



2010/11

ANNUAL REPORT



The Gallipoli Medical Research Foundation logo includes a representation of Simpson and his donkey, a well known and much loved icon that epitomises the sacrifice made by our brave service personnel at Gallipoli and in many conflicts since that tragic but heroic chapter in our history. The commitment, dedication and selflessness that enabled Simpson to go out, time and again, to rescue his wounded comrades encourages us to strive towards excellence in medical research so that others can benefit in this generation and generations to come.

John Simpson Kirkpatrick was born and lived until age sixteen in South Shields, Tyneside, UK. One of a family of seven including his father, Robert, a merchant navy seaman and Sarah, his mother who also worked as a domestic housekeeper, John's young life was difficult. Food was scarce, the neighbourhood was poor and the family moved frequently. His father passed away, five years after he left the navy because of injury. John was 17. He had left school at 12 to take up work as a "milk-float boy". He worked with a dappled grey pony who became his close friend; others remarking on the fact that John talked to the pony like he would another human being.

When his father died, John went to sea and on his second ship he came to Australia. He worked here for four years, on coastal shipping vessels and he tried cane cutting and horse-mounted stock work in Northern Queensland. These latter jobs each lasted only a matter of days; John found the heat and humidity intolerable. When war broke out in 1914, he was one of the first to enlist in Perth where he joined the 3 Australian Field Ambulance as a stretcher bearer.

The legend of Simpson's deeds at Gallipoli was forged in only 24 days at Anzac Cove. It is believed that he rescued and retrieved more than 300 casualties, sometimes as many as 20 in one day, many under conditions of mortal risk to himself. On 19 May

1915, while making his fourth rescue of the day under heavy fire, he was killed instantly by machine gun fire at a point known as Bloody Angel in Shrapnel Gully. His donkey, "Duffy" still carrying the wounded soldier returned alone to the Advanced Dressing Station of 3 Field Ambulance.

Acknowledgement: Professor John Pearn AO, Professor of Paediatrics and Child Health – University of Queensland and Major General (Rtd.)



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Highlights 2010-2011

Fundraising

- Mrs Norma Bracken donated \$100,000 to be used for research into respiratory/lung disease.
- \$125,000 bequest pledged by G. (Doug) Murray.
- John and Wendy Thorsen donate a second \$100,000 as part of their pledge to assist Andrew Nicol in securing the services of Ass Professor Raja Choudhury.
- \$50,000 donated by Zahra and Brett Godfrey to support liver research.
- Diggers Dozen raise an additional \$30,000 this financial year bringing their overall total to approximately \$140K
- 64 guest speaking engagements, raising the profile of GMRF by reaching over 3400 club attendees.
- Anne Stanton and her family again raise \$10,000 from their annual "Walking on Sunshine" dinner.
- The Foundation conducts 6 Art Union Raffles raising valuable funds to support its research.
- An anonymous donor generously donates \$100K towards research into Myeloma Research by the Centre for Immune and Targeted Therapy.



Research

- The Liver Research Group is proud to announce that the PhD student– Dr. Terrence Tan, was voted Young Investigator of the Year at the 15th Annual Coolum Update in Gastroenterology and Hepatology.
- Prof. Darrell Crawford has received the 2011 Distinguished Service Award from the Gastroenterological Society of Australia. The award will be presented in September.
- The Liver Research Group was awarded a highly contested National Health and Medical Research grant of just under \$500K over 3 years.
- Ass Prof Raja Choudhury commenced in the role of Head of Cancer Research and is already making a significant contribution to the team
- The CITT initiated Melanoma Protocol has been submitted to Greenslopes & UQ Ethics Committees and pending final approval from the UQ committee will commence in September 2011
- The Foundation became a Participant in the Wound Management Cooperative Research Centre and commenced its research project into skin tears.
- Dr Rachel Thompson will join the GMRF on the completion of Stage 2 of the renovations and will base the Centre for NTM and Bronchiectasis Research at these facilities.
- The Clinical trials Unit (CTU) continues to expand with growth in hepatitis, haematological and melanoma studies and the introduction of studies in cardiovascular disease and ovarian cancer

Other

- The first stage of the building refurbishment is complete with a state of the art Clinical Trials facility and new reception and administrative offices for the Foundation.
- Stage 2 including new laboratories and research offices to be complete by the end of 2011.
- The Foundation's website has had a facelift and we believe it is easier to navigate and more informative

Staff

- **Board:** On his departure from Greenslopes Private Hospital, Richard Lizzo resigned from the board of the Foundation. Tom Ryan is currently acting Chairman. We would like to acknowledge the great contribution made by Richard and thank Tom for so ably taking up the reigns. Mark Page commences as CEO of Greenslopes Private Hospital in June and will join the Executive and Board of the Foundation . Professor Susan Tett resigned from the Board on her move to Tasmania. We thank her for her significant contribution to the Board. We welcomed Dr Peter Kortlucke and Assoc Prof David Colquhoun as Board Members in 2011.
- **Foundation:** Appointment of the Foundation's first CEO - Miriam Dwyer in May 2011. Resignation of Kerry Cutting and Jan Saunders. A new Manager of Corporate and Community Engagement , Mr Ben Evans commenced in August 2011. The Clinical Trial staff numbers have expanded to 6 including a new part time Ethics Coordinator/ Compliance Officer.

Profile

GMRF vision & goals

Vision

The vision of the Gallipoli Medical Research Foundation is to become an internationally renowned centre of excellence in health and medical research, improving future health standards for the Australian community.

In doing so, the Foundation will provide a lasting legacy to the veteran and war widow community, and the community at large.

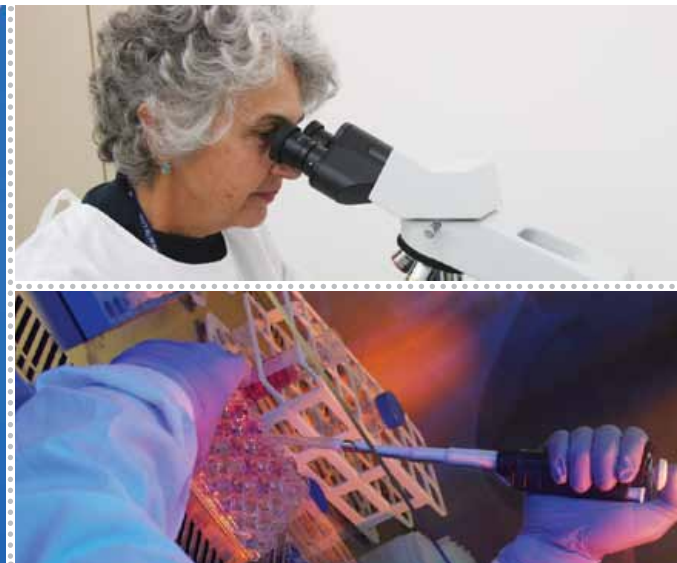
Mission

To undertake research into the causes, prevention and cure of diseases with a particular focus on the veteran and general community.

Strategy

- Optimise support from the wider community in order to facilitate our vision
- Develop state-of-the-art research laboratories on the campus of Greenslopes Private Hospital
- Provide leadership and excellence in research activities throughout Australasia
- Apply research to product development within Australia where possible.
- Support ongoing development of existing research teams.
- Development of a clinical trials unit
- Develop research programs where specific funding has been received.

The Gallipoli Medical Research Foundation is supported by a Board of Directors and Research Committee made up of highly qualified and esteemed individuals. The National Health & Medical Research Council (NH&MRC) has approved the Gallipoli Medical Research Foundation as an Approved Research Institute (ARI). The Foundation is endorsed by the Australian Taxation Office (ATO) as a Deductible Gift Recipient (DGR). Accordingly, gifts (not being testamentary gifts) of the value of \$2 and above are tax deductible.



Chairman's Report

It has been a busy year in the Gallipoli Medical Research Foundation (GMRF) with the building refurbishment getting underway in late 2010 courtesy of the Federal Government grant we received in 2005. I am pleased to report that stage one of the building program is now complete and the GMRF staff and Clinical Trials Unit have moved into new state-of-the-art facilities that incorporate a new reception, administration offices and a spacious clinical trials area. Stage two, which includes new laboratories and research space, is now underway and is scheduled to be complete by the end of 2011. We look forward to a grand opening of this space in early 2012.

These new modern facilities have not only improved the daily working environment for our GMRF office team and research staff but will also enable us to continue to attract high quality researchers to work in our Research Centre. To that end, in 2011 we welcomed Associate Professor Raja Choudhury who commenced the role of Head of Cancer Research in the Centre for Immunology and Targeted Therapies (CITT) under the direction of Associate Professor Andrew Nicol. After completing a Master's degree in India, Dr Choudhury attained his doctorate in immunology at the University Of South Carolina School Of Medicine in Columbia, South Carolina. He has worked at the University of Texas MD Anderson Cancer Centre in Houston, Texas, one of the largest and most reputed cancer treatment centres worldwide, and the Karolinska Institute in Sweden, one of the world's leading medical universities and the host institution for the Nobel Prize in Medicine. Dr Choudhury will oversee the laboratory that generates immune cells for treating cancer patients and undertakes "bench-to-bedside" research projects, aimed at translating basic science discoveries into improved treatment options for cancer patients. I am pleased to report that he is already making a significant contribution to the team.

We also look forward to welcoming Dr Rachel Thomson's research team on the completion of the stage two renovations. Dr Thomson is a high profile respiratory physician in Australia and joined the GMRF in 2011. Dr Thomson's research is focused on pulmonary nontuberculous mycobacterial infections and bronchiectasis. Both conditions are increasing in prevalence in Queensland. Dr Thomson is highly regarded in her field and will enhance the GMRF's reputation throughout Queensland and Australia.

The Liver Research Group capped off a wonderful year with Professor Darrell Crawford receiving the 2011 Distinguished Service Award from the Gastroenterological Society of Australia and the Group's PhD student, Dr Terrence Tan, being voted Young Investigator of the Year at the 15th Annual Coolum Update in Gastroenterology and Hepatology. The Group was also awarded a National Health and Medical Research Centre grant of just under \$500,000 over three years. These are highly contested grants and their success speaks volumes of the impressive nature of the Group's work.

Outside of our major focus areas of cancer and liver research, the Foundation became a participant in a major wound management research project with the Wound Management Cooperative Research Centre and has commenced its research project on skin tears. I am also pleased to report that the Clinical Trials Unit continues to go from strength to strength with growth in hepatitis, haematological and melanoma studies and the introduction of studies in cardiovascular disease and ovarian cancer.

Of course, fundraising is vital to the continued success of the Foundation and the important research that is undertaken by our teams cannot be achieved without the

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These new modern facilities have not only improved the daily working environment for our GMRF office team & research staff but will also enable us to continue to attract high quality researchers to work in our Research Centre.

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Chairman's Report continued

funds that are generously donated by so many people. We are particularly very grateful to our major donors – John and Wendy Thorsen - who donated a further \$100,000 this year as part of their pledge to assist Dr Nicol to secure the services of Dr Choudhury. Other notable funds donated this year included:

- \$125,000 bequest pledged by Doug Murray
- \$100,000 donated by an anonymous donor for myeloma research
- \$50,000 donated by Zahra and Brett Godfrey for liver research
- \$30,000 donated by the Greenslopes Private Hospital Diggers Dozen
- \$10,000 donated by Anne Stanton and family

The Foundation continues to work hard on raising the profile of the GMRF and during the year undertook 64 guest speaking engagements reaching over 3400 attendees.

In February 2011 we farewelled our Chairman, Richard Lizzio who left Greenslopes Private Hospital to pursue other career opportunities and I have stepped in as Acting Chairman since that time. The new Greenslopes Private Hospital Chief Executive Officer Mark Page has since joined the GMRF Board and Executive. We also farewelled Professor Susan Tett from the Board following her move to Tasmania but were pleased to welcome two new Board members during the year, Dr Peter Kortlucke and Associate Professor David Colquhoun.

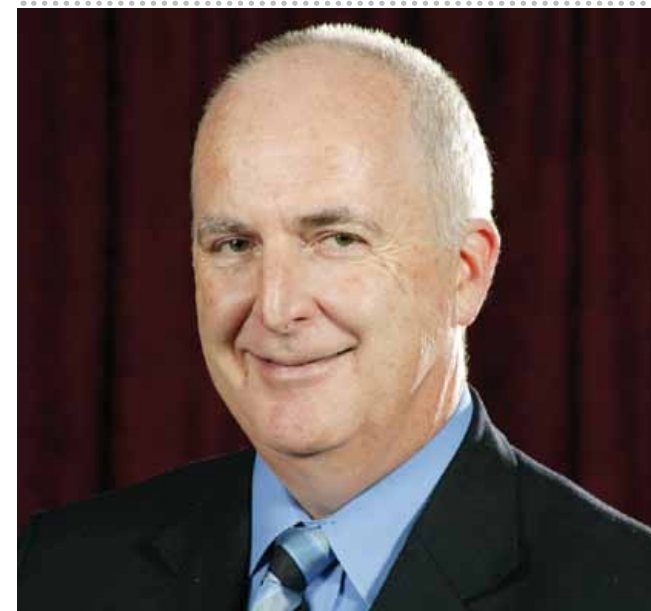
With the day-to-day management of the Foundation increasing, the Board approved the appointment of the first Foundation CEO in 2011. Miriam Dwyer commenced in May 2011 and brings with her extensive experience in

the charity and not-for-profit sector as well as a wealth of knowledge from every facet of the clinical research industry. She has already made significant progress since commencing and will greatly improve the output of the Foundation.

