

DISEASES OF THE THIRD AGE

Speaker Profiles and Abstracts

[James Daly](#)

Clinical Management of ALL and AML

James is the Staff Specialist Haematologist at the Royal Hobart Hospital. He gained his MBBS at the University of Queensland in 1995 and completed advanced training in Haematology for the FRACP and FRCPA in 2005 through the Royal Brisbane and Royal Melbourne Hospitals and the Australian Red Cross Blood Service.

In adults, Acute myeloid leukaemia (AML) and acute lymphoblastic leukaemia (ALL) have an incidence that increases with advancing age. Multiagent chemotherapy protocols and (in some cases) stem cell transplantation that are currently used to manage these conditions have resulted in improved remission and long term survival rates. However, these intensive treatment protocols are not well tolerated by elderly patients. The aim of future developments is to maintain or improve the effectiveness of therapy as well as improving the tolerability. In this short presentation I will discuss this management problem with a specific example of a more targeted therapy.

[Jo Dickinson](#)

The Search for Prostate Cancer Susceptibility Genes

Dr Joanne Dickinson completed her undergraduate and Honor's degree in Pathology at the University of Tasmania. She then moved to Queensland to work in the field of cancer research, undertaking a PhD with the Joint Oncology Program, University of Queensland and the Queensland Institute of Medical Research. Her work identified a novel role for serine protease inhibitors in the programmed cell death pathway. Dr Dickinson accepted a post-doctoral position at the Menzies Research Institute (MRI), University of Tasmania in 1996. This appointment resulted in a change in research focus to genetic eye disease research. During this period she was a member of the international collaborative effort involving the Menzies Research Institute, the Walter Eliza Hall Institute, and the University of Iowa to identify susceptibility genes in glaucoma. Since 2004 Dr Dickinson has lead a human genetic research team at the Menzies Research Institute and is a member of the successful collaborative team investigating the genetics and epidemiology of multiple sclerosis. Returning to the field of cancer research, Dr Dickinson was appointed as the inaugural Tasmanian Cancer Council Research Fellow in November 2006. The primary focus of Dr Dickinson's work is investigating the genetics of blood and prostate cancers.

There is strong evidence for an underlying genetic cause to many cancers, including prostate cancer. Finding the genes contributing to these cancers is crucial to our understanding of the biology of this cancer with the view to improving diagnosis and delivery of current therapies. Whilst the outcomes of gene discovery projects such as this are necessarily of medium- to long-term benefit to the community, they have been shown to have great potential to significantly impact on cancer treatment. Tasmania offers a number of advantages for the investigation of the genetic basis of inherited disease. The Tasmanian Familial Prostate Cancer project is currently being conducted in Tasmania working towards the identification of genetic factors contributing to prostate cancer susceptibility and/or disease course.

Linda Giumelli

Malnutrition and Nutritional Support

Accredited Practising Dietitian, Department of Nutrition & Dietetics, Royal Hobart Hospital. Linda graduated from the University of Wollongong in 2004 with a Bachelor of Nutrition & Dietetics. She currently works as a clinical dietitian, specialising in the areas of Type 1 Diabetes, critical care & burns nutrition, and general nutrition support. Linda has a strong interest in nutrition support, especially enteral and parenteral nutrition.

Malnutrition affects between 10-55% of all hospitalised patients. The result is a number of adverse outcomes including increased length of stay in hospital, increased health complications, impaired immune response, and increased mortality. There is the potential for health professionals from a wide range of fields to play a role in the provision of appropriate nutrition support to address this issue. This presentation will discuss ways to screen for, identify and treat malnutrition in hospitalised patients, as well as patients in the community.

Tom Hartley

Malnutrition and Nutritional Support

Tom has a BSc(Hons) in Chemistry and a PhD in Trace Metal Metabolism. He has always practiced as a Clinical Biochemist who combines Routine and R&D activities in clinical laboratories in the UK, Adelaide and Hobart. Since 2004 he has been a Senior Research Fellow in the School of Human Life Sciences, UTas. He has a longstanding interest in testing relevant to Nutritional Biochemistry and the statistical analysis of clinical laboratory data, particularly data related to either nutritionally 'at risk' patients or clinical nutrition supported patients.

There is a long history of multifactorial tools in the area of clinical nutrition support and decision making. These will be covered briefly in order to place the joint presentation with Linda Giumelli into current clinical practice perspective. Today the length of stay of admissions in the Acute Care environment has dropped dramatically and there is significant urgency for nutritional assessment to be fitted in as soon as possible. This presentation will include our experiences with scanning in patient pathology results - specifically haemoglobin and serum albumin - for patients with sustained low values and then determining some of their clinical characteristics such as age, ward and pre-existing referral to a dietician associated with these 'putative' at risk individuals.

Nusa Naiman

Progressive Hearing Loss in the Elderly

Dr Naiman currently holds a position of Staff Specialist ENT Surgeon at the Royal Hobart Hospital. She gained her MD and BST from the University of Medicine, Iasi, Romania. She did her Otolaryngology Advanced Surgical Training in Lyon, France where she then practiced for another 3 years. She gained her Masters in Paediatric Otolaryngology, in Adult Communication and Audiology, and in Plastic Surgery of the Face from the Claude Bernard University, Lyon, France. Since arriving in Australia she has gained FRACS Otolaryngology Head and Neck Surgery. She was involved in many clinical researches followed by congresses communications and publications. In Hobart she is involved in clinical practice, clinical research and teaching.

