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Chairman's Report 2006

The Waikato Medical Research Foundation continues to achieve its objective of providing financial support for research programmes which are aimed at improving the health of people of the Waikato region and the wider community.

In the period 1989 to 2006 the Foundation has provided a little over $1,500,000 to research programmes carried out by staff members and research students of the major research institutions of the Waikato – Waikato Hospital, the University of Waikato and Ruakura Research Station. Many of these programmes are collaborations across the institutions and a few have been carried out by private practitioners.

Research programmes have made significant contributions to medical practice, patient care, disease control and prevention and general health. Particular improvements include: cancer diagnosis and treatments; diabetes and obesity reduction, especially in children; child health; intensive care and anaesthesia; infectious diseases, especially their treatment and control; efficacy of natural products for medical and nutritional purposes; mental health; and care of the very young and old.

Direct financial support for the work of the Foundation has been provided annually by Trust Waikato which has effectively doubled the size of the grants which the Foundation can provide to research. Other donors are recognised at the end of this Annual Report.

The operations of the Foundation are greatly enhanced by the help and collaboration which we enjoy with the Peter Rothwell Academic Centre of Waikato Hospital. This Centre provides a location for our office, a shared position for our Administrator and all the administrative services we require. I am pleased to have the opportunity to thank Raewyn Wooderson for her continuing support and oversight of our office, and Lyn Sadler, our Administrator, who has taken over our administration and preparation of our records and this Annual Report.

Our trustees continue to provide guidance and oversight of our operations. Trustees carry responsibility for our finances as members of the Finance and Investment Committee which is guided by the Treasurer, Rosanna Baird, and decision-making on research grants as members of the Grants Committee. These committees ensure the integrity of our policies and their implementation.

This year membership of the Board of Trustees has been strengthened by the appointment of Amanda Oakley and Warwick Aitken who maintain our balance between scientific and financial expertise.

Peter Rothwell retired as a trustee this year and generously agreed to continue his interest and activity in the Foundation as its Patron. That the Academic Centre is named for Peter is a clear indication of his enthusiasm, expertise and endeavours from which the Foundation has also benefited. Two other trustees retired this year. Catherine Coleborne who wrote the "History" of the Foundation and edited the "Annual Report" of recent years; and Graham Naylor who provided rigorous analysis of our investment policy and finances.

I am pleased to have this opportunity to thank all retiring and continuing trustees for their work and support for the Foundation.

Michael Selby
Chairman

Year 2006 **Report of the Grants Committee**

This year was probably the most difficult the committee has experienced in allotting grants money. We had 16 applications requesting a total in excess of $450,000. We had some consolation in receiving a late donation from the Perry Foundation to assist us finance an excellent project in neonatal hypoglycaemia so we were able to offer funding to nine of the projects to a total of $159,653.50. The value of grants supported this year ranged from $5,000 to $29,000.

It was more difficult this year to identify which particular institution grants were being made to because most of the grants involve personnel from more than one institution. It is gratifying to see the range of collaborations that has developed in Waikato over the years. Only 3 of the 9 projects supported have personnel confined to a single institution.

Once again support for cancer related research features highly and has done so for many years. Excellent research on dietary factors that induce cancer-protective enzymes has featured highly and receives international recognition. Breast cancer research is supported, as is head and neck cancer research. Almost every year we have contributed $20,000 - $40,000 to cancer research. We look forward to a closer collaboration with the Waikato branch of the Cancer Society in promoting local research in this area. Our clinical service in cancer leads the nation. Waikato needs to break free from its inferiority complex and realise that it has many leaders in medical and health related research that need support to reach their potential right here in their own environment.

Next year Adrian Molenaar will chair this sub-committee. I thank him for the excellent support he has given me while I have held this office. I also thank Michael Jameson and Roy Daniel who helped assess grants this year.

Noel Karalus

Chair, Grants Committee

Detailed Outcome Report

Does weight cycling affect metabolic rate and eating behaviours in normal weight females?

Andrea Braakhuis, School of Sport & Exercise Science, Wintec.

Background /Aims: Many reports state that repeated weight loss followed by weight gain (weight cycling) causes women to become metabolically efficient and therefore regain weight after dieting. Metabolic efficiency has been observed in obese subjects, but not in normal weight dieters. The aim of this study is to investigate what effect long term weight cycling has on metabolic function and eating behaviour in a normal weight population.