On behalf of the Board I would like to take this opportunity to thank the GMRF staff and research centre teams who make the Foundation what it is today and deliver hope to so many people. We are a small but high quality research unit with a tremendous output. I thank Associate Professor Andrew Nicol and Professor Darrell Crawford and their teams for their continued support of the Gallipoli Research Centre and the GMRF. I look forward to reporting to you next year on our continued successes, the growth of our Foundation and the outcomes from our ongoing quality research.



Tom Ryan - Acting Chairman



Research Activities

Centre for Immune & Targeted Therapy

The Center for Immune and Targeted Therapy (CITT) has the overarching goal of discovering novel, immune-based therapies for different types of cancers and improving the clinical outcome for the cancer patients by combining immune-based therapies with conventional cancer treatments. With an emphasis on “bench-to-bedside” transfer of knowledge, the activities of CITT range from laboratory-based, basic science discoveries to a vibrant clinical trials programs. Presently there are several ongoing clinical trials initiated by our own investigators as well as pharmaceutical company-sponsored trials testing various treatment strategies for cancer. The Director of CITT is Associate Professor Andrew Nicol.

The period 2010-2011 has been an exciting and eventful phase for CITT. The laboratories are being completely rebuilt and refurbished to internationally

coveted standards with state-of-the-art equipment and technology. The first phase is now finished and work is rapidly progressing to complete the final phase of the reconstruction. Another significant development is the appointment of Associate Professor Raja Choudhury as the Head of Cancer Research. Raja was recruited from the Karolinska Institute in Stockholm, Sweden which is noted internationally as the host institution for the Nobel Prize. Raja received his training in the US and spent several years as a faculty at the world-renowned MD Anderson Cancer Center. He will oversee the production of immune cells in the laboratory for clinical therapy as well as provide new impetus to the basic science research program. The research training component Of CITT is being developed with the recruitment of Ms. Nadia Floden as a Ph.D. student. Nadia completed her Bachelor of Science (Honors) from the University of Queensland and is the recipient of a top-up scholarship from GMRF. Additional recruitment of Ph.D. students is currently ongoing and has been made possible thanks to the offer from GMRF to provide a \$30,000 stipend for a potential Ph.D. student.

The research interests continue in cancers originating from white blood cells (hematological malignancies) and melanoma, with several new treatment approaches being tested in these diseases. There have been two publications in the period 2010-2011 (see below). The first one in the journal *Clinical Cancer Research* explores the use of dendritic cells that have been treated with a compound called α -galactosylceramide (α -GalCer, KRN7000) for the immunotherapy of advanced cancers. Dendritic cells are effective stimulators of immune responses and treatment with this particular compound enables dendritic cells to stimulate a special type of immune cells called NKT cells that have potent anticancer effects. The second paper in the *British Journal of Cancer* reports the findings of a clinical trial examining the ability of a type of immune cells called gamma-delta T cells that have been produced in the laboratory as a form of immunotherapy for advanced cancers. In this study, patients who received these cells while continuing chemotherapy that was previously ineffective had clinical responses. These encouraging



Research Activities continued

results offer new hope for treating patients with advanced cancers who would otherwise respond poorly to conventional chemotherapy.

A new trial testing the combination of the drug ipilimumab or “Yervoy” with dendritic cell-based immunotherapy has received ethics approval and is ready to commence accrual of patients. Under normal circumstances the body has elaborate systems to switch off the response to immunological stimuli after a period of time. Ipilimumab works by preventing the immune response from being turned off thereby resulting in a sustained and augmented antitumour immune response generated with dendritic cell vaccination. It is anticipated that this approach will provide clinical benefits to patients with advanced melanoma who were hitherto untreatable with existing therapies.

Basic science research on discovering new targets and approaches for immune therapy of cancers is ongoing. Additionally we are also trying to improve the understanding of how the immune system interacts with tumours as well as factors that lead to the success or failure of the immune system in eliminating tumours. One of the targets being currently studied is a molecule called Ror1. This molecule has been demonstrated to be expressed by chronic lymphocytic leukemia cells and several research groups around the world are attempting to target it using antibodies, drugs or vaccine approaches. Our efforts are directed at exploring whether Ror1 is expressed in other types of cancers and whether targeting this molecule in other tumour types result in the death of the cancerous cells. We are also trying to establish the generation of tumour infiltrating lymphocytes or TILs in the laboratory for tumour immunotherapy. TILs are a small population of immune cells that infiltrate tumour tissue and several studies have shown that when the small

population of these cells in surgically removed tumours are expanded in the laboratory and reinfused into patients, they demonstrate powerful capacity to seek out and destroy cancerous cells. It is anticipated that the methods for generating these cells will be validated shortly and this form of therapy will be soon available to Australian patients.

Publications

1. Nicol AJ, Tazbirkova A, Nieda M. Comparison of clinical and immunological effects of intravenous and intradermal administration of α -GalactosylCeramide (KRN7000)-pulsed dendritic cells. *Clin. Cancer Res.* 2011;17:5140-5151.
2. Nicol AJ, Tokuyama H, Mattarollo SR, Hagi T, Suzuki K, Yokokawa K, Nieda M (2010) Clinical evaluation of autologous gamma deltas T cell-based immunotherapy for metastatic solid tumours. *Brit. J. Cancer.* In press



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The period 2010-2011 has been an exciting & eventful phase for CITT. The laboratories are being completely rebuilt & refurbished to internationally coveted standards with state-of-the-art equipment & technology. The first phase is now finished & work is rapidly progressing to complete the final phase of the reconstruction.

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Research Activities continued

Liver Research Unit

The Liver Research Unit studies disorders of iron overload, interactions between alcohol and iron and other liver diseases, mechanisms and therapies of hepatic fibrosis, and treatments for viral hepatitis. The Centre is led by Professor Crawford, Dr Linda Fletcher, Dr Nathan Subramaniam and Dr Kim Bridle. We have established excellent collaborations with members of scientific staff at Queensland Institute of Medical Research whereby we are further pursuing our research into genetic disorders of iron metabolism and the pathophysiological role that the iron storage compound ferritin plays in liver disease progression.

The Liver Research Unit has had a very successful year, being awarded a highly competitive NHMRC project grant for their work on cholestatic liver disease and therapies for liver fibrosis. Research output has been substantial throughout the year including multiple publications in the highest ranking journals in the field, invited reviews and book chapters, oral and poster presentations at major international meetings in Europe, Asia Pacific and the United States as well as invitations to speak at scientific meetings. The Liver Research Centre has had two new staff members join in 2011 as research assistants, Erika de Guzman and Nishreen Santrampurwala.

Dr Terrence Tan and Ms Amy Sobbe have made excellent progress on their PhD projects this year. Dr Tan, supported in whole by a GMRF scholarship, was awarded the Young Investigator Award at the recent Gastroenterological Society of Queensland Annual conference. Dr Tan has also had a manuscript accepted for publication in the American Journal of Physiology. Ms Sobbe (supported in part by GMRF) is to be a finalist in the Gastroenterological Society of Australia Young Investigator Awards to be held in September 2011. Both Dr

Tan and Ms Sobbe have also had their work accepted for presentation at the prestigious American Association for the Study of Liver Disease Annual Meeting to be held in November in San Francisco USA.

Milestones

- Professor Crawford and Dr Bridle awarded an NHMRC Project Grant.
- Dr Mandy Heritage awarded the Australian Liver Foundation Hospitality Industry Career Development Research Fellowship in January 2011.
- Professor Darrell Crawford awarded the Distinguished Service Award from the Gastroenterological Society of Australia. To be presented at Australian Gastroenterology Week to be held in Brisbane, September 2011.
- Dr Terrence Tan awarded the Young Investigator Award at Gastroenterological Society of Queensland Annual conference in June 2011.
- Six abstracts selected for presentation at Australian Gastroenterology Week to be held in Brisbane, September 2011.
- Three abstracts selected for presentation at the American Association for the Study of Liver Diseases Annual Meeting to be held in San Francisco, USA, November 2011.

Peer Review Publications

- Cheng WS, Roberts SK, McCaughan G, Sievert W, Weltman M, Crawford D, Rawlinson W, Marks PS, Thommes J, Rizkalla B, Yoshihara M, Dore GJ. Low virological response and high relapse rates in hepatitis C genotype 1 patients with advanced fibrosis despite adequate therapeutic dosing. *J Hepatol* 2010;53:616-23.

- Crawford D, Fletcher L, Stuart K. Ferritin and liver allocation? Impact on mortality not only on the waiting list but also after orthotopic liver transplantation should be considered. *Hepatology* 2010;52:393.
- Hopkins PM, Kermeen F, Duhig E, Fletcher L, Gradwell J, Whitfield L, Godinez C, Musk M, Chambers D, Gotley D, McNeil K. Oil red O stain of alveolar macrophages is an effective screening test for gastroesophageal reflux disease in lung transplant recipients. *J Heart Lung Transplant* 2010;29:859-64.
- Jeffery JM, Urquhart AJ, Subramaniam VN, Parton RG, Khanna KK. Centrobin regulates the assembly of functional mitotic spindles. *Oncogene* 2010;29:2649-58.
- McDonald CJ, Jones MK, Wallace DF, Summerville L, Nawaratna S, Subramaniam VN. Increased iron stores correlate with worse disease outcomes in a mouse model of schistosomiasis infection. *PLoS One* 2010;5:e9594.
- Norgate M, Southon A, Greenough M, Cater M, Farlow A, Batterham P, Bush AI, Subramaniam VN, Burke R, Camakaris J. Syntaxin 5 is required for copper homeostasis in *Drosophila* and mammals. *PLoS One* 2010;5:e14303.
- Walker NM, Stuart KA, Ryan RJ, Desai S, Saab S, Nicol JA, Fletcher LM, Crawford DH. Serum ferritin concentration predicts mortality in patients awaiting liver transplantation. *Hepatology* 2010;51:1683-91.
- Wallace DF, Harris JM, Subramaniam VN. Functional analysis and theoretical modeling of ferroportin reveals clustering of mutations according to phenotype. *Am J Physiol Cell Physiol* 2010;298:C75-84.

Research Activities continued

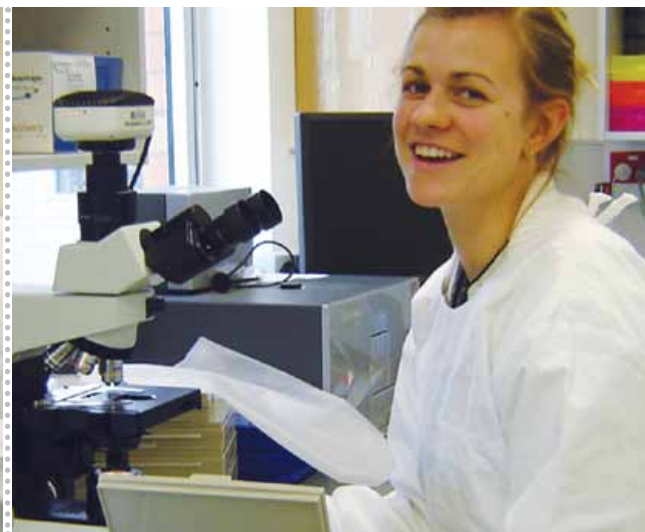
- Zou YH, Liu X, Khlentzos AM, Asadian P, Li P, Thorling CA, Robertson TA, Fletcher LM, Crawford DH, Roberts MS. Liver fibrosis impairs hepatic pharmacokinetics of liver transplant drugs in the rat model. *Drug Metab Pharmacokinet* 2010;25:442-9.
- Baleriola C, Rawlinson WD, Dore GJ, Chaverot S, Stelzer-Braid S, Yoshihara M, Crawford D, Sievert W, McCaughan G, Weltman M, Cheng W, Rizkalla B, Dubois D, Thommes J, Roberts S. Effect of low-level HCV viraemia at week 24 on HCV treatment response in genotype 1 patients. *Antivir Ther* 2011;16:173-80.
- Li P, Robertson TA, Thorling CA, Zhang Q, Fletcher LM, Crawford DH, Roberts MS. Hepatic pharmacokinetics of cationic drugs in a high-fat emulsion-induced rat model of nonalcoholic steatohepatitis. *Drug Metab Dispos* 2011;39:571-9.
- McDonald CJ, Ostini L, Wallace DF, John AN, Watters DJ, Subramaniam VN. Iron loading and oxidative stress in the *Atm*^{-/-} mouse liver. *Am J Physiol Gastrointest Liver Physiol* 2011;300:G554-60.
- McDonald CJ, Wallace DF, Ostini L, Bell SJ, Demediuk B, Subramaniam VN. G80S-linked ferroportin disease: classical ferroportin disease in an Asian family and reclassification of the mutant as iron transport defective. *J Hepatol* 2011;54:538-44.
- Roberts MS, Liu X, Zou Y, Siebert GA, Chang P, Whitehouse MW, Fletcher L, Crawford DH. Effect of adjuvant-induced systemic inflammation in rats on hepatic disposition kinetics of taurocholate. *Am J Physiol Gastrointest Liver Physiol* 2011;300:G130-6.
- Sievert W, Dore GJ, McCaughan GW, Yoshihara M, Crawford DH, Cheng W, Weltman M, Rawlinson W, Rizkalla B, Depamphilis JK, Roberts SK. Virological response is associated with decline in hemoglobin concentration during pegylated interferon and ribavirin therapy in hepatitis C virus genotype 1. *Hepatology* 2011;53:1109-1117.
- Wallace DF, McDonald CJ, Ostini L, Subramaniam VN. Blunted hepcidin response to inflammation in the absence of *Hfe* and transferrin receptor 2. *Blood* 2011;117:2960-6.
- Tan TCH, Crawford DHG, Jaskowski LA, Murphy TM, Heritage ML, Subramaniam VN, Clouston AD, Anderson GJ and Fletcher LM. Altered lipid metabolism in *HFE*-knockout mice promotes severe NAFLD and early fibrosis. *Am J Physiol Gastrointest Liver Physiol* 2011: in press.

