

# 2011

ANNUAL REPORT



Centre for Clinical Research  
and effective practice

*Creating the future of healthcare*



CCRep Reception



Centre for Clinical Research  
and effective practice



TRIAL PARTICIPANT  
WAITING ROOM

CCREP MANAGEMENT

BIostatisticians

CMDHB RESEARCH  
OFFICE

MIDDLEMORE  
**TissueBank**  
SEEKING TOMORROW'S CURE  
Matahihi, Auckland

# 2011

## A year of significant new technological and strategic outcomes

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## OUR VISION AND VALUES

CCRep is a registered charitable trust established in 2001 to facilitate and manage commercial clinical research and provide transparency of research and its related financial activities. Part of our role is to identify and contain the risks of research.

CCRep is sited on the campus of one of New Zealand's largest tertiary teaching hospitals, the 800-bed Middlemore Hospital in South Auckland, New Zealand. We also have access to a number of other large satellite facilities operated by the Counties Manukau District Health Board. The South Auckland region is home to unique patient populations accessible via well developed inpatient and community healthcare databases.

We work closely with sponsors, researchers and investigators producing evidence to support the acceptance of new therapies.

### Our Values

Our values flow from our Vision. CCRep is a leader in the field of clinical research and our people bring the capability, experience and quality required to achieve our goals.

#### **Creativity**

- leading and innovating in health research

#### **Commitment**

- showing care and respect for research participants

#### **Research**

- delivering excellence in performance and clinical practice

#### **Experience**

- using expert knowledge for maximum benefit

#### **People**

- one team, working together with respect and integrity

### Our Strategy

CCRep's strategic objective is to be the driving force for the development of an effective and efficient research culture at CMDHB.

#### **Goals:**

- To broaden the scope and client base within the existing strategy
- To build specific collaboration with, and between, CMDHB and the University of Auckland
- To facilitate the link between clinical practice and research undertaken at CMDHB
- To achieve scale and efficiency

### Our Objectives

- To undertake, conduct, promote, advance and fund research, audit, evidence-based practice and education
- To assist the investigator in the set up and management of the research study
- To develop and foster particular expertise in the health of Maori and Pacific peoples
- To disseminate information, results and findings
- To promote educational programmes and material relating to research undertaken by CCRep
- To form a relationship of mutual co-ordination and co-operation with the South Auckland Health Foundation
- To develop relationships with similar bodies in New Zealand and internationally



Our Vision

Creating the  
future  
of healthcare



## REPORT OF THE CHAIR

CHAIR'S REVIEW OF THE YEAR: JULY 2010 - JUNE 2011

### Fellow Trustees,

Once again CCRep has delivered a strong result with less than commensurate increase in resources. Its operational strengths are evident as is its forward planning for greater capacity and novel ways of leveraging its infrastructural investments in clinical trial management software and biostatistical support.

During the year there were a number of developments in CCRep's wider environment.

They included the formal establishment of Ko Awatea, CMDHB's research and training hub which links the DHB with a number of local and offshore educational partners, the progress of the Health Select Committee's report on clinical trials and the momentum of the Innovation Hub founded by the country's four largest DHBs.

2011/2012 will see the consequences of these developments play out, requiring new relationships to be built and different ways of both communicating and collaborating in a less siloed healthcare environment.

CCRep's staff have a track record of rising to such challenges with agility and goodwill.

So in thanking them for their display of such attributes in their work in 2010/2011, I encourage them to continue towards the positive opportunities that lie ahead in 2011/2012.

Trustees have continued to provide thoughtful support to the organisation.

The gift of their time, experience and networks is invaluable.

In particular I would like to thank Dr Don Mackie for his large contribution up to the time he took up his appointment as Chief Medical Officer in the Ministry of Health.

### Anne Blackburn

Chair CCRep

## CCREP EXECUTIVE TEAM



Left to right  
Murray Farnsworth  
Ruth Withers  
Dr John Baker  
Mary Baldwin  
Lynda Mockett  
Yvonne Dunn  
Daphne Mason  
Dr Stuart Ryan

## BOARD OF TRUSTEES

### **Anne Blackburn (Chair)**

Anne Blackburn has a background in banking, governance and strategic advice. She currently has appointments to the Boards of TVNZ, New Zealand Venture Investment Fund, UNITEC, Auckland Council Property Limited, Royal District Nursing Service New Zealand Limited, Forsyth Barr, and Warren and Mahoney. Anne is also Chair of The Royal New Zealand Ballet and a Trustee of the Chinese Language Foundation and the Sir Ernest Davies Diabetes Endowment Trust.

### **Brad Healey (Deputy Chairperson)**

Brad Healey is the General Manager Medicine, Counties Manukau District Health Board. He has served on a number of Boards including health Alliance and Linkage Trust. Brad is a chartered accountant by profession and has worked in both Wellington and London with PricewaterhouseCoopers.

### **Alistair Burry**

Alistair Burry is a semi-retired financial governance consultant now spending time in various charitable activities, including CCREP, the Stellar Trust and the Eastern Bays Hospice Foundation. Previously, Alistair spent 16 years with the Fletcher Challenge Group in various senior Finance roles and later held the position of Chief Financial Officer for Metlifecare Ltd and senior finance roles with Counties Manukau District Health Board.

### **Rod Jackson**

Rod Jackson is a Professor of Epidemiology in the Section of Epidemiology & Biostatistics at the School of Population Health, University of Auckland. He is a member of the New Zealand College of Public Health Medicine. Rod is the academic leader of the PREDICT programme which uses a web-based clinical decision support system to get evidence about CVD risk and risk management, into and out of clinical practice simultaneously.

### **Wayne McLean**

Ko Taupiri te maunga  
Ko Waikato te awa  
Ko Waikato tangata Waikato Taniwharau  
He Piko, he Taniwha he piko he Taniwha

Founding member of Raukura Hau Ora O Tainui, Mr McLean is also Chief Executive. He is an accountant by profession and has worked in the health arena for 28 years. Wayne has served on a number of Boards including the Health Funding Authority, Counties Manukau DHB, Waikato DHB and the National Health and Disability Advisory Committee. In addition to Raukura, Wayne chairs Hauora Waikato Maaori Mental Health Service and also manages the North Waikato PHO.

### **Harry Rea**

Harry Rea is Professor of Integrated Care and Medicine, based at the South Auckland Clinical School. His background is as a respiratory physician and researcher.

His current research interest is in the development of programmes of care for those with long term conditions (including COPD), and in particular, the integration of primary and secondary care.

### **Don Mackie**

Born in the UK and educated in London, Don graduated from Manchester University Medical School and specialised in anaesthesia. Don has worked as an anaesthetist in hospitals large and small, including four years teaching at the University of Michigan. He also worked at Hutt Hospital as Clinical Head of the Emergency Department. He was Chief Medical Officer at Counties Manukau DHB from 2006 to 2011. In August 2011 he was appointed Chief Medical Officer at the Ministry of Health where he heads the Clinical Leadership, Protection and Regulation Business Unit and is taking a lead on health research.

### **Judy Kilpatrick**

Judy Kilpatrick leads the School of Nursing at the University of Auckland and in 1998 was awarded the Companion to the New Zealand Order of Merit for services to nursing education. Internationally she is on the Health Sciences Executive Board of Universitas 21 and is also an Executive Board member for InterEd (International Association for Interprofessional Education and Collaborative Practice). Judy is also an executive member of the Council of Deans of Nursing and Midwifery (Australia and New Zealand).





# GENERAL MANAGER'S REVIEW

OF THE YEAR: JULY 2010 - JUNE 2011

PAGE 6

## It has been an exceptional year of highlights for CCRep as we continue to be guided by our strategy and vision of Creating the Future of Healthcare.

**Several** of the major successes have been the culmination of many years work by dedicated teams while others have arisen from the now maturing relationships CCRep has developed with CMDHB and external agencies. In addition to these achievements, which I will discuss in more detail later, CCRep has also enjoyed the most successful financial year of its 10-year history.

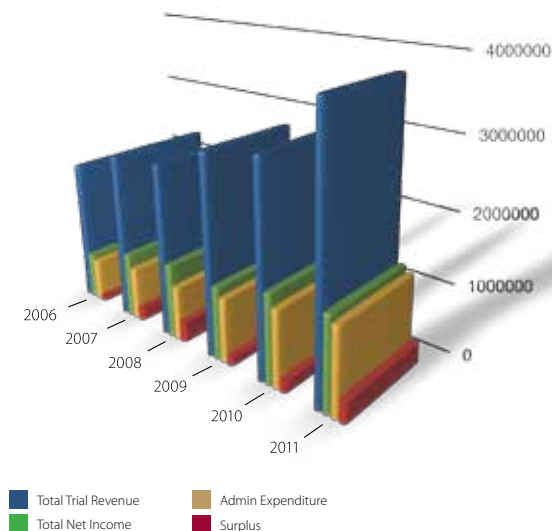
**Setting** CCRep apart from all other trial sites in NZ has been the introduction of the clinical trial management software, Clinical Conductor®. While common in the US, CCRep's installation of Clinical Conductor® is the first in the southern hemisphere and has taken 3 years of planning and preparation to get it ready for use in our environment. Involving the US vendor, a local data host, health Alliance, several consultants, an enthusiastic CCRep project team and, more recently, our general staff, we now look forward to driving CCRep's clinical trial business with this all-in-one tool. As well as providing the functionality required across the organisation – from scheduling of trial visits to detailed management reporting – Clinical Conductor® is also web-based meaning that CCRep can provide this platform to its staff working at any site around Auckland or New Zealand, or the world. Using secure links and administrator-controlled access, CCRep will have the capability to conduct clinical trials beyond its primary location at Middlemore Hospital. Clinical Conductor® will also be a large part of the Quality Management System that we are developing to ensure consistent, high quality across CCRep processes and procedures.

