WITHOUT ACTION
400 MILLION PEOPLE
WILL DIE FROM CHRONIC DISEASES
IN THE COMING DECADE

MANY OF THESE DEATHS WILL OCCUR PREMATURELY WITH
DEVASTATING EFFECTS FOR FAMILIES, COMMUNITIES AND NATIONS
THE GLOBAL IMPACT OF DISEASE AND INJURY...

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

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

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

The statistics presented at the front of this report provide some idea of the enormity of the issues we face in tackling non-communicable diseases and injury in many regions of the world. The following review highlights the efforts of The George Institute in overcoming these challenges.
In 2006, the third annual meeting in the China Health Policy Roundtable series was held to bring together international health experts with senior representatives from the China Ministry of Health and other government departments to discuss and examine health policy issues relevant to China. This meeting was the final in the current series of three Roundtables established under the auspices of a Memorandum of Understanding between the China Ministry of Health and The George Institute for International Health.

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

Following the Roundtable meeting, The George Institute, working in collaboration with members of an International Reference Group, prepared a policy report and recommendations based on the meeting outcomes. The report will be presented to the China Ministry of Health for its consideration in planning future health policy reform in China.
In the latter part of 2006, a new Health Policy Division was created at the Institute to undertake research and analysis of government health policies and policy initiatives. The focus on health policies will pertain to those specifically impacting low and middle-income countries, particularly the development and delivery of new medicines and vaccines. Using research evidence, more efficient health policies can be designed and recommended to government policy makers and funding sources. The capacity and capabilities of this new Division were enhanced when several policy experts transferred to The George Institute from the London School of Economics and Political Science. This group is best known for their analyses of the development of pharmaceutical products for neglected diseases, as well as their widely-acknowledged report on this area, which detailed new approaches to government funding policies for the treatment of diseases such as tuberculosis, malaria and sleeping sickness. The Health Policy Division will facilitate empirically based analysis to assist those making health policy to craft effective public policy in response to changes in the international health environment.
The George Institute has joined with a number of other international clinical research centres and affiliated academic institutions to form a world-first academic research alliance. Known as the Academic Alliance for Clinical Trials (AACT), this umbrella body provides a wide range of services, embracing research science, strategy development, researcher training and development, clinical trials services (including data management and biostatistical services) and health policy and practice.

During 2006, much work was undertaken by the Institute and its AACT partners, the MMRF Berman Center for Outcomes and Clinical Research and the Coordinating Center for Biometric Research (University of Minnesota, USA) and the Julius Center for Health Sciences and Primary Care (University Medical Center Utrecht, The Netherlands) to develop and deliver its unique service portfolio. The AACT is likely to attract increased research funding from potential sponsors of large-scale international research, and thus promises to both strengthen the research capacity of The George Institute and increase its impact on health policy and clinical practice.
In early 2006, Australia’s National Health and Medical Research Council announced a $2.8 million research grant for a study focusing on improving health outcomes for Indigenous Australians. The study is examining why Aboriginal people who are suffering chronic disease are not accessing the benefits of improved health systems experienced by other Australians.

The research, being conducted by The George Institute, the Menzies School of Health Research, and six Aboriginal Medical Service sites, is utilising the substantial funding over the next five years to identify existing health system barriers and develop strategies to reduce obstacles to essential care. The significant funding reflects the federal government’s recognition of the urgent need to address the difficulties faced by Indigenous Australians in accessing health services, as well as the high rates of heart and kidney disease in Aboriginal people. The research will bring together senior doctors, Indigenous community leaders, health researchers, policy makers, health workers, patients and communities across three Australian states – New South Wales, Queensland and the Northern Territory. The study is being coordinated by the Renal Division at The George Institute, which focuses on the development and implementation of treatment and prevention strategies for kidney disease. It exemplifies the efforts of the Division to improve equity both in health outcomes and in access to health care for patients with kidney disease.
The Institute’s commitment to India was strengthened in 2006, with the establishment of The George Institute, India in Hyderabad. In recent years, George researchers have undertaken significant health studies in Andhra Pradesh, a rural part of India, in response to the alarming rise in mortality from diabetes, hypertension and other chronic diseases which are claiming more lives than ever before. The goal of the Andhra Pradesh Rural Health Initiative (APRHI) is to improve the health status, prevent and manage non-communicable disease, prevent premature death, and enhance access to health services for the rural population.

