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The mission of CORE is to understand the disease of obesity and to identify optimal methods for its long-term management that are safe and cost-effective, along with developing preventive strategies that can be implemented in the community, leading to improved health.

Director's report



Professor Paul O'Brien, Director,
Centre for Obesity Research and Education

The mission of CORE which is to understand the disease of obesity and to identify optimal methods for safe, cost-effective, long-term management, along with preventive strategies that can be implemented in the community leading to improved health. As CORE completes its second full year, I believe we are moving well towards that mission.

A key strength of CORE has been its ability to differentiate itself from other obesity research groups by applying a multidisciplinary approach to the study and management of obesity. This approach integrates a major clinical obesity management program with strengths in clinical research, clinical epidemiology, public health, basic sciences and professional and community education. Through this integration, CORE provides a unique capacity to measure the health consequences of obesity and to evaluate the health benefits of weight loss.

The patient is at the centre of all our studies. We study all aspects of obesity including its basic sciences, clinical sciences, public health and health economics insofar as they can be related to patients. We perform studies at a cellular, biochemical or molecular level of patient samples. We perform many clinical investigative studies which seek to understand better the mechanisms of the disease of obesity and its comorbidities, the pathways of the beneficial effects of treatment and the avoidance of harm to the patient. We perform clinical studies to measure the harmful effects of obesity on health and the health benefits of weight loss. We study the costs of obesity to the community including actual costs, health costs, reduction of quality of life and length of life and compare these with the costs after weight loss.

There are more than 50 individual research projects in preparation or in progress and these are summarised later in the report. To do this we now have 12 staff whose primary research commitment is to CORE and, most importantly, a further 20 members of the Monash University and 40 members of other academic centres in Australia and overseas with whom we are collaborating in these research studies. This extensive collaboration provides a special strength to CORE. The funding for our research is now well over \$1 million dollars

per year. It is derived from industry, most particularly Inamed Corporation, from NHMRC and from foundations. Funding commitments currently in place will support our existing staff and programs into 2010.

Research matters

It has been our most productive year in research with a total of 17 papers published during the year, 14 of which were subject to peer review. These reports included three randomised controlled trials. We have a number of further RCTs at various stages of completion. CORE is now the leading research group in the world in providing data from randomised controlled trials in the area of bariatric surgical care. The publications from CORE have generally been in the top ranking journals. The mean impact factor for the last 20 publications was 5.03.

A growing component of CORE's activities is the analysis of the cost-effectiveness of weight loss strategies in specific target populations. Such information is essential for governments to make considered decisions about which clinical practice strategies to support. One current example of this is CORE's current liaison with the Victorian Dept of Human Services ACE-Obesity project, comparing the costs-effectiveness of various strategies for the reduction of obesity in children and adolescents.

Teaching and training

CORE has a strong ability to get new information from our studies to clinicians around the world. The centre's two principal clinicians have been extensively involved in national and international postgraduate medical education, having conducted 13 postgraduate training courses and given a total of more than 60 presentations at scientific meetings in the USA, Europe, Asia-Pacific and South America during 2005.

Paul O'Brien was Course Director for three Advanced Training courses and three Basic Training courses in Lap-Band® placement and patient care during the year and John Dixon was a contributor to each of these courses. John also provided seven Patient Management courses. In addition to the presentations at these courses, members

of CORE staff gave a total of 62 presentations to national or international scientific meetings during the year.

The CORE Education Strategy Workshop was held on 24th November. The workshop was officially opened by Senator Guy Barnett, a Liberal Senator from Tasmania with a strong commitment to tackling the problem of obesity. The workshop brought together professionals from around Australia who have expertise in obesity education. The aim of the workshop was to identify the key educational needs in the area of obesity and to select from these needs those which CORE could champion.

The workshop was an interactive day and involved presentations by leaders in obesity education as well as group discussions. There was a vast wealth of information gathered during the day and this has been brought together into a report which includes a commitment to an action plan. Implementation of the will proceed during 2006.

In 2005 there have been some significant upgrades in the facilities at The Avenue Hospital. The laparoscopic and video equipment was upgraded, with good support by the Stryker Corporation, to improve the quality of images available in operating theatre. This has also resulted in an improvement in the image quality that is provided from the theatre to the teaching area. More recently, a state-of-the-art teleconferencing system was installed in theatre and we can now provide this same level of image quality, and therefore teaching, anywhere in the world. We first utilised in November with a live demonstration of Lap-Band® placement and a PowerPoint presentation as part of the LIMIT Bariatric Surgery Course in Leeds, UK. We received strongly positive feedback from this demonstration which proves how beneficial this equipment can and will be for the future, allowing us to contribute with ease and effectiveness to educational programs around the world without us needing to leave Melbourne.

Our fellowship program was very successful and busy in 2005. Paul Thodiyil completed a three month fellowship before his return to the University of Pittsburgh as a bariatric surgeon. We also had Dr Masayuki Ohta, a colleague of Dr Sergei Kitano, the world leader in laparoscopic gastric resections for cancer, from Japan. Dr Chris Coburn from Toronto, Canada. Both completed 5 days fellowships. Dr. Cristian Martinez from Santiago, Chile completed a 10 day fellowship as a part of a 6 month training fellowship with Dr Marcos Berry. This arose from the Associates of CORE program. So too did the 2 week visit and fellowship by Dr Luis Berti, a colleague of Dr Arthur Garrido in Sao Paulo, Brazil. Dr Joe D'Onofrio from Adelaide completed a 5 day fellowship in December.

Dr Veronica Alvarez, from Santiago, Chile has also continued with a Research Fellowship. She has been with us since November 2004 and is due to return home to Chile in February 2006. Her research studies have included satiety and the brain, body composition changes after Lap-Band® placement, body composition techniques and the changes of bone metabolism with weight loss. This program has been a very positive experience for both Veronica and the team at CORE and has created an active liaison between the clinicians in Chile and CORE for continuing these research programs.

CORE was well represented at the ASSO and OSSANZ conferences this year. At the OSSANZ conferences we had 5 staff members give papers on various topics and all the research was well received and discussed by the delegates. At the ASSO conference we had 4 staff making presentations with Susie Colles winning the Award of Merit for Best Oral Presentation by a Student.

CORE has been fortunate in being involved in an area of major clinical importance, an area increasingly recognised as deserving of attention from governments, health care providers and the medical profession. CORE has also been fortunate in having available to it a large group of patients suffering from the problem of obesity and its comorbidities and having a uniquely effective methods for achieving substantial weight loss. In combination with the excellent support of a broad group of collaborators, we intend to continue to maximize the research and educational opportunities presented to us through this good fortune.

**Professor Paul O'Brien
Director**

Our purpose

The Disease

Obesity and overweight now affects approximately 7 million Australians. More men than women are overweight (67% compared to 52%), however more women than men are obese (22% compared to 18%). It is anticipated that at the current rate of increase, by 2020 75% of the population will be overweight or obese and 65% of the young Australians will be overweight or obese.

Obesity is the primary cause, or a major contributor to, a myriad of chronic conditions and diseases including:

- Insulin resistance
- High blood pressure
- Cardiovascular disease
- Stroke
- Particular cancers such as breast, endometrial and colon
- Type 2 diabetes (non-insulin dependent diabetes mellitus)
- Polycystic ovarian syndrome
- Musculoskeletal problems such as osteoarthritis and back pain
- Stress incontinence
- Depression

The extent of costs of obesity in Australia amounts to approximately \$1.3 billion annually.

Our mission and strategy

The Centre for Obesity Research and Education (CORE) was established by Monash University in November 2003 to better understand the disease of obesity, obesity-related diseases and psychosocial conditions, and to identify optimal methods for the safe, cost-effective, long-term management of obesity, coupled with preventive strategies that can be implemented in the community leading to improved health.

CORE is unique in applying a multidisciplinary approach to the study of obesity which integrates a major clinical obesity management program with strengths in clinical research, clinical epidemiology, public health, basic sciences and professional and community education. Through this integration, CORE is able to measure the health consequences of obesity, along with the unique capacity to evaluate the health benefits of weight loss.



