

## Chairman's Report

*Professor Adrian Polglase*

The year is rapidly closing and I am pleased to report on yet another productive year in terms of publications, research, education and events.

Primary news from the department is that our identity is changing to the Cabrini Monash University Department of Surgery and provides the acronym of CMUDS. The department has also expanded with the addition of colorectal surgical consultants Mr Peter Carne and Mr Stephen Bell as lecturers. Both surgeons demonstrate a commitment to education and research and will be a welcome addition to the team.

On the community front Tackling Bowel Cancer is continuing to grow and in August 2004 we held a successful luncheon to raise valuable research and education dollars to continue our fight against colorectal cancer. Details on the luncheon can be found on page 3.

I am also pleased to highlight the achievement of our research fellow Dr Corinne Ooi. Corinne has worked tirelessly on a number of research projects in the department and her efforts have been rewarded with not only a research award at RACS 2004 but through her efforts she has also achieved appointment as an accredited registrar in the Royal Australasian College of Surgeons training programme.

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### *A New Symbol for Colorectal Cancer Awareness*



The [National Colorectal Cancer Roundtable \(NCCRT\)](#) in the US has created a new universal symbol for colorectal cancer. The symbol will be used to raise awareness and represents the collective fight to prevent colorectal cancer. It is meant to represent power, hope, and awareness. The star serves as a tribute to those who have died from colorectal cancer and also symbolizes hope for the future. The ribbon reminds us to maintain awareness of colorectal cancer.

NCCRT is a national coalition of more than 50 public, private, and voluntary organizations. The NCCRT serves as a forum through which members share information, identify needs and opportunities, and address gaps in research, programs, activities, and services related to colorectal cancer. It also provides leadership, advocacy, and long-range planning to reduce the national burden of colorectal cancer.

The mission of the National Colorectal Cancer Roundtable (NCCRT) is to advance colorectal cancer control efforts by improving communication, coordination, and collaboration among health agencies, medical-professional organizations, and the public. The ultimate goal of NCCRT is to increase the safe and effective use of proven colorectal cancer screening tests among the entire population for whom screening is appropriate, and for these standards to be supported by the relevant medical and specialty societies.

Tackling Bowel Cancer is in the process of joining with NCCRT as an international member of the coalition.

<http://www.nccrt.org/>

## Laparoscopic vs Conventional surgery for colon cancer.

The australasian, multicentre, prospective, randomised, clinical study comparing laparoscopic and conventional open surgical treatments of colon cancer in adults will complete its recruitment in December 2004 with a target number of 600 patients.

Patients recruited will have a five-year post-surgery follow-up to compare pain scores, hospitalization rates, post op recovery, quality of life following surgery, and recurrence rates.

The Cabrini Monash University Department of Surgery contributes patients to the trial and plays a pivotal role in data collection for this trial in Victoria

## Bread Blamed

People who eat white bread may be at increased risk of colon cancer. Oxford doctors tracked 11,000 people for 17 years and found those who ate 15 slices or more of white bread a week had twice the risk of colorectal cancer. They suggested white bread's refined carbohydrates could be to blame or that white bread consumption was simply a sign of poor overall diet.

**Copied from: Health Watch, Herald Sun, Sept 3, 2004**

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## The Calcium Chronicles

**Gosh! Mothers win this round too!!**

When your mother told you milk was good for you, she was right in more ways than she knew. Dairy products are rich in calcium, and calcium's importance is not limited solely to maintain good bone health. Calcium has been shown to be an importance dietary con-factor in the prevention of colon and rectal polyps.

Why is that important? Ninety percent of colon and rectal cancers begin as polyps. Preventing the development of polyps can prevent the development of colon and rectal cancers.

Several human studies\* have shown a modest but significant decrease in the development of colon and rectal polyps in patients with a high calcium intake. This reduction in risk is seen both with increased intake of dairy products and increased supplemental calcium alone. The effect seems to be most pronounced in patients with a past history of colon and rectal adenomas (polyps).

How calcium inhibits the formation of colon adenomas is still unclear. Calcium has been shown to bind bile acids, which are thought to be a causative agent in some adenomas. Calcium may be acting within cells to promote normal cell turnover and decreased oncogene expression in colon epithelial cells (decreased cancer causing effects in the cells lining the colon).

\*1. Vitamin and calcium supplement use is associated with decreased adenoma recurrence in patients with a previous history of neoplasia. Whelan, RL et al Diseases of the Colon and Rectum, 1999. Feb; 42(2): 212-7.