**Clinical trial management and conduct is the core business of CCRep.**

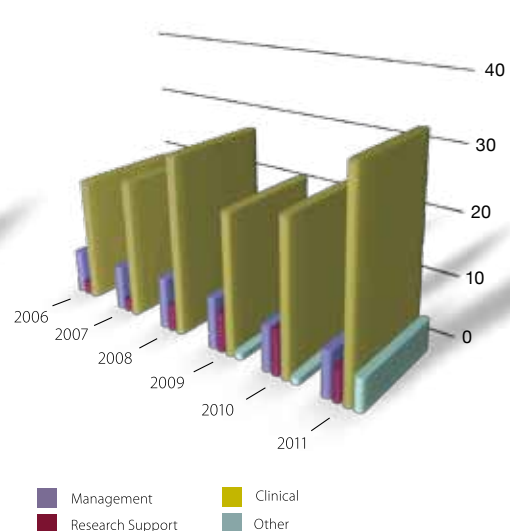
**CCRep investigators**, research nurses and trial coordinators deliver high-quality, protocolised healthcare to some 1200 trial participants currently enrolled in CCRep-managed trials. Evidence suggests that such care results in excellent health outcomes for participants, provides access to new and novel agents otherwise unavailable to New Zealanders and is valued highly by individuals enrolled in the trials.<sup>1</sup> Behind this delivery of treatment and patient care are robust management processes which facilitate excellent results at a financial, as well as a clinical, level. Clinical trials conducted by CCRep generated \$3.8M in revenue in the 2010/11 financial year and delivered over \$440,000 back to CMDHB investigators to support research and education activities. Total funds held in the CCRep Trust for such purposes now totals over \$3.1M.

**CCRep** enjoys excellent relationships with both Pharma sponsor companies and Contract Research Organisations (CROs), delivering high performance and meeting recruitment targets on nearly 90% of commercial trials undertaken. While excelling in the management of sponsored clinical trials it has also been our goal to increase the proportion of investigator-initiated studies in the CCRep portfolio. Over the last 12 months we have made clear progress in this direction. In June 2011 26% of the trials underway were large grant-funded or multinational network-based, investigator-initiated trials compared with just 13% in 2010, a 100% increase. This percentage will rise again as Drs Conroy Wong and Mark Marshall were both successful this year with their project grant applications to the NZ Health Research Council. Both grants will be hosted by CCRep and start in November 2011.

CCREP Income Overview



CCRep Staffing Levels





"CLINICAL CONDUCTOR" TRAINING WAS COMPLETED AT KO AWATEA BY A US-BASED SPECIALIST

As CCRep's closest partner, CMDHB also has substantial interest in fostering research activity. The CCRep Innovation Fund (jointly funded with CMDHB since 2008) has supported 23 local investigators to undertake small pilot studies with a focus on delivering benefits to CMDHB patients. In conjunction with CCRep, CMDHB also supports a busy Research Office and an on-site biostatistics service. CMDHB's Ko Awatea initiative has a mandate in the field of health service innovation which will gradually develop a new stream of CMDHB-driven research; this in turn will complement and interact with CCRep's existing capabilities. CCRep continues to invest its own surpluses to further boost 'grass roots' research activity (see Page 26) such as the joint appointment of a second biostatistician in 2010 with AUT University. Those new to research have benefited from attending CCRep's 'Research 101' workshops which have now delivered content to over 75 attendees (53% nurses). Additional investment is planned for 2011/12 to increase both the number of investigator-initiated projects supported and grant revenue.

**Another significant highlight** of the year has been the opening of the Middlemore Tissue Bank – Matatika Koiora. After 3 years of planning and hard work by Dr Samar Issa (Founding Clinical Director) and Daphne Mason (Curator) the first donor samples were entered into the tissue bank's database on December 16, 2010. This achievement would not have been possible without the sponsorship and support of our key partners – the Freemasons Roskill Foundation (FRF), the Leukaemia and Blood Foundation, and CMDHB to whom we extend our great appreciation. *"We believe the tissue bank has huge potential to give both our scientists and patients great faith in the future"*, said David Mace (Chair, FRF) upon awarding CCRep the 3-year establishment grant which has made the tissue bank possible. We are also grateful to Sir Bruce Slane who

has taken the role of Chair of the Governance Committee providing us with the leadership and guidance required to ensure success. The opening function held at the Auckland War Memorial Museum in April 2011 was attended by over 90 stakeholders including academics, clinicians, sponsors and politicians, demonstrating the wide interest and enthusiasm for this initiative and seeking tomorrow's cure for cancer. Professor Gregor Coster (Chair, CMDHB) officially declared Matatika Koiora open. The purpose-built facility on site at Middlemore Hospital is now operational and collecting an ever-increasing number and variety of biospecimens for future cancer research (see page 25).

**As the content** of this report and the following pages demonstrate, CCRep has again delivered successful outcomes across an widening span of the research continuum. From grass-roots nurse-led initiatives and large HRC-funded multi-centre research projects through to Pharma-sponsored clinical trials and a tumour/tissue bank, CCRep has developed into a sophisticated and expert health research organisation. Across this breadth of activity lies a dedicated and professional workforce that I am proud to lead and support. Now co-located for the first time and placed alongside the new Ko Awatea facility, CCRep can look forward to another year with much to be proud of and with proven success to build upon.

**Dr Stuart Ryan**  
General Manager, CCRep





# CLINICAL DIRECTOR'S REVIEW

THE YEAR: JULY 2010 - JUNE 2011

## Clinical trial activity

As of 30th June 2011, CCRep was managing 61 industry-sponsored or grant-funded clinical trials. Provisional surplus to Specific Funds for the year 2010-11 was 11.8% of clinical trial revenue (i.e. NZ\$442,461). The majority of this surplus is generated from the commercially-sponsored trials and is much better than last year largely because of increased volume of new contracts as the world economy recovers from the effects of the global financial crisis. Lack of space is still the major factor limiting growth of the business. Our staff numbers are at a maximum for the space allocated to us which effectively limits expansion of our clinical trial activity. There has been an increase in accumulated funds in CCRep Specific Funds which currently contain NZ\$3.16 million. The web-based Clinical Trial Management System (Clinical Conductor®) has finally completed feasibility, security and privacy assessments and the program will be introduced progressively over the next 6 months (i.e. June-December 2011). Data is stored in a remote New Zealand-based server (Cloud Computing) and technical support is provided by the vendor (Bio-Optronics, USA). This computer system provides many benefits for intermediate to large clinical trial centres. We look forward to improvements in operating-efficiency, financial-reporting, and productivity. There is also the capability to build a searchable database of potential clinical trial participants which will greatly improve recruitment to studies. I have prepared a brief template to consent and log patients that I see in Diabetes clinic. Such an approach could easily be adapted to other sub-specialties.

## Research Strategy

In May 2009, the CMDHB Board signed off the CMDHB Research Strategy. Counties Manukau is the first DHB in New Zealand to have a formal Research Strategy. In support of the Research Strategy:

- a. A research policy document was signed off by Clinical Management Executive Committee (CMEC) in May 2010 and two new procedures related to research governance were approved by CMEC in December 2010.
- b. An upgraded research webpage on SouthNet (CMDHB intranet) was introduced in September 2010 providing an improved process of registering research projects and obtaining internal approval. Unfortunately, subsequent progress has been very slow because of delays in obtaining approval from health Alliance (hA) for the development of a new database for research studies, the web application which provides the front-end for the database and the internet page for external investigators.
- c. The Innovation Fund jointly supported by CCRep and CMDHB has now been operating for 3 years. To date, 23 project grants have been awarded totalling \$183,451. CCRep continues to encourage applications to the fund by nurse, junior medical and allied-health researchers with a series of research workshops before each funding round in March and September. CCRep also

provides mentorship and support of successful applicants to ensure that projects are completed on time and within budget and a final report on outcomes is received.

- d. An on-site Biostatistics service is a key requirement for developing research activity. Irene Zeng was appointed fulltime biostatistician in November 2008 and Alain Vandal was appointed to an academic Associate Professor position in partnership with AUT University. Alain is extremely well-qualified as a former Associate Professor of Statistics at McGill University in Canada from 2006 to 2010. AUT University have set up a Masters level training program in biostatistics at Middlemore from 2012. Irene and Alain continue to support local research activity through the CCRep Statistics Clinics. CCRep intends to create a Data Analyst position to support the increasing demand for analytical support.

