Children's Tumour Foundation
CONQUERING NF

2022 NF CLINICAL SYMPOSIUM

PROGRAM

Proudly supported by

Whiteley™

ALEXION®
AstraZeneca Rare Disease

THANKYOU TO OUR

2022 SYMPOSIUM ORGANISING COMMITTEE

The 2022 Neurofibromatosis Symposium would not have been possible without the efforts of our Medical Advisory Panel who have also fulfilled the role of a program committee.

Committee Members:

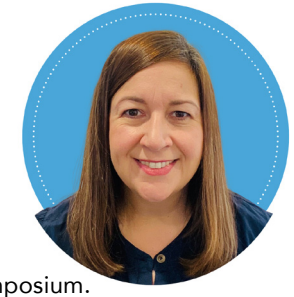
A/Prof Mimi Berman • A/Prof Jonathan Payne • Prof Kate Drummond • Dr Colin Derrick • Dr Geoff McCowage • Dr Tim Hassall • Dr Katrina Morris • Natalie McCloughan • Leanne Dib

We would also like to acknowledge the generous support of our Gold Sponsor Whiteley Corporation and Silver Sponsor, Alexion Rare.

We would also like to thank The Card Network (TCN) for their generosity.

We hope you will join us again for NFAU2023.

Our clinical symposium is being held on the lands of the Wurundjeri of the Kulin Nation. We would like to pay our respects to the Elders past, present and emerging, as well as the Elders from other communities who may be represented here today.



Dear Symposium delegates,

On behalf of the Children's Tumour Foundation (CTF), thank you for your participation in the 2022 Neurofibromatosis Clinical Symposium.

The CTF is the only non-clinical support service for people impacted by neurofibromatosis (NF) in Australia. We work to ensure everyone, regardless of location, type or financial position, can access balanced information and support when they need it.

Our mission is to provide hope for everyone impacted by NF in Australia by advocating for change, advancing research and empowering this community with the knowledge, connections and support needed at every stage of their journey.

We are pleased to offer our first hybrid-format Symposium with delegates attending in-person and remotely to ensure uninterrupted access to the Symposium.

The Symposium is an opportunity to gather Australia's best NF researchers and health professionals together to enable sharing of information and insights, while also providing networking opportunities for greater learning and collaborations.

With the support of our Medical Advisory Panel, we have curated a program for 2022 that is both informative and inspiring, with speakers providing updates on medical management, treatment and research into NF from within Australia and overseas.

We welcome our international guest speaker, Prof D. Gareth Evans from the UK, with his presentation on NF2 management and research. We thank you all for your attendance and interest in enhancing your knowledge and treatment practices of NF.

Through active collaboration, we aim to become a hub for clinician and community-alike to access and share information. We would like to encourage you to share our details with your patients and their families, and to use our platform and connections with the broader community to advance your own studies.

Thank you again for your support.

Yours sincerely,

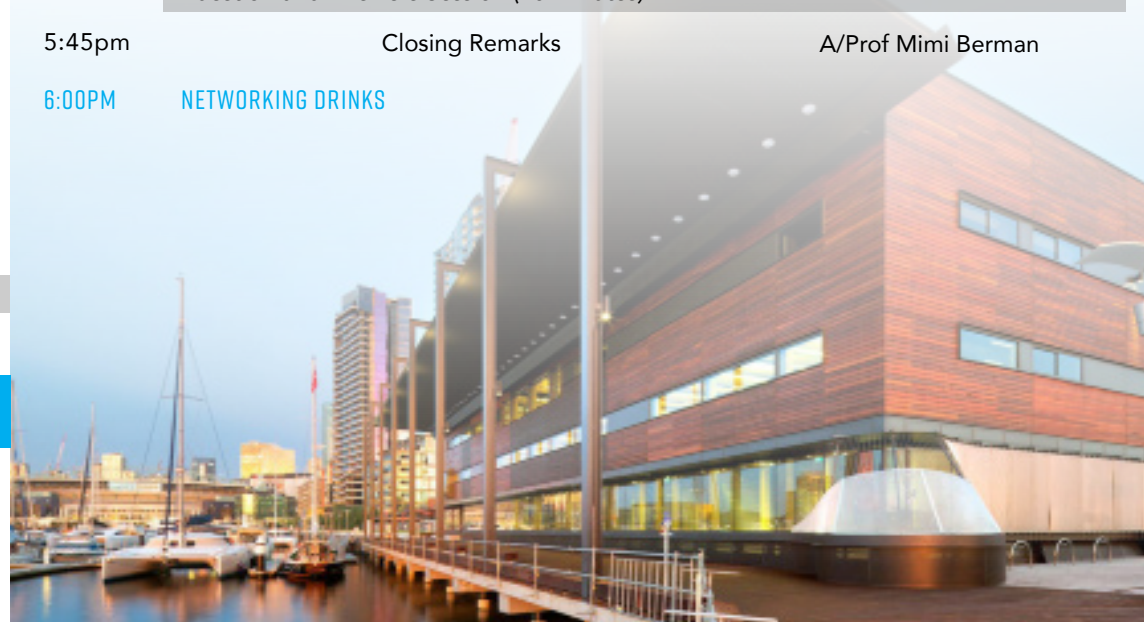
Leanne Dib
CEO, Children's Tumour Foundation

