2015
Annual Report

70 YEARS

QIMR Berghofer
Medical Research Institute

QIMR Berghofer
Medical Research Institute

ANNUAL REPORT
2014-15

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LETTER OF COMPLIANCE

QIMR Berghofer
Medical Research Institute

1 September 2015

The Honourable Cameron Dick MP
Minister for Health and Ambulance Services
Parliament House
Brisbane QLD 4000

Dear Minister

I am pleased to present the Annual Report 2014-15 and financial statements for the Council of the Queensland Institute of Medical Research (trading as QIMR Berghofer Medical Research Institute).

I certify that this Annual Report complies with:

- the prescribed requirements of the *Financial Accountability Act 2009* and the *Financial and Performance Management Standard 2009*, and
- the detailed requirements set out in the *Annual report requirements for Queensland Government agencies*.

A checklist outlining the annual reporting requirements can be found on the final pages of this Annual Report or accessed at our website:

www.qimrberghofer.edu.au/annualreport

Yours sincerely

Dr Douglas McTaggart
Chair
The Council of the Queensland Institute of Medical Research

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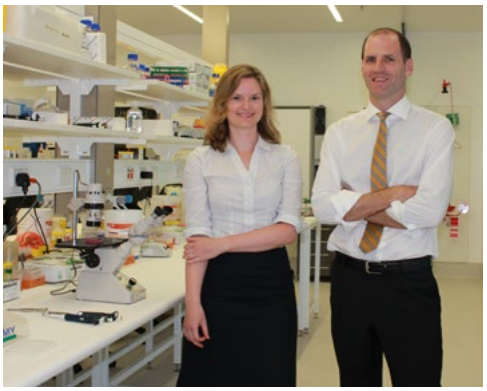
RESEARCH HIGHLIGHTS

CANCER

- Found a new treatment approach that could offer hope to patients with the aggressive blood cancer, acute myeloid leukaemia (AML).
- Completed a Phase I clinical trial for experimental immunotherapy treatment for aggressive brain cancer.
- Changed international practice for the treatment of leukaemia patients undergoing bone marrow transplants through Phase I and II clinical trials.
- Identified a way to prevent bone marrow transplant patients from suffering serious complications.
- Found new markers for melanoma which may allow the disease to be accurately monitored via a routine blood test.
- Determined that sudden ‘chromosomal catastrophes’ may trigger a third of oesophageal tumours, the fastest rising cancer in Australia.
- Determined more people die from thin melanomas (less than one millimetre) than thick melanomas (greater than four millimetres).
- Used an experimental drug produced from the seeds of a rainforest plant to cure solid cancer tumours in pre-clinical studies.
- Determined that some anti-inflammatory drugs have the potential to prevent squamous cell carcinoma.
- Determined how a single DNA variant increases a woman’s risk of developing breast cancer.
- Found that women in rural and remote areas of Australia have a higher risk of dying from ovarian cancer than those in richer, urban areas.
- Discovered a novel family of toxins in the venom of box jellyfish, opening the door for further investigation into the use of the venom in the treatment of cancers.

Professor Geoff Hill (second from left) and Dr Jeannette Young at G20 announcing new bone marrow treatment practices for leukaemia patients.



Dr Steven Lane and cancer biologist Claudia Bruedigam, from QIMR Berghofer’s Translational Leukaemia Research Laboratory have found a new treatment approach that could offer hope to patients with the aggressive blood cancer acute myeloid leukaemia (AML).

INFECTIOUS DISEASES

- Collaborated with the CSIRO on developing a breath test to diagnose malaria.
- Commenced pre-clinical study of a genetic treatment to permanently suppress HIV.
- Developed a unique methodology for conducting clinical trials for the treatment of malaria.
- Conducted research into the Asian Tiger Mosquito in QIMR Berghofer's state-of-the-art insectary.
- Tested over 2,000 patient samples from Timor L'este for intestinal parasites.

MENTAL HEALTH AND OTHER COMPLEX DISORDERS

- Developed a method to predict developmental outcomes for pre-term babies.
- Comprehensively mapped the connections in the healthy elderly brain, laying the groundwork for new research into Alzheimer's disease and dementia.
- Identified genes associated with the most common form of glaucoma, the world's leading cause of irreversible blindness.
- Identified five genetic variants that influence the size of structures within the brain.
- Commenced using cutting-edge imaging and information technology to develop a diagnostic test for major depressive disorders.
- Found that hypoglycaemia significantly increases the risk of cardiovascular disease and death in diabetic patients.
- Commenced a two-year trial of a rheumatoid arthritis medication to treat asthma.

Dr Manuel Ferreira and a trial participant at the announcement of new asthma treatment clinical trials.

AWARDS AND ACHIEVEMENTS

- Announced full ownership of the clinical trial facility, Q-Pharm.
- Six QIMR Berghofer scientists were elected Fellows of the Australian Academy of Health and Medical Sciences. Professors Frank Gannon, Geoff Hill, Rajiv Khanna, Mark Smyth, Nick Martin and Adele Green were inducted into the Academy.
- QIMR Berghofer and QUT entered a collaboration between the organisations. Under the agreement, QUT has access to specialist health and medical research facilities at QIMR Berghofer.
- Dr Andrea Schuessler won the Australian Society for Medical Research Postdoctoral award.
- QIMR Berghofer was granted approval by the Therapeutics Goods Administration (TGA) to manufacture cellular therapies for human use, opening the way for clinical trials of new cancer treatments.
- Professor Nick Martin was elected a Fellow of the American Association for the Advancement of Science (AAAS).
- Senior Scientist Professor Geoff Hill was awarded the Translational Research Institute (TRI) National Prize for research improving health outcomes for patients.
- QIMR Berghofer entered into a major research collaboration with Medicines for Malaria Venture on behalf of the Bill and Melinda Gate Foundation to develop the Human Challenge Malaria Model.

QIMR Berghofer Director and CEO Professor Frank Gannon and QUT Vice Chancellor Professor Peter Coaldrake sign an MOU at a ceremony at BIO Philadelphia with witnesses including Queensland Premier, the Hon Annastacia Palaszczuk.

Professors Mark Smyth, Rajiv Khanna, Geoff Hill, Frank Gannon and Nick Martin at their induction to the Australian Academy of Health and Medical Sciences in Canberra, March 2015.

MESSAGE FROM OUR PATRON

GOVERNMENT HOUSE
QUEENSLAND

Message from the Governor of Queensland for the QIMR Berghofer Medical Research Institute Annual Report

As Governor of Queensland, Patron of the QIMR Berghofer Medical Research Institute, and former Chair of the QIMR Council, I congratulate the Institute on its 70th anniversary in 2015.

The Institute continues to build on its reputation as a world-renowned medical research hub dedicated to improving the health of communities in Queensland, and much further afield.

While "research" is rightly prominent in the Institute's title, the organisation's activities extend to collaborations and alliances with other distinguished institutions, patents, clinical trials and commercialisation. To borrow QIMR Berghofer's own words, the Institute is committed to taking the research "from the laboratory bench to the hospital bedside".

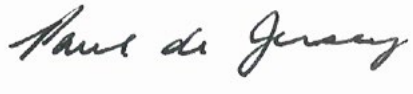
The Institute's achievements in the year under review are a prime illustration of its commitment to that admirable mission.

These include, but are by no means limited to, advances that promise better and more targeted prevention, diagnosis, monitoring and treatment of serious conditions ranging from aggressive breast, ovarian, skin and pancreatic cancers to asthma.

These are outcomes that will affect directly, and for the better, the lives of individuals everywhere. I thank the QIMR Council, the CEO and his highly skilled research and support teams for their dedication and hard work over the past year.

The work of the more than 600 personnel at QIMR Berghofer would not be possible without generous support from governments and from all those organisations and individuals whose time, energy and philanthropy have provided the resources needed for QIMR Berghofer's work.

As Governor and Patron, I thank all concerned for their roles in supporting the Institute's impressive work program and achievements over the past twelve months, and in further strengthening the foundations for continued success as this outstanding Queensland institution enters its eighth decade.



His Excellency the Honourable Paul de Jersey AC
Governor of Queensland

CHAIR'S REPORT

It is a great privilege and pleasure to provide my first report as Chairman of QIMR Berghofer as this iconic Queensland institution enters its 70th year of improving health through medical research. From humble beginnings, QIMR Berghofer is now a major medical research institute by world standards and has established an international reputation for research excellence and extraordinary research achievements.

The Institute's work in infectious diseases—the original purpose for which it was established—continues apace. Malaria continues to be a key target for our researchers, who are testing anti-malarial medicines in healthy volunteers. This is important work as this preventable and curable disease kills more than half a million people every year, most of them children.

QIMR Berghofer has also cemented its place as a global leader in the fight against cancer. From a new treatment approach for acute myeloid leukaemia, to cutting-edge work in cancer immunotherapy, and an antibody that could fight an aggressive brain cancer, the Institute's world-class research brings hope for those suffering terrible diseases.

Mental health and complex disorders are growing areas of focus for the Institute. Our scientists are collaborating with colleagues around Australia and overseas to develop diagnostic tools for dementia and major depressive orders. We are researching debilitating illnesses such as asthma and anorexia nervosa. As always, the Institute's research agenda is driven by the needs of the community.

QIMR Berghofer has a unique capability to take its world-leading research findings from the laboratory into medical practice. In the past year the Institute took full ownership of the co-located clinical trial facility Q-Pharm, increasing its stake from the previous 24.5 per cent which will enable even greater opportunities for translation of the Institute's research into the clinic.

Our impressive campus and the research it accommodates have been made possible by the generosity of our many supporters.

Two of these have been honoured in the past year. Legendary American philanthropist Charles 'Chuck' Feeney was awarded Research Australia's Great Australian Philanthropy Award and Toowoomba businessman Clive Berghofer was a finalist for Queensland Senior Australian of the Year. Both are shining examples of the 'giving while you're living' movement making the world a better place by providing great support for medical research.

And while both Mr Feeney's and Mr Berghofer's significant contributions have allowed the Institute to become the organisation it is today, we must thank our legion of donors, event volunteers and supporters who help our researchers do the work that means so much to the wider community and the world. Our supporters are so very vital to our research and are evidence that all contributions, great or small, make a big difference in making our research happen.

Dr Douglas McTaggart

Chair of the Council of the Queensland Institute of Medical Research (QIMR Berghofer)

DIRECTOR'S REPORT

QIMR Berghofer's 70th anniversary provides an opportunity not just to reflect on our past, but also on how far we have come. It is without doubt an exciting time at the Institute, which is on the cusp of a new era of discoveries, and opportunities to turn them into therapies and diagnostic tools which will help patients. Our research is producing outcomes which have consequences beyond the laboratory, and we have made great advances in our 'research with consequences' in the past year.

QIMR Berghofer has invested in research and biotechnology facilities to help take discoveries through clinical trials and into clinics. In the past year, the Institute has wholly acquired Q-Pharm Pty Ltd, a clinical trials centre with expertise in first-time-in-human studies. At time of writing 50 trials were underway at Q-Pharm and in collaborating hospitals. Our initial goal was to be engaged in up to 40 trials within five years. It is satisfying to know that we have already exceeded that goal, with many of these clinical trials coming from our own research. Our aim is to increase the number of trials that come from our laboratories while maintaining a high overall involvement in external trials.

The Institute's Q-Gen manufacturing facility gained regulatory approval from the TGA to prepare clinical grade T cell therapies — the first in Australia to do so. The landmark announcement at the Bio International Convention in Philadelphia highlighted QIMR Berghofer as a global leader in the emerging field of immunotherapy. The approval enables the Institute to initiate new clinical trials of innovative cancer therapies.

The 2014 G20 Leaders' Summit in Brisbane also placed QIMR Berghofer on the world stage. Professor Geoff Hill was invited to announce successful clinical trials changing international practice for the treatment of leukaemia patients undergoing bone marrow transplants. The Institute's scientists presented their research at the parallel event, Brisbane Global Café, where I was privileged to co-chair sessions on improving world health for the international audience.

The quality of QIMR Berghofer's research program continues to be recognised by the NHMRC in a very competitive

funding environment. Our scientists had a 20 per cent success rate in the latest round of grant applications compared to the national average of 14 per cent. This challenging environment is likely to continue.

The unswerving loyalty of our supporters ensures our scientists are able to proceed with research which would otherwise be delayed or shelved. Chief among them is Toowoomba businessman Clive Berghofer, whose generosity provides a foundation for important and deserving projects that will make a difference to the health of Queenslanders, Australians and people around the world. We are truly grateful to all donors, fundraisers, volunteers and many others who help QIMR Berghofer in so many ways.

Professor Frank Gannon

Director and CEO

OUR ORGANISATION

ROLE AND MAIN FUNCTION

QIMR Berghofer was established under the *Queensland Institute of Medical Research Act 1945* for the purpose of research into any branch or branches of medical science.

QIMR Berghofer is a world-leading medical research institute. The Institute's research focuses on three areas: cancer; infectious diseases; and mental health/complex disorders. Working in close collaboration with clinicians and other research institutes, our aim is to improve health by developing prevention strategies, new diagnostics and better treatments.

OPERATING ENVIRONMENT

QIMR Berghofer has demonstrated its ongoing commitment to its role and main focus as defined by the Queensland Institute of Medical Research Act 1945: 'research into any branch or branches of medical science'. Carrying out research into many of the world's most debilitating diseases, many of which impact Queenslanders, QIMR Berghofer has stayed true to its core vision of better health through medical research since the Institute's inception 70 years ago.

QIMR Berghofer is home to more than 600 scientists, students and support staff across six research departments (in over 50 separate laboratories) and a support division.

The Institute supports scientists who perform world-class medical research aimed at improving the health and wellbeing of all people.

Located on the RBWH campus at Herston, Brisbane, QIMR Berghofer's close proximity to the major teaching hospital and the University of Queensland (UQ) Medical School, UQ School of Population Health and Queensland University of Technology, ensures the Institute is ideally placed for clinical research collaborations.

OUR GOVERNANCE

COUNCIL PURPOSE AND MEMBERSHIP

In accordance with Part 2, Section 4A of the *Queensland Institute of Medical Research Act 1945*, QIMR Berghofer is controlled and governed by The Council of the Queensland Institute of Medical Research (The Council). Under the Statutory Bodies Financial Arrangements Act 1982, the Council is a statutory body.

FUNCTIONS OF THE COUNCIL

Under the Act, the functions of the Council of the Queensland Institute of Medical Research are to:

- control and manage the Institute
- raise and accept monies for the purposes of the Institute
- invest monies raised or accepted by the Council for the purposes of the Institute
- invest monies derived from any property or other invested monies of the Council for the purposes of the Institute.

MEMBERSHIP OF THE COUNCIL

The Council consists of at least seven members, but not more than 11 members, appointed by the Governor in Council.

Under the QIMR Act the Minister for Health is to recommend persons to be appointed as members of the Council. The Minister may have regard to the skills, experience and expertise of a person in any of the following areas:

- corporate governance
- public or academic administration
- health or clinical research
- health ethics
- financial management
- fundraising
- any other area the Minister considers to be relevant to the functions of the Council.

MEMBERS OF COUNCIL

Dr Douglas McTaggart

BEc (Hons) (ANU) MA PhD (Chicago) Hon DUniv (QUT) FAICD FAIM

Dr McTaggart was appointed Chair of Council on 27 November 2014.

Dr McTaggart brings strong leadership to the Council, having held various senior positions on industry bodies and public interest groups.

He is a director of the Suncorp Group and Chairman of the Audit Committee, a director of UGL Limited and a member of both the Queensland Council, Australian Institute of Company Directors and the Australian National University Council. In March 2012 he was appointed to the Queensland Government Independent Commission of Audit and Chairman of the Public Service Commission, retiring in 2015. He is a member of the Prime Minister's Expert Advisory Panel for the White Paper on Reform of the Federation and has also served in other advisory roles to government as well as holding positions on, including chairing, various industry representative bodies.

Dr McTaggart has broad experience in financial markets and funds management. He was Chief Executive of QIC Limited for 14 years until his retirement in June 2012. Prior to joining QIC, he was the Under Treasurer and Under Secretary of the Queensland Department of Treasury and had a distinguished academic career as Professor of Economics and Associate Dean at Bond University.

Dr McTaggart also chairs the QIMR Berghofer Investment Committee, the Executive Employment and Remuneration Committee and the Commercialisation Committee and is a member of the Finance and Audit Committee.

Mr Christopher Coyne

Mr Coyne is Deputy Chair of Council.

Mr Coyne is a solicitor of the Supreme Court of Queensland and an accredited specialist in the field of commercial litigation, specialising in insurance law, health law, corporate governance and risk management. Following his admission as a solicitor in 1979 he practised law in Brisbane and was a partner in the national law firm Clayton Utz from 1984 to 2004.

Mr Coyne now practices on his own account. He is a member of the Council of the Queensland Law Society. Mr Coyne is a director of Lexon Insurance Pty Ltd (Queensland Law Society, Singapore Captive Insurer), a director of the Incorporated Council of Law Reporting for the State of Queensland, past president of the Medico-Legal Society of Queensland and Australian Insurance Law Association and former legal member of the Australian Health Ethics Committee.

Mr Coyne is a member of the QIMR Berghofer Executive Employment and Remuneration Committee and a director of the Q-Pharm Pty Ltd Board (a wholly owned subsidiary of QIMR Berghofer).

Associate Professor Paula Marlton

MB BS (Hons I) FRACP FRCPA

Associate Professor Marlton is the Head of Leukaemia and Lymphoma Services at the Princess Alexandra Hospital where she is also Deputy Director of Haematology. Her previous appointments include three years at the MD Anderson Cancer Centre in Houston, Texas. She has extensive experience in clinical research, including the role of principal investigator for national multi-centre trials and supervisor of molecular translational research associated with trials. She was the founding Chair of the Australasian Leukaemia and Lymphoma Group (ALLG) Laboratory Science Committee and has established and continues to direct the ALLG Tissue Bank. Her other professional roles include medical advisor and board member of the Leukaemia Foundation, member of government and college advisory committees and several drug advisory boards, as well as a wide range of academic and clinical service roles.

Associate Professor Marlton is a member of the QIMR Berghofer Appointments and Promotions Committee.

Dr Jeannette Young

PSM MBBS MBA FRACMA FFPH FCHSM (Hon)

Dr Young has been the Chief Health Officer of Queensland since 2005. Previously she worked in a range of positions in hospitals in Queensland and Sydney. She has specialist qualifications as a Fellow of the Royal Australasian College of Medical Administrators and as a Fellow by Distinction of the Faculty of Public Health of the Royal College of Physicians of the United Kingdom. She is an adjunct professor in the Centre for Environment and Population Health at Griffith University and an adjunct professor in the School of Public Health and Social Work at QUT.

Her role includes responsibility for health disaster planning and response; aero-medical retrieval services; licensing of private hospitals and schools of anatomy; and policy regarding research; organ and tissue donation; blood, poisons and medicines; cancer screening; communicable diseases; environmental health; preventive health; and medical workforce planning and leadership.

Dr Young is a member of numerous state and national committees and boards including the NHMRC, the Australian Health Protection Principal Committee, the Jurisdictional Blood Committee, the Organ and Tissue Jurisdictional Advisory Committee, the National Screening Committee and the Queensland Clinical Senate.

Dr Young is a member of the QIMR Berghofer Commercialisation Committee and was a director of the Q-Pharm Pty Ltd Board until 20 March 2015.

Professor Alan Pettigrew

BSc (Hons) PhD FAICD

Professor Pettigrew is a Fellow of the Australian Institute of Company Directors. He has held senior academic and executive appointments at the Universities of Sydney, Queensland and New South Wales. He was Vice Chancellor and CEO of the University of New England from 2006 to 2009. From 2001 to 2005 Professor Pettigrew was the inaugural CEO of the National Health and Medical Research Council (NHMRC) of Australia.

Professor Pettigrew has served on many Government and other committees, including an advisory committee for the Australian Law Reform Commission (2003-04), the Board of the Australian Universities Quality Agency (AUQA) Ltd (2006-10) and the Cooperative Research Centres Committee (2010-15).

Professor Pettigrew is currently an adjunct professor at the Australian National University and a professorial fellow of the L.H. Martin Institute at the University of Melbourne. He is Chair of the Board of the Western Australian Data Linkage Infrastructure Project, and Chair of the Board of the Illawarra Health and Medical Research Institute. Professor Pettigrew has served as a consultant on projects supported by the World Bank and the OECD, as well as advising on leadership, management and research at a range of Australian universities.

Professor Pettigrew was appointed Chair of the QIMR Berghofer Appointments and Promotions Committee and a member of the Executive Employment and Remuneration Committee on 2 December 2014.

Emeritus Professor John de Jersey *(from 27 November 2014)*

AM BSc (Hons 1) PhD

Professor de Jersey enjoyed a long career as an academic staff member of the University of Queensland, from 1971 until retirement in 2007. Prior to 1971 he gained his PhD from UQ and undertook research and teaching at the University of Sydney and the Pennsylvania State University. As well as maintaining an active research program funded largely by the Australian Research Council (ARC) and NHMRC, Professor de Jersey served as head of the Department of Biochemistry, head of the School of Molecular and Microbial Sciences and Deputy Dean of the Faculty of Biological and Chemical Sciences. In addition, he served for several years as a member of the UQ Senate elected by the Academic Board. He was actively involved in the Australian Society for Biochemistry and Molecular Biology for many years, serving as President of the Society in 2001-02, and was Secretary-General of the Federation of Asian and Oceanian Societies of Biochemistry and Molecular Biology from 2006-11.

Professor de Jersey has undertaken various research projects in protein chemistry and enzymology and currently is part of a team seeking to develop biotechnological uses for components of Australian snake venoms.

Emeritus Professor de Jersey was appointed a member of the QIMR Berghofer Appointments and Promotions Committee on 2 December 2014.

Professor John Shine AO *(from 27 November 2014)*

BSc (Hons 1) PhD DSc (Honoris Causa) FAA

Professor Shine was Executive Director of the Garvan Institute of Medical Research from 1990 until the end of 2011 and is Professor of Medicine and Professor of Molecular Biology at the University of NSW and current Chairman of CSL Limited. He is a past Chairman of the NHMRC, past president of the Australian Genome Research Facility, and a Fellow of the Australian Academy of Science. He is an Officer in the Order of Australia and until 2011 was a member of the Prime Minister's Science, Engineering and Innovation Council. As well as Chairman of CSL, he is currently President of the Museum of Applied Arts and Science (Powerhouse Museum and Sydney Observatory).

Professor Shine obtained his PhD from the Australian National University in 1975. From 1975-78 at the University of California, San Francisco, Professor Shine was instrumental in the development of many of the techniques of genetic engineering. He was a central figure in the cloning of the insulin and growth hormone genes and was the first to clone a human gene. He also determined the first sequence responsible for replication of a cancer-causing virus.

In early 1984, Professor Shine was appointed Director of Research of a newly formed biotech company, California Biotechnology Inc. He was appointed President of the company in 1986 and guided it from a staff of some 15 scientists in 1984 to more than 200 in 1987.

In 2010, Professor Shine was awarded the Prime Minister's Prize for Science, the nation's highest scientific award.

Professor Shine is a member of the QIMR Berghofer Appointments and Promotions Committee and the Commercialisation Committee.

Mr Ian Fraser

BComm FCA FAICD

Ian Fraser is a Chartered Accountant practising as a non-executive company director with more than 45 years' experience as a business and accounting professional, including 10 years as a company director of listed and unlisted public companies and 27 years as a partner with KPMG. He retired as an audit and corporate advisory partner in 2004.

Mr Fraser is Chairman of Asia Pacific Data Centre Trust, a publicly listed real estate investment trust.

Mr Fraser was appointed Chair of the QIMR Berghofer Finance and Audit Committee on 2 December 2014 and is a member of the QIMR Berghofer Investment Committee.

Mr Michael Sargent *(from 27 November 2014)*

Mr Sargent is a Brisbane-based stockbroker and financial planner with more than 50 years experience with some of the world's leading financial groups.

He began his career with SGIO (now Suncorp), and continued with JB Were and Son, Hall Chadwick Chartered Accountants, the State Bank of South Australia and Wilson HTM, where he was responsible for setting up their money market and fixed interest operations.

Mr Sargent was the State Manager for ANZ Stockbroking and retired as Senior Client Advisor for Morgan Stanley Smith Barney where he oversaw investment in equities and fixed interest and other investment categories. His clients included superannuation funds, institutions and local and overseas private clients.

Mr Sargent was a Fellow of the Certified Practicing Accountants (FCPA) and a Fellow of the Securities Institute of Australia (FSIA). He has been an active supporter of the community as a charter member of the Rotary Club of Brisbane-Mid City and Club President and Rotary District Treasurer, board member and former President of the Royal Automobile Club of Queensland, Chairman of RACQ Insurance Ltd and former State President and Australian Vice-President of the Securities Institute.

Mr Sargent is a member of the QIMR Berghofer Finance and Audit Committee, the Investment Committee and the Commercialisation Committee.

Emeritus Professor Bryan Campbell *(to 26 November 2014)*

AM MD BS FRACP FRACMA

Emeritus Professor Campbell was formerly Chief Health Officer of Queensland and head of The University of Queensland Medical School.

He has been a councillor of the Royal Australasian College of Physicians, the Royal Australian College of Medical Administrators and a member of the NHMRC. He was Deputy Chair of the Australian Health Ethics Committee and a member of the NHMRC Embryo Research Licensing Committee until June 2006.

Until November 2014 Emeritus Professor Campbell was Chair of QIMR Berghofer Finance and Audit Committee and a member of QIMR Berghofer Executive Employment and Remuneration Committee.

Emeritus Professor Campbell retired on 26 November 2014 after 29 years as a member of the QIMR Berghofer Council.

Distinguished Professor Judith Clements AC *(to 26 November 2014)*

BAppSc MAppSc PhD

Professor Clements has more than 20 years' experience in biomedical research, primarily in the general field of molecular endocrinology. Her areas of expertise include prostate, ovarian and breast cancer, as well as biomarkers for cancer progression, kallikrein proteases and new therapeutic targets.

She is currently Scientific Director of the Australian Prostate Cancer Research Centre Queensland within the Institute of Health and Biomedical Innovation at the Queensland University of Technology (QUT), at the Translational Research Institute on the Princess Alexandra Hospital Biomedical Precinct. She coordinates the Australian Prostate Cancer BioResource, a national tissue bank for prostate cancer research. She is also a NHMRC Principal Research Fellow. In 2007, Professor Clements was awarded the prestigious international Frey-Werle Foundation Gold Medal for her significant contributions to the kallikrein protease field. She was awarded the Queensland Women in Technology Biotech Outstanding Achievement Award for 2012 and the prestigious title of Distinguished Professor at QUT in 2013.

Professor Clements was appointed as a Companion of the Order of Australia in the 2015 Queen's Birthday Honours List for eminent service to the biological sciences and to education, through seminal contributions to improving the understanding of cancers, particularly prostate cancer, as an advocate for the development of biomedical research facilities, and to the training of scientists.

Until November 2014, Professor Clements was Chair of the QIMR Berghofer Appointments and Promotions Committee.

Professor Clements retired on 26 November 2014 after 12 years as a member of the QIMR Berghofer Council.

Professor Nicholas Fisk *(to 26 November 2014)*

FAHMS MBBS PhD MBA FRANZCOG FRCOG DDU CMFM GAICD

Professor Fisk is Executive Dean of the Faculty of Medicine and Biomedical Sciences at The University of Queensland. He is a board member of the Metro North Hospital and Health Service and of Brisbane Diamantina Health Partners. He practices as a maternal-fetal medicine specialist at the Royal Brisbane and Women's Hospital, and leads a research group in The University of Queensland Centre for Clinical Research (UQCCR).

Between 1992 and 2007, he was Professor of Obstetrics and Fetal Medicine at Imperial College, London and Queen Charlotte's Hospital, London. His main research interests have been in monochorionic placentation and human fetal stem cell biology. He is a Fellow of the Academy of Health and Medical Sciences, a past President of the International Fetal Medicine and Surgery Society, and is a member of several editorial boards including PLoS Medicine.

Professor Fisk stepped down from Council on 26 November 2014.

Mr Rodney Wylie *(to 26 November 2014)*

OBE BComm BA FCA FAICD

Rodney Wylie is a Brisbane-based chartered accountant with substantial experience in investment, company management and corporate governance across a wide range of organisations, in many cases with national and international activities.

He has been involved through board or council membership in the administration of a number of professional and community not-for-profit groups.

Until 26 November 2014, Mr Wylie chaired QIMR Berghofer's Investment Committee and remains an external member of QIMR Berghofer's Finance and Audit Committee.

Mr Wylie retired from the QIMR Berghofer Council on 26 November 2014.

Dr John Herron AO *(from 27 November 2014 to 15 April 2015)*

MBBS FRCS FRCSE FRACS FAMA KCHSJ KSG DUniv (Honoris Causa) ACU

Dr Herron was a Senator in the Parliament of Australia for 12 years, including five years as Minister for Aboriginal and Torres Strait Islander Affairs and was Ambassador to Ireland and the Holy See from 2003 to 2005.

Prior to entering Parliament he was a general surgeon for 30 years.

Outside his surgical and political careers, he was an officer in The Royal Australian Army Medical Corps and a Squadron Leader in the Royal Australian Air Force.

He was the 2014 Dame Elisabeth Murdoch Orator for the Australian Drug Foundation and has been awarded the Bancroft Medal of the AMA (Queensland), the Justin Fleming Medal of the Australian Association of Surgeons, a Citation by the Royal Australasian College of Surgeons, the Humanitarian Overseas Service Medal for his work in Rwanda and the Australian Service Medal. He is a Knight Commander of the Holy Sepulchre of Jerusalem and a Papal Knight of St Gregory.

Dr Herron stepped down from Council on 15 April 2015.

NUMBER OF MEETINGS

Attendance by Members of Council who held office during the 2014-15 financial year are as follows:

Appointed members	Meetings attended
Douglas McTaggart	5 of 5
Bryan Campbell	2 of 3
Judith Clements	2 of 3
Christopher Coyne	8 of 8
John de Jersey	4 of 5
Nicholas Fisk	1 of 3
Ian Fraser	8 of 8
John Herron	1 of 3
Paula Marlton	8 of 8
Alan Pettigrew	8 of 8
Michael Sargent	5 of 5
John Shine	4 of 5
Rodney Wylie	3 of 3
Jeannette Young	4 of 8
Council Secretary Donna Hancock	8 of 8

REMUNERATION OF COUNCIL

The aggregate remuneration for Council for 2014-15 was $21 123.

COMMITTEES TO COUNCIL

FINANCE AND AUDIT COMMITTEE

The role of the Finance and Audit Committee is to provide independent assurance and assistance to the Council on:

- risk, control and compliance frameworks;
- QIMR Berghofer's external accountability responsibilities as prescribed in the relevant legislation; and
- the appointment of the internal audit function and communications with internal and external auditors.

The Committee is directly responsible and accountable to Council for the exercise of its duties and responsibilities.

The Committee meets quarterly to review business and financial risk, financial operating performance and audit performance. The committee reviews all issues and recommendations arising from internal audit and the Queensland Audit Office, along with agreed management actions implemented to address any issues found.

The Finance and Audit Committee follows its terms of reference and has due regard to Queensland Treasury's *Audit Committee Guidelines.* The Finance and Audit Committee comprises:

- Emeritus Professor Bryan Campbell *(Chair to 26 November 2014)*
- Mr Ian Fraser *(Chair from 2 December 2014)*
- Dr Douglas McTaggart *(from 2 December 2014)*
- Dr John Herron *(2 December 2014 to 15 April 2015)*
- Mr Michael Sargent *(from 2 December 2014)*
- Mr Rodney Wylie *(External member from 2 December 2014)*

APPOINTMENTS AND PROMOTIONS COMMITTEE

The Appointments and Promotions Committee assists Council with the maintenance of academic standards at QIMR Berghofer by reviewing proposals for the appointment and promotion of Faculty staff. The Committee comprises:

- Distinguished Professor Judith Clements *(Chair to 26 November 2014)*
- Professor Alan Pettigrew *(Chair from 2 December 2014)*
- Emeritus Professor John de Jersey *(from 2 December 2014)*
- Associate Professor Paula Marlton
- Professor John Shine *(from 2 December 2014)*
- Dr Tony Evans, Chairman Cancer Therapeutics CRC Pty Ltd
- Professor Joe Trapani, Executive Director Cancer Research, Peter MacCallum Cancer Centre
- Dr Joanne Aitken, Head of Research and Director of Cancer Registries, Cancer Council Queensland
- Professor Alan Cowman, Walter and Eliza Hall Institute of Medical Research
- Professor Bob Graham, Executive Director, Victor Chang Cardiac Research Institute
- Professor Andrew Grulich, The Kirby Institute
- Professor Frank Gannon (ex officio)

INVESTMENT COMMITTEE

The Investment Committee is responsible for overseeing the investment of Council funds. Committee members are:

- Mr Rodney Wylie *(Chair to 26 November 2014)*
- Dr Douglas McTaggart *(Chair from 2 December 2014)*
- Mr Ian Fraser
- Mr Michael Sargent
- Mr John Allpass

EXECUTIVE EMPLOYMENT AND REMUNERATION COMMITTEE

The Executive Employment and Remuneration Committee is responsible for reviewing the terms and conditions relating to the appointment and remuneration of senior management. The committee comprises:

- Emeritus Professor Bryan Campbell *(Chair to 26 November 2014)*
- Dr Douglas McTaggart *(Chair from 2 December 2014)*
- Mr Christopher Coyne *(from 2 December 2014)*
- Professor Alan Pettigrew *(from 2 December 2014)*

COMMERCIALISATION COMMITTEE

The Commercialisation Committee advises the Council and management by providing expert opinion on innovation and potential commercialisation opportunities, and monitors progress of key projects. The Committee comprises:

- Dr Douglas McTaggart (Chair)
- Mr Michael Sargent
- Professor John Shine
- Dr Jeannette Young

THE PHASE II AND III BUILDING PROJECT STEERING COMMITTEE

The Phase II and III Building Project Steering Committee, on behalf of Council, oversaw the completion of the QIMR Berghofer Central construction and the ongoing refurbishment of the Bancroft Centre. The members of the committee are:

- Professor Frank Gannon (Chair)
- Professor Greg Anderson (Deputy Director)
- Mr John Parnell (Project Manager)
- Professor Grant Ramm (Staff Association Representative)
- Ms Donna Hancock (Chief Operating Officer)
- Mr Chris Darbyshire (Project Director)
- Ms Susanne Behrendt (Chief Financial Officer)

HUMAN RESEARCH ETHICS COMMITTEE

The Human Research Ethics Committee, on behalf of Council, ensures the maintenance of ethical standards in human research and compliance with regulatory guidelines. The Committee comprises:

- Dr Ian Wilkey (Chair)
- Dr Roger Allison
- Ms Madeline Brennan
- Ms Dominique Grigg
- Reverend Deacon Mick Jones
- Dr/Reverend Mervyn Lander
- Professor Barbara Leggett
- Mrs Mary Mackenzie
- Professor Robin Mortimer
- Dr Peter Roeser
- Mr David Russell
- Mr John Stead
- Dr Brett Stringer
- Associate Professor Katharine Trenholme
- Ms Donna Hancock (Advisor)

ANIMAL ETHICS COMMITTEE

The Animal Ethics Committee, on behalf of Council, ensures the maintenance of ethical standards in animal research and compliance with regulatory guidelines in the use of animals in medical research.

RISK MANAGEMENT

The review and management of risk at QIMR Berghofer is undertaken by QIMR Berghofer Council through the Finance and Audit Committee. QIMR Berghofer management maintains a register of potential risks applicable to functions of the Institute. A schedule of quarterly reviews incorporates the actions required to improve any identified gaps in controls. Refer to page 16 for members of the Finance and Audit Committee.