Aims/Method: Subjects were limited to those with similar fat, fat free mass and body weight then grouped by previous weight fluctuates but currently weight stable (weight cyclers) versus those who have remained weight stable (non-weight cyclers). Indirect calorimetry, 7-day nutritional intake and activity, three-factor eating questionnaire and a DEXA scan were performed.

Results: There were no significant differences in resting metabolism, however the weight cyclers were lower (4.8 ± 1.0 versus 5.0 ± 1.1 MJ/day). Restrained eating was different (p=0.04) between non-weight cyclers (3.9 ± 2.9) and weight cyclers (6.7 + 3.7). Disinhibition was different (p=0.03) between non-weight cyclers (5.1 ± 2.2) and weight cyclers (7.8 ± 3.7), but no difference in hunger between groups. Therefore the mentality of dieting still exists in weight cyclers despite no longer engaging in dieting activities.

Self reported daily activity, presented as a multiple of the basal metabolic rate, was higher in the weight cyclers (1.7 ± 0.2) than the non-weight cyclers (1.5 ± 0.2).

Conclusions: Resting metabolic rate did not differ between groups, however will power, resistance to eating cues and daily activity levels did. Therefore, in order for subjects who have dieted to obtain the same body composition they must have compensatory psychological and physical behaviours.

Could I also pass on my sincere thanks for the support of the WMRF, without which this paper would never have been possible.

Detailed Outcome Report

Minimizing Loss of Cardiac Muscle Due To Heart Attack

Principal Researcher: Gerard Devlin [2]
Kenneth Matthews [1]
Christopher McMahon [1]
Violaine Carpenter [2]
Selwyn Stuart [1]
Juliet A. Jensen [2]
John Conaglen [2]
James Bass FRSNZ [3]

[1] Growth and Development Group, AgResearch, Ruakura

[2] Waikato Clinical School, Faculty of Medical and Health Sciences, University of Auckland, Waikato Hospital

[3] NeurenPharma Ltd, The Liggins Institute, University of Auckland

The Waikato Cardio-Endocrine Research Group have recently completed a research project which investigated whether a recently discovered protein can help to prevent the damage to the heart that occurs during a heart attack.

In order to achieve their objectives, the group developed a method of measuring the amount of muscle which is damaged during a heart attack but is potentially salvageable. In addition, the ability of the heart to pump blood was measured using an ultrasound machine.

The protein, called mechano-growth factor (MGF), was given during a heart attack, and ultrasound measurements were taken over the next 6 days. On day 8, muscle damage was measured in hearts which had received MGF and in hearts which had not.

It was found that MGF significantly reduced muscle damage, and also that the pumping ability of the heart was improved in MGF-treated hearts 1 day after the heart attack, whereas in untreated hearts it was not.

This work was presented at the Medical Sciences conference in Queenstown in December 2005

Abstracts of 2006 Grant Recipients

Evaluation with LC-MS of the true concentrations of triamcinolone acetonide to be injected into patients' eyes, using different methods for preparing the injectate.

Principal Researcher: Dr Stephen Guest
Ophthamology Department, Waikato Hospital
Dr Merilyn Manley-Harris, Chemistry Department, University of Waikato

A steroid preparation called triamcinolone acetonide is now widely used for intraocular injection in patients with diabetic retinopathy and other retinal diseases. Currently, clinically available triamcinolone acetonide comes in a 1 ml vial, in a crystalline form lying in suspension at a concentration of 40mg/ml. Most clinicians perform intraocular injection of 0.1ml drawn from this vial and assume that 4mg is being given. Injection of a higher volume is limited because of the relatively small size of the vitreous cavity. Repeat injections every few months are usually required, as the effect of each injection is only temporary. Patients having multiple 0.1ml sequential injections of supposedly the same dose of triamcinolone acetonide, notice differences from one injection to the next in the level of visual improvement they experience. This is likely to be due to varying concentrations of the triamcinolone acetonide crystal and its vehicle being drawn up from the vial each time. As the crystals of triamcinolone acetonide settle to the bottom of the vial over several minutes, shaking the vial before drawing up or allowing the crystals to settle at the bottom of the vial for varying lengths of time, is likely to influence the true dose of triamcinolone acetonide entering the eye.

