

# Palliative Care Clinical Studies Collaborative (PaCCSC) Annual Research Forum 2020



Aerial UTS Function Centre

12 March 2020



PaCCSC

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# Venue

## Aerial UTS Function Centre

- Location: Level 7, UTS Building 10. Enter at 235 Jones St Ultimo Foyer - take the lift to level 7
- Aerial is a 5-minute walk from Central Railway Station; it is a 30-minute drive from the airport
- Further information:
  - T: 02 95614 1632
  - F: 02 9514 1404
  - E: [aerialfunctions@uts.edu.au](mailto:aerialfunctions@uts.edu.au)



## Car parking

Interpark  
[University of Technology Sydney Car Park](#)  
Thomas Street, Ultimo

Wilson Parking  
[Hotel Novotel Sydney Central Car Park](#)  
169-179 Thomas Street, Haymarket

[Broadway Shopping Centre Parking](#)  
1 Bay Street, Broadway

Wilson parking  
[Market City Car Park](#)  
2 Quay Street, Haymarket

## Refreshments

Coffee and tea on arrival, morning tea, lunch and afternoon tea will be provided to all delegates.

## Wi-Fi

Complimentary Wi-Fi will be available to all delegates, login information will be provided at the beginning of the program on the day.

## Electronic devices

We recognise that some phone calls cannot wait but we do ask that electronic devices are in silent mode and all phone calls are promptly taken outside the presentation room during session.

## Social Media

We encourage tweeting about the event using hashtag #PaCCSC2020, however please refrain from tweeting the new ideas of other members.

# Message from the PaCCSC Chief Investigator



The Palliative Care Clinical Studies Collaborative (PaCCSC) is a team of outstanding clinicians who follow rigorous processes and procedures to ensure that the highest quality evidence can directly better inform decisions about clinical care. Our dedicated and enthusiastic investigators from established and new sites carefully conduct clinical trials. Because of this, the PaCCSC team is at the forefront of clinical trial research in palliative care across the world. Their

drive and commitment to improving the care of patients generates the energy and momentum required to maintain PaCCSC and the work that we are doing.

Supporting access to appropriate medicines to help optimise comfort and function in the face of a life-limiting illness is a key focus of the Australian Government's National Palliative Care Program. The commitment of the Australian Government to improving palliative care nationally has enabled us to gain a better understanding of the balance of benefits and harms of many interventions in this population.

The PaCCSC research program impacts the quality of care for the tens of thousands of patients with a life-limiting illness in Australia and around the world each year. Without the participation of patients and their caregivers, PaCCSC would not be the success it is. I would like to thank each and every person who has participated and their families for taking time at a very crucial part of life to reach out and help others because of their willingness to contribute to this important process of improving the quality of care.

PaCCSC studies are influencing clinical practice and improving the care of people at the end of life on a daily basis. We look forward to continuing to deliver more refined care to our palliative care patients nationally and around the world.

**Professor David Currow FAHMS**

**Chief Investigator, PaCCSC**

# Membership

## Current members

PaCCSC appreciates your support in building a diverse membership community who share skills and knowledge that contribute to improving quality palliative care. We encourage you to promote PaCCSC membership to colleagues, associates, consumer advocates and other potential new members.

## New applicants

PaCCSC welcomes membership applications from health professionals and researchers from Australia and New Zealand who are interested in improving quality palliative care for people with life-limiting illness. Associate membership is available to international researchers, consumers and industry representatives. Your membership will contribute to extending the knowledge of the collaborative and broadening the scope of current palliative care research. PaCCSC membership is free and does not need to be renewed annually.

## Membership benefits

### Better patient outcomes

- Together, we will build the capacity of clinical research in palliative care.
- We will improve the care that is offered by services participating in active, rigorous clinical research.
- We will have greater multi-disciplinary interaction with peers and colleagues so that all patients benefit from access to a wider range of symptom control measures that are underpinned by the best available evidence.

### News and events

- We will send you a newsletter three times per year to keep you up to date with PaCCSC activities including opportunities to be involved in PaCCSC clinical trials and trial development.
- You will be invited to attend the PaCCSC Annual Research Forum where Full Clinical Researcher and Associate members may submit new studies for consideration.
- You will be invited to concept development workshops.