It is anticipated that at the current rate of increase, by 2020 75% of the population will be overweight or obese and 65% of the young Australians will be overweight or obese.

Operational overview

It is envisaged that the operational structure of CORE will evolve greatly over 2006 with the aim of appointing an official Scientific Advisory Board and Governing Board.

CORE continues to operate within the Monash University's Faculty of Medicine, Nursing and Health Sciences, whilst being administratively based within the Central and Eastern Clinical School, reporting directly to the Head of Department (Professor Napier Thomson). The centre is geographically based at the Monash Medical Centre at The Alfred Hospital, Melbourne.

The structure of CORE is based on two divisions – a Research Division and an Education Division. Each division is made up of selected programs that are headed by academic leaders in that field.

The Executive Team

The centre is lead by an Executive Team that integrates the essential scientific disciplines necessary for obesity research and education. The Director (Professor Paul O'Brien) along with each of the Program Heads and the Commercial Manager form the Executive Team.



Professor Paul O'Brien is Director of the Centre for Obesity Research and Education. His areas of expertise include: The morbidity of obesity and the health benefits of weight loss; laparoscopic

adjustable gastric banding procedures; treatments for obesity and their relative effectiveness; effects of obesity and weight loss on survival.



Associate Professor John Dixon is Head and of Clinical Studies in the Centre for Obesity Research and Education, and a Senior Research Fellow of Monash University. His areas of expertise include: Health

changes with weight loss and the problems of obesity-related disorders including: type 2 diabetes, insulin resistance, hypertension, infertility, polycystic ovary syndrome, problems with pregnancy, sleep disturbance, lung function, and asthma; quality of life; depression; body image; nutrition.



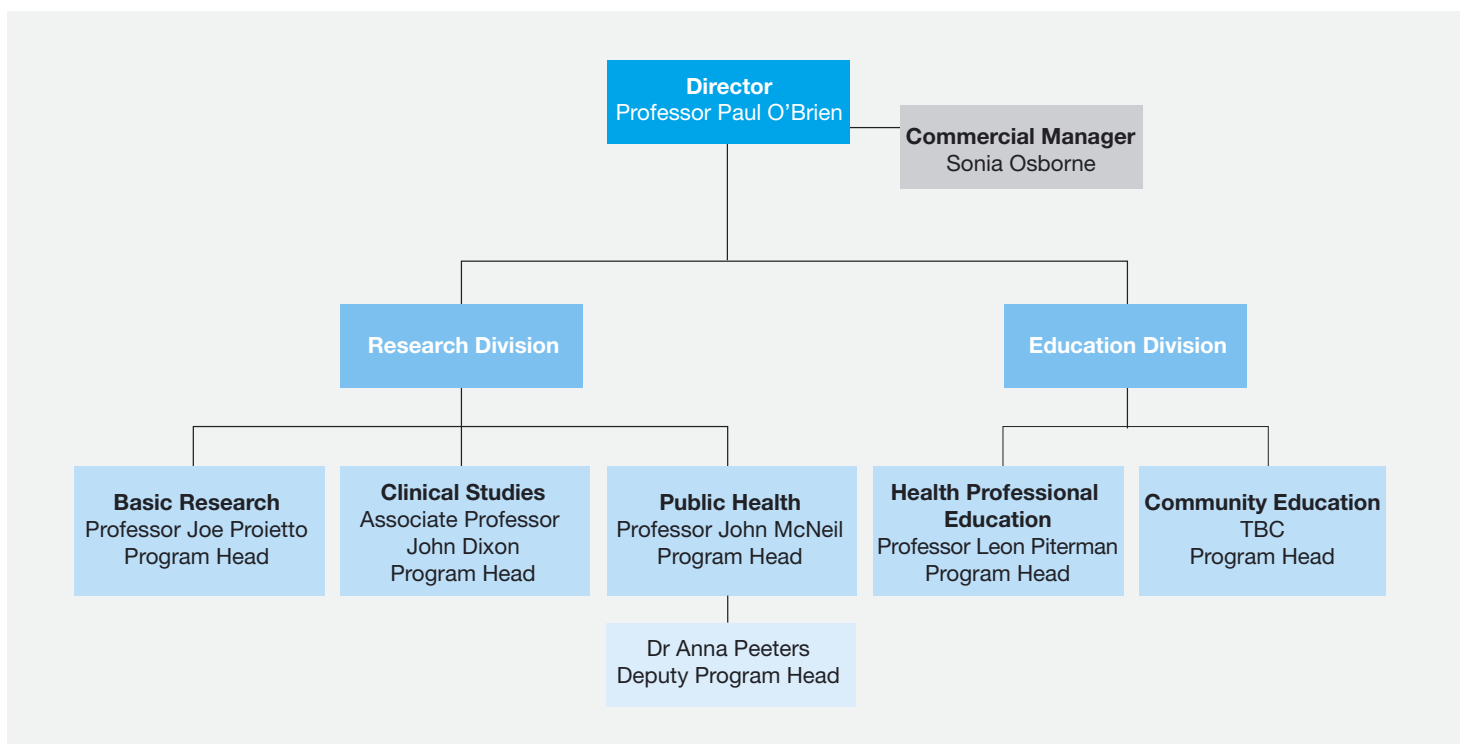
Professor John McNeil is Head of Public Health Studies in the Centre for Obesity Research and Education, and the Head of Epidemiology and Preventive Medicine at Monash University. His areas of

expertise include: cardiovascular epidemiology, public health, drug safety, toxicology and clinical pharmacology.



Dr Anna Peeters is the Deputy Head of the Public Health Studies at CORE, and a VicHealth Research Fellow in the Department of Epidemiology and Preventative Medicine at Monash University. Her areas of expertise are chronic

disease, aging and medical demography, with particular focus on the population implications of overweight and cardiovascular disease.





Professor Joe Proietto is Head of Basic Research in the Centre for Obesity Research and Education, and a Professor of Medicine at the University of Melbourne. His areas of expertise include: genetics

of obesity, clinical trials and mechanisms of disease.



Professor Leon Piterman is Head of Professional Education in the Centre for Obesity Research and Education, and the Head of the School of Primary Health Care at Monash University.

His areas of expertise include: clinical and educational issues related to general practice. He has special interests in distance learning, cardiovascular disease and mental health.



Sonia Osborne is Commercial Manager in the Centre for Obesity Research and Education Monash University. Sonia has joined CORE after 12 years blue-chip marketing management experience in the corporate sector.

The structure of CORE is based on two divisions – a Research Division and an Education Division. Each division is made up of selected programs that are headed by academic leaders in that field.



Collaborations

A unique feature of CORE is its established collaborative links to expertise in several relevant clinical, public health and basic medical science areas which ensures the optimal quality of research studies. Establishing and building collaborative partnerships continues to remain a high priority and focus for the centre.

Working with Government

CORE held an Obesity Education Strategy workshop in November which was officially opened by Senator Guy Barnett, a liberal Senator from Tasmania who is a member of the Australian Government's Health and Ageing Policy committee. Senator Guy Barnett has a strong commitment to tackling the problem of obesity and the workshop provided the opportunity for CORE and the government to start building a collaborative working relationship.

Senator Guy Barnett also chaired the Australian Obesity Forum 2005 in December (Canberra), to which Professor Paul O'Brien accepted the invitation to attend and contribute.