NF SYMPOSIUM PROGRAM

TIME	SESSION	TOPIC	SPEAKER
9:15am	Welcome	Opening address Welcome to Country	A/Prof Mimi Berman
		Gold Sponsor Welcome Address	Dr Greg Whiteley
Session 1: NF1 Diagnosis and Management *Chair: A/Prof Jonathan Payne*			
9:25am	Lightning Talk 1	Revised NF1 Diagnostic Criteria	A/Prof Mimi Berman
	Plenary 1	NF Model of Care Project	Dr Sue-Faye Siow
	Plenary 2	Rasopathy Clinic in WA	Dr Colin Derrick
	Plenary 3	Structure of human neurofibromin	A/Prof Andrew Ellisdon
	Question and Answers Session (10 minutes)		
11.15AM	**MORNING TEA**		
Session 2: The Psychosocial Impact of NF *Chair: Dr Colin Derrick*			
11:30am	Lightning Talk 2	Sleep disorders in NF1	Dr Natalie Pride
	Plenary 4	New evidence around autism in NF1	A/Prof Jonathan Payne
	Lightning Talk 3	Quality of life in NF1	Jane Flemming
	Lightning Talk 4	Nurse-led Care for NF patients	Martin Good
	Lightning Talk 5	Filling the Void: Role of the CTF	Children's Tumour Foundation
	Question and Answers Session (10 minutes)		
1.05PM	**LUNCH**		
Session 3: Research, Genes and Therapies *Chair: Dr Tim Hassall*			
2:00pm	Plenary 5	Medical Research Future Fund	A/Prof Ruth Webster
	Plenary 6	Transitioning to multi-disciplinary care for adults with NF	Prof Kate Drummond

NF SYMPOSIUM PROGRAM

TIME	SESSION	TOPIC	SPEAKER
	Lightning Talk 6	MEK Inihibitor Trial Update: TinT	Dr Geoff McCowage
	Lightning Talk 7	MEK Inihibitor Trial Update: KOMET	Dr Jim Whittle
	Plenary 7	Is early diagnosis of MPNST possible?	Dr Gaby Dabscheck
	Lightning Talk 8	3D imaging of cutaneous neurofibromas	Mr Jonathan Lau
	Lightning Talk 9	NF1 Cutaneous Neurofibroma Consortium	A/Prof Tracey Dudding-Byth
	Question and Answers Session (10 minutes)		
4.15PM	AFTERNOON **TEA**		
Session 4: NF2 *Chair: Dr Katrina Morris*			
4:30pm	Plenary 8	NF2 Management / Research in UK	Prof. D. Gareth Evans
	Plenary 9	Hearing preservation options in NF2	Mr Nicholas Hall
	Question and Answers Session (10 minutes)		
5:45pm		Closing Remarks	A/Prof Mimi Berman
6:00PM	NETWORKING DRINKS		



A/PROF MIMI BERMAN

Head, Department of Clinical Genetics | MD Research Coordinator, University of Sydney Northern Clinical School
Vice President, Human Genetics Society of Australasia
BMBS FRACP BSc Hons PhD Medicine | Clinical Geneticist (HGSA)

A/Prof Berman is the Head of the Clinical Genetics Department at Royal North Shore Hospital. Her special interest is in the care of adults and children with NF1, NF2, and Schwannomatosis. She has a PhD in Neurogenetics in the area of muscle performance and metabolism.

A/Prof Berman is the Co-Chair of the ACI Clinical Genetics network, the current president of the Australasian Association of Clinical Geneticists (AACG) and is the Chair of the Medical Advisory Panel to the Children's Tumour Foundation of Australia.

PRESENTATION: REVISED NFI DIAGNOSTIC CRITERIA

Revised diagnostic criteria for Neurofibromatosis type 1 were published mid-2021. These updates are intended to assist with earlier and more accurate diagnosis leading to better care than their 1987 predecessors. A/Prof Berman will outline the changes to these criteria and what they mean for diagnosis and management of patients with suspected and confirmed NF1.

DR SUE-FAYE SIOW

BMedSci, MBBS, FRACP | Neurologist Department of Clinical Genetics, Royal North Shore Hospital

Dr Siow is a neurologist working in the Neurofibromatosis Clinic at Royal North Shore and is currently completing her clinical genetics advanced training to become dual qualified as a neurologist and clinical geneticist. She is also a PhD candidate, investigating biomarkers for Hereditary Spastic Paraplegia through the University of Sydney under the supervision of Professor Carolyn Sue. Dr Siow's clinical interests are providing care for individuals with complex NF1 and transition care for young adults with NF1.

PRESENTATION: NF MODEL OF CARE PROJECT: A STATEWIDE NF SERVICE

The NF Model of Care project commenced in 2020 with an aim to provide equitable access to holistic care for patients with NF1, NF2 and Schwannomatosis across NSW. The NF research team from RNSH and CHW gathered stakeholder input and developed a novel model of care to address challenges and barriers to care for individuals with NF, guidelines to transition young adults with NF and ultimately set up the first joint paediatric-adult NF transition clinic in NSW.

SPEAKERS

DR COLIN DERRICK

MBBS, FCPead | Consultant Paediatrician, Department of General Paediatrics, Perth Children's Hospital

Dr Colin Derrick is a South African trained General and Developmental Paediatrician with several years of clinical experience and an interest in complex/rare conditions including ADHD and Autism Spectrum.

His current research focus at Perth Children's Hospital is ADHD and self-harm in adolescents. He established the Rasopathy clinic in 2018 as there was a clear need for holistic care for patients with NF1 and Noonan's syndrome. He is also involved in Rare Care, a multiagency rare disease clinic.

PRESENTATION: RASOPATHY CLINIC IN WESTERN AUSTRALIA

Review of the clinical characteristics of patients with NF1 from the Rasopathy clinic with a focus on beneficial outcomes and brief discussion on a new program called "Rare care", an interagency holistic service commencing in WA for rare diseases.

A/PROF ANDREW ELLISDON

BBiomedSci(Hons), PhD | Victorian Cancer Agency Mid-Career Fellow, Biomedicine Discovery Institute, Monash University

A/Prof Ellisdon leads the Structural Biology of Cancer Laboratory at Monash BDI. He obtained his PhD at Monash University and trained in structural biology in the UK. His team focuses on capturing an atomic-resolution view of "signalling in action" by observing protein complexes formed by critical tumour-suppressor proteins and oncogenes, then linking these findings with protein engineering to drive commercialisation and therapeutic development.

NHMRC and MRFF have funded discovery science projects and research and licensing agreements with Roche. He led a team that solved the structure of neurofibromin.

PRESENTATION: STRUCTURE OF HUMAN NEUROFIBROMIN

Cryo-electron microscopy and cross-linking mass spectrometry were used to gain insight into the dysregulation of neurofibromin in NF1 and cancer. These studies reveal the NF1 homodimer features an array of a-helices that form a core scaffold. Three-dimensional variability analysis captured the catalytic GAP-related domain and lipid binding SEC-PH domains positioned against the core scaffold in a closed, autoinhibited conformation.

Interaction with the plasma membrane may release the closed conformation to promote Ras inactivation. The structure provides additional context for binding partners, whose binding sites can be mapped onto the structural surface. Which may reveal hot-spot binding sites for further investigation.

This data allows them to map the location of disease-associated NF1 variants and provide a structural explanation for the extreme susceptibility of the molecule to loss-of-function mutations.

DR NATALIE PRIDE

Masters of Neuropsychology, PhD | Clinical Neuropsychologist, The Children's Hospital at Westmead

Dr Pride has over 15 years clinical and research experience in managing NF1 at The Children's Hospital at Westmead (CHW) where she oversees the NF1 Learning Clinic. She also leads the NF1 Neurocognitive Research team at the Kids Neuroscience Centre.

Dr Pride sits on the international Response Evaluation in Neurofibromatosis and Schwannomatosis (REINS) Neurocognitive Committee and leads a number of projects including a New Investigator Award (US Army NFRP) which focuses on characterising the sleep profile of children with NF1.

PRESENTATION: CHARACTERISING SLEEP DISTURBANCE IN CHILDREN WITH NF1: PRELIMINARY FINDINGS FROM THE NF1 SLEEP STUDY

Adequate sleep in childhood is essential for health and normal development. Research suggests up to 50% of children with NF1 experience sleep disturbance. Understanding sleep disturbance and underlying aetiologies is essential to management and treatment. Animal model research suggests abnormal circadian functioning underlies this.

This multi-site, cross-sectional US Army funded study aims to characterise the nature of sleep disturbance, analyse circadian rhythm functioning and melatonin concentrations and determine the predictors of poor sleep and its impact on neurodevelopmental outcomes in NF1.

This study will provide novel insight into sleep disturbance in NF1 and guide the development of effective interventions.

SPEAKERS

A/PROF JONATHAN PAYNE

DPsych | Co-Group Leader, Brain and Mind, Murdoch Children's Research Institute | Senior Clinical Neuropsychologist, Royal Children's Hospital | Honorary Principal Fellow, Department of Paediatrics, University of Melbourne

A/Prof Jonathan Payne is co-group leader of the Brain and Mind Research Group at the Murdoch Children's Research Institute, a senior clinical neuropsychologist at the NF1 Clinic Royal Children's Hospital, and Honorary Principal Fellow in the Department of Paediatrics, University of Melbourne. His research aims to increase understanding of the neurobiological mechanisms underlying complex neurodevelopmental disorders by studying the cognitive, behavioural and neurobiological phenotypes that arise in genetic syndromes, such as NF1.

PRESENTATION: NEW EVIDENCE AROUND AUTISM SPECTRUM DISORDER IN NEUROFIBROMATOSIS TYPE I

Autism Spectrum Disorder (ASD) results from complex gene-environment interactions that cause widely varying symptoms, which impact on social relationships and quality of life. In some children, autistic behaviours occur in the context of a clinically defined monogenetic syndrome, such as NF1. A/Prof Payne will present the latest snapshot of his team's research into ASD in children with NF1.

SPEAKERS

JANE FLEMMING

BSc (Hons) (Genetics) MSc (Genetic Counselling) PhD | Clinical Research Manager, Department of Clinical Genetics, Royal North Shore Hospital

Jane has over 20 years laboratory and clinical research experience and as an Associate Genetic Counsellor has lectured for the University of Sydney Genetic Counselling Masters Course. She is currently responsible for managing many of the studies being undertaken at the Royal North Shore Hospital NF Clinic and collaborates on other multi-site projects in the NF space.

PRESENTATION: THE IMPACT OF CUTANEOUS NEUROFIBROMAS ON QUALITY OF LIFE AND HEALTH AND WELLBEING OF INDIVIDUALS WITH NFI IN AUSTRALIA

The cosmetic burden of cutaneous neurofibromas and other skin manifestations can have a significant impact on quality of life and well-being. As this has not been well studied in Australia, the aim of this research was to measure health concerns important to patients attending clinic and individuals with NF1 in the community.