Also in 2006, The George Institute hosted a meeting of experts in the field of mortality surveillance at a major workshop in New Delhi, India. Delegates from Canada, USA, UK, India and Australia discussed the progress of mortality surveillance initiatives in India and other regions. Validation techniques were reviewed and participants discussed the findings of APRHI with a particular focus on its long-term implications for India. To adequately support these activities and develop and implement further health projects, the Institute needed to have a firm base, and Hyderabad was selected as the ideal location for the new Indian subsidiary of the Institute. Senior staff were appointed during the year to lay the foundations for this new, permanent subsidiary.
Relative to other health and medical research institutes in Australia and overseas, The George Institute has been in existence for a very short period of time. What I find particularly impressive, as evident in the pages of this report, is how much the Institute has achieved, and how far it has come, in its comparatively brief life.

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

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

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

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

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

In a significant move to enhance its on-the-ground presence in those countries, The George has undertaken considerable efforts to define its objectives and the strategies needed to achieve them. This is critical in the initial years of any new ‘startup’, as it takes time to recognise and address issues that are not apparent in the early planning stages. The Institute’s new strategic plan sets out exactly where it wants to head and what its priorities are. In support of this, the Institute has strengthened its depth of leadership and put in place a board and management structure that will guide and sustain its longer term growth.

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

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

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

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

Successful research bodies, like other successful enterprises, need clear and relevant goals combined with strong, purposeful leadership. In the past 12 months the George has undertaken considerable efforts to define its objectives and the strategies needed to achieve them. I am pleased to present to you these goals for the future development of the Institute.

It is my pleasure to present to you the 2006 Annual Review of The George Institute for International Health.
This year we significantly stepped up our presence offshore in the regions which have become a particular focus of our research. Our program in China has been upgraded with the establishment of The George Institute, China as a legally independent subsidiary registered in Beijing. This will enable a larger staff to more fully support our on-the-ground programs in China, and reaffirms our long-term commitment to this country in terms of health research and policy advice. Similarly in India, we have established a new subsidiary, The George Institute, India in Hyderabad. This is our first significant base in the region which will bolster our input into local public health and clinical initiatives.

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

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

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

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

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None of the work highlighted in this annual review would ever have seen the light of day were it not for the support and generosity of our many sponsors who see value in the work that we do. The competition for grants and other forms of health funding in this country is intense, and the additional support from the corporate and philanthropic sector is essential if our research is to happen and the outcomes realised. Thank you to all those supporting bodies listed in this report for their generosity and belief in our goals.

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

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

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

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

BOARD OF DIRECTORS

Dr John Yu AC FRACP FRACMA

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

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

Peter Church OAM

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

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

• Special Counsel to Blake Dawson Waldron;
• Chairman of Thai law firm Bangkok International Associates Limited;
• Member of the global Board of Directors of IMAP (the International Network of M&A Partners);
• Non-executive director of ‘Australia Centre’ businesses (principally English language schools in Chiang Mai, Thailand and in Medan, Indonesia);
• Member of the Advisory Board of eangelz.com (an Asia-wide networking organisation based in Singapore) and Indonesia’s Aksara Foundation (a charitable organisation that promotes dialogue on important social, economic and political issues).
Prof. Andrew Coats
Andrew Coats is Deputy Vice-Chancellor (Community) and was previously Dean, Faculty of Medicine, The University of Sydney. He has had a distinguished international career in clinical cardiology, with a particular focus on the treatment of chronic heart failure. He took undergraduate studies in medicine at Oxford and Cambridge universities before completing his general medical and cardiological training in Melbourne. Andrew returned to Oxford to conduct research in his key areas of interest – hypertension, heart failure and cardiovascular physiology.

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

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

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

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

Peter Burrows (until June 2006)
A stockbroker and director of Bell Potter Securities, Peter Burrows has chaired a number of listed public companies such as Rabbit Photo, Garratts and China Region Investments. He has served on a number of company boards such as Stocks Convertible Trust plc and the Sydney Stock Exchange.

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

Peter is an Honorary Fellow of The University of Sydney.