Collaborative working relationships

Monash University Associates

- Dr Michael Bailey – Research Assistant, Department of Epidemiology and Preventative Medicine, The Alfred Hospital
- Associate Professor Flavia Cicuttini – Head of Rheumatology, Department of Epidemiology and Preventative Medicine, The Alfred Hospital
- Dr Anne Corbould – Research Officer, Prince Henry's Institute of Medical Research
- Andrew Dixon – Medical Student, Department of Surgery
- Associate Professor Andrew Forbes – Department of Epidemiology and Preventative Medicine, The Alfred Hospital
- Ms Belinda Henry – Research Officer, CJ Martin Fellow, Prince Henry's Institute of Medical Research, Monash Medical Centre
- Professor Paul Komesaroff, Department of Medicine, The Alfred Hospital

- Professor Gab Kovacs – Department of Obstetrics and Gynaecology, Faculty of Medicine; Director of Obstetrics and Gynaecology, Box Hill Hospital
- Professor Jayashri Kulkarni – Director of Alfred Psychiatry Research Centre, School of Psychology, Psychiatry and Psychological Medicine, Monash Medical Centre
- Dr Gavin Lambert – Biochemist, Heart Research Unit, Human Neurotransmitter Lab, Baker Heart Research Institute
- Dr Sharon Marks – Consultant Physician in Clinical nutrition, Monash Medical Centre
- Associate Professor Matthew Naughton – Respiratory Physician and Sleep Disorder Specialist, Respiratory Medicine, Department of Medicine, The Alfred Hospital
- Professor Brian Oldfield – Department of Physiology, Monash University
- Associate Professor Boyd Strauss – Head of Body Composition Laboratory, Department of Medicine, Monash Medical Centre
- Associate Professor Malcolm Riley – Epidemiologist and Dietician, Department of Medicine, Nutrition and Dietetics Unit, Monash Medical Centre
- Dr Helena Teede – Endocrinologist and Research Academic, Vascular Research Group, Department of Medicine, Monash Medical Centre
- Dr Gisela Wilcox – Consultant Physician, Clinical Nutrition and Metabolic Unit, Department of Medicine, Monash Medical Centre
- Dr Anita Wluka – Post Doctoral Fellow and Rheumatologist, Baker Heart Centre and Department of Epidemiology and Preventative Medicine (Rheumatology Unit), Monash University, The Alfred Hospital

External Associates

- Professor Peter Angus – Director of Gastroenterology and Hepatology and Medical Director of Liver Transplantation Liver studies, Gastroenterology and Liver Transplantation, University of Melbourne, Austin Hospital.
- Dr Kylie Ball – Senior Research Fellow, Centre for Physical Activity and Nutrition Research, School of Exercise & Nutrition Sciences, Deakin University.

- Professor Louise Baur – Discipline of Paediatrics and Child Health University of Sydney; Co-Director, NSW Centre for Overweight and Obesity Consultant Paediatrician and Specialist in Clinical Nutrition, The Children’s Hospital at Westmead, NSW.
- Dr Colin Bell – Senior Research Fellow, Centre for Physical Activity and Nutrition Research, School of Exercise and Nutrition Sciences, Deakin University.
- Professor Prithi Bhathal – Histopathologist, Pathology, University of Melbourne.
- Associate Professor David Cameron-Smith – Senior Lecturer, School of Exercise and Nutrition Sciences, Centre for Physical Activity and Nutrition Research, Deakin University
- Associate Professor Robert Carter – Deputy Director, Program Evaluation Unit, School of Population Health and Head of Health Economics, Melbourne University.
- Dr Leon Chapman – Specialist Physician, International Diabetes Institute
- Emeritus Professor Derek Denton – The Howard Florey Institute, University of Melbourne.
- Dr Peter Clifton – Director of Nutrition, CSIRO.
- Professor David Crawford – Centre for Physical Activity and Nutrition Research, School of Exercise and Nutrition Sciences, Deakin University.
- Dr Maria Teresa Dawson – Senior Project and Policy Coordinator, Health Issues Centre, Latrobe University.
- Dr Jacqui Dobson – Gastroenterologist, Gastroenterology and Liver Transplantation, University of Melbourne – Austin Hospital.
- Professor Dawn DeWitt – School of Rural Health, University of Melbourne
- Associate Professor Gary Egan – The Howard Florey Institute of Experimental Physiology and Medicine, University of Melbourne.
- Dr Michael Farrell, Senior Research Officer Neuroimaging and Informatics, The Howard Florey Institute, University of Melbourne.
- Nanette Gerlach – Paediatric psychologist – Royal Children’s Hospital
- Dr Julie Jonsson – Scientist (Liver studies), University of Queensland, PA Hospital.
- Dr Rachael Knight – Consultant Gynaecologist, Polycystic ovary syndrome – Obstetrics, Royal Women’s Hospital.
- Dr Carel Le Roux – Honorary Clinical Research Fellow, Division of Investigative Science, Medicine, Imperial College, London.
- Paul Marks – Radiological Imaging, Mayne Health Diagnostic Imaging
- Associate Professor Elizabeth Powell – Hepatologist, University of Queensland, PA Hospital.
- Dr Andrew McAinch, Research Dietician and Postdoctoral Fellow - Skeletal muscle/Diabetes Studies – University of Adelaide.
- David Menzies, Information Services Manager, Kinect Australia.
- Associate Professor Margaret Morris – Deputy Head of Department and Associate Professor of the Neuroendocrine Pharmacology Laboratory, Department of Pharmacology, Melbourne University
- Professor Susan Sawyer – Centre for Adolescent Health, Royal Children’s Hospital, The University of Melbourne.
- Dr Kate Stern – Polycystic ovary syndrome, Obstetrics, Royal Women’s Hospital
- Professor Boyd Swinburn – Professor of Population Health, School of Exercise and Nutrition Sciences, Deakin University.
- Associate Professor John Tiller – Director of the Academic Psychiatry Unit, The Albert Road Clinic, University of Melbourne.
- Dr Friederike Veit – Specialist Physician and clinician, Centre for Adolescent Health, Royal Children’s Hospital, The University of Melbourne.
- Associate Professor Melissa Wake – Director Research and Public Health, Centre for Community Child Health, Royal Children’s Hospital.



Centre for Bariatric Surgery Clinical Associates

- Dr Peter Baquie – Sports Medicine Physician, Centre for Bariatric Surgery
- Mr Stephen Blamey – Surgeon, Centre for Bariatric Surgery
- Miss Wendy Brown – Surgeon, Centre for Bariatric Surgery and Cabrini Medical Centre and Senior Lecturer, Department of Surgery, The Monash Medical Centre, The Alfred Hospital
- Dr Tony Burn – Anaesthetist, Centre for Bariatric Surgery & Regional Anaesthetics
- Dr Jenny Carden – Anaesthetist, Victorian Anaesthetic Group
- Mr Gary Crosthwaite – Surgeon, Centre for Bariatric Surgery
- Dr Anna Korin – Physician, Follow-up programs, Centre for Bariatric Surgery
- Dr Audrey Kotzander – Physician, Follow-up programs, Centre for Bariatric Surgery
- Dr Linda Schachter – Respiratory Physician, Centre for Bariatric Surgery
- Mr Stewart Skinner – Surgeon, Centre for Bariatric Surgery and Cabrini Medical Centre and Senior Lecturer, Department of Surgery, The Monash Medical Centre, The Alfred Hospital
- Mr Andrew Smith – Surgeon, Centre for Bariatric Surgery

Marketing initiatives

Seminar series

The “CORE Seminar Series” was a new initiative launched in 2005. The series ran on a bi-monthly basis, and provided the unique opportunity for the professional community at large to keep abreast of current issues and research relating to obesity through attending lectures given by renowned research professionals.

The seminars held over 2005 included:

11 April: Professor Boyd Swinburn (MB ChB, MD, FRACP)
Professor of Population Health
School of Exercise and Nutrition Sciences
Deakin University
“Obesity prevention in Victoria: Current status and future directions”

16 June: Professor Louise Baur
Professor, Discipline of Paediatrics
and Child Health University of Sydney
Co-Director, NSW Centre for

Overweight and Obesity
Consultant Paediatrician and Specialist
in Clinical Nutrition
The Children’s Hospital at Westmead, NSW
“The rising challenge of childhood obesity”

11 August: Presenter: Dr Peter Clifton (MBBS, B Med Sci, FRACP, MRCP, PhD)
Research Director
Nutrition, obesity and related conditions
CSIRO Health Sciences and Nutrition
“Dieting and weight loss: Low carbohydrate diets, are they really that bad?”

