

Autumn 2024

San Doctor

collaborating with our GPs
to provide coordinated
community care



Message from Brett Goods, Chief Executive Officer

It's a delight to see our esteemed doctors once again contributing to this edition of San Doctor, sharing information from each of their respective fields.

In a first for the San, interventional cardiologists Dr Jason Sharp and Dr Dennis Wang performed a TriClip procedure to repair a leaking tricuspid valve for a patient with severe tricuspid regurgitation – without the need for open heart surgery.

We are also proud to be offering a new treatment for achondroplasia – the most common form of bone dysplasia. It means we are able to give children more timely access to the potentially life-changing therapy which can add centimetres to their height.

And as you will read in this newsletter, ELIA Lifestyle Medicine Clinic shares a story about some of its success since opening its doors.

Each of these positive stories from Sydney Adventist Hospital continue to demonstrate our commitment to providing the best possible care for our community, as we have done for more than 120 years.

Brett Goods, CEO
Chief Executive Officer
Adventist HealthCare Limited

AN ARTICLE
FEATURING

**Dr Dennis Wang
& Dr Jason Sharp**

New hope for patients with leaking tricuspid valves

IN A FIRST FOR THE SAN, INTERVENTIONAL CARDIOLOGISTS DR JASON SHARP AND DR DENNIS WANG PERFORMED A TRICLIP PROCEDURE TO REPAIR A LEAKING TRICUSPID VALVE FOR A PATIENT WITH SEVERE TRICUSPID REGURGITATION – WITHOUT THE NEED FOR OPEN HEART SURGERY.

The TriClip procedure uses a minimally-invasive approach – via the femoral vein in the groin – to clip tricuspid valve leaflets together to reduce regurgitation, and to relieve symptoms of right-sided heart failure and promote better quality of life.

“It is great to be able to offer patients a new treatment option that wasn’t even available in Australia until last year,” said Dr Sharp. “Particularly for this group of patients with tricuspid regurgitation (TR) which, historically, have been pretty challenging to treat. They basically had only two treatment options: open heart surgery or medications.”

“Research revealed mortality risks of 25% for patients who undergo open heart surgery for isolated tricuspid valve replacement, so a lot of patients don’t end up having treatment for TR apart from medication. And that results in symptoms like breathlessness and leg oedema. The tricuspid clip is a way to repair the valve with a

minimally invasive technique, and the risk of mortality is less than 0.6%,” noted Dr Sharp.

In a randomised trial (the Triluminate study published in The Lancet), the biggest benefit to patients – at one year post TriClip procedure – was improved quality of life. “The Triluminate data was only published in May 2023, so we’ll find out as years go by as to whether there’s a mortality benefit with TriClip, but the early trial was very reassuring from the point of view of safety and Quality of Life Score. It is also usual for patients to be able to significantly reduce diuretics after the tricuspid clip,” said Dr Sharp.

Dr Sharp and Dr Wang travelled to Taiwan and the USA to train for the TriClip procedure. “The sustained benefit for patients is what drove us to get started early with TriClip here at the San,” said Dr Wang. “The one-year data showed that all the quality-of-life benefits persisted out to 12 months, so it wasn’t just a transient benefit.”

Pre-screening and stabilisation

Patients are usually admitted to hospital a couple of days pre-op to undergo a number of investigations, and for optimisation of right-heart failure with medications. A 3D TOE (trans-oesophageal echo) and right-heart catheter is done beforehand to make sure the patient is suitable.

“We then have a multidisciplinary team meeting where we discuss all the cases, and get input from a group of specialists to determine the best approach for each person. The TriClip procedure itself takes about 1.5 hours, and patients generally go home within a day or so,” said Dr Sharp.

While TriClip has received regulatory approval for use in Australia, it is not yet listed on the Commonwealth prostheses list, nor is it eligible for private health insurance rebates at this stage. However at the San the procedure is being done with no out-of-pocket costs to the patient for the tricuspid clip – as a result of an agreement between the San and Abbott (the makers of TriClip).

“This is great news for patients with severe tricuspid regurgitation. The TriClip is something we can now offer our patients that we couldn’t even a few months ago, and we’re hoping that this procedure will receive funding within a reasonable timeframe, so we can expand the program to help even more patients,” said Dr Sharp.