MARTIN GOOD

BSN, GradCertNeuroscience | Clinical Nurse Specialist-Neurofibromatosis - Clinic Royal North Shore Hospital

Martin has a Bachelor of Nursing from Sydney University, and has focused his career on neuroscience nursing, gaining Clinical Nurse Specialist certification in neurology. He developed an interest in chronic care and complex patient management extending towards planning and problem solving for the patient beyond the acute care setting.

PRESENTATION: NURSE LED CARE AS AN APPROPRIATE AND ACCEPTABLE NEW MODEL OF CARE

Martin, with the support of the RNSH NF Clinic team, has established a nurse led care (NLC) service to provide extra support to NF patients and has undertaken an evaluation study following its inception which aimed to audit the consultations of the clinical nurse specialist (CNS) and evaluate patient experience, enablement, and satisfaction with the NLC service.

The service is showing an increased number of patients receiving timely care, reengaging in care, treatment, and surveillance for NF.

SPEAKERS

A/PROF RUTH WEBSTER

BMedSc (Hons), MBBS (Hons), MIPH (Hons), PhD
Director, Patients and Infrastructure, Health and Medical Research Office, Department of Health and Aging.

A/Prof Webster is the Director of Patients and Infrastructure within the Health and Medical Research Office at the Department of Health. She has policy carriage of a number of MRFF Initiatives including Clinical Trials Activity, National Critical Research Infrastructure, Primary Health Care and Rapid Applied Research Translation. She has a background in clinical trials and primary health care research, with a particular interest in improved management of cardiovascular risk factors in primary care.

PRESENTATION: THE MEDICAL RESEARCH FUTURE FUND (MRFF)

The Government provides direct support for health and medical research through the complementary Medical Research Future Fund (MRFF) and the National Health and Medical Research Council (NHMRC).

The MRFF funds priority driven research with a focus on research translation. This talk will provide general information about the MRFF, outline some of the differences between the MRFF and NHMRC and offer some insights into the MRFF priorities and processes for grant assessment.

SPEAKERS

PROF KATE DRUMMOND

MBBS MD FRACS | Director of Neurosurgery, Royal Melbourne Hospital | Other affiliations: University of Melbourne, Victorian Comprehensive Cancer Centre

Professor Drummond's research and clinical interests are in the biology and management of brain tumours, and she is a strong advocate on diversity in neurosurgery.She has published over 150 peer-reviewed papers, received more than $21.5 million in research funding, is the current Chair of the Education Committee of the Asian Australasian Society of Neurosurgeons and the 2nd Vice President (AASNS) for the World Federation of Neurosurgical Societies.

She is Co-Editor-in-Chief of the Journal of Clinical Neuroscience and on the Editorial Board of the Journal of Neurosurgery. In 2019 she was awarded Member of the Order of Australia (AM) for services to medicine, particularly in neuro-oncology and community health.

PRESENTATION: TRANSITIONING TO MULTIDISCIPLINARY CARE FOR ADULTS WITH NEUROFIBROMATOSIS

The transition from paediatric to adult care in patients with NF is difficult and requires a different model of care. Complexities include the varied presentation and severity of the syndrome, cosmetic concerns, fertility options, mental health, family and work responsibilities and cancer risk.

This presentation will discuss the ideal model of care for adults with NF, what is currently available and aspirational goals for the future, including digital interventions that may transform quality of care.

DR GEOFF MCCOWAGE

MB, BS FRACP | Senior Paediatric Oncologist Children's Hospital at Westmead

Dr McCowage is a Senior Paediatric Oncologist at the Children's Hospital Westmead, is CEO of Australasian Children's Cancer Trials and is the lead clinician for the first Australian-led clinical trial of the MEK Inhibitor drug, Trametinib.

PRESENTATION: UPDATE ON THE TRAMETINIB IN NEUROFIBROMATOSIS TUMOURS (TINT) CLINICAL TRIAL

DR JIM WHITTLE

BSc., MBBS (Hons), FRACP | Medical Oncologist, Peter MacCallum Cancer Centre

Dr Whittle is a medical oncologist specialising in neuro-oncology and early phase clinical trials at the Peter MacCallum Cancer Centre with interest in new therapies to treat plexiform neurofibromas as well as brain tumours associated with neurofibromatosis and improving health related quality of life outcomes for patients.