Reviews:

- Wallace DF, McDonald C, Subramaniam VN. Transferrin receptor 1: a ferritin receptor as well? *Gastroenterology* 2010;139:1052-3.
- Subramaniam VN. Hepatic HIF2 and the regulation of EPO. *Gastroenterology* 2011; Accepted.

Invited Book Chapters:

- Crawford D, Fletcher L, Kowdley K. Iron and Liver Disease. In: Anderson GJ, McClaren G, eds. *Iron Physiology and Pathophysiology in Humans*. Volume 19. In Press: Springer International, 2011.
- Wallace DF, Subramaniam VN. Non-HFE Haemochromatosis. In: Anderson GJ, McClaren G, eds. *Iron Physiology and Pathophysiology in Humans*: Springer International, 2011.



Research Activities continued

Respiratory Research

Thanks to the generous donation of \$100,000 by Norma Jean Bracken, the Centre for Nontuberculous Mycobacterium and Bronchiectasis Research, led by Dr. Rachel Thomson is a new addition to the academic research being supported by the Foundation. We are currently assessing the needs of Dr. Thomson's team and once Stage 2 of the Infrastructure Project is complete the team will have a permanent home at the Foundation.

Summary

Led by Dr Rachel Thomson – the centre is focused on research into Pulmonary Nontuberculous mycobacterial infections and Bronchiectasis. Both conditions are closely related and are increasing in prevalence in Queensland. Nontuberculous mycobacteria are environmental pathogens and are a cause of chronic lung disease. They can infect patients with pre-existing bronchiectasis, and can cause progressive bronchiectasis in otherwise apparently healthy people. Patients who have a history of smoking or COPD are also at risk of infection.

The main focus of the work to be undertaken at the GMRF is Identification of Mycobacteria in environmental water samples such as potable water, and the comparison of the strains found in water with those found to cause human disease. The mechanism by which patients acquire these infections (through exposure to environmental sources) is also being investigated by sampling water and aerosols from the homes of patients with NTM disease.

Dr Thomson's group consists of a number of researchers across different disciplines, working together to collaboratively investigate different aspects of NTM disease.

The team consists of scientists and clinicians from:

- Queensland Mycobacterial Reference Laboratory
- Queensland University of Technology
- The Prince Charles Hospital

And collaborates with the following institutions

- Queensland TB control centre
- The Prince Charles Hospital, Thoracic Research Laboratory
- University of Queensland, School of Population Health
- University of Western Australia
- University of Florida, Emerging Pathogens Institute

Brisbane wide water sampling has been completed and analysed. It is anticipated that the results will be submitted for publication this year. A preliminary analysis of the results from sampling patients' homes has revealed some interesting findings, such that we will be sampling more homes, particularly of patients with infection due to *Mycobacterium abscessus*. This part of the work should be completed by the end of 2011 and presented at conferences in 2012. The content of this research was recently featured in Radio National's Background Briefing

In May 2011 Dr. Thomson was invited to speak and visit the Emerging Pathogens Institute in Florida. During that visit, meetings with scientists across different aspects of infectious disease epidemiology and environmental microbiology have opened up opportunities for collaborative research. A project to compare NTM isolates from QLD and Florida is planned for 2012. Following the American Thoracic Society meeting in Denver, Dr. Thompson had the opportunity to spend two days at the National Jewish Hospital in Denver, considered one of the leading TB and NTM institutions in the United

“Brisbane wide water sampling has been completed & analysed. A preliminary analysis of the results from sampling patients' homes has revealed some interesting findings...”

Research Activities continued

States. Close ties have been established with clinicians from the National Jewish over recent years and future collaborations are envisaged.

This Research group is also part of a European NTM-network, which is conducting research into NTM diseases. Dr Thompson's team contributed data to a project entitled "The NTM World Map" that will compare the species distribution of NTM around the world. This group is also starting a home sampling project for which we have provided consultation and input.

A new collaboration has developed with the School of Population Health at the University of QLD, and an exciting project looking at a temperospatial analysis of NTM infections in QLD has begun.

Publications in the 2010-2011 Year

- *Mycobacterium lentiflavum* in drinking water supplies, Australia. Henry Marshall, Robyn Carter, Matthew Torbey, Sharri Minion, Carla Tolson, Flavia Huygens, Megan Hargreaves, Rachel Thomson *Emerging Infectious Diseases* 2011; 17(3):395-402
- The changing epidemiology of Pulmonary Nontuberculous *Mycobacterial* infections. Rachel Thomson, *Emerging Infectious Diseases* 2010; 16:1576-83
- Clinical significance of *Mycobacterium asiaticum* isolates in Queensland, Australia. Miriam Grech, Robyn Carter, Rachel Thomson *J Clin Micro* 2010;48:162-167

Abstracts & Conference Presentations

- "Where is all this NTM coming from?"
Rachel Thomson – invited speaker
Plenary session: Thoracic Society of Australia New Zealand ASM, Perth April 2011
- "NTM infections- what, when and how to treat"
Rachel Thomson – invited speaker
TSANZ Registrar advanced course, TSANZ Perth 2011
- "NTM in QLD – Australia's Florida"
Rachel Thomson – invited speaker
Emerging Pathogens Institute, University of Florida, Gainesville, USA May 2011
- "NTM Disease in QLD"
Rachel Thomson – invited speaker
Plenary session: Australian Society of Microbiology, Hobart, July 2011
- "Atypical Pulmonary Infections"
Rachel Thomson
RACP Lecture Series, August 2011
- Pathogenic Nontuberculous *Mycobacteria* In The Brisbane Potable Water Distribution System
Rachel Thomson, Carla Tolson, Robyn Carter, Chris Coulter, Flavia Huygens, and Megan Hargreaves
Am. J. Respir. Crit. Care Med., May 2011; 183: A2395.
American Thoracic Society, Denver, USA 2011 Poster Presentation
- *Mycobacterium lentiflavum* in drinking water supplies, Australia.
Henry Marshall, Robyn Carter, Matthew Torbey, Sharri Minion, Carla Tolson, Flavia Huygens, Megan Hargreaves, Rachel Thomson
European Respiratory Society Barcelona, Spain 2010. Poster Presentation.



Research Activities continued

Clinical Trials Unit

The Clinical Trials Unit based at the Gallipoli Medical Research Foundation consists of a professional team of specialist research nurses and scientists. In addition to supporting the Investigator Initiated Research Studies originating from the Research Teams based at the GMRF, the Clinical Trials Team develop successful partnerships with pharmaceutical companies and research organisations - large and small. The unit provides our research partners with first-class coordination of multi-centre national and international clinical research trials. The aim is to deliver clinicians and patients with access to new and emerging medications in an effort to advance medical care for all Australians.

Milestones

- The Gallipoli Medical Research Foundation – Clinical Trials Unit is now well established and has an excellent reputation for facilitating high quality clinical trials at Greenslopes Hospital.
- The primary focus of the Unit continues to be in the field of Haematology, Oncology and Liver Disease, however some further expansion into the areas of pain management and cardiovascular research has taken place in the past 12 months and the opportunity for further collaborations within the hospital to facilitate clinical trials is underway
- The Unit currently has 32 active clinical trials with 15 of these open to recruiting patients.
- The Unit is the highest recruiting site in Australia for an important ovarian cancer vaccine study under the direction of Dr. Jeffrey Goh and with the cooperation of the Cyril Gilbert Day Oncology Unit.

- The Unit continues its collaboration with the Australian Leukemia & Lymphoma Group (ALLG) and the Australian New Zealand Gynaecological Oncology Group
- The Unit moved into dedicated space on completion of Stage I of the Foundation's new Infrastructure Development in May 2011
- The Unit now employs a full complement of staff, with 4 fulltime equivalent Clinical Trial Coordinator, a Ethics Coordinator/Compliance Officer and a Data Manager. The Unit is overseen from an operational perspective by the Foundation's CEO.

66 The unit provides our research partners with first-class coordination of multi-centre national & international clinical research trials. 99



Research Activities continued

Wound Care Project

Summary

A new study, "The Analysis of Skin Tears in Greenslopes Private Hospital", commenced in July 2011. This study is one of 26 wound research projects currently receiving support and partial funding from the Wound Management Innovation Cooperative Research Centre, and also partially funding by the Gallipoli Medical Research Foundation.

The study is being conducted by Jim Houston, Medical Director Greenslopes Private Hospital (GPH) and Karen Finch, Clinical Research Nurse, Gallipoli Medical Research Foundation.

Skin tears are the third largest group of all wounds, occur more commonly in the elderly, and are mostly preventable, according to a 3 year wound prevalence study of public hospitals in Western Australia¹. Three years data taken from the Riskman™ incident reporting system indicate that there is an average of 346 patients, incurring an estimated average number of 462 skin tears per year, in GPH, but anecdotally there could be more which have not been recorded.

The project objectives are to:

- Conduct a contextual survey to ascertain GPH staff current knowledge of skin tear incidence, management and preventative strategies, and knowledge of and adherence to all relevant policies and guidelines which impact on skin tear incidents.
- Determine the causes and impact of skin tears in the elderly population by conducting a skin tear incidence survey, over a 6 month period.
- Provide an inventory of sleeping, seating and mobility equipment and wound prevention equipment available for use within GPH, to determine future requirements.

- A repository of relevant details regarding skin tear incidence to enable planning of skin tear prevention trials.
- Disseminate a detailed analysis of the results of the survey in local and national arenas.

Milestones

The contextual survey was conducted in July, with a 39% response rate from 270 surveys. Analysis of the results is currently underway.

An initial pilot survey of 10 skin tear incidents was conducted to test the methodology and protocol, which resulted in changes to the data repository.

A short information/education session regarding the 6 month skin tear incidence survey was undertaken with senior representatives of each ward, underpinned with an educational booklet for each ward.

The 6 month skin tear incidence survey commenced on July 27th and is progressing well with the support of staff from all inpatient wards and departments of GPH.

Negotiations are currently in progress to provide education sessions for Skin Tear Champions on each ward and department.

1. WoundsWest. Wounds in WA The Facts. Government of Western Australia 2009. Downloaded www.health.wa.gov.au/woundswest



“Skin tears are the third largest group of all wounds, occur more commonly in the elderly, & are mostly preventable...”

Research Activities continued

The Thorson Family Research Grant

Title: Contributions of Abnormal perfusion and Fibrosis to Diabetic Heart Disease

- Principal Researcher – Dr. Jeremy Wright
- Amount awarded - \$33K per year for 3 years (3rd Year Funding)

Summary

The association between diabetes and cardiac disease is multi-factorial. Many of the processes result in heart fibrosis (scarring) and muscle stiffening which can lead to increased fatigue and shortness of breath with exercise.

A Thorsen Family Research Grant has enabled The Diabetic Heart Study to be performed at Greenslopes Private Hospital. Chief investigators of the cardiac MRI study are Dr Jeremy Wright (Cardiologist, Hearts 1st based at Greenslopes Private Hospital) and Dr John Fenwick (Radiologist, Queensland X-ray). They have been supervising Dr Christine Jellis (Cardiologist & PhD candidate) in the novel use of prototype MRI sequences to detect underlying heart fibrosis. Their MRI site, at Queensland X-ray Greenslopes Private Hospital, is the first centre in Queensland to have access to the technology.

Cardiac MRI was performed for fibrosis assessment in 80 subjects. These volunteers were then assigned to either 6 months of anti-fibrosis drug therapy, or to placebo, with the aim of improving their cardiac function and reducing the extent and progression of any underlying cardiac fibrosis and muscle stiffness. After the 6 months of treatment the subjects all were re-examined with MRI to assess for improvement.

The preliminary findings are promising. Thus far we have found an association between cardiac muscle stiffness and impaired exercise tolerance. A link has also been established between MRI, echocardiographic and collagen blood markers to support that heart muscle stiffness is a significant underlying mechanism of diabetic heart disease. Analysis of the follow-up scans is now being performed.

Milestones:

The project is now in its second year and collection of the MRI data was completed in July 2011. It is anticipated that the analysis of the data will take 2-3 months and we eagerly await the outcome of the research project.

