



2012/13

ANNUAL REPORT



Contents

3	Highlights
4	Message from the Chairman
5	Message from the CEO
7	Message from the Director of Research
8	GMRF Profile
9	Research Activities
18	Board of Directors
23	Committees
24	Acknowledgements
26	Financial Statements
50	How you can help



Highlights 2012–2013

- The GMRF Flagship program into Post Traumatic Stress Disorder (PTSD) was initiated in the last 12 months. From the spark of an idea to the full development of a study protocol it has been a whirlwind year. GMRF received an enormous amount of help from the GPH doctors and advisors for which we are very grateful.
- RSL QLD joined GMRF in partnership to help fund the flagship Vietnam Veteran PTSD project with a donation of \$1million plus an additional \$750K over the coming 3 years .
- Professor Darrell Crawford, Director of Research at GMRF was named the acting Head of The University of Queensland School of Medicine and elected President of The Asian Pacific Association for the Study of The Liver.
- The federal infrastructure grant was fully acquitted resulting in state of the art facilities for the scientists and clinical researchers at GMRF.
- The Centre for Immune and Targeted Therapy was awarded a grant from ComCare for the conduct of a clinical trial in mesothelioma combining immunotherapy with standard therapy to fight this disease.
- The GMRF clinical trials unit and Dr Jeff Goh recruited the largest number of patients in an international clinical trial in ovarian cancer investigating a new cancer vaccine called CVac.
- GMRF continues to lead the way with the support of a Hepatitis Education Nurse for the GPH bulk bill liver clinic to support those suffering from Hepatitis. The clinical trials unit also provide access to the latest Hep C treatments through our clinical trials unit.
- Discovery Partner Marjorie Trundle is one of the first to pledge \$30,000 over 3 years to the cancer research work of Dr Andrew Nicol under this new GMRF supporters program called the Discovery Partner Program.
- GMRF continues to invest in the best and brightest people. Dr Terrance Tan received his PHD in December 2012. Terry's PHD focused on liver scarring, iron overload and non-alcoholic fatty liver disease. Terry has published numerous papers and presented at four national and international conferences on his work. GMRF continues to support an additional four PHD scholarships.
- John and Wendy Thorsen continue to demonstrate their commitment to the Foundation by joining us in our quest to invest in the best and brightest. The Thorsen Family Foundation has provided funds to support two full PHD scholarships. The **John and Wendy Thorsen PHD Scholarships** will be awarded to exceptional candidates that meet selection criteria established by the GMRF Research and Governance Subcommittee.
- The Liver Research Unit have demonstrated that along with dietary changes, curcumin and vitamin E may play a role in preventing liver damage or assist recovery from inflammation and fatty liver disease.
- Dr Rachel Thomson and her team continue the work in Nontuberculous Mycobacterium (NTM) discovering that there are strains which are more likely to cause disease than others. Better understanding of these strains could be the key in fighting NTM.
- A clinical trial in metastatic melanoma led by Dr Andrew Nicol will explore ways to potentially enhance the benefits of CITT's personalised vaccine therapy, by administering it after chemotherapy.
- Greenbank RSL Women's Auxiliary invested \$10,000 into GMRF research.
- The Centre for Immune and Targeted Therapy has established an exciting collaboration with Dr Tetsuya Nakatsura from the national cancer hospital in Japan in the hope of developing techniques that can be used in everyday clinical practice to detect recurrent melanoma at a very early stage.
- GMRF continues to benefit from the wonderful community fundraising efforts of Gill's Old Bastards and Alma Williams and Friends.
- GMRF Innovation Grants a great success continuing in 2013 for the second year.
- Bob and Bernadette Ney generously donated \$10,000 over a six month period to support the work of the Foundation.
- GMRF provides vital funds towards the da Vinci robot at GPH. The robot is revolutionizing treatment for prostate cancer and opens the ways for GMRF to contribute to exciting research opportunities in prostate cancer.

Message from the Chairman Tom Ryan

Gallipoli Medical Research Foundation is a conduit through which the belief and hope of our supporters can be turned into medical advancements. It is their support which turns the wheels of discovery forward, complemented by the dedicated investigation of our doctors and scientists.

All who serve on the GMRF Board are passionate about directing this support to the most innovative research possible. Research that has the capacity to improve the quality of life for sufferers today, as well as game-changing research that will one day alter the future of medicine.

With the completion of the infrastructure grant, the GMRF facilities are now second to none. A facility truly integrated into this wonderful teaching hospital. The GMRF Innovation Grant winners for 2012 demonstrate the wealth of talent and research questions to be answered within the hospital by nursing and allied health professions. GMRF is proud to support their enquiring minds in the pursuit of improved patient outcomes.

In May 2013 we launched the Cyril Gilbert Testimonial Fund Research Grants, available to cancer researchers and physicians at Greenslopes Private Hospital. Still today, far too many stories are prematurely cut short due to the many forms of unforgiving cancer. Supporters of GMRF have allowed another serious push behind this research that explores ways to outsmart and eventually master cancer.

The PTSD Project is the latest initiative of the Foundation, which was launched earlier this year. We are so appreciative for the outpouring of support we received for the GMRF PTSD research project. Aussie Diggers are deeply respected and honoured in Australian culture, and far too many of our soldiers suffer as a result of their service. The commitment of RSL QLD and the GMRF supporters has meant we can explore new ways to bring these soldiers home from the war they are fighting inside.

The journey from scientific insight through to new treatments can be a long one, requiring courage and commitment. Along the way though are fantastic developments, which our supporters continue to make possible.

There is so much more to do, and so much more that is possible. The life saving breakthroughs of tomorrow are secured by the actions of our supporters today. On behalf of the GMRF Board, thank you for making so much possible – we are truly honoured to be working along side you.

Tom Ryan – Chairman



“Research that has the capacity to improve the quality of life for sufferers today, as well as game-changing research that will one day alter the future of medicine.”

Message from the CEO Miriam Dwyer

A significant health issue for veterans over the years has been that of Post-Traumatic Stress Disorder (PTSD). Clinicians and scientists working at GPH recognise that PTSD is not just an illness of the mind; the long term health consequence of PTSD goes much farther.

Researchers at the Gallipoli Medical Research Foundation are now in the final stages of preparation for the PTSD study which will study veterans with and without PTSD to better understand the long term physical impact on those suffering from PTSD and endeavour to better understand the genetics of the disorder. In partnership with RSL QLD, who has provided generous funds to help support this research, the clinicians at GPH and the GMRF researchers will collaborate with UQ and QUT with the long term aim of providing valuable data, to inform the future clinical care of PTSD patients and their families. This is the first study of its kind in the world and we are honoured to be in a position to be able to facilitate this research here at Greenslopes.

Another significant development here at GMRF has been the expansion of our clinical trials unit. The very latest clinical trials in oncology, haematology and hepatitis c are managed here at GPH with the support of the dedicated GMRF clinical trial coordinators. Access to the latest cancer drugs needs to be an option for patients and here at the Cyril Gilbert Cancer Centre, investigators are leading the way with offering clinical trial opportunities to their patients.

With the help of our generous corporate, community and individual supporters, GMRF is facilitating more medical research every day. We provide \$30,000 each year to the GPH Nursing and Allied Health staff by way of the GMRF Innovation Grants and this year we launched the Cyril Gilbert Testimonial Fund Grants in cancer treatment and care with a total pool of \$150,000. We fund research that is clinically relevant to patients and their clinicians, the benefits of which we hope will be shared by the wider healthcare community.

I cannot thank our supporters enough for their generous support, without which this important work would not be possible. Special mention goes to RSL QLD who has committed \$1.75 Million to the PTSD Project and to Kedron Wavell RSL Club and Sub Branch who recently made a recommitment of \$50,000 over the coming 5 years. Thanks also to John and Wendy Thorsen for their continued support of the Foundation by providing two full PHD scholarships.

I also want to acknowledge the commitment of the Foundation's long term supporters; Greenslopes Private Hospital, the Diggers Dozen, Sullivan and Nicolaidis Pathology, University of Queensland and the many individuals who ensure this important work continues.



66 Researchers at the Gallipoli Medical Research Foundation are now in the final stages of preparation for the PTSD study which will study veterans with and without PTSD to better understand the long term physical impact on those suffering from PTSD and endeavour to better understand the genetics of the disorder. 99

Message from the CEO continued

My thanks also goes to the members of the GMRF board and the advisory committees for their support in the past 12 months, especially to Tom Ryan, who as Chair of the board, has been beside me all the way this year providing sound advice and support for which I am very grateful. Last, but by no means least, I want to thank the amazing team that I work with here at GMRF. Each individual contributes in their own way to the success of the research breakthroughs and I am very proud to lead such a dedicated and hardworking team.

I encourage you to find out more about the Foundation by visiting the website www.gallipoliresearch.com.au or by contacting our staff for a tour of the facilities or consider joining our mailing list to receive our newsletter *Tribute*. Feel free to call 07 3394 7284 or email enquiries.gmrf@ramsayhealth.com.au

Miriam Dwyer – Chief Executive Officer

“We fund research that is clinically relevant to patients and their clinicians, the benefits of which we hope will be shared by the wider healthcare community.”



Message from the Director of Research

Prof Darrell Crawford

The progression of medicine needs clinicians to be at the forefront of research. Doctors working on the front line of medicine are better able to see where research can directly help patients, and insights found in the GMRF laboratories are frequently translated into helping patients. Complementing this is the GMRF clinical trials unit, which manages up to 30 clinical trials at a time. These trials give doctors the chance to offer the next generation of potentially lifesaving medicine to their patients. Since redeveloping GMRF's facilities, our clinical trials team has more than doubled its capacity to help those who are seriously ill.

Larger and more sophisticated laboratories have also helped us attract new researchers. Expanding our collaborations with other academic and research groups has allowed us to tackle some of the worst diseases of our time. An example of this is HCC primary liver cancer, which has the fastest growing incidence rate of all cancers in Australia, which GMRF has now created a dedicated unit to investigate, led by an internationally experienced scientist. This unit will open in November 2013.

Our research facilities have also allowed us to support and encourage research at all levels at GPH. Research innovation grants have provided a way for nurses and allied health professionals to explore their practical ideas to improve patient care. GMRF's advanced medical trainee grants help early career physicians get involved with research, potentially lighting a lifelong interest in medical research.

Securing future breakthroughs requires cultivating the bright young minds of today. GMRF supports five up and coming researchers to make their mark on an innovative GMRF research project, through GMRF funded PHD scholarships.

Greenslopes Private Hospital is now one of the only private hospitals in Australia to have world class research laboratories, leveraging the untapped wealth of expertise in the private hospital environment for medical research. Studies have shown that hospitals with an academic and research component often have better outcomes for patients. At GMRF and GPH these studies are demonstrated every day.

Prof Darrell Crawford – Director of Research



“Greenslopes Private Hospital is now one of the only private hospitals in Australia to have world class research laboratories, leveraging the untapped wealth of expertise in the private hospital environment for medical research.”

GMRF Profile

Our Vision

We believe that the diseases which indiscriminately affect both the young and old, can and must be conquered in our lifetime through medical research. In our vital work of facilitating discoveries, we remember and take inspiration from the discipline and dedication exemplified by our veterans.

GMRF Foundation Mission:

GMRF's supporters hold a deep belief that medical research can change lives. We aim to turn their belief into breakthroughs by raising and investing funds into the innovative scientific discoveries of tomorrow.

We ensure that our scientists have the time, space and resources required to find new ways to save lives.

GMRF Research Mission:

GMRF is driven to improve human health by identifying and exploring the gaps in current scientific knowledge. Beyond the boundaries of today's treatments, we search for answers to the most challenging medical questions. The depth and quality of this research is a result of relentlessly focussing on our strengths and specialisations. We bring together the best ideas and individuals in pursuing game changing discoveries.

Our Strategy:

1. Provide the infrastructure, governance and resources to support existing and future research endeavours.
2. Facilitate and support a culture of medical research within the Greenslopes Private Hospital through competitive scholarships and grants.

3. Communicate effectively, thereby increasing community and corporate support for the Foundation and its research.
4. Consistently deliver exceptional clinical research activity to our patients and sponsors.
5. Expansion within our specialisations and areas of expertise to include additional research themes.

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.



Research Activities

Centre for Immune and Targeted Therapy – led by Associate Professor Andrew Nicol

The Centre for Immune and Targeted Therapy (CITT) is at the leading edge of finding ways to harness the immune system to fight cancer. Researchers are exploring ways to combine immunotherapy with standard cancer treatments, including chemotherapy, to maximise the potential anticancer activity without increasing the toxicity of the treatment. CITT is currently focussing our research efforts on melanoma, the bone marrow cancer myeloma and mesothelioma.

Since our inception, a major goal of the CITT was to build a strong research team involving productive collaborations between clinicians and non-clinical scientists. Such partnerships are known to be highly productive in medical research and allow maximum utilisation of the respective ability, expertise and experience of clinicians and scientists, particularly in clinically-oriented research. CITT plans to appoint a Senior Scientist to lead the scientific aspects of our research, enhance collaborations between clinicians and scientists at Greenslopes and enhance the collaborations of the CITT with other leading research teams.

A major achievement of the previous 12 months has been the design and development of three protocols for investigator-initiated clinical trials in melanoma, myeloma and mesothelioma. Ethics approvals have been granted through both the Greenslopes Private Hospital and University of Queensland Human Research Ethics Committees.

Metastatic Melanoma

Stage IV metastatic melanoma is a condition that is currently incurable but which has been shown to respond to a variety of immune stimulatory manoeuvres. In addition to continuing trials of immune therapy based on CITT's expertise in this field, we are increasing our collaborations with major pharmaceutical companies developing drugs for melanoma based on recent understanding of what drives the cancerous process in melanoma. With Ipilimumab now available through the PBS, recruitment has recommenced CITT's trial investigating standard chemotherapy (Fotemustine), followed by a combined immunotherapy approach using an autologous dendritic cell vaccine. Information on the safety and tolerability of this regimen in patients with advanced melanoma will be collected, whilst obtaining immunological data crucial to the design of larger studies evaluating this approach.

An exciting new collaboration was established with Dr Tetsuya Nakatsura of the Division of Cancer Immunotherapy in Tokyo, Japan that aimed to establish the clinical utility of novel tumour markers SPARC and GPC3 for malignant melanoma. Serum samples from healthy donors and our tumour bank were used to test the validity of a new assay system using novel monoclonal antibodies to these tumour markers and to determine their incidence in our population.



Research Activities continued

Myeloma

Multiple myeloma, characterized by malignant plasma cell proliferation, bone destruction and immunodeficiency, is a disease with a median age at diagnosis of approximately 65 years. It is responsible for about 1 per cent of all cancer-related deaths in Western Countries. Conventional treatments with chemotherapy and radiation therapy are non-curative, though they do improve quality of life and the duration of survival. A research protocol and a patient information and consent form were prepared for a trial which aimed to optimise the treatment regimen for multiple myeloma and provide the maximum clinical benefit from combining high-dose chemotherapy, stem cell transplantation, and immunotherapy. A PhD student, Ms Priscilla Hong (BSc(Biotech), MSc(Biotech)) was awarded a joint scholarship from the University of Queensland and Gallipoli Medical Research Foundation to commence this project in October 2012. An ethics submission was prepared and approved. Recruitment has not yet commenced on this study.

Mesothelioma

Mesothelioma, a rare cancer usually caused by exposure to asbestos, currently has a poor prognosis. A collaboration has been established with Dr Keith Horwood (Oncologist, Greenslopes Private Hospital) and Queensland Asbestos Related Disease Support Society to investigate the potential of immune therapy for the treatment of mesothelioma. CITT was successful in obtaining funding from Comcare for a pilot study to evaluate the safety, feasibility and immune effects of standard chemotherapy (Cisplatin and Pemetrexed) combined with an immunotherapy approach using an autologous dendritic cell vaccine in mesothelioma. The hope is that

the combination of chemotherapy followed by immune therapy will be much more effective than the current standard therapy which is chemotherapy alone. While there is already funding for the preliminary stages of this clinical research, further funding is required in order that our proposed clinical trial can be completed.

Dr Steve Mattarollo, a post doctoral scientist with experience in immune therapy has commenced a part-time appointment within the CITT laboratory to direct several projects and form a collaborative link with animal-based research.

Statistical Assessment of Outcomes of Immune Therapy

CITT has extensive expertise in the treatment of various cancer types, particularly melanoma, using immune therapy. A statistician has commenced the collation and analysis of data to determine the effect on survival that has been achieved with these therapies. Continued development of our patient database will be undertaken so that prospectively valuable data will be collected for future analysis.

Facilities

A new cell separation system, called Elutra, has been purchased by GMRF which will streamline the collection of plasma cells from blood after leukapheresis. Oncology nurses from the Cyril Gilbert Cancer Centre have undergone training in the use and maintenance of the system. It will significantly reduce the manual handling required for the isolation of mononuclear cells required for the preparation of immune therapy.

Publications

Deng X, Terunuma H, Nieda M, Xiao W, Nicol A. (2012) Synergistic cytotoxicity of ex vivo expanded natural killer cells in combination with monoclonal antibody drugs against cancer cells. *Int Immunopharmacol* 14:593-605

Nicol AJ, Hagi T, Nicol JL, Mattarollo S, Nieda M. (2013) Addition of – Galactosylceramide to tumour pulsed dendritic cell vaccines enhances tumour antigen specific T cell responses and leads to clinical responses in patients with metastatic melanoma (*in preparation*)

Nicol AJ, Hagi T, Nicol JL, Nieda M (2013) Anti-tumour vaccination in patients with metastatic melanoma following metronomic low dose cyclophosphamide for suppression of regulatory T cells (*in preparation*).



Research Activities continued

Liver Research Unit – led by Professor Darrell Crawford

The Liver Research Centre studies disorders of iron metabolism, liver co-toxicity of iron, fat and alcohol, and the cellular basis of hepatic fibrosis and emerging potential anti-fibrotic therapies. The strength of the Liver Research Centre relies on a close interaction between clinicians and scientists. This “marriage” of the bench and the bedside has proven time and time again to be a very effective way to produce high quality, clinically relevant, readily translatable research.

The Liver Research Centre has had a productive 12 months with Professor Crawford named the acting Head of The University of Queensland School of Medicine and elected President of The Asian Pacific Association for the Study of The Liver. Professor Nathan Subramaniam was elected to the Gastroenterological Society of Australia Council. These achievements are evidence of the high regard for the staff within the Liver Research Centre in the national and international scientific and medical communities. We have developed an important international collaboration with Professor Saul Karpen of Emory University in the USA. This collaboration will enhance the profile of our research to ensure it reaches an international audience. We have two active NHMRC grants - totalling almost 0.6 million dollars per annum, and are co-chief investigators on six other NHMRC grants. Further funding applications have been submitted for 2014.

Dr Terence Tan was awarded his PhD in December, 2012. Dr Tan has presented his research at the highly prestigious American Association for the Study of the Liver Disease meeting in Boston, 2012. Ms Amy Sobbe is currently finalising her PhD thesis for submission and has again been selected as a finalist of the Gastroenterological

Society of Australia Young Investigator Awards to present her research in Melbourne in October 2013. Ms Nishreen Santrampurwala was successful in confirming her PhD enrolment in June, 2013. We welcomed a new PhD student, Dr Janske Reiling from The Netherlands. Two MBBS Honours students are also finalising their final assessment for their degrees prior to graduation in December 2013. The achievements of our students and the recruitment of new students is evidence of the quality of the research programme within the Liver Research centre. We will continue to build on our developments over the next year. We have world-class facilities, access to cutting edge technology, support from a generous and committed Foundation, and a commitment to collaboration and the academic development of young clinicians and scientists.

Awards/Promotions

Professor Crawford named the acting Head of The University of Queensland School of Medicine and elected President of The Asian Pacific Association for the Study of The Liver.

Professor Nathan Subramaniam was elected to the Gastroenterological Society of Australia Council.

Dr Terence Tan was awarded his PhD in December, 2012. Dr Tan has presented his research at the highly prestigious American Association for the Study of the Liver Disease meeting in Boston, 2012.



Research Activities continued

Grants

Professor Crawford, Professor Subramaniam, Fletcher L and Macdonald G were awarded an NHMRC project grant. Title: HFE-associated Steatohepatitis: Mechanisms and Therapies. Amount: \$628,765

PhD Students

Dr Terence Tan was awarded his PhD in December, 2012.

Ms Amy Sobbe is currently finalising her PhD thesis for submission and has again been selected as a finalist of the Gastroenterological Society of Australia Young Investigator Awards to present her research in Melbourne in October 2013.

Dr Laurence Britton was awarded a Gallipoli Medical Research Foundation PhD Scholarship.

Ms Nishreen Santrampurwala was successful in confirming her PhD enrolment in June, 2013 and being awarded a Gallipoli Medical Research Foundation PhD Scholarship and a University of Queensland Scholarship.

Dr Janske Reiling from The Netherlands who was awarded the PA Research Foundations' Liver Transplant Research Awards – PhD Scholarship and a University of Queensland International Scholarship.

Presentations/Abstracts

– Published Abstracts

Sobbe AL, Bridle KR, de Guzman CE, Santrampurwala N, Subramaniam VN, Crawford DH. Deferasirox does not exhibit antifibrotic activity when administered to Mdr2-/- mice. *Hepatology International*, In Press. [Poster of Distinction].

Britton L, Jaskowski L, Wilkinson A, Bridle K, Subramaniam N, Crawford D. Heterozygous deletion of the Hfe gene contributes to hepatic iron loading but not steatosis in mice fed a high fat diet. *Hepatology International*, In Press.

Bennett NC, McDonald CJ, Wallace, DF, Hooper JD, Lopez-Otin C, Subramaniam VN. Clinically identified TMPRSS6 mutations result in either trafficking defects or inability to cleave hemojuvelin *American Journal of Hematology* 88 E83

McLaren CE, Phatak PD, Adams PC, Subramaniam VN, Barton JC, Garner CP, Powell, LW, Gurrin LC, Allen KJ, Nickerson DA, Ramm GA, Anderson GJ, McLaren, GD. Identification of genes and variant alleles associated with iron overload in hemochromatosis HFE C282Y homozygotes. *American Journal of Hematology*. 88 E40.

Rishi G, Wallace D, Subramaniam, VN. Proximity ligation assays indicate that hemochromatosis proteins HFE and transferrin receptor 2 (TFR2) do not interact. *American Journal of Hematology*. 88 E202.

Sobbe A, Frazer D, Bridle K, Jaskowski L, Ostini L, de Guzman E, Santrampurwala N, Anderson G, Subramaniam VN, Crawford D. Isolated hepatic iron deficiency despite abundant systemic iron in MDR2-/- mice: Integrity of the biliary transport system is important in liver iron homeostasis. *American Journal of Hematology*. 88 E59.

Britton L, Jaskowski L, Wilkinson A, Bridle K, Subramaniam N, Crawford D. Heterozygous deletion of the Hfe gene contributes to hepatic iron loading but not steatosis in mice fed a high fat diet. *American Journal of Hematology*. 88 E204.

McDonald C, Wallace D, Ostini L, Subramaniam N. Differential response of the hepcidin regulatory pathway to oral versus parenteral iron in mice lacking Hfe and TfR2. *American Journal of Hematology*. 88 E52-53.

Heritage M, Jaskowski L, Wilkinson AS, Britton L, Tan TC, Clouston AD, Bridle K, Anderson GJ, Macdonald GA, Fletcher LM, Subramaniam VN, Crawford DH. The progression of NAFLD to NASH in a mouse model of Hfe(-/-)- associated steatohepatitis is attenuated by co-administration of curcumin and vitamin . *Hepatology*. 56 873A

Tan, Terrence C., Crawford, Darrell H., Jaskowski, Lesley, Santrampurwala, Nishreen, Heritage, Mandy, Subramaniam, V. Nathan, Clouston, Andrew D., Crane, Denis I., Anderson, Gregory J. and Fletcher, Linda M. Iron Toxicity Impairs Autophagy and Promotes ER Stress in Obesity and Alcohol-Induced Fibrosing Steatohepatitis. *Hepatology*, 56(Suppl 4): 294A.

Sobbe AL, Bridle KR, de Guzman CE, Santrampurwala N, Subramaniam VN, Crawford DH. Deferasirox does not exhibit antifibrotic activity when administered to Mdr2-/- mice. *Journal of Gastroenterology and Hepatology*, Vol. 27, Supp. 4, p. A13.

Wilkinson AS, Heritage ML, Jaskowski LA, Britton LJ, Tan TC, Clouston A, Bridle K, Macdonald GA, Anderson G, Fletcher LM, Subramaniam N, Crawford DH. Curcumin and Vitamin E combination treatment reduces the severity of disease in a diet-induced mouse model of NAFLD. *Journal of Gastroenterology and Hepatology*, Vol. 27, Supp. 4, p. A15.

Heritage ML, Wilkinson AS, Jaskowski LA, Britton LJ, Tan TC, Bridle K, Clouston A, Anderson G, Fletcher LM, Macdonald GA, Subramaniam N, Crawford DH. The progression of NAFLD to NASH in a mouse model of Hfe-/- -associated steatohepatitis is attenuated by co-administration of curcumin and vitamin E. *Journal of Gastroenterology and Hepatology*, Vol. 27, Supp. 4, p. A7.

Research Activities continued

Presentations/Abstracts

– Peer Reviewed Publications

Tan TC, Crawford DH, Jaskowski LA, Murphy TL, Santrampurwala N, Crane D, Clouston AD, Subramaniam VN, Anderson GJ, Fletcher LM. A Corn Oil-Based Diet Protects Against Combined Ethanol and Iron-Induced Liver Injury in a Mouse Model of Hemochromatosis. *Alcohol Clin Exp Res*. 2013 Jun 6. doi: 10.1111/acer.12155. [Epub ahead of print] PMID: 23742171

Cohen J, Venkatesh B, Tan T. Comparison of the diagnostic accuracy of measured and calculated free cortisol in acutely ill patients using the Coolens equation. *Crit Care Resusc.*;15(1):39-41.

McDonald CJ, Wallace DF, Crawford DH, Subramaniam VN. Iron storage disease in Asia-Pacific populations: The importance of non-HFE mutations. *J Gastroenterol Hepatol*. 2013 Jul;28(7):1087-94.

Landers KA, Li H, Subramaniam VN, Mortimer RH, Richard K. Transthyretin-thyroid hormone internalization by trophoblasts. *Placenta*. 34(8):716-8.

Jeffery JM, Grigoriev I, Poser I, van der Horst A, Hamilton N, Waterhouse N, Bleier J, Subramaniam VN, Maly IV, Akhmanova A, Khanna KK. Centrobins regulate centrosome function in interphase cells by limiting pericentriolar matrix recruitment. *Cell Cycle* 12(6):899-906.

Oancea I, Png CW, Das I, Lourie R, Winkler I, Eri R, Subramaniam N., Jinnah HA, McWhinney BC, Levesque J-P, McGuckin MA, Duley JA, Florin THJ. A novel mouse model of veno-occlusive disease provides strategies to prevent thioguanine-induced hepatic toxicity. *Gut*; 62(4):594-605.

Kitson MT, Dore GJ, George J, Button P, McCaughan GW, Crawford DH, Sievert W, Weltman MD, Cheng WS, Roberts SK. Vitamin D status does not predict sustained virologic response or fibrosis stage in chronic hepatitis C genotype 1 infection. *Journal of Hepatology* 58(3): 467-72.

Paul S, St John A, O'Reagan K, Stuart KA, Crawford DHG. Interaction of serum ferritin and body mass index in patients with chronic hepatitis B: Improved prediction of cirrhosis. *Hepatology*; 57(5):2094-5

Subramaniam VN, McDonald CJ, Ostini L, Lusby PE, Wockner LF, Ramm GA, Wallace DF. Hepatic Iron Deposition does not Predict Extra-Hepatic Iron Loading in Mouse Models of Hereditary Hemochromatosis. *Am. J Pathol*. 181:1173-9.

Goot K, Hazeldine S, Bentley P, Olynyk J, Crawford D. Elevated serum ferritin – what should GPs know? *Australian Family Physician*; 41 (12): 945-949

Li P, Robertson TA, Zhang Q, Fletcher LM, Crawford DH, Weiss M, Roberts MS. Hepatocellular Necrosis, Fibrosis and Microsomal Activity Determine the Hepatic Pharmacokinetics of Basic Drugs in Right-Heart-Failure-Induced Liver Damage. *Pharm Res*; 29 (6): 1658-1669.

Crawford D, Dore GJ, Sievert W, Cheng W, Weltman M, McCaughan G, Rawlinson B, Marks PS, Yoshihara M, Rizkalla B. Early on-treatment viral load and baseline METAVIR score: Improved prediction of sustained virological response in HCV genotype 1 patients. *Antiviral Therapy* 17(5):849-54.

Tan TC, Crawford DH, Franklin ME, Jaskowski LA, Macdonald GA, Jonsson JR, Watson MJ, Taylor PJ, Fletcher LM. The serum hepcidin:ferritin ratio is a potential biomarker for cirrhosis. *Liver Int.*;32(9):1391-9.

Wallace D, Crawford DHG, Subramaniam N. Iron predicts tolerance in liver transplantation. *Gastroenterology* 2012; 143(3):862-865.

Reiling, J., Johnson, D., Kruger, P., Pillans, P., & Wall, D. Association of pre-transplant statin use with delayed graft function in kidney transplant recipients. *BMC nephrology*, 13(1), 111.

Book Chapters

Crawford DHG, Fletcher LM, Kowdley KV. Iron and Liver Disease. In: Anderson GJ, McClaren GD, eds. *Iron Physiology and Pathophysiology in Humans*.: Springer International, 2012:441-454.

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Research Activities continued

Respiratory Research – Led by Dr Rachel Thomson

The Respiratory Research Unit continues to focus on research into Pulmonary Nontuberculous mycobacterial infections and Bronchiectasis. Both conditions are closely related and are increasing in prevalence in Queensland. Nontuberculous mycobacteria (NTM) 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.

The past 12 months has seen a flurry of publications from this unit with the completion of the Thesis "Characteristics of nontuberculous mycobacteria from a municipal water distribution system and their relevance to human infections".

Factors associated with the isolation of nontuberculous mycobacteria (NTM) from a large municipal water system in Brisbane, Australia, was published in BMC Microbiology. This is the first Australian study to document pathogenic mycobacteria in the Brisbane drinking water distribution system, and explores system and laboratory factors associated with the presence of these organisms.

From this Dr Thomson and her team examined the individual species of NTM found in the water and compared them to those found in Brisbane patients.

Mycobacterium abscessus in potable water – a potential source of human infection was published in BMC Infectious Diseases, and outlines the similarities between patient strains of *M. abscessus* and those found in the water, making it possible that patients may have acquired their infection from drinking water or shower aerosols.

This is a major breakthrough in understanding the pathogenesis of these devastating infections. Previously the team published a similar finding for another species – *Mycobacterium lentiflavum*.

In contrast very few strains of *M. kansasii* found in water, matched those found in patients. The team's findings contradict traditional teaching that this organism is a "tap water bacillus". If patients do acquire infection with this organism from water, then perhaps point source contamination occurs from another environmental niche. Further investigation into this is ongoing. As part of Carla Tolsons Masters degree, she is comparing the different strain typing techniques used for comparing these organisms. She presented her preliminary findings at the American Society of Microbiology meeting in Denver.

Strains of *Mycobacterium fortuitum* (a species that often causes soft tissue and wound infections) that were found in water, were quite different from those found in patients, and the results of this analysis have been submitted for publication.

To further evaluate whether patients acquire NTM infection from water sources in their own homes the team undertook extensive home sampling of 20 patients with disease. The results of this study were published in the Journal of Clinical Microbiology.

The researchers have also published their first joint publication as result of a collaboration with the University of WA – Searching for an immunogenetic factor that will illuminate susceptibility to non-tuberculous mycobacterial disease. Human Immunology.



Research Activities continued

They have completed the analysis of anti-cytokine antibodies in NTM patients, and this manuscript will be submitted in the upcoming weeks. Funding has been secured to continue this collaboration and further explore the immune susceptibility to NTM infections.

A snapshot of the geographic diversity of nontuberculous mycobacteria isolated from pulmonary samples: An NTM-net collaborative study was published in the European Respiratory Journal and marks the group's first contribution to studies coordinated by the NTM-net. They are collating data to contribute to further studies looking at the cumulative experience with different medications used to treat NTM infections across multiple countries.

With the completion of the landmark environmental work with NTM in QLD, Dr Thomson and her colleagues are enthusiastic to embark on further work looking at the epidemiology of NTM in QLD and the Immune susceptibility to these infections. Other international collaborations have been developed, with Whole Genome Sequencing of *M. abscessus* currently underway in Cambridge, and an analysis of subspecies of *M. intracellulare* has started here in collaboration with the University of Texas. In addition to Carla Tolson, who is completing a Masters degree, four thoracic training registrars and one infectious diseases registrar are involved in these research projects in NTM under the supervision of this unit.

Grants

Dr Thomson, Assoc. Prof Yang, Dr Price and Dr Waterer were awarded a UQ-UWA Collaborative Grant. Title: Anti-cytokine antibodies in NTM disease. Amount: \$20,000.

Dr Thomson, Assoc. Prof Yang, Dr Price and Dr Waterer were awarded a UQ Academic Title Holder Grant. Title: Innate Immunity in NRM disease. Amount: \$19,851.

Students

Dr Rachel Thomson's PhD is currently under external examination.

Ms Carla Tolson is progressing with her Masters degree.

Peer Reviewed Publications

Rachel Thomson, Carla Tolson, Flavia Huygens, Megan Hargreaves. Strain variation amongst clinical and potable water isolates of *M. kansasii* using automated repetitive unit PCR. Submitted to *International Journal of Medical Microbiology* (IJMM-D-13-00047) Feb 2013 (Returned for revision July 2013)

Rachel Thomson, Carla Tolson, Chris Coulter, Flavia Huygens, Megan Hargreaves. Isolation of NTM from household water and shower aerosols in patients with NTM pulmonary disease. *Journal of Clinical Microbiology* published online ahead of print July 10, 2013

Affandi, J. S.; Hendry, S.; Waterer, G.; Thomson, R.; Wallace, H.; Burrows, S.; Price, P. Searching for an immunogenetic factor that will illuminate susceptibility to non-tuberculous mycobacterial disease. *Human Immunology*. June 2013 epub ahead of print

Rachel Thomson, Carla Tolson, Robyn Carter, Flavia Huygens, and Megan Hargreaves. Factors associated with the isolation of Nontuberculous mycobacteria (NTM) from a large municipal water system in Brisbane, Australia. *BMC Microbiology* 2013, 13; 89 doi: 10.1186/1471-2180-13-89

Rachel Thomson, Carla Tolson, Flavia Huygens, Megan Hargreaves. *Mycobacterium abscessus* in potable water – a potential source of human infection. *BMC Infectious Diseases* 2013; 13; 241

W. Hoefsloot, J. van Ingen*, C. Andrejak, K. Ängeby, R. Bauriaud, P. Bemer, M.J. Boeree, J. Cacho, E. Chimara, R. Cias, R. Dasa, P.N.R. Dekhuijzen, D. Domingo, F. Drobniewski, J. Esteban, M. Fauville-Dufaux, D.B. Folkvardsen, N. Gibbons, E. Gómez-Mampaso, R. Gonzalez, H. Hoffmann, P.R. Hsueh, A. Indra, T. Jagielski, F. Jamieson, M. Jankovic, J. Keane, W.J. Koh, S. Leao, R. Macedo, T. Mannsaker, T. Marras, J. Maugein, H. Milburn, T. Mlinkó, N. Morcillo, K. Morimoto, D. Papaventis, E. Palenque, M. Paez-Peña, C. Piersimoni, M. Polanová, N. Rastogi, E. Richter, M.J. Ruiz-Serrano, A. Silva, H. Simsek, D. van Soolingen, N. Szabó, R. Thomson, M.T. Tórtola Fernandez, E. Tortoli, S.E. Totten, G. Tyrrell, T. Vasankari, M. Villar, R. Walkiewicz, K. Winthrop, D. Wagner for NTM-NET. A snapshot of the geographic diversity of nontuberculous mycobacteria isolated from pulmonary samples: An NTM-net collaborative study. *European Respiratory Journal* April 18, 2013 (epub ahead of print).