## Public Good Research Funds

CCRep is the Middlemore office for Health Research Council (HRC) submissions. A highlight of the year has been the CMDHB successes in the last funding round.

### Dr Conroy Wong.

A Randomised Trial of Tiotropium Treatment for Bronchiectasis  
36 months, \$1,198,253

### Dr Mark Marshall.

Sodium lowering in dialysate (SOLID) trial.  
36 months, \$1,195,883

Preparing such applications is extremely demanding for colleagues who already hold fulltime clinical positions. For several years, our Finance Manager and Project Managers have provided support to applicants in preparing their proposals. CCRep intends to extend this support by creating a Research Development Coordinator position to assist with grant writing and coordination.

## Ko Awatea and the Innovation Hub

Ko Awatea is a partnership between CMDHB, MIT, AUT, and the University of Auckland which aims to address the future manpower requirements of the CMDHB by establishing a major training and education centre for nurses, medical students and allied-health professionals. Three Centres are planned within Ko Awatea: the Centre for Research, Knowledge and Information Management; the Centre for Workforce Capability and Leadership; and the Centre for Health System Improvement. Associate Professor Andrew Hill has been appointed Director of Research for Ko Awatea. Andrew is current Head of the South Auckland Clinical School, University of Auckland and an active researcher in General Surgery.

It is expected that CCRep will report to the Centre for Research, Knowledge and Information Management for research activities on the Middlemore site. Some of the research support functions currently administered by CCRep on behalf of CMDHB (such as the Research Office) will revert to CMDHB/Ko Awatea. There will also be a review of the financial arrangement. CMDHB currently pays a fee to CCRep for its research support activities. This fee is important in the CCRep financial model and any change will impact on the amount of residual funds from clinical trial activity which are paid to Departmental Specific Funds.

The Innovation Hub (iHub) was announced by the Ministers of Health and Economic Development on September 22, 2011. The iHub is a partnership between the Ministry of Economic Development, and four District Health Boards; CMDHB, Auckland DHB, Waitemata DHB and Canterbury DHB. The press release states, *“The new hub will be a catalyst for innovative ideas coming from our health technology sector. It will streamline links between the health service and industry, spread new products and ideas and commercialise intellectual property.”* It is not yet clear how this new development will affect CCRep. There may be a role in forging partnerships with local industry but it remains to be seen how that eventuates.

### Health Select Committee Report

There are major changes proposed in the regulatory environment in New Zealand in the year ahead which will affect the clinical trial business at CCRep. In February 2010, the New Zealand Parliament commissioned a select committee inquiry into ways of improving New Zealand’s clinical trials environment. After much deliberation, the select committee tabled a report in June 2011 with 54 recommendations that mainly addressed ways of streamlining the ethics system. The Minister of Health responded on September 6, 2011 agreeing to take action on many of the recommendations. The proposed changes include a modified ethics committee structure (4

committees instead of 7 committees), simplified application forms, an electronic submission process, more rapid response (guaranteed SCOTT response in 30 days), and more extensive use of the expedited review process for low risk studies. The standard operating procedures for ethics committees are to be overhauled and all the changes are to be implemented by July 2012. For CCRep, we expect these changes will mean a quicker turnaround in obtaining ethics committee approval. Because competitive recruitment applies to many of our studies, the faster start-up of clinical trials made possible by these changes will provide us with a significant improvement in our business competitiveness.

**Dr John Baker**  
Clinical Director, CCRep

THE MANAGEMENT TEAM UTILISE WI-FI CONNECTED IPADS TO ACCESS TRIAL DATA REMOTELY





**CCRep has relocated** into a new, refurbished location on the ground floor of the Support Building at Middlemore Hospital. The move has centralised the organisation with all staff on the same floor for the first time. It has also provided the opportunity to enhance patient care through the addition of two more clinic rooms and a refurbished patient waiting room. New signage has been placed at the main entry of the Support Building to assist trial participants with locating our staff and accessing our services.

### HRC funding

CCRep has had its most successful year in obtaining funding from the Health Research Council of New Zealand (HRC). CCRep secured two significant grants totalling \$2.4 million in funding. The first was a \$1.2 million project grant awarded to Dr Conroy Wong for his research into the use of tiotropium in bronchiectasis. The second grant of \$1.2 million was awarded to Dr Mark Marshall for his research into sodium lowering in dialysate in patients receiving home haemodialysis. These are both 3-year projects which will begin in November 2011.

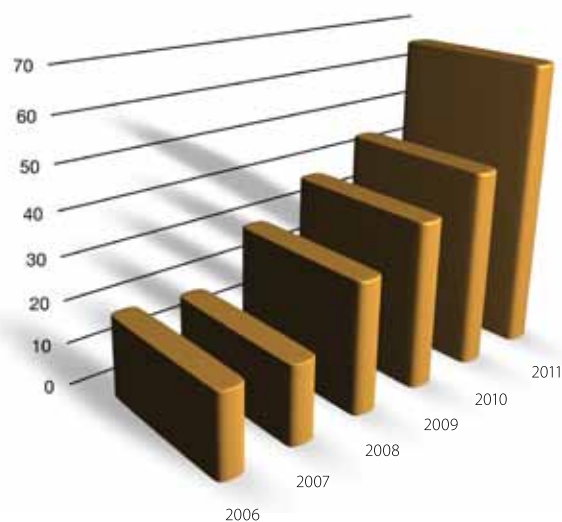
### Educational Workshops

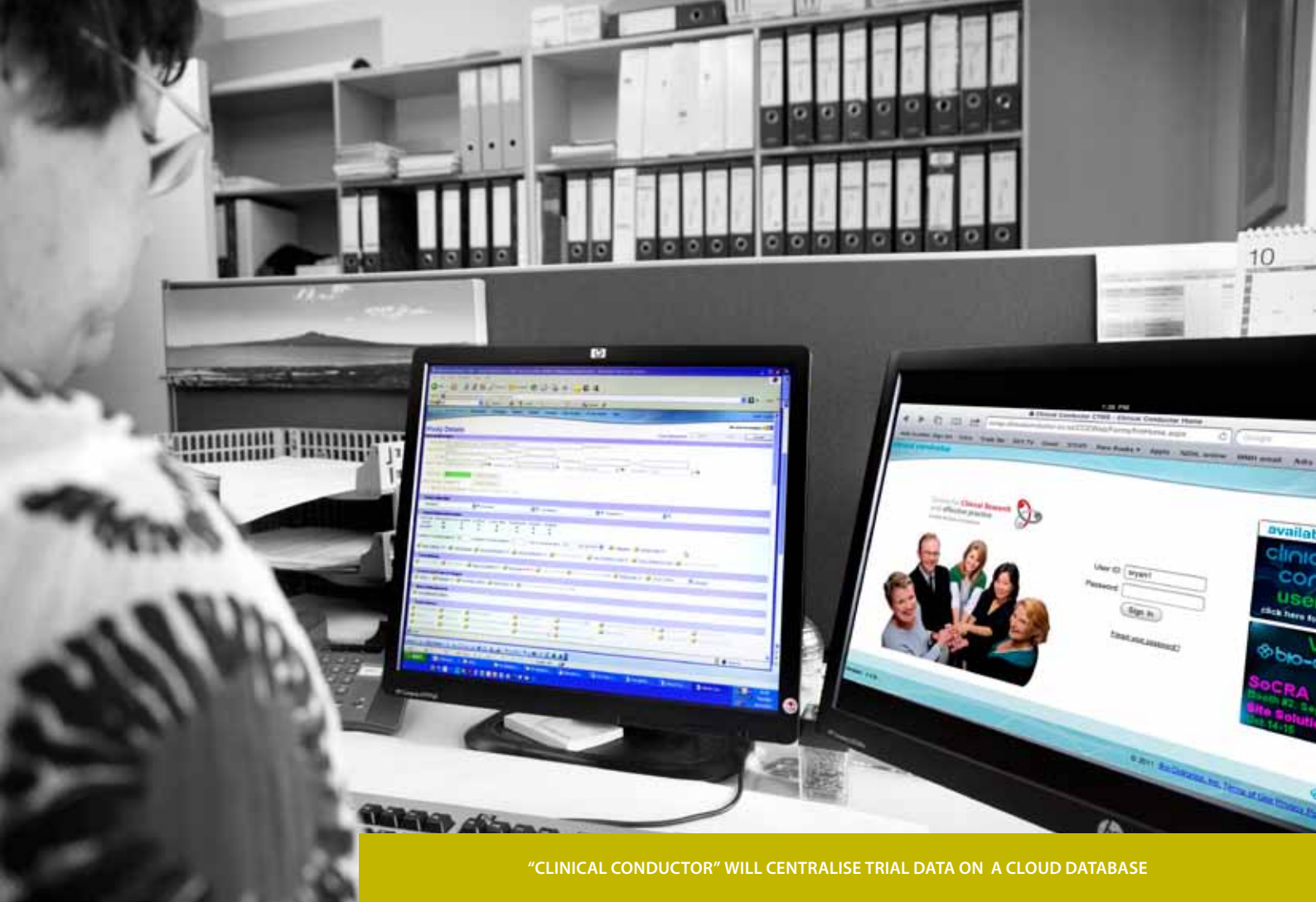
CCRep has built on its educational capabilities from previous years by running a successful series of workshops for nursing and allied-health staff. The workshop entitled "Research for Better Health Outcomes" was run 4 times during the year and attended by 75 CMDHB staff. The workshops featured a range of speakers who focused on ways to get research ideas from concept through to a completed project. This included Emeritus Professor David Thomas speaking on qualitative research methodology and Associate Professor Alain Vandal speaking on quantitative methods.