The preliminary results, ie the data from the pre-treatment scans, have been presented in abstract form at prestigious national and international cardiology conferences including those of the Cardiac Society of Australia and New Zealand, the American Heart Association, American College of Cardiology and the European Society of Cardiology.

This study is clinically relevant and important for better understanding of diabetic heart disease, especially during this time of increasing rates of obesity and Type 2 diabetes. The generous financial support of the Thorsen Family and the Gallipoli Foundation has made it possible to undertake this unique project in Australia by supporting local researchers

Publications

No formal publications yet. The preliminary findings are under second round editorial review with the prestigious journal *Circulation: Cardiovascular Imaging*, which has an impact factor of 4.757.

Research Grants Awarded

Title: Evaluation of Chemotherapy followed by Multivalent Dendritic Cell Vaccines and Ipilimumab for Stage IV Metastatic Melanoma.

Chief Investigator – Associate Professor Andrew Nicol

Amount awarded - \$165K per year for 3 years (1st Year Funding)

Title: Liver Research Unit and Queensland Institute of Medical Research Collaborative Research Grant

Chief Investigator – Associate Professor Nathan Subramaniam

Amount awarded - \$75K

PhD Scholarships

Thesis Title: The Potential of mTOR Inhibitors as Antifibrotic Agents in Cholestatic Liver Disease (Third year funding)

Name of Candidate – Ms Amy Sobbe

Thesis Title: Mechanism and Implications of Hepatic Iron Loading in Co-Toxic Liver Injury (third year funding)

Name of Candidate – Dr Chik Han Tan

Thesis Title: Evaluating the Clinical Potential of Therapy with Immunomodulatory Drugs in Combination with Strategies to Enhance Immune Effector Cells in Myeloma and Other Indolent B Lineage Malignancies (First year funding)

Name of Candidate – Ms Nadia Floden

Board of Directors

1 Mr Paul Ramsay AO (Patron)

Mr Paul Ramsay has been involved in health care since 1964 when he developed and managed one of the first private psychiatric hospitals in Sydney. As Chairman and major shareholder of Ramsay Health Care Limited, he has developed Ramsay Health Care into the largest Australian private hospital owner with extensive operations overseas. He is also Chairman of Prime Media Group Limited, which operates in television, radio and digital new media. In 2002, Mr Ramsay was conferred an Officer of the Order of Australia for services to the community through the establishment of private health care facilities, expanding regional television services and as a benefactor to a range of educational, cultural, artistic and sporting organisations. In 2009, Mr Ramsay was appointed Chairman of Sydney Football Club.

2 Mr Tom Ryan (Deputy Chairman) B Pharm, FAICD, FACP

Mr Tom Ryan formerly founding Director and Chairman of Australian Pharmaceutical Healthcare Systems (APHS). Mr Ryan established the APHS group with pharmacies located within private hospitals, providing oncology services to a variety of public and private hospitals as well as providing an extensive service to aged care facilities for both prescription supply and clinical consultancies, and community pharmacy services.

3 Associate Professor David Colquhoun

Associate Professor David Colquhoun is a Cardiologist in private practice. He has been extensively involved in research over the last 25 years involving multi-centre international trials and investigator initiated trials in the area of lipids, nutrition, nutraceuticals and physiological aspects of heart disease, diabetes and obesity. He has presented his research at many national and international meetings. He is Head of Cardiovascular research at Greenslopes Private Hospital. He has a private research organisation (CORE Research). He was a member of the National Heart Foundation of Australia Nutrition and Metabolism Committee. He is a grant assessor for the National Health and Medical Research Council, National Heart Foundation Australia and Diabetes Australia. He has published and been a referee for major journals. He is the AMA spokesperson for Cardiology in Queensland. He is a member of the Scientific Committee of National Institute of Complementary Medicine. In 2008 he attended the 2020 Summit, the only cardiologist invited. He was a member of the Queensland Government Smart State Council working group on prevention and early intervention approaches to tackle chronic disease.

4 Professor Nicholas M Fisk

Professor Nicholas Fisk is currently Executive Dean of the Faculty Health Sciences at the University of Queensland. He was the inaugural Director of the UQ Centre for Clinical Research in 2008/09, and previously between 1992 and 2007 was Professor of Obstetrics and Fetal Medicine at Imperial College London. Professor Fisk is widely published in clinical medicine and biomedical science with research interests in fetal stem biology and therapy, fetal nociception / stress responsiveness, and monochorionic placentation.



Board of Directors continued

5 Mr John Gallagher QC

Mr John Gallagher was admitted to the Queensland Bar in 1964 and became a Queen's Counsel in 1982. Mr Gallagher was an ABC Board Member between 1999 and 2008 and was the Deputy Chairman of the ABC from 2005 to 2008. During 1991 he held the position of Acting District Court judge. He was the Chairman of Retail Shop Leases Tribunal Queensland between 2002 and 2005.

6 Mr Cyril Gilbert OAM

Mr Cyril Gilbert, well-known Queenslander, remains a high profile advocate and mentor for the veteran community since returning from war in 1945. Mr Gilbert is an ex Prisoner of War (POW) who has achieved national recognition for the veteran and ex POW community. He was awarded an OAM for his services to the veteran community in 1983 and a Centenary Award in 2003. Mr Gilbert is also a member of the Greenslopes Private Hospital Ex Service Organisation (ESO) Committee

7 Dr Michael Harrison MBBS, FRCPA

Dr Michael Harrison is the Chief Executive Officer/ Managing Partner of Sullivan Nicolaides Pathology and is a Consultant Pathologist at the main Taringa Laboratory in the areas of Clinical Chemistry and Microbiology. Dr Harrison graduated from the University of Queensland in 1977 with an MBBS (1st Class Honours) and in 1984 was awarded FRCPA (General Pathology).

Dr Harrison is the President of Australian Association of Pathology Practices, Old State Councillor for the RCPA, Chairman of the Medical Testing Accreditation Advisory Committee since 1999, and Chairman of the Quality Use of Pathology Committee since 1999. He has presented at many national and international meetings on the topics of Quality, Laboratory Management and e Health.

8 Dr Peter Kortlucke MBBS, FRACGP

Director, Rehabilitation Unit GPH, Chairman, Medical Advisory Committee GPH, Head of General and Geriatric Medicine at GPH and Head of Stroke Unit Greenslopes Private Hospital.

9 Mr David McDonald FIPA

Mr David McDonald is the General Manager in Brisbane for the Fairfax Radio Network radio stations 1116 4BC and 882 4BH. Mr McDonald is one of Radio's more respected and experienced operators and has also successfully operated his own business consultancy. He has worked both overseas and domestically. Prior to that he was General Manager of the Australian Radio Networks' Stations in Melbourne. In addition he has successfully managed Austereo's Melbourne stations Triple M and FOX. Prior to this he successfully managed 3AW. Mr McDonald began his media career in 1984 as Network Finance Manager for the AWA Broadcasting Division. He was also Financial Controller for the Wesgo Radio Group. Prior to his media career he mainly worked in Engineering and Manufacturing industries



Board of Directors continued

10 Professor John Pearn AO RFD

Major General John Pearn is one of Australia's most senior doctor-soldiers.

As Professor Pearn, he is the Senior Paediatrician at the Royal Children's Hospital in Brisbane, where he has been a full-time staff member since 1968. His major interests in paediatrics and internal medicine have been in medical genetics, clinical toxicology and accident prevention. Major General John Pearn also served in a second career in the Australian Defence Force, rising progressively through various senior command and executive positions in the Defence Health Service prior to being promoted to the rank of Major General and appointed as Surgeon General to the Australian Defence Force. He served in this role until his retirement in 2000.

11 Mrs Jean Pockett

Mrs Jean Pockett, a member of the War Widows Guild since 1970, is a past Vice President of the Guild, a position she held non-consecutively for three terms of three years. Mrs Pockett has served on the Executive Council and has been a member of the social committee. She is a member of the Greenslopes Private Hospital Ex Service Organisation (ESO) Committee where she represents the whole of Queensland. She is also a member of the Queensland Cricketers' Club. She is very familiar with the campus at Greenslopes Private Hospital where she has volunteered as a hospital visitor for more than sixteen years.

12 Dr John Roe BSc MBBS

Dr John Roe is a former professional athlete who previously played rugby union for the Queensland Reds and Australian Wallabies until injury forced his retirement in 2008. During his career he was capped 19 times for the Wallabies and 107 times for the Queensland Reds. He also captained the Reds for four seasons. Dr Roe has held positions on the Queensland Rugby Union Board and the Rugby Players Association Executive Committee. Since his retirement from rugby, he has commenced his medical career.

13 The Hon Con Sciacca AO FAICD

Managing Partner, Sciacca's Lawyers and Consultants. Mr Sciacca was elected as the Federal Member for Bowman in 1987 and held the positions of Parliamentary Secretary to the Minister for Social Security, Parliamentary Secretary for the Arts and Administrative Services, Minister for Veterans' Affairs, Minister Assisting the Treasurer. After his re-election in 1998, he held the positions of Shadow Minister for Immigration and Shadow Minister Assisting the Leader of the Opposition on Multicultural Affairs. Mr Sciacca was also Deputy Leader of the Australian Delegation to the Inter-Parliamentary Union and whilst Minister for Veterans' Affairs, he conceived, devised and administered the very successful "Australia Remembers" program to commemorate the 50th Anniversary of World War II. Mr Sciacca is also a Life member of the Returned & Services League of Australia, the Royal Australian Air Force Association and the Naval Association of Australia. He is a Centenary Medal recipient and holds senior Italian Knighthoods and Finnish honours. He was awarded an AO (Officer in the Order of Australia) in the 2006 New Year Honours List for his contribution to the Australian Veteran Community and Cancer Research.



Board of Directors continued

14 Professor Susan Tett

PhD, Bpharm (Hons), MPS

Sue is a registered pharmacist and holds the Norman Behan Chair in Pharmacy, UQ. Sue was Deputy Executive Dean and Associate Dean (Research), Faculty of Health Sciences, UQ in 2010. Sue was Head, School of Pharmacy, UQ from 1996 to 2004. In 1999, she was awarded Australian Pharmacist of the Year and has worked at the University of Sydney and St Vincent's Hospital, Sydney and has contributed to many national and state committees and organisations, including: NHMRC, having chaired Grant Review Panels (Pharmacology) and one Fellowship Panel; the Pharmaceutical Sub-Committee of the Australian Drug Evaluation Committee; the Pharmaceutical Health and Rational use of Medicines (PHARM) committee, and others. Sue's research is centred around quality use of medicines (QUM).

15 Ms Toni Thornton

Ms Toni Thornton is an Executive Director of JBWere Ltd and previously held the role as the State Manager of Goldman Sachs JBWere. Ms Thornton has a Bachelor of Arts with a Politics major and minor in Economics and also holds a number of post graduate qualifications including Applied Finance and derivatives accreditations. She is a responsible executive of the ASX, has undertaken an Accelerated Executive Management program through the AGSM and has completed the Goldman Sachs JBWere non-profit leadership program. She has been with Goldman Sachs JBWere for 14 years in Investment Advisory roles in Sydney, a Strategic Management role in Melbourne working alongside the Managing Director – PWM and in Brisbane where she has was the State Manager for six years. Ms Thornton sits on the board of the South Bank Corporation as well as the South Bank Corporation audit committee and assists the RSL QLD through their risk and review committee.

16 Mr Pat Welsh

Mr Pat Welsh, Seven News sports reporter and presenter, is one of Australia's leading sports journalists and commentators, with more than 35 years experience. Mr Welsh is best known for his rugby league and golfing commentary and he has travelled extensively throughout Europe, Australia and the United States for the Seven Network. He has covered the last 8 (Summer & Winter) Olympic games from 1992 – 2008.

17 Professor Ross Young

Professor Ross Young was appointed Executive Director, Institute of Health and Biomedical Innovation (IHBI), Queensland University of Technology, in April 2006. Professor Young is also a Visiting Research Fellow at the Alcohol Research Centre, University of California, Los Angeles and a Visiting Senior Psychologist at the Princess Alexandra Hospital, Brisbane. Professor Young is a Clinical Psychologist and his interests lie in the integration of psychological and biological risk factors in mental illness. His research includes work in substance misuse, schizophrenia, anxiety disorders and more broadly in behavioural medicine. This research includes studies of Veteran's mental health and the treatment of Combat related Post-traumatic Stress Disorder. Recent work includes the development of personalised medicine via the use of gene chips. This body of work has been funded via Competitive Grants, industry and philanthropic foundations. Professor Young is widely published in genetic, medical, psychiatric and psychological journals. He currently serves on Queensland State and Australian Bodies and Boards related to health issues.

18 Ms Carmel Monaghan

(Company Secretary) BBusComm, MBA

Ms Carmel Monaghan is the Marketing & Public Affairs Manager for Ramsay Health Care. Ramsay Health Care is Australia's largest operator of private hospitals and also operates hospitals in the United Kingdom, France and Indonesia. As Marketing & Public Affairs Manager, Ms Monaghan's role encompasses brand recognition, corporate marketing, group-wide communication, and business development. She has extensive experience in rebranding acquisitions. She has had a strong focus in health-related marketing and public relations, being previously the Manager Public Relations and Media for the Queensland Branch of the Australian Medical Association (AMAQ) and the Marketing & Business Development Manager at Greenslopes Private Hospital. She has been in her current role as Group Marketing Manager for Ramsay Health Care since 2002.