17 November: Presenter: Professor Joseph Proietto (MB BS, FRACP, PhD)
The Sir Edward Dunlop Medical Research
Foundation Professor of Medicine,
University of Melbourne
Head, Weight Control Clinic, Austin Health
Chair, Program Organising Committee,
10th International
Congress of Obesity 2006
“Obesity: The role of genes in cause and cure”

Talks at the Table

The “CORE Talks at the Table” was a large success in 2005 with continued growth in popularity and attendance from a variety of research fields and institutions. “Talks at the Table” invites collaborative partners to join fellow researchers for an evening of short presentations, given by 3 guest speakers, each covering one of the obesity research programs (Basic Research, Clinical Studies or Public Health). The evening is held at a local hotel and sponsored to include an evening meal and beverages which provide the opportunity to develop greater working relationships and research opportunities.

23 March 2005: Sponsored by Inamed Health

Associate Professor Margaret Morris
Head, Neuroendocrine Pharmacology
Laboratory
Department of Pharmacology,
University of Melbourne
“Modelling central and peripheral changes in obesity – useful insights from animal models”

Susan Colles BAppSci
Dietician, PhD Candidate
Australian Centre for Obesity Research
(CORE), Monash University
“Eating disorders and obesity”

Dr Kylie Ball, Senior Research Fellow
NHMRC/National Heart Foundation Career
Development Award
Centre for Physical Activity and Nutrition
Research, Deakin University
“A greater challenge for some:
socioeconomic disadvantage and obesity”

26 May 2005: Sponsored by Stryker Corporation

Associate Professor David Cameron-Smith
School of Nutrition and Exercise Sciences,
Deakin University
“Skeletal muscle – Metabolic and molecular flexibility in human obesity”

Associate Professor Jonathan Shaw
Deputy Director International Diabetes
Institute
“A new global definition of the Metabolic Syndrome – Obesity takes centre stage”





Associate Professor John Dixon
Clinical Studies Program Head; Senior
Research Fellow Centre for Obesity
Research (CORE), Monash University
“Metabolic Syndrome an expanded
clinical entity”

28 July 2005:
Sponsored by Roche Products

Boyd J.G. Strauss MBBS PhD FRACP
Associate Professor of Medicine,
Monash University
Director of Clinical Nutrition and Metabolism
Physician-in-Charge, Body Composition
Laboratory (Monash Medical Centre)
“Measuring human fat stores”

Joanne Williams, BSc(Hons),
M App Epid, PhD
Senior Research Fellow, Centre for
Community Child Health, Murdoch
Childrens Research Institute
“The PEAS Kids Growth study –
monitoring adiposity rebound”

Professor Brian Oldfield
NHMRC Principal Research Fellow
Department of Physiology,
Monash University
“Energy expenditure – the other side of the
equation”

22 September 2005:
Sponsored by sanofi-aventis Group

Associate Professor Melissa Wake
MBChB, FRACP, MD
University of Melbourne (Paediatrics) and
Murdoch Childrens Research Institute
Director (Research and Public Health),
Centre for Community Child Health,
Royal Children’s Hospital
“The Health of Young Victorians Study
(HOYVS)”

Dr Anne Corbould MBBS Hons, FRACP,
PhD
Senior Research Officer, Prince Henry’s
Institute of Medical Research
Endocrinologist, Monash Medical Centre
“The secret life of the fat cell:

Dr Anita Wluka MBBS, FRACP, PhD
Research Fellow, DEPM, NHMRC Public
Health Fellow, Baker Heart Research
Institute
“The fat on the joint”

6 December, 2005:
Sponsored by Tyco Healthcare

Dr Rachael Knight
Head, Polycystic Ovarian Syndrome Clinic,
Royal Women’s Hospital Polycystic
“Ovarian syndrome and fertility: Clinical
outcomes of the Big Girls Group”

Dr Ken Walder
Deputy Head, Metabolic Research Unit,
Deakin University
Senior Director of Research and
Development, ChemGenex Pharmaceuticals
“Finding genes for obesity”

Professor David Crawford
Head, Centre for Physical Activity and
Nutrition Research, Deakin University
“Family and neighbourhood influences on
children’s obesity – the CLAN study”

Visitors to the centre

- Dr Masayuki Ohta –
Oita University, Japan
- Dr Chris Coburn –
Toronto, Canada
- Dr Dan Jones –
James IV Travelling Fellow
- Dr Brad Warner –
James IV Travelling Fellow
- Kathryn Higgins –
Eisenhower Fellowship

The Divisions: The Research Division

The Research Division of CORE functions in accordance with three principle areas of study: Basic Research, Clinical Studies and Public Health.

Basic Research

- Program Head: Professor Joe Proietto
- Areas of Study
 - Weight Regulation – appetite control and energy expenditure
 - Genetic factors in obesity
 - Developmental pharmacotherapy
 - Mechanisms of disease

Clinical Studies

- Program Head: Associate Professor John Dixon
- Deputy Program Head: Miss Wendy Brown
- Areas of Study
 - Randomised controlled trials
 - Observational studies
 - Optimizing therapy
 - Measuring outcomes – health, QOL, survival

Clinical Studies is supported by the following team of staff:

- Dr Timothy Chaston (Research Assistant)
- Julie Playfair (Clinical Research Nurse)
- Cheryl Laurie (Clinical Research Nurse)
- Maureen Dixon (Research Assistant)
- Margaret Anderson (Research Assistant)
- Melissa Hayden (Research Assistant)
- Susan Colles (PhD Candidate/Dietician)
- Melanie McGrice (Dietician)
- Dr Veronica Alvarez-Vliegenthart (Visiting Research Fellow)
- Freya Troedel (Office Manager)

Public Health

- Program Head: Professor John McNeil
- Deputy Program Head: Dr Anna Peeters
- Areas of Study
 - Population health
 - Prevention of obesity – primary and secondary
 - Registries
 - Epidemiological modelling
 - Cost-effectiveness and health economic studies
 - Clinical trials



NHRMC funding

In establishing ourselves as an academic research institute, gaining the formalised support and funding of the NHMRC has been at the forefront of our priorities and focus.

In 2005, CORE was awarded its first NHMRC grant for: “A randomised control trial of medical treatment versus the placement of the Lap-Band® in severely obese adolescents”.

The \$157,700pa funding for the grant runs for a 3-year period (2006–2008).

Adolescent Obesity is a very important area of study for CORE. The study is assessing

treatments for obese adolescents aged 14 to 18, and has already revealed disturbing levels of associated health problems including high blood pressure, abnormal liver tests and a greater tendency towards diabetes, in people as young as 14.

The study aims to assess the best treatment options for young people who are in the highest one to two per cent weight range for their age and who have made serious attempts at losing weight. Generally, girls above 85 kilograms and boys above 100 kilograms are in the top two per cent.

Adolescents taking part in the study are divided into two groups and either undergo Lap-Band® surgery (where a ring of silicone

is placed around the top of the stomach), combined with improved diet and exercise; or follow an intensive behavioural program with regular visits to a dietician and physician for tips on improved eating and physical activity habits. The study follows participants for two years to assess the long-term impact of the treatments.

Current research studies

The following are a series of summaries of some of the research studies currently being undertaken by CORE. This overview highlights the most significant studies, or groups of studies.

Randomised Controlled Trials (RCTs)

Medical versus Surgical Therapy for Obesity.

This study addresses a critical issue in assessing the future directions of treatments for obesity. Although there are many observational studies indicating a greater effectiveness of bariatric surgery, this has not yet been confirmed by a RCT. This study is complete. It has been presented at international scientific meetings and has been submitted for publication.

Medical versus Surgical Therapy for the Obese Type 2 Diabetic.

With around 1 million Australians suffering type 2 diabetes, and most of them overweight, there is a need to test whether substantial weight loss can reverse this serious disease. This trial commenced 30 months ago. All patients have been entered into the study and several have completed the two year follow up. The study will be complete by Nov 2006.

Medical versus Surgical Therapy for the Obese Adolescent.

7% of adolescents in Australia are obese. They may suffer serious health problems such as diabetes, hypertension, sleep apnoea and asthma. They may be compromised in their psychosocial and educational development and seriously compromise their futures. This trial has commenced in early 2005 to identify the best option for them.