### Collaboration

- You will increase your network of collaborators through the largest national palliative care clinical trials group.
- We encourage your active contribution to build the evidence base to support quality clinical practice in palliative care.
- We will support you to develop clinical trial concepts following their approval by the PaCCSC.

### Committee membership for Full Clinical Researcher and Associate members

- You may join any of our symptom node subcommittees, which have the following focuses: pain; cognitive, mood and neurological disorders; appetite and cachexia; gut dysfunction; nausea; breathlessness, fatigue and sleep.
- Access to professional and research networks in the fields of palliative care and cancer symptom management
- Access to concept development workshops and other PaCCSC support to develop trial concepts
- Regular newsletters and information about PaCCSC activities including opportunities to be involved in PaCCSC clinical trials and clinical trial development
- Invitations to attend the PaCCSC annual scientific meeting and other workshops organised by PaCCSC

To find out more and apply for membership, go to [uts.edu.au/paccsc/membership](https://uts.edu.au/paccsc/membership).

# Program

9.00 – 9.30	Registration	Aerial UTS Function Centre Building 10   Level 7   235 Jones Street Ultimo	
9.30 – 9.40	Welcome and Acknowledgment of Country	Professor Attila Brungs Vice-Chancellor and President, UTS	Session Chair: Professor Jane Phillips
9.40 – 10.00	Invited speaker: Directions for clinical research in palliative care – a PCA perspective	Professor Meera Agar Chair, Palliative Care Australia	
10.00 – 10.45	Keynote speaker: The good, the bad, and the ugly: my clinical trials experience	Professor Christine Ritchie Minaker Chair in Geriatrics and Director of Research, Division of Palliative Care and Geriatric Medicine, Massachusetts General Hospital	
10.45 – 11.15	Morning tea and poster viewing		
11.15 – 11.45	Study results: Missing data in palliative care clinical trials	Dr Jamilla Hussain National Institute for Health Research (NIHR) Clinical Lecturer, Wolfson Palliative Care Research Centre, Hull York Medical School	Session Chair: Professor Katherine Clark
11.45 – 12.15	Guest speaker: What is a feasibility study?	Professor Andrew Hayen Professor of Biostatistics and Acting Lead, Discipline of Public Health, Faculty of Health, UTS	
12.15 – 12.30	New study: BETTER-B	Professor David Currow PaCCSC Chief Investigator	
12.30 – 1.30	Lunch and poster viewing		
1.30 – 2.15	Guest speaker: Controlled trials – the good, the bad the ugly	Distinguished Professor Patsy Yates Head, School of Nursing, Queensland university of Technology and Director for Queensland Health's Centre for Palliative Care Research and Education (CPCRE)	Session Chair: Dr Slavica Kochovska
2.15 – 2.30	Qualitative Research Subcommittee Update	Professor Jenny Philip Chair of Palliative Medicine, University of Melbourne, St Vincent's Hospital & Victorian Comprehensive Cancer Centre (VCCC)	
2.30 – 3.00	Study results: Has the Risperidone and haloperidol in delirium study influenced clinical practice?	Associate Professor Annmarie Hosie Associate Professor, Palliative Care Nursing The University of Notre Dame	
3.00 – 3.30	Afternoon tea and poster viewing		
3.30 – 4.00	Symptom Node Subcommittee Presentations: overview of work and future directions	Dr Slavica Kochovska (on behalf of the Chair) Breathlessness Professor Katherine Clark (Chair) Gut dysfunction Dr Rachel Campbell (on behalf of the Chairs) Sleep Professor Meera Agar (Chair) Cognitive and neurological disorders	

4.00 – 4.15	<b>Study results:</b> Genetics of response to sustained-release morphine for chronic breathlessness – an exploratory study.	<b>Dr Diana Ferreira</b> , PhD Candidate	<b>Session Chair:</b> <b>Dr Slavica Kochovska</b>
4.15 – 4.30	<b>Study results:</b> A systematic review on the prevalence of clinically significant depressive symptoms in people with advanced life-limiting illnesses and extremely short prognoses	<b>Dr Wei Lee</b> , Clinical Research Fellow, Sacred Heart Hospital/PhD Scholar	
4.30 – 4.45	<b>Study results:</b> Multiple perspectives on the use of palliative oxygen for the relief of breathlessness: evidence from qualitative studies	<b>Dr Slavica Kochovska</b> , Post-Doctoral Research Fellow, UTS	
4.45 – 5.00	<b>Close</b>	<b>Professor David Currow</b> PaCCSC Chief Investigator	

## PaCCSC Chief Investigator Professor David Currow



Professor David Currow is an internationally recognised expert in improving the delivery of palliative care. He is a Professor in the Faculty of

Health, UTS and the Chief Investigator of Palliative Care Clinical Studies Collaborative (PaCCSC), which has randomised almost 2000 participants to adequately powered, phase III symptom studies.