### Update – LCT sponsored Xenotransplantation Trial

The final participant in the Living Cell Technology (LCT) sponsored xenotransplantation study was transplanted in May 2011. The original recruitment target for the study was 8 patients but this was increased to 14 due to the positive nature of the results and lack of any safety concerns. The data from this phase I/IIa study will be used by LCT to design future trials with the aim of obtaining marketing approval for this unique treatment for type I diabetes.

Number of Investigators Involved in CCRep-Managed Clinical Trials





"CLINICAL CONDUCTOR" WILL CENTRALISE TRIAL DATA ON A CLOUD DATABASE

### Standard Clinical Trial Research Agreement

Over the last 18 months CCRep has contributed to the development of a standard Clinical Trial Research Agreement (sCTRA) for use with Pharma-sponsored clinical trials in New Zealand. A writing group representing DHBs, CROs, Pharma, and device manufacturers released the sCTRA in September 2011 under the auspices of the NZ Association of Clinical Research ([www.nzacres.org.nz](http://www.nzacres.org.nz)). This compliments the work CCRep led in developing a standard Indemnity and Compensation Agreement and provides trial sponsors with pre-approved contract documents which it is hoped will shorten clinical trial start-up times in NZ.

### Devices/Biotech

CCRep has continued to develop a close working relationship with the NZ Crown Research Institute, Industrial Research Ltd. Our contribution is as a clinical consultant providing guidance on early stage initiatives as well as more specific trial and protocol design advice on later stage projects. Several projects have been completed ranging from prototype testing to small clinical trials. We look forward to 2011/12 as we seek new funding together to cement a partnership role in the development of a range of exciting new technologies.

The 'innovation' space in NZ will see an injection of intellectual and financial capital as the new Innovation Hub and the Centre for Medical Device Technologies begin programmes to generate new devices and health innovations. As a leading clinical trial site, CCRep is working with both entities to assist with achieving their aims.

### Middlemore Tissue Bank

The first samples were collected from Donor #1 on December 16, 2010 and marked an auspicious day for CCRep. Detailed on Page 22 the Middlemore Tissue Bank is a research resource which will support translational research looking at the causes of cancer in the NZ population. Being one of only two such tissue banks in NZ, the Middlemore Tissue Bank represents an enormous contribution to the Auckland research environment by CCRep and its sponsors and supporters. It is being positioned as a key piece of infrastructure for NZ's research community and has received broad support from clinical, academic and community organisations.





### Biostatistics Activities

**In the past year, biostatisticians provided support to research and audit activities across more than 30 different departments of CMDHB.**

**Supporting activities** included project conceptualisation, study design, protocol development, study monitoring, data management, data analysis, result interpretation, dissemination, training, supervision and scientific evaluation.

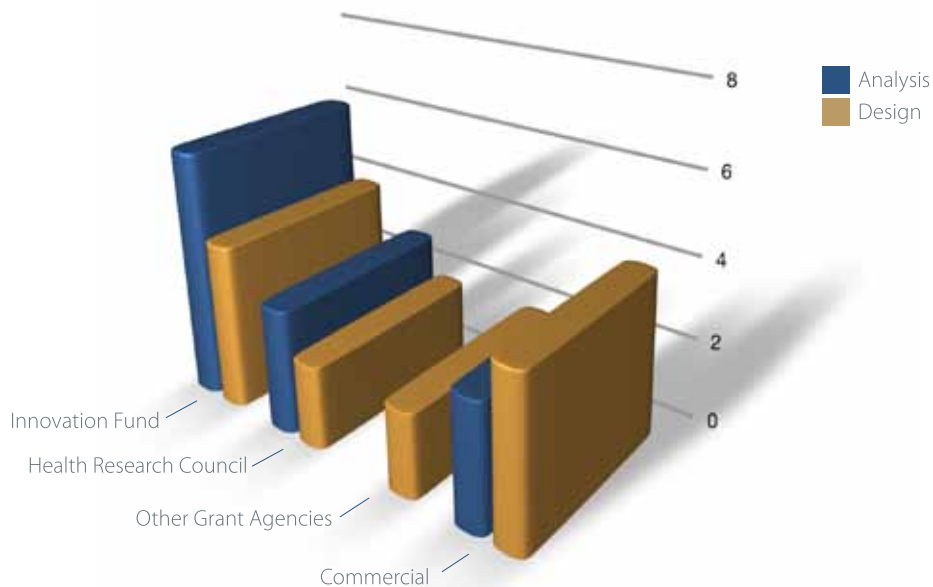
**Most projects** are observational studies, clinical trials and clinical audits; some diagnostic studies and methodological research were also undertaken. Some projects were compulsory or were part of voluntary training activities for registrars and new staff. In the past financial year, the biostatisticians supported approximately 89 projects based at CMDHB through design, analysis, dissemination, or a combination thereof. The direct impact of these supporting activities is to enable the investigators to disseminate their research or audit results through presentations at local and international conferences and through publications in peer-reviewed journals. The long-term impact of this support is translation of results into clinical practice and eventually improvement in patient outcomes.

**CCRep biostatisticians** also carried out contracted commercial research activities involving 6 different institutions: Pacific Edge Biotechnology, Living Cell Technology, New Zealand District Health Boards, Labtests, ABI Rehab, and the New Zealand Dermatological Society. All but ABI Rehab have involvement with investigators from CMDHB.

Six international projects were supported over the last 12 months. This work was undertaken by the CCRep/AUT academic biostatistician who also supervised two international interns for 3 months in 2011. The academic biostatistician was also involved in project peer-review as a member of the Health Research Council's (HRC) First Grant Assessing Committee.

**A key activity** undertaken by the biostatisticians is the Middlemore Statistics Clinic. The Statistics Clinic is held every two or three weeks, depending on the time of year, and usually accommodates four or five 45-minute appointments. Seventy nine appointments with 71 distinct individuals occurred during the index period. About 15% of first appointments related to statistical education or literacy; 25% related to analysis of collected data, and the rest concerned the design of studies. The Statistics Clinic provides an excellent forum for investigators to discuss their project, whatever its stage of development, with biostatisticians, who provide expert service and advice regarding analysis, design and interpretation of results. The approach of the Statistics Clinic extends to the numerous meetings with the biostatisticians at investigators' requests outside regular hours.

**Grant and Commercially Funded Projects Supported by CCRep Biostatistics Unit by Funding Source (July 2010- June 2011)**



**Funding applications** are an important milestone for initiating research. A key role for the biostatistician is to support researchers who apply to funding bodies. Last year the biostatisticians supported 8 CMDHB-based research proposals lodged with the HRC, the Auckland Medical Research Foundation or the Maurice and Phyllis Paykel Trust (4 applications were successful). An additional 8 applications to CCRep's Innovation Fund were supported in the reporting year.