Medical versus Surgical Therapy for Obstructive Sleep Apnoea

Obstructive sleep apnoea is one of the diseases which is linked to the metabolic

With around 1 million Australians suffering type 2 diabetes, and most of them overweight, there is a need to test whether substantial weight loss can reverse this serious disease.

syndrome. Observational studies suggest that substantial weight loss will cure this problem. This RCT is structured to test that option. Recruitment for the study commenced in mid 2005.

Medical versus Surgical Therapy for Polycystic Ovary Syndrome (PCOS)

PCOS is a major cause for infertility, a probable part of the metabolic syndrome, and has only recently been recognised as a common problem being present in more than 25% of morbidly obese women. The protocol for this RCT is currently being prepared with the plan to commence recruitment in the early part of 2006.

Other RCTs in the early stage of protocol preparation include comparisons of medical versus surgical therapy for depression, non-alcoholic steatohepatitis and asthma.

Observational Studies of Health Outcomes after Lap-Band® Placement Long-term Survival after Lap-Band® Placement

A key aim of treating obesity is to improve survival. In this study the late mortality of 1505 patients after Lap-Band® placement are compared with a cohort of 2105 obese people drawn from the community in Melbourne who have not had significant weight loss. This study has been completed.

Pregnancy after Lap-Band® Placement

One hundred pregnancies have now occurred in 79 women after Lap-Band® placement. The data relating to these women and infants has been analysed with regard to changes in fertility, antenatal and perinatal events and neonatal health. The outcomes are compared to pregnancies by these women before weight loss, pregnancies by other severely obese women and community norms for Victoria. A report of the results was published in 2005.



Asthma

Following an earlier study of the effect of Lap-Band® placement on asthma, this study focuses on the incidence of acute exacerbations of asthma needing hospital attendance or admission. A consecutive series of 40 moderate or severe asthmatics have been included and each has had clinical review, respiratory function tests and completed a questionnaire.

Knee Pain

The weight bearing joints carry an added load in the severely obese and degenerative disease is common. This study involves a clinical and radiological evaluation of the knees of symptomatic patients before the Lap-Band®, and at 6 months, one year and two years after Lap-Band® placement. More than 80 of a planned 100 patients have been admitted to this study so far.

Respiratory Function and Weight Loss

The data in this area is being studied in several ways. First, almost all patients have had respiratory function tests (RFTs) prior to Lap-Band® placement and many hundreds have had those tests repeated at annual follow ups. The changes which have occurred are being analysed. Second, some of these patients will be completing a 5 year follow up point and specific analysis at this time will be made. Third, patients in the BMI 30-35 RCT had a detailed assessment of respiratory function which is now being analysed in relation to each patient's body composition at the start and the end of the trial.



Studies of Mechanisms of Obesity and its Co-morbidities and Therapies

Satiety

The key mechanism of the Lap-Band® in generating weight loss is the inducement of satiety, the sense of lack of hunger. The pathways through which this is achieved, the time characteristics of the change in satiety with adjustment of the band and the central nervous system sites of action are being investigated by clinical studies, hormonal studies and by brain MRI during band adjustment.

Metabolic syndrome, visceral obesity and insulin resistance.

We hypothesize that increased release of inflammatory mediators from visceral fat macrophages are a significant part of the pathogenesis of the metabolic syndrome and insulin resistance. Studies of samples of visceral fat, subcutaneous fat and blood are being undertaken to explore this hypothesis using flow cytometry, histology, immunohistochemistry and RNA microarray analysis.

Androgens, anti-androgens, adipokines and the metabolic syndrome in women

The relationships between insulin signalling, androgens, inflammation and non-alcoholic fatty liver disease (NAFLD) are being studied in samples of liver, blood, visceral fat and subcutaneous fat from obese premenopausal women.

Non-alcoholic steatohepatitis

There has been a sequence of studies characterizing the effects of obesity on NAFLD and NASH and identifying the changes in these effects which occur with weight loss. These studies are continuing with increasing focus on the aetiology of the inflammatory and fibrotic changes and their relationship to visceral adipose tissue and its release of inflammatory mediators.

Studies of Lifestyle, Diet and Exercise

Eating behaviour and weight loss

Eating behaviour and exercise patterns are being reviewed in a consecutive series of patients having the Lap-Band® procedure. Evaluation of these results may provide insight into predictors of weight loss after operation. There are two accepted eating disorders in the obese – binge eating disorder and night eating syndrome. The prevalence of these disorders and their relationship to outcomes after Lap-Band® placement are being measured.

Very Low Calorie Diets (VLCDs)

VLCDs provide a powerful non-surgical method for achieving significant short term weight loss. We have been studying VLCDs as a part of the BMI 30-35 study. Hepatomegaly and excess intraabdominal fat are common features of the preoperative massively obese and we have been characterizing the effect of VLCD on liver size and visceral fat volume during the preoperative period. The effect of VLCD on NASH is being measured by liver biopsy before and after weight loss.

Body Composition

A key part of the BMI 30-35 study was the measurement of the changes in body fat and protein. This comprehensive body composition study has enabled comparison of the effects of surgical and non-surgical weight loss.

Intensive care

Not all patients do well after Lap-Band® placement. Some fail to lose sufficient weight. The intensive care study focuses on these patients, by maximizing attention to their follow up needs, seeking to identify the reversible factors and measuring the likelihood of turning failure into success.

Cost Effectiveness Evaluations

The identification and characterization of safe and effective treatments are no longer sufficient. We must also evaluate the cost of the different options. The randomised controlled trials each have involved the collection of cost data and the cost-effectiveness of the two options for the general obese population (BMI 30-35 study), for diabetics and for adolescents and this is being analysed.

Research Publications

Published:

Laparoscopic adjustable gastric banding induces prolonged satiety: a randomized blind crossover study

Andrew F R Dixon, John B Dixon, Paul E O'Brien
J. Clin Endocrinol. and Metabol 2005; 90:813 – 819

Flaws in methods of evidence-based medicine may adversely affect public health directives

John Kral, John Dixon, Fritz Hober, Stephan Rossner, Sacha Stiles, J S Togerson, Harvey Sugerman
Surgery 2005; 137:279-84

Port and Tubing Complications – An Invited Commentary

Paul O'Brien
Obesity Surgery 2005; 15:366

Surgery as an Effective Early Intervention for Diabetes: Why the reluctance?

Editorial
Dixon JB, Pories WJ, O'Brien P E, Schauer PR, Zimmet P:
Diabetes Care 2005; 28: 472-4

Inequalities in the Provision of Bariatric Surgery for Morbid Obesity in Australia – Letter to the Editor

Peeters A, Cashen RL O'Brien PE
Medical Journal of Australia 2005; 182:598 -99,

Preoxygenation is more effective in the 25° head-up than supine position in severely obese patients

Ben Dixon, John Dixon, Jenny Carden, Tony Burn, Linda Schachter, Julie Playfair, Cheryl Laurie and Paul O'Brien
Anaesthesiology – 2005; 102:1110-1115

A prospective randomized trial of the placement of the laparoscopic adjustable gastric band: A comparison of the perigastric and pars-flaccida pathways

O'Brien PE, Dixon JB, Laurie C, Anderson M
Obesity Surgery 2005; 15:820-6

Permeability of the silicone membrane in laparoscopic adjustable gastric bands has important clinical implications

Dixon JB, and O'Brien PE, Dixon JB, and O'Brien PE,
Obesity Surgery 2005; 15:624-9

Research Update and Opportunities III, 2004 ASBS Consensus Conference

John B Dixon,
Surgery for Obesity and Related Diseases 2005; 1:349- 52

Impaired activation of AMP-kinase signalling and fatty acid oxidation by globular adiponectin in primary myotubes from obese type 2 diabetics

Michael B. Chen, Andrew J. McAinch, S. Lance Macaulay, Laura A. Castelli, Paul E. O'Brien, John B. Dixon, David Cameron-Smith, Bruce E. Kemp and Gregory R. Steinberg
J. Clin Endocrin. Metab. 2005; 90:3665-72

Laparoscopic adjustable gastric banding, 2004 ASBS Consensus Conference

Ponce J, Dixon JB
Surgery of Obesity and Related Disorders 2005; 1: 310-16

Polysomnography before and after weight loss in severely obese patients with severe obstructive sleep apnea

Dixon JB, Schachter LM, O'Brien PE
International Journal of Obesity 2005

Minimal reporting requirements of weight loss: Current methods not ideal

John B. Dixon, Tracey McPhail, and Paul E. O'Brien MD
Obesity Surgery – March 2005

Shoulder pain is a common problem following laparoscopic adjustable gastric band surgery

John B. Dixon MBBS PhD, Yigal Reuben MBBS, Christine Halket RN, and Paul E. O'Brien MD
Obesity Surgery, 2005; 1111-17

Obesity, weight loss and bariatric surgery

Paul O'Brien, Wendy Brown, John Dixon
Medical Journal of Australia – 2005; 183: 310 – 314

Non Alcoholic Fatty Liver Disease: Scoring system needs standardization but are we ready?