The use of TriClip to repair tricuspid valves follows on the success of the MitraClip procedure used in recent years to repair mitral valves. “The clips are very similar, and now the technology is being applied to the tricuspid valve. With TR, because there are more valve leaflets, it makes the procedure a bit more technically challenging and a bit more dependent on really good quality 3D ultrasound,” said Dr Sharp. “The San has purchased a new, very high-end trans-oesophageal echo machine to help facilitate these cases. The improvement in the image quality with the latest 3D TOE has really been part of the key to the success of these TriClip procedures, because it enables us to see the tricuspid valve much better, understand why it is leaking, and figure out a strategy for clipping it. The San has been very supportive of us bringing these new technologies in, which has been great for these patients who otherwise have few options.”



Dr Dennis Wang

MBBS, BSc (Med), MPH (Syd), FRACP

Dr Wang is a consultant cardiologist and co-principal of Specialist Cardiology. He subspecialises in interventional cardiology, structural heart disease and diagnostic cardiac imaging.

Dr Wang completed his medical degree at the University of NSW and undertook his physician training at Royal North Shore Hospital, cardiology training at Gosford Hospital before returning to Royal North Shore hospital to complete his interventional fellowship. He is a fellow of the Royal Australasian College of Physicians. Dr Wang has also completed a Masters of Public Health at Sydney University.

Dr Wang performs complex coronary intervention including coronary angiography, angioplasty, stenting and rotational atherectomy. He was the first cardiologist in his centre to adopt radial access for all his complex coronary procedures. Dr Wang has extensive experience in performing structural heart procedures, including TAVI and Mitraclip. He is currently a proctor for the Medtronic Evolut TAVI valve system.

Dr Wang performs PFO, ASD and left atrial appendage closures with both the Watchman and Amulet devices. He is a proctor for both the Watchman and Amulet left atrial appendage closure devices. He has presented internationally and performed live case demonstrations for the Watchman device in China, Taiwan and Australia. Dr Wang also performs, echo, exercise stress echo, dobutamine stress echo, loop recorder insertion, transoesophageal echo, Holter monitors, 24 hour blood pressure monitors and pacemaker interrogations.

Dr Wang is a clinical tutor for medical undergraduates for the University of Sydney. He has been a part of the Open Heart International volunteer program to help train cardiologists in Myanmar (Burma). He regularly attends international cardiac meetings and has been on many Medical Advisory Boards for various cardiac technologies.

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Dr Jason Sharp

MBBS, FRACP, FCSANZ

Dr Sharp is a consultant cardiologist with expertise in interventional cardiology and structural heart disease.

Dr Sharp a principal of Specialist Cardiology. He trained at the University of Sydney in medicine and surgery. He subsequently completed physicians training specialising in cardiology at Royal North Shore Hospital. He undertook an Interventional Cardiology fellowship at St Vincent's Hospital, Sydney. He is a fellow of the Royal Australasian College of Physicians and a fellow of the Cardiac Society of Australia and New Zealand.

Dr Sharp has particular interests in complex coronary intervention including coronary angiography, angioplasty and stenting as well as Rotablator rotational atherectomy. He has extensive experience in structural heart procedures including atrial septal defect closure, patent foramen ovale closure, left atrial appendage occlusion with the Watchman and Amulet devices, aortic valve procedures including TAVI (keyhole aortic valve replacement), mitral valve edge-to-edge repair (Mitraclip) and tricuspid valve repair (Triclip). He performs pacemaker interrogation and follow-up including home remote pacemaker monitoring as well as implantation of cardiac loop recorders. He performs cardiac ultrasound including transoesophageal and resting and stress transthoracic echocardiography.

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AN ARTICLE
FEATURING

Dr Neil Ginsberg



San offers new treatment for achondroplasia, cutting waiting times

A NEW TREATMENT FOR ACHONDROPLASIA – THE MOST COMMON FORM OF BONE DYSPLASIA – IS NOW BEING OFFERED AT SYDNEY ADVENTIST HOSPITAL, GIVING CHILDREN MORE TIMELY ACCESS TO THE POTENTIALLY LIFE-CHANGING THERAPY WHICH CAN ADD CENTIMETRES TO THEIR HEIGHT.

Achondroplasia is a genetic condition that impedes growth, predominantly inhibiting growth of the long bones in the body such as the legs and arms. “It affects one in 20,000 live births, and children with achondroplasia grow to an average adult height of 120cm,” said Dr Neil Ginsberg, the first paediatrician to administer Vosoritide at the San.