2. Calcium intake and the risk of colon cancer in men and women Wu W et al. J Natl Ca Inst 2002. 94:437-46.

3. Dietary calcium supplementation for preventing colorectal cancer and adenomatous polyps. Wiengarten et al, Cochrane Database Syst Rev 2004(1): CDOO3548.

4. Calcium supplementation for the prevention of colorectal adenomas. Barone et al. NEJM, 1999, Jan 14:340(2): 101-7

Author: H. Whitney Boggs, Jr, MD Shreveport. Louisiana as printed in STOP Colon.Rectal Cancer Foundation Newsletter, Vol.6, No.3 August 2004.

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# "Tackling Bowel Cancer"

## The Bottom Line Luncheon

### Looking after the Bottom Line

Mr Ian Macfarlane AC, Governor of the Reserve Bank of Australia, and Professor Adrian Polglase, Chair of Surgery, Cabrini Monash University Department of Surgery, shared the stage in Melbourne this month to discuss looking after the bottom line - in two quite distinct contexts.

Mr Macfarlane's address considered 'The keys to a country's long run economic success'. Professor Adrian Polglase spoke on current issues with bowel cancer diagnosis and screening including highlighting the importance of early intervention in reducing mortality from the disease.



Mr Ian Macfarlane, AC.

A copy of the Governor's speech can be viewed at [http://www.rba.gov.au/Speeches/sp\\_gov\\_250804.html](http://www.rba.gov.au/Speeches/sp_gov_250804.html)



Mr Sam Newman

Mr Hugh Morgan AC, a patron of the Tackling Bowel Cancer project, hosted the lunch, with John (Sam) Newman as Master of Ceremonies. Organised by a group of Melbourne business identities, the 'Bottom Line Luncheon' aim was to increase awareness of bowel cancer and raise funds for education and research into fighting the disease.

The event provided an insight into the need for a national approach to bowel cancer awareness and it is anticipated that money raised through the Bottom Line Luncheon will assist in creating opportunities to expand Tackling Bowel Cancer and community awareness of the disease.

### Special Thanks

The Cabrini Monash University Department of Surgery is grateful for the support & work from *Mr Andrew Facey, Mr Des Jackson, Mr John McMurrick* and Mr Graeme Sanford without whom the Bottom Line Luncheon would not have been possible.

## Healthy Living

### What is Selenium?

Selenium is an essential trace mineral and micronutrient in the human body which comes to us from the soil via plants – particularly wheat. Once thought toxic, this mineral has been found to be essential for the body and is naturally found in foods high in protein, such as fish, meat, poultry, cereals and other grains. It can also be found in vegetables like mushrooms and asparagus. Brazil nuts, especially with their shells on, are very high in selenium.

Selenium is considered to be important for liver, thyroid, heart and immune function and some studies indicate that mortality (death) from cancer, including lung, colorectal, and prostate cancers, is lower among people with higher selenium blood levels or intake.

This nutrient is an important part of antioxidant enzymes that protect cells against the effects of free radicals that are produced during normal oxygen metabolism. The body has developed defences such as antioxidants to control levels of free radicals because they can damage cells and contribute to the development of some chronic diseases. Selenium is also essential for normal functioning of the immune system and thyroid gland.

#### Benefits of Selenium

- acts as an antioxidant
- is important in maintaining resistance to disease
- keeps the immune system healthy
- is involved in the metabolism of thyroid hormones
- plays a role in promoting male sexual health
- involved in maintaining normal liver function and protein synthesis
- helps to protect the body from toxic metals such as mercury and lead
- maintains healthy eyes, skin and hair
- involved in the metabolism of prostaglandins which control inflammation

Correct dosage of selenium supplements continues to be debated. One study has demonstrated that 200mcg daily was associated with reductions in the incidence, lung cancer, colorectal cancer and prostate cancer. In Australia, government regulations limit the daily dose for elemental selenium to only 26 micrograms.



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## When did you last INFORM?

Screening is the testing of healthy people to detect early disease before there are any obvious symptoms. Research shows that screening for bowel cancer can help reduce death rates by finding and treating bowel cancer early.

A faecal occult blood test (FOBT) is a simple, non-invasive test to screen for bowel cancer. The test detects tiny amounts of blood, often released from bowel cancers (polyps or adenomas) into the bowel motion.

FOBTs are not a diagnostic test (they cannot tell if you have cancer). They are used to identify people who need further investigations.

Regular screening is important because bowel cancer can develop without any early warning signs.

The National Health and Medical Research Council (NHMRC) and the World Health Organisation (WHO) recommend that all people over 50 should use FOBT screening each year.