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

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

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

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

SENIOR EXECUTIVES

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

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

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

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

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

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

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

**RESEARCH AND DEVELOPMENT ADVISORY COMMITTEE (RADAC)**

- **Professor Judith Whitworth AC** (Chair)
  Director, John Curtin School of Medical Research, Australian National University, Canberra
- **Professor Bruce Armstrong AM**
  Director of Research, Sydney Cancer Centre, Royal Prince Alfred Hospital, Sydney
- **Professor Robert Black**
  Chairman, Department of International Health, The Johns Hopkins University, Baltimore, USA
- **Professor Andrew Coats**
  Deputy Vice-Chancellor (Community), Faculty of Medicine, The University of Sydney
- **Professor Adele Green AC**
  Deputy Director, Queensland Institute for Medical Research
- **Professor Adrian Hyder**
  Leon Robertson Chair, Bloomberg School of Public Health, The Johns Hopkins University, Baltimore, USA
- **Professor KE Yang**
  Executive Vice-President, Peking University Health Science Center, Beijing, China
- **Professor Stephen Leeder AO**
  Director, Australian Health Policy Institute, The University of Sydney
- **Professor HAN Qide (Chair)**
  Vice-Chairman, Standing Committee, China National People’s Congress
- **Dr CAI Jiming**
  Head, Chinese Preventive Health Association
- **Professor GAO Renlin**
  Director, Chinese Cardiology Association
- **Professor HUANG Jiefu**
  Vice-Minister of Health, China Ministry of Health

- **Professor Terry Nolan**
  Head, School of Population Health, The University of Melbourne
- **Professor Srinath Reddy**
  Head, Department of Cardiology, All India Institute of Medical Sciences, New Delhi, India
- **Professor Andrew Wilson**
  Executive Director, Policy Planning and Resourcing, Queensland Health
- **Dr Derek Yach**
  Director, Global Health, Rockefeller Foundation, New York, USA

EX OFFICIO:

- **Professor John Chalmers AC**
  The George Institute, The University of Sydney
- **Professor Stephen MacMahon**
  The George Institute, The University of Sydney
- **Professor Robyn Norton**
  The George Institute, The University of Sydney

**CHINA ADVISORY BOARD**

- **Professor YANG Gonghuan**
  Deputy Director-General, China Ministry of Health
- **Professor YANG Gonghuan**
  Director, National Center for Public Health Surveillance and Information Services, Chinese Center for Disease Control and Prevention
- **Dr Henk Bekedam (Observer)**
  World Health Organization, China

**STAFF AWARDS AND ACHIEVEMENTS**

- **David Ali**
  – Elected to the Board of Directors, Australian Association of Regulatory and Clinical Scientists
- **Kate Anderson**
  – Terrie-Mann Scholarship, The Australian Federation of University Women
  – G.H.S and I.R. Lightoller Scholarship, The University of Sydney
  – ACSANZ Post Graduate Travel Award, Association for Canadian Studies in Australia and New Zealand
- **Professor YANG Gonghuan**
  – Appointed Conjoint Senior Lecturer, The University of Sydney

**SOUTHEAST ASIA**

- **Sueflane Boufous**
  – NHMRC Post-doctoral Public Health Fellowship
- **John Chalmers**
  – Awarded the Honorary Degree of Doctor of Medicine by The University of Sydney on the occasion of its Sesquicentenary celebrations
- **Kathie Clapham**
  – Australian Injury Prevention Network’s Award for Meritous Achievement in Research
- **Leonie Crampton**
  – Appointed Vice-President, Australasian Health and Research Data Managers Association
- **Maree Hackett**
  – PhD ‘Deans list’, The University of Auckland
- **Christina Halteh**
  – Dorothy Thorpe Prize for Excellence in Science Communication, The University of Sydney