This study aims to: (i) Use LC-MS to assess the drug concentration in 0.1 ml injections of a standard clinical preparation of triamcinolone acetonide, which have been prepared by a variety of methods. (ii) Develop a standard method for preparation of the injection that will ensure precise and accurate delivery of the drug. LC-MS will be performed on 0.1ml samples to determine triamcinolone acetonide concentrations after preparing the injectate using four different techniques. The variation in concentrations between and within each group will be assessed.

Abstracts of 2006 Grant Recipients

Can Mechano-Growth Factor Prevent Heart Failure After a Heart Attack?

Principal Researcher: Dr Gerard Devlin
Clinical Unit Director, Cardiology Department, Waikato Hospital

Heart disease is a leading cause of death in the New Zealand population, accounting for approximately 23% of all deaths annually; only deaths from all cancers combined are higher. Patients who develop heart failure following a heart attack experience considerable suffering and multiple hospital admissions until their eventual death. Heart disease also represents a significant cost to the national health budget.

Our team, the Waikato Cardio-Endocrine Research Group, comprising doctors from Waikato hospital and scientists from AgResearch Ruakura, have been investigating how hearts lose muscle following a heart attack for almost 12 years. For the past 5 years, we have collaborated with scientists in London who discovered a protein, mechano-growth factor (MGF), which appears to be involved in the healing of muscle following damage. We have discovered during our research that MGF limits the damage that occurs after a heart attack. Our research group has recently concluded a trial in which MGF has been given shortly after a heart attack, which has demonstrated that MGF reduces the severity of damage to the heart.

We now wish to study the effects of serial doses of MGF in the days following the heart attack, and to study heart function for an extended period of time. We expect that MGF treatment will significantly reduce both immediate and longer-term damage to the heart, minimizing the likelihood of heart failure developing. If successful, this would result in fewer people who have a heart attack going on to suffer the poor quality of life and disability associated with heart failure, and would greatly reduce spending on hospital admissions due to heart failure, releasing health funding for other purposes.

Recombinant expression and characterisation of a bovine derived, prospective adiposity regulator

Principal Researcher: Dr Adrian Molenaar
Agresearch, Ruakura Research Centre

A bovine gene transcript has been discovered that has high homology to a known protein with a wide range of desirable bioactive activities including the reversal of insulin resistance and alleviation of fatty liver diseases. Though there is a wealth of information in some other species, there appears to be little information on the bovine protein.

This project proposes to produce expression constructs based on the bovine sequence so that sufficient quantities of the full length and the subunit protein can be made in, and harvested from bacteria, for functional testing in mice. This work could lead to the development of a nutraceutical or pharmacological product that can address several health related issues, including obesity, since one of its homologue's actions in other species is to reduce fat tissue mass without change in diet.

Abstracts of 2006 Grant Recipients

Waikato Chronic Obstructive Pulmonary Disease Exacerbation Cohort (COPDEC Study)

Principal Investigator: Dr Catherina Chang, Research Fellow
Department of Respiratory Medicine, Waikato Hospital
Dr Noel Karalus, Department of Respiratory Medicine, Waikato Hospital
Glenda Sullivan, Nurse Specialist, Department of Respiratory Medicine, Waikato Hospital

Chronic obstructive pulmonary disease (COPD) is an important cause of disability, hospital admissions, mortality and socio-economic burden. COPD exacerbations are a major cause of morbidity – an estimated 25% of cases presenting in emergency departments for dyspnoea have been attributed to COPD-related exacerbations. Hospitalisation for exacerbation of COPD usually occurs during advance stages of disease and conveys a high mortality.

Despite the high number of COPD-related hospitalisations, relatively little is known about the determinants of mortality and outcome. There is currently no formal risk-prediction model utilising information easily gleaned from the bed-side to aid clinical decision-making.

We aim to set up a cohort of patients admitted for exacerbation of COPD to examine the relevant clinical and social characteristics. The aim of the study is to develop a bed-side scoring tool for risk stratification in this group of patients by multiple regression analysis.

Aims

1. To assess prospectively the outcome* and potential determinants of outcome for patients hospitalised for exacerbation of COPD during hospital stay and after 1 year of follow-up.