AUDIT

Internal audit is a fundamental part of corporate governance that ensures that QIMR Berghofer operates effectively, efficiently and economically. The Finance and Audit Committee oversees the planning, performance and reporting of the internal auditor.

The role of internal audit is to provide independent, objective assurance and advice designed to assist QIMR Berghofer in accomplishing its objectives by bringing a systematic, disciplined approach to evaluating and improving the appropriateness and effectiveness of risk management and internal control.

The internal audit contractor (KPMG) met with the Finance and Audit Committee at each quarterly committee meeting.

The approach taken to identifying areas of significant risk combines a focus on both cyclical reviews of core business processes as well as reviews of key risk areas. KPMG's integrated governance, risk and controls framework builds on a traditional internal audit model to take a holistic view of QIMR Berghofer's key objectives, risks, controls and supporting structure across the organisation.

In formulating an internal audit plan for presentation to the Finance and Audit Committee for approval, consideration was given to past internal audit findings, recent and forthcoming changes in systems and processes, key business risks and the period since the last internal audit of each core business process. An annual internal audit plan was prepared and presented to the Finance and Audit Committee prior to the commencement of the financial year.

The internal audit function has observed the terms of its charter and has due regard to Queensland Treasury's *Audit Committee Guidelines.*

OUR PEOPLE

EXECUTIVE MANAGEMENT

DIRECTOR AND CEO, PROFESSOR FRANK GANNON

Professor Frank Gannon is QIMR Berghofer's seventh Director and CEO. In this role he is responsible for the work undertaken by the Institute, management of employees and the development of the strategies of the Institute under the overall control of the Council. Professor Frank Gannon joined QIMR Berghofer as Director and CEO in January 2011. Previously, Professor Gannon was the Director General at the Science Foundation Ireland (SFI) from 2007.

From 1994-2007, Professor Gannon was the Executive Director of the European Molecular Biology Organisation (EMBO) and Senior Scientist at the European Molecular Biology Laboratory (EMBL) based in Germany; and Director of the National Diagnostic Centre and Associate Professor in the Department of Microbiology at University College Galway, Ireland (1981–1994).

He obtained a Bachelor of Science from the National University of Ireland, Galway in 1970; a PhD from the University of Leicester, England in 1973; was a post-doctoral fellow at the University of Madison Wisconsin, USA from 1973–1975; and Chargé de Recherche in INSERM at the University of Strasbourg, France from 1975–1981, after which he returned to Galway.

His major research interest is the expression and functional regulation of the oestrogen receptor, which plays a major role in breast and endometrial cancers. These studies have provided leads to novel treatments or therapeutic approaches to these and other cancers.

Professor Gannon has authored more than 200 research articles published in international journals. In addition, from 2000–2008, he contributed a monthly editorial to EMBO Reports of which he was founding Senior Editor. He also writes extensively on diverse topics related to science policy.

Professor Gannon has seven patent applications, four of which are active at present, and was the founder of both Bimini Ltd (1990) and Elara Pharmaceuticals (2006). He was a member of the interim Board of Science Foundation Ireland from 2002 - 2004 and was elected as a Member of Academia Europea in 2005, Royal Irish Academy in 2007, the Mexican Academy of Medicine in 2008 and The European Academy of Cancer Sciences in 2009. In 2012, Professor Gannon was appointed as a Queensland Academy of Arts and Science Fellow. In 2015, Professor Gannon was made a Fellow of the Australian Academy of Health and Medical Sciences.

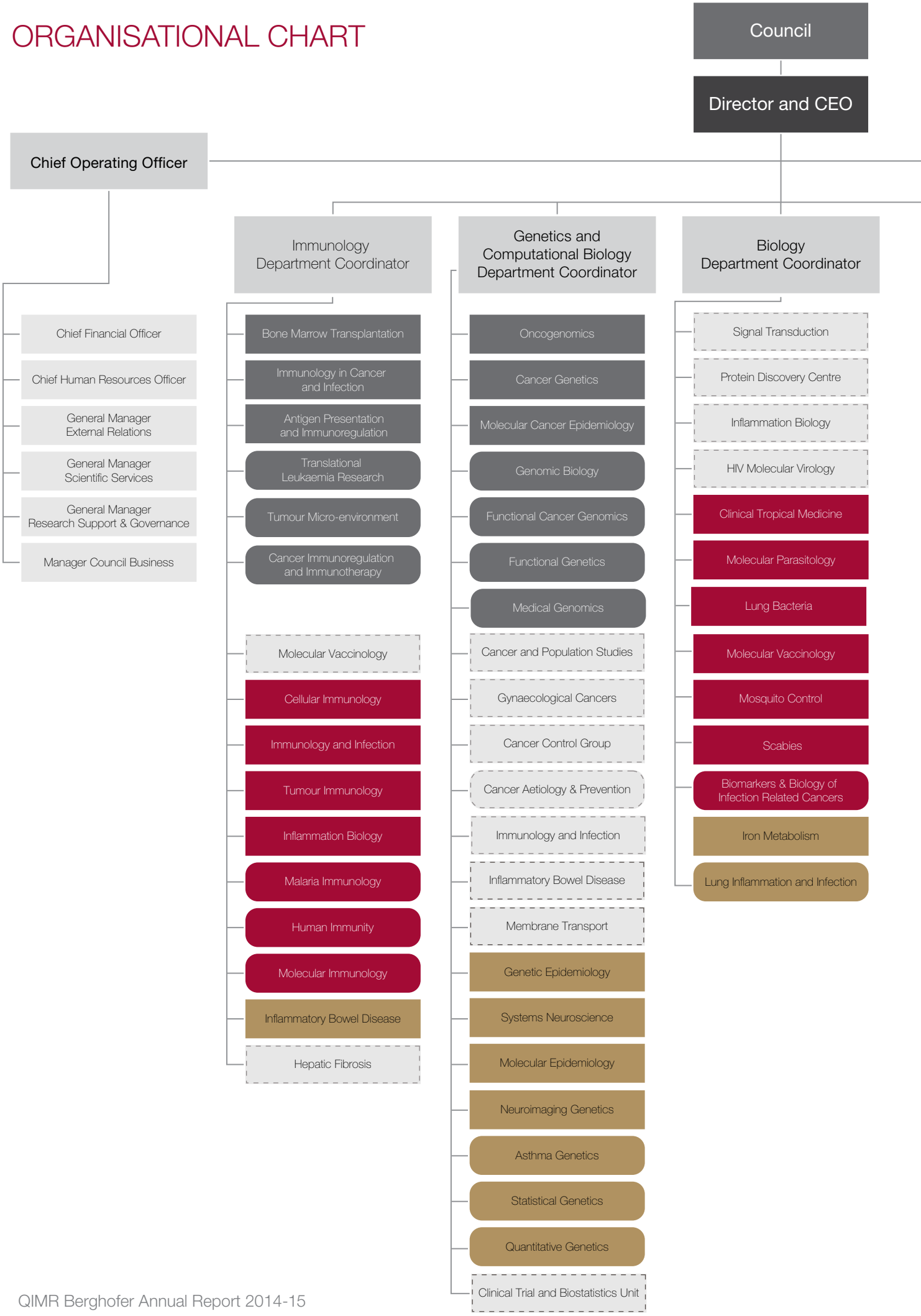
He has been awarded honorary Doctorates by the University of Jozsef Attila, Szeged (Hungary), UQ and Queens University Belfast (Northern Ireland).

He has served on a range of high-level scientific advisory boards at institutes in Norway, Poland, South Africa and Australia and was co-founder of the European Life Sciences Forum (ELSF) and the Initiative for Science Europe (ISE) that played significant roles in the establishment of the European Research Council (ERC).

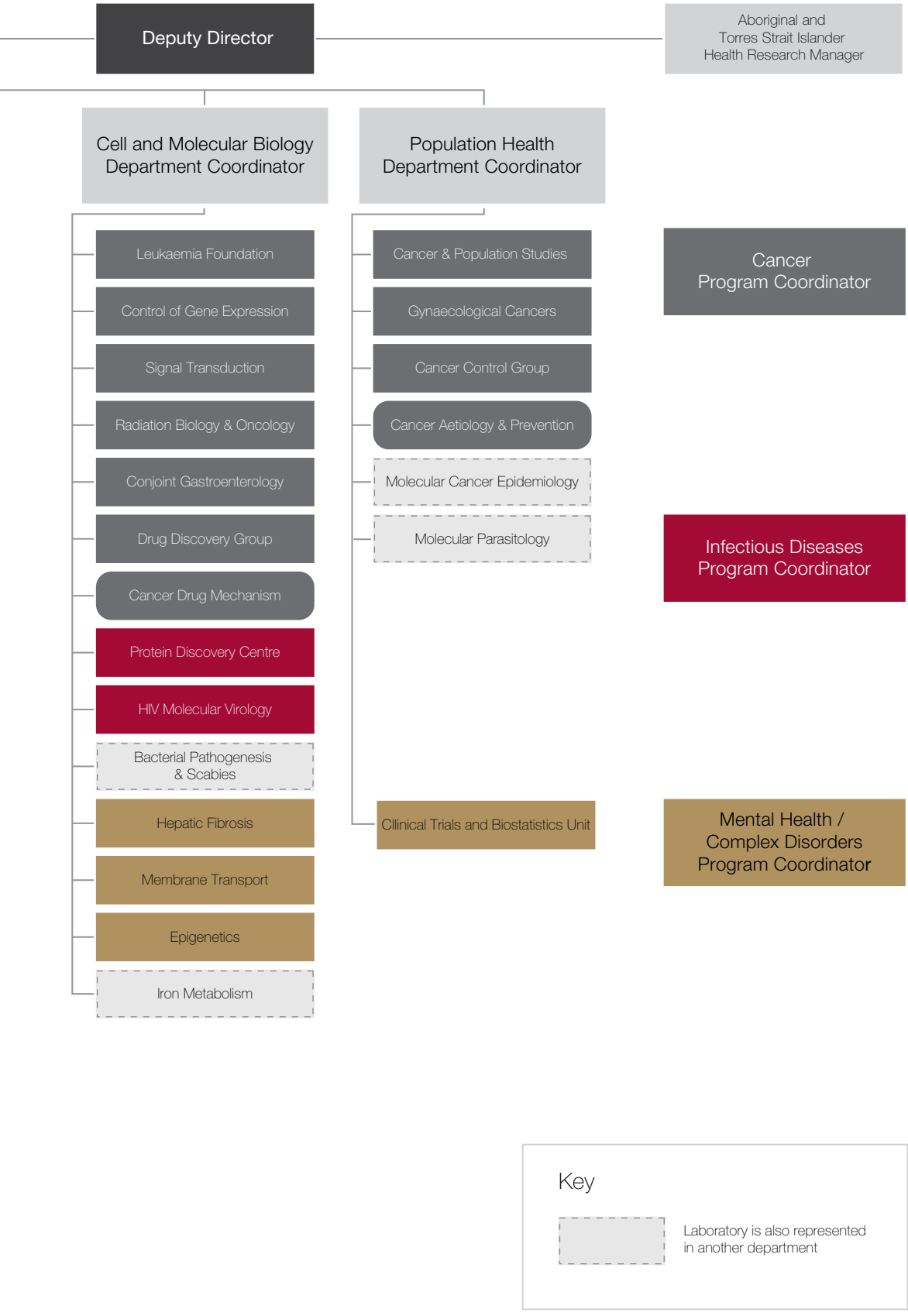
He was Vice President of the European Heads of Research Council and an advisor to the European Union Commissioner for Research and Innovation prior to his move to Brisbane.

Professor Gannon is also currently serving as a board member of the Australian Association of Medical Research Institutes and is the Chair of Q-Pharm Pty Ltd.

ORGANISATIONAL CHART



Director's Consultative Committee (DCC)



WORKFORCE PLANNING, ATTRACTION AND RETENTION

Workforce planning initiatives at QIMR Berghofer include:

- Attracting students to medical research and a career at QIMR Berghofer through the Education and Higher Degrees Program;
- Supporting a culture of work/life balance to attract and retain employees;
- Maximising remuneration benefits for employees through highly effective salary packaging options; and,
- Providing childcare arrangements for early year childcare places.

While ongoing resource planning at QIMR Berghofer is challenging because of short-term funding cycles for research employees, QIMR Berghofer's Support Division has planned resourcing and staffing requirements to ensure growth in research staff is effectively supported into the future.

To meet QIMR Berghofer's strategic aim of attracting staff in the areas of molecular and cellular biology, cancer biology, infectious diseases, bioinformatics and systems biology, chemistry, population and clinical sciences, throughout 2014-15 the Institute has continued attracting interest from researchers (seeking employment in Brisbane) from over 30 different countries.

The majority of QIMR Berghofer staff are employed under the *QIMR Enterprise Agreement 2014*, which is complemented by a range of workforce policies that not only support the operation of the Enterprise Agreement and the achievement of strategic objectives, but foster a high performance culture.

STAFFING

At 30 June 2015, QIMR Berghofer had 569 employees and 162 students. Seventy-two per cent of the Institute's employees are employed on fixed-term contracts as research funding relies on short-term grants.

Historically, QIMR Berghofer has maintained a low rate of voluntary staff turnover; for 2014-15 the voluntary separation rate was 10.35 per cent.

At 30 June 2015, QIMR Berghofer had 55 members of faculty with eight Senior Scientists, 27 Group Leaders and 20 Team Heads. The Institute's career development structure will support the ongoing development of the faculty towards 2019.

REVIEW OF EQUAL OPPORTUNITIES

QIMR Berghofer has reviewed the guidelines endorsed by the Council of the Australian Academy of Science to ensure that women and men have equal opportunities to pursue a successful career in science.

WOMEN AT QIMR BERGHOFER

Women play an important role at QIMR Berghofer with 62 per cent of the total workforce and 58 per cent of students being female. Women hold significant senior management roles, such as Chief Operating Officer, Chief Financial Officer, Genetics and Computational Biology Department Coordinator and Biology Department Coordinator. Women also have significant roles in the Support Division, such as Safety Manager, Regulatory Affairs Manager, Animal Facility Manager, and Flow Cytometry Manager.

At QIMR Berghofer:

- women hold 34 per cent of all scientific leadership positions
- 20 per cent of QIMR Berghofer Council is female
- 50 per cent of the Support Management Team is female; this includes the Chief Operating Officer, Chief Financial Officer, and Manager Council Business
- 50 per cent of newly appointed Team Heads are female

FLEXIBLE WORKING POLICIES

QIMR Berghofer has flexible working hours, job-share and part-time employment employment options to help staff balance personal lives. Women account for the majority of the 16 per cent of staff with part-time arrangements, including job-share occupants.

QIMR BERGHOFER CHILDCARE ASSISTANCE

QIMR Berghofer has secured a number of places with a local childcare centre for infants under two years of age to assist employees with young families.

NURSING MOTHERS

Within the QIMR Berghofer Central building, the Institute has a room specifically designed to cater for nursing mothers.

INDIGENOUS WORKFORCE DEVELOPMENT INITIATIVES AND HEALTH RESEARCH PROGRAM

During 2014-15, QIMR Berghofer's Aboriginal and Torres Strait Islander Health Research Program made significant advances across the target areas of workforce development, research and communication.

Reflecting the importance of community control, the program's governance model describes a role for internal and external input; namely, a committee of the Institute's lead researchers and an advisory group of experts from the health services, policy development and research sectors.

In addition to formal structures, the program seeks to engage the health services and research sector of regional Queensland. Specifically, consultation and discussion with experts from regional Queensland is undertaken with a view to engaging capable and responsible partners in the development of proposals to undertake research that impacts community-identified health concerns.

In the area of workforce development, QIMR Berghofer provided a paid traineeship to an Indigenous undergraduate biomedical student; recruited a PhD student to undertake seed research in the area of respiratory health; and facilitated a series of lectures and seminars for the Institute's research personnel.

In the area of communication, the Institute delivered lectures to two high schools in Cairns, and is looking to expand in 2015 to four schools in Far North Queensland. As part of The University of Queensland's ***InspireU*** Science Camps, the Institute supported 16 Indigenous high school students from across regional Queensland to travel to Brisbane to participate in our highly successful ***Day in the Life of the Scientist*** health science education initiative.

The Institute was a major supporter of Creating Futures 2015, an international gathering of Indigenous and non-Indigenous delegates from across the globe, meeting to discuss the priority needs for people from rural and remote areas in mental health and disability.

The Institute's research portfolio continues to grow, with activity across the scope of concept development and consultation, through to implementation and dissemination of research findings. Areas of current activity include mental health and physical activity; scabies; respiratory health and mosquito control. A significant proportion of the work of the Institute is highly relevant to Indigenous health, a fact evident in that nearly 30 per cent of our work aims to impact health conditions with higher prevalence rates among Indigenous people.

QIMR Berghofer, through its Aboriginal and Torres Strait Islander Health Research Program continues to demonstrate its commitment to improving the health of Indigenous Australians.

InspireU Science Camp students participating in QIMR Berghofer's ***Day in the Life of the Scientist.***

OUR PERFORMANCE

GOVERNMENT OBJECTIVES FOR THE COMMUNITY

QIMR Berghofer aligns research and activities with the Queensland Government's objective of ***Creating jobs for a diverse economy***. We directly contribute to the Queensland Government's objectives relating to a stronger public health system by translating the knowledge we produce and discoveries we make into improved clinical practice.

By advancing medical knowledge and improving public health, we also contribute to the Queensland Government's objective of building a safe, connected and caring community. Our work is helping to broaden and deepen Queensland's economic base, especially in the high-value, high-growth health and medical sector.

STRATEGIC PLAN

QIMR Berghofer's strategic plan informs the Institute's vision to become a world leader in medically relevant research and to transfer this knowledge and understanding to the clinic; achieving better health for the wider community through medical research.

Each objective is supported by at least one of the Institute's values:

- Translation: Bringing research discoveries from the laboratory bench to the hospital bedside
- Scientific quality: Delivering high quality research aimed at preventing and curing disease throughout Queensland, Australia and the world
- Commercial consequence: Connecting with industry to boost health outcomes and economic benefits
- Societal impacts: Demonstrating the value of improving health and quality of life by addressing the major health needs of society
- International reputation: Attracting researchers, funding and collaborators from around the world to cement international recognition
- Community engagement: Engaging with the community about health issues affecting their well-being, through community education and fundraising programs.

Dr Bryan Day presenting at a QIMR Berghofer cancer public forum on cancer in 2014.

The Probus Club of Algester visiting the signal transduction lab as part of their tour of QIMR Berghofer in 2015.

Increase knowledge and strengthen reputation for scientific excellence

PERFORMANCE MEASURES	OUTCOME
Increase the total number of publications by 5% annually.	In 2014, QIMR Berghofer researchers published 563 papers, a decrease of 9% on the 620 papers published in 2013.
Maintain a five-year growth rate of more than 15% for total citations	For the latest five-year period (2010-14) there were 104 593 citations. For the previous period (2009-13) there were 89 315 citations ***(source: Web of Science).***
Increase by 10% annually the number of high impact papers with first or last author papers	QIMR Berghofer produced 35 high impact papers with first or last authors. In 2013, QIMR Berghofer produced 24 high impact papers with first or last authors.
The number of international lectures presented by QIMR Berghofer researchers to grow to 200 by 2019	In 2014-15, QIMR Berghofer researchers delivered 130 lectures at international conferences.
QIMR Berghofer to receive a minimum of five awards annually	In 2014-15, QIMR Berghofer researchers received awards including: • Professor Geoff Hill received the TRI National Prize • Professor Adele Green was acknowledged as a Queensland Great • Dr Andrea Schuessler was awarded the Australian Society for Medical Research (ASMR) Postdoctoral Researcher award.

Attract and retain high quality researchers

PERFORMANCE MEASURES	OUTCOME
Increase the total number of faculty (senior scientists, group leaders and team heads) to 65 by 2018	Fifty-five members of faculty, with eight senior scientists, 27 group leaders and 20 team heads. The Institute's career development structure will support the ongoing development of the faculty towards 2018.
Increase the number of PhD students to 150 by 2018	At the end of 2014-15, QIMR Berghofer hosted 162 students (up from 143 in 2013-14),103 of whom were studying for their PhD.

Maintain a translational focus in research activities through clinical collaborations and clinical trials

PERFORMANCE MEASURES	OUTCOME
Increase the percentage of QIMR Berghofer researchers engaged in collaborations with clinicians to or above 60%	In 2014-15, 78% of QIMR Berghofer's researchers collaborated with clinicians.
Increase the number of active clinical trials to 40 in five years	In 2014-15, QIMR Berghofer started five new clinical trials, which are included in the 50 ongoing clinical trials coordinated by the Institute.

Increase funding annually

PERFORMANCE MEASURES	OUTCOME
Increase NHMRC grant funding by 5% annually to 2018	In 2014-15, QIMR Berghofer received $24.865 million from NHMRC for research grants.
Increase the number of successful NHMRC grant applications by 5% annually to 2018	In 2014, QIMR Berghofer secured 31 NHMRC grants. In 2013, QIMR Berghofer also secured 31 NHMRC grants.
Gain 50 fellowships in the five years to 2013-18	In 2014-15, QIMR Berghofer secured four fellowships with the NHMRC, which is a gain of 15 fellowships since 2013.
Sustain or increase the number of Career Development Awards and equivalent (2013-16)	In 2014, QIMR Berghofer was not awarded any Career Development Awards from the NHMRC. This is a decrease on the four gained in 2013.

Increase engagement with the biotechnology sector

PERFORMANCE MEASURES	OUTCOME
Increase commercial income to $3 million by 2018	In 2014-15, QIMR Berghofer generated $3.459 million in commercial income.
Double the number of provisional patents by 2016	In 2014-15, QIMR Berghofer established five provisional patents, which is in addition to the six established in 2013-14.

Inform and involve the community in research activities at QIMR Berghofer

PERFORMANCE MEASURES	OUTCOME
Sustain or increase the number of community speaking engagements, tour groups and school students who visit QIMR Berghofer's research facilities at Herston	QIMR Berghofer ran 49 tours with more than 1120 visitors. The Institute also hosted four public forums on topics including cancer and infectious diseases, with approximately 250 attendees. This is an increase of 20% in the total number of visitors in 2013-14.
Sustain or increase the number of community speaking engagements by QIMR Berghofer staff	The Institute conducted 54 speaking engagements to more than 2 845 attendees, which is an increase of 10% on the number of attendees in 2013-14.
Increase the number of high schools participating in the High School Lecture Series to 30 by 2018	QIMR Berghofer held four High School Lecture Series (including regional High School Lecture Series) in 2014-15. The Institute hosted to 21 schools and 760 students. This is an increase of 22% on the number of students attending in 2013-14.
Increase the number of schools that visit the Education Laboratory to 50 by 2018	QIMR Berghofer hosted 55 schools in the Education Laboratory in 2014-15. This was an increase of 37.5% on the number of schools attending in 2013-14.
Increase the number of students who visit the Education Laboratory to 1 000 by 2018	1 200 Year 11 and 12 science students participated in the ***Day in the Life of a Scientist*** program in the Education Laboratory in 2014-15. The Institute also placed 52 students in the lab work experience program. This was an increase of 23% on the number of students visiting the Education Laboratory in 2013-14.

OUR SUPPORT

SUPPORT DIVISION

Dedicated support staff in the areas of Scientific Services, External Relations, Human Resources, Finance and Administration and Research Support and Governance are committed to providing the high level of assistance and behind-the-scenes support required to keep QIMR Berghofer researchers at the forefront of medical research.

The QIMR Berghofer Support Division ensures researchers have the services, resources and equipment required to undertake world-class research.

Always at the forefront of management priorities is securing the funding necessary for researchers to undertake their important work. A high proportion of Support Division management is dedicated to this goal, whether through community fundraising, government relations, funds management, grant applications or commercial agreements.

The Chief Operating Officer and the support team have negotiated and facilitated a number of important research and commercial collaborations for the Institute. This included an agreement with Medicines for Malaria Venture, on behalf of the Bill and Melinda Gates Foundation, in support of clinical trials at QIMR Berghofer for the treatment of malaria, and the agreement with QUT to access the Institute's state-of-the-art facilities.

The Support Division has helped advance QIMR Berghofer's research and role within the community in numerous other ways in 2014-15.

The Division implemented a new sample processing facility in the Scientific Services area which will assist many research groups, especially in the cross-over of large longitudinal epidemiological studies into genetic analysis. Importantly the Institute's cell therapy manufacturing facility, which is managed by the Support team, obtained a TGA licence for the manufacture of T cell therapies. This was a major achievement in the development of a translational pipeline to take research discoveries to the bedside. The Support Division also facilitated the acquisition of Q-Pharm Pty Ltd, improving the Institute's ability to provide the full spectrum of translational research as well as administering five new clinical trials, translating research into new therapies.

The Support team assists researchers in the provision and maintenance of infrastructure, and over the past year has completed the refurbishment of the Bancroft Centre. This brings to a close the $179m project to construct the new Central building and refurbish the Bancroft building, all of which has been achieved on time and within budget. Another significant infrastructure development was the procurement of significant pieces of equipment for the ACRF imaging facility — a multiphoton microscope and a spinning disk microscope.

Improved infrastructure was also delivered for the provision of increased data. As methods in research and bioinformatics develop, so too does the demand for information technology resources. To facilitate the exponential increases in scientific data, a hierarchical storage management (HSM) system has been implemented, supporting the activities of researchers while ensuring availability, reliability and integrity of stored data. This HSM solution has revolutionised the data storage capabilities at QIMR Berghofer providing data storage capacity of more than 10 petabytes.

Another focus for the Support Division has been negotiating the QIMR Enterprise Agreement, which was agreed upon in 2014 and ensured suitable conditions for the Institute's staff.

The Support team also continued to develop their relationships with the community and the Institute's supporters, conducting a busy community relations program of tours and speaking engagements, and maintaining ongoing engagement with our dedicated supporters and donors.

COMMUNITY SUPPORT

The importance of support from community groups, individuals, business and philanthropic trusts remains a constant for QIMR Berghofer. The Institute could not exist without government support. However, for every dollar received in government funding, a further 65 cents must be raised to make research possible. This is a significant amount to be found each financial year and QIMR Berghofer continues to be inspired and encouraged by the level of support received.

Of special note is the Sid Faithfull Fellowship awarded to Dr Bryan Day. This significant donation in support of a three year research project will enable new research into precision medicine approaches to treat brain cancer. The fellowship was generously made possible by Sid's wife Christine Sadler, and is in memory of Sid who sadly passed away in 2014.

Supporters in the community raise funds for the Institute in a variety of ways. In March 2015, the Institute organised a celebration for two extraordinary young men, Dylan and Lawson Reid, who set off on a daunting two-year round the world trip on motorbikes to raise awareness of major depressive disorder (MDD). The fundraising adventure will honour Dylan and Lawson's sister, who lost her battle with

depression at the age of 27. The brothers have a fundraising target of $200 000 in support of QIMR Berghofer's leading edge research into MDD, and have raised $54 000 to date.

Thanks must also go to the Institute's corporate supporters and partners. Special recognition must go to Rio Tinto as sponsors of the Rio Tinto Ride to Conquer Cancer. Rio Tinto has been a magnificent partner for the event, not just in terms of sponsorship, but also as participants. The Rio Tinto staff teams are an impressive presence each year of the Ride and have raised significant funds for cancer research at the Institute.

Thanks again to Australian investment and trustee group Perpetual Ltd, who have consistently supported QIMR Berghofer's researchers over a number of years.

The Institute has been successful in securing funding towards Professor Rajiv Khanna's work in immunotherapy for a Phase I trial to treat multiple sclerosis (funded by MS Queensland) and Associate Profesor John Miles' research into venom-based drugs.

These are just a few highlights of numerous ways the Institute has benefited over the past year. QIMR Berghofer looks forward to growing existing relationships and building new ones.

Special thanks and recognition to the Institute's many other major supporters, listed below.

THANK YOU TO THE FOLLOWING DONORS

Clive Berghofer
A day on the Farm
ALS Limited
Aurizon Pty Ltd
BT Investment Management Pty Ltd
Biniris Pty Ltd
Buck Off Melanoma
Dorothy May Bailey Trust Fund
The Estate of Mr Keith John Boden
The Estate of Mary Swan Crawford
The Estate of Daphne Margaret Dowdle
The GPT Group
Mr Keith Maher
Ms Brenda Middleton
Mr Ivan and Mrs Sandra Mitchell
Mrs Jacqueline Pascual
Queensland Community Foundation
Ms Jean Redman
The Reid Family
Mr Tim Reid and Mrs Kym Reid
Robert George Relf Trust Fund
Rio Tinto
Roycorp Pty Ltd
Ms Christine Sadler
Mrs Maureen Stevenson and Mr Barry Stevenson
Sunsuper Pty Ltd
Supporters of 65 Roses Inc

OUR RESEARCH ACHIEVEMENTS

CANCER PROGRAM

COORDINATOR: PROFESSOR GEOFF HILL

The Cancer Program covers a variety of topics, including:

- identification of the genetic, epigenetic and environmental risk factors that underly an individual's risk of cancer
- study of the molecular changes that occur in precursor lesions that can give rise to cancer and those that occur during the formation of a tumour and its subsequent metastasis
- development and testing of novel therapies for cancer in the laboratory and in clinical trials.

The program has a strong focus on skin cancers, including melanoma; hormone-related cancers such as those of the breast, prostate, ovary and endometrium; leukaemia and lymphoma, including exploring the complications that can arise after stem cell transplantation which is used for the treatment of leukaemia; brain tumours; and tumours of the gastrointestinal tract.

Researchers in the Cancer Program have productive local and international collaborations with clinical oncologists, pathologists and biobanks, and many are also leading, or are involved in, large international consortia that have made great advances into the understanding of the genes that predispose individuals to many types of cancer.

Antigen Presentation and Immunoregulation

Group Leader: Kelli MacDonald

Hematopoietic stem cell transplantation (SCT) is the only curative therapy for the majority of cancers of bone marrow origin. The curative property of this procedure relates to the graft-versus-leukaemia (GVL) effect, which eradicates any remaining cancer after SCT.

Unfortunately the success of SCT is significantly limited by three procedural complications: graft-versus-host disease (GVHD), graft failure and infection.

This group's overarching goal is to improve understanding of how these complications arise in order to develop new therapies that can be translated to clinical practice to improve transplant outcome. This year's primary focus was toward increasing understanding of the pathophysiology of chronic GVHD (cGVHD). This occurs to some degree in the majority of transplant patients. It is characterized by fibrosis and is associated with increased morbidity and mortality. Unfortunately, there are no effective therapies for this condition, thus there is a pressing need to identify therapeutic targets for the prevention and treatment of cGVHD.

Highlights:

- Demonstrated that granulocyte-colony stimulating factor (G-CSF) mobilisation provides protection against acute GVHD by enhancing the survival of Treg after transplant
- Identified the critical role of autophagy in haematopoietic stem cell mobilisation
- Obtained funding to investigate the mechanism by which macrophages mediate chronic GVHD.

Bone Marrow Transplantation

Senior Scientist: Geoff Hill
Cancer Program Coordinator

This laboratory seeks to understand the pathophysiology of GVHD and GVL in preclinical and clinical bone marrow transplantation (BMT). Its work focuses on cellular and cytokine biology in transplantation. The group is increasingly translating findings into patients at the Royal Brisbane and Women's Hospital BMT lab, and enrolled approximately 100 patients into clinical trials last year.

Highlights:

- Completed Phase II clinical trial of IL-6 inhibition to prevent acute GVHD
- Initiated and carried out recruitment for Phase III clinical trial of IL-6 inhibition to prevent acute GVHD
- Identified the critical role for the IL-6/IL-17 axis in acute lung injury after BMT
- Successfully optimised murine models of cytomegalovirus (CMV) reactivation after BMT.

Cancer Aetiology and Prevention

Team Head: Rachel Neale

This group worked primarily on the D-Health Trial and studies of pancreatic cancer. The pancreatic cancer studies have included analysis of case-control data, contributing to an international genome-wide association study (GWAS) and studies of management of patients with pancreatic cancer.

Highlights:

- Completed recruitment for the D-Health Trial
- Published results from the Queensland Pancreatic Cancer Study
- Published results highlighting the extremely high supportive care needs of patients with pancreatic cancer.

Cancer and Population Studies

Senior Scientist: Adele Green

The Cancer and Population Studies group researches the causes, management and prevention of melanoma and other skin cancers in the Queensland population includuing very high-risk groups.

Highlights:

- Showed for the first time that people with multiple skin cancers (basal cell or squamous cell carcinomas) tend to develop one type or the other predominantly, rather than a mixture of both. This has implications for understanding their aetiology and for clinical management
- Showed elevated risk of melanoma in patients with HIV infection through a systematic review and meta-analysis of cohort studies
- In collaboration with Cancer Council Queensland, showed that melanoma incidence trends are declining in adolescents and young adults in Queensland
- Revealed the prevalence of supportive care needs, anxiety, depression and quality of life among newly-diagnosed patients with localised invasive cutaneous melanoma in Queensland
- Demonstrated through a systematic review and meta-analysis that aspirin and non-steroidal anti-inflammatory drugs can prevent cutaneous squamous cell carcinoma
- Conducted a substantive review of the evolution of skin cancer awareness campaigns in Australia
- Found an apparent increase in mortality among women who have a melanoma diagnosis during pregnancy through a systematic review of available literature and meta-analysis.

Cancer Causes and Care

Team Head: Susan Jordan

The Cancer Causes and Care group was formed in February 2015. The research focus is to investigate the aetiology of three main cancer types: thyroid, kidney and ovary, and to investigate patterns of care for patients diagnosed with these cancers.

Highlights:

- Showed that women with ovarian cancer who have reduced chemotherapy dose intensity have poorer survival, and that duration between primary surgery and commencement of chemotherapy is not associated with survival, at least up to five weeks
- Described patient and cancer factors associated with survival in an Australia-wide population-based cohort of women with ovarian cancer. Along with established prognostic factors (stage, subtype), it was also found that survival was somewhat poorer for older women, women from rural and lower socio-economic areas, and those with more co-morbidities
- Continued recruitment and data collection for a large case-control study of thyroid cancer
- Collected patterns of care data on 1021 patients with renal cell carcinoma diagnosed in Queensland in 2012-13
- Formed collaborations with one international and one national group to extend studies in thyroid cancer.

Cancer Control Group

Group Leader: David Whiteman
Department Coordinator, Population Health

The Cancer Control Group conducts research into a number of different cancers, with a view to deriving new knowledge of practical utility for preventing these diseases, or limiting their adverse impacts.

The group has primary strength in epidemiological approaches to the study of cancer and collaborates widely with researchers from across many disciplines to maximise opportunities.

Historically, the focus has been directed towards cancers of two main organ systems: the skin and the gastro-intestinal tract. Recently, members of the group have initiated research projects exploring the causes and impacts of cancers of the head and neck, thyroid and liver. The Cancer Control Group has also partnered with Cancer Council Australia to lead a project quantifying the burden of cancer in Australia attributable to lifestyle factors that are amenable to modification.

Highlights:

- Demonstrated that more people in Queensland die from thin melanomas (<1mm) than thick melanomas (4+mm)
- Described the incidence of hepatocellular carcinoma in Queensland communities, highlighting the disparities by geographic and social disadvantage
- Measured the prevalence of oral human papilloma virus (HPV) infection in Queensland tertiary students
- Published guidelines for the diagnosis and management of Barrett's oesophagus
- Documented the burden of cancer in Australia that is attributable to modifiable factors
- Initiated collection of DNA samples from the QSkin cohort (n=43 794)
- Demonstrated that risk of Barrett's oesophagus is strongly associated with measures of body fat measures.

