

connect.



IN THIS ISSUE:



Music can be a powerful therapy



Osteoarthritis sufferers GLA:D™ of help



Vascular surgery precinct

GENETIC TESTING TO SAVE LIVES

This year, the Cabrini Foundation is raising money to support Cabrini's Family Cancer Clinic.



Cabrini is a not-for-profit organisation.

If you would like to make a gift towards our work, please contact the Cabrini Foundation on **(03) 9508 1382** or simply send your donation to Cabrini Foundation, 183 Wattletree Road, Malvern, Vic, 3144. Cheques should be made payable to 'Cabrini'. All donations over \$2 are tax deductible. If you would like your details to be removed from the mailing list, please call **(03) 9508 1382**.

CONTENTS

- 3 Music can be a powerful therapy
- 4 Genetic testing to save lives
- 5 A gift to help others
- 6 Osteoarthritis sufferers GLA:D™ of help
- 7 Farewell to a longtime friend
- 8 Vascular surgery precinct
- 9 A first for Cabrini
- 10 Taking the bus to good aged care
- 11 Help us make a difference
- 12 Radiation therapy comes to Cabrini

Cover photo: Maree Mealor (right) and her daughter Kim.



Cabrini
183 Wattletree Road
Malvern 3144
Phone: 03 9508 1222
www.cabrini.com.au

ARE YOU FORGETFUL?



COGNITION AND DEMENTIA SERVICE... A PRIVATE MEMORY CLINIC AND MORE

- **EXPERT ASSESSMENT AND DIAGNOSIS**
- **COMPREHENSIVE CARE PLANNING**
- **ONGOING THERAPY AND REVIEW**

A full team of healthcare professionals are available to accurately assess, diagnose and help manage treatment for dementia and conditions causing cognitive decline.

For more details please call **(03) 9508 5544**



HELP SHAPE CABRINI'S SERVICES

We are seeking to add new consumer members to our Patient, Resident and Family Experience Advisory Committee (known as PEAC) to:

- Help us integrate patient, resident and family views into all levels of our health service
- Provide us with insights into the experiences that patients, residents and their families have with us
- Provide advice on what patients, residents and families expect of Cabrini

HOW TO APPLY

If you are a current or past patient, carer or family member who has had direct experience with Cabrini and would like to make a difference to our health service, then we would like to hear from you.

To apply or find out more, please call the Patient Experience department on **(03) 9508 3573** during business hours or email pfr@cabrini.com.au

MUSIC CAN BE A POWERFUL THERAPY



Music of some kind, be it Beethoven or Beyoncé, has the power to lessen the heart rate, reduce blood pressure, ease pain and much more.

That is why it works so well in palliative care settings. Cabrini marked Palliative Care Week 2017 with the gift of music, a gift delivered to patients of Cabrini Palliative Care by music therapist Caitlin Bull.

Ms Bull, who has a BMus(Hons) in performance and a Master of Music Therapy, visits every Wednesday, offering patients of Cabrini Palliative Care in Prahran the opportunity to listen to, participate in, or even create their own music. It might be that someone will want to listen to a favourite CD or ask for a favourite song. Sometimes they join in; sometimes they play or sing themselves. Sometimes, with Ms Bull's help, they write their own music as a legacy to leave to their family.

As a music therapist, Ms Bull comes to understand the role that music has played in each person's life. There are some who have a significant musical background, having played or sung throughout their lives, but for most, music has been a source of listening joy. Either way, a beloved piece of music can

“Music therapy can achieve measurable, positive health outcomes for cancer patients...”

stir memories that come flooding back to enrich a day.

When Ms Bull arrives at a patient's room, she allows them to decide if they want a session; if family or friends are present, she will either withdraw or, if the patient wishes, invite them to join in. She brings a range of musical instruments, especially percussive things such as triangles and shakers, so even children can make music. Fortunately, the single rooms are well insulated so patients in surrounding rooms are not disturbed.