Professor Currow is an active researcher with contributions in clinical trials, population-based planning and codifying the evidence base underpinning palliative care.

Professor Currow has published more than 500 peer-reviewed articles, editorials and books. He is Senior Associate Editor of the Journal of Palliative Medicine and is on the Advisory Board for the Journal of Pain and Symptom Management and BMJ Supportive and Palliative Care. He is an editor of the 5th and 6th editions of the Oxford Textbook of Palliative Medicine.

## UTS Vice-Chancellor and President

### Professor Attila Brungs



Professor Attila Brungs is the Vice-Chancellor and President of the University of Technology Sydney. He has previously held senior positions

with CSIRO and McKinsey & Company.

Professor Brungs is a Rhodes Scholar with a Doctorate in Inorganic Chemistry from Oxford University and a University Medal in Industrial Chemistry from the University of New South Wales.

Some of Professor Brungs' present key appointments include ATN Chair; the NSW Innovation and Productivity Council; the Committee for Sydney Board; and ATSE fellow. His experience includes many distinguished past board and committee memberships, including not-for-profit organisations, in addition to numerous state and federal government and institutional appointments



# Session Chairs

## Professor Jane Phillips



Professor Jane Phillips is the Director of IMPACCT. She has extensive experience in cancer and chronic disease nursing and

research. She has delivered evidence-based palliative care across diverse settings including regional and rural Australia. Professor Phillips has led and evaluated complex health service reforms and has led a number of major cancer and palliative care reform initiatives at local and national levels. Her research aims to strengthen the links between research, policy and practice.

## Dr Slavica Kochovska



Dr Slavica Kochovska is the inaugural PaCCSC Postdoctoral Research Fellow. Slavica's research aims to improve the

experience of advanced symptoms for people with serious, advanced illnesses. Her goal is to improve communication between patients, caregivers, and clinicians developing innovative interventions that facilitate patient-clinician communication. She is investigating novel methods to facilitate earlier recognition of the effects of advanced symptoms on quality of life. Slavica is a linguist and is experienced in research and teaching as well as healthcare project management, quality improvement, and implementation science. She has undertaken systematic reviews and commissioned reports to improve policy and practice in palliative, cancer and delirium care.

## Dr Katherine Clark



Dr Katherine Clark is the clinical lead for palliative care in Northern Sydney Local Health District. Along with her role as Director of

Palliative Care, Katherine holds clinical responsibilities at Royal North Shore and Hornsby Kur-ring-gai Hospitals. She also holds appointments at the University of Sydney and the University of Technology Sydney.

# Speakers

## Professor Meera Agar



Professor Meera Agar is a palliative medicine physician with a particular interest in delirium, supportive care needs of people with

brain tumours and geriatric oncology.

Meera leads a clinical research portfolio at UTS, including clinical trials and health service evaluation in cancer and palliative care. She led a world-first clinical trial of antipsychotics in delirium and is leading New South Wales Government-funded clinical trials of medicinal cannabis for anorexia in people with advanced cancer.

A Fellow of the Royal Australasian College of Physicians, Fellow of the Australasian Chapter of Palliative Medicine, and clinician scientist, she holds a Master in Palliative Care. Her doctorate was awarded in the area of delirium in advanced illness. Her research and teaching have won numerous awards, including an Australian Learning and Teaching Council (ALTC) Citation, an Australian Award for University Teaching and the European Association for Palliative Care (EAPC) Early Career Researcher Award.

## Dr Jamila Hussain



Dr Jamilla Hussain is an NIHR Clinical Lecturer at the Wolfson Palliative Care Research Centre at Hull York Medical School. She

has an interest in research methodology and how to improve the value of palliative care research and therefore clinical care. She is currently completing her PhD which focused on missing data.