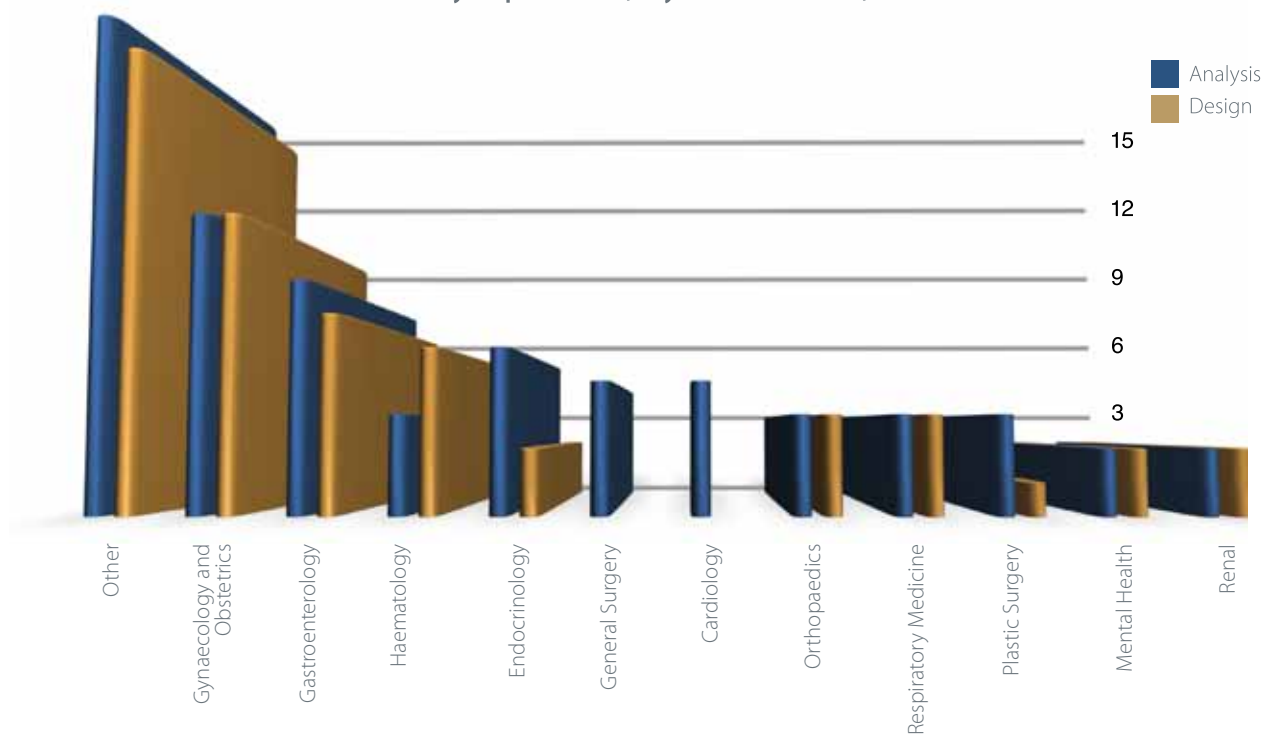
**The biostatisticians** also provided support in the form of data monitoring and redesign of two funded research projects. These activities are expected to be growth areas in the coming years.

**Data analysis** forms the final stage of a research project and usually consumes the bulk of biostatistical resources allocated to a project.



**Over the past year**, the main data analytical efforts were expended on behalf of the Trial Participation Study (c. 150 person-hours; Baker et al.), the EASAP Study (c. 140 person-hours; Yap, Jayaram, Zeng, Vandal & Garrett. Internal Medicine Journal, accepted). The data from 5 CCRep Innovation Fund projects were analysed and reported; it is expected that 3 of them will be the object of peer-reviewed publication. Amongst previously HRC-funded projects, the interim analysis for a bariatric surgery trial and final analysis for a cough reflex test study were completed and reported.

**CMDHB Projects Supported by CCRep Biostatistics Unit by Department (July 2010-June 2011)**





MICRO-VIALS CONTAIN BAR CODE IDENTIFICATION SYSTEMS

## FOCUS ON KEY RESEARCH AREAS

**Research activity** within CCRep is spread across 27 different specialities providing services at Middlemore Hospital. However, investigators within CMDHB's Division of Medicine undertake over 90% of the contract clinical research managed by CCRep. Nine departments are highlighted in this section including an investigator profile and key research interests and activities.

### CARDIOLOGY

#### DEPARTMENT PROFILE

Research is a focus for this department and its strength is evident in the number of people actively involved in the conduct of clinical trials. There are 7 investigators, 5 research nurses and 1 research fellow engaged in either with commercial trials or with studies funded by grants.

In conjunction with Pharma sponsors the department has made a significant contribution to the development of an alternative antithrombotic agent for use in the Acute Coronary Syndrome (ACS) population. This work is coming to an end as some long-term trials are nearing completion. As a result, the department, along with CCRep, is able to focus on new trials to benefit cardiac patients at CMDHB. We can expect to see some more FDA-mandated studies asking critical public health questions related to the medications used by the ACS population.

#### KEY INVESTIGATOR PROFILE

##### Dr Douglas Scott

Dr Scott is a consultant cardiologist and Interventionist and has been an integral figure in cardiology pharmaceutical trials since he commenced as a cardiologist at CMDHB in 1998. He has been principal investigator on 24 commercial trials conducted through CCRep during this time. His trial activity has included both medical and interventional protocols.

Douglas has seen a significant change in the Pharma trial environment over the years and acknowledges that it is a more rigorous environment today. The benefits that patients obtain from involvement in trials are the motivation for his continued enthusiasm.



#### KEY INTERESTS/ACTIVITIES OF THE DEPARTMENT

The high prevalence and mortality rate associated with Cardiovascular Disease would suggest research and development activity by pharmaceutical companies will continue into the future.

Key department interests include:

Acute Coronary Syndrome, atrial fibrillation, heart failure, dyslipidemia

Devices; cardiac catheterisation

Valve disease and other cardiovascular disease epidemiology

Development of electronic registries; databases for quality improvement

Collaboration with other medical speciality teams to benefit patient care



## FOCUS ON KEY RESEARCH AREAS

### CRITICAL CARE COMPLEX

#### DEPARTMENT PROFILE

Dr Tony Williams leads the research team within the Department of Intensive Care Medicine at Middlemore Hospital which includes 3 research nurses who maintain 7-day cover in the unit. Continuing from previous years there is a strong focus on trials originating from the Australia & NZ Intensive Care Society (ANZICS) Clinical Trials Group (CTG) that focus primarily on treatment methods for the critically ill patient. The department also undertakes commercial trials and, while often complex, successful recruitment generates surpluses to support additional research interests.

#### KEY INVESTIGATOR PROFILE

##### **Dr Tony Williams**

Dr. Williams has been involved in intensive care research since 1998 and has been a member of the ANZICS CTG in since 1999. He has significant experience in conducting clinical trials in the critically ill, including 11 pharmaceutical-sponsored studies and a similar number of investigator-initiated studies. Dr Williams was a named investigator for the NICE Study which attracted HRC funding and has recently completed recruitment. He was also a co-investigator in the high profile SAFE study which was published in the New England Journal of Medicine in 2004.



#### KEY INTERESTS/ACTIVITIES OF THE DEPARTMENT

##### **Sponsored:**

Lilly Sepsis Trial

##### **ANZICS CTG Studies:**

ARISE - Early Goal-directed Therapy (EGDT) is a Protocolised Form of Resuscitation

EPN - Early Parental Nutrition

Management of Re-feeding Syndrome in Critical Illness

### DIABETES

#### DEPARTMENT PROFILE

The diabetes portfolio continues to be one of the biggest therapeutic areas for CCRep with 4 active investigators, 6 research nurses/coordinators and 2 research fellows. The last 12 months have seen the gene therapy and xenotransplantation phase 1 studies begin to wind down while a number of new phase 3 studies have commenced. The diabetes team are actively pursuing studies in indications not previously researched at CCRep (e.g. Diabetic Neuropathy) while continuing the clinical trial pipeline for a number of major sponsors with new treatments for type 2 diabetes.

#### KEY INVESTIGATOR PROFILE

##### **Dr Ajith Dissanayake**

Dr Ajith Dissanayake has worked at Middlemore Hospital for over 10 years and is currently employed as a consultant endocrinologist and senior researcher. During his time at CMDHB Ajith has been Principal Investigator on over 15 clinical trials in type 2 diabetes and co-investigator on a number of other trials.



#### KEY INTERESTS/ACTIVITIES OF THE DEPARTMENT

The interests of the department extent across both type 1 and type 2 diabetes. The majority of the work being done at the moment is focused around cardiovascular outcome trials for new drugs in the treatment of type 2 diabetes. The experience of conducting a Phase I xenotransplant trial has been a highlight of the year.

Diabetic neuropathy

Medical therapies for the control of type 2 diabetes

Xenotransplantation

Treatment of patients with fragile type 1 diabetes

## GASTROENTEROLOGY/HEPATOLOGY

### DEPARTMENT PROFILE

The Department has grown enormously over the last 10 years and now has 10 consultants, 2 gastroenterology registrars and 1 research fellow and a full time house officer. From December 2011 we will have additional endoscopy research fellow. The department has specialist hepatitis nurses and IBD nurse-led clinics. We also have a Clinical Nurse Educator and a research coordinator. The department moved into a brand new facility recently with state-of-the-art endoscopy theatres, post endoscopy recovery and clinic rooms.

### KEY INVESTIGATOR PROFILE

#### Dr Ravinder Ogra

Dr Ravinder Ogra is establishing a portfolio of interests across inflammatory Bowel Disease (IBD) research and endoscopic research which will be enhanced by the employment of the dedicated endoscopy fellow in December 2011.