**EUROPE**

- **Alex Headley**
  – Peter Bladin New Investigator Award, Stroke Society of Australasia (SSA)
- **Shaheen Islam**
  – Australian Medical Council (AMC) exam: First part (written/MCQ)
- **Stephen Jan**
  – NHMRC Career Development Award
- **Lisa Keay**
  – NHMRC Overseas Public Health (Sydney SA) Fellowship
- **Andre Pascal Kengne**
  – Young Investigators Travel Grant, International Society of Hypertension
  – Jin Widimsky Sr Award, International Society of Hypertension
  – ‘Prevention’ Finalist, Health@Sydney Research Prize
- **Crystal Lee**
  – ‘Prevention’ Finalist, Health@Sydney Research Prize
- **Stephen MacMahon**
  – AstraZeneca Cardiovascular Award, International Society of Hypertension
  – Awarded Doctor of Science by The University of New South Wales
- **Alex Martinuk**
  – The John Chalmers Post-Doctoral Award, The George Foundation for International Health
- **Janet McEvoy**
  – The John Chalmers Doctoral Award, The George Foundation for International Health
- **Sarah White**
  – ‘Prevention’ Finalist, Health@Sydney Research Prize
- **Toshiharu Ninomiya**
  – ISH International Fellowship, the Foundation for High Blood Pressure Research
- **Robin Norton**
  – Appointed Associate Dean (International), Faculties of Health, The University of Sydney
- **Anushka Patel**
  – Peter Bancroft Prize, The University of Sydney
- **David Peiris**
  – Ian O’Rourke PhD Scholarship, the Clinical Excellence Commission
- **Vlad Perkovic**
  – Royal Australasian College of Physicians
  – Pfizer Cardiovascular Research Fellowship
  – National Heart Foundation
  – Postdoctoral Fellowship
- **Sarah Potter**
  – NHMRC J-C Martin Postdoctoral Training Fellowship
- **Mark Stevenson**
  – NHMRC Senior Research Fellowship
- **Fiona Turnbull**
  – The John Chalmers Doctoral Award, The George Foundation for International Health
- **Sarah White**
  – ‘Prevention’ Finalist, Health@Sydney Research Prize
- **Vlado Perkovic**
  – Genzyme Young Investigator Travel Grant, Australia and New Zealand Society of Hypertension
- **WI Yongfeng**
  – The China Country Level Bai-Qian-Wan (Hundred, Thousand, Ten-Thousand) Experts
In order to maximise the global effort in tackling chronic disease and injury, The George Institute collaborates with many research partners across the world.

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

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

This international network of reputable partners means that the George can identify and implement more effective and affordable prevention and treatment strategies for the benefit of all concerned.
### INSTITUTE FUNDING SOURCES 2006

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**RESEARCH SPOTLIGHT**

### Completion of Current Series of China Policy Roundtables

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

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

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

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**ABOUT THE GEORGE INSTITUTE, CHINA**

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

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

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**2006 ACHIEVEMENTS**

**NEW CHINA OFFICES**

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

**SCIENTIFIC WORKSHOPS**

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

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

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**100,000 DEATHS PER ANNUM IN CHINA FROM MOTOR VEHICLE INJURY**

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

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

VISITING FELLows

In 2006, the Institute hosted several visiting fellows including:

- **Professor YANG Xiaoguang**, Professor at the National Institute of Nutrition and Food Safety, China Center for Disease Control and Prevention, who spent a month at the George working on a series of hypertension studies to be conducted in China and Australia.
- **Dr FAN Jing**, WHO Policy Fellow and Program Officer of the Medical Service Management at the China Ministry of Health, spent one year at the George to research health care performance evaluation.
- **Dr REN Minghui**, Deputy Director General, Department of International Cooperation at the China Ministry of Health, has been involved in numerous major research projects including the 'Health care systems research in rural China' and 'Financing and organisation of health care services in poverty areas of China' (World Bank). He has worked as a collaborator on the 'Pilot study of health insurance reform in urban China' (Chinese State Council) and the 'Experiment in community health protection policy exploration, training and demonstration program' (United Nations Development Programme).

HONORARY SENIOR FELLOWS APPOINTED

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

- **Dr LIU Yunguo** is the Deputy Director of China Ministry of Health, has been involved in numerous major research projects including the 'Health care systems research in rural China' and 'Financing and organisation of health care services in poverty areas of China' (World Bank). He has worked as a collaborator on the 'Pilot study of health insurance reform in urban China' (Chinese State Council) and the 'Experiment in community health protection policy exploration, training and demonstration program' (United Nations Development Programme).

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

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

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

Professor WU Yangfeng is the Director of The George Institute, China. A cardiovascular specialist, Professor WU is responsible for the Institute's operations in China, and is the scientific program, which covers all the non-communicable disease and injury.

Professor WU has made valuable contributions to reduce the impact of cardiovascular disease in the region thanks to his work at Fu Wai Hospital, the WHO Collaborating Center on Cardiovascular Disease Prevention, Control and Research, China and Peking University. While the Director of the WHO Collaborating Centre on Cardiovascular Disease Prevention, Control and Research in China he has reported on hypertension control in low and middle-income countries, including reducing salt intake in populations.

CHINA-AUSTRALIA PARTNERSHIP FOR HEALTH

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ABOUT THE GEORGE INSTITUTE, INDIA

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

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

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

2006 ACHIEVEMENTS

ANDHRA PRADESH INJURY SURVEY

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

CARDIOVASCULAR DISEASE RISK FACTORS

More research on cardiovascular risk factors was published in mid-2006 in the International Journal of Cardiology. Acknowledging that heart attack and stroke are problems already faced by some urban populations of India, the study found that the levels and management of major cardiovascular risk factors in two villages in rural Andhra Pradesh, India were not favourable. Increasing cardiovascular risk and the prevalence of vascular disease in parts of rural India represents a major public health concern. Significant contributors to cardiovascular disease are highly prevalent and although community knowledge about cardiovascular disease is quite good, management of risk factors remains suboptimal. This work was funded by The Initiative for Cardiovascular Health Research in Developing Countries, New Delhi, the Byrraju Foundation, Hyderabad and The George Foundation, Sydney.