The new drug, Vosoritide, was only released on the Pharmaceutical Benefits Scheme in Australia in May

2023. “Vosoritide blocks the process that is inhibiting the growth of long bones in children with achondroplasia. The studies conducted on this drug have been quite exceptional, showing that children can achieve up to 2cm of extra growth in height per year,” said Dr Ginsberg. “That means if treatment is started early and continues, for example, for 16 years, this can add up to 30cm to their average growth height – increasing this from 120cm to potentially 150cm.”

Early start

Starting treatment early is the key. “The earlier the treatment is started, the more growth and better results you’re going to get,” said Dr Ginsberg. While it is great news that Vosoritide is now available on the PBS, there are currently long waiting lists in some States. “The protocol is that the first dose of Vosoritide has to be given in hospital, and within the public system there is quite a backlog of patients. There is concern that they’re only going to be able to get through all of them in about 18 months to two years,” noted Dr Ginsberg.

Vosoritide has to be given every day, in the form of an injection just under the skin (subcutaneous). “When children have the first injection, they come into hospital for a couple of hours of observation just to make sure they tolerate the medication, to monitor for any side effects, and to train the child or their parents how to administer the medication,” said Dr Ginsberg.

A momentous day

When 14-month-old toddler Finn* had his first injection of Vosoritide at the San on the 6th October 2023, it was a big day for him, his parents, and his doctor. “We found out through scans at 30 weeks gestation that Finn had achondroplasia, and it was obviously a bit of a shock for us,” said parent Brad*. “We did a lot of research and we knew a new drug was coming but it hadn’t been approved on the PBS in Australia at that time. Once it was approved, we found out there were long waiting lists in some places to start treatment. That was stressful, because waiting another year to start treatment makes a big difference to a child who is already small, because each year can mean a few centimetres in height.”

“Then we heard about Dr Ginsberg offering this at the San. It’s absolutely fantastic, life changing. I get shivers down my spine when I think of this being available for Finn. We are so lucky and so thankful to live in Australia where we can get access to this drug through Medicare. I’m sure Finn will appreciate it one day too, even though he doesn’t like the injections just now,” added Brad.

Before Vosoritide was available on the PBS in Australia, one of Dr Ginsberg’s patients was travelling overseas every two weeks to access the new treatment. That, combined with the current waiting lists and knowing that the earlier treatment starts, the better the results motivated Dr Ginsberg to offer Vosoritide at the San.

“At this time, as far as I know, the San is the only site in Sydney outside the children’s hospitals that is offering Vosoritide,” added Dr Ginsberg. “This new treatment is very exciting; it gives families an outcome they never previously thought possible for their child when they were initially diagnosed. Our nursing staff on the paediatrics ward at the San have been trained to administer the first dose, observe them, and likewise train the child or parents for the ongoing administration. We are very excited to offer this service and to help families access this novel treatment without the long waiting time.”

For paediatrician Dr Ginsberg, being able to provide this new treatment for his young patients was a special moment in his career. “I think it is incredible. Throughout your medical career you have a few life-changing interventions that come onboard that didn’t exist before. I think it’s phenomenal to now be able to sit down with parents, when a newly diagnosed child comes along, and say ‘Look, last year I couldn’t have offered this treatment, but this year things are very different’. Having the option of Vosoritide now is an amazing intervention.”

“Having said that, I do think there will always be some who will be uncertain of new interventions and that is quite acceptable. Every family needs to have the information and to make the decision they are comfortable with. We absolutely understand that everybody is going to take an individualised approach. For those people who are keen to pursue Vosoritide, it offers them a lot of hope. Here at the San it has been great to be involved in something that is giving such a positive outlook for families living with achondroplasia,” added Dr Ginsberg.

**Names have been changed for patient privacy*



Dr Neil Ginsberg

MB BCh, FRACP, M Med (Paeds)

Dr Ginsberg graduated in South Africa where he trained and qualified as a paediatrician before migrating to Australia to further pursue his career. He obtained his Fellowship of the Royal Australasian College of Physicians in 1996 and was the Fellow in Neonatology at Royal North Shore Hospital for a year before becoming a consultant in Neonatal ICU at Westmead Hospital in 1997. He commenced private general paediatric practice at the same time in Wahroonga and Westmead where he sees a wide variety of paediatric issues in his practice. He has a special interest in newborns, growth and developmental, learning disorders as well as asthma and allergy. He is a consultant paediatrician at the Sydney Adventist Hospital where he cares for newborns including preterm babies as well as numerous children requiring admission for a variety of medical problems.