An allied health discipline, music therapy is a research-based practice. It has its own professional body and practitioners must be qualified, work within the profession's set of standards and abide by its code of ethics. In 2016, the Cochrane Review demonstrated that

music therapy can achieve measurable, positive health outcomes for cancer patients, including reductions in pain, anxiety, blood pressure and heart rate while increasing quality of life.

For patients who want to leave a musical legacy as a gift to loved ones, Ms Bull can help to make that happen. “Some people might be able to create the music on their own but for most, I sit with them, helping them write a set of lyrics then offer ideas about melodies or chord progressions. They might listen then say, ‘I want it to be smoother, or faster or even crunchier’ and from there, we work together until they are satisfied.”

Not everyone will want to be involved and as with all of Cabrini's services, patients' needs and wishes are at the heart of the matter. Just like the theme of this year's National Palliative Care Week – you matter, your care matters – for those who embrace it, music therapy can be positive experience for our patients at Cabrini Palliative Care.



Selwyn Greenberg with one of his daughters.

GENETIC TESTING TO SAVE LIVES

Maree's mother was the fifth of her sisters diagnosed with breast cancer.

"Maree, you must get tested – there must be something wrong!" she told her daughter. Yet when Maree Mealor tried to get tested at a public clinic, many of which have a long waiting list, she was deemed ineligible for genetic testing.

This year, the Cabrini Foundation is raising money to support Cabrini's Family Cancer Clinic, which currently tests 100 new patients each month, with demand increasing. The clinic helps to establish if patients or members of their families carry genetic mutations that can cause cancer. These genetic markers can influence the way certain cancers are treated and lead to preventative measures to stop family members developing the same or similar diseases.

Ms Mealor believed she would get breast cancer, and that it was a matter of when. She was right as she carries the BRCA 2 gene. Treatment ensued: she underwent a double mastectomy, chemotherapy and radiation. As part of this process, her daughter Kim and son Shane had genetic testing at Cabrini's Family Cancer Clinic and they both tested positive for the BRCA 2 gene.

TAKING PREVENTATIVE MEASURES

Shane Mealor must take precautions to prevent cancer or detect it early. He now needs to have an annual prostate check. Ms Mealor's daughter Kim, in her 30s, was pregnant with her third child when she found out she had the BRCA 2 gene. She waited until she had finished breastfeeding her daughter Macy before going ahead with a double mastectomy to reduce the risk of breast cancer in future.

"She got advice and thought it over and decided to do the mastectomy and have a breast reconstruction," Ms Mealor explains. "She considers staying alive for the kids as more important than anything else."

The funds raised by Cabrini Foundation in this campaign will be used by the Cabrini Family Cancer Clinic to employ a second genetic counsellor to double the number of genetic tests we can conduct, research better treatments into inherited cancers and set up genetic registries for the analysis of data around gene mutations.

It was while businessman Selwyn Greenberg was being treated for a kidney stone that he was diagnosed with kidney cancer, six years after his brother died of the same disease. He was referred for genetic testing and doctors discovered a translocation of chromosomes, the culprit for his cancer, which has claimed his brother's life.

While Mr Greenberg lost one kidney, he was able to keep his second after two rounds of surgery performed by Professor Mark Frydenberg. "Professor Frydenberg's skill as a surgeon was instrumental in improving my quality of life because even though I lost one kidney he managed to save and monitor the other one so I'm all the better for it," he said.

"I think the genetic tests really saved my children and my nieces."

Mr Greenberg's adult children and his brother's children all had genetic tests. One of his children also had the translocated chromosome and was able to take precautions to ensure the genetic mutation is not passed on to future generations.

"Through those tests, one of my brother's daughters discovered she had kidney cancer as well and her life has changed because she is now being monitored," he said. "I was very fortunate because even though I lost one-and-a-half kidneys, I was able to survive – and I think the genetic tests really saved my children and my nieces."