CHRONIC DISEASE MORTALITY

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

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

DIABETES IN RURAL INDIA

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

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

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

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

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

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

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

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

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

Perindopril Protection against Recurrent Stroke Study (PROGRESS) was a large-scale trial that achieved its primary goal of demonstrating the benefits to be gained from the use of routine blood pressure lowering amongst patients with cerebrovascular disease. A series of subsidiary analyses have now commenced utilising the data collected and new funding has been awarded. Several papers have been completed, reporting findings additional to those in the initial report. Collaborators include The University of Auckland, The University of Melbourne, the Chinese Academy of Medical Sciences, the National Cardiovascular Centre, Japan, University of Glasgow, the Lariboisiere Hospital, The Universita degli Studi di Milano, the Uppsala University and 172 other hospital and university centres worldwide. Funding agencies include the Health Research Council of New Zealand, NHMRC, the US National Institutes of Health, the Australian Health Management Group, Pfizer Cardiovascular Lipid Grants and Servier.

APPROXIMATELY

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

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

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

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

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

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

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

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

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2006 ACHIEVEMENTS

STUDY OF HEART AND RENAL PROTECTION (SHARP)

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

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

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

INDIGENOUS HEALTH SERVICES RESEARCH PROGRAM

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

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

2006 ACHIEVEMENTS continued...

INDIGENOUS HEALTH SERVICES RESEARCH PROGRAM continued...

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Ongoing work...

The Blood Pressure Lowering Treatment Trials’ Collaboration conducts research into the effects of different classes of blood pressure-lowering drugs on cardiovascular mortality and morbidity, including patients with kidney disease. This collaboration includes principal investigators from large-scale trials worldwide, including Australia, Asia, North America and Europe. Funding bodies for this collaboration include NHMRC, National Heart Foundation of Australia, AstraZeneca, Bayer, Boehringer-Ingelheim, Merck, Pfizer, Servier and Solvay.

Research to Improve Access to Kidney Transplants (the IMPAKT study) amongst Indigenous Australians is also underway in the Renal Division. Several key presentations were made in 2006 showcasing the findings of this research at national and international meetings. Collaborators include the Menzies School of Health Research, the Cooperative Research Centre for Aboriginal Health, renal units in Sydney, Dubbo, Cherawarra, Darwin, Alice Springs, Brisbane, Cairns, Toowoomba, Adelaide, Port Augusta, Perth, Kalgoorlie and Broome. Funding has been provided by NHMRC.

Randomised Controlled Trial of Normal vs. Augmented Level of Renal Replacement Therapy in Intensive Care Units (RENAI)

This new study commenced in 2006 at more than 30 sites across Australia and New Zealand. This project is looking at the effect of different doses of dialysis in patients with severe, acute kidney failure in the intensive care unit. This project aims to reduce the very high death rates caused by acute renal failure, which currently claims 1,800 lives each year. This is a joint initiative of the Australian and New Zealand Intensive Care Society Clinical Trials Group and The George Institute. The RENAI study is funded by the NHMRC.

Profile

Dr Alan Cass

Director, Renal Division

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

ABOUT THE NEUROLOGICAL AND MENTAL HEALTH DIVISION

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

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

2006 ACHIEVEMENTS

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

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

QUALITY EVALUATION OF STROKE CARE AND TREATMENT (CHINAQUEST)

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

SOCIOECONOMIC DETERMINANTS OF STROKE (SEDS)

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

SLEEP APNEA CARDIOVASCULAR ENDPOINTS (SAVE) STUDY

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

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

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

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

A further study, called TRANSCEND, will examine treatment with either telmisartan or a placebo in an additional 6,000 participants who are intolerant to the ACE inhibitors. The ONTARGET/TRANSCEND trials program involves almost 7,300 study centres in 40 countries. In collaboration with McMaster University, the Oxford University and The University of Auckland, a total of 31,546 participants are involved in the trials, with results due for presentation in 2008.
The study includes approximately 4000 patients available in 2007. Results from the study are expected to be released in 2008.