John Dixon
Obesity Surgery 2005; 15:1314 - 15

Birth outcomes in obese women following laparoscopic adjustable gastric banding

John B Dixon, Maureen Dixon, Paul O'Brien
Amer J Obstet Gyn 2005; 106: 965-972

Papers in Press:

A prospective randomised trial of surgical and non-surgical therapy for the treatment of obesity

Paul O'Brien, John Dixon, Cheryl Laurie, Stewart Skinner, Joe Proietto, John McNeil, Boyd Strauss, Sharon Marks, Linda Schachter, Leon Chapman, Margaret Anderson.
Annals of Internal Medicine – 2005

Published Abstracts:

Systematic review of medium and long term weight loss after bariatric surgery
Paul O'Brien, Tracey McPhail, John Dixon
Obesity Research 2005; 13:A194

Outcomes of 100 consecutive births in women following laparoscopic adjustable gastric banding

John Dixon, Maureen Dixon, Paul O'Brien
Obesity Research 2005; 13:A14



The Divisions: The Education Division

The development of the Education Division was a key priority for 2005, with the establishment of the Research Division being the priority for 2004. The original structure of the Division still remains.

- Program Head: Professor Leon Piterman
- Areas of Study:

1. Medical and Allied Health Professional Education

- Development and implementation of prevention strategies
- Conducting technical training programs globally
- Conducting educational courses globally
- Designing educational courses for implementation globally by third parties

2. Undergraduate Education

- Curricular development for Medicine and other Health Sciences

3. Academic/Professional Community Education

- “CORE Talks at the Table”
- “CORE Seminar Series”

CORE Education Strategy Development

CORE conducted an Education Strategy Workshop on the 24th November 2005, with the primary purpose of:

- Defining the unmet needs in obesity education for professionals and the community
- Developing an action plan for CORE to contribute to addressing the educational issues relating to obesity.

CORE recognised that there were gaps in obesity education, for both professionals and the community, that are significantly impacting upon the obesity epidemic. Subsequently, the aim of the workshop was to gather together the leaders in obesity education and research to discuss this issue and to try to collaborate and co-ordinate a way forward. The Education Strategy Workshop was also the first step for developing some key target areas for CORE's Educational Division to focus on.

CORE recognised that there were gaps in education, for both professionals and the community, in relation to obesity and that this was significantly impacting upon the obesity epidemic.

The Education Strategy Workshop successfully brought together 52 professionals involved in obesity education from around the country. The workshop was held at “The Royce Hotel”, and was opened by Senator Guy Barnett from Tasmania who is a member of the Australian Government's Health and Ageing Policy committee and on the organising committee for The National Obesity Forum 2005.

The workshop generated a number of other proposals upon which CORE could seek to act. At this stage we will not attempt to do all that is seen to be needed, but we will focus our efforts in areas where most progress can be made.

The key needs which CORE will take on as a priority include:

1. **Need:** Recognition of obesity as a disease.
Action: To work with the Federal Department of Health and Ageing to have:
 - 1) obesity formal recognition of obesity as a disease,
 - 2) obesity included as a chronic disease on the Medical Benefits Schedule
 - 3) obesity recognized as one of the National Health Priority areas.
2. **Need:** To have the disease of obesity assessed as part of routine health assessment.
Action: To develop a campaign for medical practitioners to include the key measures of weight, height and waist circumference as part of the routine health assessment. For example; ‘Know your BMI’ campaign.
3. **Need:** To provide improved information to health care professionals on the morbidity of obesity and the options for management.

Action: To develop educational materials, including educational kits (online, electronic media and traditional media); to contribute to educational programs and have input into educational curricula.

4. **Need:** To encourage improved educational content in the undergraduate and postgraduate programs of relevant health professional courses.

Action: To offer advice and support on the content in the teaching programs for medical, dietetics and nursing undergraduate programs and for medical and allied health professional postgraduate programs.

5. **Need:** To make quality information about the problem of obesity, and the options for treatment, available to the general community.

Action: To be available to the general media as a source of unbiased, scientifically based information and advice.

6. **Need:** To make quality information and advice on matters relating to obesity, its prevention, and treatment available to relevant government departments and statutory bodies.

Action: To act as a source of unbiased, scientifically based information and advice, to balance the advice from professional lobbyists representing various vested interests.

These specific targets will provide CORE with plenty to do. Our ability to proceed with each action will be determined by the availability of resources and collaborations. Very little can be achieved in isolation, and successful completion of any one of these aims will require CORE to work closely with many of the relevant stakeholders.

In summary, these strategies address the broader aims of CORE to:

- Significantly improve the treatment and outcomes of obese individuals
- Reduce the social and economic impact of obesity and its related co-morbidities
- Work towards the recognition of obesity as a disease

National and International Training Courses

The courses

Training of health and medical professionals at both national and international levels continues to be high priority and responsibility for CORE. Professor Paul O'Brien and Associate Professor John Dixon represent CORE in running training programs that broaden the professional community's knowledge base regarding best care and treatment of the bariatric patient.

CORE runs three types of training courses:

Surgical Management of Obesity – Training for Health Professionals (1 Day)

Aim: To provide a comprehensive base of knowledge and techniques for those health professionals, other than surgeons, who are involved in the care of the bariatric patient.

Target: Bariatric physicians, General physicians, Dietitians, Registered nurses, all other health professionals involved in bariatric patient care.

Basic Course in Laparoscopic Adjustable Gastric Banding (2 Days)

Aim: To provide the laparoscopically skilled surgeon with the knowledge and resources needed to establish a safe and effective bariatric practice utilizing the Lap-Band® procedure as the primary approach.

Target: Surgeons – general, or with a special interest in upper gastrointestinal or endocrine surgery.

Advanced Course in Laparoscopic Adjustable Gastric Banding (2 Days)

Aim: To provide the surgeon who has preliminary experience with Lap-Band® placement and care of the Lap-Band® patient with new information on techniques, prevention and treatment of complications, recent published outcome data and detail on management of the challenges presented by these patients.

Target: Surgeons in bariatric surgical practice utilising the Lap-Band® procedure.



2005 activities

Over 2005, CORE conducted the following training programs:

February 23rd: Lap-Band®: Advanced Training Workshop. Tahoe, USA.

Course Director: Paul O'Brien
Faculty: John Dixon

March 15th: Lap-Band®: Surgical Management of Obesity – Training for Health Professionals. Sydney, Australia.

Course Director: John Dixon

April 22nd – 23rd: Lap-Band®: Basic Training Workshop. Melbourne, Australia.

Course Director: Paul O'Brien
Faculty: John Dixon, Wendy Brown, Stewart Skinner, Sonia Osborne, Susie Colles and Anthony Burn

June 25th: Lap-Band®: Surgical Management of Obesity – Training for Health Professionals. Orlando, USA.

Course Director: John Dixon

June 25 – 26th: Lap-Band®: Basic Training Workshop. Orlando, USA.

Faculty: John Dixon

November 11th: Lap-Band®: Surgical Management of Obesity – Training for Health Professionals. Denver, USA.

Course Director: John Dixon

November 15th: Lap-Band®: Surgical Management of Obesity – Training for Health Professionals. Dallas, USA.