2. To develop a bed-side scoring tool for risk stratification in this group of patients.

3. To prospectively assess the usefulness of the CURB-65 score (or variations thereof) in risk prediction in this group of patients.

Outcome of this cohort will be defined by:

- in-hospital mortality
- 30-day mortality
- 1 year mortality
- hospital stay > 10 days

Abstracts of 2006 Grant Recipients

Management of Neonatal Hypoglycaemia

Principal Researcher: Deborah Harris, Neonatal Nurse Practitioner, Waikato Hospital
Dr P Weston, Waikato Hospital
Prof J E Harding, University of Auckland

Neonatal hypoglycaemia (low blood sugar) is linked to brain damage and death in babies. A low blood sugar level is the only known common preventable cause of brain damage in the newborn period. In 2005 over 100 babies where admitted to the Newborn Intensive Care at Health Waikato specifically for the management of low blood sugar levels. However the best treatment of low blood sugar levels in babies remains unclear, largely because until recently it has not been possible to continuously measure blood sugar levels, alternative brain fuels and brain function in the clinical setting.

The aim of this study is to determine the relationship between blood sugar levels and brain function in babies. In addition we aim to investigate whether the presence or absence of alternative brain fuels influences the relationship between blood sugar levels and brain function.

Firstly we will determine the pattern of brain waves, measured on a clinical electroencephalograph (EEG) monitor, associated with low blood sugar levels in the newborn. Then we will perform clinical studies in the Newborn Intensive Care Unit at Waikato Hospital.

We will seek to enrol babies who are admitted to the Newborn Intensive Care Unit for the management of low blood sugar levels. The babies enrolled in the study will receive the standard treatment for the management of low blood sugar, plus additional monitoring. This additional monitoring will include continuous blood glucose, EEG monitoring and some extra blood will be taken at the time of routine blood testing. The extra blood will be used to measure blood levels of potential alternative fuels for the brain.

We will use this additional monitoring and results to obtain the first real time continuous measures of brain function in relationship to blood levels of glucose and other brain fuels in babies. These data will be used to develop more rational, safe and less invasive approaches to the prevention and treatment of low blood glucose levels in babies.

Abstracts of 2006 Grant Recipients

Prognostic markers in invasive squamous cell carcinoma of the head and neck

Principal Researcher: Dr I Gunawardena, Otolaryngology Registrar, Waikato Hospital

Prof R T Gregor, Waikato Hospital

Dr D Lamont, Pharmacy, Otolaryngologist, Waikato Hospital

Dr M Jameson, Oncologist, Waikato Hospital

Over 90% of head and neck cancers are of squamous cell carcinoma (SCC) type. The incidence of SCC of the head and neck region is high in New Zealand. About 500 cases of SCC who have been investigated and/or treated at Waikato hospital in the last 5 years are on our database.

There are certain features of SCC, when viewed by a pathologist under a microscope, that indicate that the cancer is more aggressive and the outcome is likely to be poor. Despite this, many tumours that appear to be less aggressive still recur or spread to other parts of the body.

Recent international studies have used a special test called immunohistochemistry to detect other "markers" of aggression of SCC that give a much better indication of the likely outcome for each patient long term. Some of these markers detect the capability of cancer cells to invade other tissues or spread via the bloodstream.

This pilot study will look at 6 of these markers in SCC from 50 patients treated several years ago, selected so that half of them have tumours with aggressive features (by pathological examination) and the other half have tumours without these features. We want to see if these markers are commonly and reliably detected in each patient group, whether they are more common in the tumours deemed aggressive, and whether they predict outcome better than the pathological features.

If this pilot study confirms that we can reliably detect these markers in NZ patients with SCC in the head and neck region, then we plan to study these markers in many more patients to sort out which of the markers are most informative, and which ones could be left out.

This information could help treating physicians and surgeons to more clearly assess the risk for each patient and decide which patients need more aggressive treatment. This study will also allow us to determine if aggressive SCCs of the head and neck occurring in New Zealand are comparable with other international studies.