Co-Investigator for:

- 1: Colonic Polyp trial MK966 at both Auckland and Middlemore Hospitals.
- 2: Safety and Efficacy trial of Pegylated Interferon vs standard Interferon NV16037.
- 3: Phase 2 Trial of Immunotherapeutic Candidate Hep B Vaccine and Lamivudine for Chronic Hep B. M00026/012
- 4: A Double-Blind Randomised Placebo-controlled Multicentre Study of 40mg MitoQ and Placebo for the Treatment of Participants with Raised Liver Enzymes due to Non-Alcoholic Fatty Liver Disease (NAFLD)



### KEY INTERESTS/ACTIVITIES OF THE DEPARTMENT

Key interests/activities of the department

Trials involving management of ulcerative colitis and Crohn's Disease  
Studies related to fatty liver disease  
Studies related to the treatment of Hepatitis B and C  
Endoscopic research related to quality, use of newer technology, colonic polyps, GI malignancy, Barrett's disease, gastrointestinal stents, and the use of radiofrequency ablation

## HAEMATOLOGY

### DEPARTMENT PROFILE

Haematology research continues to thrive with many new opportunities especially in the field of malignant haematology. The department has 4 consultant haematologists all actively involved in research – both Pharma-sponsored and investigator-initiated. CCRep employs 5 experienced research nurses dedicated to haematological research projects. There are many benefits from research for both trial participants and the hospital. These include availability of new treatments and access to expensive medications which are otherwise unavailable through the NZ health system.

The department has also supported the development of the Middlemore Tissue Bank.

### KEY INVESTIGATOR PROFILE

#### Dr Sharon Jackson

Dr Sharon Jackson is a Consultant Haematologist and has been working at CMDHB since 1995.

Sharon has been an enthusiastic Investigator in a number of clinical trials, both coagulation and malignant haematology. She clearly articulates the advantages for patients to be enrolled in clinical trials and actively promotes the benefits of participation.

She takes up the role of Clinical Head in November 2011.



### KEY INTERESTS/ACTIVITIES OF THE DEPARTMENT:

Coagulation studies  
Malignant haematology studies  
Bleeding disorders  
Middlemore Tissue Bank





## FOCUS ON KEY RESEARCH AREAS

### PAEDIATRIC RESPIRATORY RESEARCH KIDZ FIRST CHILDREN'S HOSPITAL AND COMMUNITY HEALTH

#### DEPARTMENT PROFILE

Respiratory research in Kidz First has continued its focus on the prevention of chronic lung disease in young children following acute lower respiratory infection (LRI). This team has now completed four investigator-led research studies over the past five years. Last year the team received an HRC project grant to continue this work over the next three years. The team has grown significantly over the past 12 months and consists of 7 active investigators, a project manager and a team of five research nurses and one community health worker.

#### KEY INVESTIGATOR PROFILE

##### **Dr Adrian Trenholme**

Dr Adrian Trenholme has worked as a Paediatrician in South Auckland for over 25 years. Over that time he has led a series of studies on epidemiology and prevention strategies for LRI in South Auckland. This has been instrumental in the development of respiratory research in Kidz First. He regularly collaborates with Dr Cass Byrnes and Professor Diana Lennon from the Department of Paediatrics at the University of Auckland.



#### KEY INTERESTS/ACTIVITIES

The interests of this team are to prevent chronic lung disease in young infants in the Counties Manukau region.

## RENAL

#### DEPARTMENT PROFILE

The CMDHB Department of Renal Medicine is the largest such department in New Zealand and one of the largest in Australasia. The department's core business is the care of chronic kidney disease and the provision of renal replacement therapy, mostly in the form of dialysis and in particular, home dialysis. However, we also have around 150 renal transplant patients. The CMDHB population has a high incidence of diabetic nephropathy, systemic lupus erythematosus, and vasculitis which provides us with an abundance of opportunities to study these diseases. The Department has 8 full time equivalent Nephrologists, 2 Hospital Medical Officers, 4 Registrars, and 4 Clinical Nurse Specialists.

#### KEY INVESTIGATOR PROFILE

##### **Dr Mark Marshall**

Dr Mark R Marshall is an internationally recognised authority on dialysis and critical care nephrology, and has authored more than 50 research articles and book chapters. He has a Masters of Public Health and has an interest in the application of novel statistical methods to epidemiological data. He is currently a Principal or Named Investigator on three active Health Research Council grants totalling over \$2M. He is also a Lead Investigator on several more international studies in conjunction with the Australasian Kidney Trials Network ([www.aktn.org.au](http://www.aktn.org.au)). He has broad research interests although dialysis and chronic kidney disease remain at the core of his portfolio.



#### KEY INTERESTS/ACTIVITIES OF THE DEPARTMENT

##### **Active dialysis studies**

SOLID Trial (ACTRN12611000975978), FAVOURED Trial (ACTRN12607000569404)  
Dialysis in the Elderly Study (HRC 10/423), BLOCADE Trial (ACTRN12609000174280)

DOPPS ([www.dopps.org](http://www.dopps.org)), Radiological versus laparoscopic PD catheter insertion (ISRCTN92892834)

##### **Active vasculitis studies**

PEXIVAS Study (NCT00987389), Active chronic kidney disease  
Phosphate reduction in Chronic Kidney Disease (MPPT/10/10)

##### **Disease registries**

Australian and New Zealand Dialysis and Transplant Registry ([www.anzdata.org.au](http://www.anzdata.org.au))

## RESPIRATORY

### DEPARTMENT PROFILE

The CCRep respiratory portfolio continues to grow with 6 active investigators, 3 research nurses and 1 research fellow. The last 12 months have seen an increase in the number of feasibility questionnaires received from Pharma companies, 2 studies close out and 2 new phase II/III studies commence.

### KEY INVESTIGATOR PROFILE

#### **Dr Conroy Wong**

Dr Conroy Wong has worked at Middlemore Hospital for over 7 years and is currently employed as a Consultant Specialist Physician at CMDHB and a Clinical Senior Lecturer at the University of Auckland. During his time at CMDHB Conroy has been Principal Investigator on many sponsored clinical trials and has a particular interest in investigator-led Bronchiectasis trials. Conroy has been successful in gaining significant HRC and AMRF funding to support his research projects



### KEY INTERESTS/ACTIVITIES

The interests of the department extend across many of the Respiratory disease pathologies, with a particular interest in bronchiectasis, COPD and asthma.

The team are very motivated towards sponsored and investigator-led research and actively pursue projects and clinical trials that support the health needs of the CMDHB patient population.

This year the department has been very successful in gaining funding for department-driven, investigator-led projects, as follows:

#### **HRC funding:**

Dr Conroy Wong, "Bronchiectasis Treatment with Tiotropium for Exacerbation Reduction"

Dr Stuart Jones, "Obstructive Sleep Apnoea in Pregnancy Hypertension"

#### **AMRF grant:**

Dr Conroy Wong, "Comparing procalcitonin levels in sputum between patients with stable bronchiectasis and healthy subjects"

#### **CCRep Innovation Fund:**

Charelene Swanevelder, "Arterial Blood gas study"

#### **Asthma Foundation:**

Research fellow - Sandra Hotu, "Smoking cessation knowledge, attitudes and barriers among junior doctors at MMH"



# FOCUS ON KEY RESEARCH AREAS

## RHEUMATOLOGY

### DEPARTMENT PROFILE

The Rheumatology Department is involved in clinical and pharmaceutical research involving a number of areas, in particular rheumatoid arthritis and gout. It has an excellent collaborative relationship with the University of Otago in the field of genetics of gout and rheumatoid arthritis as well as translational research with AUT University involving podiatry. The department has a registrar who has dedicated time to assist with the performance of Pharma-sponsored trials as a co-investigator, and both registrars are involved in either clinical audit or research projects as part of their advanced training.

### KEY INVESTIGATOR PROFILE

#### Dr Peter Gow

Associate Professor Peter Gow has worked at Middlemore Hospital since 1978 and is currently employed as a Consultant Rheumatologist and a Clinical Associate Professor of Medicine at South Auckland Clinical School. During his time at Middlemore Hospital Peter has been the Principal Investigator on many sponsored rheumatoid arthritis trials, and of recent years has been involved in collaborative investigator-led gout research.