Cancer Drug Mechanism

Team Head: Glen Boyle

The Cancer Drug Mechanisms team combines expertise in cancer biology with drug studies. Their cancer biology work currently focuses on understanding the development and progression of cancers of the skin and oral cavity. Specifically, the team is investigating the molecular mechanisms involved in the progression and metastasis of melanoma, head and neck cancer, as well as cutaneous squamous cell carcinoma. These molecular mechanisms also impact drug resistance of cancers. The identification and understanding of aberrantly regulated pathways in these cancers is crucial prior to the design or identification of suitable agents to treat the diseases.

Highlights:

- Found key transcription factors involved in melanoma progression or invasion impact on drug sensitivity
- Identified key processes involved in perineural invasion of squamous cell carcinoma
- Elucidated host versus tumour response following treatment with EBC-46, a novel anticancer agent.

Cancer Genetics

Senior Scientist: Georgia Chenevix-Trench

In 2013, this team completed the first analyses of the largest cancer genetics experiment ever undertaken in the world. This originally identified 49 new breast cancer risk loci and nine new ovarian cancer risk loci, but they have recently used meta-analyses to identify 17 more breast and six more ovarian cancer risk loci.

The team has also identified the first genetic locus associated with outcome in breast cancer. They have also used the fine mapping data from this experiment to identify the target genes at two of these loci, on chromosomes 10 and 19. In an extension of the consortia that identified these inherited risk variants to a new focus on tumour biomarkers, they found that progesterone receptor and estrogen receptor are prognostic biomarkers for ovarian cancer.

They have also made considerable progress in uncovering the molecular mechanisms underlying the association between variants in a gene called TTC39 and ovarian cancer outcome. With the Tumour Immunology Group, the team has identified a new prognostic marker for triple-negative breast cancer based on gene expression, and new potential therapeutic targets based on kinome profiling.

Highlights:

- Detailed functional follow up of a breast cancer susceptibility region which showed for the first time that a gene called nuclear receptor binding factor-2 is a breast cancer risk gene
- Evaluated the usefulness of clinical ‘panel testing’ to find mutations responsible for breast cancer families
- Clarified the role of rare missense substitutions in breast cancer susceptibility
- Showed that an FDA-approved test for ovarian cancer susceptibility and outcome has no clinical utility
- Found the first gene regions associated with breast cancer outcome
- Predicted breast cancer risk by evaluating many different genetic variants at once
- Refined the risks associated with breast and ovarian cancer by the location of mutations in the BRCA1 and BRCA2 genes
- Identified 17 novel breast, and seven novel ovarian cancer susceptibility regions.

Cancer Immunoregulation and Immunotherapy

Team Head: Michele Teng

Immunotherapies targeting immunosuppressive pathways have revolutionised cancer treatment. Therapies, Nivolumab and Ipilimumab in combination against advanced melanoma have produced impressive anti-cancer effects and may result in significant efficacy against multiple cancers.

A key issue of targeting checkpoint receptors, particularly in combination, is the appearance of immune-related adverse events. Furthermore, the dosing and scheduling for checkpoint inhibitors is still to be optimized. While checkpoint inhibitors have been effective in cancers that are T cell rich (melanoma), some cancers are T cell poor (eg. prostate, colorectal). In these cancers, checkpoint inhibitors are generally ineffective, and even in melanoma, a large proportion of patients are non-responsive. Given that myeloid cells are found in varying proportions in most cancer types and known to suppress tumor immunity, this team hypothesise that co-blockade of immunosuppressive pathways mediated by T and myeloid cells will increase anti-tumor efficacy.

The team's aim is to understand the hierarchy of immunosuppressive pathways mediated by lymphoid and myeloid cells in T cell rich and poor cancers and how they are regulated. This allows rational co-targeting of the dominant suppressive pathways specific to that tumor microenvironment to enable optimal release of endogenous anti-tumor effector function.

Highlights:

- Developed a mouse model that can assess the therapeutic index and immune-related adverse events following pre-clinical combination immunotherapies
- Proposed that cancers should be based on T cell Infiltration and PD-L1 to determine the type of immunotherapies they receive.

Conjoint Gastroenterology

Group Leader: Barbara Leggett

The main focus of this group is in understanding the molecular, histological, clinical and epidemiological features of a particular class of colorectal polyps called serrated polyps, as well as the cancers they may develop into. They have presented detailed clinicopathological and molecular assessments of sessile serrated adenomas, traditional serrated adenomas and have described a new subtype called a serrated tubulovillous adenoma. The group is now extending these studies to include genome wide methylation and transcriptome analyses to better describe the molecular events and altered pathways driving progression of these lesions to malignancy.

Highlights:

- Identified a DNA methylation signature that segregates with mutation of the IDH1 gene, suggesting this mutation contributes to the CpG Island methylator phenotype in a subset of coloroectal cancers
- Identified the frequent mutation (96 per cent) of the intestinal stem cell ubiquitin ligase RNF43 in BRAF mutant colorectal cancers that have microsatellite instability and have demonstrated this confers sensitivity to the porcupine inhibitor LGK974
- Further developed and characterised our BRAF mutant murine model which develops widespread intestinal hyperplasia and murine serrated adenomas. The group is now using this model to investigate strategies for chemoprevention.

Control of Gene Expression

Group Leader: Frank Gannon
Director and CEO

The focus of this group's research is the mechanistic processes that lead to the expression of genes. The group's specific interests are endometrial and breast cancer and it collaborates with others on a range of gene expression topics.

The group has a growing body of information on the factors that obese individuals secreted from fat and the changes in gene expression that result from this. The expression of genes depends on epigenetic changes at the DNA and histone levels. The group has studied the impact of over-expressing or inhibiting enzymes (G9a and EZH2) that are essential for specific histone modifications. The RNA-Seq data obtained point to some potential targets that influence cell growth and responses of the immune system. The inhibitor of these histone-modifying enzymes is being tested in combination with standard clinical treatments with the aim of achieving reduced growth by cancer-derived cell lines and hence a reduction of side effects from these treatments.

The group's analysis of the level of expression of the enzymes involved in epigenetic changes and a subset of their target genes are providing new insights into predicting clinical outcomes.

Highlights:

- Defined the genes with expression dependent on epigenetic modifying enzymes
- Defined the factors that are secreted from the fat of obese individuals
- Established a panel of genes that predicts breast cancer outcomes
- Actively partnered in a clinical trial on endometrial cancer treatment
- Showed synergy between different therapeutic treatments useful in breast cancer.

Drug Discovery Group

Group Leader: Peter Parsons

A library of plant extracts was screened for growth inhibition specifically of oral cancer cell lines. Several extracts were identified and further screened to profile cell type specificity. Novel synthetic molecules were also evaluated.

The mechanism of action of the novel anti-cancer compound EBC-46 was examined in mouse models of oral cancer and in cultured tumor and normal cells. The importance of the host response, causing hemorrhagic necrosis, was confirmed by the finding that anti-tumor efficacy was poor in a mouse strain with defective innate immune response. In addition, reproducing in culture the high local dose applied by injection into tumors revealed that rapid necrosis occurred that appeared to be independent of PKC.

The excellent healing that follows ablation of tumors by EBC-46 both in mice and in companion animals prompted a project aimed at evaluating PKC-activating chemicals for healing wounds in mice. Initial experiments have been carried out to optimise the treatment regime. Meanwhile, analogues of EBC-46 are being compared in vitro across a range of characteristics relevant to promotion of wound healing.

The group is also using genetic analysis to discover natural genes that protect against skin cancer.

Highlights:

- Demonstrated anomalous efficacy of EBC-46 in mice, pointing to a host requirement for drug efficacy
- Demonstrated direct PKC-independent necrosis of tumor cells in culture by clinically-relevant levels of EBC-46
- Identified EBC-46 analogues that might adequately test our two-target hypothesis due to their complementary profiles of PKC activation versus direct necrosis
- Discovered a nevus-modifier gene
- Discovered of melanoma onset gene, TGF beta2.

Functional Genetics

Team Head: Juliet French

The focus of this team is to understand how inherited and somatic DNA variants are involved in breast cancer risk and development. The main focus is on DNA variants that fall in non-coding regions of the genome which affect regulatory elements and non-coding transcripts such as lncRNAs. The team hopes that understanding the mechanism by which these genetic variants increase breast cancer risk or promote breast cancer progression will uncover novel avenues of breast cancer therapy.

Highlights:

- Implemented a high throughput method of detecting chromatin interactions called carbon-copy chromosome conformation capture (5C). The high throughput nature of this method means quick target identification.

Functional Cancer Genomics

Team Head: Stacey Edwards

This team's research focuses on understanding how genetic variation contributes to breast cancer risk and progression. The team currently leads the functional follow-up of loci identified by GWAS and validated in the world's largest cancer genetics project, the Collaborative Oncological Gene-environment Study (COGS), an international project aimed at defining individual risk of breast cancer. By studying the genetic make-up of nearly 100 000 individuals, the team is able to pinpoint the genetic variants that are the most likely causative variants for breast cancer. The team and collaborators have developed and successfully implemented a functional pipeline to follow-up loci identified by GWAS, which includes fine mapping of GWAS signal(s), prioritisation of functional SNPs by the integration of genetic epidemiological and bioinformatic methods, and in vitro and in vivo experimental verification of predicted molecular mechanisms for identifying the targeted genes.

Highlights:

- Identified the causal variant, target gene and mechanisms underlying breast cancer risk at 2q35 and demonstrated for the first time that breast cancer risk SNPs can affect chromatin looping structures leading to altered gene expression
- Contributed the functional analysis of the 17q12 endometrial risk locus and showed that the candidate causal variants lie in a silencer element that the minor alleles of SNPs reduced HNF1B gene expression
- Identified the functional variants and target gene underlying the 8q21 association and allergies, suggesting that the risk-associated allele SNPs predisposed to allergic disease by increasing PAG1 expression that may promote B-cell activation and have a pro-inflammatory effect
- Used an LNA (locked nucleic acid)-modified DNA aptamer to target VEGF and inhibit breast cancer cell proliferation. Nucleic acid aptamers are considered promising alternatives for targeted cancer therapy, and several are now FDA approved
- Identified and evaluated SNPs at the 6q25 breast cancer risk locus that predisposed to breast cancer subtypes and alter mammographic density. Findings point to the existence of at least five separate common genetic variants with differing effects on breast tumor development, providing further insights into the biological and clinical importance of the estrogen receptor in establishing breast cancers.

Genomic Biology

Team Head: Nicole Cloonan

Because of their molecular mechanism of action, microRNAs (miRNAs) are excellent markers of stable cellular states and could therefore be excellent markers of biology that underpins drug sensitivity. Unlike whole genome sequencing, miRNA sequencing and computational analysis is inexpensive and requires very little genetic material. miRNAs are also stable compared to longer RNAs and are stable in blood and serum, making them ideal biomarkers. The team's current research focus is determining the relationship between miRNAs and drug sensitivity, with the short-term aim of using these as markers in personalised therapy and the long term aim of using them as adjunct chemosensitizers.

Highlights:

- Performed miRNA screen for EGFR inhibitors
- Performed miRNA screen for mTOR inhibitors
- Validated miRNAs as sensitizers of EGFRi therapy.

Gynaecological Cancers Group

Group Leader: Penny Webb
Deputy Department Coordinator, Populational Health

This group investigates all aspects of gynaecological cancer from aetiology to diagnosis, patterns of care, quality of life and survival and also contributes to similar studies of other cancer types. A particular focus is on the role of environmental (non-genetic) factors in causing cancer. More recently, the group has extended this to assess how gynaecological cancers are managed in Australia and to investigate the role of lifestyle in determining quality of life and survival after a diagnosis of cancer. Much of this work is conducted within three national population-based studies: the Australian Ovarian Cancer Study (AOCS), the Ovarian Cancer Patterns of Care Study (POCS) and the Australian National Endometrial Cancer Study (ANECS) and within two international consortia: the Ovarian Cancer Association Consortium (OCAC) and the Epidemiology of Endometrial Cancer Consortium (E2C2). The group has also recently completed recruitment for the Ovarian Cancer Prognosis and Lifestyle (OPAL) study which is investigating whether modifiable aspects are associated with outcomes following a diagnosis of ovarian cancer.

Highlights:

- Found that serum concentrations of 25(OH)D (a marker of vitamin D status) at diagnosis were independently associated with survival among a cohort of ~670 women diagnosed with ovarian cancer
- Completed recruitment for the OPAL study with a total of 960 eligible women consenting to participate
- Contributed to international pooled analyses showing that women who had used intrauterine devices had a lower risk, and women with a history of infertility had a higher risk of endometrial cancer
- Confirmed that lower limb lymphoedema (LLL) is common after endometrial cancer treatment
- Found that one quarter of women with endometrial cancer report unmet supportive care needs several years after their diagnosis and that these women were younger or had advanced disease stage at diagnosis
- Documented survival rates and factors associated with survival in a nationally representative cohort of women diagnosed with ovarian cancer showing that, in addition to clinical prognostic factors, women in regions of lower socioeconomic status and more rural areas appeared to experience have somewhat lower survival rates.

Immunology in Cancer and Infection

Senior Scientist: Mark Smyth
Department Coordinator, Immunology

This laboratory is building a detailed picture of how networks of immune cells function to recognise, respond to and destroy tumour cell masses and metastases. The laboratory is interested in defining the importance, timing and nature of the natural immune response to transformation. The lab has been examining the development and heterogeneity of natural killer cells and their potential to prevent tumor spread. The lab has also been assessing the mechanism of action, safety and efficacy of antibodies to existing and new immune checkpoint molecules, alone and in combination. The findings are being used to develop more effective immunotherapies for human cancer, in particular melanoma, breast and prostate cancer, and haematological cancers.

Highlights:

- Showed that natural killer (NK) T cells play a role in the positive regulation of NLRP3 inflammasome priming by mediating the production of TNF-a
- Provided a strong rationale to use A2ARi with anti-PD-1 mAb for the treatment of minimal residual and metastatic disease
- Demonstrated the combination activity of antibodies targeting CTLA-4 and RANK ligand in melanoma in mice and humans
- Showed that additional NK cell-based immunotherapy (by checkpoint blockade or agonists or cytokines) may combine well with BRAF(V600E) inhibitor therapy to promote more durable responses in melanoma
- Proposed a new way to specifically analyze IL-17-producing V?6/Vd1(+) T cells based on the level of CD3 signals
- Demonstrated the ability of IFN-? to directly regulate NK cell effector functions in vivo, alone and in the context of IFN-aß
- Provided in vivo evidence that CD226 is important for multiple myeloma (MM) immunosurveillance and indicate that specific immune components should be targeted for optimal MM treatment efficacy
- Demonstrated through transcriptional profiling and functional studies that the activating receptor DNAM-1 (CD226) identifies two distinct NK cell functional subsets.

Leukaemia Foundation Laboratory

Group Leader: Andrew Boyd

In the past year, the group has completed studies of Eph receptors on leukaemia and normal haematopiesis. Studies of the same receptors in brain tumours are ongoing, now in collaboration with the Translational Brain Cancer team. In particulars these studies are informing the further clinical testing of KB004, a clinical antibody derived from our IIIA4 anti-EphA3 monoclonal antibody. They are also continuing to develop an Eph inhibitor based on a soluble form of EphA4, in collaboration with the Queensland Brain Institute. An optimised inhibitor is now being produced for clinical trials

Highlights:

- Produced ten primary research papers
- Lodged one new patent
- Continued clinical trial of KB004.

Medical Genomics

Team Head: Nicola Waddell

The Medical Genomics team aims to learn more about how mutations in our DNA lead to diseases such as cancer. Their recent research has used next generation sequence data and computational tools to identify mutations in DNA from hundreds of cancer samples from patients with mesothelioma, oesophageal, melanoma, pancreatic ductal, pancreatic neuroendocrine or ovarian cancers. Cataloguing these mutations enabled identification of the underlying mutational processes and driver mutations in each cancer type. The team has found that different cancers arising in different body locations can have similar mutation processes and therefore may respond to similar treatments. These are important steps towards 'personalised medicine', where the diagnosis, management and treatment of patients is based on their individual genomic data.

Highlights:

- Completed the analysis of the Australian Pancreatic and Ovarian International Cancer Genome Consortium (ICGC) projects
- Identified different mechanisms that contribute to resistance to therapy in ovarian cancer
- Showed that genomic catastrophes are a common driver of oesoaphageal cancer
- Identified new driver genes in pancreatic cancer.

Molecular Cancer Epidemiology

Group Leader: Amanda Spurdle

This group focuses on the identification of genetic risk factors for hormonal cancers, and laboratory and statistical methods to identify individuals at high genetic risk of cancer.

Work has also focussed on identifying novel genetic factors associated with modest risk of endometrial cancer, in order to better understand the biology of this disease.

Highlights:

- Highlighted issues to address for improved specificity of molecular screening for Lynch Syndrome
- Discovered endometrial cancer risk variants at the multicancer TERT locus, supplementing evidence for cancer pleiotropy
- Identified variants that increase HNF1B expression as a causal mechanism that underlies endometrial cancer risk
- Developed refined tumour predictors of BRCA1 and BRCA2 mutation status.

Oncogenomics

Senior Scientist: Nick Hayward

The principal focus of the Oncogenomics Group remains the study of melanoma genetics and genomics. The group studies population-based cases of melanoma as well as melanoma families to identify new risk genes underlying susceptibility to this type of cancer. The main approaches to this research are genome-wide association studies (GWAS) and whole genome sequencing.

For both cutaneous and uveal melanoma, the group employs a range of genomics methodologies to identify and characterise the aberrations that lead to melanocytic neoplasia. The group has a particular focus on identification of new drivers of melanoma development as well as mutations that lead to new proteins on the surface of melanoma cells that can be recognised by a patient's immune system. These novel epitopes provide the opportunity for designing individualised vaccines to treat melanoma.

This group has also continued to elucidate the mechanisms underlying lung cancer transformation and has been working with several other groups at the Institute to establish the innovative and powerful Cas9/CRISPR technology for genome editing.

Highlights:

- Showed that loss of CDKN2A expression in melanoma cell lines correlates with sensitivity to the CDK4 inhibitor PD0332991
- Identified TET2 as a melanoma susceptibility locus
- Demonstrated the effect on melanoma risk of genes previously associated with telomere length
- Reported a recurrent germline BAP1 mutation and extended the BAP1 tumour predisposition spectrum to include basal cell carcinoma
- Contributed to the first whole-genome sequencing study of oesophageal adenocarcinoma
- Showed that BRAF mutation status is an independent prognostic factor for patients with resected stage III melanoma
- Identified mutations in the shelterin complex genes ACD and TERF2IP in familial melanoma
- Conducted a population-based prevalence study of germline BAP1, CDKN2A, and CDK4 mutations in Queensland melanoma cases
- Showed that miR-514a regulates the tumour suppressor NF1 and modulates BRAFi sensitivity in melanoma
- Showed that PARP1 polymorphisms play opposing roles in melanoma occurrence and survival
- Used exome sequencing to predict neoantigens in melanoma.

Personalised Medicine

Team Head: Fares Al-Ejeh

This team focuses on developing and validating new biomarker tests and new therapeutic targets for personalised and precise management of breast and pancreatic cancers.

Highlights:

- Invention entered PCT phase concerned with precision oncology approaches for more than 10 cancer types including breast, melanoma, lung and colorectal cancers.

Signal Transduction

Group Leader: Kum Kum Khanna
Deputy Department Coordinator, Cell and Molecular Biology

This group focuses on the medically important area of understanding the contribution of DNA damage response pathway in normal tissue homeostasis and applying it to understand how its dysregulation can lead to development and progression of cancer and to predict novel therapeutic opportunities for cancer patients.

Highlights:

- Published a comprehensive map of the DNA damage response pathway to harness it to improve therapeutic outcomes
- Discovered a new mechanism that helps cells choose a particular DNA repair pathway (incorrect decision can drive cancer development)
- Discovered essential roles of two DNA repair proteins in the maintenance of normal tissue homeostasis
- Discovered new roles of the cell cycle protein, Cep55, in the regulation of embryonic growth and development
- Developed preclinical novel combination therapy against pancreatic cancer, involving targeted radio-immunotherapy with DNA repair and checkpoint inhibitor
- Identified a mechanism by which FBX031, a tumor suppressor, might lead to increased genomic instability through regulation of DNA replication
- Developed novel therapeutic approaches to treat triple negative breast cancers and also developed gene signatures that predict prognostic outcomes.

Translational Brain Cancer Research

Team Head: Bryan Day

The Translational Brain Cancer Research Laboratory was newly developed in February 2015. Since then much effort has gone into the establishment of the lab and continuation of previously funded projects obtained by the Team Head. These studies have focused on characterising the function of Eph receptors and also characterising a novel stem cell targeting agent, salinomycin, in brain cancer. In addition, the team has commenced new projects looking at the function of Eph receptors in microglia and how this contributes to the progression of brain cancer, and a novel approach to identify therapy-resistant clones in brain cancer.

Highlights:

- Progressed to Phase I clinical testing of an EphA3 antibody in recurrent glioblastoma
- Identified salinomycin as a novel radiomimetic and stem cell-targeting therapy in brain cancer
- Identified Eph receptor over expression and function in paediatric brain cancer
- Identified metronomic cyclophosphamide as a novel immunotherapy in brain cancer.

Translational Leukaemia Reseach

Team Head: Steven Lane

This team researches myeloid blood cancers such as acute myeloid leukaemia (AML), myelodysplastic syndrome (MDS) and the myeloproliferative neoplasms (MPN). These are very aggressive and rapidly fatal blood cancers that are among the most common types of cancer affecting Australians. The team's efforts are concentrated on understanding how leukaemia stem cells in AML and MPN are able to regenerate leukaemia (or cause relapse in patients), even after cytotoxic chemotherapy. To achieve this, research has focused on generating robust models of leukaemia and dissecting the pathways of self-renewal in leukaemia stem cells and normal blood stem cells.

Highlights:

- Identified telomerase as a therapeutic target in AML
- Found the stem cell niche in regenerative medicine.

Tumour Microenvironment

Team Head: Andreas Moller

The Tumour Microenvironment team focuses on developing clinically applicable predictive markers for breast and lung cancer. Using novel technical and conceptual approaches, the team has discovered blood-based methodology to identify patients at risk of metastatic disease progression. This research is being developed to generate novel therapeutic opportunities for metastatic breast and lung cancer patients.

Highlights:

- Developed predictive, blood-based signature for patients at risk of developing metastatic lung cancer
- Assessed exosomes as predictive and therapeutic targets in breast cancer and lung cancer.

INFECTIOUS DISEASES

COORDINATOR: PROFESSOR JAMES MCCARTHY

The laboratories that contribute to QIMR Berghofer's Infectious Diseases Program study how a range of important pathogenic organisms cause illness, search for better ways to diagnose and treat them, and develop vaccines to prevent infections. A major emphasis is on infections that disproportionately affect people living in the developing world and tropical regions.

Pathogens studied include viruses such as human immunodeficiency virus (HIV), cytomegalovirus, Epstein-Barr virus and mosquito-borne viruses, bacteria such as streptococci and parasites such as malaria, intestinal protozoa, wormsand scabies. One laboratory in the program focuses on the application of proteomic technology to biomedical science.

The Program continues to focus on strong collaborations between clinicians and researchers from within QIMR Berghofer and other institutes, as well as working with pharmaceutical companies to develop patented therapeutic technologies that improve the health of many.

QIMR Berghofer is a founding member of the Queensland Tropical Health Alliance (QTHA), which is designed to enhance collaborations and networking in tropical health issues, and the Australian Infectious Diseases Research Centre (AID), which supports research into diseases such as malaria, dengue fever and schistosomiasis. QIMR Berghofer's collaboration with James Cook University, Griffith University, Queensland University of Technology (QUT) and The University of Queensland (UQ) through the QTHA and through AID brings strength and focus to plans to address serious tropical and infectious disease issues through Queensland, across Australia, and in the Asia-Pacific region.

Biomarkers and Biology of Infection Related Cancers

Team Head: Jason Mulvenna

The team is focused on developing novel techniques for the identification of proteins and miRNAs important in the genesis of disease, the most important cancers. The team developed a comprehensive understanding of the protein and miRNA expression present during the liver cancer cholangiocarcinoma as well as the precursor stages of the disease.

The team also investigated the pharmaceutical potential of small proteins from human pathogens and venomous organisms. The team has been developing hookworm peptides as potential immunomodulatory drugs for auto-immune diseases such as coeliac disease and Crohn's disease. The team also characterised the venom proteome of the box jellyfish, Chironex fleckeri, and is currently assessing these proteins as pharmaceuticals or as targets for chemical therapies for jellyfish stings.

Highlights:

- Carried out the transcriptome and proteome of the box jellyfish
- Completed the transcriptome and proteome of irukandji jellyfish
- Identified miRNA biomarkers for cholangiocarcinoma
- Developed the dried-blood spot/FireFly assay to detect miRNA markers of disease
- Described protein disregulations in inflammation prior to cholangiocarcinoma
- Described proteome of cholangiocarcinoma tumours.

Cellular Immunology

Group Leader: Scott Burrows

The main focus of this group has been investigating Epstein-Barr virus (EBV) which causes glandular fever and is associated with certain cancers such as nasopharyngeal carcinoma and a subset of T and NK cell lymphomas. This virus is carried by 90-95 per cent of healthy adults and is kept under control by killer T cells that eliminate virus-infected B cells.

The group has been particularly interested in understanding the role that EBV plays in the development of multiple sclerosis (MS). Earlier studies have shown that MS patients have a deficiency in EBV-specific killer T cells and the group suggested that this could lead to the accumulation of EBV-infected B cells in the brain.

Another focus of investigation has been the human T cell receptor (TCR). This molecule is on the surface of killer T cells and is critical for the recognition of virus-infected cells. The group has been investigating the impact of inherited variation in the genes that encodes for the TCR. The group has also been developing novel strategies for immunotherapy for the EBV-associated malignancies. These studies have involved the use of high-affinity TCR molecules that are engineered from natural human TCRs. These will be tested for possible use against EBV-associated malignancies.

Highlights:

- Showed that a deficiency of 'effector memory' killer T cells is an early and persistent feature of multiple sclerosis
- Showed that killer T cells which control Epstein-Barr virus infection can be auto-reactive with 'self-proteins'
- Identified a small region of Epstein-Barr virus that stimulates a T cell immune response in many people and could be used for vaccine development
- Used Epstein-Barr virus-specific T cells as immunotherapy to treat a patient with multiple sclerosis.

Clinical Tropical Medicine

Senior Scientist: James McCarthy
Infectious Diseases Program Coordinator

The Clinical Tropical Medicine Laboratory investigates how parasites such as the malaria parasite, hookworm, threadworm and scabies cause disease and how they become resistant to drugs used to treat them. The group also identifies new drugs and drug targets, and develops novel diagnostic techniques.

Of particular interest to this group is the application of to apply modern techniques in microbiology, molecular biology and immunology to study clinical problems associated with infectious diseases in tropical environments; drug resistance in a range of parasites, and the development of novel diagnostic techniques.

The major recent focus of the group is to evaluate the activity of experimental antimalarial drugs.

Highlights:

- Discovered that certain antimalarial drugs likely make people treated with them infectious to mosquitoes
- Tested more than 2,000 patient samples from Timor Leste for intestinal parasites
- Successfully completed a pre-IND with the USA FDA for a genetically modified malaria vaccine
- Discovered that the breath of people with malaria contains chemicals that can be use for diagnosis
- Found that the experimental antimalarial DSM265 has a very promising antimalarial activity.

HIV Molecular Virology

Group Leader: David Harrich

The main focus of this group has been investigating Epstein-Human immunodeficiency virus type 1 (HIV-1) dependency factors (HDFs) which are cellular proteins directly required for HIV-1 replication. HDFs have attracted intense scientific interest as they may provide multiple new targets and strategies for development of anti-HIV agents.

Over the past 10 years, this group has taken innovative approaches to the discovery and analysis of unknown HDFs that may provide avenues towards novel treatment or possibly a cure for HIV/AIDS. To this end, this group reported the identification of two new HDFs, eukaryotic translation elongation factors eEF1A and eEF1G. They showed that both cellular components associated with the HIV reverse transcription complex (RTC), which was required for RTC stability and completion of reverse transcription.

The group has undertaken a detailed biochemical and molecular analysis of the eEF1A:RT interaction with the goal of blocking this protein interaction. Secondly, they invented a modified HIV protein that can block HIV-1 replication. The project has used a gene therapy to treat human immune cells that subsequently become resistant to HIV infection. An animal study is in progress. Finally, the group has shown that some RNA viruses require eEF1A for their replication including RSV and Hendra virus. Exactly how these viruses use eEF1A is under investigation.

Highlights:

- Reported that Nullbasic attacks HIV-1 in the cell nucleus by sequestering an import HIV-1 dependency factor called an RNA helicase
- Demonstrated that Nullbasic targets the HIV-1 enzyme reverse transcriptase (RT). The mechanism of action is highly novel where Nullbasic attacks RT inside the virus particle leading to abortive virus replication
- Showed that novel solid material matrices can be embedded with tonofovir and nevirapine for potential enhanced prevention of HIV-1 infection through the vaginal route
- Showed for the first time that a cellular protein called eEF1A plays an important role in RSV replication. A detailed analysis has revealed strategies that may lead to novel antiviral strategies.

Human Immunity

Team Head: John Miles

The Human Immunity team aims to understand the fundamental workings of cellular immunity and then artificially modulate the system through rational vaccine design and therapeutic interventions.

Highlights:

- Characterised antigen specific T cell precursors in human newborns
- Identified unique T cell repertoires between the placenta and peripheral blood
- Identified T cell dysfunction in type 1 diabetes patients
- Identified a unique immune endotype in individuals susceptible to mycobacterium infection
- Identified panels of immune modulating compounds from venom and animal secretions
- Identified panels of anti-cancer compounds from venom.

Immunology and Infection

Group Leader: Christian Engwerda
Deputy Coordinator Infectious Diseases Program

The Immunology and Infection group remains focused on understanding host immune responses during malaria and leishmaniasis, two infectious diseases caused by protozoan parasites. Specifically, the team aims to distinguish T cell responses that control parasite growth and protect against re-infection from those that cause tissue damage and resulting disease.

Highlights:

- Identified Blimp-1 dependent IL-10 production by CD4+ T cells as a critical regulator of TNF-mediated tissue pathology
- Discovered that type I interferons suppress anti-parasitic CD4+ T cell responses in human volunteers infected with *Plasmodium falciparum* and visceral leishmaniasis patients
- Developed an attenuated whole parasite, anti-parasitic vaccine platform to protect against visceral leishmaniasis
- Discovered that IL-17 suppresses early anti-parasitic immunity in the liver during visceral leishmaniasis.

Inflammation Biology

Group Leader: Andreas Suhrbier

The Inflammation Biology group continues its research on the arthritis/arthralgia caused by chikungunya virus, with the hope of identifying new drugs and vaccines for this mosquito transmitted disease. The global chikungunya virus epidemic continues to spread, reaching *inter alia* the Caribbean, USA, Papua New Guinea and New Caledonia, with millions of cases reported.

The group's continuing work on SerpinB2 has unravelled how this protein protects against metastasis. SerpinB2 is efficiently secreted via microparticle formation, which explains for the first time how it can reach and inhibit the extracellular protease, urokinase, an enzyme known to be associated with cancer growth and metastasis.

The group is developing a mouse model of HIV called EcoHIV, with the hope that this model will help accelerate the development of new drugs and vaccines for HIV.

The group has begun a collaborative project to develop therapeutics for ebola virus.

The group has also started a project on Sin1 and pancreatic cancer with the hope that this research will improve prognosis and help choose appropriate treatments.

Highlights:

- Showed that inhibitors of the CCR2/CCL2 pathway exacerbate chikunguyna virus arthritis, illustrating that macrophages have a beneficial role in inhibiting influx of highly destructive neutrophils
- Characterised a mouse model of chronic chikungunya virus arthropathy and showed the persistence of viral RNA and protein, and inflammatory responses in joint tissues
- Demonstrated that SerpinB2 is secreted on cancer microparticles and inhibits metastases
- In collaboration with University of Adelaide, used the EcoHIV mouse model of HIV to show protective efficacy of novel HIV vaccines
- In collaboration with UQ, developed a Kunjin replicon vaccine against ebola virus, which protected non-human primates from ebola.

Malaria Immunology

Team Head: Ashraful Haque

This team has focused on understanding immunological mechanisms that either drive or impair adaptive (i.e. T cell-dependent) immunity to blood-stage malaria. The team has sought to characterise how the host immune response can be improved to facilitate more effective control of parasite numbers. In addition, the team has developed novel in vivo methods for determining how parasite numbers may be best controlled. Finally, the team has developed new ways to determine how T helper cells decide upon the developmental fate that they eventually undergo during infection.

Highlights:

- Demonstrated that a subset of immune cells called CD8-dendritic cells are impaired in their function during experimental blood-stage malaria via signals mediated by type I Inteferons
- Developed a novel experimental model of co-infection with malaria parasites and respiratory syncytial virus (RSV)
- Demonstrated that suppression of the immune system during experimental blood-stage malaria operates via the transcription factor interferon regulatory factor (IRF) 7
- Using mathematical modelling and experimental in vivo modelling techniques, showed that parasite growth rates slow in vivo due to combined mechanisms of weak parasite clearance and reduced capacity for parasites to become established inside red blood cells.

Molecular Immunology

Team Head: Michelle Wykes

The team has been investigating the role of checkpoint inhibitors, especially the PD-1 pathway in immunity against malaria, and have identified a novel reagent to initiate immunity. The team now proposes to examine the relevance of its novel findings in patients with cancer.

Highlights:

- Completed a major study on the role of PD-1 in immunity against malaria
- Filed a patent on the above study.

Molecular Parasitology

Senior Scientist: Don McManus

This laboratory focuses on understanding the biology, immunology and epidemiology of human neural tube defects caused by parasitic worms, particularly the Schistosoma bloodflukes (schistosomiasis), the Echinococcus (hydatid) tapeworms (echinococcosis), and soil transmitted helminthiases (STH)–diseases of the world's poorest people.

The team's goal is to translate laboratory results to develop effective public-health interventions and diagnostic procedures against these pathogens, leading to their elimination.This research model has applications that can be used by other researchers working on tropical diseases of poverty. This approach marries laboratory with applied field-research to develop findings into workable and practical control strategies, leading to improved health outcomes.

The lab's research is now at the stage where tools are available to completely eliminate schistosomiasis from Asia. A generic, universal vaccine against the three major human schistosomes may be possible as a result of the lab's vaccine studies and would be a major advance, as no human schistosomiasis vaccine is available currently. Similarly for echinococcosis and STH, integration of current interventions, coupled with the deployment of new approaches including the lab's health education package, can lead to sustainable control in many endemic areas.

Highlights:

- Completed a four-year cluster-randomised multi-component intervention trial for the elimination of schistosomiasis in the Peoples' Republic of China
- Discovered novel *Schistosoma japonicum* antigens using a targeted protein microarray approach
- Characterised a secretory serine protease inhibitor (SjB6) from *Schistosoma japonicum*
- Carried out genome-wide sequencing of small RNAs revealing a tissue-specific loss of conserved microRNA families in *Echinococcus granulosus*
- Carried out real-time PCR monitoring which demonstrates high human prevalence of *Schistosoma japonicum* in the Philippines with implications for elimination programs
- Carried out multiplex real-time PCR monitoring of intestinal helminths in humans which revealed widespread polyparasitism in Northern Samar, the Philippines
- Showed that suppression of the insulin receptors in adult Schistosoma japonicum impacted on parasite growth and development, with further evidence of vaccine potential.

Molecular Vaccinology

Group Leader: Denise Doolan
Department Coordinator, Biology

This group conducts basic and translational research in support of the rational development of a malaria vaccine, encompassing core themes of:

- basic research on immune mechanisms with a particular focus on characterising host immunity to the Plasmodium parasite on the molecular level, and defining immunodominance in a complex host-pathogen system
- antigen and epitope discovery from genomic sequence data using protein microarrays and epitope prediction algorithms with biologically relevant laboratory and field specimens
- preclinical research and development of antigen and epitope based molecular vaccine technologies.

Highlights:

- Refined and optimised an in vitro dendritic cell based assay for screening of small molecules to identify compounds that can specifically inhibit T cell responses (tolerogenic activity) or that can stimulate T cell responses (adjuvant activity)
- Identified a novel subset of human CD4+ T cells of a specific phenotype characterised by high cytotoxic potential and proliferation and low cytokine production that is implicated in control of malaria parasite burden
- Identified a key cytokine promoting the induction of polyfunctional T cells that secrete multiple cytokines in humans
- Identified of a molecular signature of polyfunctional CD4+ T cells in human that is conserved between parasitic and viral infections
- Identified a novel population of liver macrophages that form an immune complex with lymphocytes in the liver very early following Plasmodium blood-stage infection, and that are implicated in blood-stage immunity
- Identified key structural and functional properties of Plasmodium proteins preferentially associated with antibody and T cell reactivity
- Identification of a distinct protein signature which represents a biomarker for risk of nasopharyngeal carcinoma, to identify individuals at increased risk of NPC for targeted intervention to prevent mortality
- Identified a potent Lipid Core Peptide vaccine construct for induction of CD8+ T cells responses.

Mosquito Control

Group Leader: Greg Devine
Deputy Department Coordinator, Biology

This group's role is to characterise, monitor and control the entomological determinants of arbovirus and malaria transmission in heterogeneous environments. This includes looking at:

- the impacts of species and strain differences (e.g. vector complexes and insecticide-resistant variants) on vector competence and ecological and behavioural fitness
- the influence of environmental variables on stress, establishment and disease transmission
- novel means of insecticide delivery
- the application of new technologies for monitoring and survey purposes. Much of this work is facilitated by the Institute's unique PC2 and PC3 insectaries.

Highlights:

- Established colonies of exotic mosquitoes that pose public health risks in Australia and initiation of vector competence experiments that will characterise that risk
- Developed Near Infra Red Spectrometry as a new tool for monitoring vectorial capacity in mosquitoes
- Carried out further field testing of novel means of insecticide application - autodissemination of larvicides and use of volatile pyrethroids
- Developed a cost-benefit analysis of an Aedes albopictus incursion to Australia
- Explored potential new mosquito attractants.

Protein Discovery Centre

Group Leader: Jeffrey Gorman

The QIMR Berghofer Protein Discovery Centre is a state-of-the-art facility recognised as a world leader in the mass spectrometry and proteomics field and is one of the most advanced and best equipped of its kind in Australia. The centre collaborates broadly on both national and international projects. The centre aims to discover the identities of proteins involved in or affected by physiological and disease processes and the ways in which these proteins function and interact and to develop techniques to observe stimulated cells and the reaction within cell proteins.

Scabies

Group Leader: Katja Fischer

Scabies is a disease of major human health significance worldwide, causing substantial morbidity and mortalities as a consequence of complications. Secondary infection of scabies lesions with bacteria such as group A streptococcus and *Staphylococcus aureus* can cause significant sequelae. Available therapies are limited and drug resistance is emerging.

The group's research on molecules that the mite needs to infest the skin (mite intestinal proteases and complement inhibitors) will guide the formulation and testing of novel drugs.

The group undertakes whole genome, transcriptome and proteome analyses of the scabies mite to investigate molecular aspects of the disease pathogenesis and identify targets that could serve in the development of urgently needed treatments and other intervention tools.

The group investigates how scabies mites promote the transmission and/or growth of pathogenic bacteria, and analyse scabies mites for the presence of symbiotic bacteria that may serve as potential targets for novel therapeutics. This will provide improved treatment of affected individuals and their families, thereby reducing the spread of scabies and bacterial infections and their devastating sequelae, particularly in Australian Indigenous communities.

Highlights:

- Found that metagenome analysis of the internal microflora of scabies mites revealed that they harbour opportunistic pathogens and symbiotic bacteria
- Sequenced the mitochondrial genome of *Sarcoptes scabiei*
- With funds from the Lowitja Institute, developed and delivered a laboratory workshop to two high schools in remote north-west Queensland, followed by a week-long laboratory based work-experience program for selected students.

Tumour Immunology

Group Leader: Rajiv Khanna
Deputy Department Coordinator, Immunology

The major goals of this group are to obtain a deeper understanding of the mechanisms by which the human immune response to viral infections and human cancers may be generated, augmented and applied to the treatment of herpes virus-associated diseases and malignancies. The group has used virus-associated diseases as a model to understand how cellular immune response in humans responds to persistent viral infections.

Highlights:

- Successfully completed immunotherapy trial on glioblastoma
- Initiated Phase I clinical trials to assess safety of autologous T cell therapy in solid organ transplant patients
- Successfully completed immunotherapy trial on recurrent nasopharyngeal carcinoma (NPC)
- Progressed development of CMV vaccine.

MENTAL HEALTH/COMPLEX DISORDERS

COORDINATOR: PROFESSOR MICHAEL BREAKSPEAR

QIMR Berghofer has brought teams from a variety of disciplines together into the Mental Health and Complex Disorders Program.

While the disease focus is broad and multi-system, the program is united by a number of common conceptual and methodological themes. The diseases studied within the program, ranging from schizophrenia and depression to haemochromatosis and migraine, all arise from an interaction of genetic and multi-factorial environmental influences. As highlighted in a number of key strategic reviews, they also represent an enormous burden of illness and unmet research need.

QIMR Berghofer scientists continue to make important breakthroughs in mental health research, from genetics and epidemiology to brain imaging and computational modelling. Research capabilities, technology opportunities and public awareness of mental health continue to grow, creating a unique opportunity for research at QIMR Bergofer to improve recovery and outcomes for those in the community with mental health disorders.

Technology plays a crucial role in the study of these disorders. QIMR Berghofer is home to a growing number of imaging technologies that enable unprecedented insight into the biology of cells, animals and humans. Cutting edge pre-clinical imaging facilities were recently installed and construction of a major new human imaging facility on the Herston campus is very near to completion. The growth of sequencing technologies that underpin genetic research also continues.

Asthma Genetics

Team Head: Manuel Ferreira

The focus of this team is to identify genetic variants associated with asthma risk using genome-wide association studies (GWAS) and then identify the target genes underlying those associations. At that point the team will seek to identify genes that have therapeutic potential and then validate the therapeutic potential using in vitro and in vivo models. The final step is testing the safety and efficacy of new drugs for asthma in Phase I and II clinical trials.

Highlights:

- Completed pre-clinical studies of tocilizumab for asthma treatment
- Identified PAG1 as a gene underlying the association between 8q21 variants and asthma risk
- Identified two new asthma risk genes (P2RY13 and P2RY14) using GWAS
- Enrolled 15 patients into our clinical trial of tocilizumab. Two of these have now been randomised to drug/placebo.

The Clinical Trials and Biostatitics Unit

Group Leader: Sanjoy Paul

Currently the Clinical Trials and Biostatistics Unit is running seven multicentre and multinational clinical trials in therapeutic areas including critical care, cancer, exercise physiology and geriatric medicine. The group is also leading six clinical, epidemiological and pharmaco-epidemiological studies using data from several clinical trials and primary care-based real world data from the UK and US. These research projects cover three broad areas: clinical studies in the fields of auto-immune and metabolic diseases, methodological and applied studies to identify new 'omics' based biomarkers to understand the progression to diabetes, and pharmaco- epidemiological and methodological studies with large population-level longitudinal data in the fields of diabetes and cardiovascular diseases. In addition, the group is leading a research project to evaluate the cardio-metabolic effects of treatment with GLP-1 receptor agonists in patients with diabetes.

The Clinical Trials Unit has developed facilities to conduct clinical trials to international regulatory and industry standard and is committed to providing training to researchers for efficient conduct of trials, and further develop systems to support efficient clinical reporting to regulatory authorities and end users.

Highlights:

- Carried out seven ongoing clinical trials, one mechanistic clinical study, one clinical epidemiological study, two pharmaco-epidemiological studies and two statistical methodological studies with research collaborators
- Developed a programme of clinical trials and epidemiological studies with the possible new indication of TCZ in blood cancer, and systemic effects of TCZ and other biologics used for the treatment of rheumatoid arthritis.

Genetic Epidemiology

Senior Scientist: Nick Martin
Deputy Program Coordinator,
Mental Health and Complex Disorders

The group's efforts have been in recruiting a large patient sample of anorexia sufferers and collecting DNA from them to contribute to the international Anorexia Nervosa Genomics Initiative (ANGI). The group also obtained an NHMRC grant to collect DNA from a large sample of depression patients. The group's main analysis effort has been genome-wide association studies (GWAS), as part of an international consortium, which found at least two major genes influencing dizygotic twinning and other important reproductive outcomes.

Highlights:

- Recruited 1850 anorexia nervosa patients for a genetic study
- Initiated recruitment of 10 000 depression patients for a genetic study
- Found six new genes influencing moliness and melanoma
- Found major genes influencing the size of several brain regions.

Hepatic Fibrosis

Group Leader: Grant Ramm
Department Coordinator, Cell and Molecular Biology

The liver is known for its remarkable capacity to regenerate after acute injury, however, chronic liver damage due to constant viral, toxic or carcinogenic injury compromises the regenerative capacity of damaged liver cells. Thus, restitution of liver cell mass relies on the activation and differentiation of liver stem cells into healthy new cells. The extracellular matrix that these new liver cells require to rebuild liver architecture, via wound healing, is produced by liver fibroblasts. Thus, the liver heals itself through an interaction between these two cell types. In chronic liver disease, mortality and morbidity are the results of uncontrolled and inappropriate liver 'wound healing' and regeneration, which can ultimately lead to cirrhosis and liver cancer.

This group's research investigates the interaction between liver progenitor cells and fibroblasts in the iron overload disease hereditary haemochromatosis and in children with obstructive bile duct disease causing cirrhosis of the liver, including cystic fibrosis and biliary atresia. By investigating the mechanisms of cellular interaction, mediators of uncontrolled wound healing and regeneration (disease progression) can be identified which may be detected in the blood permitting development of early diagnostic tests, and may lead to novel therapeutic interventions to halt or reverse the disease process.

Highlights:

- Identified circulating microRNA signature for the differential diagnosis of liver disease in children with cystic fibrosis
- Demonstrated that iron loading of hepatocytes leading to impaired hepatocyte replication in hereditary haemochromatosis is linked to proliferation of liver progenitor cells and the ductular reaction, with both the presence of the ductular reaction and portal inflammation strongly associated with hepatic fibrosis progression.

Inflammatory Bowel Disease

Group Leader: Graham Radford-Smith

The major research focus for this group has been the link between objective and quantitative clinical data and molecular data in subjects with inflammatory bowel disease (Crohn's disease or ulcerative colitis). The group has developed novel systems to extract and analyse longitudinal laboratory data on the group's research subjects and seeks to determine the relationships between specific subgroups within these datasets and both host genome and transcriptome. To this end, the group has generated extensive genotype data on both our Crohn's disease and ulcerative colitis populations, together with a detailed transcriptomic profile of both the small and large bowel. This will improve the group's understanding of intestinal biology in the healthy and inflamed gut, and support the development of novel therapeutic approaches.

Highlights:

- Successfully applied for two UQ student scholarships
- Completed a major genotype-phenotype study across the International IBD Genetics Consortium — paper accepted by *The Lancet*
- Identified longitudinal laboratory data as highly informative in predicting poor outcomes in patients with Crohn's disease.

Iron Metabolism

Group Leader: Greg Anderson
Deputy Director

The Iron Metabolism group focuses on understanding the homeostasis of the essential trace element iron and related metals, the natural history of iron-related disorders and potential therapies for treating them, and mechanisms of liver disease. Specific areas of interest include:

- elucidating the basic mechanisms of intestinal iron absorption and its regulation as increased absorption characterises most iron loading disorders. Emphasis is being placed on the ferroportin/hephaestin iron transport complex and its modulation by the iron regulatory peptide hepcidin.
- exploring novel mechanisms of regulating iron intake in early postnatal life. This work has significant implications for infant nutrition and complementary feeding.
- examining how iron homeostasis is regulated in iron loading anaemias such as thalassaemia. These studies are helping to understand how changes in erythropoiesis regulated body iron intake.
- using novel nanoparticle technology to develop better iron supplements and methods for delivering iron removing agents.
- etudying the natural history of the iron loading disorder hereditary haemochromatosis and exploring markers for monitoring the effectiveness of treatment.
- examining how the liver handles manganese and the mechanisms underlying hepatic encephalopathy. The group's work takes a broad approach from basic molecular mechanisms to clinical applications.

Highlights:

- Showed that the copper-dependent iron oxidase zyklopen plays a role in hair development
- Assessed efficacy and safety of nanoparticulate oral iron supplements in rodent models and humans, including their effects on the gut microbiome
- Defined mechanisms of the erythroid regulation of iron metabolism
- Developed and implemented a novel nanoparticle-based strategy for the delivery of iron chelators
- Demonstrated that GNPAT can act as a modifier of iron loading in hereditary hemochromatosis
- Assessed microbial diversity and how it is influenced by antibiotics in the airways of cystic fibrosis patients.

Lung Inflammation and Infection

Team Head: David Reid

A major focus of the Lung Inflammation and Infection team research is to investigate the interaction between bacterial pathogens and the host innate immune response within the lung. Chronic respiratory diseases characterised by infection are very prevalent in Australia and globally. The team is currently studying the role of iron and other biologically active metal ions in promoting bacterial infection in the lungs of patients with the genetic disease cystic fibrosis (CF) and other suppurative lung diseases. To do this, the team is studying bacterial and host immune system interactions in vivo using a number of biochemical, molecular and cell imaging methods and also modelling these interactions using mouse models. The team is developing molecules to interfere with bacterial iron acquisition with the goal of developing these as antibiotic adjuncts.

The chelator-antibiotic combinations are highly effective against biofilm dwelling bacteria and a major aim will be to explore this combined approach as a potential intervention directed against a number of multi-drug resistant organisms that are currently extremely difficult to treat.

Highlights:

- Demonstrated an iron homeostatic abnormality in cultured airway epithelial cells in cystic fibrosis
- Identified innate T lymphocyte abnormalities in cystic fibrosis with implications for other lung diseases characterised by chronic bacterial infection
- Confirmed the disease modulating effect of haemochromatosis gene mutations on the clinical course of cystic fibrosis, which opens the way for screening and intervention.

Membrane Transport

Group Leader: Nathan Subramaniam

The major focus of the group's research is aimed at understanding how iron levels are regulated at a cellular, tissue, and body level, the genes involved, their mechanism of action, and the roles these play in various clinical disorders. Excess iron accumulation has been associated with many disorders including liver disease, hepatocellular carcinoma and neurodegenerative disorders. Mutations in the HFE gene are present in 1 in 200 individuals of North European origin and are linked to iron overload and iron deposition in the liver. This is one of the most common genetic disorders in Australia.

A high calorie diet is also a common feature of Western populations and is associated with an increase in the metabolic syndrome. Increasingly the combination of a high fat diet and excess iron has been associated with diabetes and non-alcoholic fatty liver disease. Liver disease is a significant burden on society, affecting many in the prime of their life. Liver fibrosis or scarring of the liver is a response to injury due to many factors including alcohol, viruses, obesity and the metabolic syndrome associated with non-alcoholic fatty-liver disease. Ultimately, the group's research is aimed at identifying means to diagnose, treat and prevent these liver and iron-related disorders.

Highlights:

- Identified a variant in the GNPAT gene which is associated with increased iron loading
- Demonstrated that the transferrin receptor 2 gene plays an important role in erythropoiesis
- Showed the IL-22 gene has a role in the hypoferremic response due to inflammation
- Demonstrated that iron depletion results in reduced liver injury in animals fed a high fat diet
- Identified a new signalling molecule involved in the regulation of iron homeostasis.

Molecular Epidemiology

Group Leader: Grant Montgomery
Department Coordinator, Genetics and Computational Biology

The Molecular Epidemiology group identifies specific genes and pathways that contribute to risk for common diseases.

The group is a world leader in research on genetic factors increasing risk of endometriosis. It also studies a range of other diseases including inflammatory bowel disease, melanoma, migraine, depression, substance abuse, and asthma. Related projects in systems genetics aim to understand the regulation of gene expression and epigenetic signals to facilitate follow up and interpretation of genetic mapping studies.

The group is continuing to map new risk regions and identify specific genes and pathways in genomic regions associated with disease risk. The laboratory provides the core genotyping facility for the International Endogene Consortium and the Australasian Inflammatory Bowel Disease Consortium and maintains a large sample collection supporting projects in the laboratory and major collaborations with QIMR Berghofer's Statistical Genetics, Genetic Epidemiology, and Oncogenomics laboratories.

Highlights:

- Confirmed a novel association between the IL1A locus and endometriosis risk
- Identified new genetic risk factors for melanoma, age at menarche, obesity, eye diseases, heroin dependence, and brain structure
- Demonstrated that smoking behaviour modifies IL23r-associated disease risk in patients with Crohn's disease
- Completed the genotyping for 2000 cases and controls for Parkinson's disease
- Demonstrated that stable DNA methylation patterns over time are due to both genetic and environmental factors
- Demonstrated that epigenetic factors can be combined with genetic marker data to help explain variation in complex disease.

Quantitative Genetics

Team Head: Sarah Medland

The Quantitative Genetics Team focuses on the identification of genetic and environmental risk factors influencing a range of health conditions. The major projects focus on:

- mental health: attention deficit hyperactivity disorder, conduct disorder and addiction
- the role of brain structure in dementia and mental health conditions
- reproductive health conditions, including hyperemesis gravidarum.

Highlights:

- Identified genetic variants influencing educational attainment
- Identified genetic variants influencing psychiatric conditions
- Identified genetic variants influencing stature and anthropometric traits.

Statistical Genetics

Team Head: Stuart MacGregor

The Statistical Genetics laboratory studies the role that genetic variation plays in determining risk of disease and its risk factors. The laboratory develops and applies statistical genetic methods to gene mapping studies across a wide range of traits and diseases.

The major focus is understanding genetic and epigenetic variation in various cancers. Those studied include melanoma, ovarian cancer, breast cancer and oesophageal cancer. Ultimately this work will lead to better understanding of why particular individuals are affected by cancer or why they respond poorly to cancer treatment.

Another major interest is ophthalmological genetics, with work ongoing to identify the specific genes involved in both eye disease and in underlying quantitative risk factors.

Highlights:

- Found that genetic variants which we had previously shown to increase melanoma risk actually had beneficial effects upon outcome (improved survival) among those affected by the disease
- Identified five new loci underlying glaucoma risks
- Identified a protein coding change in the gene WNT10A which doubles the risk of contracting the eye disease keratoconus
- Identified several new loci underlying quantitative trait risk factors for eye disease
- Developed free-to-use user-friendly web accessible software for statistical genetic analysis.

System Neuroscience

Group Leader: Michael Breakspear
Mental Health/Complex Disorders Program Coordinator

Systems Neuroscience is an approach to brain sciences that seeks the fundamental principles of brain organisation, dynamics and function across a hierarchy of spatial and temporal scales. It is a rapidly growing field that differs considerably from the traditional reductionist paradigm in neuroscience that seeks purely sufficient causes for local phenomena. In contrast, systems neuroscience seeks unifying explanations for emergent phenomena.

The work of the group embodies these principles across three broad domains — empirical, computational and clinical neuroscience. The overarching aim is to contribute towards unifying models of brain architecture, dynamics and cognitive (dys)function. These models then inform the design of brain imaging experiments into major mental illnesses.

Highlights:

- Developed a novel prognostic marker that predicts neurological and developmental outcomes in preterm and hypoxic newborn neonates. The measure uses EEG to pre-empt cerebral haemorrhage and later crucial developmental milestones in these critically ill neonates. The technique has been patented.
- Developed and employed innovative techniques for quantifying structural and functional brain disturbances. The group used methods to analyse brain imaging data acquired from people with severe mental illness and translated these methods for use in bipolar disorder, major depression, dementia, schizophrenia, perinatal neurology and epilepsy.

COMPLIANCE

RISKS

In the highly competitive environment of medical research, QIMR Berghofer faces a number of challenges unique to the grant-based scientific and medical research industry. These include a highly competitve and difficult-to-forecast funding environment, strict compliance and regulatory standards, maintenance of a level of scientific excellence and scientific equipment to stay at the leading edge of research and the ongoing issue of staff retention and recruitment to ensure the best and brightest minds are part of the Institute. QIMR Berghofer's strategic plan takes steps to address these issues from 2014 to 2019.

ETHICS AND CODE OF CONDUCT

QIMR Berghofer has a Code of Conduct which sets out expected workplace conduct, relationships and behaviour of staff. The Code of Conduct was most recently reviewed in 2011 and updated to reflect changes to the *Public Sector Ethics Act 1994.*

The Code of Conduct aims to foster a safe and productive work environment for all employees and associates of QIMR Berghofer by providing a shared understanding of expected standards of conduct in the workplace.

This Code applies to staff at all times when representing QIMR Berghofer, including (but not limited to) conferences, training events, business trips and work-related social events. It sets out general standards of conduct for all QIMR Berghofer employees whether full-time, part-time or casual.

WHISTLEBLOWERS PROTECTION ACT 1994

No public interest disclosures were received during the 2014-15 reporting year.

CARERS ACT 2008

QIMR Berghofer's Human Resource policies are regularly reviewed to ensure that they comply with obligations set out for public authorities under the *Carers Act 2008*. QIMR Berghofer provides access to flexible working arrangements, flexible leave options, a childcare assistance policy, and definitions of a carer compliant with the Act. Employees have access to information regarding benefits and policy on the QIMR Berghofer intranet.

EXTERNAL SCRUTINY

QIMR Berghofer was not subject to any reports of any parliamentary committees, the Crime and Corruption Commission (formerly known as the Crime and Misconduct Commission) or the Queensland Ombudsman.

INFORMATION SYSTEMS AND RECORDKEEPING

QIMR Berghofer's recordkeeping aims to streamline and consolidate physical and electronic documents to keep full and accurate records of its activities in accordance with the P*ublic Records Act 2002*, Information Standard 40 and Information Standard 31. As part of the records management program, the QIMR Recordkeeping Policy 2008 was established and adopted to provide an organisation-wide policy on the management of QIMR Berghofer documents and records, both hardcopy and electronic.

QIMR Berghofer uses the Total Records and Information Management (TRIM) document management system to provide a single, standardised system that promotes file sharing and secures access to the Institute's records. TRIM enables QIMR Berghofer to maximise the value of records with consistent and timely capture. It also improves accessibility, reduces duplication and promotes information-sharing across the organisation.

Records are not disposed of, or archived, unless duly authorised under the *Public Records Act 2002* or by reference to the Retention and Disposal Schedule (RDS) approved by Queensland State Archives (QSA). All QIMR Berghofer records are registered into TRIM before transfer to the off-site storage provider or QSA. All QIMR Berghofer hardcopy records stored off-site are managed under legislatively appropriate risk management standards and guidelines. Work continues on ensuring that all record types are identified, and are managed under the Retention and Disposal Schedule, and that all other legislative and funding body requirements for records management are satisfied.

OPEN DATA

For information on consultancies and overseas travel for QIMR Berghofer, please visit the Queensland Government Open Data website at https://data.qld.gov.au

FINANCIAL STATEMENTS

OPERATING RESULT

Total comprehensive income in 2014-15 was $12.9 million, including a $17.4 million non-cash gain from asset revaluation mandated by accounting standards. The operating result was a loss of $4.5 million mainly due to a significant reduction in income from donations and bequests. The Council's financial structure is mainly based on the management of operating and grant funds. Competitive research grant funding spent in the 2014-15 financial year was $40.6 million (2013-14: $44.7 million), representing 43% of total income from continuing operations, excluding capital grants. A majority of the Council's core funding is provided as an operating grant from the Department of Health, Queensland (2014-15: $18.9 million; 2013-14: $18.9 million). The Council's total funding resources, including amounts under management at 30 June 2015 totalled $136.3 million (2013-14: $133.9 million). The increase in funds held during the year was mainly due to the positive performance of financial markets and the related increase in the value of managed funds investments. In 2014-15, the Institute completed the refurbishment of the Bancroft Centre which was the third phase of the Institute's overall construction project fully funded by contributions from the Commonwealth Government ($110 million), the Queensland State Government ($35million), and The Atlantic Philanthropies ($27.5 million).

GENERAL INFORMATION

These financial statements are the financial statements of The Council of the Queensland Institute of Medical Research (the Council).

The Council of the Queensland Institute of Medical Research is a Queensland statutory body established under the *Queensland Institute of Medical Research Act 1945*.

The statutory body is controlled by the State of Queensland which is the ultimate parent.

The head office and principal place of business of the statutory body is:

300 Herston Road
Herston QLD 4006

A description of the nature of the Council's operations and its principal activities is included in the notes to the financial statements.

For information in relation to the Council's financial statements please call +61 7 3362 0222, email enquiries@qimrberghofer.edu.au or visit the internet site www.qimrberghofer.edu.au.

CONTENTS

Statement of comprehensive income for the year ended 30 June 2015

	Notes	2015	2014
		$'000	$'000
Income from continuing operations			
Grants and other contributions	2	75,950	82,127
User charges and fees	3	4,195	3,926
Other revenue	4	7,018	8,097
Interest		1,221	1,957
Total revenue		88,384	96,107
Gains on sale/revaluation of assets	5	5,181	4,811
Total income from continuing operations		**93,565**	**100,918**
Expenses from continuing operations			
Employee expenses	6	52,548	50,273
Supplies and services	7	26,731	28,501
Depreciation and amortisation	12,13	11,291	9,404
Other expenses	8	6,811	4,778
Finance costs		674	633
Share of loss of equity accounted investees	22	-	228
Total expenses from continuing operations		**98,055**	**93,817**
Operating result from continuing operations		**(4,490)**	**7,101**
Other comprehensive income			
Items that will not be reclassified subsequently to operating result			
Increase in asset revaluation surplus	18	17,410	-
Total items that will not be classified subsequently to operating result		17,410	-
Total other comprehensive income		**17,410**	**-**
Total comprehensive income		**12,920**	**7,101**

The accompanying notes form part of these statements.

The Council of The Queensland Institute of Medical Research

Statement of financial position as at 30 June 2015

	Notes	2015 $'000	2014 $'000
Current assets			
Cash and cash equivalents	9	32,388	39,079
Receivables	10	5,246	8,602
Inventories		253	268
Prepayments		808	385
Total current assets		**38,695**	**48,334**
Non-current assets			
Other financial assets	11	103,932	94,784
Intangible assets	12	379	465
Property, plant and equipment	13	296,265	284,058
Controlled and jointly controlled entities	22	23	23
Total non-current assets		**400,599**	**379,330**
Total assets		**439,294**	**427,664**
Current liabilities			
Payables	14	3,476	3,685
Accrued employee benefits	15	4,303	3,856
Non-interest bearing liability	16	-	1,324
Unearned revenue	17	18,957	19,164
Total current liabilities		**26,736**	**28,029**
Non-current liabilities			
Accrued employee benefits	15	884	881
Total non-current liabilities		**884**	**881**
Total liabilities		**27,620**	**28,910**
Net assets		**411,674**	**398,754**
Equity			
Accumulated surplus		346,445	350,935
Asset revaluation surplus	18	65,229	47,819
Total equity		**411,674**	**398,754**

The accompanying notes form part of these statements.

Statement of changes in equity for the year ended 30 June 2015

	Accumulated surplus	Asset revaluation surplus (note 18)	Total
	$'000	$'000	$'000
Balance as at 1 July 2014	350,935	47,819	398,754
Operating result from continuing operations	(4,490)	-	(4,490)
Other comprehensive income			
Increase in asset revaluation surplus	-	17,410	17,410
Balance as at 30 June 2015	**346,445**	**65,229**	**411,674**
Balance as at 1 July 2013	343,834	47,819	391,653
Operating result from continuing operations	7,101	-	7,101
Balance as at 30 June 2014	**350,935**	**47,819**	**398,754**

The accompanying notes form part of these statements.

Statement of cash flows for the year ended 30 June 2015

	Notes	2015 $'000	2014 $'000
Cash flows from operating activities			
Inflows:			
Grants and other contributions		77,715	81,849
User charges and fees		6,227	2,871
Other income		1,763	2,224
Interest income		1,221	1,957
GST input tax credits from ATO		2,437	4,605
GST collected from customers		1,839	2,330
Outflows:			
Employee expenses		(51,937)	(50,011)
Supplies and services		(27,348)	(30,402)
Finance costs		(674)	(567)
GST paid to suppliers		(2,893)	(4,952)
GST remitted to ATO		(1,353)	(1,706)
Other		(6,808)	(4,778)
Net cash provided by operating activities	19	**189**	**3,420**
Cash flows from investing activities			
Inflows:			
Redemptions of other financial assets		3,036	-
Sale of property, plant and equipment		60	85
Outflows:			
Investments in other financial assets		(2,300)	(5,780)
Acquisition of property, plant and equipment		(6,352)	(21,397)
Net cash used in investing activities		**(5,556)**	**(27,092)**
Cash flows from financing activities			
Outflows:			
Non-interest bearing loan redemption		(1,324)	**-**
Net cash used in financing activities		**(1,324)**	**-**
Net decrease in cash and cash equivalents		(6,691)	(23,672)
Cash and cash equivalents at beginning of financial year		39,079	62,751
Cash and cash equivalents at end of financial year	9	**32,388**	**39,079**

The accompanying notes form part of these statements.

Objective and principal activities of the Council

The objective of the Council is to control and manage the operations of the Queensland Institute of Medical Research (the Institute) in accordance with the Queensland Institute of Medical Research Act 1945. The Council has been established to conduct research into all branches of medical science. It operates predominantly in one geographical area, being Queensland, Australia, although it has research collaborations across Australia and overseas.

The majority of the Council's funding is generated from competitive, peer reviewed research grants, commercial and other earned revenue. The Council also receives an annual operational grant from the Department of Health, Queensland (Queensland Health). Further funding is generated from donations, fundraising and investment activities performed under the guidance of the Council. Refer note 27.

1. Summary of significant accounting policies

(a) Statement of compliance

The Council has prepared this financial report in compliance with section 43 of the *Financial and Performance Management Standard 2009*.

These financial statements are general purpose financial statements, and have been prepared on an accrual basis in accordance with Australian Accounting Standards and Interpretations. In addition, the financial statements comply with Queensland Treasury Minimum Reporting Requirements for the year ended 30 June 2015, and other authoritative pronouncements.

With respect to compliance with Australian Accounting Standards and Interpretations, the Council has applied those requirements applicable to not-for-profit entities, as the Council is a not-for-profit statutory body. Except where stated, the historical cost convention is used.

(b) The reporting entity

The financial statements include the value of all revenues, expenses, assets, liabilities and equity of the Council.

(c) Controlled and jointly controlled entities

Controlled entities are all entities over which the Council has the power to govern the financial and operating policies, generally accompanying a shareholding of more than one-half of the voting rights. Any controlled entities that are not considered as material are not consolidated with the Council’s financial statements and the amount of the investment is recorded at cost.

During 2014-15 the Council increased its shareholdings in previously jointly controlled entities Q-Pharm Pty Ltd and Vaccine Solutions Pty Ltd to 100% each. As the amount of the investments and the transactions of both entities are not considered material, they are not consolidated within the Council's financial statements. Refer note 22.

(d) Trust transactions and balances

The Council undertakes certain trustee transactions on behalf of the Cooperative Research Centre Vaccine Technology (CRCVT) and its employees' research activities.

As the Council acts only in a custodial role in respect of these transactions and balances, they are not recognised in the financial statements, but are disclosed in note 23.

(e) Grants and other contributions

Grants, contributions, donations, bequests, gifts and fundraising that are non-reciprocal in nature are recognised as revenue in the year in which the Council obtains control over them (control is generally obtained at time of receipt). Where grants are received that are reciprocal in nature, revenue is progressively recognised as it is earned according to the terms of the funding agreements.

Contributed assets are recognised at their fair value. Contributions of services are recognised only when a fair value can be determined reliably and the services would be purchased if they had not been donated. Refer note 1 (y).

(f) User charges and fees

User charges and fees from commercial services and recoveries of expenditure incurred by associated bodies which use the Council's laboratory consumables and services are recognised as revenue when the revenue has been earned and can be measured reliably with a sufficient degree of certainty. This involves either invoicing for related goods/services and/or the recognition of accrued revenue. User charges and fees are controlled by the Council where they can be deployed for the achievement of Council objectives.

(g) Interest, dividends and distributions

Revenue for interest on cash and cash equivalents is recognised on an accrual basis. Revenue for dividends and distributions from managed funds classified as financial instruments held at fair value through profit or loss are recognised when the Council's right to receive payment is established.

(h) Imputation credits

As an endorsed income tax exempt charity, imputation credits attached to franked dividends received by the Council are refundable and may be claimed retrospectively after the end of the financial year. Imputation credits are brought to account when the right to receive the credits is established.

(i) Cash and cash equivalents

For the purposes of the Statement of Financial Position and the Statement of Cash Flows, cash assets include all cash and cheques receipted but not banked at 30 June as well as deposits at call with financial institutions.

(j) Receivables

Trade debtors are recognised at the amounts due at the time of sale or service delivery i.e. the agreed purchase/contract price. Settlement of these amounts is required within 14 days from invoice date.

The collectability of receivables is assessed periodically with provision being made for impairment. Any known bad debts are written-off as at 30 June.

Other debtors generally arise from transactions outside the usual operating activities of the Council and are recognised at their assessed values. Terms are a maximum of 30 days, no interest is charged and no security is obtained.

(k) Inventories

Inventories are represented by consumable laboratory supplies valued at the lower of cost and net realisable value.

Cost is assigned on a weighted average basis and includes expenditure incurred in acquiring the inventories and bringing them to their existing condition, except for training costs which are expensed as incurred.

Net realisable value is determined by estimating the selling price in the ordinary course of business, less the estimated costs of completion and selling expenses.

No inventory assets have been classified as inventories held for distribution.

(l) Acquisitions of assets

Actual cost is used for the initial recording of all non-current physical and intangible asset acquisitions. Cost is determined as the value given as consideration plus costs incidental to the acquisition, including all other costs incurred in getting the assets ready for use. However, any training costs are expensed as incurred.

Where assets are received free of charge from another Queensland Government entity, the acquisition cost is recognised as the gross carrying amount in the books of the transferor immediately prior to the transfer together with any accumulated depreciation.

Assets acquired at no cost or for nominal consideration, other than from an involuntary transfer from another Queensland Government entity, are recognised at their fair value at date of acquisition in accordance with AASB 116 *Property, Plant and Equipment.*

(m) Property, plant and equipment

Items of property, plant and equipment with a cost or other value equal to or in excess of the following thresholds are recognised for financial reporting purposes in the year of acquisition:

Class	Threshold
Buildings	$10,000
Plant and equipment	$5,000
Other (including heritage & cultural)	$5,000

Items with a lesser value are expensed in the year of acquisition.

The Council occupies three buildings situated on Crown land reserved and set apart for hospital purposes. The land is under the control of Metro North Hospital & Health Services (Metro North) on behalf of The State of Queensland.

Leases for the land and buildings known as the Bancroft Centre and the Clive Berghofer Cancer Research Centre (CBCRC) exist between the Council and The State of Queensland (represented by Queensland Health), at a nominal rental, terminating on 27 June 2066.

A new lease for the land occupied by the Council is expected to be entered into between the Council and Metro North at nominal rental, terminating on 27 June 2066. Upon commencement of the new lease, the existing leases will be surrendered.

As the buildings are controlled by the Council, these assets are recognised in its financial statements, not in the financial statements of Queensland Health. Any revaluation surpluses or decrements associated with these assets are recognised by the Council. Refer notes 1(n) and 13.

(n) Valuations and revaluations of non-current physical and intangible assets

Buildings and heritage & cultural assets are measured at fair value in accordance with AASB 116 *Property, Plant and Equipment*, AASB 13 *Fair Value Measurement* and Queensland Treasury *Non-Current Asset Policies for the Queensland Public Sector.* These assets are reported at their revalued amounts, being the fair value at the date of valuation, less any subsequent accumulated depreciation and impairment losses where applicable.

In respect of these asset classes, the cost of items acquired during the financial year has been judged by management of the Council to materially represent their fair value at the end of the reporting period.

Plant and equipment is measured at cost in accordance with Queensland Treasury *Non-Current Asset Policies*.The carrying amounts for plant and equipment at cost should not materially differ from their fair value.

Property is measured at fair value (refer above) and independently re-valued by an external registered valuer at least once every five years with interim valuations, using appropriate indices, being otherwise performed on an annual basis where there has been a material variation in the index. Where indices are used in the revaluation process the Council ensures that the application of such indices would result in a valid estimation of the asset's fair value at reporting date. Refer to note 13 for details.

The fair values reported by the Council are based on appropriate valuation techniques that maximise the use of available and relevant observable inputs and minimise the use of unobservable inputs. Refer note 1 (o).

Any revaluation increment arising on the revaluation of an asset is credited to the asset revaluation surplus of the appropriate class, except to the extent it reverses a revaluation decrement for the class previously recognised as an expense. A decrease in the carrying amount on revaluation is charged as an expense, to the extent it exceeds the balance, if any, in the revaluation surplus relating to that asset class.

On revaluation, accumulated depreciation is restated proportionately with the change in the carrying amount of the asset and any change in the estimate of remaining useful life.

Separately identified components of assets are measured on the same basis as the assets to which they relate.

Heritage & cultural assets include research library monographs, Australiana and scarce items. They are measured at current replacement costs and are independently re-valued by an external registered valuer at least once every five years.

Materiality concepts (according to the *Framework for the Preparation and Presentation of Financial Statements*) are considered in determining whether the difference between carrying amount and the fair value of an asset is material (in which case revaluation is warranted).

The Council reviewed all fair value methodologies in light of the new principles in AASB 13 and no adjustments were required on the values for property, plant and equipment classes.

(o) Fair value measurement

Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date under current market conditions (i.e. an exit price) regardless of whether that price is directly derived from observable inputs or estimated using another valuation technique.

Observable inputs are publicly available data that are relevant to the characteristics of the assets/liabilities being valued.

Unobservable inputs are data, assumptions and judgements that are not available publicly, but are relevant to the characteristics of the assets/liabilities being valued. Significant unobservable inputs used by the Council include, but are not limited to, subjective adjustments made to observable data to take account of the characteristics of the Council's assets/liabilities, internal records of recent construction costs (and or estimates of such costs) for assets' characteristics/functionality, and assessments of physical condition and remaining useful life. Unobservable inputs are used to the extent that sufficient relevant and reliable observable inputs are not available for similar assets/liabilities.

A fair value measurement of a non-financial asset takes into account a market participant's ability to generate economic benefits by using the asset in its highest and best use or by selling it to another market participant that would use the asset in its highest and best use.

All assets of the Council for which fair value is measured or disclosed in the financial statements are categorised within the following fair value hierarchy, based on the data and assumptions used in the most recent specific appraisals:

level 1 - represents fair value measurements that reflect unadjusted quoted market prices in active markets for identical assets;

level 2 - represents fair value measurements that are substantially derived from inputs (other than quoted prices included within level 1) that are observable either directly or indirectly; and

level 3 - represents fair value measurements that are substantially derived from unobservable inputs.

There were no transfers of assets between fair value hierarchy levels during the current or prior years.

More specific fair value information about the Council's property, plant and equipment is outlined in note 13.

(p) Intangibles

Intangible assets with a cost or other acquisition value equal to or greater than $100,000 are recognised in the Statement of Financial Position; items with a lesser value are expensed. Each intangible asset, less any anticipated residual value, is amortised over its estimated useful life to the Council. The residual value is zero for all the Council's intangible assets.

It has been determined that there is not an active market for any of the Council's intangible assets. As such, the assets are recognised and carried at cost less accumulated amortisation and accumulated impairment losses.

No intangible assets have been classified as held for sale or form part of a disposal group held for sale.

Purchased software

The acquisition cost of externally purchased software has been capitalised and is being amortised on a straight-line basis over the period of the expected benefit to the Council, namely 10 years.

Internally generated software

Expenditure on research activities relating to internally-generated intangible assets is recognised as an expense in the period in which it is incurred.

Costs associated with the development of computer software have been capitalised and are amortised on a straight line basis over the period of expected benefit to the Council, namely 10 years.

(q) Depreciation of property, plant and equipment

Property, plant and equipment is depreciated on a straight-line basis so as to allocate the net cost or re-valued amount of each asset, less its estimated residual value, progressively over its estimated useful life to the Council.

Assets under construction (work-in-progress) are not depreciated until they reach service delivery capacity. Service delivery capacity relates to when construction is complete and the asset is first put to use or is installed ready for use in accordance with its intended application. These assets are then reclassified to the relevant classes within property, plant and equipment.

Any expenditure that increases the originally assessed capacity or service potential of an asset is capitalised and the new depreciable amount is depreciated over the remaining useful life of the asset to the Council.

Heritage & cultural assets include research library monographs, Australiana and scarce items. The service potential of these assets is not expected to diminish with time or use and therefore, they are not depreciated.

For each class of depreciable assets the following depreciation and amortisation rates are used:

Class	Rate
Buildings	2%
Plant and Equipment	5% - 33.3%
Intangible Assets	10%

(r) Impairment of non-current assets

All non-current physical and intangible assets are assessed for indicators of impairment on an annual basis. If an indicator of possible impairment exists, the Council determines the asset's recoverable amount. Any amount by which the asset's carrying amount exceeds the recoverable amount is recorded as an impairment loss.

The asset's recoverable amount is determined as the higher of the asset's fair value less costs to sell and depreciated replacement cost.

An impairment loss is recognised immediately in the Statement of Comprehensive Income, unless the asset is carried at a re-valued amount. When the asset is measured at a re-valued amount, the impairment loss is offset against the asset revaluation surplus of the relevant class to the extent available.

Where an impairment loss subsequently reverses, the carrying amount of the asset is increased to the revised estimate of its recoverable amount, but so that the increased carrying amount does not exceed the carrying amount that would have been determined had no impairment loss been recognised for the asset in prior years. A reversal of an impairment loss is recognised as income, unless the asset is carried at a re-valued amount, in which case the reversal of the impairment loss is treated as a revaluation increase. Refer note 1(n).

(s) Leases

Operating lease payments are representative of the pattern of benefits derived from the leased assets and are expensed in the periods in which they are incurred.

(t) Other financial assets

Other financial assets held at fair value through profit or loss represent investments in managed funds and shares in listed companies. The investments are stated at current market value at the reporting date. Changes in the market value of these instruments, whether realised or unrealised, are recognised in the Statement of Comprehensive Income. These investments were originally classified at fair value through profit or loss upon initial recognition and the Council manages these investments and makes purchases and sales decisions based on their fair value in accordance with the Council's documented investment strategy.

(u) Payables

Trade creditors are recognised upon receipt of the goods or services ordered and are measured at the nominal amount i.e. agreed purchase/contract price, net of applicable trade and other discounts. Amounts owing are unsecured and are generally settled on 30 to 60 day terms.

(v) Financial instruments

Recognition

Financial assets and financial liabilities are recognised in the Statement of Financial Position when the Council becomes party to the contractual provisions of the financial instrument.

Classification

Financial instruments are classified and measured as follows:

i. Cash and cash equivalents - held at fair value through profit or loss
ii. Receivables - held at amortised cost
iii. Other financial assets - held at fair value through profit or loss
iv. Payables - held at amortised cost

The Council does not enter into transactions for speculative purposes, nor for hedging.

All other disclosures relating to the measurement and financial risk management of financial instruments held by the Council are included in note 25.

(w) Employee benefits

Employer superannuation contributions, annual leave expense and long service leave levies are regarded as employee benefits.

Workers' compensation insurance is a consequence of employing employees, but is not counted in an employee's total remuneration package. It is not an employee benefit and is recognised separately as employee related expenses.

Wages, salaries, annual leave and sick leave

Accruals for wages, salaries and annual leave expense due but unpaid at reporting date are recognised in the Statement of Financial Position at the current salary rates.

For unpaid entitlements expected to be paid within 12 months, the liabilities are recognised at their undiscounted values. Entitlements not expected to be paid within 12 months are classified as non-current liabilities and recognised also at their undiscounted values.

As sick leave is non-vesting, an expense is recognised for this leave as it is taken. Prior history indicates that on average, sick leave taken each reporting period is less than the existing accumulated entitlements and thus no liability for unused sick leave entitlements is recognised.

Long service leave

Under the Queensland Government’s long service leave scheme, a levy is made on the statutory body to cover the cost of employees' long service leave. The levies are expensed in the period in which they are payable. Amounts paid to employees for long service leave are claimed from the scheme quarterly in arrears.

No provision for long service leave is recognised in the Council's financial statements, the liability being held on a whole-of-government basis and reported in those financial statements pursuant to AASB 1049 *Whole of Government and General Government Sector Financial Reporting* .

Superannuation

Employer superannuation contributions are paid to QSuper, the superannuation scheme for Queensland Government employees, at rates determined by the Treasurer on the advice of the State Actuary. Contributions are expensed in the period in which they are paid or payable. The Council's obligation is limited to its contribution to QSuper.

Key management personnel and remuneration

Key management personnel and remuneration disclosures are made in accordance with section 5 of the Financial Reporting Requirements for Queensland Government Agencies issued by Queensland Treasury. Refer note 24 for the disclosures on key management personnel and remuneration.

(x) Insurance

The Council's non-current physical assets and other risks are insured through the Queensland Government Insurance Fund (QGIF), premiums being paid on a risk assessment basis. In addition, the Council has policies with private insurance companies to cover risks not included by QGIF.

The Council also pays premiums to WorkCover Queensland and inter-state QBE in respect of its obligations for employee compensation. These costs are reported in note 6.

(y) Services received free of charge or for nominal value

Contributions of services are recognised only if the services would have been purchased if they had not been donated and their fair value can be measured reliably. Where this is the case, an equal amount is recognised as revenue and an expense.

(z) Taxation

The Council is a State body as defined under the *Income Tax Assessment Act 1936* and is exempt from Commonwealth taxation with the exception of Fringe Benefits Tax (FBT) and Goods and Services Tax (GST). FBT and GST are the only taxes accounted for by the Council. GST credits receivable from, and GST payable to the ATO, are recognised. Refer note 10.

(aa) Issuance of financial statements

The financial statements are authorised for issue by the Chair of Council, Director & Chief Executive Officer and Secretary at the date of signing the Management Certificate.

(ab) Accounting estimates and judgements

The preparation of financial statements necessarily requires the determination and use of certain critical accounting estimates, assumptions, and management judgements that have the potential to cause a material adjustment to the carrying amounts of assets and liabilities within the next financial year. Such estimates, judgements and underlying assumptions are reviewed on an ongoing basis. Revisions to accounting estimates are recognised in the period in which the estimate is revised and in future periods as relevant.

Estimates and assumptions that have a potential significant effect are outlined in the following financial statement notes:

- Useful lives of intangibles and property, plant and equipment - notes 1(p) and (q)
- Valuation of property, plant and equipment - notes 1(n) and 13

(ac) Other presentation matters

Currency and rounding - Amounts included in the financial statements are in Australian dollars and have been rounded to the nearest $1,000 or, where that amount is $500 or less, to zero, unless disclosure of the full amount is specifically required.

Comparatives - Comparative information has been restated where necessary to be consistent with disclosures in the current reporting period.

Current/non-current classification - Assets and liabilities are classified as either 'current' or 'non-current' in the Statement of Financial Position and associated notes. Assets are classified as 'current' where their carrying amount is expected to be realised within 12 months after the reporting date. Liabilities are classified as 'current' when they are due to be settled within 12 months after the reporting date, or the Council does not have an unconditional right to defer settlement to beyond 12 months after the reporting date. All other assets and liabilities are classified as non-current.

(ad) New and revised accounting standards

The Council did not voluntarily change any of its accounting policies during 2014-15. The Council has reviewed all new and revised accounting standards applicable for the current year and an assessment of those standards that materially impact on the Council is outlined below. The new standard which has the most significant impact on the Council's financial statements is AASB 1055 *Budgetary Reporting.*

AASB 1055 *Budgetary Reporting* applies for reporting periods beginning on or after 1 July 2014. In response to this new standard, the Council has included in these financial statements a comprehensive new note 'Budget vs Actual Comparison' (refer note 28). This note discloses Council's budgeted figures for 2014-15 compared to actual results, with explanations of major variances, in respect of Council's Statement of Comprehensive Income, Statement of Financial Position and Statement of Cash Flows.

Of the new/revised standards applicable from future financial years, the most significant potential impacts would arise from AASB 10 *Consolidated Financial Statements*. AASB 10 redefines and clarifies the concept of control of another entity, and is the basis for determining which entities should be consolidated into an entity's financial statements. The Council has reviewed the nature of its relationship with Q-Pharm Pty Ltd, Vaccine Solutions Pty Ltd and other entities that the Council is connected with, to determine the impact of AASB 10. It has concluded that it will continue to have control over Q-Pharm Pty Ltd and Vaccine Solutions Pty Ltd based on 100% ownership and will not have any control over any additional entities. On that basis, AASB 10 itself has no substantive impact on the Council's financial statements. However, the new AASB 12 requires a range of particular details to be disclosed in respect of controlled entities, so note 22 Controlled Entities now contains further information that is relevant to Q-Pharm Pty Ltd and Vaccine Solutions Pty Ltd and the Council's relationship with these companies. The Council will continue to review annually its relationships with other entities to identify any further application of AASB 10's principles.

The Council is not permitted to early adopt a new or amended accounting standard ahead of the specified commencement date unless approval is obtained from the Queensland Treasury. Consequently, the Council has not applied any Australian Accounting Standards and Interpretations that have been issued but are not yet effective. The Council applies standards and interpretations in accordance with their respective commencement dates.

At the date of authorisation of the financial report, significant impacts of new or amended Australian Accounting Standards with future commencement dates are as set out below.

AASB 9 *Financial Instruments* and AASB 2010-7 *Amendments to Australian Accounting Standards arising from AASB 9 (December 2010) [AASB 1, 3, 4, 5, 7, 101, 102, 108, 112, 118, 120, 121, 127, 128, 131, 132, 136, 137, 139, 1023 & 1038 and Interpretations 2, 5, 10, 12, 19 & 127]* will become effective for reporting periods beginning on or after 1 January 2018. The main impacts of these standards on the Council are that they will change the requirements for the classification, measurement and disclosures associated with financial assets. The Council has reviewed the application of AASB 9 and does not expect that these will have any significant impact on valuations or disclosures.

AASB 2015-7 Amendments to Australian Accounting Standards – *Fair Value Disclosures of Not-for-Profit Public Sector Entities* amends AASB 13 *Fair Value Measurement* effective from annual reporting periods beginning on or after 1 July 2016. The amendments provide relief from certain disclosures about fair values categorised as level 3 under the fair value hierarchy (refer note 1(o)). Accordingly, the following disclosures for level 3 fair values in note 13 will no longer be required:

- the disaggregation of certain gains/losses on assets reflected in the operating result;
- quantitative information about the significant unobservable inputs used in the fair value measurement; and
- a description of the sensitivity of the fair value measurement to changes in the unobservable inputs.

As the amending standard was released in early July 2015, the Council has early adopted this relief in these financial statements.

AASB 15 *Revenue from Contracts with Customers* will become effective from reporting periods beginning on or after 1 January 2017. This standard contains detailed requirements for the accounting for certain types of revenue from customers. Depending on specific contractual terms, the new requirements may potentially result in a change in the timing of the recognition of revenue, such that some revenue may need to be deferred to later reporting periods if Council has received the cash but not yet met its associated obligations (such amounts would be reported as a liability (unearned revenue) in the meantime). The Council is yet to complete its analysis of current revenue recognition, but at this stage does not expect a significant impact on its present accounting practices.

From reporting periods beginning on or after 1 July 2016, the Council will need to comply with the requirements of AASB 124 *Related Party Disclosures*. This accounting standard requires a range of disclosures about the remuneration of key management personnel, transactions with related parties/entities, and relationships between parent and controlled entities. The Council already discloses information about the remuneration expenses for key management personnel (refer note 24) in compliance with requirements from Queensland Treasury. Therefore, the most significant implications of AASB 124 for the Council's financial statements will be the disclosures to be made about transactions with related parties, including transactions with key management personnel or close members of their families.

All other Australian accounting standards and interpretations with future commencement dates are either not applicable to the Council's activities, or have no material impact on the Council.

	2015 $'000	2014 $'000
2. Grants and other contributions		
Grants - National Health & Medical Research Council	24,859	26,365
Grants - Queensland Health	18,864	18,864
Grants - Other	12,902	15,019
Grants - NHMRC overheads support funding (IRIISS)	4,211	3,861
Grants - Australian Cancer Research Foundation (ACRF)	1,850	750
Grants - Australian Research Council	1,734	231
Grants - Bioplatforms Australia	1,161	1,698
Grants - Cancer Council Queensland	1,342	1,399
Donations and bequests	9,027	13,940
Total	**75,950**	**82,127**
3. User charges and fees		
Commercial and contract research	3,459	2,845
Sundry tenants recoveries	420	548
Rent	316	533
Total	**4,195**	**3,926**
4. Other revenue		
Reimbursements	2,323	1,268
Investment distributions	4,416	6,272
Other	279	325
Gain on early settlement of borrowings	-	232
Total	**7,018**	**8,097**
5. Gains/(losses) on sale/revaluation of assets		
Net gain on market value of other financial assets	5,432	4,924
Net loss on disposal of property, plant and equipment	(254)	(113)
Net gain on sale of shares - US listed entities	3	-
Total	**5,181**	**4,811**

The Council holds financial assets including managed funds and listed shares. Refer notes 11 and 25.

6. Employee expenses		
Employee benefits		
Wages and salaries	41,063	39,218
Employer superannuation contributions *	6,056	5,759
Annual leave expense *	3,887	3,781
Long service leave levy *	890	843
Other employee benefits	333	314
	52,229	49,915
Employee related expenses		
Fringe benefits tax expense	151	184
Workers' compensation premium *	94	89
Other employee related expenses	74	85
	319	358
Total	**52,548**	**50,273**

* Refer note 1(w)

The number of employees including full-time, part-time and casual employees measured on a full-time equivalent basis is:	502	494

	2015 $'000	2014 $'000
7. Supplies and services		
Supplies and consumables	19,455	20,359
Consultants and contractors	4,657	5,298
Travel	1,592	1,452
Minor equipment and software purchases	980	1,355
Rent	47	37
Total	**26,731**	**28,501**
8. Other expenses		
Scientific collaboration distributions	5,912	3,787
Insurance	449	485
Audit fees - external *	130	88
Audit & other fees - internal	110	144
Legal expenses	201	213
Net loss on foreign exchange transactions	8	61
Other	1	-
Total	**6,811**	**4,778**

* Total external audit fees to be paid to the Queensland Audit Office relating to the 2014-15 financial year are expected to be $65,000 (2014: $65,000). Amounts relating to the 2014-15 financial year and not yet invoiced as at 30 June 2015 have been accrued. There are no non-audit services included in this amount.

9. Cash and cash equivalents		
Imprest accounts	1	1
Cash at bank	5,503	602
Term deposits	26,884	38,476
Total	**32,388**	**39,079**

The Council's cash and cash equivalents include $18.9m (2014: $19.1m) in research grant funding and $1.2m (2014: $3.4m) in capital grant funding received but not yet spent. The reduction in cash and cash equivalents was due to continued expenditure on the refurbishment of the Bancroft Centre and a number of major building maintenance works in 2014-15. The balance of the capital grant funding on deposit has reduced in line with this expenditure.

10. Receivables		
Trade debtors	3,257	5,288
NHMRC grants	-	1,972
Accrued interest	288	140
GST receivable	82	114
Long service leave reimbursements	120	281
Other	1,499	807
Total	**5,246**	**8,602**

	2015 $'000	2014 $'000
11. Other financial assets		
Other financial assets at fair value through profit or loss:		
Managed funds investments	103,932	94,757
Shares - US listed entities *	-	27
Total	**103,932**	**94,784**

* As at 30 June 2014 the Council held shares in Sequenom Inc. All these shares were sold on 20 April 2015. Refer note 5.

12. Intangible assets		
Software purchased:		
At cost	679	679
Less: Accumulated amortisation	(382)	(314)
	297	365
Software internally generated:		
At cost	172	172
Less: Accumulated amortisation	(90)	(72)
	82	100
Total	**379**	**465**

The Council also controls a number of significant software assets that are not recognised as assets because they do not meet AASB 138 recognition criteria.

12. Intangible assets (cont'd)

Intangibles reconciliation	Software internally generated	Software purchased	Total
	2015 $'000	2015 $'000	2015 $'000
Carrying amount at 1 July 2014	100	365	465
Acquisitions	-	-	-
Disposals	-	-	-
Transfers between classes	-	-	-
Amortisation	(18)	(68)	(86)
Carrying amount at 30 June 2015	**82**	**297**	**379**

	Software internally generated	Software purchased	Total
	2014 $'000	2014 $'000	2014 $'000
Carrying amount at 1 July 2013	118	433	551
Acquisitions	-	-	-
Disposals	-	-	-
Transfers between classes	-	-	-
Amortisation	(18)	(68)	(86)
Carrying amount at 30 June 2014	**100**	**365**	**465**

	2015 $'000	2014 $'000
13. Property, plant and equipment		
Buildings: At fair value		
Gross	327,880	259,187
Less: Accumulated depreciation	(58,189)	(47,905)
	269,691	**211,282**
Heritage & cultural assets: At fair value		
Gross	104	104
	104	**104**
Plant & equipment: At cost		
Gross	54,190	55,151
Less: Accumulated depreciation	(28,856)	(29,172)
	25,334	**25,979**
Work in progress: At cost *	1,136	46,693
	1,136	**46,693**
Total	**296,265**	**284,058**

* The refurbishment of the Bancroft Centre was completed in July 2014. Since then a number of major building maintenance works have been undertaken some of which are still in progress as at 30 June 2015.

The Council's three buildings have been revalued at 30 June 2015 to reflect a 6.9% increase in the Queensland Government's 'Asset revaluation index - non-residential construction' resulting in a net revaluation increment of $17.410m. The increment has been included in the Statement of Comprehensive Income and transferred to the asset revaluation surplus.

Buildings - Bancroft Centre and the Clive Berghofer Cancer Research Centre (CBCRC)

The purpose-built research facilities operated by the Council known as the Bancroft Centre and the Clive Berghofer Cancer Research Centre (CBCRC) situated in Herston were valued at 30 June 2013 by the independent valuer Damien Hirst BSc(QS)(Hons) AAIQS from the firm Davis Langdon. As there is no active market for research facilities, the basis of the valuation is the depreciated replacement cost (DRC) (level 3 categorisation used), calculated as replacement cost *less* cost to bring asset to current standards *less* accumulated depreciation of the expired useful life of the building. The depreciated replacement cost was based on a combination of internal records of the original cost of the specialised fitouts, adjusted for more contemporary design/construction approaches, and published construction rates for various standard components of buildings. Significant judgement is also used to assess the remaining service potential of the facilities, given local climatic and environmental conditions and records of the current condition of the facilities.

(i) Replacement cost

The methodology applied by the valuer is a financial simulation in lieu of market value as these assets cannot be bought and sold on the open market. A replacement cost is estimated by creating a cost plan (cost estimate) of the asset through the measurement of key quantities such as: Gross Floor Area (GFA), number of floors/lifts/staircases and girth/height of the building.

The model developed by the valuer creates an elemental cost plan using these quantities and the model includes multiple building types and is based on the valuer's experience of the cost of managing construction contracts.

The cost model is updated each year and tests are done to compare the model outputs on actual recent projects to ensure it produces a true representation of the cost of replacement. The costs are at Brisbane prices and published location indices are used to adjust the pricing to suit local market conditions. Live project costs from across the State are also assessed to inform current market changes that may influence the published factors.

The valuer's key assumption on the replacement cost is that their estimate is based on replacing the current function of the building with a building of the same form. This assumption has a significant impact if an asset's function changes.

13. Property, plant & equipment (cont'd)

(ii) Cost to bring to current standards

The 'cost to bring to current standards' is the estimated cost of refurbishing the asset to bring it to current standards. For each of the five condition ratings the estimate is based on professional opinion as well as having regard to historical project costs.

In assessing the cost to bring to current standard a condition rating is applied based upon the following information:

- Visual inspection of the asset
- Asset condition data provided by the Institute's Building Services Manager
- Verbal guidance from the Building Services Manager
- Previous reports and inspection photographs if available (to show the change in condition over time).

Category	Condition	Criteria
1	Very good condition	Only normal maintenance required
2	Minor defects only	Minor maintenance required
3	Maintenance required to return to accepted level of service	Significant maintenance required (up to 50% of capital replacement cost)
4	Requires renewal	Complete renewal of the internal fit out and engineering services required (up to 70% of capital replacement cost)
5	Asset unserviceable	Complete asset replacement required

These condition ratings are linked to the cost to bring to current standards.

The standard life of a mixed laboratory/office building is generally 50 years. Estimates of remaining life are based on the assumption that the asset remains in its current function and will be maintained.

Buildings have been valued on the basis that there is no residual value.

An internal valuation was carried out at 30 June 2015 using the Queensland Treasury approved *'Asset revaluation index for non–residential construction in QLD'.* This index is published by the Australian Bureau of Statistics and measures changes over time in the prices of new construction outputs for the eight Australian capital cities.

The valuation basis is at basic prices excluding Goods and Services Tax (GST) and any subsidies. The price of a building is defined as excluding the price of land, site works, external services (such as drainage, water and electricity connection) and design.

The movement in the price of buildings is being measured using a component cost method. In this method, buildings are regarded as a set of standardised homogenous components. The price movement of a whole structure is effectively derived by measuring the price movements of its components. The component prices are as close as possible to market prices; that is, they reflect not only labour, material and plant input costs, but also subcontractors' margin.

At 30 June 2015 the change in the index since the last valuation using indexation was material (6.9%) and consequently the carrying values of these buildings were adjusted to reflect current fair value. The revaluation of the Bancroft Centre and the CBCRC resulted in an increment net of accumulated depreciation of $8.807m.

Buildings - QIMR Berghofer Central

The recently constructed purpose-built research facility operated by the Council known as QIMR Berghofer Central situated in Herston was stated at cost at 30 June 2012. Due to there not being an active market for such facilities fair value is measured based on a level 3 categorisation. Since 2012 annual internal valuations have been carried out using internal expert opinions and the Queensland Treasury approved *'Asset revaluation index for non–residential construction in QLD'* as outlined above.

At 30 June 2015 the change in the index since the last valuation using indexation was material (6.9%) and consequently the carrying value of this building was adjusted to reflect current fair value. The revaluation of QIMR Berghofer Central resulted in an increment net of accumulated depreciation of $8.603m.

Heritage & cultural assets

Heritage & cultural assets consisting of research library monographs, Australiana and scarce items have been included at current replacement cost as assessed by the Approved Commonwealth Valuer (Books) Jörn Harbeck as at 18 April 2012. Council has no indication that there has been a significant change in the fair value since the last valuation.

13. Property, plant & equipment (cont'd)

Property, plant & equipment reconciliation (including fair value level. Refer note 1 (o)	Buildings Level 3 (Research Facilities)	Heritage & cultural Level 3	Plant & equipment	Work in progress	Total
	2015 $'000	2015 $'000	2015 $'000	2015 $'000	2015 $'000
Carrying amount at 1 July 2014	211,282	104	25,979	46,693	284,058
Acquisitions	-	-	5,124	1,998	7,122
Disposals	-	-	(1,120)	-	(1,120)
Transfers between classes	47,555	-	-	(47,555)	-
Revaluation increments	21,138	-	-	-	21,138
Accumulated depreciation revaluation adjustment	(3,728)	-	-	-	(3,728)
Depreciation	(6,556)	-	(4,649)	-	(11,205)
Carrying amount at 30 June 2015	**269,691**	**104**	**25,334**	**1,136**	**296,265**

	Buildings	Heritage & cultural	Plant & equipment	Work in progress	Total
	2014 $'000	2014 $'000	2014 $'000	2014 $'000	2014 $'000
Carrying amount at 1 July 2013	216,465	104	24,177	31,431	272,177
Acquisitions	-	-	6,135	15,262	21,397
Disposals	-	-	(198)	-	(198)
Transfers between classes	-	-	-	-	-
Revaluation increments	-	-	-	-	-
Accumulated depreciation revaluation adjustment	-	-	-	-	-
Depreciation	(5,183)	-	(4,135)	-	(9,318)
Carrying amount at 30 June 2014	**211,282**	**104**	**25,979**	**46,693**	**284,058**

The Council has plant & equipment with an acquisition cost of $8.6 million (2014: $10.8 million) and a written down value of zero still being used in the provision of services. The Council intends to retire these assets over the next five years.

	2015	2014
	$'000	$'000

14. Payables

Trade creditors	1,586	1,435
Accrued wages	410	184
Other	1,480	2,066
Total	**3,476**	**3,685**

15. Accrued employee benefits

Current		
Long service leave levy payable	231	220
Annual leave entitlements payable	3,370	3,071
Other	702	565
Total	**4,303**	**3,856**
Non current		
Annual leave entitlements payable	884	881
Total	**884**	**881**

16. Non-interest bearing liability

Current		
Loan	-	1,324
Total	-	**1,324**

The Council had an interest free loan of $3.3m under the Queensland Tropical Health Alliance (QTHA). In 2014-15 the loan was repaid in full at a 10% discount on the present value, being the repayment amount of $1.324m. The loan was provided by the Queensland State Government and sub-contracted to the Council through the James Cook University. No assets were pledged as security for the liability. No interest was capitalised during the current or comparative reporting periods. There were no defaults or breaches of the loan agreement during the period.

17. Unearned revenue

Unearned revenue	18,957	19,164
	18,957	**19,164**

	Grants b/f 1 July 2014	Grants received	Grant expenditure	Grants c/f 30 June 2015
National Health & Medical Research Council	7,333	24,865	(24,858)	7,340
Australian Research Council	934	1,518	(1,734)	718
Bioplatforms Australia	900	593	(1,161)	332
Cancer Council Qld	195	1,338	(1,342)	191
Other granting bodies	9,444	12,050	(11,463)	10,031
Other commercial funding bodies	358	-	(13)	345
	19,164	**40,364**	**(40,571)**	**18,957**

17. Unearned revenue (cont'd)

	Grants b/f 1 July 2013	Grants received	Grant expenditure	Grants c/f 30 June 2014
National Health & Medical Research Council	7,964	25,734	(26,365)	7,333
Australian Research Council	1,204	2,045	(2,315)	934
Bioplatforms Australia	364	2,234	(1,698)	900
Cancer Council Qld	109	1,485	(1,399)	195
Other granting bodies	9,238	13,126	(12,920)	9,444
Other commercial funding bodies	381	-	(23)	358
	19,260	**44,624**	**(44,720)**	**19,164**

18. Asset revaluation surplus by class

	Buildings	Heritage & cultural	Total
	$'000	$'000	$'000
Balance at 1 July 2014	47,815	4	47,819
Revaluation increments *	17,410	-	17,410
Balance at 30 June 2015	**65,225**	4	**65,229**

	Buildings	Heritage & cultural	Total
	$'000	$'000	$'000
Balance at 1 July 2013	47,815	4	47,819
Revaluation increments *	-	-	-
Balance at 30 June 2014	**47,815**	4	**47,819**

* Further details are presented in notes 1(n) and 13.

	2015 $'000	2014 $'000
19. Reconciliation of operating surplus to net cash from operating activities		
Operating (deficit)/surplus	(4,490)	7,101
Depreciation and amortisation expense	11,291	9,404
Loss on sale of property, plant and equipment	254	113
Net gain on market value of other financial assets	(5,432)	(4,924)
Net gain on sale of shares	(3)	-
Investment distributions other financial assets	(4,416)	(6,272)
Gain on early settlement of borrowings	-	(232)
Interest borrowings	-	67
Change in assets and liabilities:		
(Increase)/decrease in receivables	3,358	(488)
(Increase)/decrease in inventories	15	5
(Increase)/decrease in prepayments	(423)	659
Increase/(decrease) in accounts payable	(209)	(2,566)
Increase/(decrease) in accrued employee benefits	450	421
Increase/(decrease) in unearned revenue	(206)	(96)
(Increase)/decrease in investments accounted for using equity method	-	228
Net cash from operating activities	**189**	**3,420**

20. Commitments for expenditure

(a) Non-cancellable operating leases

Commitments under operating leases at reporting date are inclusive of anticipated GST and are payable as follows:

Payable:		
Not later than one year	11	41
Later than one year and not later than five years	3	13
Later than five years	-	-
Total	**14**	**54**

Operating leases have renewal options, however, no leases have escalation clauses other than in the event of payment default.

No lease arrangements create restrictions on other financing transactions.

	2015	2014
	$'000	$'000

20. Commitments for expenditure (cont'd)

(b) Capital expenditure commitments

Bancroft Centre building maintenance works	305	704
Other capital commitments	1,243	971
	1,548	**1,675**

The finalisation of the Bancroft Centre building maintenance works represents 20% of capital expenditure commitments (2014 finalisation of Bancroft Centre refurbishment: 42%). The values shown are based on the committed contract value inclusive of anticipated GST.

Payable:		
Not later than one year	1,548	1,675
Later than one year and not later than five years	-	-
Later than five years	-	-
Total	**1,548**	**1,675**

(c) Other expenditure commitments

Other expenditure committed at the end of the period but not recognised in the accounts is as follows:

Payable:		
Not later than one year	2,860	888
Later than one year and not later than five years	-	-
Later than five years	-	-
Total	**2,860**	**888**

21. Contingencies

(a) Contingent assets

Contributions to Queensland Community Foundation

The QIMR Trust established a fund with the Queensland Community Foundation (QCF) for the purpose to generate future income and donations. This fund was transferred to Council upon abolition of the Trust on 1 February 2011. All contributions made to this named fund within QCF are held in trust and invested in perpetuity with net income distributed to the Council at the discretion of the Trustee in accordance with the Queensland Community Fund Declaration of Trust. The available balance of this fund was $2.064m at 30 June 2015 comprising total assets of $2.082m and total liabilities of $0.018m (net assets 2014: $1.971m) of which $0.01m was contributed by the former QIMR Trust. The Council expects that earnings from the 2014-15 financial year will be brought to account during the financial year ending 30 June 2016.

(b) Contingent liabilities

There were no known contingent liabilities at 30 June 2015.

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22. Controlled and jointly controlled entities

(a) Q-Pharm Pty Ltd

Q-Pharm Pty Ltd is a clinical trial company. The Council increased its shareholding in Q-Pharm Pty Ltd by acquiring the remaining issued shares from the other three shareholders in August 2014. As at 30 June 2015 the Council holds 100% of the shares of Q-Pharm Pty Ltd (2014: 24.5%).