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A Case Study: The Power of Lifestyle Medicine In Practice

Written by Geena-Rose Burton (RN and Health Coach)
and Dr Andrea Matthews (General Practitioner)

IT IS THE HOLY GRAIL OF ALL CLINICAL PRACTICE TO SEE PATIENTS IMPROVE IN THEIR HEALTH IN ALL ASPECTS OF LIFE. IN THE 9 MONTHS SINCE OPENING ITS DOORS, WITH SEVERAL PILOT PROGRAMS SUCCESSFULLY FINISHED, THE ELIA LIFESTYLE MEDICINE CLINIC HAS WITNESSED THE JOY OF REGAINED HEALTH IN MANY PATIENTS LIVES.

Case 1

Emily and Mark came to us in November last year. They were the classic couple, both working full time parents with lots of social commitments, frequent weight loss attempts over the years and relying on takeaways and limited sleep to get through the week.

It took a few sessions of encouragement and education on lifestyle medicine and calorie restrictions effect on diabetes remission but then these two decided they were all in. Both Emily and Mark decided a structured program and food preparation service was the best decision for their success with two low calorie shake days. Their food environment had a full rehaul and their snacks became carrots, cucumber, popcorn and fruit. Like many people working sedentary jobs they were hardly getting 2000 steps a day and no intentional physical activity during the week through coaching. We changed this by asking the question, what if you just did one day of a 30 - 45 minute walk on your working from home day? It was a hard sell at the start but once they realised that one day was 100% better than they were currently doing the mindset to at least try began. This led to the making of a home gym towards the end of the program, and Mark especially was setting goals to workout at least 3 times a week in the

morning before his son woke up, with his brother coming over to join for accountability. Emily was doing regular boxing classes and intentionally getting in 8000+ steps.

Over the 12 weeks the majority of support was done through telehealth appointments with the lifestyle medicine certified physician, dietician and health coach. The pathology results speak for themselves but the story that it doesn't tell is of the mindset shift. This couple decided that they needed to make a change if they wanted to be around for a long time for their children. The habit changes they implemented were the biggest influence on their success; no longer ordering in takeaways two to three times a week, including two fasting 800 calorie days, reducing social eating and events, and drinking water rather than multiple soft drinks.

Feedback at the end of the 12 week program from the couple was that the shared medical appointments with the doctor and nurse and the fortnightly check ins and support from the health coach made the biggest impact on their health change through the accountability and encouragement.

SNAPSHOT Emily:

- 45yo female
- Hx PCOS, GDM
- Recent diagnosis of T2D with microalbuminuria

	Weight (kg)	BMI	Fasting BSL	HBA1C	Fasting Insulin
Week 1	116.8	44.1	7.5	7.3	38
Week 12	97	36.7	4.5	5.7	7
% Change	17	16.8			

SNAPSHOT Mark:

- 45yo male
- Diabetic for 9 years with complications of peripheral neuropathy
- AF

	Weight (kg)	BMI	Fasting BSL	HBA1C	Fasting Insulin
Week 1	149	39.1	12	9.7	17
Week 12	131	34.3	4.0	6.1	4
% Change	12	12			

Case 2

Judy is an incredible example of the impact of a doctor's influence and encouragement. She came to our clinic after seeing her cardiologist who gently but firmly informed her that if she did not make changes due to her fatty liver and hypertension she was at high risk of a cardiac event. The patient knew as she left that office that she needed to make a change. She happened to see our clinic pamphlet at the receptionist desk of the cardiologist office and rang straight away for an appointment. Judy went all in from day one. Participating in all the exercise sessions with the EP, learning how to cook with and eat more vegetables and plant based proteins through the cooking workshops and fully engaging in coaching, goal setting and the educational sessions and shared medical appointments. One of the biggest changes for her was actively giving up her nightly alcoholic beverage and multiple glasses at events, but

with her dedication to her goals and her husband's support she changed to a nightly drink of sparkling water with flavouring.

Walking became a significant part of her physical activity habit change. Judy brought in the accountability of friends and with the social initiative went from walking 1-2 days a week to consistent long walks most days of the week. The programs' group exercise sessions were a favourite of the patient's week and she put everything into it and was a motivation to the other patients in the program. By the end of her 12 week program there was a woman who left our clinic not just with less weight, a smaller waist circumference and markedly improved metabolic markers but confident in her ability to continue on her health journey and keep with the new habits she had developed and incorporated into her life!