Associate Professor Gary Richardson OAM is Director of Cabrini's Academic Haematology and Oncology Service and head of the Cabrini Monash University Department of Medical Oncology. He heads up the Cabrini Family Cancer Clinic and says it plays an important role in saving people at risk of cancer. "First, by identifying particular genetic abnormalities for treatment, you improve the outcomes of treatment – which means you improve people's survival rates," he says. "Second, if you identify people who have these genetic abnormalities that will get family members with genetic risk of cancer to specific screening programs."

... If you would like to support our
... appeal to raise money for the clinic,
... please visit the website
... www.cabrini.com.au/make-donation
... or call ph (03) 9508 1380.

"It feels empowering and very privileged to be able to have facilitated a previously unfunded and under resourced area."

A GIFT TO HELP OTHERS

Mervyn Kidd's family describe him as "fiercely independent and fastidious in all things and always dressed immaculately".

So, it came as a tough blow when the 94-year-old suffered a stroke and was admitted to Cabrini.

"Mervyn was the most polite man you could ever meet," says his niece Paulin Walter. "A highly intelligent man who had a long and successful career in teaching and in the upper echelons of the education department."

In visiting him regularly at Cabrini, it soon became obvious to Ms Walter that her uncle was confined to his hospital bed, which had to be lowered to the ground to prevent him from falling out. Even sitting in a chair on his own was not possible. "Had a wheelchair specifically designed for immobile stroke patients been available, it would have improved the quality of his life in those weeks at Cabrini," she said.

When Ms Walter asked staff what equipment they needed; they immediately pointed to wheelchairs specifically designed for patients who are immobile.

"It allows someone who would normally not be able to get outside during their hospital admission to go out and breathe the fresh air and see the sun shining," explains Stroke Care Coordinator Suzy Goodman. "The



Stroke Service team members from left: Kate Roma, occupational therapist, neuro-physiotherapist Jimmy Fock and Stroke Care Coordinator Suzy Goodman.

chairs have special arm rests which are cushioned, an adjustable headrest and the ability to tilt the chair back for comfort – all really important things when dealing with patients who are sometimes immobile."

While Mr Kidd sadly passed away on 1 June 2016, Ms Walter donated funds to buy two of the specialised wheelchairs in his memory. "(It feels) empowering and very privileged to be able to have facilitated a previously unfunded and under resourced area," she says.



OSTEOARTHRITIS SUFFERERS GLA:D™ OF HELP

Knee or hip pain due to osteoarthritis is common and affects almost 30 per cent of people in our community aged 50 or older. Alarming, osteoarthritis is a leading cause of physical inactivity, placing sufferers at a greater risk of developing chronic conditions such as heart disease and diabetes.

Early treatment is critical. Current national and international clinical guidelines recommend patient education, exercise and weight loss (if necessary) as the starting point of treatment. If this does not provide enough symptom relief or improvement in function, it should be complemented with medications, manual therapies, walking aids or braces. Finally, if pain and mobility limitations persist, joint replacement surgery may be an option.

PROGRAM NOW AT CABRINI

The good news is that the Cabrini Allied Health Centre offers a new program considered to be the best, first-line treatment for osteoarthritis of the hip or knee. GLA:D™ Australia – which stands for Good Life with osteoArthritis from Denmark – is an education and exercise program developed by experienced osteoarthritis researchers in Denmark using the most recent findings.

“The program was designed with one primary purpose: to help patients win back trust in their problematic hip or knee joint.”

What makes GLA:D™ unique is that the exercises involve everyday activities such as climbing steps, getting up from the floor and walking. Most importantly, the exercises are applied with good quality and control. By strengthening and correcting daily movement patterns, participants retrain their bodies to move properly and to load joints in the best possible way to prevent symptom progression and reduce pain.

“The program was designed with one primary purpose: to help patients win

back trust in their problematic hip or knee joint,” says senior Cabrini physiotherapist Jason Wallis who leads Cabrini’s GLA:D™ program.