Research Committee

Members

Edwin Anthony Blackwell

MBBS, FRACP, FRCPA

Senior Lecturer, Department of Medicine, The University of Queensland; Consultant Physician in Clinical Haematology and Medical Oncology, Greenslopes Private Hospital.

Judith Ann Clements

BAppSc, MAppSc, PhD FAIMT

Professor School of Life Sciences, Queensland University of Technology; Principal Research Fellow (NH&MRC); Program Leader, Hormone-Dependent Cancer Program, Institute of Health and Biomedical Innovation, QUT; Scientific Director, Australian Prostate Cancer Research Centre -Queensland; Chair, Australian Prostate Cancer Collaboration (APCC) Bioresource.

David Colquhoun

MBBS, FRACP, FCSANZ

Associate Professor David Colquhoun is a Cardiologist in private practice. He has been extensively involved in research over the last 25 years involving multi-centre international trials and investigator initiated trials in the area of lipids, nutrition, nutraceuticals and physiological aspects of heart disease, diabetes and obesity.

Jonathan Fawcett

MBBS (Hons), DPhil (Oxon), FRCS (Eng), FRACS

Professor of Hepatopancreaticobiliary Surgery and Consultant Surgeon, The University of Queensland, Princess Alexandra Hospital and Royal Children's Hospital, Brisbane; Director, Queensland Liver Transplant Service, Princess Alexandra Hospital and Royal Children's Hospital, Brisbane; Chairman of the Hepatopancreaticobiliary unit, Princess Alexandra Hospital.

Dr Peter Kortlucke

MBBS, FRACGP

Director, Rehabilitation Unit GPH, Chairman, Medical Advisory Committee GPH, Head of General and Geriatric Medicine at GPH and Head of Stroke Unit Greenslopes Private Hospital.

Andrew John Nicol

MBBS, PhD, FRACP, FRCPA

Consultant Haematologist, Greenslopes Private Hospital; Director, Centre for Immune and Targeted Therapy, Gallipoli Medical Research Centre; Chairman of Haematology and Oncology, Greenslopes Private Hospital; Associate Professor of Cancer Medicine, The University of Queensland; Visiting Haematologist, Royal Brisbane Hospital.

Andreas Obermair

MD FRANZCOG, CGO

Consultant Gynaecological Oncologist, Greenslopes Private Hospital; Director of Research Gynaecological Oncology, Queensland Centre for Gynaecological Cancer; Professor in Gynaecology and Obstetrics, The University of Queensland Medical School.

Glenda Joyce Powell

AM, MBBS, FRCP (Edin), FRACP, FAFRM

Emeritus Consultant in Geriatric Medicine and Rehabilitation, Greenslopes Private Hospital; Emeritus at Princess Alexandra Hospital; Private Practice- Medico-Legal

Christopher Robin Strakosch

MD, FRACP

Consultant Endocrinologist, Greenslopes Private Hospital; Associate Professor and Head, Discipline of Medicine. UQ, Greenslopes Campus .

Carmel Monaghan

BBusComm, MBA

(Secretary- Gallipoli Medical Research Foundation)

Acknowledgements

Platinum Plus

RSL/Veteran/Service Organisations

- Diggers Dozen Volunteers, Greenslopes Private Hospital

Individuals

- Mr & Mrs John & Wendy Thorsen
- Mrs Norma Jean Bracken
- Mr & Mrs Brett & Zahra Godfrey
- Mrs Elaine Feddersen

Platinum

Corporate

- Ramsay Health Care
- APHS
- Sullivan Nicolaidis Pathology
- The University of Queensland, Faculty of Health Sciences, School of Medicine
- Medinet Co Ltd

RSL/Veteran/Service Organisations

- Returned & Services League Australia, Queensland
- War Widows' Guild of Australia (Qld) Inc
- Kedron-Wavell Services Club & Kedron-Wavell Sub-Branch RSL

Individuals

- Mr & Mrs Roger Trundle
- Professor Darrell Crawford

Gold

Corporate

- QML Pathology
- Philips Medical Systems
- Johnson & Johnson Medical
- Queensland X-Ray
- Stryker Australia
- Olympus
- Spotless Group Limited
- Device Technologies Australia
- Medtronic Australasia Pty Ltd
- Baxter Healthcare
- Roche Products Pty Ltd
- Queensland University of Technology

RSL/Veteran/Service Organisations

- Sherwood-Indooroopilly RSL Sub-Branch & Sherwood Services Club Inc
- Greenbank RSL Services Club
- Greenbank RSL Sub-Branch
- Redlands RSL
- Coorparoo & Districts RSL Sub Branch
- Stephens RSL Sub Branch

Community Organisations

- Walking on Sunshine
- Gill's Old Bastards

Individuals

- Assoc Prof C Strakosch
- Dr A Bofinger
- Mr A Kinkade
- Dr J Preston
- Mr & Mrs K Naramura
- Assoc Prof A Nicol
- Assoc Prof D Nicol

- Dr P Iacovella
- Dr R Kennedy
- Mr John & Ms Leone Wilson
- Dr P Sharwood
- Dr A Majumdar
- Dr J Reddrop
- Dr P Kortlucke
- Assoc Prof A Obermair
- Dr J Gibson
- Assoc Prof C Steadman
- Dr D Rosengren
- Dr B Moore
- Dr R Bach and Dr C Boothroyd
- Dr G A Wood
- Prof R D Gordon
- Dr S Rahman
- Dr P Whiting
- Mr & Mrs D Fort
- Dr N Kewal
- Mr Nichalos (Pepper) & Mrs Maria Taifalos
- Mrs J Pockett
- Dr G Wagner
- Dr G Powell
- Ms Sheila B Smith
- Dr K Lim
- Dr M Stowasser
- Mr C Gilbert OAM
- David J McDougall
- Mr William & Ms Lynette Deacon
- Mrs Anne Stanton
- Dr Eileen Heyne
- Dr Imre Kalas
- Mr Douglas Cranstoun
- Mr & Mrs Keith Gore
- Dr Stephen Fine
- Mr Rolf Albrecht
- Dr Ross Gurgo

Acknowledgements continued

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- Dr Lillian Cameron
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- Dr Jeffrey Deslandes
- Mr Tony Kinnane
- Mr Trevor Gray
- Mr & Mrs Scheuber
- Dr Peter Waterhouse
- Dr Leisa Barrett
- Dr Rowland Noakes
- Mr G Grant
- Rick & Sue Chisholm
- Drs Chris & Kirsten Price
- Mr Edward Rigden
- Mrs Patricia Hemsley
- Mr & Mrs Kevin & Miriam O'Shea
- Mrs Joan Evelyn Court
- Mr Cyril Golding
- Mr James McNeil
- Mr & Mrs Colin & Lorraine Garrett

Estates, Trusts and Foundations

- Estate of Mrs Mary Hinkley
- The Honda Foundation
- State Trustees Australia Foundation
- James N Kirby Foundation
- Estate of Ms Marjorie Eastman
- Estate of Jeremiah Coffey
- Goldman Sachs JBWere Foundation
- Michael A Storah (In Memoriam)
- In Memoriam of Mr John Leslie Harrison
- Cory Charitable Foundation
- Estate of Mrs Josie Clare Grinsell
- Estate of Mr Victor John Bahr
- The family of Dick & Elsie Hagerty
- In memory of Mrs May Young

- Lou Juraszko (In Memoriam)
- In memoriam of Mr Jack Oliphant
- Estate of Shirelle Nahow
- Mr G D (Doug) Murray
- In memory of Mr Leslie Francis Smith (exP.O.W.)
- The Cancer Council
- Queensland Community Foundation

Silver

Corporates

- ConMed Linvatec Australia
- Brezac Constructions

RSL/Veteran/Service Organisations

- Qld Ex-Prisoners of War Association Inc.
- Community Organisations
- Alma Williams & Friends
- Order of Amaranth, Grand Court of QLD

Individuals

- Mr John Weeks
- Mr Mark Linton OAM
- Miss Mavis McCook
- Mr William Patrick
- Mr Ian Holland & Mrs Marilyn McLean
- Mrs June Berry
- Mr Shaun Barker
- Mr Vivian Byatt

Bronze

Corporate

- Blangold Pty Ltd
- Queensland Skin & Cancer Foundation Inc
- Greenslopes Heart Centre
- Foxleigh Mining
- Australian Constructors Association
- D & R Stainless
- Watson Engineering
- Radio 4BC
- Thiess Pty Ltd
- Illawarra Engineering Services
- Matrix's Projects (QLD) Pty Ltd
- Hanrick Curran
- Leighton Contractors

RSL/Veteran/Service Organisations

- Caloundra RSL Sub-Branch
- Geebung-Zillmere, Bald Hills-Aspley RSL Sub-Branch
- Townsville RSL Sub Branch
- Holland Park – Mt Gravatt RSL Sub-Branch
- Ashgrove RSL Sub-Branch
- Bribie Island RSL Sub-Branch
- Wynnum RSL Services Memorial Club

Community Organisations

- Far East Strategic Reserve Navy Association, (Queensland Division)

Acknowledgements continued

Individuals

- Dr Ian Martin
- Dr Brian Wilson
- Dr Barry Hickey
- Mr Victor Darling
- Dr Richard Lewandowski
- Drs A & R Apel
- Mrs J Thomson
- Mr D Connell
- Mr & Mrs L Brooks
- Mr Jack Oliphant (In Memoriam)
- Assoc Prof D Colquhoun
- Mrs Merle Lawrence
- Mr Joseph Andersen
- Byrne Family (Jackie, Mark)
- Mrs Heather Dent
- Mrs Yolande Euler
- Mr Rod Soderberg
- Mrs Helen Devlin
- Mr Frederick Tegart
- Mrs M Parlato
- Mrs Jennifer Fox
- Mr Trevor Butler
- Mr Ian Throssel
- Mr Edward Truscott
- Mr Roy Macleod
- Mr Kenneth Horton
- Mrs Elaine Baxter
- Mr John Goodwin
- Mr Colin Cumerford
- Mrs Muriel Flory
- Mrs Marilyn McLean
- Mr Vivian Byatt
- Mr Ernest Busch
- Mr Victor Cox
- Mr Ian Holland
- Mr Michael Mellare
- Mr Ian MacElroy
- Mr Mark Trundle
- Mr Douglas Cowlshaw
- Mr Royce Gardiner
- Mr George Hall
- Mrs Margaret Tweedie
- Mr& Mrs Eric & Jean Rea
- Robin Harvey
- Mr Kenneth Allen
- Mrs Gwendoline Hume
- Mrs Wanda Lowe
- Mr Geoffrey Sattler
- Mrs Elizabeth Smith
- Mr Wilfred Skinner
- Mr Robert Thompson
- Mr Paul MacDermott
- Miss Constance White
- Ms Beverley Edgar
- Mr Trevor Garrett
- Mr& Mrs Lee & Denis Martin
- Mrs W Cardell

In kind support for events, auctions & raffles

- Mr Pat Welsh
- Terri & Vicki – Diggers Dozen
- The Marketing Team at Greenslopes Private Hospital
- Dr Jeff Deslandes
- Mrs Gail Austen OAM
- Ms Rhyl Hinwood OAM
- Mrs Pam Walpole
- Mr John Turton
- Professor Darrell Crawford
- Ramsay Health Care IT
- Ms Denise Murray

- Holidays on Sale
- Greenbank RSL
- Mr& Mrs Allen & Lyn Reading
- Mr& Mrs Frank & Sue Hanson
- Mrs Therese Smith
- Tyrrell's Wines

Volunteers

The Gallipoli Medical Research Foundation values the tremendous support of the Diggers Dozen and Care Volunteers at Greenslopes Private Hospital.

A Special Thank you to Marion & Cindy.



Financial Statements *for the year ended 30 June 2011*

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Directors' Report *30 June 2011*

Your directors present their report on the company for the financial year ended 30 June 2011.

Directors

The names of the directors in office at any time during, or since the end of, the year are:

| Names | Position | Appointed/Resigned |
|-------------------------------------|--|------------------------------|
| Mr Thomas Ryan | Deputy Chairman/ Acting Chairman from March 2011 to date | |
| Ms Carmel Monaghan | Secretary | |
| Professor John Pearn AO | | |
| Mr John Gallagher QC | | |
| Ms Toni Thornton | | |
| The Hon Con Sciacca AO | | |
| Mrs Jean Pockett | | |
| Mr Pat Welsh | | |
| Mr David McDonald | | |
| Dr Michael Harrison | | |
| Dr John Roe | | |
| Mr Cyril Gilbert OAM | | |
| Professor Ross Young | | |
| Professor Susan Tett | | resigned 11 November 2010 |
| Professor Nicholas Fisk | | |
| Associate Professor David Colquhoun | | appointed on 8 July 2010 |
| Dr Peter Kortlucke | | appointed on 13 July 2010 |
| Mr Richard Lizzio | | resigned on 22 February 2011 |

Directors have been in office since the start of the financial year to the date of this report unless otherwise stated.

