Northern Beaches, offering world-class services, the very best sub-specialised expertise, state of the art technology and facilities, and an outstanding service culture. As well as providing a comprehensive range of acute medical, surgical, diagnostic and support services, our emphasis on wellness ensures we take a holistic approach to patient care.

The rooms service various specialists, including Cardiologists, Orthopaedic Surgeons, General Surgeons and Colorectal Surgeons. As well as bringing our leading clinicians to your region, we are also partnering with Ultrasound Care Australia and opening a second San Ultrasound for Women scanning location in the same rooms. San Ultrasound for Women provides diagnostic imaging services for women of all ages and specialises in obstetric and gynaecological ultrasound and prenatal diagnosis.

Why are we doing this?

Our hospital's mission is to care for the body, mind and spirit of our patients and the more people we can offer this support to, the better we can serve our mission.

How do I refer patients to Mona Vale San Clinic?

Patients can be referred into the clinic in the typical way, through the doctors' usual consulting rooms. They are listed in the table below. If referring to San Ultrasound for Women, please contact **9998 5100** or email **monavale@ultrasound.com** to request a referral pad.

Parking options for patients:

There is free parking available for a period of three hours under the building – entry access through Bungan Lane (disabled parking is also available).

There is a free parking station in the Bungan Street car park – access through Bungan Lane (2 hours free).

Street parking is available, but it is limited.

Where is the clinic located?

Suite 1, 20 Bungan Street
Mona Vale NSW 2103

Which specialists will be available?

The below specialists are currently consulting in the clinic. However, the range of specialists utilising the space will likely increase over the coming months.

Note: This is current as of July 2021, for up to date information please visit **sah.org.au/consulting-suites**

Specialist	Specialty	Specialist
Jason Sharp	Cardiology	(02) 9194 5000
Dennis Wang	Cardiology	(02) 9194 5000
Walid Barto	General / Colorectal	(02) 9480 4258
Jun Nagamori	Orthopaedics	(02) 9806 3333
Assad Zahid	General / Colorectal	(02) 9480 4258
Craig Lynch	Colorectal	(02) 8921 9188
Sandra Krishnan	General / Breast	(02) 9467 5400

Emergency Care - Open 24/7

The San has the most extensive and busiest private emergency facility in NSW, treating approximately 18,000 patients annually. The service is supported by 24/7 Radiology and Nuclear Medicine services 365 days a year with a broad range of imaging services for patients who require an x-ray, CT, ultrasound or emergency interventional procedures and MRI services seven days a week. The fee for the service is $335, however Sydney Adventist Hospital waives this $335 gap for patients arriving by ambulance.

For more information visit **sah.org.au/emergency-care**

Newly Accredited Specialists

Dr Mercedes Espada Vaquero

MD, PhD, Especialista en Obstetricia y Ginecologia (Spain). FRANZCOG

Dr Espada is a Specialist in Obstetrics and Gynaecology in Spain, Australia and New Zealand. She is a MIGS (Minimally Invasive Gynaecological Surgeon) and a Sonologist. Dr Espada does research in Gynaecology and has a particular interest in endometriosis, laparoscopic and robotic surgery and ultrasound. She has co-authored multiple publications in international peer-reviewed journals, and has been the recipient of multiple grants and awards in Spain, Australia and USA. She is also a Clinical Senior Lecturer at The University of Sydney and has a PhD.

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Dr Suelyn Lai-Smith

BSc(Psych)Hons, MBBS, FRANZCOG

Dr Suelyn Lai-Smith is a highly skilled obstetrician and gynaecologist working full-time at SAH. She manages all pregnancies and general gynaecological conditions like colposcopy, contraception, infertility, PCOS, prolapse, menopause and abnormal bleeding. She has completed additional training in advanced laparoscopic and open surgery, and has an interest in minimally invasive surgery.

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Dr Timothy Middleton

BSc (Adv) Hons I, MBBS, MPhil, FRACP

Dr Timothy Middleton is an endocrinologist with clinical interests in diabetes mellitus and general endocrinology. He has trained at Concord Repatriation General Hospital and Royal Prince Alfred Hospital in Sydney. Dr Middleton's private rooms are located within the San Clinic.

(02) 9480 8988 email@shorecardiology.com.au

GP survey

WE NEED YOUR INPUT TO BETTER SUPPORT YOUR PRACTICE AND OUR COMMUNITY!

It takes only 5 mins, and you'll go into the draw to win $500.

Access your survey here: