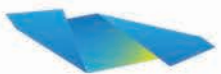




2023

Research Impact Report

Inspiring Health. Transforming Care.



**Ingham Institute**  
Applied Medical Research

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## Our Partners



Ingham Institute Liverpool is located on the unceded territory of the Darug and Tharawal people. We pay our respects to Elders past and present, and extend that respect to all Aboriginal and/or Torres Strait Islander people.

Ingham Institute acknowledges the traditional and ongoing owners of this land on which we gather, research, teach, learn, share and discover.





# Welcome

In this, my 16th year as the Chair of Ingham Institute for Applied Medical Research, it gives me great pleasure to welcome you to our Research Impact Report. Ingham Institute was established to inspire health and transform care. Since 2008 we have applied our research to the health issues that matter most in the South Western Sydney Local Health District (SWSLHD). And look how far we have come!

## Our Story

**2008:** Ingham Institute is founded with the generosity of two great Australian philanthropists: Bob Ingham AO and Lady Mary Fairfax AC, OBE

**2009 to 2011:** 24 research groups become affiliated

**2012:** Prime Minister, Julia Gillard, opens our state-of-the-art medical research facility in Liverpool

**2013:** Ingham Institute becomes home to NSW's first Circulating Tumour Cells (CTC) Facility. The Correlative Microscopy Facility was established, housing one of the most powerful microscopes of its type in the world

**2014 to 2021:** Ingham Institute experiences exponential growth, now home to 350 affiliates across 35 research groups

**2022:** A new strategy is launched, creating centres of excellence focused on the health needs of the District. The Institute also signs MOU's with industry partners such as Hitachi, Microsoft and Siemens

**2023:** Agreement is reached for Ingham Institute Macarthur, our second site. This will enhance community access to clinical trials and advance research of national significance in areas that matter to our population. A multi-site model sees us co-located with the District's major tertiary teaching hospitals.

## Our Partnerships

Ingham Institute was founded on the belief and strength of partnerships. We know that to create impact at scale, we must partner.

The Institute signed a strategic partnership in September 2023 with the Victor Chang Cardiac Research Institute to strengthen heart research nationally. The collaboration was launched by the Minister for Medical Research, The Hon. David Harris.

The Institute entered a formal agreement with the International Medical Robotics Academy (IMRA), Australia's leading organisation for robotic surgical training. Ingham Institute's commitment to research in health technology made Liverpool the ideal site for this state-first pilot. With a new 24-hour international airport on our doorstep and a private hospital in planning down the road, it does not take too much imagination to contemplate how this program might transform Liverpool into a teaching and training centre for Asia Pacific.

## Our Board

We had several movements in our Board of Directors:

- Prof Martin Gallagher replaced Prof Vlado Perkovic as our UNSW Sydney (UNSW) representative, and Western Sydney University (WSU) representative, Prof Annemarie Hennessy, was replaced by Prof Rod McClure
- From SWSLHD, new Chief Executive Sonia Marshall took over from Dr Amanda Larkin, and Grant Isedale (Executive General Manager, Campbelltown Hospital) took over from Karen McMenamin (General Manager, Liverpool Hospital)
- In our community members, Mark Perich and Arthur Inglis joined in December, while Debbie Kepitis and Lyn Ingham rotated as Ingham family representatives, continuing the family's long legacy of commitment to our work
- Founding Director, Tony Perich, retired from the Board in October 2022 after 15 years of dedicated service.

I would like to thank everyone who has contributed to the success of Ingham Institute this year. In particular, I would like to recognise and thank all our generous supporters. Without you, our work would not be possible.

Terry Goldacre, Chair



# Message from our Research Director

Last year marked 10 years since the opening of our first site in Liverpool NSW, although the idea for Ingham Institute for Applied Medical Research started long before that. In those early years, we strove to provide a locus of research and a “first home” for researchers in the South West. This occurred rapidly and openly, resulting in a broad and eclectic body of work. In this next phase, we are now building **deliberate communities of excellence**: outstanding researchers co-located and collaborating on shared missions at scale.

## A new strategy

In 2021, we commissioned a formal external review of our research portfolio. This emphasised a need to distil our focus and prioritise research that is compatible, competitive, and impactful. For each of our sites, we have now put in place a number of core research centres, aligned with the clinical service plans of the Health District.

## Investing in our future

We have made a number of high impact appointments across these Research Centres:

- Prof David Simmons: Diabetes and Obesity
- Prof Jon Hyett: Obstetrics
- Prof Josephine Chow: Nursing and Midwifery
- Prof Mark Parsons: Neurology and Stroke
- Prof Michael Kohn: Paediatrics
- Prof Valsamma Eapen: Child and Adolescent Mental Health.

Leading researchers and their teams act as a catalyst for securing grant funding, attracting philanthropic investment, employing and retaining large teams of international talent, and importantly, accelerating and magnifying the impact of our research.

## Research achievements 2023

The Australian Association of Medical Research Institutes (AAMRI) measures research impact by its contribution to knowledge gain, improved health, a stronger economy, and a more vibrant and cohesive society. You will see in this Report just some of the highlights of our research impact this year.

On an individual level, we had numerous successes in 2023:

- Prof Josephine Chow, Head of the Nursing and Midwifery Research Alliance, won NSW Health Staff Member of the Year
- Dr Bernadette Brady (physiotherapy) was named NSW Allied Health Professional of the Year and Prof Grahame Simpson (social work) won NSW Allied Health Researcher the year prior.

Our internal recognition of excellence went to: Prof Annemarie Hennessy (Lady Mary Fairfax AC, OBE, Distinguished Researcher Award), Zhihong Xu (Early Career Researcher Award), Prof Josephine Chow (Excellence in Teaching Award), Heena Sareen (Higher Degree Student Award) and Kylie Dundas (Best Research Support Award).

I extend my warmest congratulations to you all.

## An enduring partnership

Finally, it would be remiss of me to not spotlight our inimitable relationship with the SWSLHD. This partnership is critical to continuing our work in shaping high quality, timely, equitable and patient-centred care.

While I am best known for my bow ties, I am equally proud of my two hats. I don one hat as Ingham Institute’s Research Director, and the other as Research Director of the SWSLHD. Working together, we are making, and will continue to make, transformational improvement in health and healthcare for all.

**Prof. Les Bokey AM, Research Director**



# Message from our CEO

## **Inspiring health. Transforming care.**

If an Institute had to choose two words to define its purpose, it would be difficult to conceive of a more challenging, more ambitious selection than the verbs “inspire” and “transform”. And yet they are there, embedded in our VISION:

**We are committed to inspiring better health and transforming the treatment and care of people living with the most prevalent medical conditions and diseases.**

At Ingham Institute, we are no strangers to big thinking; it is in our DNA. In 2008, our founding donors, Bob Ingham AO and Jack Ingham AO, pledged their support to build a medical research facility in their hometown. They flagged it as the home for “foresight, insight and innovation”; a place to forge new inroads into treatments and cures.

This Report aims to showcase just a few of those insights.

## **Local Purpose. National Significance. Global Impact.**

Our research embodies our mission of having national significance and global impact while still retaining that foundational local purpose.

Here are just a few examples of our work in practice:

- A cloud-based eHealth platform that provides targeted insights on management of inflammatory bowel disease
- The Desktop Electron Microscope Initiative (DEMI), designed by our researchers to “shrink” these room-sized units to the scale of a home coffee machine, having significant implications on affordability and accessibility in rural and remote areas
- An assistive technology hub trialling a Bluetooth-enabled beacon, triggering personalised automation to support people with cognitive impairment
- The use of machine-learning to provide personalised care for cancer patients
- A “hospital in the home” orthopaedic program using virtual beds to reduce a system-wide burden on acute care units
- A comprehensive data-lake, linking information for 14 million local ED presentations and 70 million clinical documents to investigate social determinants of health
- The development of novel ‘non-invasive’ wearable devices for blood glucose monitoring in pregnancy.

It would be impossible to capture in this document the breadth and impact of our work. We would have to cover 350 researchers across 38 research teams and multiple universities.

We have called this a [Research Impact Report](#) because that is what it offers – a select spotlight on the impact of a few key projects. It goes without saying that all of our researchers are conducting extraordinary work. We will showcase them in future editions of this report and, much sooner, on our new website.

We hope you enjoy reading what will be the first of many such reports. And, more importantly, we hope it goes some way toward ‘[inspiring health, transforming care.](#)’

**Katie Quinn Gilbert, CEO (interim)**

## Vision

### **Inspiring health. Transforming care.**

We are committed to inspiring better health and transforming the treatment and care of people living with the most prevalent medical conditions and diseases.

## Mission

### **Local purpose. National significance. Global impact.**

We make and apply discoveries that translate to radical improvements in health and healthcare for all.

# Vision, Mission and Values

## Values

### **Imagination**

We boldly challenge each other to think differently.

### **Inclusion**

We believe in and direct our efforts towards equity for all.

### **Impact**

We maximise our success by being relevant, focused and responsive.

### **Integrity**

We operate with honesty and transparency in everything we do.



## Focus

### **Focus our research**

Deliver research that is relevant, impactful and distinctive, amplified through the support of our affiliate universities.

### **Resource at scale**

Prioritise large-scale, team-based schemes to increase our attraction for grant and philanthropy income.

### **Attract the best**

Employ 'magnet' researchers as a catalyst for securing top-tier funding and maximising research outcomes.



## Align

### **Prioritise SWSLHD needs**

Align research with local clinical service plans, targeted to large, distinctive, patient populations.

### **Inspire our community**

Facilitate synergies across health, education, and research to be a trusted ally for the South Western Sydney community.

### **Take a precinct view**

Become the 'gateway to health research' for our innovation precincts and the Aerotropolis.

# Strategic Pillars



## Connect

### **Advance our network model**

Establish 'One Institute Multiple Sites' via world-class facilities at Liverpool, Campbelltown and Bankstown, promoting collaboration and cross-pollination.

### **Build our brand**

Build awareness of the importance and impact of our work through strong communication and proactive engagement.

### **Be the best place to work**

Nurture loyalty with our researchers and create a culture of belonging and purpose across all our teams.



## Compete

### **Be open for business**

Partner with innovators from concept to commercialisation and embrace seamless business engagement with key sector leaders.

### **Lead in clinical trials**

Leverage our unique demographics and clinical trials capability to be a global partner-of-choice in bringing new medicines & medical devices to market.

### **Streamline functions**

Ensure operational efficiency to drive value and minimise administrative workload on researchers.

# Our Research

## Liverpool

- Cancer
- Cardiovascular
- Neurology & Stroke
- Obstetrics
- Robotics, Medical Devices & Health Technology

## Macarthur

- Addiction Medicine
- Diabetes & Obesity
- Indigenous Health
- Mental Health
- Paediatrics & Child Wellbeing

## Bankstown

- Ageing
- Orthopaedics & Musculoskeletal
- Rehabilitation

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## Cross-cutting Platforms

Allied Health | Anatomical Pathology & Genomics | Cell-based Disease Intervention | Clinical Trials | Commercialisation | Correlative Microscopy Facility  
Microbiology & Infectious Disease | Nursing & Midwifery | Population Health

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## Clinical Academic Units

Brain Injury | Child Psychiatry | Critical Care | Diabetes | Early Health | Emergency Medicine | Gastroenterology, Liver & Inflammatory Bowel Disease  
Gastrointestinal Viral Oncology | Immune Tolerance | Limb Preservation | Oral Health | Orthopaedics | Primary Health | Respiratory Medicine | Women's Health



**Liverpool Hospital**

\$740M to establish a world-class health, education and research precinct

**Ingham Institute Liverpool**

Adjacent to Liverpool Hospital, to facilitate co-location of research, education and clinical practice

**Fairfield Hospital**

\$550M committed to this major metropolitan hospital which provides a wide range of hospital and community-based health services

**Bankstown-Lidcombe Hospital**

\$1.3B committed to building a new Bankstown-Lidcombe Hospital

**Ingham Institute Bankstown**

Planned within the new Bankstown Hospital

**Campbelltown Hospital**

\$632M upgrade recently completed

**Ingham Institute Macarthur**

An integrated health, research and education facility located on the Campbelltown Hospital campus with the purpose of facilitating scientific and industry collaboration

**Bowral & District Hospital**

\$55M has been committed by the NSW Government for Stage 2 redevelopment

South Western Sydney Local Health District (SWSLHD) is the largest and fastest growing District in metropolitan Sydney. Our District of over 1M people is characterised by its diversity, with over 43% born overseas, more than half speaking languages other than English at home, and a significant number of humanitarian entrants and refugees. The region also has higher than state averages of socioeconomic disadvantage, disability, and homelessness.

# Our Highlights 2023

**520**

Publications

**35**

New grants



**42**

Active grants

**14**

PhD completions



**4**

Masters completions

**28%**

% growth in MRSP



**24%**

% growth in grant income

**\$24 million**

in new Category 1 funding

**359**

Research Affiliates

**38**

Research Support Staff

**35**

Research Groups



**175**

Research Employees

Clinical Trials 425

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Therapeutic Areas 26

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Top 3 Therapeutic Areas  
by volume: Medical Oncology (35%)  
Haematology (9%)  
GI/IBD/Hep (8%)

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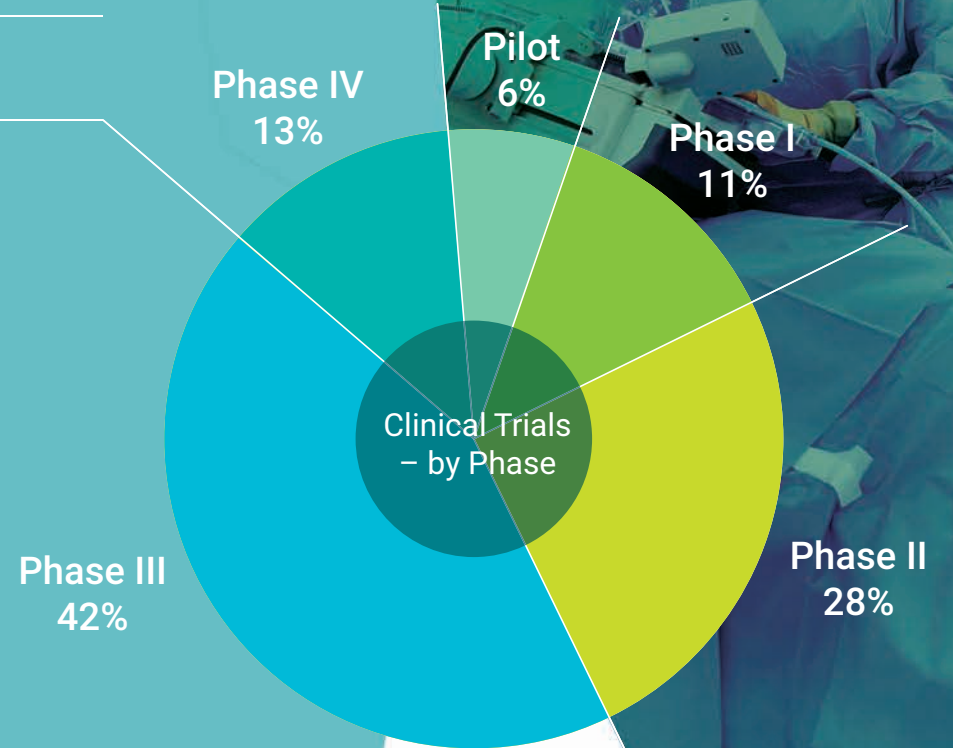
Clinical Trials – investigator-initiated 242 (50%)

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Clinical Trials – commercial 183 (38%)

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Clinical Trials - SWSLHD Sponsored 60 (12%)



# Our Impact



## Liquid biopsy to improve early breast cancer detection for women

Research lead:	A/Prof Therese Becker
Research area:	Cancer
Team:	Dr Tanzila Khan and breast cancer surgeons, oncologists and scientists at Western Sydney University

### What was the health problem that led you to carry out your research?

Early cancer diagnosis enables more successful and less toxic therapy. It also provides greater chance of cure. However, screening programs only exist for certain cancers. Additionally, some early cancer screening programs are less accessible for people living in rural or remote areas.

### Describe the research achievement and its impact.

Our current focus is on the high-need area of diagnosing early breast cancer. We do this by defining liquid biopsy-based (blood) cancer biomarkers that clearly distinguish women with cancer from healthy women. Breast cancer is an ideal choice to address

our hypothesis as it is the most common female cancer and currently the most common Australian cancer. The current screening method of mammographic or MRI imaging is suboptimal, and it is challenging to “see” tumours in women with high density normal breast tissue. While mammography was initially proclaimed to have 90-95% sensitivity, reviews put it closer to 80% sensitivity overall, or less than 50% for young women or women with naturally dense breasts.

We are currently recruiting women with early localised breast cancer. We compare the molecular make-up of their blood sample with that of healthy women. This will allow us to define molecular changes in simple blood samples that reliably differentiate early breast cancer patients from healthy women. It will enable us to design practical assays that can be moved into diagnostic settings to detect such changes.

To prove beyond doubt that we can add to breast imaging and avoid missing early breast cancer, we need to be able to test blood samples prior to a woman’s diagnosis and confirm that our methods would have detected the cancer earlier. To do this, we are focusing on women at high risk of breast cancer (generally those with inherited risk). We are building up a biobank of blood samples from these women, who have yearly check-ups and imaging.

### How was the work unique or pioneering?

Better survival and quality of life will not only benefit patients and their immediate relatives but the entire community. Earlier, more successful therapy also alleviates the long-term burden on the health system. Additionally, non-invasive liquid biopsies may allow better, early cancer testing access equity due to sample shipments, which means the blood can travel instead of the patient.

### What is the broader implication of the research?

Our cutting-edge strategy to increase molecular data derived from liquid biopsy has the potential to revolutionise liquid biopsy analysis and its clinical use. Liquid biopsy-based early cancer detection will lead to a significant shift in the national and international research field. For patients and clinicians, it will be game-changing and allow for faster access to treatment.

While the project currently focuses on breast cancer, the findings are transferrable to other cancers, extending the potential for impact.



We know that early cancer detection saves lives. We are working to prove that our method for early screening in Australia’s most common cancer, breast cancer, can extend this impact to ALL women, regardless of their age or location.





## Gestational Diabetes Mellitus: changing the paradigm for screening and management

Research lead:	Prof David Simmons
Research area:	Diabetes
Team:	Western Sydney University, Region Örebro Research Committee, Sweden, South Western Sydney Local Health District Academic Unit Fund, Western Sydney University (Ainsworth Trust)

### What was the health problem that led you to carry out your research?

Gestational diabetes mellitus (GDM), the most common medical complication in pregnancy, affects ~17% of pregnant women. GDM increases the health risks of mothers, including pre-eclampsia, obstetric intervention, large-for-gestational-age babies, lifelong type 2 diabetes and cardiovascular disease. GDM also raises health risks for babies, including shoulder dystocia (an obstetric emergency), birth trauma and future obesity. Routine GDM screening currently occurs at 24–28 weeks gestation, with early testing for undiagnosed type 2 diabetes recommended for women with risk factors, such as previous GDM, high body mass index, age ≥40 years, certain ethnicities, family history of diabetes, a previous large baby and polycystic ovary syndrome. Earlier onset of GDM in pregnancy typically results in

higher rates of pregnancy complications. The definition and treatment of maternal hyperglycaemia (high blood sugar) before the 20–24 weeks screening point remains unclear. Until recently, high-quality evidence for diagnosing and treating early GDM before this point was lacking, leaving some women with earlier undiagnosed GDM and resulting in poorer health outcomes for both mother and baby.

### Describe the research achievement and its impact.

The Treatment of Booking Gestational Diabetes Mellitus (TOBOGM) trial was a randomised, controlled trial (RCT) conducted across 17 hospitals in Australia, Austria, Sweden and India, that involved early intervention for pregnant women at risk of diabetes. The intervention group, who received immediate GDM treatment before 20 weeks, showed reduced adverse neonatal and maternal outcomes. Subgroup analysis showed greater benefits for women tested and treated before 14 weeks. TOBOGM research findings are influencing early screening criteria discussions and have substantial impacts, resulting in reduced need for intensive later-stage GDM treatment for mothers, reduced perineal birth injuries, and improved health of babies by reduced respiratory distress, increased breast-feeding rates and shortened Neonatal Intensive Care Unit (NICU) hospital ward stays by 0.8 days. Economically, TOBOGM research shows a cost saving of around \$5,500 per woman tested before 14 weeks gestation.

### How was the work unique or pioneering?

TOBOGM was pioneering because it was the first large multicentre international RCT to test early GDM diagnostic criteria and treatment in pregnant women with diabetes risk factors. It underscores the need for a personalised, life-course approach to GDM, marking a significant shift in managing the condition. Our research showed that early testing based on risk factors can identify women and babies at higher risk of adverse outcomes earlier than standard screening.

### What is the broader implication of the research?

The research represents a global paradigm change in early GDM diagnosis with the potential to improve health outcomes for over 5% of the world's pregnant women and their babies, who would benefit from early GDM treatment. It promises pregnant women with GDM better management and quality of life and reduces health complications for their babies. Further, it benefits the Australian healthcare system by greatly reducing the healthcare costs of GDM.



This research proposes a significant shift in the management of gestational diabetes, which may significantly reduce current complications in treatment.



## The first standardised digital educational intervention for nurse and patient training in peritoneal dialysis (PD)

Research lead:	Prof Josephine Chow
Research area:	Nursing
Team:	SWSLHD, SWS Nursing and Midwifery Research Alliance, The HOME Network (THN)

### What was the health problem that led you to carry out your research?

End-stage kidney disease (ESKD) is a severe global health issue with significant morbidity and mortality. It occurs when the kidneys can no longer perform their essential function of filtering waste from the blood. Dialysis is a treatment for ESKD and is conducted in specialised centres, often within hospitals, requiring patients to travel to these locations at scheduled times. This arrangement is inconvenient and time-consuming. This research program investigates home-based dialysis, namely PD, to solve this problem.

### Describe the research achievement and its impact.

This research focus is on advancing PD to improve patient outcomes and accessibility through the development of an Assessment Tool. The Jo-Pre-training Assessment Tool (JPAT) developed and validated by Prof Chow, is a psychometric tool for clinicians to evaluate the suitability of patients for home dialysis. JPAT allows more patients to consider home dialysis as a viable option. The tool's adoption by over 50% of home dialysis programs across four states in Australia and internationally underscores its impact. In NSW, it was integrated into the renal electronic medical record system in 2017.

In 2009, Prof Chow established The HOME Network (THN) of specialised renal nurses, a strategic alliance partnering with a number of national and international renal professional bodies. THN aims to generate high-quality research to inform healthcare decisions and advocate for home dialysis. THN promotes home dialysis through educational resources and advocates for patient choice in home dialysis.

Peritonitis is a significant risk associated with PD. The development of the TEACH-PD curricula is the first standardised and validated digital educational intervention for nurse and patient training in PD. TEACH-PD offers an online curriculum based on adult learning principles and is equivalent to a Certificate IV level of nursing training. The pilot study for TEACH-PD confirmed its feasibility, acceptability, readability and usefulness. Currently, TEACH-PD research team co-led by Prof Chow is completing further validation via a cluster (42) randomised control trial to assess its impact on patient outcomes.

### How was the work unique or pioneering?

PD is conducted by the patients at their home and these patients are trained by PD nurses. TEACH-PD has provided significant benefits to the community by enhancing equity and awareness of home dialysis options. The TEACH-PD curricula and its research has secured over \$4.7M grant funding, supporting the largest-ever trial for this intervention.

### What is the broader implication of the research?

The research has influenced nursing and clinical practices in kidney disease management and has facilitated policy changes and care strategies across the globe. The success of the TEACH-PD compliments the recognition of Prof Chow as the Winston Churchill Fellow (2012) and the Staff Member of NSW Health (2023). Home dialysis has the potential to enhance equity, improve patient survival and reduce healthcare costs.

“ | A potential solution for increasing the uptake of home dialysis and increasing equity and patient outcomes.



## Empowering families to detect development problems in the first 2,000 days (from pregnancy to start of school)

Research lead:	Prof Valsamma Eapen
Research area:	Childhood Development: early identification of Autism and developmental delays
Team:	BestSTART-South West, Ingham Institute

### What was the health problem that led you to carry out your research?

Challenges in continuity of care between maternity and early childhood services can lead to children with developmental issues such as autism, speech delay, and ADHD not being identified early. Around 63,448 Australian children start school with developmental vulnerabilities, potentially leading to disability, chronic disease, reduced economic opportunities and intergenerational adversity. Kids from priority populations, including Indigenous, socio-economically disadvantaged and culturally and linguistically diverse (CALD) communities face up to double the rate of not being school-ready. The COVID-19 pandemic exacerbated inequities in access to child developmental checks, leading to missed opportunities for early intervention. Late intervention costs \$15.2 billion in education, health and welfare annually. Effective, early identification and supports are needed to address child developmental issues, family mental health and psychosocial needs.

### Describe the research achievement and its impact.

The Strengths-based Tiered Accessible Resources and Supports (STARS for Kids) program detects developmental difficulties early, facilitating health with wrap-around social care. The Watch Me Grow Electronic platform (WMG-E) is a digital (weblink) form of the developmental checks recommended in the Blue Book (given to parents at the birth of the baby). WMG-E empowers parents to complete the checks digitally and it also sends automated reminders for ongoing checks at the recommended ages until start of school. WMG-E engages parents at opportunistic contacts such as immunisation or other health and child and family care visits, providing real-time information at the point of care. Successfully piloted in hard-to-reach groups such as CALD and Indigenous communities in NSW, WMG-E is being scaled up across QLD and WA to help detect child developmental needs early before things become complex. Results showed 86% parental engagement with developmental checks at 12 months in the intervention group compared to 16% in the control group. It also showed that rates of accessing early intervention doubled from 30% to 60% through Integrated Child and Family Hubs, which offer 'one stop shop' services and supports.

### How was the work unique or pioneering?

The Australian Health Research Alliance recommended the WMG-E program in 2021 as one of the 10 most impactful programs. The community benefits from earlier identification of developmental delays, empowering parents to seek support through its strength-based approach. This research uniquely uses opportunistic contacts for childhood developmental checks and monitors their trajectory for early intervention (e.g. speech and language support). In addition to UNSW, SWSLHD, and Karitane as operational partners, our collaborators include Uniting, First Steps Count, Mission Australia and many government and university partners (e.g. QLD Health, NSW Health, WA Ramsay Health, Western Sydney University, UTS, Sydney University, UQ, UWA, Melbourne University, Newcastle University).

### What is the broader implication of the research?

Providing the right care, at the right place and time, addresses service fragmentation and navigational challenges, particularly for priority populations. The developmental checks in the WMG-E program are translated into 38 languages and are being implemented globally and in particular used for training and capacity-building in several developing countries. This research offers a 'post-pandemic reset' that alleviates current family distress around access to early identification and supports for child developmental needs. Ultimately, it improves long-term outcomes for children.

“ Watch Me Grow engages and empowers families to identify child developmental needs early, for all children, so that no child is left behind.





## Assistive Technology for people with Acquired Brain Injury

Research lead:	A/Prof Grahame Simpson and Brendan Worne
Research area:	Assistive Technology
Team:	iCare NSW, A/Prof Libby Callaway, Monash University, Kate Mather, Ingham Institute for Applied Medical Research, Emerita Prof Robyn Tate, University of Sydney

### What was the health problem that led you to carry out your research?

Acquired brain injury (ABI) refers to physical damage to the brain that results from various causes, such as traumatic brain injury, stroke, infection and brain cancer. ABI often leads to cognitive impairments that impact executive functions and cause difficulties with memory, judgment, insight and the organisation of daily tasks. These cognitive deficits impact health and wellbeing, posing challenges to independent living, relationships and participation in employment and leisure activities. People with ABI need regular reminders for executive functioning to help manage daily tasks, a role typically filled by support workers or carers. Assistive technology is rapidly evolving and there are an increasing number of platforms for supporting executive functions, such as home hubs with movement-sensing and audio-prompting

technology (similar to Alexa or Google Home devices) that offer pre-recorded verbal prompts to assist with self-care (e.g. showering and taking medication), household tasks (e.g. putting out the garbage) and reminders (e.g. putting in hearing aids). However, limited published evidence exists for such technology to support individuals with ABI at home or in community settings.

### Describe the research achievement and its impact.

The SMARThome trial addresses this gap. It utilises a series of single-case experimental designs to evaluate the effectiveness of smart home, mobile and wearable technologies in improving executive function difficulties following ABI. Each study participant undergoes an assessment in their home to match the appropriate technology to their needs and goals. The SMARThome trial utilises accessible, mainstream technology that most people already have, representing a low-cost solution. To date, 19 participants have been screened, with trials conducted for five participants. Initial results indicate that existing technologies can transform the lives of people with ABI by supporting and remotely monitoring their daily tasks. By automating reminders and prompts, assistive technology alleviates the burden of care, reduces the need for carers, and lowers healthcare costs. The broader impact of this research includes improved health outcomes, enhanced quality of life, increased independence, greater community participation and reduced reliance on carers.

### How was the work unique or pioneering?

The SMARThome trial is unique as there are no high-quality trials in assistive technology for ABI using single-case experimental design. This research is informing the development of a website portal to demonstrate how to implement assistive technologies effectively to support people with ABI. The website also provides resources such as checklists and assessment tools.

### What is the broader implication of the research?

Collaborators include Monash University, the University of Sydney, Royal Rehab and CSIRO, who are adapting mainstream technology for people with brain injuries. The SMARThome trial demonstrates how existing and accessible technologies can enable people with ABI to achieve their goals and enjoy a better quality of life and independence at lower costs. By providing an evidence base for assistive technology solutions, this research can be adopted globally, with dissemination planned through website resources.

“Technology-based solutions help people with acquired brain injury live more independently at home and enable them to participate in the community.”





## How AI is transforming VAULT (Vocabulary Acquisition and Usage for Late Talkers Treatment) delivery for children

Research lead:

Dr Elise Baker

Research area:

Allied Health

Team:

Dr Weicong Li, Prof Caroline Jones, Dr Saeed Afshar, A/Prof Yi Guo, and A/Prof Mark Antonio (Western Sydney University), Prof Mary Alt (University of Arizona), Prof Natalie Munro (Southern Cross University), Dr Rosemary Hodges (Word Stars Speech Pathology), Dr Sarah Masso (University of Sydney), and Ms Katrina Tosi (South Western Sydney Local Health District)

### What was the health problem that led you to carry out your research?

Communication difficulties in childhood are widespread, affecting about 1 in 10 children globally. In Australia, around 1 in 5 children experience being late to talk. Early intervention is crucial as communication problems can lead to behavioural issues, learning delays, low self-esteem and poorer literacy outcomes. Tools are essential to screen, assess and intervene in these cases to help children develop

their communication skills. VAULT is an input play-based intervention in which speech pathologists say predetermined treatment words at a prescribed frequency (e.g. say 90 productions each of put, baby, and chair) during a 30-minute therapy session. VAULT has demonstrated its success as an intervention. However, counting the dose of 90 words per half hour is not feasible for speech pathologists as they engage toddlers in varied play activities. Therefore, a real-time automated counting tool is required to ensure treatment fidelity (correct dose needed for the intervention).

### Describe the research achievement and its impact.

We are exploring how automatic speech recognition (ASR) technologies can support the assessment and diagnosis of communication delays. We are doing this by automating the count of specific treatment words during VAULT sessions. The ASR tool provides real-time visual feedback in the form of a graph on a tablet or smart phone. This visual feedback ensures therapists can interact with children and maintain intervention intensity without being distracted by word counting. Dr. Baker developed the STeWoT prototype using Python through interdisciplinary collaboration, which was then transformed into a user-friendly interface called WombatWords with Ben Blain and his team at Neurabuild. Accessible on iPhones, iPads and computers, the tool automates and enhances the efficiency of VAULT by ensuring fidelity.

The next step is usability testing with speech pathologists from local health districts in NSW and families so that it can be widely adopted.

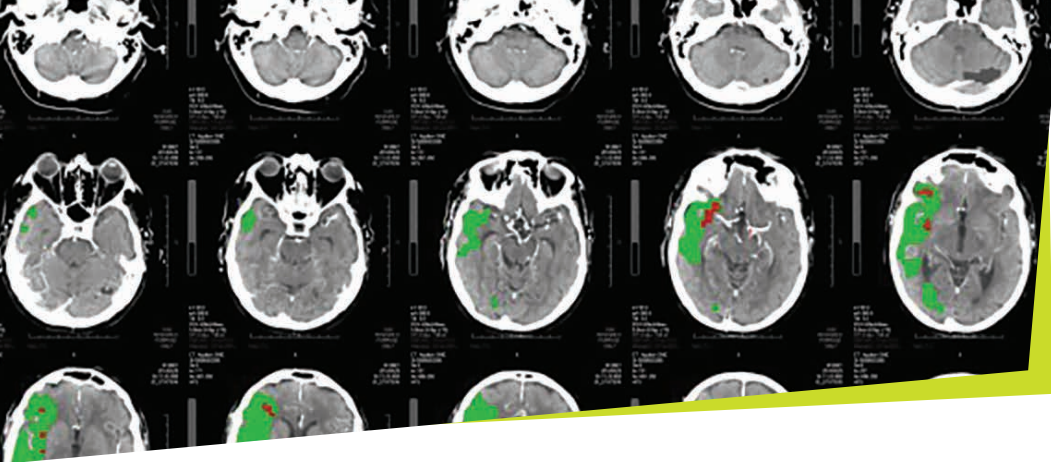
### How was the work unique or pioneering?

WombatWords, used with VAULT, could aid the speech pathology community to provide VAULT with optimal fidelity in delivering the intervention, ultimately benefiting children. The aim is to extend its use to coach parents in administering VAULT at home.

### What is the broader implication of the research?

Delayed talking is a global issue with significant educational, social and wellbeing impacts. Speech pathologists have long sought to enhance treatment effectiveness, particularly before children start school. Effective, efficient, and equitable speech pathology interventions like VAULT, supported by tools like WombatWords, can mitigate the adverse effects of late talking. This research has the potential to benefit thousands of Australian children and millions more worldwide, providing them with a better start in school by improving their ability to communicate and be understood.

“ | Automatic speech recognition and AI is becoming a game changer for speech pathologists.



## Educational community engagement reduces hospital stays and long-term disabilities caused by stroke

Research lead:	Prof Mark Parsons
Research area:	Neurology/Stroke
Team:	Dr Dennis Cordato, Dr Helen Badge, Dr Michael Cammit, Dr Khoi Dang, Timmy Phan, Dr Chris Blair, and UNSW medical students Denna Aysha and Jessica Ly

### What was the health problem that led you to carry out your research?

A stroke occurs when a blocked or burst artery in the brain prevents blood flow, causing cells to die from insufficient oxygen. Stroke is a leading cause of mortality and disability in Australia, with significant socio-economic impacts. The Vietnamese community in South Western Sydney (SWS) faces unique stroke risk factors and outcomes compared to other Australians. Research indicated that this community was less likely to call an ambulance or get to the hospital in time to access stroke treatments (52% versus 68% for Australian-born patients). Consequently, they experienced longer hospital stays and higher rates of long-term disability. Community

engagement highlighted that the population was reluctant to call an ambulance when a stroke occurred, largely because of a lack of confidence in speaking English.

### Describe the research achievement and its impact.

We completed research to describe specific risk factors and compare the level of access to care and outcomes for the Vietnamese community compared to other Australians. We formed a team comprising stroke researchers, multicultural health literacy representatives and community members who used these findings to co-design, test and evaluate stroke education tailored to their needs. This enabled strong engagement in health activities and led to the co-design of the phrase ‘Stroke, FAST, Vietnamese’ to use when calling an ambulance if someone was suspected of having a stroke. We promoted stroke knowledge and education messaging at community events, community centres, and early childhood centres, as well as multicultural health groups. We delivered education in Vietnamese about recognising stroke symptoms, the importance of calling triple zero and how to reduce the risk of stroke. We also shared some of The Stroke Foundation’s resources translated into Vietnamese.

### How was the work unique or pioneering?

Our research has engaged over 750 members of the Vietnamese community. The benefit of our research lies in its ability to foster behaviour change through stroke prevention education delivered by trusted educators (health and community). This approach improved, and continues to improve, access to timely stroke treatment and enhances health outcomes. Our methodology’s uniqueness stems from its community co-design, ensuring it is culturally appropriate and engaging for diverse members, including young people, men, community agency workers and older people. The outcome of our research has increased confidence within the Vietnamese community to recognise stroke symptoms and promptly seek help by calling an ambulance. Our collaborators include SWSLHD Neurology, UNSW South West Clinical School, SWSLHD Multicultural Health Unit, Australian Catholic University, Vietnamese community groups and local community members.

### What is the broader implication of the research?

Our research highlights that co-designing culturally suitable public health education significantly improves care access and outcomes. This underscores the importance of community-led education and co-designed solutions to address the health needs of diverse populations. We plan to adapt our approach to improve stroke prevention and outcomes for other CALD communities in South Western Sydney.

“ | The “Stroke, FAST, Vietnamese” solution could improve access to care and reduce disability after stroke”



## Developing a 'bedside' test for reassurance of fetal wellbeing in the last four weeks of pregnancy

Research lead:	Prof Jon Hyett
Research area:	Obstetrics
Team:	Sara Salehi (Research Registrar), Andi Vicente (Research Midwife), Kate Pendlebury (Research Midwife) and Jan Ardui (Obstetrician)

### What was the health problem that led you to carry out your research?

Stillbirth is a devastating outcome, affecting 1 in 300 full-term Australian pregnancies. This rate has remained unchanged for 20 years, making stillbirth the most common form of child mortality in Australia. Predicting stillbirth is difficult. At the moment, risk is assigned according to factors like the size of the fetus and high-risk women are advised to have their baby earlier. However, this method is flawed. Up to 100 women may be induced to prevent one stillbirth. At the same time, only 30% of term stillbirths involve small fetuses – and only half of these will be identified through ultrasound.

### Describe the research achievement and its impact.

Our previous research in pre-eclampsia screening demonstrated significant benefits of structured prenatal risk assessment, preventing 60% of pre-eclampsia cases before 37 weeks. This potentially translates to a 500 bed-day reduction in Neonatal Intensive Care Unit (NICU) admission and a 700 bed-day reduction in admissions to the Special Care Baby Unit (SCBU). This research has been incorporated into Liverpool's clinical

program, significantly decreasing maternal and infant mortality and morbidity in at-risk pregnancies.

We are now applying this approach to prevent stillbirth. Our research explores whether a rapid biochemical assessment of placental function using a biomarker can monitor fetal wellbeing in the last four weeks of pregnancy. Traditional biochemical tests take at least 4-6 hours for results. We are investigating a newer assay technology for point-of-care testing, or 'bedside assessment', providing results within 30 minutes. This information can immediately inform patient care. We are working with Revvity, who have produced a portable 'desktop' machine that allows measurement of a placental protein, Placental Growth Factor (PIGF), from a finger prick blood test and gives a quick result. We are testing the effectiveness of PIGF measurement in four high-risk groups: women with pre-eclampsia/fetal growth restriction, reduced fetal movement, diabetes in pregnancy, and those being induced for post-dates pregnancy. We have collected 500 of the 2,000 samples needed to demonstrate the correlation between abnormal PIGF and adverse outcomes and are planning a larger trial with 20,000 women to establish the effect size.

### How was the work unique or pioneering?

Developing a biomarker test to better identify high-risk pregnancies allows for more accurate clinical decisions regarding induction, reducing unnecessary inductions.

To our knowledge, we are the only group currently using this point-of-care testing technology. Collaborators include Campbelltown, Fairfield, and Liverpool Hospitals, SWSLHD, the Department of Obstetrics and Gynaecology at Western Sydney University, and Revvity.

### What is the broader implication of the research?

Our community, a lower socio-economic area with many CALD and refugee groups, often faces challenges in accessing care. This research improves care quality and access for disadvantaged women and ensures healthy pregnancy outcomes. This screening process is more equitable and is more appropriate for rural and remote populations.

If bedside PIGF assessment proves better than current risk assessments, it could become standard practice at 37 weeks of gestation for all pregnant women. This would likely lead to more intensive surveillance and/or induction for 5–10% of women, while reducing induction rates and stillbirths in term pregnancies.



Antenatal care last changed in 1926. This research is game-changing when it comes to the use of biomarkers that inform decision-making and improve outcomes for women.



# Our Community Events & Engagement

One of Ingham Institute's four strategic pillars is CONNECT. We strive to build awareness of research importance and impact through communication and engagement with our community. Being the only medical research institute in and for South Western Sydney means we value these events not only as fundraising opportunities, but as occasions to connect.



## The Ingham Charity Race Day

A world class day in racing for a world class cause.

The Ingham Charity Raceday, honours Australian and global icons of horse racing and founding benefactors of Ingham Institute for Applied Medical Research, Mr Bob Ingham AO and Mr Jack Ingham AO.

Held at Royal Randwick Racecourse, the highlight of the day is the running of the \$2M Group 2 Race, THE INGHAM.

Horse racing and community connections were always Bob and Jack's passions so a community raceday to support Ingham Institute's research is an opportunity to celebrate and fundraise for the community. Only in its second year, this charity raceday has become a much-anticipated event in both the Institute and Australian racing calendar.

Thank you to our race sponsors: Ben Ingham, Ingham Property Group, Lyn Ingham, Max Brenner Australia, Racing and Sports, Strawberry Hill Stud and The Sacco Group.

Special thank you to our Master of Ceremonies: Kerri-Anne Kennerley and Tim Gilbert.





### Inglis Sunday Lunch

The Inglis Sunday Lunch is a charity luncheon hosted prior to the Australian Easter Yearling Sale, renewing a family tradition dating back to the 1970s. It is held at Riverside Stables alongside the southern hemisphere's most elite thoroughbred yearlings. Institute friend and Board Director, Arthur Inglis and his wife Charlotte, host the lunch on behalf of Ingham Institute.

Thank you to our sponsors: House of K'dor, Vitocco Enterprises, Max Brenner Australia, Tim Storrier, VZUG, Subzero Wolf, Winning Appliances, Penfolds, Coolmore Australia, Cirrus Aircraft, McCarrolls Automotive Group, Segenhoe Studs, Jonah's Restaurant and Boutique Hotel, Shephard's Hut and the William Inglis Hotel.

Special thank you to our Master of Ceremonies: Emma Freedman and Jason "Richo" Richardson.

Thank you to our committee: Arthur and Charlotte Inglis, Jamie and Sarah Inglis, John and Frances Ingham, John Coates AC and Orieta Coates, Bill Winning, Judi Hausmann and Skye Leckie OAM.



### 10th Annual Ingham Institute International Women's Day Luncheon

An annual highlight in our events calendar, Ingham Institute's International Women's Day Luncheon celebrates Women in Science and their achievements in medical research conducted here in South Western Sydney and their impact locally, nationally and globally.

Thank you to our major sponsors: Ab Fab Events, Aine Wellness, Beauty Base, Bluetongue Homes, Camden City Council, Cameron Brae Group, Campbelltown City Council, Coutts Lawyers & Conveyancers, Diamond World Fine Jewellery, Fitzpatrick & Robinson, Gilbert & Younan, Graphic Evolution, InFine Print, June Young, Kelly Partners, Lady (Mary) Fairfax Trust, Lexus of Macarthur, Lyn Ingham, Macfarlane Law, Marsdens Law Group, Max Brenner Australia, Narellan Pools (Macarthur), Perfection Fresh Australia, Sitipek, Specsavers (Ingleburn), Perich Group, Prodigy Performers, Trylow Plant Hire, Vital Group, Vitocco Enterprises, Wests Group Macarthur, Wisdom Homes and Woppitt Bloodstock.

Special thank you to our Luncheon Ambassador and Master of Ceremonies: Natalie Barr.