The facts speak for themselves. Danish participants have reported less pain and increased ability to perform daily activities by 30 per cent. One in three uses fewer or no painkillers.

“It’s remarkable that the benefits from GLA:D™ were maintained by participants 12 months after they completed the program,” says Mr Wallis.

If you are one of the many sufferers of ongoing hip and knee pain due to osteoarthritis, and interested in participating in Cabrini’s GLA:D™ program, call ph **(03) 9508 1400** or ask your medical specialist.



Jason Wallis, senior physiotherapist at Cabrini, pictured in the Cabrini Allied Health Centre.

GERMAN PATIENT SABINE REPORTS HER EXPERIENCE OF THE GLA:D™ PROGRAM

I have a lot more confidence about 'using' my knees. Before the course, I never knew if I did more damage by doing things.

I also learnt about manageable pain, and that the pain tends to come and go. Before the course, my right knee was locking up several times a day. Very painful. Now, it rarely happens. I never have the constant pain, I had before. And I have learnt a lot about moving 'right'.

I exercise regularly – I do all the standing-up exercises but because I do them every day, I usually do only one set of 15 rather than three. I also continue with my stretching exercises as I was doing before. And every day, I walk about 20 minutes with my walking poles.

I also think, the course really helped all of us to connect and see ourselves not as singular arthritis sufferers but as people who also happen to have arthritis! I'm really looking forward to keep working on my physical self when I get to Germany! I will be doing my exercises on the beach as part of my early morning walk.



Nigel and Patricia Peck (centre) at the opening of Cabrini's Patricia Peck Education and Research Precinct in 2013.

FAREWELL TO A LONGTIME FRIEND

The Board and staff of Cabrini Health and the Cabrini Foundation were saddened by the passing of our long-time supporter, benefactor and friend Nigel Peck AM on 1 April 2017.

Cabrini's Patricia Peck Education and Research Precinct at 154 Wattletree Road in Malvern was built with the support of the Peck Family and named after Mr Peck's wife.

The Pecks have a long history of supporting philanthropic causes including Cabrini.

Mr Peck founded his successful business NHP Electrical Engineering Products in 1968 and retired as Chairman only in 2013, remaining as a Director. In 2004, he was awarded an Order of Australia for his services to the electrical industry and wider community as a business leader and mentor.

Outside of his professional and philanthropic pursuits, Mr Peck was a keen sailor and Commodore-In-Chief of Davey's Bay Yacht Club (which his grandfather founded in 1909) and an adventurer, having travelled to both

"Mr Peck had volunteered to be the first tourist in space in 2012 with Space Expedition Curacao but the spacecraft was unable to be built in time..."

the north and south poles. Mr Peck had volunteered to be the first tourist in space in 2012 with Space Expedition Curacao but the spacecraft was unable to be built in time.

Cabrini offers its sincere condolences to Patricia and family including Timothy, Nicholas (dec), Belinda (dec) and Matthew.

VASCULAR SURGERY PRECINCT

Cabrini's policy of gathering specialities together into precincts to promote collegiality, collaboration and cross-fertilisation of ideas has resulted in a brand new vascular precinct at Cabrini Malvern.



Vascular Surgeon,
Mr Charles Milne

“The burden of surgery and length of hospital stay is reduced to just days.”

can be treated by passing a wire through the blockage. The surgeon then tracks a balloon over the wire and inflates it across the blockage to create a flow channel. Sometimes a stent is used to maintain the channel.

Vascular surgeons carry out the vital and delicate task of repairing aortic aneurysms. The most common kind is an abdominal aortic aneurysm – dangerous ballooning of the abdominal aorta's wall, which leaves the enlarged aorta at risk of a life-threatening rupture. Previously, this required major open surgery, with extended time in hospital. Now, many of these aneurysms can be treated endovascularly – a great advantage when a patient is not fit for major surgery. The burden of surgery and length of hospital stay is reduced to just days.