Trials Research Unit coordinates the study, which is being undertaken in collaboration with several centers in Australia, New Zealand, Canada and the United States who have provided 475 families from Australia, New Zealand, Canada and the United States who have provided data for the study.

In 2006, the FIA studied the role of sleep disordered breathing and its association with acute stroke. The study investigated the frequency, characteristics and outcomes of respiratory disturbance in the setting of acute stroke as well as investigate the role of sleep disordered breathing as a risk factor for acute stroke.

The study examined the effects of helmets on the incidence of motorcycle injuries in Australia in 2007. Results of the first of these studies were published in the journal Injury Prevention.

ABOUT THE INJURY AND MUSCULOSKELETAL DIVISION

The Injury and Musculoskeletal Division operates a diverse research program that focuses on the leading causes of injury-related morbidity and mortality in addition to treatment strategies for musculoskeletal problems. In 2006, the Musculoskeletal Conditions program published the latest results of the HIPAD study (see research spotlight on page 48). It also obtained support from Symbion Health Pty Ltd for the supply of all required study treatment capsules for the LEGS (the Long-term Evaluation of Glucosamine Sulphate) study.

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

Internationally, the Division’s research activities have grown, including a Seatbelt Intervention in China and extensive research on motorcycle helmet use in Vietnam and China (see research spotlight on page 48). It also obtained support from the Chinese Scholarship Council to facilitate in 2006 by scholarships awarded to Institute students from China and India for the Division’s online injury prevention course.
2006 ACHIEVEMENTS IN ROAD SAFETY

CHINA SEATBELT INTERVENTION

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

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

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

YOUNG DRIVER STUDY (DRIVE)

The DRIVE Study is a large-scale cohort study set up to examine risk factors for motor vehicle-related crashes and injuries among young drivers aged 17 to 24 years. Information on a range of key risk factors, including road risk perceptions and behaviours, pre-licence driving experience, training and education, and mental health was collected from 20,822 novice drivers between 2003 and 2004. Methods and study population were described in the first paper published in 2006, and were also presented at several key road safety conferences. The main linkage to outcome data was completed in late 2006 and study results will be disseminated in 2007.

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

DRIVER DISTRACTION IN ROAD CRASHES

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

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

ONGOING ROAD SAFETY RESEARCH

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

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

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

PROFILE

Dr Rebecca Ivers
Director, Injury and Musculoskeletal Division
Head, Injury Prevention Program

Rebecca is an injury epidemiologist who has published widely in the fields of road traffic injury and falls prevention. Rebecca is currently leading a series of systematic reviews examining the effectiveness of interventions in motorcycle safety, and is the lead investigator on the DRIVE study, a cohort study of over 20,000 young drivers. Her research also includes studies in road injury prevention in India, Vietnam and China and she coordinates three injury prevention courses at The University of Sydney.
2006 ACHIEVEMENTS IN INDIGENOUS INJURY PREVENTION
SAFE KOOKI KIDS: A COMMUNITY-BASED APPROACH TO INDIGENOUS INJURY PREVENTION

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

CAPACITY BUILDING IN INDIGENOUS RESEARCH

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

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

ONGOING WORK IN INJURY PREVENTION

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

RESEARCH INTO FALL INJURY RISK FACTORS

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

2006 ACHIEVEMENTS IN MUSCULOSKELETAL CONDITIONS RESEARCH

REHABILITATION AFTER KNEE REPLACEMENT SURGERY IN AUSTRALIA

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

THE PHYSICAL ACTIVITY FOR OSTEOARTHRITIS MANAGEMENT (PAORM) STUDY

Results of the Physical Activity for Osteoarthritis Management (PAORM) study were in press in late 2006 in Arthritis and Rheumatism, highlighting the clinical benefits of both hydrotherapy and Tai Chi classes for older people with chronic osteoarthritis. More than 150 community dwelling older people were randomised to either hydrotherapy or Tai Chi classes for 12 weeks and followed up for six months. PAORM was conducted in collaboration with the Departments of Rheumatology and Physiotherapy at the St George Hospital. The trial was funded by a National Arthritis and Musculoskeletal Conditions Improvement Grant and the Divisions of General Practice (St George, Central Sydney).

CHINA INITIATIVES

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

NEW WORK

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

The George Institute is undertaking this work in collaboration with the Royal Australian College of General Practitioners, St Vincent’s Hospital, St George Hospital, Royal North Shore Hospital and Royal Prince Alfred Hospital. Funding has been provided by NHMRC.
Collaborators include the School of Safety Science and NSW Injury Risk Management Research Centre, The University of New South Wales; The University of Pittsburgh Medical Center and Injury Risk Management Research Centre, The University of New South Wales.