	2015 $'000	2014 $'000
Q-Pharm Pty Ltd		
Investment - at cost (2013-14 equity method)	23	23
	23	**23**
This is a summary of the financial transactions and balances for Q-Pharm Pty Ltd:		
Income	5,146	3,604
Expenses	(4,955)	(4,542)
Net surplus/(deficit)	**191**	**(938)**
Current assets	1,231	795
Non-current assets	163	186
Current liabilities	(1,115)	(894)
Net assets	**279**	**87**

Q-Pharm Pty Ltd did not have any material contingent liabilities or commitments as at 30 June 2015.

Q-Pharm Pty Ltd's financial statements for the year ended 30 June 2015 were audited by the Auditor-General of Queensland (2014: Mr Terry Murphy CA audited Q-Pharm Pty Ltd). Total external audit fees relating to the 2014-15 financial year are expected to be $15,500 (2014: $14,500) and have been accrued. There are no non-audit services included in this amount.

(b) Vaccine Solutions Pty Ltd

Vaccine Solutions Pty Ltd was established in 1998 to provide clinical trial sponsorship, intellectual property management and commercialisation services to the Cooperative Research Centre for Vaccine Technology (CRCVT). Following the winding up of the CRCVT, Vaccine Solutions manages a number of licensing arrangements for the benefit of the members of CRCVT Trust II. Vaccine Solutions does not own any physical or intellectual property assets on its own and is required to return 97% of all commercial income received from licensing activities to the CRCVT Trust II for distribution to members of that trust. The Council increased its shareholding in Vaccine Solutions Pty Ltd by acquiring the remaining issued shares from the other shareholder CSL Limited in June 2015. As at 30 June 2015 the Council holds 100% of the shares of Vaccine Solutions Pty Ltd (2014: 50%).

This is a summary of the financial transactions and balances for Vaccine Solutions Pty Ltd:

Income	5	7
Expenses	(1)	(4)
Net surplus/(deficit)	**4**	**3**
Current assets	29	236
Current liabilities	(10)	(14)
Net assets	**19**	**222**

Vaccine Solutions Pty Ltd paid a dividend of $203,000 in 2014-15 (2013-14: $0).

Vaccine Solutions Pty Ltd did not have any material contingent liabilities or commitments as at 30 June 2015.

Vaccine Solutions Pty Ltd's was not required to prepare financial statements for the years 30 June 2015 and 30 June 2014, however, the transactions disclosed above have been reviewed by audit.

(c) Q-Gen Pty Ltd

During the 2004-05 financial year, the Institute incorporated a wholly owned subsidiary, Q-Gen Pty Ltd. The operations of Q-Gen Pty Ltd were wound up as at 30 June 2009 with activities of the entity being taken over by the Institute. The entity still exists as a shelf company but is dormant.

23. Trust transactions and balances

(a) Trust II for the CRC for Vaccine Technology (CRCVT Trust II)

The Council is the Trustee of the CRC for Vaccine Technology Trust II (CRCVT Trust II), a trust responsible for managing patent families and licensing arrangements on behalf of the participants in the CRCVT since winding up in June 2006. Income received from licensing arrangements is distributed to the members in the trust according to their participating share in the CRCVT as of June 2006. The members of the CRCVT Trust II are: The Council of the Queensland Institute of Medical Research, CSIRO, CSL Limited, The University of Melbourne, Walter and Eliza Hall Institute of Medical Research, Monash University, Australian Red Cross Blood Service and La Trobe University.

As the Council performs only a custodial role in respect of these transactions and balances, they are not recognised in the financial statements but are disclosed in this note for the information of users.

	2015	2014
	$'000	$'000
This is a summary of the financial transactions and balances for CRC for Vaccine Technology Trust II		
Income	7	11
Expenses	(69)	(60)
Trust net surplus/(deficit) before distributions	**(62)**	**(49)**
Cash	227	437
Receivables	-	31
Total assets	**227**	**468**
Payables	28	16
Beneficiaries entitlements payable	199	452
Total liabilities	**227**	**468**
Trust net assets	-	-

CRCVT Trust II's financial statements for the year ended 30 June 2015 were audited by PKF (2014: PKF). Total external audit fees relating to the 2014-15 financial year are expected to be $5,000 (2014: $5,000) and have been accrued. There are no non-audit services included in this amount.

(b) Employee Research Services

The Council undertakes a custodial role in respect of transactions and balances relating to Employee Research Services (ERS). They are not recognised in the financial statements but are disclosed in this note for the information of users.

This is a summary of the financial transactions and balances for Employee Research Services

Income	2,463	2,344
Expenses	(2,015)	(1,665)
Increase/(decrease) in net balance	**448**	**679**
Cash held in short term deposits	3,238	2,790
Total trust assets	**3,238**	**2,790**

24. Key management personnel and remuneration

(a) Key management personnel

The following details for key management personnel include those positions that had authority and responsibility for planning, directing and controlling the activities of the Institute during 2014-15. Further information on these positions can be found in the body of the annual report under the section relating to management.

Position	Responsibilities	Current incumbents	
		Contract classification and appointment authority	Term
Council members			
Dr Douglas McTaggart - Chair	The functions of the Council are to: (a) control and manage the Institute; (b) raise and accept moneys for the purposes of the Institute; (c) invest moneys raised and accepted by the Council for the purposes of the Institute; and (d) invest moneys derived from any property or other invested moneys of the Council for the purposes of the Institute.	Appointed by Governor in Council, s10 Queensland Institute of Medical Research Act 1945	27 Nov 2014 to current
Mr Christopher Coyne - Deputy Chair (Acting Chair from 1 Jul 2014 to 26 Nov 2014)			9 Sep 2011 to current
Mr Ian Fraser			9 Aug 2012 to current
Emeritus Prof John de Jersey			27 Nov 2014 to current
Assoc Prof Paula Marlton			9 Sep 2011 to current
Prof Alan Pettigrew			9 Sep 2011 to current
Mr Michael Sargent			27 Nov 2014 to current
Prof John Shine			27 Nov 2014 to current
Dr Jeannette Young^			9 Sep 2011 to current
Emeritus Prof Bryan Campbell			9 Sep 2011 to 26 Nov 2014
Dist Prof Judith Clements			9 Sep 2011 to 26 Nov 2014
Prof Nicholas Fisk			9 Sep 2011 to 26 Nov 2014
Dr John Herron			27 Nov 2014 to 15 Apr 2015
Mr Rod Wylie			9 Sep 2011 to 26 Nov 2014
Director/CEO			
Prof Frank Gannon	The Director is responsible for the work and efficient and effective administration of the Council	Appointed by Governor in Council, s10 Queensland Institute of Medical Research Act 1945	4 Jan 2011 to current

^ Officer of the public service

(b) Remuneration

The Chairperson and members of Council receive sitting fees in line with the 'Remuneration of part-time Chairs and Members of Government Boards, Committees and Statutory Authorities' guideline issued by the Queensland Government. Any member of the Council who is an officer of the public service does not receive fees or allowances for attendance at a meeting of the Council.

The remuneration policy for the Director/CEO is set by Council and approved by the Governor in Council as provided for under the Queensland Institute of Medical Research Act 1945. The remuneration and other terms of employment for the Director/CEO are specified in the employment contract. The contract provides for the provision of other benefits including motor vehicles.

24. Key management personnel and remuneration (cont'd)

The remuneration package for the Director/CEO comprises the following components:

i. Short term employee benefits which include
- Base – consisting of base salary, allowances and leave entitlements paid and provided for the entire year or for that part of the year during which the Director/CEO occupied the specified position. Amounts disclosed equal the amount expensed in the Statement of Comprehensive Income.
- Non-monetary benefits – consisting of provision of living-away-from-home-allowance, travel, vehicle and other minor benefits together with fringe benefits tax applicable to these benefits.

ii. Long term employee benefits include long service leave accrued.

iii. Post employment benefits include superannuation contributions.

iv. Termination benefits are not provided for within the Director/CEO's contract of employment. The contract of employment provides only for notice periods or payment in lieu of notice on termination, regardless of the reason for termination.

v. There are no performance bonuses paid or payable to the Director/CEO.

Total remuneration is calculated on a 'total cost' basis and includes the base and non-monetary benefits, long term employee benefits and post employment benefits. No termination benefits have been paid during either financial years.

1 July 2014 - 30 June 2015

Position	Short term employee benefits		Long term employee benefits	Post-employment benefits	Total remuneration
	Base $'000	Non-monetary benefits $'000	$'000	$'000	$'000
Chair of Council (1)	-	-	-	-	-
Council Members (11)	21	-	-	-	21
Director/CEO	601	154	15	35	805
Total	**622**	**154**	**15**	**35**	**826**

1 July 2013 - 30 June 2014

Position	Short term employee benefits		Long term employee benefits	Post-employment benefits	Total remuneration
	Base $'000	Non-monetary benefits $'000	$'000	$'000	$'000
Chair of Council (1)	-	-	-	-	-
Council Members (10)	14	-	-	-	14
Director/CEO	566	185	14	32	797
Total	**580**	**185**	**14**	**32**	**811**

The table above includes $102,000 in fringe benefits tax paid by Council in 2014-15 in relation to key management remuneration (2014: $116,000).

25. Financial instruments

(a) Categorisation of financial instruments

The Council has the following categories of financial assets and financial liabilities:

Category	Notes	2015 $'000	2014 $'000
Financial assets			
Cash and cash equivalents	9	32,388	39,079
Receivables	10	5,246	8,602
Managed funds investments and US listed shares	11	103,932	94,784
		141,566	**142,465**

	Notes	2015 $'000	2014 $'000
25. Financial instruments (cont'd)			
Financial liabilities			
Financial liabilities measured at amortised cost:			
Payables	14	3,476	3,685
Non-interest bearing liability	16	-	1,324
		3,476	**5,009**

(b) Financial risk management

The Council's activities expose it to a variety of financial risks-credit risk, liquidity risk market risk and interest rate risk.

Financial risk management is implemented pursuant to Government and Council policy. These policies focus on the unpredictability of financial markets and seek to minimise potential adverse effects on the financial performance of the Council.

All financial risk is managed by the Institute under policies approved by the Council. The Council provides written principles for overall risk management, as well as policies covering specific areas.

The Council measures risk exposure using a variety of methods as follows:

Risk exposure	Measurement method
Credit risk	Ageing analysis, earnings at risk
Liquidity risk	Sensitivity analysis
Market risk	Interest rate sensitivity analysis

(i) Credit risk exposure

Credit risk exposure refers to the situation where the Council may incur financial loss as a result of another party to a financial instrument failing to discharge their obligation.

The maximum exposure to credit risk at balance date in relation to each class of recognised financial assets is the gross carrying amount of those assets inclusive of any provisions for impairment.

The following table represents the Council's maximum exposure to credit risk based on contractual amounts net of any allowances:

Maximum Exposure to Credit Risk		2015	2014
Category	**Note**	**$'000**	**$'000**
Financial assets			
Managed funds investments and US listed shares	11	103,932	94,784
Total		**103,932**	**94,784**

The carrying amount of managed funds investments, US listed shares and receivables represents the maximum exposure to credit risk. As such, receivables are not included in the above disclosure.

No collateral is held as security and no credit enhancements relate to financial assets held by the Council.

The Council manages credit risk through the use of a credit management strategy. This strategy aims to reduce the exposure to credit default by ensuring that the Council invests in secure assets and monitors all funds owed on a timely basis. Exposure to credit risk is monitored on an ongoing basis.

No financial assets and financial liabilities have been offset and presented net in the Statement of Financial Position.

The method for calculating any provision for impairment is based on past experience, current and expected changes in economic conditions and changes in client credit ratings. These economic and geographic changes form part of the Council's documented risk analysis assessment in conjunction with historic experience and associated industry data. This analysis has identified that none of the Council's financial assets are impaired and subsequently provisions for impairment have not been raised.

No financial assets have had their terms renegotiated so as to prevent them from being past due or impaired, and are stated at the carrying amounts as indicated.

Ageing of past due but not impaired financial assets is disclosed in the following tables. No financial assets were assessed as being impaired as at 30 June 2015.

25. Financial instruments (cont'd)

2015 Financial assets past due but not impaired

	Note	Not due	Overdue				Not due and overdue
		< 30 days	*30-60 days*	*61-90 days*	*> 90 days*	Total	Total
		$'000	$'000	$'000	$'000	$'000	$'000
Financial assets							
Receivables	10	4,200	536	69	441	1,046	5,246
Total		**4,200**	**536**	**69**	**441**	**1,046**	**5,246**

2014 Financial assets past due but not impaired

	Note	Not due	Overdue				Not due and overdue
		< 30 days	*30-60 days*	*61-90 days*	*> 90 days*	Total	Total
		$'000	$'000	$'000	$'000	$'000	$'000
Financial assets							
Receivables	10	6,258	830	444	1,070	2,344	8,602
Total		**6,258**	**830**	**444**	**1,070**	**2,344**	**8,602**

(ii) Liquidity risk

Liquidity risk refers to the situation where the Council may encounter difficulty in meeting obligations associated with financial liabilities that are settled by delivering cash or another financial asset.

The only financial liabilities which expose the Council to liquidity risk are payables and non-interest bearing liabilities. All financial liabilities are current in nature and will be due and payable within twelve months. As such no discounting of cash flows has been made to these liabilities in the Statement of Financial Position. Refer notes 14 and 16.

The Council manages liquidity risk through the use of a liquidity management strategy. This strategy aims to reduce the exposure to liquidity risk by ensuring the Council has sufficient funds available to meet employee and supplier obligations as they fall due. This is achieved by ensuring that minimum levels of cash are held within the various bank accounts so as to match the expected duration of the various employee and supplier liabilities.

(iii) Market risk

Market risk refers to the risk of loss arising from movements in market parameters such as exchange rates, interest rates and equity prices.

The Council does not trade in foreign currency and is not materially exposed to movements in foreign currency exchange rates. It maintains a bank account in Hong Kong with an immaterial cash balance denominated in HK$ used to fund the operations of a local study.

The Council does not undertake any hedging in relation to interest risk and manages its risk as per the Council's liquidity risk management strategy articulated in the Council's policies. The Council is exposed to movements in interest rate risk through its investment in externally managed funds and its holdings in cash and cash equivalents. An interest rate sensitivity analysis has been carried out and is presented in item (i) below.

The Council is exposed to price risk arising from its managed funds investments. These investments are classified as financial assets at fair value through profit or loss in the Statement of Financial Position. A price risk sensitivity analysis has been carried out and is presented in item (ii) below.

i. Interest rate sensitivity analysis

Sensitivity analysis indicates that the impact on the operating result and equity due to interest rate movements is immaterial for the Council. Interest rate movements of +/- 1% would change the operating result and equity by $0.3m (2014: $0.4m) based on the Council's exposure to interest rate movements mainly attributed to its holdings of term deposits. Refer note 9.

25. Financial instruments (cont'd)

ii. Price risk sensitivity analysis

The natural unpredictability of investment market performance can impact on the operating result and equity of the Council due to unit/share price movements. Sensitivity analysis indicates that unit/share price movements of +/-5% would change the operating result and equity by $5.2m (2014: $4.7m) based on the Council's exposure to unit/share price movements attributed to its holdings of managed funds investments. Refer note 11.

(c) Fair value

According to the hierarchy in note 1(o), the fair values of each class of asset/liabilities recognised at fair value are as follows:

	2015 Classification according to fair value hierarchy			
	Level 1	**Level 2**	**Level 3**	**Total**
Financial assets	**$'000**	**$'000**	**$'000**	**$'000**
Managed funds investments	103,932	-	-	103,932
Total	**103,932**	**-**	**-**	**103,932**

	2014 Classification according to fair value hierarchy			
	Level 1	**Level 2**	**Level 3**	**Total**
Financial assets	**$'000**	**$'000**	**$'000**	**$'000**
Managed funds investments	94,757	-	-	94,757
Shares-US listed entities	27	-	-	27
Total	**94,784**	**-**	**-**	**94,784**

Note the above table below does not relate to all assets and liabilities recorded at fair value. For the hierarchy of non-current assets measured at fair value refer note 13.

The fair value of trade receivables and payables is assumed to approximate the value of the original transaction, less any provision for impairment.

26. Events occurring after balance date

There are no events occurring after balance date having a material impact on the figures reported in these financial statements.

27. Economic dependency

The Council's activities are predominantly funded by grants received from a range of funding agencies, the majority of which are Commonwealth and State Government bodies. The ability of the Council to source sufficient grant funding is dependent upon those entities continuing to have the ability to fund research activities and for the Institute to be successful in its funding applications. At balance date the Council had no indication that operational and research funding would not be provided as per the funding agreements. Should unforeseen fluctuations in the amount of available grant funding occur the Council would use its cash assets (refer note 9) and managed funds investments (refer note 11) to cover short term operational cash requirements.

28. Budget vs Actual Comparison

Note: A budget vs actual comparison, and explanations of major variances, has not been included for the Statement of Changes in Equity, as major variances relating to that statement have been addressed in explanations of major variances for other statements.

STATEMENT OF COMPREHENSIVE INCOME

	Variance Notes	Original Budget 2015 $'000	Actual 2015 $'000	Variance $'000	Variance % of budget
Income from continuing operations					
Grants and other contributions	a	85,542	75,950	(9,592)	(11)
User charges and fees	b	5,404	4,195	(1,209)	(22)
Other revenue	c	5,083	7,018	1,935	38
Interest		1,541	1,221	(320)	(21)
Total revenue		97,570	88,384	(9,186)	(9)
Gains/(losses)	d	3,603	5,181	1,578	44
Total income from continuing operations		**101,173**	**93,565**	**(7,608)**	**(8)**
Expenses from continuing operations					
Employee expenses		51,223	52,548	(1,325)	(3)
Supplies and services	e	30,743	26,731	4,012	13
Depreciation and amortisation		11,382	11,291	91	1
Other expenses		7,338	6,811	527	7
Finance costs		487	674	(187)	(38)
Total expenses from continuing operations		**101,173**	**98,055**	**3,118**	**3**
Operating result from continuing operations		-	**(4,490)**	**(4,490)**	**-**
Other comprehensive income					
Items that will not be reclassified subsequently to operating result					
Increase in asset revaluation surplus	f	-	17,410	17,410	-
Total items that will not be classified subsequently to operating result		-	17,410	17,410	-
Total other comprehensive income		**-**	**17,410**	**17,410**	**-**
Total comprehensive income		**-**	**12,920**	**12,920**	**-**

28. Budget vs Actual Comparison (cont'd)

STATEMENT OF FINANCIAL POSITION

	Variance Notes	Original Budget 2015 $'000	Actual 2015 $'000	Variance $'000	Variance % of budget
Current assets					
Cash and cash equivalents	g	34,794	32,388	(2,406)	(7)
Receivables	h	10,144	5,246	(4,898)	(48)
Inventories		272	253	(19)	(7)
Prepayments		1,045	808	(237)	(23)
Total current assets		**46,255**	**38,695**	**(7,560)**	**(16)**
Non-current assets					
Other financial assets	i	97,945	103,932	5,987	6
Intangible assets		379	379	(0)	-
Property, plant and equipment	j	281,534	296,265	14,731	5
Investments accounted for using the equity method		251	23	(228)	(91)
Total non-current assets		**380,109**	**400,599**	**20,490**	**-**
Total assets		**426,364**	**439,294**	**12,930**	**3**
Current liabilities					
Payables	k	6,979	3,476	3,503	50
Accrued employee benefits		2,910	4,303	(1,393)	(48)
Unearned revenue		19,259	18,957	302	2
Total current liabilities		**29,148**	**26,736**	**2,412**	**8**
Non-current liabilities					
Accrued employee benefits		869	884	(15)	(2)
Total non-current liabilities		**869**	**884**	**(15)**	**(2)**
Total liabilities		**30,017**	**27,620**	**2,397**	**8**
Net assets		**396,347**	**411,674**	**15,327**	**4**
Equity					
Accumulated surplus		348,529	346,445	(2,084)	(1)
Asset revaluation surplus	j	47,818	65,229	17,411	36
Total equity		**396,347**	**411,674**	**15,327**	**4**

28. Budget vs Actual Comparison (cont'd)

STATEMENT OF CASH FLOWS

	Variance Notes	Original Budget 2015 $'000	Actual 2015 $'000	Variance $'000	Variance % of budget
Cash flows from operating activities					
Inflows:					
Grants and other contributions	l	85,542	77,715	(7,827)	(9)
User charges and fees		5,404	6,227	823	15
Other income		1,480	1,763	283	19
Interest income		1,541	1,221	(320)	(21)
GST input tax credits from ATO		-	2,437	2,437	-
GST collected from customers		-	1,839	1,839	-
Outflows:					
Employee expenses		(51,223)	(51,937)	(714)	1
Supplies and services	m	(36,423)	(27,348)	9,075	(25)
Finance costs		(486)	(674)	(188)	39
GST paid to suppliers		-	(2,893)	(2,893)	-
GST remitted to ATO		-	(1,353)	(1,353)	-
Other		(1,748)	(6,808)	(5,060)	289
Net cash provided by operating activities		**4,087**	**189**	**(3,898)**	**(95)**
Cash flows from investing activities					
Inflows:					
Redemptions of other financial assets		6,000	3,036	(2,964)	(49)
Sale of property, plant and equipment		-	60	60	-
Outflows:					
Investments in other financial assets		(6,748)	(2,300)	4,448	(66)
Acquisition of property, plant and equipment		(6,435)	(6,352)	83	(1)
Net cash used in investing activities		**(7,183)**	**(5,556)**	**1,627**	**(23)**
Cash flows from financing activities					
Outflows:					
Non-interest bearing loan redemption	n	-	(1,324)	(1,324)	-
Net cash used in financing activities		**-**	**(1,324)**	**(1,324)**	**-**
Net decrease in cash and cash equivalents		(3,096)	(6,691)	(3,595)	116
Cash and cash equivalents at beginning of financial year		37,890	39,079	1,189	3
Cash and cash equivalents at end of financial year		**34,794**	**32,388**	**(2,406)**	**(7)**

28. Budget vs Actual Comparison (cont'd)

Explanation of Major Variances

The following explanations are in relation to the 2014-15 budget which was approved by the Council on 25 March 2014.

Statement of Comprehensive Income

a. Amounts of competitive research grant funding distributed to the Institute by the National Health and Medical Research Council and other funding agencies did not increase as expected. This further impacted on income from grant administration and fees paid to QIMR Berghofer as the grant administering institute. In addition, amounts of donation and bequest income received by the Institute in 2014-15 were about $4m lower than budgeted amounts and historic trends.

b. Due to the ongoing major building maintenance works in the Bancroft Centre, anticipated occupation of lab space did not eventuate until later in 2014-15. User fees and charges reflect lower usage due to later occupation.

c. Managed funds investments achieved higher returns than budgeted in the first part of 2014-15 reflecting a strong performance of financial markets with a total overall return of 9.4% compared to a budgeted return of 8%.

d. Gains on sale/revaluation of assets include increases in the market value of QIMR Berghofer's managed funds investments reflecting a stronger than budgeted performance of financial markets in 2014-15. Also refer note i below.

e. Supplies and services costs in 2014-15 were lower than budget due to successful cost saving initiatives and lower than expected competitive research grant funding being available for research activities.

f. This variance relates to an increase in the fair value of Council's buildings and the related revaluation increase of $17.4m which was not budgeted based on historic experience. Also refer note j below.

Statement of Financial Position

g. The decrease in the 2014-15 actual cash balance is mainly related to expenditure of project funds for the completion of the Bancroft Centre refurbishment (about $2m) and ongoing building maintenance works.

h. Receivables have reduced due to increased monitoring of outstanding invoices and recovery action taken. In addition, the National Health & Medical Research Council brought its monthly payments forward from one month in arrears to payment within the month the grant funds are due. This reduced the receivable balance by about $2m at balance date.

i. The market value of Council's managed funds investments reflects a stronger than budgeted performance of financial markets in 2014-15 actual result with a total overall return of 9.4% compared to a budgeted return of 8%.

j. This variance relates mainly to an increase in the fair value of Council's buildings and the related revaluation increase of $17.4m which was not budgeted based on historic experience.

k. Payables were less then budgeted due to capital expenditure invoices being received and paid earlier than expected.

Statement of Cash Flows

l. Amounts of donation and bequest income received by the Institute in 2014-15 were about $4m lower than budgeted amounts and historic trends.

m. Supplies and services paid were lower than budget due to less than anticipated accounts payables at end of 2013-14, successful cost saving initiatives and lower than expected competitive research grant funding being available for research activities.

n. The Council agreed to the State Government's request to repay the loan provided by the State Government in relation to the Queensland Tropical Health Alliance, ahead of its maturity ($1.3m).

Certificate of The Council of the Queensland Institute of Medical Research

These general purpose financial statements have been prepared pursuant to section 62(1) of the *Financial Accountability Act 2009* (the Act), relevant sections of the *Financial and Performance Management Standard 2009* and other prescribed requirements. In accordance with section 62(1)(b) of the Act we certify that in our opinion:

a. the prescribed requirements for establishing and keeping the accounts have been complied with in all material respects; and

b. the statements have been drawn up to present a true and fair view, in accordance with prescribed accounting standards, of the transactions of The Council of the Queensland Institute of Medical Research for the financial year ended 30 June 2015 and of the financial position of the Council at the end of that year; and

c. these assertions are based on an appropriate system of internal controls and risk management processes being effective, in all material aspects, with respect to the financial reporting throughout the reporting period.

Dated at Brisbane this 28th day of August 2015

Dr Douglas McTaggart
Chair of Council

Professor Frank Gannon
Director & Chief Executive Officer

Donna Hancock
Secretary

INDEPENDENT AUDITOR'S REPORT

To the Council of the Queensland Institute of Medical Research

Report on the Financial Report

I have audited the accompanying financial report of the Council of the Queensland Institute of Medical Research, which comprises the statement of financial position as at 30 June 2015, 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 certificates given by the Chair, the Director and Chief Executive Officer and Secretary.

The Council's Responsibility for the Financial Report

The Council is responsible for the preparation of the financial report that gives a true and fair view in accordance with prescribed accounting requirements identified in the *Financial Accountability Act 2009* and the *Financial and Performance Management Standard 2009*, including compliance with Australian Accounting Standards. The Council's responsibility also includes such internal control as the Council determines is necessary to enable the preparation of the financial report that gives a true and fair view and is free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

My responsibility is to express an opinion on the financial report based on the audit. The audit was conducted in accordance with the *Auditor-General of Queensland Auditing Standards*, which incorporate the Australian Auditing Standards. Those standards require compliance with relevant ethical requirements relating to audit engagements and that the audit is planned and performed 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, other than in expressing an opinion on compliance with prescribed requirements. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by the Council as well as evaluating the overall presentation of the financial report including any mandatory financial reporting requirements approved by the Treasurer for application in Queensland.

I believe that the audit evidence obtained is sufficient and appropriate to provide a basis for my audit opinion.

Independence

The *Auditor-General Act 2009* promotes the independence of the Auditor-General and all authorised auditors. The Auditor-General is the auditor of all Queensland public sector entities and can be removed only by Parliament.

The Auditor-General may conduct an audit in any way considered appropriate and is not subject to direction by any person about the way in which audit powers are to be exercised. The Auditor-General has for the purposes of conducting an audit, access to all documents and property and can report to Parliament matters which in the Auditor-General's opinion are significant.

Opinion

In accordance with s.40 of the *Auditor-General Act 2009* –

(a) I have received all the information and explanations which I have required; and

(b) in my opinion –

(i) the prescribed requirements in relation to the establishment and keeping of accounts have been complied with in all material respects; and

(ii) the financial report presents a true and fair view, in accordance with the prescribed accounting standards, of the transactions of the Council of the Queensland Institute of Medical Research for the financial year 1 July 2014 to 30 June 2015 and of the financial position as at the end of that year.

Other Matters - Electronic Presentation of the Audited Financial Report

Those viewing an electronic presentation of these financial statements should note that audit does not provide assurance on the integrity of the information presented electronically and does not provide an opinion on any information which may be hyperlinked to or from the financial statements. If users of the financial statements are concerned with the inherent risks arising from electronic presentation of information, they are advised to refer to the printed copy of the audited financial statements to confirm the accuracy of this electronically presented information.

QUEENSLAND
31 AUG 2015
AUDIT OFFICE

D J OLIVE CPA
as Delegate of the Auditor-General of Queensland

Queensland Audit Office
Brisbane

SUPPORTING INFORMATION

AWARDS

RESEARCHER	AWARDING ORGANISATION	AWARD NAME
Lauren Aoude	University of Queensland	Dean's Award for Outstanding Research Higher Degree Thesis
Jasmine Akter	University of Queensland	International Postgraduate Award
Scott Bell	Thoracic Society of Australia and New Zealand	TSANZ Research Medal
	Prince Charles Hospital	Best published paper
Mark Bettington	Gastroenterology Society of Australia	Poster of Merit
Sumudu Britton	NHMRC	Postgraduate Medical Scholarship
Julie Burel	ASI	Student Travel Award
	Australian Society for Parasitology	Student Travel Award
	American Association of Immunologists (AAI)	Trainee Abstract Award
Yi Chieh Lim	COGNO	Best Oral Presentation
Lucia Colodro Conde	International Society for Psychiatric Genetics	Travel Award
Ashraful Haque	AIDRC	Seed Fund Award
Karina DeSousa	OzEMalaR	Australia Europe Malaria Research Cooperative Travel Award
	Australian Society of Parasitology	Travel Award
	University of Queensland	UQ International Postgraduate Research Scholarship
	University of Queensland	University of Queensland Centennial Scholarship
Chelsea Edwards	University of Queensland	Australian Postgraduate Award
Shin Foong Ngiow	ASMR	Runner-Up Postdoctoral Researcher Award
Adele Green	Queensland Government	Queensland Great award
Leonardo Gollo	Organisation for Computational Neurosciences	Travel Award
David Harrich	NHMRC	Outstanding Contribution Honour Roll 2014
Geoff Hill	Translational Research Institute	Translational Research Institute National Research Prize
Joshua Horne-Debets	Australasian Society of Immunology (ASI)	Travel Award
Kylie James	OzeMalar	Travel Award
	EMBL	Travel Award
Murugan Kalimutho	CASS Foundation	Travel Award
Yan Lu	Biometals 2014 (9th International Biometals Symposium)	Poster Award for Postdoctoral Trainees
Louise Marquart	Statistical Modelling Society	Travel grant
	University of Queensland	International Travel Award
Nick Martin	American Association for Advancement of Science	Fellow
	Australian Academy of Health and Medical Science	Fellow
Marcela Montes De Oca	Brisbane Immunology Group	Peter Doherty Medal

Awards continued

RESEARCHER	AWARDING ORGANISATION	AWARD NAME
Sarah Medland	Royal Netherlands Academy of Arts and Sciences	Emerging research leader Visiting Professorship
Susanna Ng	Griffith University	University Medal
	Griffith University	International Postgraduate Research Scholarship
Antonia Pritchard	Australian Academy of Science	Travel Award
Carla Proietti	Australian Society of Parasitology	Travel Award
Melinda Protani	University of Queensland	Dean's Award for Outstanding Research Higher Degree Thesis
Eva Putz	Erwin Schroedinger Fellowship of the Austrian Science Fund	Postdoctoral Scholarship
Grant Ramm	The American Association for the Study of Liver Diseases (AASLD)	Fellow of the AASLD (FAASLD)
Daniel Rawle	University of Queensland	Australian Postgraduate Award
Andrea Schuessler	ASMR	ASMR Postdoctoral Award
	ASMR	Postgraduate Division Awards finalist
Ismail Sebina	Walter and Eliza Hall Institute	Conference Travel Award
Maggy Sikulu	American Society for Tropical Medicine and Hygiene	Travel Award
	International Conference on Near Infrared Spectroscopy	John Shenk Travel Award
Jacinta Simmons	Cancer Council Queensland	Travel Award
Daniel Smith	Thoracic Society of Australia and New Zealand	Best Oral Presentation CF Special Interest Group
Mitchell Stark	AACR and Society for Melanoma Research	Travel Award
	ASMR	Health and Medical Research Award Finalist
Anna Tai	Thoracic Society of Australia and New Zealand	TSANZ Vertex Cystic Fibrosis Research Award
Jill Ulrich	Florida Mosquito Control Association	T Wainwright Miller, Jr. FMCA Scholarship
Ting Wei	Journal of Virological Methods	Outstanding Contribution in Reviewing
Vicki Whitehall	Gastroenterology Society of Australia	Poster of Merit
	Royal Brisbane and Women's Hospital	RBWH Healthcare Symposium Basic Science Oral Presentation
Arabella Young	ASMR	Runner-Up Postgraduate Researcher Award

INVITED LECTURES

RESEARCHER	LECTURE TITLE	COUNTRY	CITY	EVENT
Greg Anderson	Absorbing and recycling iron: Links between ferroportin and iron oxidases	Australia	Sydney	International Conference on Heme Oxygenases, Iron Metabolism and Free Radicals
	The interactions between iron and other metals	Indonesia	Jakarta	4th Asia Pacific Iron Academy - Bringing Science to the Clinical Practices
	Mice as models of human trace element physiology and disease	China	Hangzhou	Second Chinese Trace Elements Conference
	Linking iron homeostasis to human disease: Lessons from the hepcidin-ferroportin axis	Australia	Gold Coast	7th Asian Biological Inorganic Chemistry Conference
	The role of the copper-dependent ferroxidases hephaestin and ceruloplasmin in body iron homeostasis	Australia	Melbourne	Annual Meeting of the Society for Free Radical Research (Australasia)
Annika Antonsson	Human papillomavirus infection in head and neck cancer	Australia	Sydney	Frontiers 2014
	Oral HPV infection and HPV in head and neck cancer	Australia	Brisbane	Princess Alexandra Hospital Head and Neck Meeting
Eva Baxter	Investigating the mechanisms underlying the link between obesity and endometrial cancer	Australia	Gold Coast	ANZGOG Annual Scientific Meeting
Scott Bell	Challenges of Adult Cystic Fibrosis Care	Sweden	Gothenburg	European Cystic Fibrosis Conference
	Pro/Con Debate - The airways should be sterile (Con)	Sweden	Gothenburg	European Cystic Fibrosis Conference
	Cystic Fibrosis - 2014	Australia	Coolum	TSANZ (Queensland Branch), Winter Meeting
	Diseases of ageing in the general population and Cystic FibrosisTR	Belgium	Brussels	European Cystic Fibrosis Conference
	Review the Data for the Effects of Therapeutic Cystic FibrosisTR Modulation on Disease Progression	Belgium	Brussels	European Cystic Fibrosis Conference
	Pseudomonas aeruginosa - where does it come from?	Australia	Gold Coast	TSANZ Annual Scientific Meeting
Michael Breakspear	Neuropsychiatric diseases as disorders of brain connectivity	Australia	Kingscliff	From Cape to Coast: The Diverse Landscape of Psychiatry in Queensland
	Large Scale: Model Inversion and DCM on Large Data" and Dysfunction and Disorders	China	Shanghai	Computational and Cognitive Neuroscience Summer School (East China Normal University)
	The Dynamic Brain	Australia	Brisbane	12th International Conference on Cognitive Neuroscience
	Dwelling in the rich club: Connectomic determinants of brain dynamics	Canada	Halifax	19th International Conference on Biomagnetism
	Meet the Fokkers: Modelling large-scale brain dynamics	Germany	Bavaria	Max Planck UCL Symposium and Advanced Course on Computational Psychiatry and Ageing Research