Minor work can be carried out in the precinct's treatment rooms, which are fitted with surgical lighting, ultrasound and treatment beds. Here, Cabrini's vascular patients can undergo such treatments as sclerotherapy, when a solution is injected to close a varicose vein, and minimally-invasive thermal ablation of varicose veins, where heat is used for the same purpose. No general anaesthetic or operating suite is required for these procedures.

Mr Charles Milne celebrates the choices open to today's vascular surgeons. “We now have a range of options,” he says. “The choice between open and endovascular surgery, or a combination of both, depends on the individual patient: their age, existing medical conditions, and the anatomy of the vascular problem must be considered before deciding on the best treatment option.”

Several surgeons share the consulting rooms and well-equipped advanced treatment rooms developed on the first floor of Cabrini Malvern.

The precinct has gathered an impressive rollcall of vascular consultants including Mr Roger Bell, Mr Michael Bruce, Mr Peter Chu, Mr Matthew Claydon, Mr Geoff Cox, Mr Rayoul Mayer, Mr Peter Milne and son Mr Charles Milne. These surgeons and others share the precinct's common spaces, allowing for the kind of regular contact that leads to discussion of individual cases or advances in the field.

“While the new vascular precinct allows for more collaboration between individual vascular surgeons, the treatment rooms are a key addition to the consulting precinct, where the latest minimally-invasive venous interventions can be offered in a rooms-based setting,” says Mr Charles Milne.

VASCULAR SURGERY TREATS MORE THAN VEINS

The term vascular surgery implies that these surgeons treat veins only, however much of their work relates to arteries,

“...An adult's blood vessels laid end to end measure around 100,000 kilometres.”

the blood vessels that leave the heart and transport oxygen-rich blood throughout the body. Arising as major vessels, the ascending and descending aorta, they branch and narrow through to the fine arterioles and into capillaries with walls barely a cell thick. Veins receive the deoxygenated blood from the other side of the capillary bed, returning it to the heart with the assistance of one-way valves. The combined network is vast – it is estimated that an adult's blood vessels laid end to end measure around 100,000 kilometres.

Like so many disciplines, this field has undergone great change in recent decades. Once, almost all vascular interventions involved open surgery. These days much can be achieved through endovascular procedures where small punctures or incisions in the groin or arm allow a wire to be guided through the blood vessel to the area needing treatment. A blocked artery, for example,

A FIRST FOR CABRINI

Cabrini is now among a small number of Victorian hospitals and research facilities approved to conduct early oncology phase 1A drug trials.

This is an exciting time for our researchers and offers our oncology patients opportunities not possible before. New treatments made available through oncology clinical trials are usually prohibitively expensive to most people, or not available at all.

Clinical trials are held in four distinct phases, 1, 2, 3 and 4. The phasing of clinical trials represents how extensively a drug has been tested in human diseases. Phase 1A trials are the earliest stage of oncology testing and are the first time a drug has been tested in human cancer patients. Drugs that enter a phase 1A trial have gone through rigorous pre-testing in laboratory animals but their full effect and best treatment dose still need to be determined in humans to ensure their safe use and ability to treat cancer effectively. Participants in phase 1A trials are closely monitored to ensure they are responding well to the medicine.

Since 2003, the Cabrini Monash University Department of Medical Oncology – The Szalmuk Family Department of Medical Oncology, led by Associate Professor Gary Richardson OAM, has conducted many phase 2 and phase 3 oncology clinical trials at Cabrini. The department undertook its first phase 1B trial in 2015, and in May 2017 it will conduct the first phase 1A oncology trial to be held at Cabrini. The trial will examine a new immunomodulatory agent in patients diagnosed with a range of cancer types.



Caption: Dr Emma Baker (left) with Nina Box.

“The trial will examine a new immunomodulatory agent in patients diagnosed with a range of cancer types.”