The etiology of hearing loss in the elderly varies from common external and middle ear pathologies to presbycusis. Characteristically, presbycusis involves bilateral high-frequency hearing loss associated with difficulty in speech discrimination and central auditory processing of information. Presbycusis is

an important problem in society. It occurs in an elderly population that relies on special senses to compensate for other age-associated disabilities. They may rely on hearing to overcome limitations of impaired vision and slowed reaction time. In addition, age-associated decline in concentration and memory contribute to difficulty understanding speech, especially in noisy situations. Hearing loss may contribute to the isolation of elderly people by restricting their communication, causing them to forfeit social opportunities and amplifying their sense of disability. Complex medical problems and impaired dexterity may limit their ability to take advantage of the amplification devices such as hearing aids used in rehabilitation of age-associated hearing loss. Other rehabilitation methods such as BAHA, middle ear implantable devices or cochlear implant should be considered.

Frank Nicklason

Can We Change Our Minds for a Better Old Age

Dr Frank Nicklason is a Staff Specialist Physician at the Royal Hobart Hospital practising in general and geriatric medicine. He has held this position since 1995. He is a graduate of the University of Tasmania Medical School in 1982 and trained at the Royal Hobart Hospital, at the Cardiff Royal Infirmary and the University Hospital of Wales and the Royal Perth Hospital.

Frank has clinical interests in falls and gait disorders in the elderly and participates in a 'falls prevention' service and a Parkinson's Disease Clinic. Both these services are multidisciplinary. He also has an interest in executive cognitive function and advanced healthcare planning and directives.

Dr Nicklason's talk will centre around the issue of how quality of life and happiness can be maintained in the senior years. He will present material from a variety of sources including his personal clinical experiences, the medical literature and the popular press and philosophy.

Scott Ragg

Laboratory Diagnosis of ALL and AML

Scott is the Senior Medical Scientist in charge of the Flow Cytometry and Stem Cell Transplant Laboratories at the Royal Hobart Hospital. Scott attended the University of Tasmania and graduated with a PhD in Pathology in 1995 before undertaking a postdoctoral fellowship in leukaemia biology in Canada. In recent years he has been active at the national level of professional bodies for medical scientists and was one of two scientists invited to be members of a Federal Government committee that developed the regulatory framework for licencing of blood stem cell facilities in Australian hospitals. His professional expertise and contribution was recognised in 2003 when he was one of the first non-medical graduates to be awarded membership of the Royal College of Pathologists of Australasia.

Leukaemia diagnosis and classification involves the integration of results from a multitude of pathology disciplines. This presentation will step through each of the modalities and describe both the individual significance of each test as well as its place in the overall diagnosis. Classification schemes for leukaemia/lymphoma and their role in determining prognosis and treatment options will also be discussed.

John Rasko

Adult Stem Cells Arise from the Fire



Professor Rasko is a Haematologist who directs Cell and Molecular Therapies at Royal Prince Alfred Hospital and heads the Gene and Stem Cell Therapy Program at the Centenary Institute, University of Sydney. His was the first formal appointment in clinical gene therapy in Australia.

Professor Rasko is the immediate past President of the Australasian Gene Therapy Society, serves on the International Committee of the American Society of Gene Therapy (2004-10) and is the regional Vice President of the International Society for Cell Therapy. He chairs the Gene Technology Technical Advisory Committee of the Office of the Gene Technology Regulator for the Australian government.

Professor Rasko has a productive track record in genetics and gene therapy, experimental haematology and cell biology. His research has been successful in uncovering new mechanisms of leukemia, clinical trials of new biological therapies for cancer and bleeding disorders, hemopoietic stem cell mobilisation and transplantation.

Udayan Ray

The Metabolic Syndrome in the Obese Elderly

Udayan is the Director of Clinical Chemistry at the Royal Hobart Hospital, also a Clinical Associate Professor of Pathology at the University of Tasmania, practised in the fields of O&G, General Practice, Industrial Medicine & Toxicology and Pathology in India, Papua New Guinea. He did his MD on 'Toxaemia of Pregnancy' in 1986 under the University of Calcutta. He did Fellowship of the Australasian Association of Clinical Chemistry in 1995 and the Fellowship of the Royal Australasian College of Pathologists in 1996. He was awarded the Fellowship of the National Academy of Clinical Biochemistry of USA in 2005. He completed PhD on 'The Role of Insulin and Nitric Oxide in Acute Ischemic Heart Disease' in 2007 under the University of Calcutta. His major interests are medical education and ischemic heart disease markers.

Metabolic syndrome is manifested by waist line increase, hypertension, and hyperlipidaemia, hyperuricaemia, and glucose intolerance. Genetic and environmental interaction plays an important role and in addition to that the sedentary life style with no or minimum physical exercise with excess calorie intake could be the other possible factors responsible for its causation.

Insulin resistance per se genetically or developed because of extraneous influences, exert the vital influence in bringing the individual to suffer from chronic ill health such as arthropathy, and more severe form-acute ischaemic heart disease and cerebro-vascular disease.

Self awareness and motivation can make this syndrome breakable and bring a positive change in the outcome. 'Prevention is better than cure'-paves the way to the better quality of life.

Merlin Thomas

Getting Crusty : The Mechanics of Aging Advanced Glycation : Aging and Caramelisation



Associate Professor Merlin Thomas is a nephrologist, currently working at the Baker Heart Research Institute in Melbourne. His research has been widely published with nearly one hundred and fifty papers in peer-reviewed journals including Diabetes, The Lancet, Diabetes Care and FASEB. His work has received

a number of awards including the 2005 Victorian Premier's award for medical research. He is currently funded by JDRF international, NIH, Australian NHMRC, Diabetes Australia and Kidney Health Australia.

His ongoing research focuses on understanding the mechanisms of kidney damage in diabetes and ageing, with a particular focus on advanced glycation and its interaction with other pathogenic pathways.