## Professor Christine Ritchie



Professor Christine Ritchie is the Minaker Chair in Geriatrics and Director of Research for the Division of Palliative Care and Geriatric

Medicine at Massachusetts General Hospital (MGH). She is a board-certified geriatrician and palliative care physician and conducts research focused on optimizing quality of life for those with chronic serious illness and multimorbidity. As a clinician investigator, she has experience in informatics, mixed methods research, and implementation science and has conducted a number of clinical trials in vulnerable populations.

She co-leads the NINR-funded Palliative Care Research Cooperative and the national Home-based Primary Care and Palliative Care Network, which seeks to improve our understanding and care of the homebound population. Dr. Ritchie is establishing a Center for Aging and Serious Illness Research in the MGH Mongan Institute. The Center is designed to bring together researchers who will focus on improving the well-being of older adults and enhancing the lived experience of those with advanced illnesses, applying methods from intervention, implementation, population health, and health policy research.

### Professor Andrew Hayen



Professor Andrew Hayen Andrew is Professor of Biostatistics and Acting Lead of the Discipline of Public Health in the Faculty of Health UTS.

Andrew is the coordinator of the Master of Public Health course and a member of the Australian Centre for Public and Population Health Research. Andrew is a graduate of the NSW Biostatistics Training Program. Andrew is the past President of the Australasian Epidemiological Association

### Distinguished Professor Patsy Yates



Distinguished Professor Patsy Yates is jointly appointed as Head, School of Nursing at Queensland University of

Technology and Director for Queensland Health's state-wide Centre for Palliative Care Research and Education (CPCRE). Her research is focused on improving management of symptoms and innovations in palliative care service delivery. She is currently President of the International Society of Nurses in Cancer Care. She is also a Fellow and Chair of the End of Life Policy Chapter for the Australian College of Nursing and is a Fellow the American Academy of Nursing.

### Professor Jennifer Philip



Professor Jennifer Philip is Chair of Palliative Medicine, University of Melbourne and St Vincent's Hospital, in collaboration with the

Victorian Comprehensive Cancer Centre (VCCC). Jennifer is a palliative care physician and leads the Palliative Medicine Research Group conducting mixed methods research to understand and test complex interventions in palliative care.

Jennifer oversees the VCCC Building Capability in Clinical Trials Program conducting a series of multi-site phase 2 and 3 trials in palliative care across Victorian clinical centres. Jennifer is dedicated to building successful collaborations between researchers and clinicians enabling high-quality evidence to be directly translated into high-quality care for patients and families.

### Dr Diana Ferreira



Diana is a medical doctor with an interest in chronic and palliative care. Originally from Portugal, she has come to Australia

four years ago after being awarded a PhD scholarship to study at Flinders University, in South Australia. Since then, she has been working on her doctoral project which is focused on the safety, efficacy and effectiveness of sustained-release morphine for chronic breathlessness associated with advanced disease

### Associate Professor Annmarie Hosie



Associate Professor Annmarie Hosie holds a joint academic research position at the School of Nursing Sydney and St Vincent's Health

Network Sydney. Prior to transitioning to a research career in 2011, Annmarie worked for over 20 years as a registered nurse in acute, sub-acute, community and residential aged care settings, including in advanced practice, coordination and clinical trial roles in palliative and aged care. She completed her PhD in delirium epidemiology, systems and nursing practice in specialist palliative care units in 2011-2015 at the University of Notre Dame Australia, graduating in 2016. She then coordinated the Stop Cancer Pain Trial (2015-16) at IMPACCT, University of Technology Sydney, before commencing Post-doctoral Research Fellow roles within IMPACCT (2016-18) and PaCCSC (2018-19), where her research focused on delirium prevention and treatment in people with advanced illness.

Annmarie currently contributes to local, national and international research, translation and advocacy collaborations, primarily in the fields of palliative care and delirium.

### Dr Rachel Campbell



Dr Rachel Campbell is a postdoctoral research associate at the Sydney Quality of Life Office based at the University of Sydney. Her

background is in health psychology research and her PhD focused on examining psychological predictors of sleep in individuals with a range of chronic health conditions.

Rachel's current research focuses on optimising the use of patient-reported outcome measures (PROMs) in oncology research and clinical practice and the implementation of PROM assessment in clinical settings to improve patients' symptom burden and health-related quality of life.