Cancer research is moving quickly. The newest forms of cancer treatment include the promising immunomodulatory/ immunotherapeutic agents, and this is where many recent Cabrini oncology trials are focused. Rather than use cytotoxic chemotherapy agents to kill the cancer – and sometimes other, healthy tissue – this approach “switches on and stimulates” the body’s own immune system to fight the cancer cells, and shrink and kill tumours. It is still early days for such agents, but some are already approved for the treatment of melanoma and lung cancer and many believe that they represent the future of cancer treatment.

Nina Box, team leader of the Oncology Research Group, is excited by the possibilities. “Our trials encompass various cancer types including breast, colorectal, ovarian, melanoma, prostate and haematological varieties, and the list is growing,” she says. “Our team of nine coordinators work closely with patients and their doctors, arranging appointments, collecting study data and assuring that trial protocols are met.”

PATIENTS BENEFIT FROM TRIALS

These trials open up possibilities for patients who have few therapeutic options left, or who have been identified as strong candidates for the medicine. “Our oncologists have relationships with our patients that we don’t want broken if that person needs to go elsewhere for a study,” says Dr Emma Baker, who manages the research programs at the Cabrini Institute. “If we are to be a truly comprehensive cancer centre, we need to be able to offer access to appropriate phase 1A clinical trials to our patients.”

Of course there are no guarantees. These trials are, by their very nature, uncertain – they are potential pathways into future best practice but are not yet perfected or even proven. Further it is not guaranteed that a potential candidate will be accepted onto a trial. Stringent criteria must be met. In trials using immunomodulatory agents for example, autoimmune diseases often preclude a patient for being accepted into the trial. Even then, there must be a place available in these highly sought-after studies. Those wanting to enquire about the possibility of joining a trial may contact the Cabrini Institute on ph **(03) 9508 3434** for further information.

Approximately 40 trials are underway, 18 of which are open to recruitment. The department continually considers new trials that would best serve our oncology patients, and some 17 are currently being considered. The Victorian Cancer Council website lists all oncology trials and where they are offered. Soon Cabrini’s website will have a dedicated section listing the trials and detailing those for which patients can apply www.cabrini.com.au

Heather Catherwood, General Manager Community Services VMCH (left), The Hon Damian Drum MP, Member for Murray Victoria and Sally Howe, Director Business and Service Development, Cabrini.



TAKING THE BUS TO GOOD AGED CARE

Care of the aged has been close to Cabrini's heart since opening of its aged-care home in Ashwood in 2001, and now it has launched more programs aimed at keeping older people safe, well and secure in their own homes.

On 3 May, the partnership of Cabrini and Villa Maria Catholic Homes (VMCH) launched the VMCH allied health service bus and three new programs, all designed to improve health and aged care in the Hume region.

The first of these programs comprises six short-term restorative care places. The restorative approach is a powerful means of helping older people improve their function, independence and quality of life – especially if they have suffered a fall, experienced physical deconditioning following an illness or have exacerbated symptoms from a health episode such as a stroke. When people suffer functional decline, their lives can be severely affected – they are less able to perform

“...older people want and need flexible services that will provide help when they need it...”

tasks of everyday living due to decreased physical and/or cognitive functioning. Apart from the distress this causes, it can result in the person entering into an aged-care facility prematurely.

“Short-term restorative care is an early intervention program designed to reverse or slow down functional decline in older people and improve their wellbeing,” says Natalie Sullivan, Cabrini's Executive Director of Brighton and Continuing Care.

She says that older people want and need flexible services that will provide

help when they need it and support their continued independence for as long as possible.

“Through this eight-week multi-disciplinary program, we are able to support older people in continuing to live independently in their homes, help them to avoid entering into residential aged-care prematurely, prevent unnecessary hospitalisations, and ultimately improve their quality of life through helping them to manage new or changing health conditions,” she says. “Importantly, these services are provided in a coordinated way in consultation with the person receiving them, and are delivered in their home or place of residence such as residential aged-care.”

