

# In brief



Robert Pratta/Reuters/Picture Medias

French cyclist Robert Marchand prepares to climb the Robert Marchand pass (named after him), a 10 km ride in the Ardeche mountains in France, to celebrate his 103rd birthday. Marchand, born on 26 November 1911, set a record cycling 26.98 km in one hour, in the Masters +100 category established by the International Cycling Union in January 2014, and continues his passion for cycling as his health permits.

## From the NHMRC

### Maximising the commercial benefits of research

It is reasonable to expect that the returns from research contribute economically to generate Australia's national wealth, given that Australian Government-funded research, such as through the National Health and Medical Research Council (NHMRC), is supported by public taxes. Australia's national wealth is enhanced through translating research findings into new commercial products, companies or industries. This concept was at the centre of the Wills Review more than 15 years ago, and represents a virtuous cycle of investing in research to create knowledge and translating that knowledge to reap patient and economic benefits that lead to further investment.

NHMRC-funded research has contributed to commercial benefits

including the cochlear implant, cervical cancer vaccine and sleep apnoea devices, in addition to other examples such as the research of David Anderson, who has created a simple blood test for HIV patient monitoring in developing countries (with funding from the NHMRC and the Bill and Melinda Gates Foundation).

At the NHMRC, we do much to foster collaborations between research and industry to boost the commercial returns of research. We have an industry stream as part of our Career Development Fellowships, supporting researchers who conduct research with strong industry links. While any research can result in commercial gains, we also have a specific research funding scheme — the Development Grants Scheme — to



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support research at proof-of-concept (for commercialisation) stage. A review of this scheme found that of the 40 completed projects studied, over half were under some form of possible commercial development and six had resulted in a product to market or were awaiting regulatory approval ([http://www.nhmrc.gov.au/\\_files\\_nhmrc/file/media/media/rel12/nhmrc\\_development\\_grants\\_review\\_april\\_public\\_121122.pdf](http://www.nhmrc.gov.au/_files_nhmrc/file/media/media/rel12/nhmrc_development_grants_review_april_public_121122.pdf)). In November 2014, we hosted a workshop to link our funded researchers with commercialisation advisors.

Improving patient care and human health will always be the main role of research, but we need to continue to support the commercial benefits of medical research in our country. □

## News

## Extreme weather events associated with child defects

Open access journal *Climate Change Responses* has published research from Peru associating El Niño — an extreme weather phenomenon triggered by abnormally warm waters in the equatorial Pacific — with short stature in children born during and after the 1997–1998 episode compared with those born before it. The study, conducted by researchers from Johns Hopkins University for over a decade, claims to be the first on long-term consequences of El Niño on human health. “Weather variability plays an important role in growth and nutrition in resource-limited settings”, lead researcher William Checkley told *Medical News Today*. “The results are surprising in the sense that we were able to measure an adverse effect on child growth many years after the original 1997–98 El Niño event.”

## Ultrasound now possible through solid bone

Researchers from North Carolina State University in the United States have developed an acoustic substance which masks solid bone, allowing ultrasound waves to pass through without energy loss, reports *Medscape*. The material “could

be designed with different membrane sizes and configurations to allow for its use on, for example, different areas of the skull where the acoustic properties and bone thickness might differ as much as 20%”, the report stated. Commercialisation of the material, described as a “quasi-2D acoustic complementary metamaterial”, was 4 to 5 years away, lead researcher Dr Yun Jing said, acknowledging that the technique was yet to be demonstrated *ex vivo* or *in vivo*.



## Early results on US Ebola vaccine encouraging

The *New England Journal of Medicine* has published results of a Phase I trial of an experimental Ebola vaccine. The bivalent vaccine, developed from a cold-causing chimpanzee adenovirus, was already available when the trial began in early September on 20 healthy people in the United States. The researchers from the US National Institute of Allergy and Infectious Diseases found that “no safety concerns were identified; however, transient fever developed within 1 day after vaccination in two participants”. Glycoprotein-specific antibodies were successfully induced in all 20 trial participants.