Course Director: John Dixon

November 25–26th: Lap-Band®: Surgical Management of Obesity – Training for Health Professionals. Tremblant, Canada.

Course Director: John Dixon

November 29th: Lap-Band®: Surgical Management of Obesity – Training for Health Professionals. London, UK.

Course Director: John Dixon

March 30th: Lap-Band®: Surgical Management of Obesity – Training for Health Professionals. London, UK.

Course Director: John Dixon

December 2nd–3rd: Lap-Band®: Basic Training Workshop. New York, USA.

Course Director: George Fielding and Christine Ren
Faculty: John Dixon and Gio Dugay

Investment in Videoconferencing

Locally, all training courses are conducted in Melbourne out of The Avenue Hospital in Windsor, Victoria. In 2005, significant upgrades were made to the facilities at The Avenue Hospital, in association with Stryker Corporation, to include the installation of a state-of-the-art teleconferencing system. The system allows live images from the Operating Theatre to be sent directly into the conference room, allowing direct interaction between the Surgeon and their audience. In turn, live surgery can be sent externally to another site within Australia or the world.

This new system now allows CORE to run and contribute to educational programs around the world from Melbourne with ease and effectiveness. The equipment was first utilised in November by Professor Paul O'Brien with the demonstration of Lap-Band® placement as part of the LIMIT Bariatric Surgery Course in Leeds, UK. Exceptionally positive feedback was received from this demonstration which proves how beneficial this equipment can be for the future.

Associates of CORE Program and Research Fellowships

The Associates of CORE Program was active and successful in 2005 and continues to grow in importance. The Associates of CORE Program builds international collaborations and assists, by way of research fellowships, in exporting the educational techniques, knowledge and programs which have been established by CORE to other countries. At the same time, it is a development which brings major international clinical centres into some of the research studies currently occurring in Melbourne.

CORE offers three types of research fellowships:

One-Two Week Research Fellowship

Aim: To work with the surgeons and physicians of the Centre for Bariatric Surgery to improve knowledge and specialised technical skills to enhance an existing bariatric surgery practice.

Target: Surgeons who have completed a basic workshop (or its equivalent) and who have commenced or are about to commence a bariatric surgical practice but wish to improve particular aspects of knowledge and skills.

Mini Research Fellowship (up to 3 months)

Aim: To work with the surgeons and physicians of the Centre for Bariatric Surgery to improve technical skills in Lap-Band® placement and the care of the patient before and after the procedure.

Target: Surgical trainees and surgeons who have completed the basic course and wish to improve their laparoscopic surgical skills prior to commencing clinical practice of Lap-Band® placement.

Clinical and Research Fellowship (1–3 years)

Aim: To enable a surgeon or physician with a major interest in obesity and its management to undertake a period of research work leading to a higher degree and, at the same time, a period of clinical work leading to a high level of competence in the assessment and management of patients with severe obesity.

Target: Surgeons and physicians who have completed their specialist training but have not yet become settled into a clinical practice.

During 2005 the following international Associates undertook CORE research or clinical fellowships to build their skill and knowledge base:

- Dr Veronica Alvarez-Vliegenthart: January – December 2005
- Dr Cristian Martinez (Santiago, Chile): 25 July – 5 August 2005
- Dr Paul Thodiyil (Cleveland, USA): 6 July–30 September 2005
- Dr Luis Berti (Sao Paulo, Brazil): 24 – 31 October

CORE's fellowship program also continued to accommodate locally based surgeons, with the following Australian surgeons spending time with CORE:

- Dr Achtung Warrior (Coffs Harbour, Australia): 14-18 March 2005
- Dr Joe D'Onofrio (Adelaide, Australia): 5 – 9 December 2005

National and International Presentations

Professor Paul O'Brien

Advances in Minimally Invasive Surgery for Morbid Obesity, Lake Tahoe. February 24th – 26th 2005.

"Laparoscopic adjustable gastric banding"
"Hiatal hernia and the Superobese"
"Managing prolapse"

Visit to Kuala Lumpur, Malaysia, and Singapore. June 7th – 12th, 2005.

"The challenge of obesity:
Is the Lap-Band® a cure?"
Live surgery – Demonstration of Lap-Band® Placement
"Infertility and Pregnancy – Impact of Lap-Band®"
Presentation to press conference – Raffles Hospital
"The problem of obesity and the Lap-Band® option" – Raffles Hospital
"Obesity and Bariatric Surgery" – Mount Elizabeth Hospital
"Use of Very Low Calorie Diet in Bariatric Surgery" – Alexandra Hospital
Case presentations – Alexandra Hospital
"The Outcomes after Bariatric Surgery in the Morbidly Obese" – Raffles Hospital
Case presentations – Raffles Hospital
Public Forum. "Obesity and Bariatric Surgery: The Lap-Band® Option" – Singapore Conference Centre

Australian Society for the Study of Obesity (ASSO). 14th Annual Scientific Meeting, Adelaide, Australia. 28th – 30th October 2005.

"Bariatric Surgery: When should it be considered?"

Obesity Surgery Society of Australian and New Zealand (OSSANZ). 20th Annual Scientific Meeting. Queensland, Australia. 2nd-5th November 2005.

"Systematic review of medium term weight loss following all Bariatric surgery"
"Erosion of adjustable gastric band is uncommon and benign"
"Bariatric Surgical Training – What is the current training process?"
"Failure after Lap-Band®: The 'Intensive Care' Study"

Approaches to Bariatric Revision Surgery. American Society for Bariatric Surgery (ASBS) Course, Cleveland Clinic. Cleveland, USA. November 11th – 12th 2005.

“Operative approaches to complications of the LAGB”

“Approaches to failure of the LAGB”

“Use of the LAGB for failures of other Bariatric procedures”

Associate Professor John Dixon

Advances in Minimally Invasive Surgery for Morbid Obesity. Lake Tahoe, USA. February 24th – 26th 2005.

“Outcomes of nonsurgical weight loss”

“The gut and control of energy balance”

“Diabetes and surgical weight loss”

American Society for Bariatric Surgery (ASBS) Meeting, Orlando, USA. June 2005.

“The medical management of Obesity”

“Long-term nutritional problems following bariatric surgery”

“The outcomes of 100 consecutive pregnancies to obese women following laparoscopic adjustable gastric band surgery”

Australian Liver Foundation: Inaugural Scientific Meeting, Brisbane, Australia. August, 2005.

“Nonalcoholic fatty liver disease”.

The effect of weight loss on NAFLD – Bariatric surgery”

Queensland Gastroenterology Society Queensland, Australia. August, 2005.

“Bariatric Surgery and interaction with the Gastroenterologist”

International Federation for the Surgery of Obesity (IFSO), Maastricht, Netherlands. September, 2005.

“Medical therapy for Obesity”

“Indications for Bariatric Surgery: Should there be any changes: Comorbidity and ethnicity”

“Minimal reporting requirements for weight loss: Current methods not ideal”

“Shoulder pain is a common problem following laparoscopic adjustable gastric banding”

Ozband Group: 1st Annual Meeting. Canberra, Australia. 1st October 2005.

“The Outcomes of Lap-Band® Surgery”

NAASO, The Obesity Society Meeting. Vancouver, Canada. October 17th – 20th 2005.

“The outcomes of 100 consecutive pregnancies to obese women following laparoscopic adjustable gastric band surgery”

“Systematic review of the medium term weight outcomes of bariatric surgery”

Australian Society for the Study of Obesity (ASSO), 14th Annual Scientific Meeting, Adelaide, Australia. 28th – 30th October 2005.

“The management of severely obese adolescents: Obesity surgery”

“The outcomes in of 100 consecutive pregnancies to obese women following laparoscopic adjustable gastric banding”

Obesity Surgery Society of Australian and New Zealand (OSSANZ), 20th Annual Scientific Meeting. Queensland, Australia. 2nd – 5th November 2005.

“Minimal reporting requirements of weight loss: Current methods not ideal”

“Outcomes of 100 consecutive births in women following laparoscopic adjustable gastric band surgery”

“Patient selection for weight loss surgery: Co-morbidity and ethnicity”

“Shoulder pain is a common problem following laparoscopic adjustable gastric band surgery”

VII Congress of the Brazilian Society for Bariatric Surgery. Florianopolis, Brazil. 16th – 20th November 2005.