Waikato Medical Research Foundation (Inc)

Financial Statements

For the year ended 31 May 2006

Contents	Page

Statement of Financial Position

As at 31 May 2006

	2006	2005
	$	$
Accumulated Funds	**$1,248,562**	$1,220,661
Represented by:		
Current Assets		
Westpac	**45,379**	37,686
Investments		
Cash and Equivalents	**331,332**	46,851
Fixed Income	**708,384**	974,468
NZ Shares	**165,152**	163,456
	1,204,868	1,184,775
Total Assets	**1,250,247**	1,222,461
Current Liabilities		
Accounts Payable	**1,685**	1,800
Net assets	**$1,248,562**	$1,220,661

M J Selby
Chairman

12 June 2006

R Baird
Treasurer

12 June 2006

Statement of Movements in Equity

For the year ended 31 May 2006

	note	2006 $	2005 $
Accumulated Funds:			
Opening balance, 1st June 2005		**1,220,661**	1,186,350
Plus: Net surplus/ (deficit)		**27,901**	34,311
Closing balance, 31st May 2006		**$1,248,562**	$1,220,661

Statement of Financial Performance

For the year ended 31 May 2006

	note	2006 $	2005 $
Income			
Dividends		**9,114**	10,296
Donations	3	**16,050**	17,150
Grant - Trust Waikato		**65,000**	65,000
Grants refunded		**24,361**	6,074
Interest		**81,414**	72,051
Income on realisation of Investments		**1,662**	337
Unrealised gain on Investments		**13,933**	19,022
		211,534	189,930
Expenditure			
Administration expenses including website		**5,879**	12,255
Advertising and promotion expenses		**2,031**	2,508
Audit fee		**2,025**	1,654
Fees paid to auditor for other services		**3,885**	5,490
Grants	2	**159,654**	132,124
Loss on realisation of Investments		**10,159**	1,588
		183,633	155,619
Net surplus/(deficit)		**$27,901**	$34,311

Statement of Cash Flows

For the year ended 31 May 2006

	2006	2005
	$	$
Cash Flows from Fund Raising Activities		
Receipts from donations and grants	**81,150**	82,150
Less Fundraising expenses	(2,031)	(2,508)
Net cash flow from fund raising activities	**79,019**	79,642
Cash Flows from Investing Activities		
Receipts from dividends and interest	**90,528**	82,347
Plus Sale of investments	**311,547**	191,978
Less Investments made	**(326,204)**	(194,692)
Net cash flow from investing activities	**75,871**	79,633
Cash Flows from Research Activities		
Grants made	**(159,654)**	(132,124)
Administration and audit fees	**(11,904)**	(18,779)
Grants refunded	**24,361**	6,074
Net cash flow from investing activities	**(147,197)**	(144,829)
Net increase/(decrease) in cash held	**7,693**	14,446
Add Opening cash brought forward	**37,686**	23,240
Ending cash carried forward	**45,379**	37,686
Cash balances in statement of financial position	**$45,379**	$37,686

Notes to the Financial Statements

For the year ended 31 May 2006

1. Statement of Accounting Policies

Reporting Entity

Waikato Medical Research Foundation is a non profit organisation registered under the Incorporated Societies Act 1908.

General Accounting Principles

The general accounting principles recognised as appropriate for the measurement and reporting of income and financial position on an historical cost basis, except for valuation of investments, have been consistently followed by the Foundation. Accrual accounting has been used to match revenue and expenses.

Particular Accounting Policies

The following particular accounting policies which materially affect the measurement of income and the financial position have been applied.

Investments

Investments are valued at market value in NZ dollars.

Income Tax

The Waikato Medical Research Foundation (Inc) has been approved for legal charitable status and has obtained from the Inland Revenue Department an exemption for income tax.

Differential reporting

The Society qualifies for differential reporting because of it's size and nature. The Society has taken advantage of all available differential reporting exemptions, except in that it has produced a Statement of Cashflow.

Changes in Accounting Policies

There have been no changes in accounting policies since the previous annual financial statements.