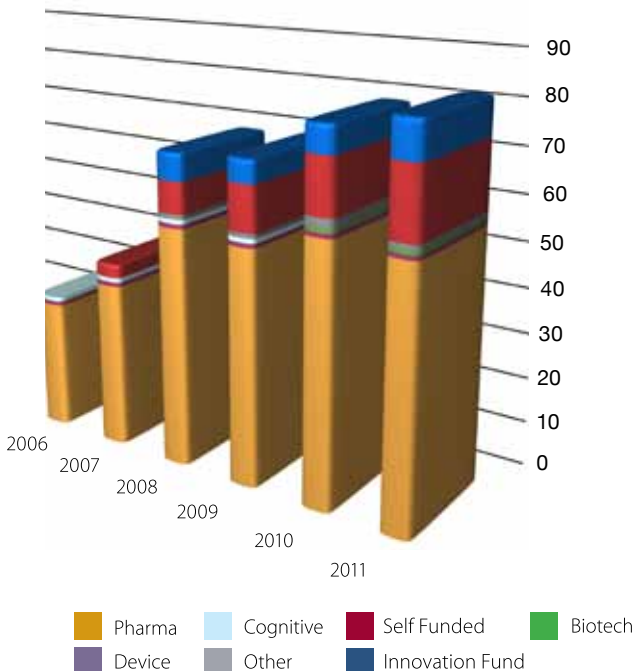


### KEY INTERESTS/ACTIVITIES OF THE DEPARTMENT

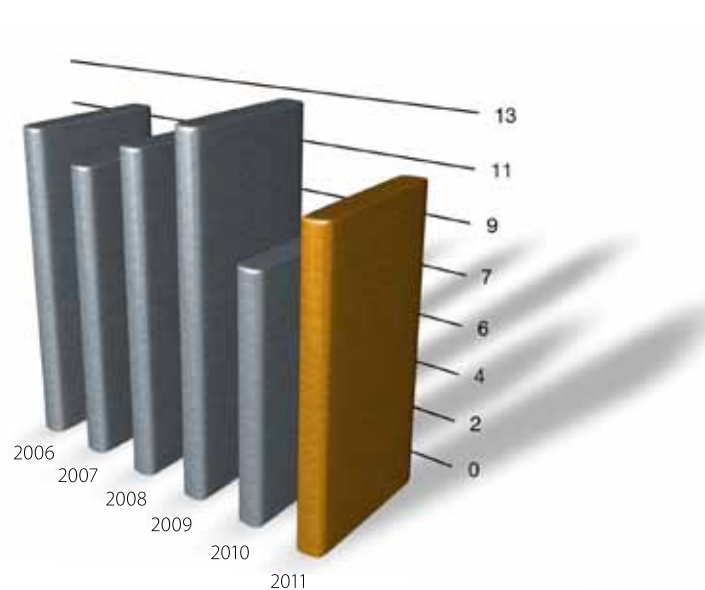
The interests of the department continue to extend across the continuum of rheumatoid arthritis and have recently included psoriatic arthritis, systemic lupus erythematosus and digital ulcer disease.

Other research activities include collaborations with the University of Otago, Tony Merriman's HRC - funded "Genetics of Gout" study; AUT University Professor Keith Rome's study "Positive Impact on Patient Care from Podiatry Input"; and with the CMDHB Maaori Gout Action Group, Principal Investigator Dr Karen Lindsay, with the "Qualitative Research in Gout" study.

**Number of trials by type at CCRep (At 30 June 2011)**



**Number of specialities in which CCRep is active (At 30 June 2011)**



THE MIDDLEMORE TISSUE BANK BEGAN ACCEPTING DONORS IN DECEMBER 2010





# THE MIDDLEMORE TISSUE BANK

## Report from the Chair

### Governance Committee

The formation of a Governance Committee was recognition of the complexity of the processes of tissue banking and the need for constant vigilance in the journey from the patient to the researcher.

**Much** preliminary work and thinking by Dr Stuart Ryan, Dr Samar Issa and Daphne Mason had gone into the issues with which the committee is now concerned. They have kept the committee well-informed.

**Middlemore** Tissue Bank's collection of a human biospecimens may be physically small but a donation is of deep significance – to the donor and to the responsibilities of the Bank. Patients who take this generous step play a vital, although largely unseen, role in cancer research. It is an act of trust. So it is for the Bank. We are the guardians of the tissue and take that responsibility sensitively. There is an ongoing duty of care requiring the development of policies to ensure that the donations are used efficiently and effectively for cancer research.

**Because** researchers will need access to some medical history and health records the Governance Committee needs to be satisfied that all research will be undertaken in accordance with approvals from independent ethics committees.

**My experience** as New Zealand's first Privacy Commissioner under the Privacy Act in preparing the Health Information Privacy Code was that individuals' concern for their health information is fundamental. Any researcher will have to show the Tissue Bank that this information will be protected to the highest standards.

**Ethics committee** approval has been given to the collection procedures. The Bank's respect for the patient's health information and the importance of a full understanding in consenting to the donation at a time of personal stress is the basis of our approach.

**This** is particularly important in a city of diverse races, ethnicities and countries of origin as well as our indigenous Maaori communities.

**We have been engaged** in developing a strategy for sustainable growth. It is necessary to see a clear path ahead for growth and to connect with communities. This is necessary not only to spread an understanding of our purpose to future donors but also to develop our capability and capacity to continue to grow and mature. That will call for continued support of sponsors and partners and the development of further financial support in the medium term. All this must be achieved while maintaining a reputation for excellence in our scientific and ethical standards.

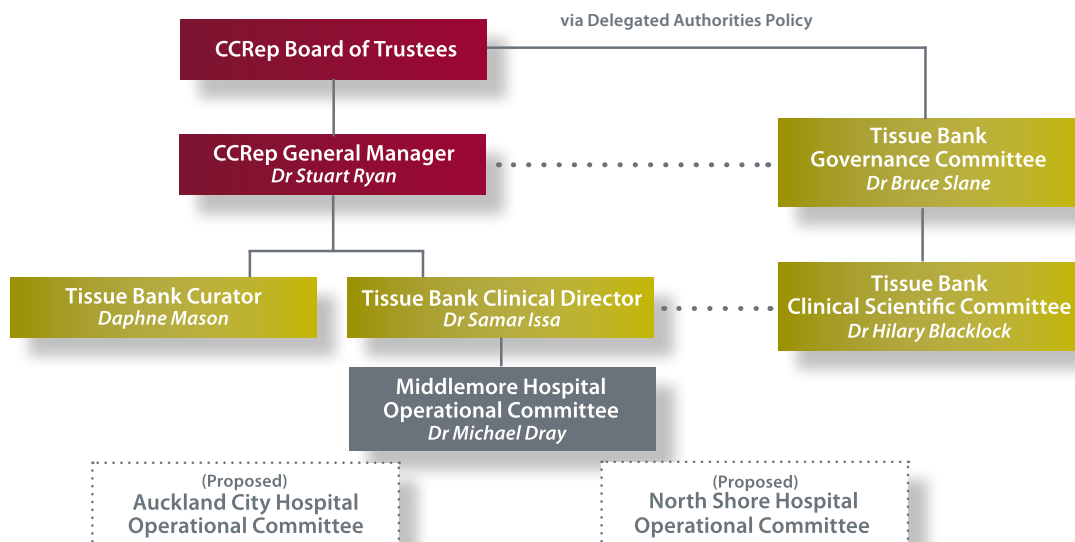
**We must not** be seen as distant from patient needs nor remote from the imperatives of cancer research. To this end we are intending to add to the committee members to enhance our links with business and Maaori as well as research.

**We** have been fortunate in having Dr Anne Thompson, executive officer, Victorian Cancer BioBank as a member of the committee – a great example of co-operation across the Tasman.

**Committee members** have given willingly of their time. They are Gillian Cossey, Adina Halpern, David Mace and Anne Thompson.

**Sir Bruce Slane**  
Chair

### Middlemore Tissue Bank Governance Structure



## Cancer devastates the lives of thousands of New Zealanders every year.

**Despite the great advances** in cancer research over the past few decades, unfortunately the aetiology, behaviour of cancer and racial differences in the incidence are still not well understood. Translational research offers us the opportunity to look into cancer causes, diagnosis and treatment in detail. It is such research that made us learn about the chromosomal abnormalities that cause certain cancers like chronic myeloid leukaemia and enabled us to design targeted therapies like Glivec® (imatinib) which blocks these cancer leukaemic cells and offers patients a chance of a long disease-free life.

**There are thousands** of researchers in hundreds of cancer research laboratories using tissue and cells donated by cancer affected patients attempting to understand the behaviour of these cells with the ultimate aim of finding a cure for cancer. These researchers need tumour tissue, preferably linked to clinical information, to conduct their research. Tissue banks are established to meet these researchers' needs.

**The Middlemore Tissue Bank** was launched in June 2009 to meet our local cancer researchers' needs and provide them with a diverse collection of tumour biospecimens collected from our local ethnically diverse population. We also wanted to create a comprehensive database with information specific to cancers common in New Zealand. This will eventually attract talented, well-funded scientists to the region and encourage collaborative research projects.

**Since** the launch the Middlemore Tissue Bank has taken major steps forward. We have obtained ethics approval, established a scientific advisory committee, a Middlemore Hospital operational committee and a governance committee. The operational committee established the processes and then supervised the tumour samples' collection at Counties Manukau District Health Board (CMDHB). This committee also helped draft the patient information sheet and consent form and the information brochure for donors and their families.

**A large** establishment grant from the Freemasons Roskill Foundation has enabled the Middlemore Tissue Bank to be created. This was followed up with a further generous donation to allow the purchase of a state-of-the-art database and information system, where we can safely store our donors' coded information.

SPECIALISED PROTECTIVE CABINETS KEEP WORKERS SAFE FROM POTENTIAL HARM





## THE MIDDLEMORE TISSUE BANK

### Report from the Clinical Director (Continued)

**Our partnership** with the Leukaemia and Blood Foundation of New Zealand (LBF) continued in 2011 with a second generous grant that helped us purchase more equipment vital to the operation of the bank.

**The building** of the tissue bank facility was made possible by a generous grant from CMDHB. The space is located in the basement of the newly built Edmund Hilary Block and includes a storage area for the -80°C freezers, a sample processing area and an office space.