Cate Swannell doi:10.5694/mja14.n1215

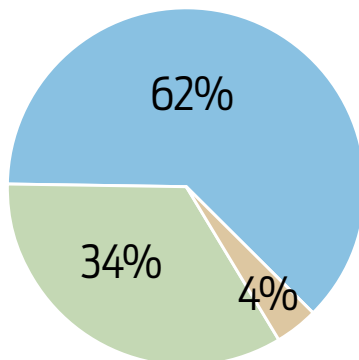
## MJA InSight Poll

Do you think the war against tobacco has been won with plain packaging?

- No – the war never ends
- Maybe – still a little way to go
- Yes – great outcomes

Take part in next week's poll on:  
www.mja.com.au/insight

Total respondents: 116



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Email a 100-word comment on any health-related topic to: [comments@mja.com.au](mailto:comments@mja.com.au)

Send us your thoughts on this issue's suggested topic:

### Do you support calls for greater dispensing powers for doctors?

#### D-Day for Ebola

Australian doctors are helping to fight Ebola in Africa without ever leaving their Australian practices. D-Day for Ebola kicked off on 8 December with Australian medics signing up to the “virtual volunteer” program.

Administered by UNICEF Australia, D-Day for Ebola is an initiative of the Twice the Doctor Foundation, which enlists doctors to donate a “day of pay” to tackle human disaster relief. For their inaugural fundraising event in May 2014, doctors signed up and contributed to raising \$200 000.

Twice the Doctor Foundation Director, Dr Robert Baume, said D-Day in December allowed doctors to contribute to this crisis without ever coming into danger.

“This is a way to ‘virtually’ volunteer to make a real difference and one day of pay for an Australian doctor goes a long way in Africa”, Dr Baume said. “Funds raised on D-Day in December will go to those working with Ebola and to support other programs from which funds have been diverted due to the Ebola crisis.”

To volunteer or contribute to the D-Day for December program, go to [www.twicethedoctor.org.au](http://www.twicethedoctor.org.au).

The Directors

Twice the Doctor Foundation, NSW

#### Nuclear weapons

Medical work on the unfinished business of eradicating nuclear weapons got a needed boost in October at the World Medical Association General Assembly in South Africa.

The WMA referred to its International Council a new statement calling on national medical associations to educate their publics about “this overwhelming threat to public health”, and “to urge their respective governments to work to ban and eliminate nuclear weapons.”

The statement will be voted on at the WMA Council in April 2015 and the General Assembly later next year. Hopefully Australian doctors and the AMA will provide strong support.

Dr Sue Wareham OAM

Vice-President, Medical Association for Prevention of War, Australia

#### Let children cry

I wish I had had the wisdom contained in this article 30 years ago (doi: 10.5694/mja14.00060).

What a practical, finely balanced and nuanced piece of writing. Many many thanks to Dr Jureidini.

David Beavis

Retired General Practitioner, VIC

#### Coordinated screening

As a general practitioner, I frequently request faecal occult blood tests. How do these tests affect the effectiveness of the National Bowel Cancer Screening Program (NBCSP) figures (doi: 10.5694/mja14.01089)? I cannot coordinate my efforts with theirs. A report simply comes to me if the screening result is positive for one of my patients who has used a kit from the national program. I refer many more patients for colonoscopy as a result of my efforts than those of the NBCSP. I cannot request a NBCSP packet for someone.

It's much the same for mammography. I suggest screening to women, give them the phone number and receive reports. But I never see a local list of who did or did not attend. So how can I be active in the recruitment? There is a serious disconnect between these national programs and GPs.

Owen Lewis

General Practitioner, SA

**Congratulations:** Joel Negin, Sydney School of Public Health, will receive \$50.00 for his comment **Ebola: galvanising Australian doctors** (MJA 6 Oct, p373).

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