Company Secretary

Ms Carmel Monaghan held the position of company secretary at the end of the financial year, she is also a director and her details and qualifications are set out later in this report.

Description of short and long term objectives

The vision of the Gallipoli Medical Research Foundation is to become an internationally renowned centre of excellence in health and medical research, improving future health standards for the Australian Community. In doing so the Foundation will provide a lasting legacy to the veteran and war widow community, and the community at large.

The Mission of the Gallipoli Medical Research Foundation is to:

- Undertake research into the causes, prevention and cure of diseases with a particular focus on the veteran and general community serviced by Greenslopes Private Hospital.
- Optimise support from the wider community in order to facilitate our vision.
- Develop state of the art research laboratories on the campus of Greenslopes Private Hospital.
- Provide leadership and excellence on research activities throughout Australasia.
- Apply research to product development within Australia where possible.

The Foundation's Strategy includes:

- The ongoing development of the Centre for Immune and Targeted Therapies and the Liver Research Unit.
- Expansion of the Research Foundation to include additional research teams.
- Development and expansion of the Clinical Trials Unit.
- Develop research programs where specific funding has been received including lung disease and respiratory conditions and wound care management.

Directors' Report continued

Principal Activities

The principal activities of Gallipoli Medical Research Foundation Ltd during the financial year were the establishment and undertaking of research projects.

No significant change in the nature of these activities occurred during the year.

How those activities assisted in achieving the company's objectives

The Foundation is dedicated to leading the way in championing life changing medical research. The Gallipoli Medical Research Foundation's Research Centres and Clinical Trials Unit continue to strive tirelessly to find better ways to prevent, treat and ultimately cure currently incurable diseases.

How the company measures its performance, including key performance indicators used by the company

The Foundation's Research Committee assess the research outputs of the research teams each year. Established Key Performance Indicators include:

- Number of publications both quantity and quality taking into consideration the impact factor of journals/ranking of the journal in the field
- Number of student completions
- Abstracts & presentations quantity and quality
- Grant income compared to money raised through competitive grant rounds and quantity of this income
- Grant submissions and return on investment for research outcomes
- Percentage of science citation
- H index* ñ the set of most cited papers and the number of citations received in other people's publications.
- Number of patients in clinical trials/involvement in clinical trials and papers thereof.

Written reports on research activities are provided once a year by the teams and presentations made to the Research Committee and Board.

(*The H index is an index that attempts to measure both the scientific productivity and the apparent scientific impact of a scientist or group of scientists. The index is based on the set of the scientist's most cited papers and the number of citations that they have received in other people's publications.)

Business review

Operating Results

The profit from ordinary activities after providing for income tax amounted to \$1,993,481

Information on directors

Professor John Pearn AO

| | |
|----------------|---|
| Qualifications | AO RFD MBBS (QLD) FRACS |
| Experience | Senior paediatrician at the Royal Children's Hospital in Brisbane |

Mr John Gallagher QC

| | |
|----------------|----------------------|
| Qualifications | BA, LLB |
| Experience | Practicing Barrister |

Ms Carmel Monaghan

| | |
|----------------|---|
| Qualifications | Bus Comm, MBA |
| Experience | National Marketing and Public Affairs Manager, Ramsay Health Care |

| | |
|--------------------------|-----------|
| Special Responsibilities | Secretary |
|--------------------------|-----------|

Ms Toni Thornton

| | |
|----------------|----------------------------|
| Qualifications | BA, GradDip, AFI |
| Experience | Executive Director JB Were |

The Hon Con Sciacca AO

| | |
|----------------|---|
| Qualifications | FAICD |
| Experience | Senior and Managing Partner, Sciaccas Lawyers and Consultants |

Ms Jean Pockett

| | |
|------------|--|
| Experience | Former Vice President of the War Windows Guild (QLD) Inc |
|------------|--|

Mr David McDonald

| | |
|----------------|--------------------------------|
| Qualifications | FIPA |
| Experience | General Manager of 4BC and 4BH |

Directors' Report continued

Dr Michael Harrison

| | |
|----------------|---|
| Qualifications | MBBS (1st Class Honours), FRCPA (General Pathology) |
| Experience | Chief Executive Officer/Managing Partner at Sullivan Nicolaides Pathology and Consultant Pathologist in clinical chemistry and microbiology |

Dr John Roe

| | |
|----------------|---|
| Qualifications | BSc, MBBS |
| Experience | Professional Athlete playing rugby union for The Qld Reds and Australian Wallabies. Held positions on the QLD Rugby Union Board and Rugby Players Association Executive Committee |

Dr Peter Kortlucke

| | |
|----------------|---|
| Qualifications | MBBS, FRACGP |
| Experience | Director Rehabilitation Unit GPH, Head of General and Geriatric Medicine at GPH and Head of Stroke Unit Greenslopes Private Hospital. |

Professor Ross Young

| | |
|----------------|---|
| Qualifications | BSc(Hons), MSc, Dip, Clin Psyc, PhD, MAPS |
| Experience | Executive Director of Institute of Health and Biomedical Innovation (HBI) at the University of Queensland |

Mr Richard Lizzio

| | |
|--------------------------|--|
| Qualifications | BCom, CA |
| Experience | Former CEO of Greenslopes Private Hospital |
| Special Responsibilities | Chairman from November 2008 March 2011 |

Professor Nicholas Fisk

| | |
|----------------|---|
| Qualifications | MBA, PHD, FRCOG, FRANZCOG, DDU, MBBS |
| Experience | Executive Dean, Faculty Health Sciences, University of Queensland |

Professor Susan Tett

| | |
|----------------|--|
| Qualifications | PhD, BPharm (Hons), MPS |
| Experience | Registered Pharmacist and holder of the Norman Behan Chair in Pharmacy, University of Queensland |

Associate Professor David Colquhoun

| | |
|----------------|--|
| Qualifications | MBBS, FRACP, FCSANZ |
| Experience | Consultant cardiologist in private practice since 1984 |

Mr Cyril Gilbert OAM

| | |
|------------|---|
| Experience | Well known Queenslander, high profile advocate and mentor for the veteran community |
|------------|---|

Mr Pat Welsh

| | |
|------------|--|
| Experience | Sports Editor Channel 7 News, Brisbane |
|------------|--|

Mr Thomas Ryan

| | |
|--------------------------|--|
| Qualifications | B Pharm, FACP, FAICD |
| Experience | Former Director and Chairman of Australian Pharmaceutical Health Care Systems (APHS) |
| Special Responsibilities | Deputy Chairman, Current Acting Chairman |

Directors' Report continued

Meetings of Directors

During the financial year, 3 meetings of directors (including committees of directors) were held. Attendances by each director during the year were as follows:

| | Directors' Meetings | |
|-------------------------------------|---------------------|-----------------|
| | Eligible to attend | Number attended |
| Mr John Gallagher QC | 3 | 1 |
| Mr Cyril Gilbert OAM | 3 | 3 |
| Dr Michael Harrison | 3 | 2 |
| Mr Richard Lizzio | 3 | 3 |
| Mr David McDonald | 3 | 3 |
| Ms Carmel Monaghan | 3 | 2 |
| Professor John Pearn | 3 | 1 |
| Mrs Jean Pockett | 3 | 3 |
| Dr John Roe | 3 | 2 |
| Mr Tom Ryan | 3 | 3 |
| The Hon Con Sciacca AO | 3 | |
| Ms Toni Thornton | 3 | 3 |
| Mr Pat Welsh | 3 | 2 |
| Professor Ross Young | 3 | 1 |
| Professor Sue Tett | 2 | 2 |
| Professor Nick Fisk | 3 | 1 |
| Associate Professor David Colquhoun | 3 | 2 |
| Dr Peter Kortlucke | 3 | 2 |

Other items

Significant Changes in State of Affairs

No significant changes in the company's state of affairs occurred during the financial year.

After Balance Day Events

No matters or circumstances have arisen since the end of the financial year which significantly affected or may significantly affect the operations of the company, the results of those operations or the state of affairs of the company in future financial years.

Auditors Independence Declaration

A copy of the auditor's independence declaration as required under section 307C of the Corporations Act 2001 is set out at page 8.

Indemnifying Officers or Auditors


No indemnities have been given or insurance premiums paid, during or since the end of the financial year, for any person who is or has been an officer or auditor of Gallipoli Medical Research Foundation Ltd.

Proceedings on Behalf of Company

No person has applied for leave of Court to bring proceedings on behalf of the company or intervene in any proceedings to which the company is a party for the purpose of taking responsibility on behalf of the company for all or any part of those proceedings.

The company was not a party to any such proceedings during the year.

Signed in accordance with a resolution of the Board of Directors:

Director: 
Mr Thomas Ryan

Director: 
Ms Carmel Monaghan

Dated this 12 day of September 2011

Auditor's Independence Declaration

under Section 307C of the Corporations Act 2001

I declare that, to the best of my knowledge and belief, during the year ended 30 June 2011, there have been:

- (i) no contraventions of the auditor independence requirements as set out in the Corporations Act 2001 in relation to the audit; and
- (ii) no contraventions of any applicable code of professional conduct in relation to the audit.

Hanrick Curran
Chartered Accountants



Mark Sheridan

Partner

Brisbane

Dated: 30 August 2011



Statement of Comprehensive Income

| | Note | 2011 \$ | 2010 \$ |
|--|------|------------------|----------------|
| Revenue | 2 | 4,675,766 | 2,206,884 |
| Employee benefits expense | | (637,014) | (419,474) |
| Depreciation and amortisation expense | | (128,101) | (119,281) |
| Function expenses | | (10,787) | (44,475) |
| Research expenses | | (821,999) | (403,005) |
| Art Union | | (854,845) | (159,900) |
| Other expenses | | (229,539) | (158,287) |
| Surplus before income tax | | 1,993,481 | 902,462 |
| Income tax expense | 1(d) | - | - |
| Net Surplus | | 1,993,481 | 902,462 |
| Other comprehensive income for the year, net of tax | | - | - |
| Total comprehensive income for the year | | 1,993,481 | 902,462 |

The accompanying notes form part of these financial statements.

Statement of Financial Position

| | Note | 2011 \$ | 2010 \$ |
|--------------------------------------|------|------------------|------------------|
| ASSETS | | | |
| CURRENT ASSETS | | | |
| Cash and cash equivalents | 4 | 6,265,529 | 6,925,776 |
| Trade and other receivables | 5 | 238,546 | 232,300 |
| Other assets | 6 | 2,534 | 2,106 |
| TOTAL CURRENT ASSETS | | 6,506,609 | 7,160,182 |
| NON CURRENT ASSETS | | | |
| Trade and other receivables | 5 | 281,500 | 36,000 |
| Property, plant and equipment | 7 | 3,011,951 | 1,894,186 |
| TOTAL NON CURRENT ASSETS | | 3,293,451 | 1,930,186 |
| TOTAL ASSETS | | 9,800,060 | 9,090,368 |
| LIABILITIES | | | |
| CURRENT LIABILITIES | | | |
| Trade and other payables | 8 | 325,392 | 156,372 |
| Other financial liabilities | 9 | 1,638,724 | 2,017,033 |
| TOTAL CURRENT LIABILITIES | | 1,964,116 | 2,173,405 |
| NON CURRENT LIABILITIES | | | |
| Other financial liabilities | 9 | 961,500 | 2,036,000 |
| TOTAL NON CURRENT LIABILITIES | | 961,500 | 2,036,000 |
| TOTAL LIABILITIES | | 2,925,616 | 4,209,405 |
| NET ASSETS | | 6,874,444 | 4,880,963 |
| EQUITY | | | |
| Retained earnings | | 6,874,444 | 4,880,963 |
| TOTAL EQUITY | | 6,874,444 | 4,880,963 |

The accompanying notes form part of these financial statements.

Statement of Changes in Equity

2011

| | Retained Earnings \$ | Total \$ |
|-------------------------|----------------------------|-------------------------|
| Balance at 1 July 2010 | 4,880,963 | 4,880,963 |
| Surplus | <u>1,993,481</u> | <u>1,993,481</u> |
| Balance at 30 June 2011 | <u><u>6,874,444</u></u> | <u><u>6,874,444</u></u> |

2010

| | Retained Earnings \$ | Total \$ |
|-------------------------|----------------------------|-------------------------|
| Balance at 1 July 2010 | 3,978,501 | 3,978,501 |
| Surplus | <u>902,462</u> | <u>902,462</u> |
| Balance at 30 June 2010 | <u><u>4,880,963</u></u> | <u><u>4,880,963</u></u> |

The accompanying notes form part of these financial statements.

Statement of Cash Flows

| | Note | 2011 \$ | 2010 \$ |
|---|-------|-------------------------|-------------------------|
| Cash from operating activities: | | | |
| Receipts from customers | | 2,245,529 | 717,010 |
| Payments to suppliers and employees | | (2,778,022) | (1,180,468) |
| Donations received | | 637,746 | 704,108 |
| Interest received | | 363,486 | 304,565 |
| Receipt from grants | | 116,882 | 88,403 |
| Net cash provided by (used in) operating activities | 12(b) | <u>585,621</u> | <u>633,618</u> |
| Cash flows from investing activities | | | |
| Purchase of property, plant and equipment | | <u>(1,245,867)</u> | <u>(378,921)</u> |
| Net cash provided by (used in) investing activities | | <u>(1,245,867)</u> | <u>(378,921)</u> |
| Cash flows from financing activities | | | |
| Net increase (decrease) in cash and cash equivalents held | | (660,246) | 254,697 |
| Cash and cash equivalents at beginning of financial year | | <u>6,925,775</u> | <u>6,671,079</u> |
| Cash and cash equivalents at end of financial year | 12(a) | <u><u>6,265,529</u></u> | <u><u>6,925,776</u></u> |

The accompanying notes form part of these financial statements.