In 2006, recruitment of rugby players for a unique study on sport-related mild traumatic brain injury (mTBI) continued. An ambitious project, this study will develop guidelines for managing players’ return-to-play decisions following mTBI. The study is following 3,500 rugby union players over three years. Researchers will note the incidence of mTBI, the time until intact consciousness returns, and determine the impact of interventions implemented by the rugby clubs.

Researchers will note the incidence of mTBI, the time until intact consciousness returns, and determine the impact of interventions implemented by the rugby clubs.

**2006 ACHIEVEMENTS**

**SALINE VS. ALBUMIN FLUID EVALUATION STUDY (SAFE)**

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

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

**RETROSPECTIVE ANALYSIS OF TRAUMA TRANSFERS (RATTs)**

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

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

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

During 2006, recruitment of patients for this collaborative trial continued in order to find the best health outcomes for intensive care unit patients. Hyperglycaemia is common in critically ill patients, but the best management approach is currently unknown. The NICE-SUGAR study will determine whether targeting a normal blood glucose concentration will benefit patients.

Collaborators include the Australian and New Zealand Intensive Care Society Clinical Trials Group, the Canadian Critical Care Trials Group and The Mayo Clinic. Funding agencies include NHMRC, Health Research Council of New Zealand (HRC) and the Canadian Institutes of Health Research.

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

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

**ONGOING WORK**

The Systematic Review of Trauma Volume and Patient Outcomes will investigate the association between trauma volume and in-hospital mortality. The George Institute works in collaboration with NSW Institute of Trauma and Injury Management, who is also funding the review. The Division completed an Environmental Scan of Trauma Research in Australia. This project assisted in the identification of priority areas of need for trauma care research over the last five to 10 years. The George Institute undertook this work in collaboration with the Australasian Trauma Society. Funding was provided by the Victorian Trauma Foundation.

The Critical Care and Trauma Division also conducted a retrospective review of the Use of CT Chest Scans in Patients with Major Blunt Trauma.
The trial will test whether a 12-week weight loss program in obese women undertaking IVF could be shown to have long-term beneficial effects on metabolic, dietary, exercise, educational and psychological parameters of a weight loss program in obese women undertaking IVF. The majority of the Division’s epidemiological studies are observational, aimed at reliably describing the nature of the associations between major components of lifestyle with chronic disease and injury. Evidence from these studies will be used as the basis for the design and implementation of intervention studies in the fields of obesity, diabetes and smoking prevention.

2006 ACHIEVEMENTS

ASIA PACIFIC COHORT STUDIES COLLABORATION (APCSC)

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

FETAL-ORIGINS OVERVIEWS

This study is designed to investigate the strength of evidence for the fetal-origins hypothesis of adult disease, which proposes that impaired fetal and neonatal growth is associated with increased risk of morbidity and mortality in adult life. New analyses of the associations of birth weight with cholesterol were published in the Annals of Internal Medicine. Data collection for the analyses of the association between birth weight and coronary heart disease was completed and preliminary analyses have begun with publication of results expected in 2007.

Collaborators include the Clinical Trials Service Unit and Epidemiological Studies Unit, the University of Oxford, University of Bristol, St George’s Hospital, London, and the Harvard School of Public Health.
About the Health Policy Division

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

The George Institute’s Health Policy Division provides empirically-based analysis to support policy makers in crafting new public policies to address these new needs and opportunities.
The George Institute / Year in Review 2006

PROGRAMS

ACADEMIC PROGRAMS AND CAPACITY BUILDING

The growth of individual and institutional capacity to address leading health problems, both in Australia and internationally, is a key focus of the George Institute.

To this end, the Institute is committed to supporting the development of skills and expertise of those working both outside and within the Institute. The George collaborates closely with partners such as the University of Sydney in delivering these objectives.

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

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

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

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

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

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

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

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

THE CRM is comprised of four groups:

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

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

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

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

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

COMMERCIAL DEVELOPMENT

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

The George Institute is therefore looking to commercialise intellectual property produced by its research, and to leverage the expertise and capacity developed in the conduct of its programs to reinvest for the public good. Importantly, such activities provide an increasing economic return on investment for the funds employed in developing intellectual property produced by its research, and to commercialise intellectual property produced by its research.

In 2006, the following activities were undertaken:

As the obvious public health benefits.