IMPROVING QUALITY OF LIFE FOR REGIONAL DEMENTIA SUFFERERS

Through their partnership, VMCH and Cabrini Health launched a dementia consultancy and management service for the Hume region. This service will extend the program provided by VMCH,

“...People who have dementia and their loved ones will have access to services that will improve their quality of life.”

ensuring people in the region have access to specialist medical consultations and dementia specialist allied health services. With Cabrini’s involvement a further dimension is added to services for people in the region because they will now have access to specialist medical consultations and dementia-specific allied health services including dietetics and speech therapy. With onsite appointments in Shepparton and online consultations via videolink, people who have dementia and their loved ones will have access to services that will improve their quality of life.

Launching the VMCH mobile allied health service bus, the Hon Damian Drum MP, Member for Murray said he was proud to launch the new service, believed to be the first of its kind in regional Victoria. “The bus has been fitted out and fully equipped to provide a range of allied health services including physiotherapy, occupational therapy, podiatry and massage,” he said. “To have a mobile unit that provides a range of health services to people throughout the Hume region who have difficulty accessing services is a brilliant initiative.”

Hume is situated in Victoria’s north-east and includes many regional towns such as Wodonga, Benalla, Wangaratta and Shepparton. Covering around 40,000 square kilometres, its population is estimated to be approximately 300,000 and at the 2015 census, 20 per cent of them were 65 or older.



HELP US MAKE A DIFFERENCE!

I want to help Cabrini provide the best possible care

Details

Title First name

Surname

Address

State Postcode

Phone

email

Date of birth

Please tick

Please accept my donation of

\$50 \$150 \$500 \$1000 My choice \$

I would like to support

Cabrini Malvern Cabrini Brighton Cabrini Palliative Care
 Cabrini Rehabilitation Cabrini Aged Care Education
 Research Other (Please state)

Please find enclosed my

Cheque (payable to Cabrini Foundation) Money Order

Or debit my credit card

Visa Mastercard Amex

Card number

Expiry / /

Cardholder name

Signature

Donations of \$2 or more are tax deductible

Please send me more information on

Making a regular gift by direct debit
 Leaving a bequest to Cabrini in my Will

Cabrini respects your privacy

Please tick this box if you do not wish to receive further mailings from us

Cabrini Foundation ABN 33 370 684 005
 183 Wattletree Road, Malvern, Vic 3144
 Ph: 03 9508 1380 www.cabrini.com.au





RADIATION THERAPY COMES TO CABRINI

Radiation therapy is an integral part of treatment for many cancers. Until now the treatment has not been available at Cabrini but that's about to change.

GenesisCare, Cabrini's partner in the delivery of radiation therapy, began construction of an interim service facility in April 2017 within the grounds of Cabrini Malvern. The service will open at the end of August. A linear accelerator, which drives the radiation beams will be housed in a bunker, surrounded by one-metre thick concrete walls.

"It is painless and often used together with surgery, chemotherapy and immunotherapy to treat a wide range of cancers..."

Modern radiation therapy precisely targets cancer cells to either destroy them or damage them to stop their growth or spread. It is painless and often used together with surgery, chemotherapy and immunotherapy to treat a wide range of cancers. Once the new clinical building is completed in 2019, a permanent radiation

therapy service will open with two linear accelerators.

PET SCANNER

Another addition to cancer treatment at Cabrini will be a PET scanner (PET stands for positron emission tomography) used predominantly to detect cancer.

Radioactive tracers are injected into the vein of a person's arm and highlight areas of increased metabolic activity, including tumour deposits. It can track how well the cancer is responding to chemotherapy and whether tumours are shrinking or spreading.

The PET scanner will be installed at Cabrini Medical Imaging.

Both the radiotherapy and the PET scanner will be the culmination of our plans to provide a comprehensive cancer centre serving both Cabrini's oncology patients and the wider community.