Innovations – Plenaries

GET UP, STAND UP: GET UP FOR YOUR HEALTH!

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Modern human environments are vastly different to those of our forebears. Rapidly advancing technological innovations in transportation, communications, workplaces and home entertainment have created environments conducive to prolonged periods sitting, with increasing costs to human health. Sedentary behaviours – too much sitting as distinct from too little physical activity – are emerging as a ubiquitous modern-day health hazard, contributing adversely to cardiometabolic and mental health outcomes and premature mortality. This presentation addresses recent observational and experimental research evidence that makes a compelling case for reducing and interrupting prolonged sitting time in both the prevention and disease management contexts. This includes new findings from population and controlled experimental trials at the Baker IDI Heart and Diabetes Institute into the scope and overall health benefits of reducing and interrupting sitting time. Potential physiological mechanisms and future implications will be discussed, including the potential of population-wide initiatives designed to address too much sitting as a health risk.

IMMUNOTHERAPY FOR CANCER: PROGRESS AT A COST WE CAN AFFORD?

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Tumours express, as ‘non-self’ proteins, mutated self proteins, viral gene products, and oncofetal antigens. These proteins often induce non-protective host immune responses, demonstrable as circulating antibody. There should therefore be the possibility of inducing host protective immune response through immunisation against these proteins, although to date this has not proven a successful strategy for treatment of human tumours. Recent advances in understanding of the physiological regulation of

immune responses has led to development of a number of non-antigen specific regulators of host immunity, termed checkpoint blockade inhibitors. Administration of these biologics, by inhibiting mechanisms designed to curtail immune responses no longer required, can result in immune mediated control and in some cases resolution of solid organ tumours including squamous lung and kidney cancers, and melanoma. Research is currently focused on defining biomarkers that will predict, or indicate, responsiveness to treatment.

RESPECTFUL COMMUNICATION

Kimberley Ivory, Peter Waples-Crowe

No matter where we sit in medicine, whether it's at the bedside, in a consultation room or at the laboratory bench, communication is an essential tool of our trade. We work in increasingly diverse communities of colleagues, staff and patients, in which effective communication relies on much more than simply knowing the correct medical terminology.

Doctors are translators. They interpret their own part of the complex world of biomedicine to colleagues from different fields, to their staff and to concerned consumers for whom that world is a foreign land. Navigating the apparently many ‘rules’ of culturally appropriate communication often makes doctors anxious.

This session will be an introduction to a simple five step cultural humility framework. It aims to get you thinking about cultural identity and respectful communication and will help you communicate more effectively wherever there is cultural difference. We will touch on some specifics for Indigenous people, but you'll learn that difference is pretty much everywhere, and the same basic principles can be applied.

Come armed with questions, prepared to interact and discuss. Before attending this session, please try to read the following articles:

1. Kleinman A, Benson P. Anthropology in the clinic: the problem of cultural competency and how to fix it. *PLoS Med* 2006; 3(10): e294. <http://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.0030294> (open access).
2. Salas-Lopez D. A culture of one. Every healthcare encounter is a cultural encounter. *Medical Economics* 2010; 87(7): 40–1.