“An update on the outcomes and management for the laparoscopic adjustable gastric band”

“A multidisciplinary approach to band management”

“Achieving good long term results and follow-up after bariatric surgery: What is the secret?”

Brazilian Endocrinologist Meeting. Sao Paulo, Brazil. 21st November 2005.

“An overview of laparoscopic adjustable gastric banding: The effect of weight loss on endocrine conditions”

Argentina Annual Scientific Surgical Convention. Buenos Aires, Argentina. 23rd November 2005.

“Overview and International outcomes of LAGB surgery”

Diabetes Symposium: Cleveland Clinic. Cleveland, USA. 2nd December 2005.

“The surgical management of the Metabolic Syndrome”

Susie Colles

Australian Society for the Study of Obesity (ASSO), 14th Annual Scientific Meeting. Adelaide, Australia. 28th – 30th October 2005.

“A prospective study of the effect of a 12 week VLCD on health status, liver size and abdominal adiposity in the severely obese”
Poster Presentation:

“Binge eating disorder: prevalence and correlates in sub groups of the Australian population”

Obesity Surgery Society of Australian and New Zealand (OSSANZ), 20th Annual Scientific Meeting. Queensland, Australia. 2nd-5th November 2005.

“Binge eating Disorders: Prevalence and correlates in sub-groups of the Australian population”

“Preoperative weight loss”

“A prospective study of the effect of a 12 week very low calorie diet on health status, liver size and abdominal adipose tissue in the severely obese”

Dr Veronica Alvarez-Vliegthart

Australian Society for the Study of Obesity (ASSO), 14th Annual Scientific Meeting, Adelaide, Australia. 28th – 30th October 2005.

“Tetrapolar bioelectrical impedance is a poor method for determining fat mass in moderately obese women before and after significant weight loss”

Obesity Surgery Society of Australian and New Zealand (OSSANZ), 20th Annual Scientific Meeting. Queensland, Australia. 2nd – 5th November 2005.

“Bioelectrical impedance is a poor method for determining fat mass in moderately obese women before and after significant weight loss”

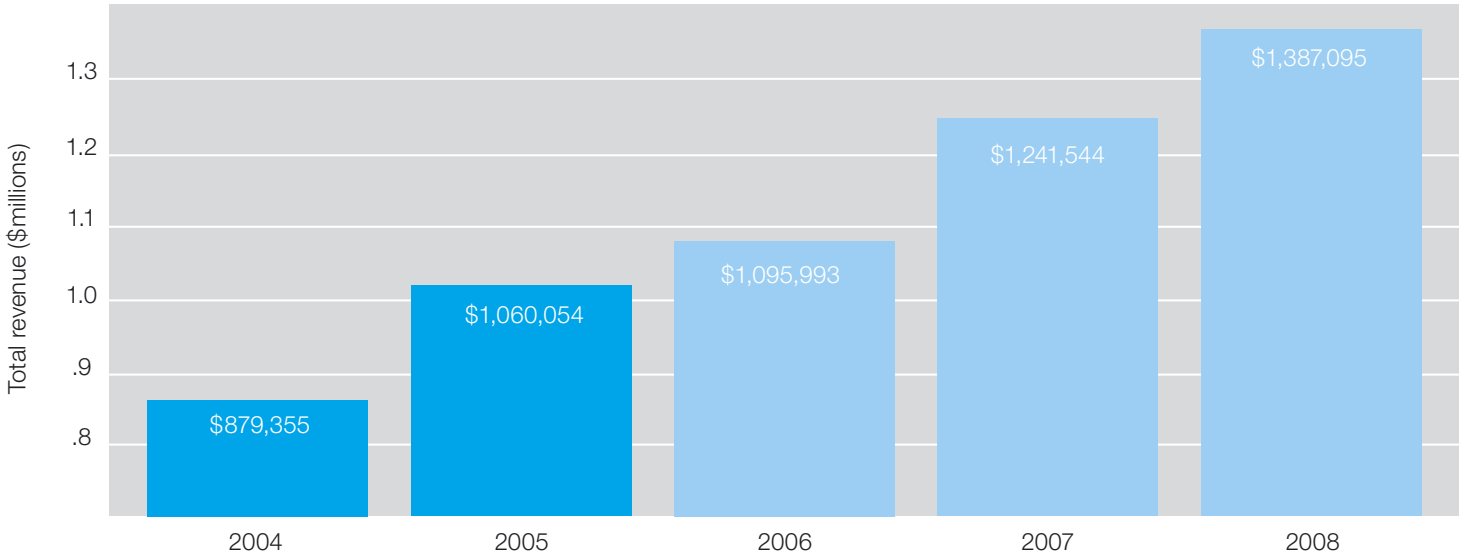
Dr Timothy Chaston

Obesity Surgery Society of Australian and New Zealand (OSSANZ), 20th Annual Scientific Meeting. Queensland, Australia. 2nd – 5th November 2005.

“A systematic review of changes in body composition due to weight loss in obese subjects”

Financial report

CORE Funding Status: 2004 – 2008 (AUD\$)



(* Forecast of funds from confirmed funding sources)

When CORE was established at the end of 2003, it was tasked with achieving a \$1M funding portfolio within three years. CORE has now achieved this target and continues to make year-on-year financial increases in-line.

Like most university centres, Monash University continues to provide valuable internal support and services to CORE, however, funding and support is sourced primarily from our commercial partners whom we wish to acknowledge:

- **Inamed Corporation** is CORE's major funding source and collaborative partner. Inamed Corporation manufactures the Lap-Band® – the laparoscopic surgical device utilised in CORE's clinical trials to facilitate weight loss in the obese patient. Inamed Corporation funds the majority of CORE's current research studies, along with sponsoring international research fellows and the Talks at the Table initiative.
- **Applied Medical** develops and manufactures specialised surgical devices for minimally invasive, cardiovascular, vascular, urology and general surgery. Applied Medical support CORE through sponsoring the CORE Education workshop, nationally based research fellows and training programs.
- **Affinity Health** is Australia's largest private hospital group, operating 45 hospitals across metropolitan and regional Australia. Affinity Health has invested in state-of-the-art Stryker teleconferencing equipment for CORE training programs, along with providing research funds.
- **Stryker Corporation** develops and manufactures specialty surgical and medical products for the global market, including: joint replacements; trauma, spine and micro implant systems; orthobiologics; powered surgical instruments; surgical navigation systems; endoscopic products; and patient handling and emergency medical equipment. Stryker play a key role in CORE's surgical training programs through providing state-of-the-art audio-visual equipment, which allows delegates direct viewing of the LAGB procedure from the operating theatre. Stryker have also assisted in sponsoring the Talks at the Table initiative.
- **Novartis Consumer Health** develops and manufactures pharmaceutical products for consumers and animals. Novartis support the Very Low Calorie Diet Study, within which their product "Optifast" is the primary food component of the diet.
- **Tyco Healthcare** is a leading manufacturer, distributor and service provider of medical devices worldwide, with a portfolio including disposable medical supplies, monitoring equipment, medical instruments, and bulk analgesic pharmaceuticals. Tyco assist in sponsoring the Talks at the Table initiative.
- **sanofi-aventis Group** are the marketers of several leading medicines in the areas of thrombosis, cardiovascular disease, bone disease, epilepsy, diabetes and cancer, and are also committed to research and innovation to meet the medical needs of the future. sanofi-aventis assist in sponsoring the Talks at the Table initiative.
- **Roche Products**, part of the International F. Hoffmann-La Roche Group, is a world leader in research-based Healthcare to which their Australian prescription medicines division holds a prominent position in the therapeutic area of obesity. Roche Products assist in sponsoring the Talks at the Table initiative.

Funding and endorsement from the National Health and Medical Research Council (NHMRC) was also gained in 2005 in support of CORE's Adolescent Study. This was an important achievement for CORE, and gaining further Government support will continue to remain a primary focus for the centre.