Research Activities continued

GMRF Clinical Trials Unit – Managed by Miriam Dwyer

The GMRF Clinical trials unit coordinates Phase II and III studies primarily in cancer (melanoma, ovarian cancer, pancreatic cancer and lymphoma) and Hepatitis C.

The unit is unique in its management structure under an agreement with the clinicians, the hospital and the foundation. The trials are coordinated effectively by dedicated staff employed by the research foundation with all profits being returned to the foundation to support further research.

The foundation manages the specific elements of the trial process allowing the clinicians at Greenslopes Private Hospital to manage the requirements of the protocol and the medical care of the patients on the studies:

The Clinical Trials Unit is responsible for:

- Study set up including study feasibility
- Contract and budget negotiation
- Ethics applications and regulatory submissions
- Patient coordination and compliance with the protocol
- Data collection and processing
- Liaison with 3rd party suppliers (radiology, pharmacy, pathology etc)
- Study closeout and archiving.

The Foundation also supports “investigator initiated research projects” conducted at Greenslopes Private Hospital and all research is reviewed and approved by the Greenslopes Private Hospital Ethics Committee before proceeding.

Wound Care Project

The GMRF wound care project entered its second phase in 2012. A further grant was approved by the Wound CRC to investigate whether twice daily moisturisation of arms and legs will improve skin integrity and result in fewer, less severe skin tears. This study will take place over a period of 12 months in the Florence Syer and Rehabilitation Wards of Greenslopes Private Hospital. It is hoped that this research study will show this simple, low risk intervention to be an effective way of decreasing the pain and suffering associated with these wounds. To date, 704 patients have consented to participate in the prevention trial. Regular moisturisation has been positively received by patients and staff and is showing promising results. The trial is due for completion on the 10th November 2013.



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 – \$100,000

Title: Evaluation of clinical and immunological effects of anti-myeloma vaccination and autologous cytotoxic cell infusions following immune modulating remission induction therapy

Chief Investigator – Associate Professor Andrew Nicol

- Chief Investigator – Associate Professor Andrew Nicol
- Amount Awarded – \$100,000



Research Activities continued

GPH Innovation Grants 2012

"It really surprised me how all the staff went out of their way to ensure that they did everything they could to see that my stay in hospital would be one that I will recall with very good memories."

Patient from Ward 21, Greenslopes Private Hospital

The positive impression that a patient leaves hospital with is largely due to the outstanding care they received from nurses and allied health professionals. After spending years on the front line, many of these dedicated individuals see practical opportunities to improve patient care.

With the demands of their busy schedule, nurses and allied health professionals do not always have the time and resources to explore their ideas. Seeing the opportunity to tap into this wealth of ideas to improve patient care, GMRF developed the **new Research Innovation Grants for Nurses and Allied Health Professionals**.

Applications were of a very high standard for the inaugural grants, which were held during GMRF Remembrance Through Research Week 2012. Due to the generosity of GMRF supporters, we were able to invest in grass-roots research such as:

- **\$9,000 grant awarded to the ADAPT program**, which is an education and physical activity program, designed to encourage healthy lifestyle behaviors among veterans with mental illness.
- **\$7,000 grant awarded to the development of protocol to reduce Peripheral Inserted Central Catheter (PICC) related infections in adult patients in an acute care setting.**

- **\$7,000 grant awarded** to reviewing and refining the current procedures around treatment limiting decisions and **not for resuscitation (NFR)**.
- **\$7,000 grant awarded** to a project which aims to **improve nutritional care to improve clinical outcomes for orthopedic patients with hip related injuries.**

At GMRF, we are certain that these nurses and allied health professionals are going to discover practical new things that will have a real impact on patient care. Thank you to all of our donors who made this initiative possible through your continued support.



PHD Scholarships Awarded

Thesis Title:

HFE-associated Steatohepatitis: mechanisms and therapies (Second Year Funding)

- Name of Candidate – Nishreen Santrampurwala

Thesis Title:

Understanding the role of hepcidin and other factors associated with iron overload in non-HFE liver disease (Second Year Funding)

- Name of Candidate – Dr Laurence James Britton

Thesis Title:

Sequential anti-myeloma vaccination, autologous stem cell transplant (ASCT) and adoptive T cell therapy with post transplant vaccination for treatment of multiple myeloma (1st year of top up scholarship)

- Name of Candidate – Ms Priscilla Hong BSc(Biotech) (Hons), MSc(Biotech) *Withdrew from the project in March 2013*

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 Australia's largest private hospital group. Today, the Company owns and operates 116 hospitals and facilities across Australia and overseas. Mr Ramsay 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.

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

Mr Tom Ryan is a former Director and Chairman of Australian Pharmaceutical Healthcare Systems (APHS). Mr Ryan was a founding partner of the APHS Group. The APHS group provides pharmacy services within private hospitals, as well as providing oncology services to a variety of public and private hospitals and also providing an extensive service to aged care facilities for both prescription supply and clinical consultancies, and community pharmacy services. Mr Ryan owned and operated the pharmacy service at Greenslopes Private Hospital from 1995 until 2010.

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 has been Head of Cardiovascular research at Greenslopes Private Hospital since 1999. He has a private research organisation (CORE Research).

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 nominated by the National Heart Foundation and was the only cardiologist at the summit. He was a member of the Queensland Government Smart State Council working group on prevention and early intervention approaches to tackle chronic disease.

He is a grant assessor for National Health and Medical Research Council, National Heart Foundation Australia and Diabetes Australia.

He was a member of the National Heart Foundation of Australia Nutrition and Metabolism Committee. He was the Chief Author of the National Heart Foundation's position statement on fish and fish oil in 2008. He is the Chair of the National Heart Foundation's Psychosocial Risk Factors and Coronary Heart Disease Expert Committee.



Board of Directors continued

3 Mr Stephen Copplin

Stephen is the Managing Director of the CFO Centre Pty Ltd.

His professional career spans numerous industry sectors, including finance, insurance, investment banking, technology, media and creative industries. During his time, Stephen has successfully managed finance operations for multi-national corporations, negotiated multi-million dollar international acquisitions and divestments and built start-ups from inception through to trade sale.

Stephen is a Fellow Certified Practicing Accountant, A Fellow of the Australian Institute of Company Directors and he is an Adjunct Professor in the School of Business and the School of Electrical Engineering at the University of Queensland.

As a professional Company Director, he currently holds a number of non-executive board positions with both public and private companies.

4 Professor Ken Donald

Originally trained as a Pathologist, Ken Donald has had appointments as an Academic Pathologist, Director of Pathology at Royal Brisbane Hospital and later at Hunter Area Pathology Services, and Professor of Anatomical Pathology at The University of Newcastle. Then followed post-doctoral studies at Erasmus University Rotterdam and Edinburgh University Scotland. He has also been Deputy Director-General of Health in Queensland (for a decade) and in the 1990's was Professor and Head of the Department of Social and Preventive Medicine at The University of Queensland and was, until the 31st December 2006, Head of the School of Medicine. He has chaired a number of major national authorities and

committees within NHMRC, AIDS Control, Cancer Control and Veterans' Compensation Systems. In recent years he has been Director of Medical Services at Royal Darwin Hospital and Medical Assistant Commissioner on the Health Quality and Complaints Commission in Queensland, and recently retired as Chair of the Repatriation Medical Authority in the War Veterans Compensation System after nineteen years. He has published extensively in medical literature and Textbooks. In 2009/10 he was Director of Medical Services at Katherine Hospital, Northern Territory. He has recently been appointed Professor of Assessment and Evaluation at Griffith University Medical School. He has lead enquires for Queensland Health which involved post-graduate training, registration of overseas doctors and workforce supply and currently Cancer Services and Public Health Research. In 2007 he was made an officer of the Order of Australia (AO), and in June 2012 received the Premier's 2012 Queensland Great Award.

5 Professor Nicholas M Fisk (resigned April 2013)

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.



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Board of Directors continued

6 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.

7 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.

8 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.

9 Dr Peter Kortlucke MBBS, FRACGP

(resigned 17 April 2013)

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

10 Mr David McDonald FIPA (resigned 26 Sept 2013)

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.

11 Dr David McMaugh (resigned 30th July 2013)

David McMaugh possesses a very wide background of experience in clinical practice, health management and health leadership – from acting CEO of the Royal Brisbane Hospital, to international health accreditator with ACHS, to University teacher. He is owner/CEO of Leadership Health Services, a boutique and focused niche consultancy group. David is also CEO of Bunjuren Estate Vineyard and consults for Communio Pty Ltd working with both private, not for profit and government agencies including the ADF. He served in Australia and the UK as an Officer in the Australian Army from 1964 to 1991 (27 years).



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Board of Directors continued

12 Ms Carmel Monaghan

(Company Secretary) BBusComm, MBA

Ms Carmel Monaghan is the Marketing and 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, Malaysia and Indonesia. As Marketing and 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 and Business Development Manager at Greenslopes Private Hospital. She has been in her current role as Group Marketing Manager for Ramsay Health Care since 2002.

13 Mark Page (Deputy Chairman) BBus

Mark has 13 years senior management experience in the private health sector, eight as hospital CEO across diverse settings throughout Australia. In June 2011 Mark was appointed to the position of CEO of Greenslopes Private Hospital. With 677 licenced beds and 16 operating theatres, Greenslopes Private Hospital is Australia's largest and most comprehensive private teaching hospital. Mark has recently overseen a \$50M expansion of Greenslopes Private Hospital which provided the hospital with an additional two operating theatres, 106 additional beds and the creation of the Greenslopes Private Hospital maternity and neonatal service. Prior to his appointment at Greenslopes, Mark was the CEO of Ramsay Cairns where he commissioned Far North Queensland's first Interventional Cardiology service and developed The Cairns Clinic, the first dedicated Private Acute Psychiatric Hospital north of Brisbane.

14 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.

15 Mrs Jean Pockett

Mrs Jean Pockett, a member of the War Widows Guild since 1970, is a long standing State Council member and is a past Vice President of the Guild, a position she held on four occasions. She has attended numerous national Conferences and been the Guild's delegate for the ex-Service Organisations. 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. In addition to working voluntarily in the State Office of the Guild she is very familiar with the campus at Greenslopes Private Hospital where she has volunteered as a hospital visitor for more than twenty years. Her volunteer work was recognised in 2012 when she was presented with a 40 year Voluntary Service Certificate by the hospital executive. She was an inaugural board member of the Gallipoli Medical Research Foundation. She is also a member of the Queensland Cricketers' Club.



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Board of Directors continued

16 Ms Toni Thornton

Ms Toni Thornton is an Executive Director with JBWere in an investment advisory capacity to large Non-Profit groups, listed executives and Ultra High Net Wealth families. Toni is the former State Manager Queensland and Executive Director of Goldman Sachs JBWere. Ms Thornton holds 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 and JBWere for over 15 years in Investment Advisory roles in Sydney, a Strategic Management role in Melbourne working alongside the Managing Director – PWM and in Brisbane where she was the State Manager for seven years. Ms Thornton previously sat on the board of the South Bank Corporation and the South Bank Corporation audit committee for 5 years.

17 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 and Winter) Olympic Games from 1992 – 2008.

18 Professor Ross Young

Professor Ross Young was appointed Executive Dean, Faculty of Health QUT in January 2013 following seven years as Executive Director, Institute of Health and Biomedical Innovation (IHBI), QUT.

Professor Young is a Clinical Psychologist and his research 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 includes work in pharmacogenomics and the development of personalised medicine via the use of gene chips. Professor Young has over 190 published papers in genetic, medical, psychiatric and psychological journals. This includes work in prestigious journals such as Nature Medicine.



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Committees

GMRF Fundraising Subcommittee

Members

Ms Toni Thornton (Chair)

Ass Prof David Colquhoun

Mr Pat Walsh

Mr Stephen Copplin

GMRF Finance and Audit Subcommittee

Members

Mr Stephen Copplin (chair)

Mr John Gallagher

Mr Tom Ryan

GMRF Research and Governance Subcommittee

Members

Prof Ross Young (Chair)

Ass Prof David Colquhoun

Prof Darrell Crawford

Dr Michael Harrison

Prof Ken Donald

Professor Bruce Abernethy BHMS (Ed), PHD

GMRF Clinical Review Committee

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.

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.

Prof Mike Whitby

Prof Whitby is an Infectious Diseases Physician/Microbiologist. He is Professor of Medicine, University of Queensland, Greenslopes Clinical School, and Professor, and Clinical Director, CRE in Reducing Health Care Associated Infections, Institute of Health and Biomedical Innovation, Qld University of Technology.

Acknowledgements

Platinum Plus

Corporate

Returned and Services League Australia, Queensland branch

RSL/Veteran/Service Organisations

Diggers Dozen Volunteers, Greenslopes Private Hospital

Individuals

Mr and Mrs John and Wendy Thorsen

Mrs Norma Jean Bracken

Mr and Mrs Brett and Zahra Godfrey

Mrs Elaine Feddersen

Platinum

Corporate

Ramsay Health Care

APHS

Sullivan Nicolaides Pathology

University of Queensland, Faculty of Health Sciences,
School of Medicine

Medinet Co Ltd

RSL/Veteran/Service Organisations

War Widows' Guild of Australia (Qld) Inc

Kedron-Wavell Services Club and Kedron-Wavell
Sub-Branch RSL

Individuals

Mr and Mrs Roger Trundle

Professor Darrell Crawford

Dr Roland Noakes

Mrs Betty Busing

Gold

Corporate

QML Pathology

Philips Medical Systems

Johnson and 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 and Sherwood
Services Club Inc

Greenbank RSL Services Club

Greenbank RSL Sub-Branch

Redlands RSL

Coorparoo and Districts RSL Sub Branch

Stephens RSL Sub Branch

Greenbank RSL Sub Branch Women's Auxiliary

Community Organisations

Gill's Old Bastards

Individual Supporters 2012/2013

\$5,000+

Mrs Susan L Unsworth

Mrs Pearl E Logan

Mrs Margaret Brodie

Mrs Mary Boydell

Professor Richard Gordon

Mr Malcolm Broomhead

\$1,000–\$4,999

Dr Keith Horwood

Mrs Lynette Barnett

Mr Peter Darmody

Mr William Patrick

Mrs Julianne Kiellly

Miss Erica Rasche

Mrs Jean Thompson

Mr Robert Greenelsh

Mr Robin Harvey

Mr Stewart Gow

Mr Geoffrey Sattler

Dr Jeff Goh

\$500–\$999

Mrs Alma Williams

Mrs Helen du Frocq

Ms Beryl Hawdon

Mr Reginald Monks

Ms Beverley Edgar

Mrs Elena Cartmell

Mrs Gwenyth Bodger

Mrs Teresa Todhunter

Mr Edwin Pearson

Mr and Mrs D.P and
M.A Wilkinson

Mr Robert Gordon

Mrs Joye Trundle

Mr Robert Ingpen

Mr D Lutton

Mrs Lynda Sugars

Mr Bill Wheeler

Mrs June Berry

Mr John Rumble

Mr Vivian Byatt

Mrs Jackie Dennis

Mrs Margaret Knight

Mr Bruce Dennison

Mrs Rosemary Goodsall

Mr Douglas Cowlshaw

Mrs Barbara D Murphy

Mr George Hall

Mrs Elizabeth Smith

Mrs Betty Young

Mrs Michelle Fitzpatrick

Acknowledgements continued

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
 Cory Charitable Foundation
 Estate of Mrs Josie Clare Grinsell
 Estate of Mr Victor John Bahr
 The family of Dick and Elsie Hagerty
 Estate of Shirelle Nahow
 Mr G D (Doug) Murray
 The Cancer Council
 Queensland Community Foundation
 M and J McCormick family Trust
 Estate of Joyce Smith
 The Logan Family Foundation
 Estate of Mr Mark Kelly

In Memoriam

Michael A Storah (In Memoriam)
 In Memoriam of Mr John Leslie Harrison
 In memory of Mrs May Young
 Lou Juraszko (In Memoriam)
 In memoriam of Mr Jack Oliphant
 In memory of Mr Leslie Francis Smith (exP.O.W.)
 In Memory of Mrs Gert Francis
 In Memory of Ms Adele Radke
 Mrs Gemma Minto
 Mr Brian John Brandenburg

Discovery Partner

Mrs Marjorie Trundle
 Mr and Mrs Robert and Bernadette Ney
 Mr and Mrs Terry and Camilla Barker

Cyril Gilbert Testimonial Fund

Platinum

Greenslopes Private Hospital
 Mr Paul Ramsay AO
 The QLD Ex Prisoner of War Association
 Mr and Mrs Blair and Joy Smith and Joanne Lesley Usher

Gold

RSL Queensland

Silver

Sullivan Nicolaides Pathology
 Diggers Dozen –GPH

Bronze

Mr Cyril Gilbert OAM
 Associate Professor Andrew Nicol
 Mr Richard Lizzio
 Ms Carmel Monaghan
 Redlands RSL
 Mr Pat Welsh
 Dr Pretoria Bilinski
 Mrs Anne Maree Wright

In kind support for events, auctions and raffles

Mr Pat Welsh
 GPH – Diggers Dozen
 The Marketing Team at Greenslopes Private Hospital
 The Payroll Team at Greenslopes Private Hospital
 The IT Team at Greenslopes Private Hospital
 Dr Jeff Deslandes
 Greenbank RSL
 Mrs Therese Smith
 Helen du Frocu
 Breanna Hickling
 Alma Williams
 Doug Murray
 Roy's Golf Day
 Ms Chakae D'Ellen Court
 Caledonian Lodge
 Lynndon Ladies Bowling Club Inc
 Mr and Mrs Adam and Allison DeVries
 Wantima Thursday Ladies Golf Club

Volunteers

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

Financial Statements *for the year ended 30 June 2013*

Contents

- 27 Directors' Report
- 31 Auditor's Independence Declaration
under Section 307C of the Corporations Act 2001
- 32 Statement of Profit or Loss and Other Comprehensive Income
- 33 Statement of Financial Position
- 34 Statement of Changes in Equity
- 35 Statement of Cash Flows
- 36 Notes to the Financial Statements
- 48 Directors' Declaration
- 49 Independent Audit Report to the members
of Gallipoli Medical Research Foundation Ltd



Directors' Report *30 June 2013*

Your directors present their report on the Company for the financial year ended 30 June 2013.

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	Chairman	
Ms Carmel Monaghan	Secretary	
Professor John Pearn AO		
Mr John Gallagher QC		
Ms Toni Thornton		(Maternity Leave during 2013)
Mrs Jean Pockett		
Mr Pat Welsh		
Mr David McDonald		
Dr Michael Harrison		
Mr Cyril Gilbert OAM		
Professor Ross Young		
Associate Professor David Colquhoun		
Mark Page		Appointed 17 April 2013
Dr David McMaugh		Resigned 20 June 2012
Professor Keneth Donald		Appointed 19 November 2012
Mr Stephen Copplin		Appointed 19 November 2012
Professor Nicholas Fisk		Resigned 17 April 2013
Dr Peter Kortlucke		Resigned 17 April 2013
Mr David McDonald		Resigned 26 September 2012

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.

Our Vision

We believe that the diseases which indiscriminately affect both the young and old, can and must be conquered in our lifetime through medical research. In our vital work of facilitating discoveries, we remember and take inspiration from the discipline and dedication exemplified by our veterans.

GMRF foundation mission

GMRF's supporters hold a deep belief that medical research can change lives. We aim to turn their belief into breakthroughs by raising and investing funds into the innovative scientific discoveries of tomorrow. We ensure that our scientists have the time, space and resources required to find new ways to save lives.

GMRF research mission

GMRF is driven to improve human health by identifying and exploring the black holes in current scientific knowledge. Beyond the boundaries of today's treatments, we search for answers to the most challenging medical questions. The depth and quality of this research is a result of relentlessly focussing on our strengths and specialisations. We bring together the best ideas and individuals in pursuing game changing discoveries.

Our Strategy

- 1 Provide the infrastructure, governance and resources to support existing and future research endeavours
- 2 Facilitate and support a culture of medical research within the Greenslopes Private Hospital through competitive scholarships and grants
- 3 Communicate effectively, thereby increasing community and corporate support for the Foundation and its research
- 4 Consistently deliver exceptional clinical research activity to our patients and Sponsors
- 5 Expansion within our specialisations and areas of expertise to include additional research themes.

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 and 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* – 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 loss from ordinary activities after providing for income tax amounted to \$322,698 (2012: Profit \$ 2,135,129).

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	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 of JBWere

Ms Jean Pockett

Experience	Former Vice president of the War Windows Guild (QLD) Inc
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Mr David McDonald

Qualifications	FIPA
Experience	Former General Manager of 4BC and 4BH

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

Directors' Report continued

Mr Stephen Copplin

Qualifications

Appointed: 19 November 2012

B.Bus (Acc) FCPA, FAICD

Experience

Managing Director of the CFO Centre Pty Ltd and Adjunct Professor University of Queensland Business School and IT and Electrical Engineering School

Special Responsibilities

Chairman: Finance and Audit Sub Committee
Acting Chairman: Fundraising Sub Committee

Professor Keneth Donald AO

Appointed: 19 November 2012

Qualifications

MBBS, PhD, FRCPA, FRCPPath, FRACMA, FRACS(Hon)

Experience

Professor of Assessment and Evaluation Medical School Griffith University

Dr Peter Kortlucke

Resigned 17 April 2013

Qualifications

MBBS, FRACGP

Experience

Director, Rehabilitation Unit GPH, Chairman, Medical Advisory Committee GPH (2006 2010), 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 Dean, Faculty of Health Queensland University of Technology

Special Responsibilities

Chairman Research and Governance Sub Committee

Dr David McMaugh

Appointed: 17 April 2013

Qualifications

MBA, MED, MDSc, BDSc, FRACDS

Experience

CEO and Vinemaster Bunjurgun Estate and former Clinical Specialist and Executive Leader within the healthcare field

Professor Nicholas Fisk

Resigned 17 April 2013

Qualifications

MBA, PhD, FRCOG, FRANZCOG, DDU, MBBS

Experience

Executive Dean, Faculty Health Sciences, University of Queensland

Mark Page

Qualifications

Bcom

Experience

CEO of Greenslopes Private Hospital

Special Responsibilities

Deputy Chairman

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

Chairman

Directors' Report continued

Meetings of Directors

During the financial year, 4 Board of Director's meetings and 6 Board Subcommittee meetings were held. Attendances by each director during the year were as follows:

	Board Meetings		Board Subcommittee Meetings	
	Number eligible to attend	Number attended	Number eligible to attend	Number attended
Mr John Gallagher QC	4	4	2	2
Mr Cyril Gilbert OAM	4	2	–	–
Dr Michael Harrison	4	2	3	2
Mr David McDonald	1	1	1	1
Ms Carmel Monaghan	4	3	–	–
Professor John Pearn	4	2	–	–
Mrs Jean Pockett	4	4	–	–
Professor Keneth Donald	3	3	3	1
Mr Tom Ryan	4	4	2	2
Mr Stephen Copplin	3	2	3	3
Ms Toni Thornton*	4	–	1	–
Mr Pat Welsh	4	4	1	1
Professor Ross Young	4	3	3	3
Professor Nick Fisk	4	1	–	–
Associate Professor David Colquhoun	4	2	4	2
Dr Peter Kortlucke	3	3	–	2
Mr Mark Page	4	3	1	1
Dr David McMaugh	1	–	–	–

* Ms Toni Thornton was on maternity leave during the year.

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


Directors and Officers insurance amounting to \$9 824 (2012 \$7 088) was paid during the year.

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 25 day of September 2013

Auditor's Independence Declaration

under Section 307C of the Corporations Act 2001

To the Board of Directors Gallipoli Medical Research Foundation Ltd

I declare that, to the best of my knowledge and belief, during the year ended 30 June 2013, 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 Audit Pty Ltd
Authorised Audit Company: 338599



Matthew Green

Director

Brisbane

Dated: 25 September 2013



Statement of Profit or Loss and Other Comprehensive Income

	Note	2013	2012
		\$	\$
Revenue	2	1,897,857	4,915,300
Employee benefits expense		(919,921)	(876,743)
Depreciation and amortisation expense		(340,655)	(176,336)
Function expenses		(13,326)	(15,921)
Research expenses		(812,767)	(844,570)
Art Union		–	(667,733)
Other expenses		<u>(133,886)</u>	<u>(198,868)</u>
Surplus/(deficit) before income tax		(322,698)	2,135,129
Income tax expense	1(d)	<u>–</u>	<u>–</u>
Net surplus/(deficit)		<u>(322,698)</u>	<u>2,135,129</u>
Other comprehensive income/(loss) for the year, net of tax		<u>–</u>	<u>–</u>
Total surplus/(deficit) for the year		<u><u>(322,698)</u></u>	<u><u>2,135,129</u></u>

The accompanying notes form part of these financial statements.

Statement of Financial Position

	Note	2013	2012
		\$	\$
ASSETS			
CURRENT ASSETS			
Cash and cash equivalents	4	4,170,328	4,087,530
Trade and other receivables	5	110,898	223,855
Other assets	6	35,282	41,218
TOTAL CURRENT ASSETS		4,316,508	4,352,603
NON CURRENT ASSETS			
Trade and other receivables	5	–	4,500
Property, plant and equipment	7	6,058,910	4,933,099
Other assets		180,000	210,000
TOTAL NON CURRENT ASSETS		6,238,910	5,147,599
TOTAL ASSETS		10,555,418	9,500,202
LIABILITIES			
CURRENT LIABILITIES			
Trade and other payables	8	163,653	48,709
Other financial liabilities	9	1,541,651	250,000
Employee benefits	10	53,242	37,423
TOTAL CURRENT LIABILITIES		1,758,546	336,132
NON CURRENT LIABILITIES			
Other financial liabilities	9	110,000	154,500
TOTAL NON CURRENT LIABILITIES		110,000	154,500
TOTAL LIABILITIES		1,868,546	490,632
NET ASSETS		8,686,872	9,009,570
EQUITY			
Retained surplus		8,686,872	9,009,570
TOTAL EQUITY		8,686,872	9,009,570

The accompanying notes form part of these financial statements.

Statement of Changes in Equity

2013

	Retained Earnings	Total
	\$	\$
Balance at 1 July 2012	9,009,570	9,009,570
Deficit	<u>(322,698)</u>	<u>(322,698)</u>
Balance at 30 June 2013	<u><u>8,686,872</u></u>	<u><u>8,686,872</u></u>

2012

	Retained Earnings	Total
	\$	\$
Balance at 1 July 2011	6,874,441	6,874,441
Surplus	<u>2,135,129</u>	<u>2,135,129</u>
Balance at 30 June 2012	<u><u>9,009,570</u></u>	<u><u>9,009,570</u></u>

The accompanying notes form part of these financial statements.

Statement of Cash Flows

	Note	2013	2012
		\$	\$
CASH FROM OPERATING ACTIVITIES			
Receipts from customers		2,339,669	1,509,645
Payments to suppliers and employees		(1,661,615)	(2,883,211)
Donations received		575,110	435,546
Interest received		154,278	245,545
Receipts from grants		141,822	611,959
Net cash provided by (used in) operating activities	14(b)	<u>1,549,264</u>	<u>(80,516)</u>
CASH FLOWS FROM INVESTING ACTIVITIES			
Payment for property, plant & equipment		<u>(1,466,466)</u>	<u>(2,097,483)</u>
Net cash used by investing activities		<u>(1,466,466)</u>	<u>(2,097,483)</u>
CASH FLOWS FROM FINANCING ACTIVITIES			
Net increase (decrease) in cash and cash equivalents held		82,798	(2,177,999)
Cash and cash equivalents at beginning of year		<u>4,087,530</u>	<u>6,265,529</u>
Cash and cash equivalents at end of financial year	14(a)	<u><u>4,170,328</u></u>	<u><u>4,087,530</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. The company is a not for profit entity for financial reporting purposes under Australian Accounting Standards.

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 and 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 and Equipment

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

Buildings

Buildings are measured on the cost basis less subsequent depreciation for buildings.

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.

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.

Notes to the Financial Statements continued

(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 rates expected to be paid when the liabilities are settled.

(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 and 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 and 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.

(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 and 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.

Notes to the Financial Statements continued

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) 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.

(ii) 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.

(iii) 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.

Notes to the Financial Statements continued

(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.

The Company early adopted AASB 1053 Application of Tiers of Australian Accounting Standards and AASB 2010 2 Amendments to Australian Accounting Standards arising from Reduced Disclosure Requirements for the financial year beginning on 1 July 2010 to prepare Tier 2 general purpose financial statements.

The Company also early adopted AASB 2011 2 Amendments to Australian Accounting Standards arising from the Trans Tasman Convergence Project – Reduced Disclosure Requirements for the financial year beginning 1 July 2011.

(m) New Accounting Standards for Application in Future Periods

Other than as disclosed above, 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

	2013	2012
	\$	\$
2 Revenue		
Operating activities		
Grants	141,822	2,545,984
Art union income	–	856,448
Clinical trial income	781,456	606,065
Donations	575,110	435,546
Interest received	154,278	245,545
Bequest income	105,741	76,583
Fundraising income	13,777	7,400
Other revenue	125,673	141,729
	<u>1,897,857</u>	<u>4,915,300</u>
Total Revenue	<u>1,897,857</u>	<u>4,915,300</u>

3 Result for the Year

(a) Expenses

Depreciation buildings	340,655	176,336
Research expenses	812,767	844,570
Employee benefits expense	919,921	876,743

4 Cash and Cash Equivalents

Cash on hand	200	200
Cash at bank	1,642,316	3,087,330
Short term bank deposits	2,527,812	1,000,000
	<u>4,170,328</u>	<u>4,087,530</u>

Notes to the Financial Statements continued

	2013	2012
	\$	\$
5 Trade and Other Receivables		
CURRENT		
Trade receivables	33,871	99,742
Deposits	45,931	41,047
GST receivable	31,096	45,566
Pledge receivables	—	37,500
Total current trade and other receivables	<u>110,898</u>	<u>223,855</u>
NON CURRENT		
Pledge receivables	—	4,500
Total non current trade and other receivables	<u>—</u>	<u>4,500</u>
6 Other Assets		
CURRENT		
Prepayments	34,279	38,659
Accrued revenue	1,003	2,559
	<u>35,282</u>	<u>41,218</u>
NON CURRENT		
Prepayments	<u>180,000</u>	<u>210,000</u>

Notes to the Financial Statements continued

	2013	2012
	\$	\$
7 Property Plant and Equipment		
BUILDINGS		
At cost	3,412,430	1,156,880
Accumulated depreciation	(238,151)	(181,799)
Total buildings	3,174,279	975,081
PLANT AND EQUIPMENT		
Capital works in progress		
At cost	–	2,676,679
Total capital works in progress	–	2,676,679
Furniture, fixture and fittings		
At cost	3,374,346	1,604,481
Accumulated depreciation	(666,812)	(414,249)
Total furniture, fixture and fittings	2,707,534	1,190,232
Computer equipment		
At cost	240,681	122,950
Accumulated depreciation	(81,902)	(50,161)
Total computer equipment	158,779	72,789
Artwork		
At cost	18,318	18,318
Total Artwork	18,318	18,318
Total plant and equipment	2,884,631	3,958,018
Total property, plant and equipment	6,058,910	4,933,099

Notes to the Financial Statements continued

(a) Movements in Carrying Amounts

Movement in the carrying amounts 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 2013						
Balance at 1 July 2012	2,676,679	975,081	1,190,232	72,789	18,318	4,933,099
Additions	190,381	–	1,158,355	117,730	–	1,466,466
Transferred from capital works in progress	(2,867,060)	2,255,550	611,510	–	–	–
Depreciation expense	–	(56,352)	(252,563)	(31,740)	–	(340,655)
Balance at 30 June 2013	<u>–</u>	<u>3,174,279</u>	<u>2,707,534</u>	<u>158,779</u>	<u>18,318</u>	<u>6,058,910</u>
Balance at 30 June 2012						
Balance at 1 July 2011	1,334,843	1,005,238	630,756	39,887	1,227	3,011,951
Additions	1,341,836	–	685,665	52,892	17,091	2,097,484
Depreciation expense	–	(30,157)	(126,189)	(19,990)	–	(176,336)
Balance at 30 June 2012	<u>2,676,679</u>	<u>975,081</u>	<u>1,190,232</u>	<u>72,789</u>	<u>18,318</u>	<u>4,933,099</u>

Notes to the Financial Statements continued

	2013	2012
	\$	\$
8 Trade and Other Payables		
CURRENT Unsecured liabilities		
Trade payables	136,552	21,817
Other payables	<u>27,101</u>	<u>26,892</u>
	<u>163,653</u>	<u>48,709</u>
9 Other Liabilities		
CURRENT		
Unearned income	<u>1,541,651</u>	<u>250,000</u>
	<u>1,541,651</u>	<u>250,000</u>
NON CURRENT		
Unearned income	<u>110,000</u>	<u>154,500</u>
	<u>110,000</u>	<u>154,500</u>

Notes to the Financial Statements continued

	2013	2012
	\$	\$
10 Employee Benefits		
CURRENT		
Provision for annual leave	<u>53,242</u>	<u>37,423</u>

11 Key Management Personnel Disclosures

The total remuneration paid to key management personnel of the Company is \$284,334 (2012: \$ \$276,657).

The company has also recorded liabilities to key management personnel associated with employee benefits relating to accrued salary and wages, annual leave and long service leave. These amounts arise in accordance with employment agreements and applicable employment legislation.

12 Related Party Transactions

Other than transactions with key management personnel described above, there were no other related party transactions that occurred during the financial year.

13 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 2013 the number of members was 15 (2012: 15).

Notes to the Financial Statements continued

2013 2012

\$

\$

14 Cash Flow Information

(a) Reconciliation of cash

Cash at the end of the financial year as shown in the statement of cash flows is reconciled to items in the statement of financial position as follows:

Cash and cash equivalents	<u>4,170,328</u>	<u>4,087,530</u>
	<u><u>4,170,328</u></u>	<u><u>4,087,530</u></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	(322,698)	2,135,129
Non cash flows in profit:		
Depreciation	340,655	176,336
Changes in assets and liabilities:		
(Increase)/Decrease in trade receivables	65,871	(10,924)
(Increase)/Decrease in prepayments	87,522	61,819
Increase/(Decrease) in trade payables	114,735	(20,272)
Increase/(Decrease) in other trade payables and accruals	16,028	(226,880)
Increase/(Decrease) in unearned income	1,247,151	(261,697)
Increase/(Decrease) in Gallipoli Research Building Fund	<u>—</u>	<u>(1,934,027)</u>
Cashflow from operations	<u><u>1,549,264</u></u>	<u><u>(80,516)</u></u>

Notes to the Financial Statements continued

2013 2012

\$ \$

15 Capital and Leasing Commitment and 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

– between 12 months and 5 years

13,250 113,250

264,250 377,500

377,500 490,750

(b) Capital Expenditure Commitments

Construction of the Gallipoli Research Centre has been completed during the year and the entity has not committed to any further capital expenditure as at 30 June 2013.

16 Events After the End of the Reporting Period

The financial report was authorised for issue on 25th September 2013 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 9 to 24, 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 2013 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 25 day of September 2013

Independent Audit Report

to the members of Gallipoli Medical Research Foundation Ltd

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 2013, 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 2013 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 Audit Pty Ltd

Authorised Audit Company: 338599


Matthew Green
Director

Brisbane

Dated: 25 September 2013


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ACCOUNTANTS, STRATEGISTS
experience. new thinking

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.

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 fund-raising 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.

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

W: www.gallipoliresearch.com.au

ABN 42 077 750 693

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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