Lectures continued

RESEARCHER	LECTURE TITLE	COUNTRY	CITY	EVENT
Michael Breakspear	Mental Health: An Economic Priority	Australia	Brisbane	Brisbane Global Cafe
	Source-Resolved Connectivity Analysis	United States	California	Brain Connectivity Workshop 2015
	Dynamic Connectivity of Agency	United States	California	Brain Connectivity Workshop 2015
	Brain Waves	United States	Honolulu	21st Annual Meeting for the Organization of Human Brain Mapping
	Introduction to Computational Neuroscience	United States	Honolulu	21st Annual Meeting for the Organization of Human Brain Mapping
Julie Burel	A dichotomy in microRNAs and cellular immune responses to experimental blood stage malaria infection in humans revealed by systems immunology	United States	New Orleans	American Association of Immunologists (AAI) Annual Meeting
	Molecular profile of polyfunctional T cells during *Plasmodium falciparum* infection in humans	Australia	Canberra	50th Australian Society for Parasitology Annual Conference
	Dichotomy in cellular immune responses to experimental *Plasmodium falciparum* infection in humans	Australia	Wollongong	ASI Annual Conference
Scott Burrows	T cell cross-reactivity between an Epstein-Barr virus epitope and an abundant self-peptide presented by HLA-B*18:01+ cells	Switzerland	Davos	World Immune Regulation Meeting IX
Georgia Chenevix-Trench	Breast cancer susceptibility: From GWAS hit to target gene	Australia	Sydney	International Breast Cancer Conference
	New insights on breast cancer aetiology from genome-wide association studies	Denmark	Vejle	12th Danish Congress for Clinical Biochemistry
	Breast cancer susceptibility: what can genome wide association studies tell us about the pathways to cancer and opportunities for novel risk reduction medications	Australia	Brisbane	University of Queensland School of Pharmacy
	Breast cancer susceptibility: what can genome wide association studies tell us about the pathways to cancer and opportunities for novel risk reduction medications	Australia	Gold Coast	Griffith Health Institute
	Finding the target gene(s) from genome-wide association study 'hits' – challenges and surprises	Australia	Brisbane	Queensland University of Technology
Paul Clark	Australian Gastroenterology Week	Australia	Geelong	Melbourne Liver Group Meeting
Nicole Cloonan	Navigating the miRNA minefield	Australia	Perth	EMBL PhD Symposium
	MicroRNAs. Sequencing, analysis … and then what?	Australia	Brisbane	IMB Winter School
	MicroRNAs as pathway profiling tools	Australia	Sydney	CMRI Seminar Series

Lectures continued

RESEARCHER	LECTURE TITLE	COUNTRY	CITY	EVENT
Jonathan Darbro	Metofluthrin emanators reduce Aedes aegypti survival and biting intensity: results of field trials in Cairns, Australia	Australia	Perth	Mosquito Control Association of Australia
	A cost-benefit analysis of illustrative Aedes albopictus eradication and management plans in Brisbane, Queensland	Australia	Perth	Mosquito Control Association of Australia
Karina DeSousa	A genome-wide approach to immunodominance	Australia	Canberra	50th Australian Society of Parasitology (ASP) Annual Conference
Greg Devine	Negative cross resistance: a practicable means of restoring pyrethroid-susceptibility to vectors of malaria	United States	New Orleans	American Society of Tropical Medicine and Hygiene
Denise Doolan	Molecular profiling of adaptive immunity to Plasmodium infection in humans using systems immunology	Mexico	Mexico City	13th International Congress of Parasitiology
	EBV Protein Array Platform to Screen for EBV Antibodies Associated with NPC and other EBV-Associated Disorders	Indonesia	Yogyakarta	7th Nasopharyngyeal Carcinoma Biannual Symposium
	Molecular profiling of immunity to malaria using systems immunology and genome-based technological advances	Singapore	Singapore	2nd Annual Microbiology and Infectious Diseases Asia Congress
	Translating genomic sequence data into effective public health interventions	Australia	Cairns	Australian Institute of Tropical Medicine and Health
	Protein microarray platform for identifying biomarkers of endemic Burkitt Lymphoma	Kenya	Kisumu	African Organization for Research and Training in Cancer International Conference
	Immunodominance and vaccine development: new insights from proteome-wide profiling of T cell and antibody responses to malaria	United States	New Orleans	63rd Annual American Society of Tropical Medicine and Hygiene Conference
Ken Dutton-Regester	Understanding our DNA: The impact and ethical considerations of the sequencing technology revolution	Australia	Gold Coast	Bond University, Bioethics Grand Rounds
Stacey Edwards	Multiple variants in regulatory regions of the 6q25.1 (ESR1) breast cancer risk locus target ESR1, RMND1/c6orf211 and CCDC170	Australia	Kingscliff	Familial Aspects of Cancer Conference
	Beyond GWAS: Illuminating the Dark Road from Association to Function	Australia	Sydney	Victor Chang Cardiac Research Institute
	5C: a high-throughput method to identify target genes of regulatory elements at GWAS loci	Belgium	Leuven	Breast Cancer Association Consortium Conference
	Multiple variants in regulatory regions of the 6q25.1 (ESR1) breast cancer risk locus target ESR1, RMND1/c6orf211 and CCDC170	Belgium	Leuven	Breast Cancer Association Consortium Conference
	Genome-wide association study identifies PSIP1 associated with progression-free survival in epithelial ovarian cancer	Australia	Brisbane	RCOG World Congress 2015

Lectures continued

RESEARCHER	LECTURE TITLE	COUNTRY	CITY	EVENT
Stacey Edwards	Beyond GWAS: Illuminating the Dark Road from Association to Function	Australia	Melbourne	La Trobe University
	Beyond GWAS: cis-regulatory variation as a key mechanism underlying breast cancer risk	United Kingdom	Cambridge	Cancer Research UK Cambridge Institute
Christian Engwerda	Immunity to malaria	United States	Woods Hole, MA	Biology of Parasitism course
	Immunity to malaria	Australia	Brisbane	University of Queensland
	Immunity to parasites	Australia	Brisbane	Winter advanced immunology course - University of Queensland
Katja Fischer	Microbiome profiling in a porcine model of scabies mite infection to understand host-parasite-pathogen interactions	Australia	Melbourne	Australian Society for Microbiology Annual Scientific Meeting
David Frazer	Erythroid regulation of iron homeostasis	Australia	Gold Coast	7th Asian Biological Inorganic Chemistry Conference
	Hepcidin and the regulation of iron homeostasis	Australia	Bowral	Gastroenterological Society of Australia Hepatology and Gastrointestinal Research Workshop
Juliet French	Beyond GWAS: Long-Range Gene Regulation as a Common Mechanism Underlying GWAS	Australia	Brisbane	UQ Centre for Clinical Research
	Determining the influence of long non-coding RNAs on breast cancer risk at 11q13	United Kingdom	Cambridge	Cancer Research UK Cambridge Institute
	Finding novel lncRNAs at Breast Cancer Risk Loci	Belgium	Leuven	Breast Cancer Association Consortium
	Functional characterisation of the MAP3K1 Breast Cancer Risk Locus	Belgium	Leuven	Breast Cancer Association Consortium Meeting
	Finding Novel LncRNAs at Breast Cancer Risk Loci	Portugal	Porto	Breast Cancer Association Consortium Meeting
Frank Gannon	I came to Galway to study Bio, and you would never believe what happened	Ireland	Galway	NUI Galway Biochemistry 50 Year Anniversary Symposium
	Is Translational just a buzz word?	Australia	Sydney	The Future of Medical Research Conference
	The estrogen receptor and me	Australia	Sydney	Garvan Institute 2014 Leaders in Science and Medicine Seminar Series
	New insights - better cure?	Hong Kong	Hong Kong	EMBO Conference on Stem Cells and Epigenetics in Cancer
	Millis Oration: The connection between medical research and business	Australia	Gold Coast	AusBiotech National Conference
	Molecular understanding of obesity related carcinogenesis – endometrial cancer as a disease model	Australia	Brisbane	Brisbane Gynaecological Cancer Research Symposium
	Placing Brisbane at the forefront of cancer translational research	Australia	Brisbane	Brisbane Cancer Conference
	Advances in medical research over the past 75 years	Australia	Brisbane	South Brisbane Rotary Club
	Gene regulation	Australia	Perth	Science on the Swan
	Expression in different contexts	Australia	Brisbane	QUT School of Biomedical Sciences Seminar series

Lectures continued

RESEARCHER	LECTURE TITLE	COUNTRY	CITY	EVENT
Geoffrey Gobert	Improving praziquantel efficacy against schistosomes by disrupting calcium homeostasis	Australia	Canberra	Australian Society for Parasitology Annual Conference
Leonardo Gollo	Computational Models of Perceptual Uncertainty and Decision Making	Australia	Brisbane	ICON 2014
Catherine Gordon	High prevalence of *Schistosoma japonicum* in humans and bovines from Northern Samar, the Philippines	United States	New Orleans	The American Society of Tropical Medicine and Hygiene
Catherine Gordon	Multiplex real-time PCR monitoring of intestinal helminths in humans reveals widespread polyparasitism in Northern Samar, the Philippines	New Zealand	Auckland	Australian Society for Parasitology Annual Meeting
Adele Green	Photoageing and its preventability with regular sunscreen use	Singapore	Singapore	Sun Protection and Anti-ageing Conference
	A Global Picture of Skin Cancer	United Kingdom	Edinburgh	XV World Congress on Cancers of the Skin
	Skin Cancer: the Scope of the Problem	Sweden	Stockholm	Department Surgery, Karolinska Institute
	Diagnosis, initial treatment and supportive care needs of adults with localised melanoma in Queensland: The Primary Melanoma Project	Australia	Perth	2nd National SKMRC Melanoma Conference
	New Insights into the Role of Ultraviolet Radiation in Melanoma	United States	Philadelphia	AACR Annual Conference
	Ultraviolet radiation as a cause of Melanoma	Norway	Oslo	Cancer Registry of Norway
Camille Guillerey	Immunosurveillance and therapy of multiple myeloma is CD226-dependent	Australia	Surfers Paradise	Brisbane Immunology Group Annual Retreat
	DNAM-1 controls immune responses against multiple myeloma	Australia	Melbourne	1st Australian Innate Lymphocyte Symposium
Fernando Guimaraes	Understanding natural killer (NK) cell-mediated control of tumor metastasis	Australia	Sydney	2nd Cure Cancer Australia Symposium
	IFN-I and TGF-b, cytokines that shape NK cell function and development	Australia	Sydney	Centenary Institute, University of Sydney
	New insights into the role of NK cell in tumors and inflammatory disorders	Australia	Gold Coast	Australasian Society of Cytometry (ASC), Annual Meeting
	Controlling septic shock — will NK cells hold the key?	Australia	Brisbane	23rd Annual RBWH Healthcare Symposium
	NK cells require IFN type III for in vivo effector functions	Australia	Wollongong	Young Investigator Forum of the Australasian Society of Immunology (ASI), Annual Meeting
Janelle Hancock	High-throughput shRNA screen for novel regulator of dormancy in breast cancer	Australia	Brisbane	Innovations in Cell Engineering – From Gene to Protein symposium
David Harrich	eEF1A is a critical co-factor of HIV-1 reverse transcription complex	Australia	Lorne	Lorne Infection and Immunity Meeting
	The eukaryotic translation elongation factor 1A is an important HIV-1 reverse transcriptase binding protein and a possible target for antiviral therapy	United States	Cold Spring Harbor	Cold Spring Harbor Retroviruses Meeting

Lectures continued

RESEARCHER	LECTURE TITLE	COUNTRY	CITY	EVENT
David Harrich	Inhibiting HIV-1 reverse transcription by targeting the reverse transcription complex	United States	Chicago	Retroviruses and New Drugs
	A gene therapy approach to treat HIV/AIDS	Australia	Brisbane	Australasian Genetics Society
	Inhibiting HIV-1 reverse transcription by targeting the reverse transcription complex	Australia	Brisbane	Griffith University
Marina Harvie	Creating a Live Attenuated Veterinary Vaccine against Schistosomiasis	New Zealand	Auckland	Australian Society for Parasitology Annual Meeting
Nick Hayward	The genetic architecture of melanoma susceptibility	United States	Philadelphia	AACR Special Conference on Advances in Melanoma: From Biology to Therapy
	The genetic architecture of melanoma susceptibility	Singapore	Singapore	Joint IPCC/SMR meeting
	The Australian Melanoma Genome Project	Australia	Sydney	Garvan Institute Leaders in Science and Society Seminar
	The Australian Melanoma Genome Project	Australia	Lorne	Lorne Cancer Conference
Geoff Hill	BMT and HIV cure	Australia	Melbourne	World HIV Symposium
	Translating transplant immunology from mouse to human	Australia	Sydney	Kirby Institute Seminar
	The addition of IL-6 inhibition to prevent acute GVHD after allogeneic stem cell transplantation; final results of a phase I/II trial	Australia	Perth	Hematology Society of Australia and NZ Annual Meeting
	Cytokine inhibition in transplantation: coming of age	Australia	Brisbane	Stem Cell Symposium
Joshua Horne-Debets	PD-1 drives chronic malaria	Australia	Wollongong	Australasian Society of Immunology
Leon Hugo	Prevalence of Wolbachia infections in native Australian mosquitoes	Australia	Perth	Mosquito Control Association of Australia meeting
	Adult survivorship of the dengue mosquito *Aedes aegypti* varies seasonally in central Vietnam	Australia	Perth	Mosquito Control Association of Australia
Hongping Jin	Latency-like suppression of HIV-1 gene expression by expression of a transdominant negative tat in Jurkat cells	United States	Palms Springs	West Coast Retroviruses Meeting
Murugan Kalimutho	Targeting aneuploidy in triple-negative breast cancer	Malaysia	Kuala Lumpur	University of Malaya, Department of Internal Medicine lecture
Murugan Kalimutho	Targeting triple-negative breast cancer	Australia	Redcliffe	Zonta Club event
Rajiv Khanna	Immune Therapy for virus-associated human malignancies and post-transplant infectious complications	Australia	Melbourne	7th Australian Health and Medical Research Congress
Rajiv Khanna	Cellular Immune Therapy for virus-associated human malignancies and post-transplant infectious complications	Australia	Melbourne	5th Australasian Vaccines and Immunotherapeutics Development Meeting
	Cytomegalovirus and glioblastoma	Australia	Katoomba	Viruses in May
	Immunology and immunotherapy for nasopharyngeal carcinoma	Indonesia	Yogjakarta	7th Nasopharyngeal Carcinoma Biannual Symposium

Lectures continued

RESEARCHER	LECTURE TITLE	COUNTRY	CITY	EVENT
Rajiv Khanna	Clinical Assessment of Autologous Human Cytomegalovirus-specific T-cell Therapy as Consolidative Treatment for Recurrent GBM	United States	Boston	CMV and Cancer
	T cells and the EBV-host balance	United Kingdom	Oxford	EBV 50th Anniversary
	EBV and Multiple Sclerosis	Australia	Sydney	MS ATLAS meeting
Kum Kum Khanna	The mouse orthologue of hSSB1/ NABP2 is Essential for Embryogenesis and Genomic Stability	Australia	Hunter Valley, NSW	13th Hunter Cell Biology meeting
	DNA damage repair: from Genome maintenance to therapeutic targets	Australia	Brisbane	Veritel Fellowship Alumni Association Conference
	Translational breast cancer research	Australia	Brisbane	Brisbane Cancer Conference
	Session Chair	Australia	Brisbane	Combio 2014
	DNA damage repair and its connection with breast cancer initiation and progression	Australia	Sydney	Garvan Leaders in Science Seminar Series
	DNA damage repair from Genome maintenance to therapeutic targets	Australia	Lorne	Lorne Cancer Conference
Steven Lane	Telomerase to deplete LSCs in Acute Myeloid Leukemia	United States	San Francisco	American Society of Hematology San Francisco 2014, Workshop on Myeloid Development, invited speaker
	How to get started in research	Australia	Brisbane	AMAQ Junior Doctors Conference
	Translational clinical resarch	Australia	Brisbane	Australasian Leukaemia Lymphoma Group
	Telomerase inhibitors to treat AML and prevent relapse after chemotherapy	Australia	Sydney	CMRI
	Telomerase inhibitors to treat AML and prevent relapse after chemotherapy	Australia	Brisbane	UQCCR
Jason Lee	Hypoxia-mediated gene repression	Australia	Brisbane	Brisbane Gynaecological Cancer Research Symposium
	Hypoxia-mediated epigenetic reprogramming	Australia	Sydney	Asia Pacific-Korea Conference
	Epigenetic modifying enzymes as drug targets for brain metastasis	Australia	Sydney	Asia Pacific-Korea Conference
	Epigenetic regulation in cancer	Australia	Sydney	Asia Pacific-Korea Conference
	Meta-analysis of breast cancer gene expression data	South Korea	Seoul	Kunkuk University, School of Biotechnology Seminar Series
	Tumour hypoxia and epigenetics	South Korea	Daegu	Keimyung University, School of Medicine Special Seminar Series
	Hypoxia-mediated gene repression	South Korea,	Seoul	Seoul National University, Chromatin Dynamics Research Centre
	Epigenetic regulation in breast cancer	South Korea	Seoul	Korea University, School of Biological Sciences
	Hypoxia-mediated gene repression and its role in cancer metastasis and survival	United Kingdom	Dublin	Keystone Symposia, Hypoxia: From Basic Mechanisms to Therapeutics

Lectures continued

RESEARCHER	LECTURE TITLE	COUNTRY	CITY	EVENT
Barbara Leggett	Serrated polyps and colorectal cancer	Australia	Brisbane	Brisbane Cancer Conference
Yuesheng Li	Schistosomiasis elimination: a successful control experience from the Dongting Lake of China.	Mexico	Mexico City	XIII International Congress of Parasitology (ICOPA XIII)
Stacey Llewellyn	Sequenom MassARRAY Platform as a high throughput tool for detection and differentiation of human hookworm species in stool	New Zealand	Auckland	2015 NZSP and ASP Annual Conference
Kelli MacDonald	Autophagy is a Critical Pathway for Regulatory T Cell Survival	Australia	Wollongong	Australasian Society for Immunology
	Macrophages as mediators of fibrosis in chronic liver disease	Australia	Bowral	GESA Hepatology and Gastrointestinal Research Workshop
	Immunotherapy – new trends in Bone Marrow Transplantation	Australia	Canberra	TSANZ
Stuart MacGregor	Issues in human phenomics	Australia	Brisbane	CSIRO Genome to Phenome Symposium
James McCarthy	A Phase I/Ib study to investigate the safety, tolerability and pharmacokinetic profile of DSM265 in healthy subjects and then its antimalarial activity in induced blood stage *Plasmodium falciparum* infection	United States	New Orleans	ASTMH 63rd Annual Meeting
	Repositioning human challenge studies with potentially deadly infections to develop vaccines and drugs	Australia	Brisbane	Brisbane Global Café
	Human Challenge Studies	Singapore	Singapore	Courage Fund Infectious Diseases Conference
	Towards an Experimental System for Study of Human to Mosquito Transmission of Malaria: Clinical, Parasitologic and Molecular Investigations	Spain	Girona	Gordon Research Conference
	New data from controlled *Plasmodium vivax* infections in human volunteers	Indonesia	Bali	5th International Conference of Research on Plasmodium vivax Malaria
	The human challenge model: An innovative enabler for malaria drug development	Japan	Tokyo	Malaria R and D in a Time of Global Partnerships
Cameron McDonald	Identification of rare variants using custom AmpliSeq	Australia	Brisbane	Genetic Solutions World Tour
	Identification of rare variants using custom AmpliSeq	New Zealand	Auckland	Genetic Solutions World Tour
	Identification of rare variants using custom AmpliSeq	New Zealand	Dunedin	Genetic Solutions World Tour
Donald McLeod	Year in thyroid - Treatment Advances	Australia	Cairns	RACP Congress
	Thyroid cancer	Australia	streamed online	National Endocrine Trainee Teaching Series
Don McManus	*Echincoccus granulosus* Genomics: an Opportunity to Improve the Diagnosis of Echinococcosis	France	Besancon	Innovation for the Management of Echincoccosis,
	The insulin receptor: an Achilles heel for schistosome vaccine development	United Kingdom	Cambridge	British Society for Parasitology Spring Meeting,
	A Vaccine for Zoonotic Schistosomiasis	Australia	Brisbane	AID conference, University of Queensland

Lectures continued

RESEARCHER	LECTURE TITLE	COUNTRY	CITY	EVENT
Don McManus	Control of Asian Schistosomiasis. (Symposium Chair)	Mexico	Mexico City	XIII International Congress of Parasitology (ICOPA XIII),
	Integrated Control of Asian Schistosomiasis	Mexico	Mexico City	XIII International Congress of Parasitology (ICOPA XIII)
	Farewell to the God of Plague — the Control of Schistosomiasis in Asia	Australia	Brisbane	QUT Special Seminar in Infectious Diseases
	Control of Zoonotic Schistosomiasis in Asia	Indonesia	Bogor	14th Annual Workshop of the Regional Network on Asian Schistosomiasis and Other Helminth Zoonoses (RNAS+)
	Towards the Elimination of Schistosomiasis in Asia	Thailand	Bangkok	Faculty of Tropical Medicine, Mahidol University
	Control of NTDs from Asia through Integrated Control	Thailand	Khon Kaen	Tropical Disease Research Laboratory, Khon Kaen University
	Towards the Elimination of Schistosomiasis from China	Australia	Brisbane	Queensland-China Workshop on Vaccine Development Opportunities
Sarah Medland	Genetic Epidemiology	Australia	Brisbane	Translational Research Institute - Genomics Seminar Series
	Common genetic variants influence human subcortical brain structures	Australia	Brisbane	Australian Neurogenetics Conference
	Genetics of Human Brain Development	Sweden	Uppsala	Swedish Society of Human Genetics
	New Findings from the Enhancing Neuro Imaging Genetics through Meta-Analysis (ENIGMA) Consortium	Denmark	Copenhagen	World Congress of Psychiatric Genetics
	Genomic studies with twins	Australia	Melbourne	Healthier Kids: insights from twin research, Australian Twin Registry
	Using collaboration to advance our understanding of brain structure	Australia	Brisbane	Queensland Brain Institute Seminar Series
	Educational Session – Introduction to Imaging Genetics	United States	Honolulu	Organization for Human Brain Mapping Annual Meeting
	Phasing and imputation (also gave 3 tutorials)	United States	Boulder	The 2015 International Workshop On Statistical Genetic Methods For Human Complex Traits
	Multivariate Analysis (6 hour teaching block)	United Kingdom	London	SGDP MRC Summer School - Institute of Psychiatry, Kings College London
	Common genetic variants influence human subcortical brain structures	United States	San Diego	Behaviour Genetics Association Annual Meeting
	Common genetic variants influence human subcortical brain structures (Senior Researcher Award Finalist)	Australia	Brisbane	Australian Society of Medical Research - Queensland Meeting

Lectures continued

RESEARCHER	LECTURE TITLE	COUNTRY	CITY	EVENT
John Miles	Understanding antigen-driven T cell selection dynamics during Epstein-Barr virus infection	Australia	Brisbane	International Symposium on EBV and Associated Diseases
	The future of prostate cancer therapy	Australia	Brisbane	Prostate Cancer Forum: Raising awareness for men's health chaired by Minister Mark McArdle MP
	Understanding and modulating human T cell function	United Kingdom	Manchester	Paterson Institute for Cancer Research
	Affinity enhanced EBV-specific T cell receptors	United Kingdom	Oxford	Immunocore Labs
	Clonal selection from the human TCR repertoire: emerging patterns from a chaotic morass	United States	West Point	Merck Research Laboratories
	Understanding and modulating human T cell function	Australia	Cairns	Australian Institute of Tropical Health and Medicine, James Cook University
	The length and biophysical properties of the peptide in the MHC groove predicts T cell receptor repertoire formation	Australia	Wollongong	44th Annual Scientific Meeting of the Australasian Society for Immunology
	Future of cancer therapy	Australia	Brisbane	Glass House Cancer Support Group Forum
	Predicting T cell receptor repertoire formation against human pathogens	Australia	Brisbane	5th International Congenital CMV Conference and 15th International CMV/ Betaherpesvirus Workshop
	Understanding and modulating human T cell function	Australia	Sydney	Centenary Institute
	Understanding and modulating human T cell function	Australia	Melbourne	Peter Doherty Institute for Infection and Immunity
Deepak Mittal	Novel combinations for cancer immunotherapy	Italy	Milan	Istituto Clinico Humanitas
Andreas Moller	Breast cancer	France	Paris	Miltenyi Conference
	Breast cancer	Australia	Melbourne	La Trobe University
	Cancer biomarkers	Australia	Cairns	Australasia Extracellular Vesicles Conference
	Breast cancer	Australia	Melbourne	Olivia Newton-John Cancer Research Centre
Grant Montgomery	Interaction of Genetics and Epigenetics	United States	San Francisco	Society for Reproductive Investigation Conference
Jason Mulvenna	Proteomics for CCA	Portugal	Lisbon	International Congress on Analytical Proteomics
Christina Nagle	Gynaecological Cancer research at QIMR Berghofer Medical Research Institute	Australia	Brisbane	Women's Networking Event presented by Marsh Tincknell (Chartered Accountants), for Australia's Biggest Morning Tea
Christina Nagle	The weighty issue of cancer	Australia	Cairns	Regional Queensland High School Health Science Lecture Series
Rachel Neale	Nonmelanoma skin cancer: epidemiology and genetics	Australia	Surfers Paradise	Australasian Skin Cancer College Annual Conference
	Sun exposure and health: harms and benefits	Australia	Perth	Cancer Council Western Australia Update Series

Lectures continued

RESEARCHER	LECTURE TITLE	COUNTRY	CITY	EVENT
Rachel Neale	Vitamin D and Health: The need for a large-scale trial	Australia	Perth	Telethon Kids Institute
Katia Nones	Methylation detection in cancer using microarrays	Australia	Brisbane	Brisbane Cancer Conference
Catherine Olsen	The QSkin Sun and Health Study	Australia	Brisbane	University of Queensland
Peter O'Rourke	Statistical issues in research planning	Australia	Brisbane	Annual introduction to research principles and resources courses for health professionals
Michael Parsons	The InSiGHT model: application to BRCA1/2 variant classification by ENIGMA and the BRCA Challenge	United Kingdom	Glasgow	Cancer Genetics Workshop, HVP Satellite meeting to ESHG
Ann-Marie Patch	Detecting Structural Variants in Cancer	Australia	Brisbane	Brisbane Cancer Conference
Sanjoy Paul	Obesity paradox in people with newly diagnosed type 2 diabetes	Australia	Sydney	Australian and New Zealand Obesity Society Annual Scientific Meeting
	Clinical inertia and the associated cardiovascular risk in patients with type 2 diabetes	United Kingdom	Leicester	Leicester Diabetes Centre, University of Leicester
Lawrie Powell	History of the Asia-Pacific Association for the Study of the Liver	Turkey	Istanbul	Annual Meeting of the Asia-Pacific Association for the Study of the Liver
Carla Proietti	T cell and antibody immunomics-based approaches for rationale vaccine design against malaria	Australia	Palm Cove	Australasian Tropical Health Conference
Grant Ramm	Non-invasive Assessment of Liver Disease and Fibrosis in Children with Cystic Fibrosis	Australia	Brisbane	Translational Research Institute's Research Committee Networking Workshop
	Non-invasive assessment of fibrosis in paediatric liver disease	Australia	Brisbane	Asian-Pacific Association for the Study of the Liver (APASL) Conference
Shiwanthi Ranasinghe	Novel tegument expressed Kunitz type protease inhibitor from *Schistosoma mansoni*	United States	New Orleans	The American Society of Tropical Medicine and Hygiene
	Functional characterization of novel Kunitz type protease inhibitors from Echinococcus and Schistosoma	New Zealand	Auckland	Australian Society for Parasitology Annual Meeting
Simone Reynolds	Pathways to Research Higher Degrees	Australia	Brisbane	University of Queensland Undergraduate Indigenous Students Workshop
Jacinta Simmons	Treatment options for Melanoma	Australia	Brisbane	Australian Dermatology Nurses Annual Scientific Meeting
Mark Smyth	Cancer immunotherapy – a basis for new therapy combinations	United Kingdom	Cambridge	Kymab Scientific Experts Meeting
Mark Smyth	NK cells: checkpoints and interferons in tumor control	Australia	Melbourne	International Cytokine and Interferon Society Symposium
	Cancer immunotherapy – preclinical models and candidate profiling	Austria	Vienna	Boehringer Ingelheim Experts Meeting Symposium

Lectures continued

RESEARCHER	LECTURE TITLE	COUNTRY	CITY	EVENT
Mark Smyth	The age of combination cancer immunotherapy	Singapore	Singapore	4th Network of Immunology Frontier Winter School Symposium
	Ashley Dunn Oration	Australia	Lorne	27th Lorne Cancer Conference
	IFNg produced by CTL immunoedits the cancer genome	United States	Philadelphia	Annual American Association for Cancer Research Symposium
	NK cells: subsets, checkpoints and interferons in tumor control	Canada	Montebello	15th Meeting of the Society for Natural Immunity Symposium
	Cancer immunotherapy – combinations in melanoma	Australia	Sydney	MIA Melanoma Immunotherapy Program
	Cancer immunotherapy – a basis for new cancer therapy combinations	Australia	Melbourne	Sciences of Oncology, Medical Oncology Group of Australia
	Immune checkpoint inhibitors and novel approaches	Australia	Brisbane	Brisbane Cancer Conference
	The age of combination cancer immunotherapy	China	Shanghai	National Key Laboratory of Medical Immunology
	New combinations in cancer immunotherapy	United States	Gaithersburg	Medimmune LLC
Amanda Spurdle	Overview of ENIGMA consortium and intersection of ENIGMA research objectives with the BRCA Challenge project	United States	San Diego	Global Alliance Consortium Meeting
	Updates relating to ENIGMA research projects	Belgium	Leuven	CIMBA Consortium Meeting
	Variant classification in high-risk cancer predisposition genes: the role of international multidisciplinary consortia	Australia	Adelaide	Human Genetics Society of Australia Annual Conference
	ENIGMA Research progress	France	Paris	Global Alliance BRCA Challenge Meeting
	ENIGMA and the BRCA challenge project	Portugal	Porto	CIMBA Consortium Meeting
	Update on the ENIGMA Consortium	Australia	Melbourne	Pathology Update 2015, RCPA Annual Conference
Mitchell Stark	Melanoma-specific microRNAs: Why are they important for targeted therapy and can they be used as disease biomarkers?	Australia	Brisbane	TRI Cancer Seminar Series
	miR-514a regulates the tumour suppressor NF1 and modulates BRAFi sensitivity in melanoma	Australia	Brisbane	Brisbane Cancer Conference
Nathan Subramaniam	Identification of the genetic basis of atypical iron disorders through next-generation sequencing	Indonesia	Jakarta	Asia-Pacific Iron Academy (APIA) Conference
	Next-generation sequencing for identification of the genetic basis of atypical iron disorders	Italy	Verona	European Iron Club Meeting

Lectures continued

RESEARCHER	LECTURE TITLE	COUNTRY	CITY	EVENT
Andreas Suhrbier	The elusive physiological function of SerpinB2 aka PAI-2	United States	San Diego	Protease Inhibitors in Drug Discovery Conference
	Chikungunya arthritis; viral persistence, chronic immunopathology and interventions	Taiwan	Taipei	United States-Japan Cooperative Medical Sciences Program (CMSP) 17th International Conference on"Emerging Infectious Diseases (EID) in the Pacific Rim"
	Macquarie Island: Penguins, Seals, and Viruses	United States	New York City	Linean Society of New York
	Research Collaboration on Dengue and Other Arboviruses in the Caribbean Workshop	Saint KItts and Nevis	Basseterre	Ross University School of Veterinary Medicine
	Chikungunya virus; global epidemic, arthritic immunopathology and interventions	Australia	Lorne	5th Lorne Infection and Immunity Conference
Michele Teng	The role of IL23 associated cytokines in tumour immunology	Australia	Melbourne	Australasian Sarcoma Study Group (ASSG) Research Meeting, Melbourne
	The age of combination cancer immunotherapy	Australia	Broadbeach	Australia New Zealand Gynaecological Oncology Group (ANZGOG) Annual Scientific Meeting
Nic Waddell	Cancer Genomics	Australia	Brisbane	Brisbane Cancer Conference
	Mutational processes and therapeutic opportunity in cancer	Australia	Sydney	Children's Medical Research Institute
	Overview of the cancer genome and epigenome	Australia	Sydney	RCPA – short course in Medical Genetics and Genetic Pathology
Graeme Walker	UV tumours in mice	Argentina	Córdoba	16th International Congress on Photobiology
	UV induction of melanomas in mice	Singapore	Singapore	22nd International Pigment Cell Conference
Daniel Wallace	A life of iron – genetics, cells and animal models	Australia	Perth	Curtin University Biomedical Sciences Research Retreat
	Non-HFE haemochromatosis: causes and mechanisms	Australia	Brisbane	Brisbane Inter-Hospital Liver Group Meeting
Daniel Wallace	Mechanisms in non-HFE haemochromatosis	Australia	Gold Coast	Australian Gastroenterology Week
Penny Webb	Diet, lifestyle and cancer: opportunities for prevention	India	Chennai	International Conference on Diet and healthy lifestyle in the prevention and control of non-communicable diseases
	Lifestyle modification including exercise	Australia	Brisbane	Royal College of Obstetrics and Gynaecology World Congress 2015
	Translating epidemiological research in gynaecological cancer into cancer control	Australia	Sydney	Sydney Cancer Conference

Lectures continued

RESEARCHER	LECTURE TITLE	COUNTRY	CITY	EVENT
Kosala Weerakoon	Detection of Cell Free Parasite DNA (Cystic FibrosisPD) in human clinical samples as an improved method of diagnosis and evaluation of *Schistosoma japonicum* infection	New Zealand	Auckland	Australian Society for Parasitology Annual Meeting
Ting Wei	Seeking Novel Anti-Viral Strategy from Host	China	Beijing	Institute of Animal Husbandry and Veterinary Medicine
Shu Wen Wen	Breast cancer exosomes	United States	Washington	ISEV Meeting
Vicki Whitehall	Serrated Pathway of Colorectal Tumorigenesis	Australia	Brisbane	Brisbane Cancer Conference
David Whiteman	Epidemiology of Barrett's esophagus and cancer	Australia	Brisbane	Asia-Pacific Gastroesophageal Cancer Congress
	The QSkin Study	United States	Washington, DC	US National Cancer Institute Keratinocyte Cancer Consortium Meeting
	Melanoma screening and GWAS 101	Australia	Noosa	UQ Skin Cancer Conference
	QSkin and the Burden of Skin Cancer in Queensland	Australia	Noosa	UQ Skin Cancer Conference
	Reducing sun exposure in the population: is it worth the effort?	United Kingdom	Edinburgh	XV World Congress on Cancers of the Skin
	Collaborative Research: Some personal reflections	Australia	Perth	Collaborative Cancer Research Initiative, Cancer Council Western Australia
	Estimating the burden of cancer in Australia due to modifiable exposures	Australia	Melbourne	UICC World Cancer Congress 2014
	Our changing understanding of melanoma aetiology	Australia	Brisbane	Brisbane Cancer Conference
	Genes, sunlight, phenotype: The multiple causal pathways to melanoma	Canada	Vancouver	23rd World Congress of Dermatology
	Cancer prevention	Australia	Perth	Cancer Council Western Australia - Cancer Update Public Lecture Series
	Melanoma epidemiology: An update on causes, screening, mortality	Australia	Gold Coast	IQ Pathology Histology ALM
Adrian Wiegmans	Breast cancer	Australia	Brisbane	Kumon Advanced Student Forum
Michelle Wykes	T cell exhaustion drives chronic malaria	Australia	Canberra	2014 Australian Society of Parasitology Meeting
	The role of programmed cell death 1 during malaria	United States	Boston	Harvard Medical School meeting
Michelle Wykes	Programmed cell death1: A major player in the pathogenesis of chronic malaria	Australia	Gold Coast	2014 Brisbane Immunology Group Meeting
	The role of programmed cell death 1 and its ligands in driving malaria	Australia	Canberra	The John Curtin School of Medical Research Seminar Series
	The role of programmed cell death 1 and its ligands in driving malaria	Australia	Brisbane	The Queensland University of Technology Seminar Series
Hong You	The Insulin receptor: An Achilles' heel for Schistosomes vaccine development	United States	Newport	Gordon Research Conferences, Salve Regina University
	Development of a transmission blocking vaccine against Asian Schistosomiasis	New Zealand	Auckland	2015 NZSP and ASP Annual Conference