Notes to the Financial Statements

1 Statement of Significant Accounting Policies

The financial report is for Gallipoli Medical Research Foundation Ltd as an individual entity, incorporated and domiciled in Australia. Gallipoli Medical Research Foundation Ltd is a company limited by guarantee.

Basis of Preparation

The financial statements are a general purpose financial statements that has been prepared in accordance with Australian Accounting Standards Reduced Disclosure Requirements and the Corporations Act 2001.

Australian Accounting Standards set out accounting policies that the AASB has concluded would result in financial statements containing relevant and reliable information about transactions, events and conditions. Material accounting policies adopted in the preparation of these financial statements are presented below and have been consistently applied unless otherwise stated.

The financial statements have been prepared on an accruals basis and are based on historical costs modified, where applicable, by the measurement at fair value of selected non current assets, financial assets and financial liabilities.

(a) Cash & Cash Equivalents

Cash and cash equivalents include cash on hand, deposits held at call with banks, other short term highly liquid investments with original maturities of three months or less, and bank overdrafts.

(b) Property, Plant & Equipment

Each class of property, plant and equipment is carried at cost or fair value less, where applicable, any accumulated depreciation and impairment losses.

Property

Freehold land and buildings are shown at their fair value (being the amount for which an asset could be exchanged between knowledgeable willing parties in an arm's length transaction), based on periodic, but at least triennial, valuations by external independent valuers, less subsequent depreciation for buildings.

Increases in the carrying amount arising on revaluation of land and buildings are credited to a revaluation reserve in equity. Decreases that offset previous increases of the same asset' are charged against fair value reserves directly in equity; all other decreases are charged to the income statement.

Any accumulated depreciation at the date of revaluation is eliminated against the gross carrying amount of the asset and the net amount is restated to the revalued amount of the asset.

Freehold land and buildings that have been contributed at no cost, or for nominal cost, are valued and recognised at the fair value of the asset at the date it is acquired.

Capital Work in Progress

Capital Work in Progress costs is currently made up of costs associated with the construction of the building. This balance will start to depreciate once the construction of the building has been completed.

Plant and Equipment

Plant and equipment are measured on the cost basis less depreciation and impairment losses.

The carrying amount of plant and equipment is reviewed annually by directors to ensure it is not in excess of the recoverable amount from these assets. The recoverable amount is assessed on the basis of the expected net cash flows that will be received from the assets' employment and subsequent disposal. The expected net cash flows have been discounted to their present values in determining recoverable amounts.

Plant and equipment that have been contributed at no cost, or for nominal cost, are valued and recognised at the fair value of the asset at the date it is acquired.

Notes to the Financial Statements continued

Depreciation

The depreciable amount of all fixed assets including buildings and capitalised leased assets, but excluding freehold land, is depreciated on a diminishing value basis over the asset's useful life to the company commencing from the time the asset is held ready for use. Leasehold improvements are depreciated over the shorter of either the unexpired period of the lease or the estimated useful lives of the improvements.

The depreciation rates used for each class of depreciable assets are:

| | |
|---|------------|
| Buildings | 3% |
| Furniture, Fixtures and Fittings | 13% |
| Computer Equipment | 24% |

The asset's residual values and useful lives are reviewed, and adjusted if appropriate, at each balance sheet date.

An asset's carrying amount is written down immediately to its recoverable amount if the asset's carrying amount is greater than its estimated recoverable amount.

Gains and losses on disposals are determined by comparing proceeds with the carrying amount. These gains and losses are included in the income statement. When revalued assets are sold, amounts included in the revaluation reserve relating to that asset are transferred to retained earnings.

(c) Employee Benefits

Provision is made for the company's liability for employee benefits arising from services rendered by employees to Balance Sheet date. Employee benefits arising from wages, salaries and annual leave are measured at the current pay rates.

Contributions are made by the company to an employee superannuation fund and are charged as expenses when incurred.

(d) Taxation Status

Approval from the Australian Taxation Office was granted on 2 July 1996 that the income of the Foundation is exempt from the payment of income tax under the provisions of section 23 (e) of the Income Tax Assessment Act 1936.

(e) Goods & Services Tax (GST)

Revenues, expenses and assets are recognised net of the amount of GST, except where the amount of GST incurred is not recoverable from the Tax Office. In these circumstances the GST is recognised as part of the cost of acquisition of the asset or as part of an item of the expense. Receivables and payables in the statement of financial position are shown inclusive of GST.

Cash flows are presented in the cash flow statement on a gross basis, except for the GST component of investing and financing activities which is disclosed as operating cash flows.

(f) Revenue

Revenue from the sale of goods is recognised upon the delivery of goods to customers.

Revenue from donations and bequests, pledges and grants are recognised as described in Notes 1(h) and 1(i).

Interest revenue is recognised using the effective interest rate method, which, for floating rate financial assets, is the rate inherent in the instrument.

All revenue is stated net of the amount of goods and services tax (GST).

(g) Unearned Income & Pledges Receivable

Frequently donors commit to provide ongoing support over a number of years to the Foundation. The full value of their pledged amount is recognised as a receivable at the time the pledge is made. Amounts are not recognised as revenue until cash is received; the balance of any outstanding pledge is recognised as unearned income until cash is received.

Notes to the Financial Statements continued

(h) Grants Received

Grants received without any conditions, or unrelated to specific services, are recognised as income when received. Grants received on the condition that specified services are delivered, or conditions fulfilled, are considered as reciprocal grants. Such reciprocal grants are initially recognised as a liability and revenue is recognised as services are performed or conditions are fulfilled.

(i) Research Projects & Grants

All research is expensed when paid and future commitments are disclosed by way of note.

(j) Contribution of Assets In Kind

Wherever practicable, the fair value of any assets received in kind by the Foundation are recognised as income with a corresponding recognition of an asset.

(k) Financial Instruments

Initial Recognition and Measurement

Financial assets and financial liabilities are recognised when the entity becomes a party to the contractual provisions to the instrument. For financial assets, this is the equivalent to the date that the company commits itself to either purchase or sale of the asset (ie trade date accounting is adopted).

Financial instruments are initially measured at cost on trade date, which includes transaction costs, when the related contractual rights or obligations exist. Subsequent to initial recognition these instruments are measured as set out below.

Classification and Subsequent Measurement

Finance instruments are subsequently measured at either of fair value, amortised cost using the effective interest rate method, or cost. Fair value represents the amount for which an asset could be exchanged or a liability settled, between knowledgeable, willing parties. Where available, quoted prices in an active market are used to determine fair value. In other circumstances, valuation techniques are adopted.

Amortised cost is calculated as:

- the amount in which the financial asset or financial liability is measured at initial recognition;
- less principal repayments;
- plus or minus the cumulative amortisation of the difference, if any, between the amount initially recognised and the maturity amount calculated using the effective interest method; and
- less any reduction for impairment.

The effective interest method is used to allocate interest income or interest expense over the relevant period and is equivalent to the rate that exactly discounts estimated future cash payments or receipts (including fees, transaction costs and other premiums or discounts) through the expected life (or when this cannot be reliably predicted, the contractual term) of the financial instrument to the net carrying amount of the financial asset or financial liability. Revisions to expected future net cash flows will necessitate an adjustment to the carrying value with a consequential recognition of an income or expense in profit or loss.

(i) Financial assets at fair value through profit or loss

Financial assets are classified at fair value through profit or loss when they are either held for trading for the purpose of short term profit taking, derivatives not held for hedging purposes, or when they are designated as such to avoid an accounting mismatch or to enable performance evaluation where a group of financial assets is managed by key management personnel on a fair value basis in accordance with a documented risk management or investment strategy. Such assets are subsequently measured at fair value with changes in carrying value being included in profit or loss.

(ii) Loans and receivables

Loans and receivables are non derivative financial assets with fixed or determinable payments that are not quoted in an active market and are subsequently measured at amortised cost.

Notes to the Financial Statements continued

(iii) Held to maturity investments

Held to maturity investments are non derivative financial assets that have fixed maturities and fixed or determinable payments, and it is company's intention to hold these investments to maturity. They are subsequently measured at amortised cost.

(iv) Available for sale financial assets

Available for sale financial assets are non derivative financial assets that are either not suitable to be classified into other categories of financial assets due to their nature, or they are designated as such by management. They comprise investments in the equity of other entities where there is neither a fixed maturity nor fixed or determinable payments.

(v) Financial liabilities

Non derivative financial liabilities (excluding financial guarantees) are subsequently measured at amortised cost.

Fair Value

Fair value is determined based on current bid prices for all quoted investments. Valuation techniques are applied to determine fair value for all unlisted securities, including recent arm's length transactions, reference to similar instruments and option pricing models.

Impairment

At each reporting date, the company assesses whether there is objective evidence that a financial instrument has been impaired. In the case of available for sale financial instruments, a prolonged decline in the value of the instrument is considered to determine whether an impairment has arisen. Impairment losses are recognised in the income statement.

Derecognition

Financial assets are derecognised where the contractual rights to receipt of cash flows expires or the asset is transferred to another party whereby the entity no longer has any significant continuing involvement in the risks and benefits associated with the asset. Financial liabilities are derecognised where the related obligations are either discharged, cancelled or expire. The difference between the carrying value of the financial liability extinguished or transferred to another party and the fair value of consideration paid, including the transfer of non cash assets or liabilities assumed is recognised in profit or loss.

(l) Adoption of New and Revised Accounting Standards

During the current year the company adopted all of the new and revised Australian Accounting Standards and Interpretations applicable to its operations which became mandatory.

(m) New Accounting Standards for Application in Future Periods

The AASB has issued new and amended accounting standards and interpretations that have mandatory application dates for future reporting periods. The company has decided against early adoption of these standards

The application of those standards which will apply to the company have been reviewed and it has been assessed that they will not have any material impact to the company's financial report.

Notes to the Financial Statements continued

| | 2011 \$ | 2010 \$ |
|-----------------------------|------------------|------------------|
| 2 Revenue | | |
| Operating activities | | |
| Donations | 637,746 | 704,108 |
| Grants | 1,990,188 | 459,189 |
| Clinical trial income | 479,974 | 330,430 |
| Interest received | 363,486 | 304,565 |
| Art Union Income | 1,033,940 | 168,860 |
| Fundraising Income | 10,476 | 112,277 |
| Other Revenue | 129,956 | 127,455 |
| Bequest income | 30,000 | - |
| Total Revenue | 4,675,766 | 2,206,884 |

3 Key Management Personnel Compensation

The directors and key management personnel are paid no remuneration from the Foundation.

4 Cash and Cash Equivalents

| | | |
|--------------------------|------------------|------------------|
| Cash on hand | 200 | 200 |
| Cash at bank | 3,965,769 | 1,888,585 |
| Short-term bank deposits | 2,299,560 | 5,036,991 |
| | 6,265,529 | 6,925,776 |

Notes to the Financial Statements continued

| | 2011 \$ | 2010 \$ |
|--|----------------|----------------|
| 5 Trade & Other Receivables | | |
| CURRENT | | |
| Trade receivables | 65,307 | 6,642 |
| Prepayments | 33,504 | 3,253 |
| Deposits | 43,057 | 43,057 |
| Net GST receivable | 37,678 | 34,648 |
| Pledge Receivables | 59,000 | 144,700 |
| Total current trade and other receivables | 238,546 | 232,300 |
| NON CURRENT | | |
| Prepayments | 240,000 | - |
| Pledge receivables | 41,500 | 36,000 |
| Total non current trade and other receivables | 281,500 | 36,000 |
| 6 Other Assets | | |
| CURRENT | | |
| Accrued Revenue | 2,534 | 2,106 |
| | 2,534 | 2,106 |

Notes to the Financial Statements continued

| | 2011 \$ | 2010 \$ |
|--|-------------------------|-------------------------|
| 7 Property Plant & Equipment | | |
| BUILDINGS | | |
| At cost | 1,156,880 | 1,156,880 |
| Accumulated depreciation | (151,642) | (120,552) |
| Total buildings | <u>1,005,238</u> | <u>1,036,328</u> |
| PLANT AND EQUIPMENT | | |
| Capital works in progress | | |
| At cost | 1,334,843 | 150,730 |
| Total capital works in progress | <u>1,334,843</u> | <u>150,730</u> |
| Furniture, fixture and fittings | | |
| At cost | 918,816 | 880,443 |
| Accumulated depreciation | (288,060) | (200,045) |
| Total furniture, fixture and fittings | <u>630,756</u> | <u>680,398</u> |
| Computer equipment | | |
| At cost | 70,059 | 41,162 |
| Accumulated depreciation | (30,172) | (15,659) |
| Total computer equipment | <u>39,887</u> | <u>25,503</u> |
| Artwork | | |
| At cost | 1,227 | 1,227 |
| Total Artwork | <u>1,227</u> | <u>1,227</u> |
| Total plant and equipment | <u>2,006,713</u> | <u>857,858</u> |
| Total property, plant and equipment | <u><u>3,011,951</u></u> | <u><u>1,894,186</u></u> |

