



Professor Stephen Opat

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Tell us about yourself and how you came to be in your current role(s)?

I am both a clinical and laboratory haematologist and have been recently appointed as the Cancer Program Director at Monash Health. Other substantive roles include research lead CLL/indolent lymphoma, co-chair of the CLL Scientific Working Party and a member of the Scientific Advisory Committee of the of the Australasian Leukaemia and Lymphoma Group, founder and chair of the Australasian Lymphoma and Related Diseases Registry, and lead investigator of the Melbourne Genomics Health Alliance Lymphoma Flagship.

Previously I was President of the Haematology Society of Australasia and New Zealand; Chair of the Victorian Integrated Cancer Service, Lymphoma Summit and Chair of the Haematology Group, Department of Health and Human Services, Cancer Access Project and Coordinator of Advanced Training in Haematology.

I trained in Haematology at The Alfred and Austin Hospitals in Melbourne followed by a fellowship in Cambridge UK, researching Hodgkin lymphoma biology. In 2009, I spent six months at the BC Cancer Agency in Canada, studying mantle cell lymphoma and was involved in one of the first papers describing the transcriptome of this disease.

In 2018 I was visiting professor at Stanford University evaluating circulating tumour DNA in aggressive lymphoma.

My interests include the clinical management of lymphoma and chronic lymphocytic leukaemia, lymphoma genomics and Gaucher disease. I am a Clinical Professor in the School of Clinical Sciences at Monash University and a principal investigator in over 60 trials mainly in lymphoid cancer. I also established a first-in-human and early phase haematology research unit at Monash Health in 2014.

I am passionate about health equity and improving the lives of patients with blood cancers. I serve on many international scientific advisory boards on lymphoma and CLL and have a strong interest in medical education and lecture widely throughout the Asia-Pacific. I also like riding bicycles and have participated in several charity bike rides for the leukaemia foundation and cancer council.

What is your connection to SMICS?

I have been involved with SMICS since its inception, mainly through my leadership roles at Monash Health. My involvement to date has been limited as I have been engaged in many additional responsibilities over the years. I am keen to foster closer collaborations between healthcare providers in the south east. I think we have a real problem with health equity not just in our region, but across the state. I think it best if patients can receive optimal cancer care close to their home. I hope my involvement with VICS will enable me to advocate better for the patients in our region.

What is the most rewarding aspect of your role(s)?

There are so many rewarding aspects that it's hard to define what is the most rewarding. Up near the top of the list is clinical research. It's great to take a candidate drug from 'first in human' to commercialisation. There are many patients who are only alive today through participation in clinical research studies. Our patients often get access to blockbuster medication way before other jurisdictions. It's great that our industry partners trust us to develop their important assets.

The second most rewarding aspect of my role is seeing the success of my department. I particularly enjoy celebrating higher degree confirmation, publications, grants and awards and other achievements. I am also proud of my department at Monash Health which from humble beginnings has emerged, led by Professor Jake Shortt, as one of the country's largest leukaemia services.

We have an enormous clinical research program, led by Dr Gareth Gregory and a stem cell transplant program, led by Dr Danielle Oh which is great for our patients in the south east.

What is it about your work that makes you want to get out of bed each morning?

Sometimes it's hard to get out of bed in winter. On a serious note, there is a lot more work to be done for our patients with cancer. Outcomes for cancer patients continue to improve but many patients are yet to benefit from these advances for a variety of reasons. We need to do more work exploring variation in practice, and outcome, and benchmark our performances both nationally and internationally. We have been able to improve the lives of so many patients – that is most rewarding.

What does a typical day at work look like for you?

It's largely chaotic. Fortunately, I don't need much sleep. My previous PA got me a 16-hour clock, so I'd have an extra 4 hours to work each day so that helps a bit. Unfortunately, I take a lot of work home with me. My clinical load includes two clinics and two months ward service which is a good break from administrative tasks. Last week I counted roughly 20 hours of on-line meetings; I think post-pandemic it has become too easy to call a meeting. We will need to think about how to return to pre-pandemic settings.

I work closely with Zoe Devenish who is my general manager. She is fantastic – it's great to work with someone who is so committed and understands how the hospital works in great detail.

I don't think I have a typical day. Every day brings new surprises, whether its advocating for increased resources for young adults with cancer, dealing with hospital access issues, writing, or approving business cases, managing the programs finances (with the assistance of Stephen Tan), participating in morbidity and mortality and multidisciplinary team meetings, or just talking with patients and staff.

I like to be accessible and responsive, but I suspect checking my email every 30 seconds is not that healthy.

How do you manage work / life balance?

My wife Annette tells me this could be better. I think the main thing is I enjoy my work - so the distinction between work and non-work is blurry. I often trade sleep hours for non-work relaxation time in front of the TV. I travel a lot for work – I'm not sure if this is really a break but it does give me a change of scenery.

Cycling is my meditation. I cycle up to 10,000km per year. It's the best way to see places and gives you time to think. It also immunises you against stress; I don't think I could cope with my load without it.

In March next year I am signed up for a charity bike ride in Taiwan to raise money for Ronald McDonald House charities. There is an epic 87km climb up 3400m over Wuling Pass.

I hope you can all sponsor me.

Are there any patient success stories that you can share?

There are many amazing stories. Two come to mind:

One patient had a rare type of lymphoma and had failed over 10 prior therapies. Based on an understanding of disease biology, Jake Shortt and I repurposed an older drug used in an unrelated condition, myelodysplastic syndrome, and after two weeks of treatment the patient was in remission. He subsequently died of an unrelated cancer over 4 years later.

The other patient had a more common lymphoma, diffuse large B cell lymphoma and had failed seven prior therapies including a stem cell transplant. We enrolled him on a first-in-human study of a drug that targets MALT1, a protein involved in signalling pathways in the cancer cell. He too rapidly achieved remission - and is still alive and well, two years later.

Both these cases highlight the changing paradigm of cancer care in 2023, and the benefit of clinical trials. There is still a chance of great outcomes (and even cure) in the later stages of illness, when all other treatments have failed.