Inform® is a simple and convenient test to accurately check for early warning signs of bowel cancer. The test technology is very sensitive and very specific, making it ideal for regular screening.

Call 1800 55 65 75 for more information on Inform®

## Chairman's Report (cont.)

The Optiscan Confocal Endomicroscope in our department continues. In our joint publication with the University of Mainz in Germany (Gastroenterology, Sept 2004) highlighting the benefits of confocal laser endoscopy an additional bonus for confocal imaging was the feature of images from subsurface examination of living cells on the cover of the edition. The study will be expanding in 2005 to look at upper gastrointestinal pathology as well continuing our work with colorectal disease.



I would like to thank you all for your continued support and interest in not only CMUDS but Tackling Bowel Cancer and look forward to the New Year and the continued success of the department.

With best wishes for the festive season.

Adrian Polglase

## Sir Edward Hughes Memorial Clinical Research Prize in Surgery 2004

The sixth annual surgical research forum was held on Oct 23<sup>rd</sup> 2004 with a very unusual outcome.

The presentations were of a very high standard to the extent that dual winners were announced.

Dr Mehrdad Nikfarjam from Melbourne with his presentation on Hyperbaric oxygen therapy for pancreatitis and Dr Naeem Samnakay from Perth with his study on prenatal bladder outflow obstruction were both extremely impressive that the adjudication committee could not separate them and therefore the prize was jointly appointed.

The prize was established in 1999 to honour the late Professor Sir Edward Hughes and to recognise his tremendous contribution to registrar training and clinical research in surgery.



LtoR: Dr Naeem Samnakay, Lady Allison Hughes, Dr Mehrdad Nikfarjam.

## Merck announces voluntary worldwide withdrawal of Vioxx®

In September Merck & Co., Inc. announced a voluntary worldwide withdrawal of VIOXX® (rofecoxib), its arthritis and acute pain medication based on new, three year data from a prospective, randomised, placebo-controlled clinical trial, the APPROVe (Adenomatous Polyp Prevention on VIOXX) trial.

The trial enrolled 2,600 patients worldwide and began enrolment in 2000 with the Cabrini Monash University Department of Surgery being one of three study sites in Australia. The trial was designed to evaluate the efficacy of VIOXX 25mg in preventing recurrence of colorectal polyps in patients with a history of colorectal polyps.

In this study, there was an increased relative risk for confirmed cardiovascular events, such as heart attack and stroke, beginning after 18 months of treatment in the patients taking VIOXX compared to those taking placebo.

The results for the first 18 months of the APPROVe study did not show any increased risk of confirmed cardiovascular events on VIOXX, and in this respect, are similar to the results of two placebo-controlled studies described in the current US labelling for VIOXX.

Study participants will continue to be monitored for one year after ceasing the medication to assess their health status.

For further information on VIOXX® call 1800 066 426.

## CLINICAL RESEARCH ACTIVITIES 2004

**ALCCaS STUDY:** Australasian, multicentre, prospective, randomised, clinical study comparing laparoscopic and conventional open surgical treatments of colon cancer in adults. P McMurrick, AL Polglase, B Stewart, I Faragher, P Sitzler and interstate and overseas investigators. PJ McMurrick, AL Polglase, PWG Carne

**APPROVe STUDY (VIOXX):** A multicentre, randomised, parallel group, placebo-controlled, double-blind study within-house blinding to determine the effect of 156 weeks of treatment with MK-0966 on the recurrence of neoplastic polyps of the large bowel in patients with a history of colorectal adenomas. FA Macrae, AL Polglase, C Farmer, R Wale, W Johnson, I Jones, P McMurrick, and interstate and overseas investigators

**OPTISCAN PILOT STUDY:** Examination of the human gastrointestinal tract using the Optiscan flexible confocal endomicroscope. AL Polglase, F Macrae, S Pianko, S Woods, I Willett. Department of Epidemiology at Cabrini, Optiscan Pty Ltd, Pentax Corporation

**PAINBUSTER FOR POST COLORECTAL SURGERY PAIN:** A prospective randomized double blind trial to determine the effectiveness of continuous infusion of local anesthetic in the control of a pain following colorectal surgery. J Chee, AL Polglase, R Wale, S Woods, W Johnson, P McMurrick, C Ooi

**SPECIALIST REFERRAL TO THE CANCER INFORMATION SUPPORT SERVICE:** Project to evaluate the effectiveness of a telephone based support program for men newly diagnosed with colorectal or prostate cancer. Anticancer council in collaboration with AL Polglase, RJ Wale, R Snow.