**The Middlemore Tissue Bank** opened its doors in December 2010. We were operational and ready to start what we worked hard towards for 2 years – collecting tumour samples. We collected our first specimen from a haematological cancer patient. Since then we have collected samples from 94 patients, mostly blood cancer patients; we also started our solid malignancy collection with 3 soft tissue sarcoma specimens donated to the bank.

**Consultations** with our Maaori & Pacific stakeholders started as early as the concept of establishing a tumour/tissue bank at Middlemore Hospital was born.

**The CMDHB** Maaori Research Review Committee approved the Bank and the local Kaumaatua supported our vision; Te Kaahui Ora (the CMDHB Maaori Health Team) contributed to patient information and consent documentation. In 2011 Tainui gifted the name Matatika Koiora to the Middlemore Tissue Bank, it means ethical or right life or bioresearch. Matatika Koiora is now seeking tomorrow's cure. In August 2011 we were invited to attend the Whatapaka Poukai, where we proudly presented Matatika Koiora to the Maaori King, Kingi Tuheitia.

**We have** translated our brochure and patient information sheet/ consent form into Maaori and Tongan languages and we have been successful in collecting many samples from Maaori & Pacific cancer patients.

**A second** summer student fellowship granted by CMDHB enabled us to appoint a student who studied and summarised the NZ Ministry of Health cancer registry "cancer projections" document that was published in early 2010 to help guide us in drafting a prospective tumour collection guidelines.

**We have** designed a webpage and we are looking into improving it by adding a researchers' specific page where we detail the types and number of specimens available to researchers.

**We** have been invited as guest speakers to talk about our experience with the Middlemore Tissue Bank and tissue banking in general, to many patients, doctors and support group meetings, conferences, symposia and gatherings, locally and regionally. Our aim is to raise awareness and knowledge about why we need a tissue bank.

**In summary**, we have achieved a great deal in the previous year and our dream became reality when we started collecting our first tumour samples. We are looking forward to the future to serve our researchers, patients and the community.

**Samar Issa** FRACP, FRCPA  
Founding Clinical Director



Dr Stuart Ryan speaks at the official opening of the Middlemore Tissue Bank

### Middlemore Tissue Bank Acknowledges the Support of our Partners

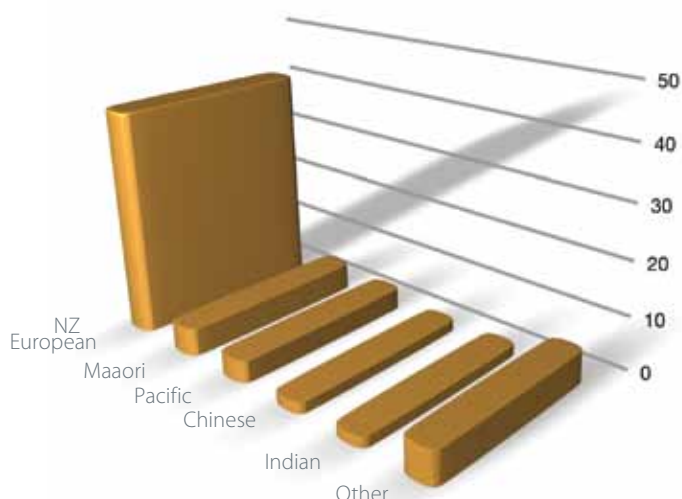


Founding Sponsor





Donors by Ethnicity



### The Collection

In the period to June 2011 sixty patients from Middlemore Hospital consented to make a tissue donation (see tables).

### Ethnicity

The majority of donors were New Zealanders of European decent. The percentage of Maaori and Pacific donors is pleasing although it is less than the proportion that each group represents in the South Auckland population. We are planning additional initiatives to further support Maaori and Pacific people with their decisions around tissue donation.

### Tumour Types

Our initial collection strategy has been to focus on one tumour type until we have the resources to collect simultaneously from a range of areas. As a result the majority of the donors (58) have provided specimens from haematological malignancies. More recently we have started collecting bone and soft tissue tumours in association with the surgical team and Pathology Department at CMDHB. Further expansion is planned as resourcing allows.

### Biospecimen Types

Haematological malignancies have yielded:

- white blood cell pellets (from bone marrow and peripheral blood)
- serum
- EDTA plasma
- snap frozen tissue

We also collect repeat bone marrow aspirates from patients as their treatment progresses. At June 30, 2011 two such 'serial' donations had been banked. One patient also donated solid tissue (lymph node) thereby creating a 'set' of tissue which is very useful for research.

### Tissue Biospecimens Collected by Tumour Type

<i>Tumour Type</i>	<i>Snap Frozen Tissue</i>	<i>Fresh</i>
Haematological	2	0
Sarcoma	9	0
Total	11	0

### Blood Biospecimens Collected by Tumour Type

<i>Tumour Type</i>	<i>Serum</i>	<i>EDTA Plasma</i>	<i>WBC Pellets</i>
Haematological	291	327	428
Sarcoma	0	0	0
Total	291	327	428

### Total Donor Numbers by Tumour Type

<i>Tumour Type</i>	<i>Donors</i>
Haematological	58
Sarcoma	2
Total	60

### Acknowledgments

We are indebted to the following tissue banks for sharing their methodologies and experience: **Cancer Society Tissue Bank** (Christchurch, NZ). **Neurological Society Brain Bank** (Auckland, NZ). **Rare Disease Biobank** (Otago, NZ). **Australasian Leukaemia and Lymphoma Group Tissue Bank** (Brisbane, Australia). **Victorian Cancer Biobank** (Melbourne, Australia). **Mayo Clinic 20K Tissue Bank** (Minnesota, US)





# ANNUAL CCREP INNOVATION FUND AND AWARDS

## CCRep Innovation Fund

# Created to support research that will deliver health benefits to the Counties Manukau population

CCRep created this fund allow grants of up to \$10,000 to be made to CMDHB staff to facilitate innovative research projects. The inaugural funding round commenced in April 2008. Since this time 23 projects have been funded with the total value of successful applications being \$183,451.

The CCREP Trustees are seeking to encourage local investigators to put forward new ideas for testing and to ask critical questions that need answers. Grants are intended to overcome the financial barriers to small research projects at CMDHB and connect new investigators with experienced mentors. Successful applications must be original and clearly demonstrate how they address important local issues, specifically those identified in the CMDHB District Strategic Plan and CDMHB Annual Plan.

The CCREP Innovation Fund is jointly funded by CCREP and CMDHB.

The CCREP Innovation Fund has 2 rounds each financial year – September and March.

## Science Fest 2011 CCREP Young Investigator Award for Excellence

**Claire O'Brien**

Effectiveness of Hypoglycaemia Packs compared to Conventional Treatment for Mild-to-Moderate Hypoglycaemia on a Medical Ward - A Pilot Study

[Supported with a CCREP Innovation Fund award]

## CCRep Innovation Fund – Successful applicants in 2010/11

**Paul Jarrett** **Dermatology**  
Cutaneous Lupus and Vitamin D levels in CMDHB

**Angela Knox** **Haematology**  
Survivorship study for haematology patients

**Christine Little** **Respiratory**  
Obstructive Sleep Apnoea (OSA) and/or Obesity Hypoventilation Syndrome (OHS) and gout/hyperuricaemia

**Dr Sara Corbett** **Obstetrics**  
Identifying barriers to antenatal care among women who book late in pregnancy at CMDHB

**Sandra Van Lill** **Nutrition**  
Validation of e-Nutrition screening in a Primary Health Care setting

**Dr Carl Eagleton** **Endocrinology**  
Care of Diabetic adolescent and young adult

**Ajay Castelino** **Music Therapy**  
The effect of multiple sessions of group music therapy on anxiety, depression and quality of life in older adults with psychiatric disorders – a pilot study

**Dr Christopher Hood** **Renal**  
Colestipol as a phosphate binder

## Special thanks to all our staff for their ongoing commitment to research excellence

Richard Ames	Lyndsay Le Comte
Shelley Ashcroft	Julia Leary
Dr John Baker	Rhonda Litchfield
Mary Baldwin	Patricia Loft
Francie Birch	Gwenda Lunn
Sue Bugler	Daphne Mason
Dianne Buskermolen	Jo-Ann McLeish
Ruth Cammell	Lynda Mockett
Diane Caveney	Pauline O'Brien
Rose Clarke	Veronica Park
Renee Coxon	Cecilia Paul
Yvonne Dunn	Lynette Pearce
Penelope Eadie	Alison Robertson
Murray Farnsworth	Leesa Russell
Helen Farrell	Dr Stuart Ryan
Ann-Marie Ford	Gabrielle Sexton
Chris Giffney	Debbie Tipper
Namratha Gopalkrishna	Cecilia Tong
Zuzana Gray	Kara Trask
Donna Guy	Megan Upjohn
Jenny Han	Alain Vandal
Lyn Haycock	Marie White
Catherine Howie	Ruth Withers
Dr Samar Issa	Irene Zeng
Gene Jeon	
Frances Kasmi	

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