His clinical training was completed at Royal Melbourne Hospital and Peter MacCallum Cancer Centre, followed by a PhD and postdoctoral research at the WEHI in the Visvader / Lindeman Laboratory. In 2021 Jim was appointed joint laboratory head in the Personalised Oncology Division at WEHI as part of the establishment of the Brain Cancer Centre.

PRESENTATION: KOMET TRIAL UPDATE

Sponsored by AstraZeneca, the KOMET clinical trial is an international study looking at the efficacy of the MEK inhibitor Selumetinib in adults following on from the success of the SPRINT trial out of the USA. From this trial, Selumetinib has now been approved for use in NF1 internationally as well as here in Australia.

Dr Jim Whittle is running the Melbourne arm of the trial and will provide an update on progress and insights to date.

DR GABRIEL DABSCHECK

MBBS (Hons) FRACP MClinEpi | Paediatric Neurologist Royal Children's Hospital, Murdoch Children's Research Institute and University of Melbourne

Dr Dabscheck is the director of the Neurofibromatosis clinic at RCH, Melbourne. Gabriel trained in the management of patients with Neurofibromatosis at Boston Children's Hospital and has directed the NF clinic at RCH since 2014.

The clinic has grown to be a true multidisciplinary clinic which manages more the 400 local and interstate patients with NF1. His research interests include the early detection of MPNST in NF1, leveraging the recent advances in genomics and circulating tumour DNA. He collaborates with other local, interstate and international colleagues in research into advancing the care of patients with NF1.

PRESENTATION: IS EARLY DIAGNOSIS MPSNT POSSIBLE?

Dr Dabscheck will give an overview of the recent advances in the genomics of MPNST, and the science behind circulating tumour DNA. This presentation will explain how the recent improvement in technologies and advanced knowledge of the tumour microenvironment may make early diagnosis of MPNST possible.

MR JONATHAN LAU

BSc | Year 3 Medical Student, Sydney Medical School, University of Sydney

Jonathan is a third-year medical student at the University of Sydney, Australia. As part of his degree, he conducted an MD research project with A/Prof Mimi Berman at the Royal North Shore Hospital in Sydney, investigating the use of 3D imaging for measuring cutaneous neurofibromas.

The project is his first introduction to NF and has sparked his interest in current treatments and research regarding the disorder. He garnered an interest in dermatology thanks to the time spent in the NF1 clinic for the project.

PRESENTATION: A COMPARISON OF 3D IMAGING DEVICES FOR THE MEASUREMENT OF CUTANEOUS NEUROFIBROMAS IN PATIENTS WITH NFI

Cutaneous neurofibromas (cNFs) are a major cause of disfigurement and reduced quality of life in patients with NF1. Clinical trials investigating cNF treatments currently lack standardised instruments and outcome measures to objectively evaluate changes in cNF size and appearance. To address this problem, 3D photography has been proposed as a tool to analyse cNFs.

This study aimed to investigate the viability of three different 3D imaging systems: Vectra H1, LifeViz Micro and Cherry Imaging, for measuring cNF size. We found that whilst each imaging system demonstrated excellent reliability, each device possesses distinct advantages and limitations which affect the feasibility of their use in a clinical setting.

SPEAKERS

A/PROF TRACEY DUDDING-BYTH

BMed, FRACP, PhD | Clinical Geneticist/ Director of NSW Genetics of Learning Disability service, Hunter New England Health Service, University of Newcastle.

A/Prof Dudding-Byth is a Clinical Geneticist and Director of the NSW Genetics of Learning Disability (GOLD) service. She has a personal and professional interest in NF1. In 2012, A/Prof Dudding-Byth co-founded Rare Voices Australia (RVA), a national advocacy organisation, uniting the estimated 1.5 million Australians living with a rare disease.

She leads the MRFF funded international NF1 cutaneous neurofibroma consortium. This project aims to identify potential modifier genes influencing the number of cutaneous neurofibromas an individual with NF1 will develop. Dr Dudding-Byth received the 2021 Research Australia Health and Medical Research Data innovation award.