Thank you to our committee: Lyn Ingham, Adriana Care, Natalie Herd, Emma Macfarlane, Victoria Nasso, Tracey Roberts and Irene Vitocco.

## Research Events



### **Health Beyond Research and Innovation Showcase: "Imagination breeds innovation"**

Health Beyond is a multidisciplinary showcase hosted by South Western Sydney Local Health District in partnership with Ingham Institute, bringing the region's allied health professionals, nurses, doctors and researchers together to present their research impact alongside industry partners.

Thank you to our sponsors: Baxter Healthcare, Complete Office Supplies, Hospital Products, Prospitalia h-trak, LeasePLUS, Liverpool Council, Smartsalary, SPHERE - Sydney Partnership for Health, Education, Research & Enterprise, University of NSW, Sydney - South Western Sydney, University of Wollongong, Western Sydney University and Wilhelm.



### **STEM: Animal Research Education and Awareness Program (AREA)**

The AREA Program is a student outreach event run by our Scientific Operations team to encourage high school students interested in science, technology, engineering, arts and mathematics to explore career possibilities in research.

Thank you to our STEM Program sponsor: Wests Leagues Club (Macarthur).



### **Franklin Women Mentoring Program**

Franklin Women is a community of women working in health and medical research who support each other in personal and professional development, both in and outside academia. The Institute is proud to be a partner organisation of their Mentoring Program, which pairs senior researchers established in their careers with early-career female researchers from different organisations.

Franklin Women Mentees: Nacha Chan (Clinical Trials), Georgina Kennedy (Cancer Research Group), Amy Walker (Cancer Research Group).

Franklin Women Mentors: Prof Jon Hyett (Obstetrics Research Group), Dr Lucy Coupland (Technology Assisted Personalised Critical Care Research Group), Prof Sarah Dennis (Allied Health Research Group).





### **Ingham Institute Postdoctoral Association “Lunch and Learn” Series**

The Ingham Institute Postdoctoral Association represents early and mid-career professionals. The Association supports a culture of enhanced professional growth by facilitating connections and raising awareness. The group envisions an inclusive community where all researchers are empowered, valued, recognised and supported in their current and future endeavours.

## Supporter Events



### **Beneficiary of the Friends of Narellan Rotary Gala Ball**

The Rotary Club of Narellan has a mission of “improving the quality of life for our fellow citizens”. Many of our founding donors and past and current Board Directors are members of the Club. Each year Narellan Rotary hosts a Ball, the proceeds of which are generously donated to Ingham Institute. This year, our Research Director, Prof Les Bokey, was awarded honorary lifetime membership, as was former Board member, Tony Perich.



### **Beneficiary of the Liverpool Chamber of Commerce Gala Dinner**

The Chamber of Commerce aims to advance the economic, professional and civic welfare of Liverpool. Ingham Institute is a longstanding member of the Chamber, and this year was the Gala’s nominated beneficiary.

# Your Impact



Total donations: **\$2,515,784.93**

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Individual researcher beneficiaries: **19**

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Number of research groups supported: **18**

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Top 5: **Robotics, Cardiovascular, Cancer, Obstetrics, Immune Tolerance**

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Donor profile: **Individual (93%), Corporate (5%), Trust and Foundations (2%)**





# Donor Impact Story: Liverpool Catholic Club



The partnership between the Liverpool Catholic Club and Ingham Institute is improving healthcare outcomes for people living in South Western Sydney, the rest of Australia and worldwide.

As President of Liverpool Catholic Club, Greg Richardson, explains, “Ingham Institute is ethical and honest. It’s genuinely part of the community that we operate in and is clearly servicing the needs of our population.”

The Liverpool Catholic Club supports several important projects at Ingham Institute – this year, with a focus on allied health.

Allied Health is a vast body of health professionals across areas as diverse as physiotherapy, occupational therapy, social work, and dietetics. The heart of their work is about helping people to live well in the community and reduce impairment, so their research can be directly translated to meaningful patient outcomes.

The projects supported by Liverpool Catholic Club have already changed clinical practice and continue to improve treatment of people everywhere.

## Improving the care for people who have had a hip fracture

This study is trialling and evaluating the delivery of care for patients who have had a hip fracture, in their own homes.

If successful, this will change the model of care and provide relief in an overcrowded health system by moving patients from hospital to their own homes, where they will receive high-quality care.

“The Liverpool Catholic Club funding enhances the project by increasing our consumer focus and our ability to strengthen the research capacity of staff members, particularly in allied health,” said Conjoint Prof, Justine Naylor, PhD, Co-director of the Whitlam Orthopaedic Research Centre.

## Transforming the patient experience

This innovative project uses robotic technology, including the use of games, to assist in the rehabilitation of people with a brain injury.

The objective is to improve people’s motor skills and increase their independence after their injury.

Brendan Worne from the Brain Injury Rehabilitation Group explained the importance of community grants, saying “These novel, interesting, innovative ideas can only come to fruition because of the generous support we receive, providing real improvements to people’s quality of life.”

## Caring for women during and after pregnancy

Many women experience physical difficulties after the birth of a child, including back pain and pelvic floor dysfunction.

This project aims to help women self-manage these common difficulties by providing a range of health materials in a variety of languages, to assist women in understanding, managing and improving their condition.

“The funding from the Liverpool Catholic Club helps us to deliver the services necessary earlier to women. We have the resources, including a video, available in the postnatal wards for the staff to give to women. So, if they are experiencing any of these conditions, they will immediately be provided with information about how to deal with them,” explained Kim Tran, Women’s Health Senior Physiotherapist, Fairfield Hospital.

## The support of the Liverpool Catholic Club is integral to these projects.

“For Ingham Institute, whose focus is on applied medical research, our allied health researchers lead the charge in embedding research into clinical practice. Their work makes a direct, immediate and measurable difference for the people in our district. Allied Health is therefore the perfect research partnership for a community-based organisation like the Liverpool Catholic Club,” noted Ingham Institute CEO (interim), Katie Gilbert.

Thank you to Liverpool Catholic Club for their generous support.

# Our Board Members 2022 and 2023



Terry Goldacre, Chair



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When you support Ingham Institute, you support innovation for radical health improvements and new models of care; locally, nationally and around the world. For more information or should you wish to discuss your giving priorities or partnership opportunities, please contact our Philanthropy team via [giving@inghaminstitute.org.au](mailto:giving@inghaminstitute.org.au)

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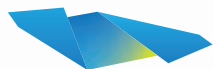
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