### Dr Wei Lee



Dr Wei Lee is a palliative care physician and a clinical research fellow in Sacred Heart/St Vincent Hospital in Sydney.

He is a PhD scholar in University of Technology Sydney, exploring the challenging issues of depression assessment and management in people with advanced life-limiting illnesses and extremely short prognoses under the supervision of Prof David Currow, Prof Meera Agar and Prof Brian Draper. As part of his PhD, he is the coordinating principal investigator for SKIPMDD, a phase II pilot feasibility study assessing the feasibility of subcutaneous ketamine infusion in treating major depressive disorder in palliative patients.

# Posters

The UP Study – Efficacy of Pregabalin for Itch in Patients with End-stage Kidney Disease. A Feasibility Study.

**Aggarwal R, Huynh T, Kent S, Agar M, Makris A, Notaras S, Sheehan C, Lee J, Pais R, Brown L, Chang S, Fazekas B, Josland E, Brown M, Brennan F**

This Phase II, prospective, open-label, dual-centre, single-arm study will evaluate the feasibility and acceptability of using pregabalin for treating Uraemic Pruritus (UP) in patients with End-stage Kidney Disease (ESKD) who are conservatively managed. The results will inform a Phase III study. UP is commonly associated with an impaired quality of life, disrupted sleep, depression and reduced mortality in patients with ESKD. Approximately 70% of non-dialysis ESKD patients report itch. Pregabalin is emerging as a substitute for Gabapentin and second-line treatment after emollients for UP treatment. To date, no studies have examined the treatment of UP in the conservative, not-for-dialysis population.

A Phase III, international, multi-centre, double-blind, dose increment, parallel-arm, randomised controlled trial of duloxetine versus pregabalin over 14 days for opioid unresponsiveness cancer-related neuropathic pain. (Departure Trial: JORTC PAL 16)

**Matsuoka H, Clark K, Lee J, Fazekas B, Brown L, Kochovska S, Good P, Lovell M, Le B, Allcroft P, Agar M, Phillips J, Currow DC, Ishiki H, Satomi E, Matsuda Y, Hasuo H, Oyamada S, Ariyoshi K, Fujiwara N, Muyaji T, Yamaguchi T, Iwase S, Koyama A**

This international, multicentre, prospective, randomised, double-blind, parallel arm, dose-titrated study will evaluate the effectiveness and safety of duloxetine and pregabalin for neuropathic cancer pain (NCP) in adults with cancer and opioid refractory cancer pain (IASP diagnosis). NCP is experienced by 33% of people with cancer pain. Both Gabapentinoids (gabapentin and pregabalin) and selective serotonin noradrenalin reuptake inhibitors (duloxetine) have the potential to reduce NCP,

but there has been no head-to-head comparison for the net effect especially given the differing side effect profiles. This will be the first double-blind multi-centre study to evaluate the efficacy of pharmacological treatment on well-defined NCP.

Pharmacovigilance in Hospice/Palliative Care: Net Effect of Haloperidol for Delirium

**Crawford GB, Agar M, Quinn SJ, Phillips J, Litster C, Michael N, Doogue M, Rowett D, Currow DC**

The aim of this study was to examine the immediate and short-term clinical benefits and harms of haloperidol for delirium in hospice/palliative care patients. Delirium is a common and distressing symptom for many patients and families as the end of life approaches and if no reversible factors present, is an indicator of poor prognosis. Haloperidol, a butyrophenone derivative and dopamine antagonist, is commonly prescribed for nausea, vomiting, and delirium in hospice/palliative care. This study showed that when haloperidol is used for delirium, where the mean dose was 2.1 mg per 24 hours, it is relatively well tolerated, with relatively few immediate and short-term side effects.

Predictors of Mortality for Delirium in Palliative Care

**Agar MR, Quinn SJ, Crawford GB, Ritchie CS, Phillips JL, Collier A, Currow DC**

This was a secondary analysis of a consecutive prospective cohort of hospice/palliative care patients prescribed haloperidol for delirium as part of routine clinical practice. The study aimed to explore variables associated with death during an established episode of delirium in palliative care when haloperidol had been commenced. The results indicated a very high mortality rate within two weeks of commencing haloperidol for delirium in palliative care, with no clear clinical predictors for those with a higher chance of dying.