PRESENTATION: THE INTERNATIONAL NFI CUTANEOUS NEUROFIBROMA

NF1 is the most common neurogenetic condition. Adult patients report cosmetic disfigurement due to distressing fleshy skin tumours as the greatest burden of living with NF1. There is no way to predict tumour severity which can range from <100 to thousands.

A/Prof Dudding-Byth will conduct a large genome-wide association study within a cohort of 2000 adults with NF1 to identify genetic modifiers to understand disease variability and characterise potential treatment pathways.

SPEAKERS

PROF D. GARETH EVANS

MB, BS, MD, FRCP, FLSW, FRCOG, ad eundem
Genomic Medicine, Division of Evolution and Genomic Science, University of Manchester, St Mary's Hospital, Manchester, UK

A Consultant at Manchester University Hospitals NHS Foundation Trust and The Christie NHS Foundation Trust, Professor Evans has established a national and international reputation in clinical and research aspects of cancer genetics, particularly in neurofibromatosis, schwannomatosis and breast cancer.

Professor Evans is a chair of medical genetics and cancer epidemiology at the University of Manchester. He has published 953 peer reviewed research publications, 340 as first or senior author. In the last seven years he has raised over £45 million in grants for multicentre and local studies. He is Chief Investigator on two NIHR program grants on breast cancer risk prediction and also has an NIHR RfPB grant as CI (2011). He has led a successful bid for a Nationally funded NF2 service (£7.5 million pa) that started in 2010 and is involved in the national complex NF1 service.

He is the cancer prevention early detection theme leader on the NIHR Manchester Biomedical Research Centre. Professor Evans is also lead clinician on the NICE Familial Breast Cancer Guideline Group, a trustee of NF2Biosolutions and former for Breast Cancer Now and the Neuro Foundation.

PRESENTATION: UPDATE ON NF2 IN THE UK

Individuals who inherit a pathogenic variant in the NF2 gene develop vestibular schwannomas (usually bilaterally) resulting in deafness and schwannomas on other cranial and spinal nerves.

Meningiomas affect 70% of individuals and low grade ependymomas are also common. Cataracts and retinal hamartomas also occur. Many patients have significant disability. Increased survival has resulted from management in specialist centres and use of bevacizumab.

Since the gene was identified, over 4,000 NF2 patients have undergone genetic testing worldwide. Sequence analysis has identified a pathogenic variant in 96% in second generation patients, but in simple cases detection rate is around 43%.

About 50% of mutations are not detected due to mosaicism. Mosaicism has been identified by tumour analysis when not detectable in blood. There are strong genotype-phenotype correlations with type and position of the mutation being associated with disease severity.

MR NICHOLAS HALL

FRACS (Neurosurgery) MRCS (eng), BMBS, BMedSci | Skull Base Neurosurgeon, Royal Melbourne Hospital | Affiliations: Melbourne Private Hospital, Epworth Hospital

Nicholas is the principle lateral skull base surgeon at the Royal Melbourne Hospital. Mr Hall collaborates with ENT colleagues on a variety of cases involving sporadic and NF-2 related acoustic neuromas and other CP angle lesions. He also collaborates with Radiation and Medical oncologists to produce best practice outcomes for patients with this complex condition.

He completed his fellowship in the UK at Addenbrookes Hospital in Cambridge within the NF-2 multidisciplinary clinic. Mr Hall has published several textbook chapters regarding the management of CP angle lesions.

PRESENTATION: HEARING PRESERVATION OPTIONS IN NF2

Nicholas will discuss the surgical and medical management options available for treatment of NF2 and the relationship of treatment options to hearing preservation.

A surgery is associated with a variable degree of risk relating to hearing loss depending on the strategy. However, there are evolving options to treat growing tumours with progressive hearing loss, including chemotherapy and radiotherapy.

Surgery may still continue to play a role in the placement of Auditory Brainstem Implants (ABI) to allow for some hearing in the treated ear.

NOTES

Proud Gold Sponsor

Children's Tumour Foundation
CONQUERING NF

Leaders in infection prevention technology

- Backed by science
- Advanced disinfection technology
- TGA registered manufacturer
- Australian based manufacturing

www.whiteley.com.au

Whiteley™

Protecting lives and livelihoods since 1933