SNAPSHOT Judy:

- 63yo female
- Fatty liver - 50% reduction in transaminases
- 50% reduction in antihypertensives required

	Weight (kg)	Waist Circum. (cm)	BMI	Fasting BSL	HBA1C	Fasting Insulin
Week 1	83.3	106	34.5	4.5	5.2	11
Week 12	80.5	94	31.1	4.5	5.5	6
% Change	8.8	11.3	9.9	0		

The ELIA Lifestyle Medicine Centre provides evidence-based lifestyle medicine consultations, programs and interventions that address the underlying causes of chronic disease, utilising the evidence from the key domains including nutrition, exercise, sleep, stress management, positive relationships and avoidance of harmful substances. The interdisciplinary team comprises of Lifestyle Medicine Physicians, a Dietitian, Exercise Physiologist, Registered Nurses, Health Coach, and psychological care.

The 12-week clinical program is a comprehensive and intensive journey for the patient who is motivated for change. It offers individualised assessments from the clinical team, together with group sessions that emphasize the importance of peer support and shared experiences such as shared medical appointments, exercise, and nutritional workshops. The program is accompanied by an online support program that delivers weekly videos and fact sheets to help educate and encourage patients through their journey of change.

Find out more about Lifestyle Medicine and how the ELIA Lifestyle Medicine Centre can assist your patients.

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Sydney Adventist Hospital celebrates the contribution of Women in Medicine at IWD event

On March 8th each year, International Women's Day is celebrated around the world, offering the opportunity to shine a spotlight on the remarkable achievements and contributions of women.

On the eve of the occasion this year, Sydney Adventist Hospital hosted an inspiring event for both esteemed San surgeons and local general practitioners.

Dr Jeanette Conley, San Medical and Clinical Governance Executive, opened the event by acknowledging the significance of the occasion.

"Tonight, we celebrate and acknowledge the remarkable contributions of women to both the medical field and society as a whole," she said.

Over dinner guests networked, sharing insights and experiences before hearing from a lineup of distinguished speakers including Clinical Director, Division of Surgical Services Dr Upeksha De Silva, Head of Cardiology Dr Elizabeth

Shaw, Orthopaedic Surgeon Dr Michelle Atkinson, Obstetrician and Gynaecologist Dr Suelyn Lai-Smith, Urologist Dr Imogen Patterson and Cardiothoracic Surgeon Dr Emily Granger.

Speakers shared their insights and perspectives on perseverance, their career journeys, the importance of supporting women in the workplace, challenges and the role of mentorship in encouraging medical graduates and trainees and the changing landscape of the medical field.

As the event concluded, the guests left with new and renewed connections and a sense of determination to continue championing gender equality and diversity.

Overall, the celebration of International Women's Day was a success and a reminder of the resilience, leadership and care that women display both within the hospital and the broader community.

Sydney Adventist Hospital would like to thank all our guests, speakers and those involved for their time, enthusiasm, and support.

San EC Fee Change

From Monday, April 15, Sydney Adventist Hospital will be adjusting the fixed out-of-pocket fee for Emergency Care from \$335 to \$385.

For many years, we have tried to minimise these fees. However, there has been increasing strain on

the private health sector in recent years, due to both the lasting impact of the COVID-19 pandemic, inflation pressures and the discrepancy between reimbursements and rising hospital costs.

To maintain our excellent reputation for delivering outstanding care while ensuring the safety of both our patients and our people are maintained to

the highest standards, it is critical we adequately resource this service.

This fixed out-of-pocket cost of \$385 remains competitive with other comparative private emergency departments in Sydney. This will ensure we can continue to deliver world-class care for our community.

ACT-Sydney MS Cohort Study

PROJECT UPDATE



People living with multiple sclerosis (MS) in the Sydney region have the opportunity to shape the way MS is treated and monitored in the future through the ACT-Sydney MS Cohort Study (forming part of the ANU Our Health in Our Hands (OHIOH) initiative).

By collecting data over time from people with MS and people without MS, the study aims to compare the two groups to answer questions about health and wellbeing, and the influence of MS on how this changes over time. The study also aims to identify blood biomarkers which may help monitor or predict disease activity and responses to treatment.

Through the partnership between the Australian National University and Sydney Adventist Hospital, an inaugural study clinic was held at the San late last year. This is the sister site to the MS Cohort Study research project at ANU in Canberra, with Sydney 2024 participant clinic dates now set.

The Sydney MS Cohort Study research team is recruiting people living with MS as well as those who have never been diagnosed with MS to take part in the research.

If you believe one of your patients may fit these criteria and they would like to be involved in our MS cohort study, please get in touch via the link below.

For more information contact:

SANMS@anu.edu.au

Or visit:

<https://nceph.anu.edu.au/research/projects/act-ms-cohort-study>