Lectures continued

RESEARCHER	LECTURE TITLE	COUNTRY	CITY	EVENT
Arabella Young	Targeting immunosuppressive adenosine to promote an immune response against cancer	Australia	Brisbane	ASMR Queensland Postgraduate Student Conference
	Targeting immunosuppressive adenosine to promote an immune response against cancer	United States	Boston	Laboratory presentation, Dana Farber Cancer Institute
	Targeting immunosuppressive adenosine to promote an immune response against cancer	United States	Boston	Laboratory presentation, Northeastern University

PATENTS

Patent families managed by QIMR Berghofer

Title	Inventor(s)	Application Number
Immunogenic agent and pharmaceutical composition for use against homologous and heterologous pathogens	Michael Good; Mary Stevenson	PCT/AU2004/000870
Cytotoxic T cell epitopes	Denis Moss; Scott Burrows; Rajiv Khanna; Beverley Kerr; Jacqueline Burrows; Andreas Suhrbier	PCT/AU1995/000140
CTL epitopes from EBV	Martina Sherritt; Scott Burrows; Rajiv Khanna	PCT/AU1998/000531
EBV peptide epitopes, polyepitopes and delivery system therefor	Rajiv Khanna; Jaikumar Duraiswamy	PCT/AU2003/001451
Novel hCMV cytotoxic T cell epitopes, polyepitopes, composition comprising same and diagnostic and prophylactic and therapeutics uses therefor	Rajiv Khanna; Rebecca Elkington; Susan Walker	PCT/AU2002/000829
Human cytomegalovirus immunotherapy	Rajiv Khanna	PCT/AU2005/001798
Peptide compounds	Istvan Toth; William Gibbons	PCT/GB1993/001558
Mutant TAT proteins and uses thereof	David Harrich	US13/292425
Improved human herpesvirus immunotherapy	Rajiv Khanna	PCT/AU2013/001216
Immunoreceptor modulation for treating cancer and viral infections	Mark Smyth	PCT/AU2013/001132
Immunoreceptor modulation for treating cancer and viral infections	Mark Smyth	PCT/AU2014/000830

QIMR Berghofer patent families managed outside QIMR Berghofer

Title	Inventor(s)	Application Number
Receptor ligand system and assay	Andrew Boyd	US 09/104340
Eph/ephrin mediated modulation of cell adhesion and tumour cell metastasis	Andrew Boyd	PCT/AU2004/000142
A method of treatment	Andrew Boyd	PCT/AU1999/000931
Melanoma-associated MHC Class 1 Associated oligopeptide and its use	Chris Schmidt	PCT/EP2006/008533
A novel growth factor and a genetic sequence encoding same	Nicholas Hayward	PCT/AU1996/000094
Immunogenic complexes and methods relating thereto	Andreas Suhrbier; John Cooper Cox; Debbie Pauline Drane	PCT/AU0000110

Patent families resulting from industry sponsored contract research performed at QIMR Berghofer

Title	Inventor(s)	Application Number
Treatment of virally induced lesions	Andreas Suhrbier	PCT/AU2008/000596
Treatment of solid tumours	Andreas Suhrbier	PCT/AU2005/001827
Treatment of prostate cancer	Peter Parsons	PCT/AU2001/000966
Therapeutic agents I	Andreas Suhrbier Peter Parsons	PCT/AU2001/000679
Therapeutic agents II	Andreas Suhrbier Peter Parsons	PCT/AU2001/000680
Therapeutic agents III	Andreas Suhrbier Peter Parsons	PCT/AU2001/000678
Macrocyclic diterpenes for the treatment and prophylaxis of acne vulgaris	Andreas Suhrbier Peter Parsons	US 7838555

Patents families managed by QIMR Berghofer as trustee for the CRC-Vaccine Technology

Title	Inventor(s)	Application Number
T helper epitopes	David Jackson	PCT/AU2000/000070
Novel immunogenic lipopeptides comprising T-helper and cytotoxic T lymphocyte (CTL) epitope	David Jackson	PCT/AU2003/001019
Novel immunogenic lipopeptides comprising T-helper and B-cell epitopes	David Jackson	PCT/AU2003/001018
Truncated LHRH formulations	David Jackson	PCT/AU2005/001383

Trade marks managed by QIMR Berghofer

Mark	Status	Australian Trade Mark Number
Queensland Institute of Medical Research	Registered / Protected	1233303
QIMR	Registered / Protected	1233307
Hexagons device	Registered / Protected	1233317
Q-Neuro Systems	Registered / Protected	1512321
QIMR Berghofer	Registered / Protected	1583082
QIMR Berghofer Medical Research Institute	Registered / Protected	1583083

GRANTS AND FUNDING OVER $100,000

RESEARCHER	GRANT BODY	GRANT PURPOSE/TITLE	CURRENCY	AMOUNT	DURATION
Fares Al-Ejeh	NHMRC	From transcriptome metanalysis to targeted therapies in triple negative breast cancer	AUD	$468 687	3yrs
Fares Al-Ejeh	ARC	EGFR-directed radioimmunotherapy combined with chemotherapy and DNA repair inhibition: development towards clinical application for aggressive cancers	AUD	$752 067	3yrs
Greg Anderson	NHMRC	The role of the liver in manganese homeostasis	AUD	$336 056	2yrs
Greg Anderson	NHMRC	Mechanisms of intestinal and systemic iron homeostasis in early infancy	AUD	$469 838	2yrs
Greg Anderson	NHMRC	The role of soluble transferrin receptor in the regulation of iron homeostasis	AUD	$521 219	2yrs
Annika Antonsson	NHMRC	Oral human papillomavirus infection	AUD	$404 884	3yrs
Jonathan Beesley	NHMRC	Activation of TERT gene expression in breast carcinogenesis	AUD	$444 196	2yrs
Scott Bell	Cystic Fibrosis Foundation Therapeutics	Airborne transmission of micro-organisms among persons with cystic fibrosis	AUD	$215 811	2yrs
Andrew Boyd	Cancer Council Queensland	Characterisation of the function and therapeutic potential of EphA2 and EphA3 in prostate cancer	AUD	$200 000	1yr
Glen Boyle	Cancer Council Queensland	Investigating phenotype plasticity in melanoma progression and drug resistance	AUD	$200 000	1yr
Glen Boyle	NHMRC	Aberrant transcriptional signalling in the progression and metastasis of melanoma	AUD	$340 931	2yrs
Glen Boyle	NHMRC	Development of a novel drug for chronic and infected wounds	AUD	$467 974	2yrs
Michael Breakspear	Perpetual Trustees Australia Limited	Depression, physical activity and metabolic risk: a study of physical and emotional wellbeing in an Indigenous urban setting	AUD	$131 200	1yr
Michael Breakspear	NHMRC	Depressive and bipolar disorders: Pathophysiology, phenotypes and treatment innovations	AUD	$275 000	5 yrs
Michael Breakspear	ARC	ARC Centre of Excellence for Integrative Brain Function	AUD	$557 802	6yrs
Scott Burrows	NHMRC	Development of novel immunotherapeutic approaches for the treatment of Epstein-Barr virus-associated malignancies	AUD	$367 077	3yrs
Scott Burrows	NHMRC	The role of long peptide epitopes in antiviral CD8+ T cell recognition	AUD	$419 925	4yrs
Scott Burrows	NHMRC	Investigating how genetic variation in the T cell receptor genes influences the immune system	AUD	$606 894	3yrs

Grants continued

RESEARCHER	GRANT BODY	GRANT PURPOSE/TITLE	CURRENCY	AMOUNT	DURATION
Georgia Chenevix-Trench	Weekend to End Women's Cancers	Expansion of the Brisbane Breast Bank: a prospective study developing biomarkers of response and recurrence	AUD	$100 000	1yr
Georgia Chenevix-Trench	National Breast Cancer Foundation	A novel target for prevention and treatment of breast cancer	AUD	$199 378	1yr
Georgia Chenevix-Trench	Susan G Komen Breast Cancer Foundation	Mutations in genes that modify epigenetic silencing in familial breast cancer	AUD	$585 000	3 yrs
Georgia Chenevix-Trench	NHMRC	Molecular determinants of susceptibility and progression in breast cancer	AUD	$1 120 900	5 yrs
Paul Clark	Other	Beyond the Bars- An Integrated Education and Treatment Program to Improve Awareness, Diagnosis, Referral and Treatment of Chronic Hepatitis C infection for Women in Prison	AUD	$180 654	2 yrs
Nicole Cloonan	ARC	Decoding miRNA regulated genetic circuits.	AUD	$200 000	4yrs
Nicole Cloonan	Cancer Council Queensland	MicroRNAs and isomiRs as chemosensitizers in Double-stranded Break Repair defective cancer	AUD	$200 000	1yr
Bryan Day	Other	Cure Brain Cancer Foundation - Brain Cancer Discovery Collaborative Funding (BCDC)	AUD	$150 000	2 yrs
Bryan Day	Cancer Australia	Eph Receptor Tyrosine Kinases as Targets for Therapy in Paediatric Medulloblastoma	AUD	$199 718	1yr
Bryan Day	Cancer Council Queensland	Understanding the function of salinomycin as a DNA damaging agent and its relevance as a potential therapeutic agent for the treatment of malignant brain tumours	AUD	$200 000	1yr
Bryan Day	NHMRC	EphA2 and EphA3 Maintain Tumour Initiating Cells and are Therapeutic Targets in Brain Cancer	AUD	$593 813	2yrs
Greg Devine	Mosquito and Arbovirus Research Committe	Mosquito and arbovirus research in support of local government	AUD	$147 000	1 yr
Greg Devine	CSIRO	Release the sterile males: a new direction for mosquito population control	AUD	$225 000	3 yrs
Greg Devine	US Department of Defense	Optimal deployment of volatile pyrethroids	AUD	$860 000	3 yrs

Grants continued

RESEARCHER	GRANT BODY	GRANT PURPOSE/TITLE	CURRENCY	AMOUNT	DURATION
Denise Doolan	The Walter and Eliza Hall Institute of Medical Research	Discovery and Validation of Serological markers of recent exposure to P. vivax in (pre-)elimination settings	AUD	$197 655	2 yrs
Denise Doolan	Bill and Melinda Gates Foundation	Identification of T-cell target antigens after immunization by the Chemo-Prophylaxis and Sporozoites (CPS) regime	USD	$245 404	2 yrs
Denise Doolan	Department of Innovation, Industry, Science and Research	A unique Australian facility for the identification of pathogen-associated drug and vaccine targets	AUD	$700 000	3 yrs
Denise Doolan	NHMRC	Understanding Immunodominance in a complex host-pathogen system	AUD	$864 300	4 yrs
Denise Doolan	National Institutes of Health	Proteome-wide cellular immunity approach to P. falciparum antigen identification	USD	$2 378 344	5 yrs
Denise Doolan	NHMRC	Tropical Disease - immunity, pathogenesis and vaccine development: global translation Goal: Basic and translational research in support of the development of a malaria vaccine	AUD	$17 100 585	4 yrs
Ken Dutton-Regester	NHMRC	Understanding drug resistance of targeted BRAF inhibitors in late-stage melanoma	AUD	$359 866	4yrs
Stacey Edwards	Weekend to End Women's Cancers	Functional evaluation of genetic variants at a locus recently found to predict progression free survival in women with ovarian cancer	AUD	$110 681	1yr
Stacey Edwards	NHMRC	Functional analysis of breast cancer risk regions	AUD	$739 285	2yrs
Manuel Ferreira	QIMR Berghofer Near Miss Funding	Functional characterization of the new 8q21 asthma risk locus	AUD	$100 000	1yr
Katja Fischer	NHMRC	Scabies mite intestinal proteases as targets for novel therapeutics	AUD	$650 798	2yrs
Katja Fischer	ARC	Molecular approaches to overcome scabies and associated disease	AUD	$749 908	3yrs
Juliet French	NHMRC	Understanding how DNA variants confer an increased breast cancer risk	AUD	$485 504	3yrs
Juliet French	ARC/ NHMRC Network	Functional analysis of breast cancer susceptibility regions	AUD	$586 010	4 yrs
Geoffrey Gobert	NHMRC	Targeting schistosome calcium signalling to improve and broaden praziquantel efficacy	AUD	$466 513	2yrs
Jeffrey Gorman	Bioplatforms Australia Ltd	Emerging bimolecular platforms and informatics project	AUD	$300 000	1yr

Grants continued

RESEARCHER	GRANT BODY	GRANT PURPOSE/TITLE	CURRENCY	AMOUNT	DURATION
Jeffrey Gorman	Bioplatforms Australia Ltd	National Collaborative Research Infrastructure Strategy - Subcontract	AUD	$750 000	2yrs
Fernando Guimaraes	National Breast Cancer Foundation	Which tumor immunosuppressive pathways prevent natural killer control of breast cancer spread and impact on prognosis?	AUD	$100 000	4yrs
Fernando Guimaraes	Cancer Australia	Targeting suppressive TGFßR and A2AR pathways in natural killer cells: enhancing the innate anti-metastatic response	AUD	$100 000	1yr
Fernando Guimaraes	NHMRC	Deciphering IFN type III, TGFβ, IL-10 and adenosine pathways in natural killer cells: enhancing the innate anti-metastatic response against breast cancer progression	AUD	$309 436	4yrs
Ashraful Haque	QIMR Berghofer	Investigating the influence of innate immune responses on adaptive immunity during experimental blood-stage malaria	AUD	$100 000	1yr
Ashraful Haque	NHMRC	Dissecting the dynamics of malaria infection	AUD	$111 660	2yrs
David Harrich	NHMRC	Targeting a cellular translation factor affecting RNA	AUD	$566 226	2yrs
David Harrich	NHMRC	eEF1A1 is critical for HIV-1 reverse transcription and replication	AUD	$689 143	2yrs
David Harrich	NHMRC	A potent anti-HIV-1 gene therapy agent in a humanised mouse model	AUD	$1 101 141	3yrs
Andrea Henden	Leukaemia Foundation of Australia	PhD Clinical Scholarship	AUD	$120 000	2yrs
Geoff Hill	Cancer Council Queensland	Understanding and optimizing Graft-versus-Myeloma effects after BMT	AUD	$200 000	1yr
Geoff Hill	NHMRC	IL-6 and GVHD	AUD	$572 562	2yrs
Geoff Hill	NHMRC	Immunoregulation for treatment of disease	AUD	$1 966 255	4yrs
Susan Jordan	NHMRC	Improving cancer outcomes in under-studied cancers by understanding their risk factors and patterns of cancer care	AUD	$404 884	4yrs
Susan Jordan	NHMRC	Understanding causes of the rising incidence of thyroid cancer – What can mutations in the BRAF oncogene tell us about causes and diagnostic pathways for thyroid cancer?	AUD	$584 521	3yrs
Murugan Kalimutho	Cancer Council Queensland	Cep55 is a determinant of aneuploidy cell fate in breast cancer	AUD	$200 000	2yrs
Kum Kum Khanna	Cancer Council Queensland	Role of PC4 in tumorigenesis and metastasis of breast cancer	AUD	$200 000	2yrs
Kum Kum Khanna	NHMRC	Project grant: Deciphering the overlapping roles of SSB1 and SSB2 in the regulation of haematopoiesis and intestinal homeostasis	AUD	$958 728	3yrs

Grants continued

RESEARCHER	GRANT BODY	GRANT PURPOSE/TITLE	CURRENCY	AMOUNT	DURATION
Rajiv Khanna	Perpetual Trustees Australia Limited	Adoptive immunotherapy for progressive multiple sclerosis	AUD	$200 000	2 yrs
Rajiv Khanna	Richard Charles and Esther Yewpick Lee Charitable Foundation	Immunity for metastatic nasopharyngeal carcinoma	AUD	$290 175	3yrs
Rajiv Khanna	NHMRC	A novel vaccine formulation to prevent birth defects	AUD	$513 447	3yrs
Rajiv Khanna	NHMRC	Combining immune monitoring and Immunotherapy for infectious complications in solid organ transplant patients	AUD	$778 166	3yrs
Motoko Koyama	Leukaemia Foundation of Australia	Mechanisms of antigen presentation following bone marrow transplantation	AUD	$200 000	1yr
Motoko Koyama	NHMRC	The role of gut resident antigen presenting cells in graft-versus-host disease	AUD	$397 077	2yrs
Steven Lane	Leukaemia Foundation of Queensland	IL17-mediated mobilization of haematopoietic stem and progenitor cells	AUD	$100 000	1yr
Steven Lane	Cancer Australia	Understanding DNA integrity and telomerase in acute myeloid leukaemia stem cell function	AUD	$100 000	1yr
Steven Lane	University - South Australia	Targeting the egfr and c-met tyrosine kinase receptors in myeloproliferative neoplasms	AUD	$240 000	2yrs
Steven Lane	NHMRC	Improving patient outcomes in leukaemia by targeting the cancer-causing cells	AUD	$283 418	4yrs
Steven Lane	NHMRC	Understanding autophagy in haematopoiesis and leukaemia	AUD	$484 327	2yrs
Jill Larsen	Cure Cancer Australia	Identification of novel permissive mutations representing acquired vulnerabilities in lung cancer	AUD	$150 000	2yrs
Penelope Lind	NHMRC	A comprehensive analysis of the role of the alcohol dehydrogenase gene cluster in alcohol-related disorders and oesophageal cancer through deep resequencing	AUD	$587 109	2yrs
Katie Lineburg	Leukaemia Foundation of Queensland	Cellular and molecular mediators of chronic GVHD	AUD	$120 000	2yrs
Yi Lu	NHMRC	Investigating the interplay of gene and environment in childhood and adolescent mental health	AUD	$374 986	3yrs
Kelli MacDonald	Cancer Council Queensland	Investigations of the cellular and molecular mediators or chronic GVHD	AUD	$200 000	1yr

Grants continued

RESEARCHER	GRANT BODY	GRANT PURPOSE/TITLE	CURRENCY	AMOUNT	DURATION
Kelli MacDonald	NHMRC	The role of autophagy in stem cell transplantation	AUD	$915 820	4yrs
Stuart Macgregor	NHMRC	Identification of germline variation that predicts progression free survival following chemotherapy for advanced ovarian cancer	AUD	$613 650	2yrs
Stuart Macgregor	ARC	Drinking from the fire hose - Making sense of high density genetic and genomic data	AUD	$868 452	3yrs
Nicholas Martin	Young and Well Cooperative Research Centre	Wellbeing and links with sleep-wake patterns in adolescent and young adult twins	AUD	$300 000	1yr
Nicholas Martin	NHMRC	Expanding the power of genetic analysis of complex traits in multiply phenotyped twin sibships	AUD	$527 447	1yr
Nicholas Martin	NHMRC	Clinical and neurobiological predictors of onset of major mental disorders and associated functional impairment in adolescent and young twins: A prospective longitudinal study	AUD	$750 000	4yrs
Nicholas Martin	NHMRC	Exploring modifiable candidate risk factors for mental illness in young adults: Infection, vitamin D and stress	AUD	$827 611	2yrs
Nicholas Martin	NHMRC	Tackling heterogeneity in the etiology of major depressive disorder	AUD	$2 445 015	4yrs
James McCarthy	Bill and Melinda Gates Foundation	Identification of individuals with glucose-6-phosphate dehydrogenase deficiency	USD	$124 850	1yr
James McCarthy	Bill and Melinda Gates Foundation	Support of clinical trial infrastructure	USD	$9 200 000	4 yrs
Donald McLeod	NHMRC	The causes and treatment of thyroid disease	AUD	$184 718	3yrs
Sarah Medland	National Institutes of Health	ENIGMA Center for Worldwide Medicine, Imaging and Genomics	USD	$200 000	4 yrs
Sarah Medland	NHMRC	Investigating the relationship between depression, anxiety and nausea and vomiting during pregnancy: causation or shared liability?	AUD	$583 467	2yrs
John Miles	Rio Tinto Ride to Conquer Cancer and Weekend to End Women's Cancers	Engineering stronger T cell ligands through organic and synthetic biochemistry	AUD	$100 000	3yrs

Grants continued

RESEARCHER	GRANT BODY	GRANT PURPOSE/TITLE	CURRENCY	AMOUNT	DURATION
John Miles	Perpetual Trustees Australia Limited	Mining a large venom bank for bioactive compounds that boost vaccine potency	AUD	$112 361	1yr
John Miles	Prostate Cancer Fund of Australia	Isolating high-avidity prostate cancer-specific T cells using high definition allogenic pulldown	AUD	$240 000	2yrs
John Miles	Other - International	A new approach to the design and evaluation of T cell vaccines for cancer	AUD	$443 340	2yrs
John Miles	NHMRC	Tracking the human immune system over years of life	AUD	$456 413	3yrs
John Miles	NHMRC	A new approach to the design and evaluation of T cell vaccines for cancer and infectious disease	AUD	$639 492	3yrs
Andreas Moller	NHMRC	Exosomes as mediators of metastasis	AUD	$398 152	2yrs
Grant Montgomery	NHMRC	Genome-wide analysis of gene coding variants increasing risk of endometriosis	AUD	$686 071	2yrs
Grant Montgomery	NHMRC	Translating gene discovery into clinical outcomes	AUD	$739 980	4yrs
Jason Mulvenna	NHMRC	Biomarkers for the progression of cholangiocarcinoma: from risk factors to carcinogenesis	AUD	$507 347	2yrs
Rachel Neale	NHMRC	D-Health: A randomised trial of vitamin D for prevention of cancer and mortality	AUD	$2 930 705	4yrs
Dale Nyholt	NHMRC	Genetic biomarkers and molecular pathways for migraine.	AUD	$268 151	1yr
Dale Nyholt	NHMRC	Identification of novel common genetic risk factors for endometriosis	AUD	$580 011	1yr
Sanjoy Paul	Queensland Government	Smart Futures Co-Investment Fund (CIF) - Blood Glucose Control Tool	AUD	$136 983	3yrs
Sanjoy Paul	NHMRC	Whole body vibration for osteoporosis: Shaking up our treatment options	AUD	$163 240	4yrs
Sanjoy Paul	NHMRC	Sampling antibiotics in renal replacement therapy: a multi-national prospective pharmacokinetic study (SMARRT)	AUD	$218 482	3yrs
Sanjoy Paul	Federal Government	Translating Health Discovery Project (NCRIS 2013)	AUD	$297 726	1.5yrs
Sanjoy Paul	NHMRC	The obesity paradox in type 2 diabetes	AUD	$333 930	3yrs
Sanjoy Paul	Education Investment Fund	TIA-EIF - to fund the creation or development of research infrastructure	AUD	$589 780	2yrs
Jolieke Van Der Pols	Cancer Council Queensland	Risk factors for sessile serrated adenoma	AUD	$200 000	2yrs
Graham Radford-Smith	Amgen Inc	Analysis of disease biology in IBD	AUD	$117 431	1 yr
Grant Ramm	NHMRC	Cellular cross-talk between liver progenitor cells and hepatic stellate cells is required for hepatic fibrogenesis	AUD	$599 154	3yrs
Grant Ramm	NHMRC	Role of hepatic stellate cell and liver progenitor cell interactions in the regulation of wound healing and liver regeneration	AUD	$599 682	3yrs

Grants continued

RESEARCHER	GRANT BODY	GRANT PURPOSE/TITLE	CURRENCY	AMOUNT	DURATION
Grant Ramm	NHMRC	Identification of the mechanisms of hepatic fibrogenesis aid in the detection and prediction of clinical outcomes in paediatric cholestatic liver disease	AUD	$602 877	3yrs
Grant Ramm	NHMRC	Mechanisms of liver scarring in chronic liver disease	AUD	$664 515	5yrs
Grant Ramm	NHMRC	Ferritin binding and signalling receptors in hepatic fibrogenesis	AUD	$752 281	3yrs
David Reid	NHMRC	Abnormal lung iron homeostasis in cystic fibrosis	AUD	$629 661	3yrs
David Reid	NHMRC	Abnormal lung iron homeostasis in cystic fibrosis	AUD	$1 629 661	3 yrs
Corey Smith	NHMRC	Tracking the impact of superinfection with a common herpes virus on T cell immunity in humans	AUD	$306 806	3yrs
Corey Smith	NHMRC	The impact of infection with different strains of a common virus on immunity in humans	AUD	$314 063	3yrs
Mark Smyth	Cancer Council Queensland	A new checkpoint target for cancer immunotherapy	AUD	$200 000	2yrs
Mark Smyth	Cancer Research Institute	The pre-clinical validation of CD96 as a checkpoint target for cancer immunotherapy	USD	$200 000	2yrs
Mark Smyth	NHMRC	Returning Applicant to SPRF	AUD	$795 069	5yrs
Mark Smyth	NHMRC	Development of CD96 antibodies for cancer treatment	AUD	$796 046	3yrs
Mark Smyth	NHMRC	Development of CD96 antibodies for cancer treatment	AUD	$796 046	3yrs
Amanda Spurdle	Cancer Council Queensland	Clinical classification of BRCA1/2 gene variants	AUD	$200 000	1yr
Amanda Spurdle	NHMRC	Genetic studies towards improving cancer diagnosis	AUD	$739 515	5yrs
Brett Stringer	University - Monash	Development of effective antibody-based therapies for glioma	AUD	$300 000	3yrs
Nathan Subramaniam	National Institute of Health	Genetic modifiers of iron status in hemochomatosis HFE C282Y homozygotes	USD	$301 800	3 yrs
Nathan Subramaniam	NHMRC	Understanding how the liver regulates body iron levels	AUD	$407 402	3 yrs
Nathan Subramaniam	NHMRC	NHMRC Fellowship	AUD	$584 100	5 yrs
Nathan Subramaniam	NHMRC	Dissecting the TMPRSS6 regulation of iron homeostasis	AUD	$592 142	3 yrs
Nathan Subramaniam	NHMRC	Delineating the relationship between Iron and peroxisomal disorders: The role of the peroxisomal enzyme GNPAT in iron overload	AUD	$674 461	4 yrs
Andreas Suhrbier	Australian Centre for HIV and Hepatitis	EcoHIV, a convenient, Biosafety Level 2, mouse model for animal testing of HIV vaccines and anti-retroviral drugs	AUD	$165 000	1yr

Grants continued

RESEARCHER	GRANT BODY	GRANT PURPOSE/TITLE	CURRENCY	AMOUNT	DURATION
Andreas Suhrbier	Cancer Council Queensland	Regulation of mTORC2 and Ras signalling by Sin1 isoforms in pancreatic cancer	AUD	$200 000	1yr
Andreas Suhrbier	NHMRC	Regulation of inflammation and coagulation by microparticles containing SerpinB2	AUD	$573 627	2yrs
Andreas Suhrbier	NHMRC	Improving treatment strategies for chronic alphaviral arthritic diseases	AUD	$623 475	2yrs
Andreas Suhrbier	NHMRC	Applied inflammation biology	AUD	$802 610	5yrs
Michele Teng	Cancer Council Queensland	The role of IL-23 associated cytokines in cancer immunology	AUD	$200 000	1yr
Michele Teng	NHMRC	Combined T cell checkpoint blockade to eradicate established cancer	AUD	$202 298	1yr
Siok Tey	NHMRC	Cell therapy to prevent and treat graft-versus-host disease after allogeneic haematopoietic stem cell transplantation	AUD	$251 694	3yrs
Siok Tey	NHMRC	Inducible caspase 9 suicide gene to improve the safety of donor T cell addback after haploidentical stem cell transplantation	AUD	$545 681	2yrs
Nic Waddell	NHMRC	Defining the genomic and therapeutic landscape of familial breast cancer	AUD	$135 223	3yrs
Nic Waddell	NHMRC	Characterising the mutations, signatures, potential new therapeutic targets and biomarkers in malignant mesothelioma using whole genome analysis	AUD	$1 188 475	3yrs
Graeme Walker	Cancer Council Queensland	In vivo functional analysis of naevus GWAS hits: dissection of the respective roles of the CDKN2A and MTAP genes in naevus susceptibility	AUD	$199 782	2yrs
Graeme Walker	Cancer Council Queensland	Characterizing a novel naevus modifier gene on murine chromosome 8	AUD	$200 000	1yr
Graeme Walker	NHMRC	Do ‘classical’ or ‘oxidative’ UVR-induced DNA adducts drive melanoma induction after ultraviolet radiation	AUD	$324 336	2yrs
Graeme Walker	Melanoma Research Alliance	The Tgfb2/Rrp15 locus is an innate modifier of melanoma development	USD	$337 500	3yrs
Graeme Walker	NHMRC	Systems analysis of epidermal biology and cancer	AUD	$1 253 838	3yrs
Penny Webb	ANZGOG	Measure of ovarian cancer symptoms and treatment concerns following treatment	AUD	$120 000	2yrs
Vicki Whitehall	NHMRC	Wnt and MAPK signalling in the determination of colorectal neoplasia pathway	AUD	$383 447	3yrs
Vicki Whitehall	NHMRC	Kras- and braf-mediated methylation signatures in colorectal cancers and polyps	AUD	$443 306	3yrs
David Whiteman	NHMRC	Studies in cancer control	AUD	$727 610	5yrs

Grants continued

RESEARCHER	GRANT BODY	GRANT PURPOSE/TITLE	CURRENCY	AMOUNT	DURATION
David Whiteman	NHMRC	PROBE-NET: the progression of barrett's oesophagus to cancer network	AUD	$2 465 841	5yrs
David Whiteman	NHMRC	QSKIN: the genetics of skin cancer	AUD	$3 309 067	5yrs
David Whiteman	NHMRC	Generating the evidence to control cancerand optimise outcomes	AUD	$6 288 080	5 yrs
Christina Wong	National Breast Cancer Foundation	Diagnostic and therapeutic approaches against breast cancer meastasis	AUD	$390 000	3yrs
Margaret Wright	NHMRC	Neurodevelopment during adolescence: a longitudinal imaging study	AUD	$1 634 767	4yrs
Huiying Zhao	NHMRC	Development and application of novel bioinformatics approaches to identify pathogenetic mechanisms underlying migraine	AUD	$309 436	3yrs

QIMR BERGHOFER FELLOWS

NAME	YEAR AWARDED
Macfarlane Burnet	1981
Ralph Doherty	
Frank Fenner	
Eric French	
Abraham Fryberg	
Douglas Lee	
Margaret Macgregor	
Aubrey Pye	
William Reeves	
John Sprent	
Harry Standfast	
George Taylor	
John Tonge	
Carleton Gajdusek	1982
David Henderson	
Owen Powell	
Julie Saroso	
Edwin Westaway	
Vincent Zigas	
Anthony Epstein	1983
Douglas Gordon	
Elizabeth Marks	
Neville Davis	1985
Robert Porter	
Brian Wilson	
Natth Bhamarapravati	1986
Louis Miller	
Eric Saint	
Robert Shope	
Bruce Watson	
The Hon Mike Ahern	1988
Neville McCarthy	
Gustav Nossal	
E D O'Callaghan (posthumous)	
Frank Schofield	
Edward Stewart	1989
Tao Yixun	
Chamlong Harinasuta	1991
Chev Kidson	
Peter Livingstone	
Michael Alpers	1992
Rod Wylie	
Graham Mitchell	1993
Mervyn Eadie	1994
Bryan Emmerson	
Ian Wilkey	

NAME	YEAR AWARDED
Ted Brown	1995
Peter Doherty	1997
Paul Korner	
Stephen Lynch	
Michael O'Rourke	1998
Michael Barry	1999
Kay Ellem	
Ian Taylor	
Lawrie Powell	2000
Tom Veivers	
Phillip Desbrow	2001
William O'Sullivan	
Diana Cavaye	2002
Mary Dunne	
Clive Berghofer	2003
Bryan Campbell	
Sam Coco	
Peter Wills	2004
John Kerr	2005
Paul Wright	
David Lyons	2006
Ian Goddard	2007
Helen Luckoff	
John Garnsey	2008
Graham Brown	
Robert MacLennan	
Peter Brooks	2009
Peter Roeser	
David Alcorn	2011
Michael Good	
John Hay	2012
Christine Rzepczyk	2013
Jim Aylward	
Bruce Phillips	
Judith Clements	2014

SCIENTIFIC PUBLICATIONS

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1. FAA Financial Accountability Act 2009 FPMS *Financial and Performance Management Standard 2009*
2. ARRs *Annual report requirements for Queensland Government agencies*

*Please note, QIMR Berghofer has not reported on service areas and service standards on their service delivery statement, instead refer to page 26 for perfomance indicators relevant to QIMR Berghofer's strategic plan.

GLOSSARY

(Hons)	With Honours degree
AC	Companion of the Order of Australia
AID	Australian Infectious Diseases Research Centre
AMA	Australian Medical Association
AML	Acute myeloid leukaemia
ANZGOG	Australia New Zealand Gynaecological Oncology Group
APC	Antigen presenting cells
APGI	Australian Pancreatic Cancer Genome Initiative
ARC	Australian Research Council
ASHG	American Society for Human Genetics
ASMR	Australian Society for Medical Research
ASMTH	The American Society of Tropical Medicine and Hygiene
ATCM	Australian College of Tropical Medicine
BEACON	Barrett's and Esophageal Adenocarcinoma Consortium
CCQ	Cancer Council Queensland
CF	Cystic fibrosis
CMV	Cytomegalovirus
DNA	Deoxyribonucleic acid
EBV	Epstein-Barr virus
EMBL	European Molecular Biology Laboratory
EMBO	European Molecular Biology Organization
FCA	Fellow of The Institute of Chartered Accountants in Australia
FIMSA	Federation of Immunological Societies of Asia-Oceania
FTE	Full time equivalent
GMP	Good manufacturing practice
GVHD	Graft versus host disease
GVL	Graft versus leukaemia
GWAS	Genome wide association studies
HAA	Haematology Society of Australia and New Zealand, the Australian and New Zealand Society of Blood Transfusion and the Australasian Society of Thrombosis and Haemostasis
HIRF	Herston Imaging Research Facility
HIV	Human immunodeficiency virus
HNSCC	Head and neck: squarmous cell carcinoma
HPV	Human Papillomavirus
Hon	Honorary (degree)
ICON	International Conference on Cognitive Neuroscience
IGCS	International Gynecologic Cancer Society (
IHBI	Institute of Health and Biomedical Innovation
IMB	Institute of Molecular Bioscience
JCU	James Cook University
LLB	Bachelor of Laws
MA	Master of Arts
MAICD	Member of the Australian Institute of Company Directors
MBus	Master of Business
MND	Motor Neurone Disease
MPhil	Master of Philosophy
MPN	Myeloproliferative neoplasms
MSc	Master of Science
NCBS	National Centre for Biological Sciences
NCI	National Cancer Insitute
NDLR	New Directions in Leukaemia Research
NHMRC	National Health and Medical Research Council
NIH	National Institutes of Health
NPC	Nasopharyngeal Carcinoma
OBE	Order of the British Empire
OCNS	Organization for Computational Neurosciences
OPAL	Ovarian Cancer Prognosis And Lifestyle
PhD	Doctor of Philosophy
QTHA	Queensland Tropical Health Alliance
QUT	Queensland University of Technology
RBWH	Royal Brisbane and Women's Hospital
RNA	Ribonucleic acid
RSV	Respitory syncytial virus
TPCH	The Prince Charles Hospital
UCSF	University of California (San Francisco)
UQ	The University of Queensland
UQCCR	University of Queensland Centre for Clinical Research
WEHI	Walter and Eliza Hall Institute
WHO	World Health Organization

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ISSN 1839 – 1877