**PATIENTS AND STATISTICS:** Does information presentation affect decision-making? D Ku, S Woods

**PALLIATIVE RESECTION FOR COLORECTAL CARCINOMA:** AL Polglase, C Ooi, A Tremayne, P Carne

**PROSPECTIVE DATA COLLECTION FOR COLORECTAL SURGERY:** AL Polglase, S Bell, P Carne, P McMurrick

**COLORECTAL MORTALITY STUDY:** P McMurrick, C Farmer, AL Polglase

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## PUBLICATIONS 2004

R Kiesslich, J Burg, M Vieth, J Gnaendiger, M Enders, P DeLaney, A Polglase, W McLaren, D Janell, S Thomas, B Nafe, PR Galle, MF Neurath **Confocal laser endoscopy for diagnosing intraepithelial neoplasias and colorectal cancer in vivo.** Gastroenterology Sept 2004 Vol 127 (3) 706-13

AL Polglase, SF Grodski, AB Tremayne, JBL Chee, PS Bhathal. **Local recurrence following surgical treatment for carcinoma of the lower rectum.** ANZ J Surg 2004; 74:745-50

EA Tweddle, S Woods, S Blamey. **Laparoscopic gastric banding: safe and modestly successful.** ANZ J Surg. 2004 Apr; 74(4):191-4.

PJ McMurrick, AL Polglase. **Keyhole surgery – the way of the future or just a flash in the pan?** Ostomy Australia, March 2004 Vol 13, No: 1 pg 34.

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## MANUSCRIPTS IN THE PRESS 2004

Book Chapter

**Large Bowel Obstruction,** Polglase, AL In: Textbook of surgery, 3rd ed. JJ Tjandra, GJA Clunie, RJS Thomas (editors). Carlton: Blackwell Science

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### MANUSCRIPTS SUBMITTED 2004

Development and Clinical Use of a Fluorescence Confocal Endoscope for *In Vivo* Microscopy of the Human Colon, Terminal Ileum, Esophagus, Stomach and Duodenum, AL Polglase, WJ McLaren, SA Skinner, R Kiesslich, MF Neurath, PM Delaney. *Gastrointestinal Endoscopy*

Factors influencing uptake of genetic testing for the APC I1307K mutation in a Jewish population. BJ Warner, LJ Curnow, AL Polglase, HS Debinski. *Journal of Genetic Counseling*

### MANUSCRIPTS IN PREPARATION 2004

Helicobacter Pylori incidence in patients with post-anaesthetic nausea. SDS Woods, JBL Chee, AB Tremayne, J Clooney.

The Melbourne Ashkenazi Bowel Cancer Study. HS Debinski, L Curnow, AL Polglase, M Southey, J Savulescu.

Morbidity and mortality following colonic resection for cancer. AL Polglase, E Torey, AB Tremayne

The outcome for patients having palliative resection for bowel cancer. AL Polglase, CWL Ooi, AB Tremayne

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### POSTER PRESENTATION 2004

Patients and statistics – does information presentation affect decision-making? D Ku, A Burgess, J Chitty, SDS Woods. Research Day, Cabrini Hospital Nov 2004.

Cancer mortality in the Melbourne Jewish population B Warner, G Richardson, AL Polglase, E Finch, H Farrugia, L Baglietto, G Giles, HS Debinski. Research Day, Cabrini Hospital Nov 2004.

Invivo Histology of Normal and Diseased Human Colonic Mucosa Using a Fluorescence Confocal Endomicroscope. FA Macrae, AL Polglase, WJ McLaren, ER Murr, PM Delaney. *Digestive Diseases Week 2004* ID: 103280

Local Anaesthetic for removal of drain tube – Does it work? JBL Chee, CWL Ooi, SDS Woods, MJ Bailey. ASC RACS Melbourne May 2004. AWARDED BEST POSTER PRIZE IN GENERAL SURGERY

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### PRESENTATIONS 2004

Confocal Colonoscopy – Visiting lecturer - Austin Hospital. Feb 2004. AL Polglase

Ostomy Association – AGM – Cabrini. Aug 2004. AL Polglase

Tackling Bowel Cancer - The Bottom Line Luncheon, Melbourne. Aug 2004. AL Polglase

Invivo histology of normal and diseased human colonic mucosa using a confocal colonoscope. Australian Gastroenterology Week Brisbane Oct 2004. AL Polglase

“Tackling the Australian Bowel Cancer Epidemic – An Ashkenazi Perspective” presented by The Australian Friends of Tel Aviv University (Vic). AL Polglase, HS Debinski. Nov 2004.



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