



COMMONWEALTH OF AUSTRALIA

PARLIAMENTARY DEBATES



**HOUSE OF REPRESENTATIVES**

**COMMITTEES**

**Health and Ageing Committee**

**Report**

**SPEECH**

**Monday, 24 June 2013**

BY AUTHORITY OF THE HOUSE OF REPRESENTATIVES

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## SPEECH

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**Questioner**  
**Speaker** Irons, Steve, MP

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**Mr IRONS** (Swan) (11:06): I rise to join with the chair of the Standing Committee on Health and Ageing in speaking on the tabling of its *Thinking ahead* report. This is the ninth report of an inquiry by the House of Representatives Standing Committee on Health and Ageing to be tabled in this 43rd Parliament and potentially this is the last opportunity for members of the committee to speak on matters of the committee in this term unless the report is referred to the Federation Chamber, which I believe, as the chair has told me, is going to happen but I see the chair has left the chamber so we will have to wait and see if she does come back to refer it to the Federation Chamber.

As we all know, the committee work of parliament is extremely important and we need to make sure, in the processes we take through these reports and recommendations, that all those who participate are thanked, so I would like to thank all the members of the public who have taken part in these inquiries, particularly this inquiry, and for the time they invest in the process. Sometimes the testimonies they make take great personal courage, time and energy for them to participate. I would also like to thank the secretariat, whose members I see in the chamber, for their work. This was an extensive report and it took a lot of time to take evidence around Australia and make inquiries, so their effort towards the tabling of this report and the writing of this report is fantastic and I would like to thank them for all their efforts along with the rest of the committee, the chair and the previous chair as well, the member for Hindmarsh.

I now return to the report that has been tabled today, which is a worthwhile report that this committee has been undertaking since 20 March 2012. It has been a very comprehensive inquiry process with 17 public hearings right across the major population centres of the country and these hearings were attended by hundreds of people who gave evidence in person as well as the receipt of 119 written submissions. Some of the highlights of the inquiry for me arose in Adelaide and in Parkes and also in Swan, at Curtin University. I was extremely interested in the evidence given by Professor Ralph Martins from Edith Cowan University and I will read into the *Hansard* parts of his opening statement. It begins:

My focus for the last few years has been on trying to understand what causes Alzheimer's disease. More recently, we have been focusing our attention on two major areas. One is early diagnosis and the other is lifestyle factors that can impact on the disease and how we can utilise that information to prevent Alzheimer's disease or significantly delay it.

... ..

Six years ago there was an initiative led by the CSIRO where they asked for expressions of interest to look at setting up a cohort in Australia to try to understand ways in which we can diagnose the disease early. This is now known as the Australian Imaging, Biomarkers and Lifestyle Flagship Study of Ageing. ... Collectively we recruited 1,100 people for the study and we have been following them for the last six years. The large part are healthy controls—700 of them—of whom half are memory complainers. We also have a smaller proportion who we call 'mildly cognitively impaired'. So they are not demented but they are significantly deficient in a couple of memory tasks.

And then we have people with early-stage Alzheimer's. We have followed them for the last six years. The process involves brain imaging; the taking of blood for blood biomarkers; looking at lifestyle factors; and, obviously, extensive clinical overview and investigation, including neuropsychological assessments.

There are only two studies of this kind in the world. One is here in Australia and the other is in the United States. As to funding, they have recruited 800 people in the US for a budget of \$60 million; we have done 1,100 for a budget of around \$8 million. The difference between their cohort and ours is that we have imaged the brain of a substantially larger number of people. Also, they have paid no attention to lifestyle factors, whereas that has been one of our major objectives. So we are unique in that regard.

In that short period of time we have already identified a panel of blood bio-markers that can reflect changes in the brain. We are now hitting an accuracy of 85 per cent and that is almost as good as clinical evaluation. We obviously want to get it better. We have led the world in imaging the brain for early diagnosis and it has been clearly shown—Australians are doing this—that you can pick up the disease at least 15 or even 20 years before the onset of symptoms. I think this early diagnosis is critical. We are now trying to look at ways in which we can measure those changes in the blood that will allow us to predict people with Alzheimer's. We are also doing something that is highly innovative and I can see that it is the way forward. We can now see changes in the eye. The amyloid deposits in the brain can be seen in the eye. We are probably the first in the world with a partner in the US to look at that.

I look forward to continuing this speech and commend this report to the House.

The DEPUTY SPEAKER ( Hon. BC Scott ): The time allocated for statements on this report has expired. Does the honourable member for Shortland wish to move a motion in connection with the report to enable it to be debated at a later hour?