Notes to the Financial Statements

For the year ended 31 May 2005

2. Grants Made

	2006	2005
	$	$
C Chang	13,500	-
M Cree	7,128	-
R Cursons	-	20,000
G Devlin	29,100	-
M Elston & Associates	-	20,000
I Gunawardena	15,000	
S Guest	5,600	
B Haigh & Associates	-	15,228
D Harris	20,545	
M Harvey	-	9,750
A Molenar	21,000	
R Munday	24,781	25,146
M Prinsep	-	15,000
P Thomas & Associates	-	15,000
E Van Haren	23,000	
L Voss & J Sleigh	-	12,000
	$159,654	$132,124

3. Donations

General	3,050	7,150
Perry Foundation	10,000	-
Bill & Joan Flower Trust	3,000	-
A Oakley	-	5,000
V E Worth Estate	-	3,000
A Meade	-	2,000
	$16,050	$17,150

4. Commitments & Contingencies

At balance date there are no known contingent liabilities. (2005: Nil)

At balance date there are no known capital commitments. (2005: Nil)

Auditor's Report

STAPLES RODWAY
dynamic financial answers

To the Members of Waikato Medical Research Foundation (Inc)

We have audited the financial report on pages 12 to 16. The financial report provides information about the past financial performance of the Foundation and its financial position as at 31 May 2006. This information is stated in accordance with the accounting policies set out on page 15.

Trustees' Responsibilities

The Trustees are responsible for the preparation of a financial report which fairly reflects the financial position of the Foundation as at 31 May 2006 and the results of operations and cash flows for the year ended on that date.

Auditor's Responsibilities

It is our responsibility to express an independent opinion on the financial report presented by the Trustees.

Basis of Opinion

An audit includes examining, on a test basis, evidence relevant to the amounts and disclosures in the financial report. It also includes assessing:

- the significant estimates and judgements made by the Trustees in the preparation of the financial report; and
- whether the accounting policies are appropriate to the Foundation's circumstances, consistently applied and adequately disclosed.

We conducted our audit in accordance with New Zealand Auditing Standards. We planned and performed our audit so as to obtain all the information and explanations which we considered necessary in order to provide us with sufficient evidence to obtain reasonable assurance that the financial report is free from material misstatements, whether caused by fraud or error. In forming our opinion we also evaluated the overall adequacy of the presentation of information in the financial report.

Other than in our capacity as auditor we have provided accounting services to the Foundation.

Unqualified Opinion

STAPLES RODWAY
dynamic financial answers

We have obtained all the information and explanations we have required.

In our opinion the financial report on pages 12 to 16 fairly reflects the financial position of the Foundation as at 31 May 2006 and the results of its operations and cash flows for the year ended on that date.

Our audit was completed on 28 June 2006 and our unqualified opinion is expressed as at that date.

Staples Rodway

Chartered Accountants
Hamilton

Major Donors and Life Members

The Waikato Community Trust
Donny Charitable Trust
Norah Howell Charitable Trust
P J Holman Family Trust
Sir John Logan Campbell Residential Estate
W E & A M Fullerton
Hamilton Pakeke Lions Club
Don McInnes
Ngaruawahia Lions Club
Te Aroha Mountain Lions
South Waikato District Council
Dianne Yates
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Ready Mixed Concrete Ltd
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Roche Products (NZ) Ltd
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Warwick Cashmore Motors Ltd
Justice B Paterson
J M and J A Grace Family Trust
Rothmans NZ Ltd
D and C Lindale
Progressive Enterprises
Parke Davis Pty Ltd
Sandoz Pharma Ltd
Turners Waikato Markets Ltd
Mr Fergus Campbell
Matamata College
Mr G Wynne-Jones
The Valmai Trust
G W & L R Laugeson
John Gillies Family Trust
Bank of New Zealand Ltd
Mr J G Macaulay
Mr D A Bell
Mrs F E Robinson
Mr L S Robinson
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P R & S J Rose
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Mr K W Dey
Mr David Hoskin
Dr J Earwater
Mr C D Arcus
Mr LH Bradley
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Mrs M J Waddington
WEL Energy Trust
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Waikato Medical Research Foundation

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- ○ $5,000 Major Sponsor
- ○ $2,000 Major Donor
- ○ $500 Life Member
- ○ or become an Annual Subscriber
  ○ $50 ○ $100 ○ $200 ○ $300
- ○ I would like to discuss making a financial contribution or bequest. Please have a trustee call me to discuss this.

Name _____

Address _____

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Phone _____

Cheque enclosed $ _____

○ Please send me a receipt

Post to:

Waikato Medical Research Foundation
Peter Rothwell Academic Centre
Private Bag 3200
Waikato Hospital, Hamilton

We have a new website: www.wmrf.org.nz
We have a new email address: wmrf@waikatodhb.govt.nz
Telephone (07) 839 8750 Fax (07) 839 8712