Notes to the Financial Statements continued

(a) Movements in Carrying Amounts

Movement in the carrying amount for each class of property, plant and equipment between the beginning and the end of the current financial year.

| | Capital works in business \$ | Buildings \$ | Furniture, Fixtures & Fittings \$ | Computer Equipment \$ | Artwork \$ | Total \$ |
|--------------------------------|------------------------------------|-------------------------|--|-----------------------------|---------------------|-------------------------|
| Balance at 30 June 2011 | | | | | | |
| Balance at 1 July 2010 | 150,730 | 1,036,328 | 680,398 | 25,503 | 1,227 | 1,894,186 |
| Additions | 1,184,113 | - | 38,373 | 28,897 | - | 1,251,383 |
| Depreciation expense | - | (31,090) | (88,015) | (14,513) | - | (133,618) |
| Balance at 30 June 2011 | <u>1,334,843</u> | <u>1,005,238</u> | <u>630,756</u> | <u>39,887</u> | <u>1,227</u> | <u>3,011,951</u> |
| Balance at 30 June 2010 | | | | | | |
| Balance at 1 July 2009 | - | 1,068,379 | 544,516 | 21,651 | - | 1,634,546 |
| Additions | 150,730 | - | 216,876 | 14,571 | 1,227 | 383,404 |
| Disposals | - | - | - | (10,000) | - | (10,000) |
| Depreciation expense | - | (32,051) | (80,994) | (719) | - | (113,764) |
| Balance at 30 June 2010 | <u>150,730</u> | <u>1,036,328</u> | <u>680,398</u> | <u>25,503</u> | <u>1,227</u> | <u>1,894,186</u> |

Notes to the Financial Statements continued

| | 2011 \$ | 2010 \$ |
|--------------------------------------|----------------|----------------|
| 8 Trade & Other Payables | | |
| CURRENT Unsecured liabilities | | |
| Other payables | 251,158 | 56,777 |
| Trade payables | 42,085 | 76,253 |
| Employee benefits | 32,149 | 23,342 |
| | <u>325,392</u> | <u>156,372</u> |

9 Other Liabilities

CURRENT

| | | |
|---|------------------|------------------|
| Gallipoli Research Centre Building Fund | 1,434,027 | 1,807,333 |
| Unearned Income | 204,697 | 209,700 |
| | <u>1,638,724</u> | <u>2,017,033</u> |

NON CURRENT

| | | |
|---|----------------|------------------|
| Gallipoli Research Centre Building Fund | 500,000 | 2,000,000 |
| Unearned income Pledges | 461,500 | 36,000 |
| | <u>961,500</u> | <u>2,036,000</u> |

10 Related Party Transactions

Gallipoli Research Foundation has a rental agreement with Ramsay Hospitals Holdings (Queensland) Pty Ltd as detailed in Note 13(a). The company also during the year entered into a car park lease agreement with Ramsay Health Care Australia Pty Limited for 10 years. There were no other related party transactions that occurred with directors or director related entities during the financial year.

Notes to the Financial Statements continued

11 Members' Guarantee

The company is incorporated under the Corporations Act 2001 and is a company limited by guarantee. If the company is wound up, the Constitution states that each member is required to contribute a maximum of \$10 each towards meeting any outstandings and obligations of the company. At 30 June 2011 the number of members was 16 (2010: 16).

| | 2011 | 2010 |
|--|------|------|
| | \$ | \$ |

12 Cash Flow Information

(a) Reconciliation of cash

Cash at the end of the financial year as shown in the cash flow statement is reconciled to items in the balance sheet as follows:

| | | |
|---------------------------|------------------|------------------|
| Cash and cash equivalents | <u>6,265,529</u> | <u>6,925,775</u> |
| | <u>6,265,529</u> | <u>6,925,775</u> |

(b) Reconciliation of result for the year to cashflows from operating activities

Reconciliation of net income to net cash provided by operating activities:

| | | |
|--|--------------------|------------------|
| Profit for the year | 1,993,481 | 902,462 |
| Non cash flows in profit: | | |
| Depreciation | 128,101 | 119,281 |
| Changes in assets and liabilities: | | |
| (Increase)/Decrease in trade receivables | 27,036 | 173,016 |
| (Increase)/Decrease in prepayments | (276,179) | 127,791 |
| Increase/(Decrease) in trade payables | (34,167) | 42,781 |
| Increase/(Decrease) in other trade payables and accruals | 200,158 | (153,427) |
| Increase/(Decrease) in unearned income | 420,497 | (207,500) |
| Increase/(Decrease) in Gallipoli Research Building Fund | <u>(1,873,306)</u> | <u>(370,786)</u> |
| Cashflow from operations | <u>585,621</u> | <u>633,618</u> |

Notes to the Financial Statements continued

| | 2011 | 2010 |
|--|------|------|
| | \$ | \$ |

13 Capital & Leasing Commitment & Contingencies

(a) Operating Lease Contingencies

The company has a non cancellable operating lease with Ramsay Hospital Holdings (Queensland) Pty Ltd for a period of 10 years commencing from 15 November 2006. The company is entitled to a rent abatement equivalent to the full value of the rent providing the terms of the lease are complied with.

While the terms of the lease are complied with there are no amounts payable. However, if the terms of the lease were not complied with, the following amounts will be payable

Payable minimum lease payments

| | | |
|-------------------------------|----------------|----------------|
| not later than 12 months | 113,250 | 113,250 |
| between 12 months and 5 years | 490,750 | 566,250 |
| greater than 5 years | - | 37,750 |
| | <u>604,000</u> | <u>717,250</u> |

(b) Capital Expenditure Commitments

Construction of the Gallipoli Research Centre has commenced during the year with a capital expenditure of approximately \$2.2 million from the Gallipoli Research Centre Building Fund.

(c) Government Grant

The Foundation has received \$5 million from the Australian Government's Department of Health and Ageing in 2007 to assist with costs incurred in projects related to the development and expansion of medical research facilities to be known as the Gallipoli Research Centre at the Greenslopes Private Hospital. The grant received must be spent on this project, under conditions outlined in the grant documentation, and must be retained in a separate bank account until expended for that purpose, and is not available for general purposes. If the funds are not expended in accordance with the grant documentation, they may need to be refunded to the government.

| | | |
|---|--------------------|--------------------|
| Government Grant | 5,000,000 | 5,000,000 |
| Costs incurred (Development of Research Facility) | <u>(3,065,973)</u> | <u>(1,192,667)</u> |
| | <u>1,934,027</u> | <u>3,807,333</u> |

Notes to the Financial Statements continued

14 Events After the End of the Reporting Period

The financial report was authorised for issue on 31 August 2011 by the board of directors.

15 Company Details

The registered office of the company is:


Greenslopes Private Hospital
Newdegate Street
GREENSLOPES QLD 4120

Directors' Declaration

The directors of the company declare that:

1. The financial statements and notes, as set out on pages 30 to 45, are in accordance with the Corporations Act 2001 and:
 - a. comply with Accounting Standards Reduced Disclosure Requirement; and
 - b. give a true and fair view of the financial position as at 30 June 2011 and of the performance for the year ended on that date of the company.
2. In the directors' opinion, there are reasonable grounds to believe that the company will be able to pay its debts as and when they become due and payable.

This declaration is made in accordance with a resolution of the Board of Directors.

Director: 
Mr Thomas Ryan

Director: 
Ms Carmel Monaghan

Dated this 12 day of September 2011

Independent Audit Report

to the members of Gallipoli Medical Research Foundation

Report on the Financial Report

We have audited the accompanying financial report of Gallipoli Medical Research Foundation Ltd, which comprises the statement of financial position as at 30 June 2011, the statement of comprehensive income, statement of changes in equity and statement of cash flows for the year then ended, notes comprising a summary of significant accounting policies and other explanatory information, and the directors' declaration.

Directors' Responsibility for the Financial Report

The directors of the company are responsible for the preparation of the financial report that gives a true and fair view in accordance with Australian Accounting Standards and the Corporations Act 2001 and for such internal control as the directors determine is necessary to enable the preparation of the financial report that is free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on the financial report based on our audit. We conducted our audit in accordance with Australian Auditing Standards. Those standards require that we comply with relevant ethical requirements relating to audit engagements and plan and perform the audit to obtain reasonable assurance about whether the financial report is free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial report. The procedures selected depend on the auditor's judgement, including the assessment of the risks of material misstatement of the financial report, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation of the financial report that gives a true and fair view in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by the directors, as well as evaluating the overall presentation of the financial report.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Independence

In conducting our audit, we have complied with the independence requirements of the Corporations Act 2001. We confirm that the independence declaration required by the Corporations Act 2001, which has been given to the directors of Gallipoli Medical Research Foundation Ltd, would be in the same terms if given to the directors as at the time of this auditor's report.

Opinion

In our opinion the financial report of Gallipoli Medical Research Foundation Ltd is in accordance with the Corporations Act 2001, including:

- (a) giving a true and fair view of the company's financial position as at 30 June 2011 and of its performance for the year ended on that date; and
- (b) complying with Australian Accounting Standards and the Corporations Regulations 2001.

Hanrick Curran

Chartered Accountants



Mark Sheridan

Partner

Brisbane

Dated: 12 September 2011



How you can help

The Gallipoli Medical Research Foundation (GMRF) is dedicated to leading the way in championing life changing medical research. Thanks simply to ongoing financial support from people like you, its world renowned research teams strive tirelessly to find better ways to prevent, treat and ultimately cure currently incurable disease.

Receiving no regular government funding the Foundation relies on donations from the community to continue its vital research. Every gift, however big or small will make a difference and help save lives – thank you.

Art Union

This year to raise funds we initiated a major Art Union – to buy tickets please call **1300 660 373** today.

Bequests

For many people leaving a bequest in their Will is one of the most significant ways they can assist a charity and leave a lasting legacy. After considering family and friends, if you would like to make provision in your Will to assist the GMRF, you can make your bequest directly to the Foundation by visiting your own solicitor.

Suggested wording to use when making your bequest:

Pecuniary (a specific amount)

I give devise and bequeath, free of all duties and charges, the sum of [...write in words and numbers...] to the **GALLIPOLI MEDICAL RESEARCH FOUNDATION LTD, ACN 077 750 693**, for the purposes of conducting research at Greenslopes Private Hospital or in such manner as the Board of the Gallipoli Medical Research Foundation may determine. And I direct that the receipt of the Secretary of the Gallipoli Medical Research Foundation shall be a full and sufficient discharge to my Executor for the bequest, which is to be applied to the general purposes of the Foundation.

Residuary (a percentage share of an estate)

I give devise and bequeath, free of all duties and charges, a [...insert quantum of share (e.g. one half share) or a percentage] of my residuary estate to the **GALLIPOLI MEDICAL RESEARCH FOUNDATION LTD, ACN 077 750 693**, for the purposes of conducting research at Greenslopes Private Hospital, or in such manner as the Board of the Gallipoli Medical Research Foundation may determine. And I direct that the receipt of the Secretary of the Gallipoli Medical Research Foundation shall be a full and sufficient discharge to my Executor for the bequest, which is to be applied to the general purposes of the Foundation.

If you would like a free copy of our bequest brochure or advice about making or updating your Will please contact the Foundation Office.

Community Fundraising

The Foundation relies on the amazing efforts of many individuals and community groups to raise funds in their local community. If you or your community group would be interested in finding out more about how to do this please contact the Foundation Office for further information.

Donations

Receiving no regular government funding the Foundation relies on donations and fundraising activities – donations can be made by cheque, credit card or online.

✉ **Gallipoli Medical Research Foundation,
Greenslopes Private Hospital
Newdegate Street
GREENSLOPES QLD 4120**

T: (07) 3394 7284

W: www.gallipoliresearch.com.au

To make a regular or significant gift or if you would like further information about joining the Precious Metals Circle or Cyril Gilbert Testimonial Fund please contact the Foundation Office.

All donations of \$2 or more are tax deductible – thank you.

Memorial Gifts

Memorial donations can be made to the GMRF in lieu of floral tributes. Memorial gift envelopes are available from the Foundation Office, or they can be requested via your funeral director.

Special Events

The 2011 Gala Dinner is being held on Saturday 14 May at the Sebel CitiGate in Brisbane. For more information or to reserve your tickets please contact the Foundation Office.

Tribute

Tribute is the newsletter of the GMRF and produced twice a year. If you would like to receive a copy please contact the Foundation Office.

Volunteering

The Diggers Dozen volunteers based at Greenslopes Private Hospital are always on the look out for new volunteers. If you can help please contact President Joan Harris on (07) **3394 7026**.

Foundation Office contact details:

Gallipoli Medical Research Foundation

Greenslopes Private Hospital
Newdegate Street, GREENSLOPES QLD 4120

T: (07) 3394 7284

Fax: (07) 3394 7767

E: enquiries.gmrf@ramsayhealth.com.au

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