CONTRACT RESEARCH SERVICES FOR PHASE III CLINICAL TRIAL ADDRESSING HEART FAILURE
A new international trial in heart failure commenced in 2006, evaluating the effects of an ir inhibitor on clinical outcomes among patients with heart failure.

This study utilises the Institute’s extensive networks of researchers and capacity across the Asia-Pacific region. The study involves approximately 900 participants in four countries, including Australia, China, Malaysia and South Korea. The George Institute will manage patient recruitment, project management, monitoring and medical review services over the next four years.

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

Graham Lawrence
Director, Commercial Development
and CEO, George Medica

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

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

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

FINANCE AND ADMINISTRATION

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

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

PEOPLE STRATEGY AND DEVELOPMENT

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

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

PUBLIC AFFAIRS

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

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

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

THE GEORGE IN THE NEWS

DURING 2006, NEWS AND INFORMATION GENERATED BY THE RESEARCH OUTPUT OF THE INSTITUTE WAS COMMUNICATED GLOBALLY VIA RADIO, TELEVISION, NEWSPAPERS, MAGAZINES AND THE INTERNET.

THROUGH HIGHLIGHTING RESEARCH OUTCOMES AND RELATED ACTIVITIES, THE MEDIA PLAYED AN IMPORTANT ROLE IN ENSURING THAT RELEVANT HEALTH INFORMATION REACHES THOUSANDS OF STAKEHOLDERS, BOTH IN AUSTRALIA AND INTERNATIONALLY.

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

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

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


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

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

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

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

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

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

The George Institute’s Prof Stephen MacMahon and Dr Ruchi Neupane contributed to TIME magazine debate on obesity, ‘Fat or Fiction’.


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Kathleen Clapham


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

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

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


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


Alex Headley


Stephane Harrits

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

Hung Dang Viet

Rachel Huxley


Shaheenul Islam

Rebecca Ivers


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


Supervised driving experience in learner drivers – the DRIVE Study. The International Traffic Medicine Association 20th World Conference. Melbourne, Australia, October 2006.


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


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

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

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

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


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

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

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


Stephen MacMahon


Alexandra Martiniuk


Susanne McEvoy

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


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

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


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

Bruce Neal
The effectiveness and costs of population interventions to reduce salt consumption. WHO Forum and Technical Meeting on Reducing Salt in Populations. World Health Organization. Paris, France, October 2006. For the against team, summary and rebuttal in the debate: that the benefits of inhibiting the RAS are due to blood pressure lowering alone. 5th Annual Baker Heart Research Institute and The George Institute for International Health Symposium. Sydney, Australia, May 2006.


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


Robyn Norton


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


Anushka Patel

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

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

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

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


Vlado Perkovic


Anne-Laure Ropars


Mark Stevenson


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


Steve Su

Fiona Turnbull

Ruth Webster


Sarah White

Mark Woodward
INSTITUTE STAFF
2006
## Financial Summary

**As at 30 June 2006**

### Revenue and Expenditure in AU$

#### Revenue in AU$

<table>
<thead>
<tr>
<th>Source</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Peer Reviewed Grants</strong></td>
<td>$4,579,972</td>
</tr>
<tr>
<td>NHMRC</td>
<td>$3,360,479</td>
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<tr>
<td>Other Peer Reviewed Grants</td>
<td>$1,219,493</td>
</tr>
<tr>
<td><strong>Major Project Funding</strong></td>
<td>$20,108,090</td>
</tr>
<tr>
<td>ADVANCE</td>
<td>$15,760,945</td>
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<tr>
<td>SHARP</td>
<td>$2,204,824</td>
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<tr>
<td>Other Project Funding</td>
<td>$2,142,321</td>
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<tr>
<td><strong>Infrastructure Grants</strong></td>
<td>$2,730,370</td>
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<tr>
<td><strong>Other Revenue</strong></td>
<td>$3,964,119</td>
</tr>
<tr>
<td><strong>Total Revenue</strong></td>
<td><strong>$31,382,551</strong></td>
</tr>
</tbody>
</table>

#### Expenditure in AU$

<table>
<thead>
<tr>
<th>Source</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Projects</td>
<td>$23,933,624</td>
</tr>
<tr>
<td>Infrastructure</td>
<td>$7,413,196</td>
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<tr>
<td><strong>Total Expenditure</strong></td>
<td><strong>$31,346,820</strong></td>
</tr>
</tbody>
</table>

**Net Operating Surplus**

- **$35,731**