



institute for
RESPIRATORY HEALTH

ANNUAL REPORT 2020

1 IN 3

AUSTRALIANS LIVE WITH LUNG DISEASE

Lung cancer and COPD
are the 4th and 5th
leading causes of death
in Australia

Western Australia has
the highest rate of
mesothelioma in the
world

Lung cancer is the
leading cause of cancer
death in Australia

Asthma affects
approximately 1 in 9
people in Australia



OUR VISION

Everyone affected by lung disease will live a longer, healthier, happier life.

OUR MISSION

To help world-class researchers and clinicians improve the lives of everyone living with a respiratory condition.

OUR VALUES

Integrity

Excellence

Encouragement

Engagement

Translation



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2020 SNAPSHOT

87

Staff
inc students & associates

8

Research Groups

20

Active Clinical Trials



33

Collaborators

14

New Grants Awarded

80

Research Papers
Published

68%

of papers published in top
25% of ranked influential
journals



\$2.39M

In Competitive Grants

\$7.85M

In Total Revenue



ABOUT US

The Institute for Respiratory Health is a leading research organisation dedicated to fighting chronic lung conditions such as asthma, bronchiectasis, chronic obstructive pulmonary disease (COPD), cystic fibrosis, idiopathic pulmonary fibrosis, lung cancer and pleural disease.

Our internationally recognised scientists and clinicians conduct research to better understand and treat chronic lung conditions.

For more than seven million Australians who struggle to take a breath, the Institute for Respiratory Health offers support and hope for a healthier future.



STRATEGIC OBJECTIVES

Research Excellence

Conduct and foster innovative basic and clinical research to prevent and better understand respiratory conditions, and improve their diagnosis and management.

Clinical Excellence

Translate our research into improved treatments for people with respiratory conditions.

Campaigning and Education

Campaign in Western Australia for an increased awareness of, and investment in, respiratory education and research.



MURRAY'S STORY

Murray lives with a rare genetic disorder called Alpha-1-Antitrypsin Deficiency. This means he has difficulty producing a protein called alpha-1 antitrypsin, resulting in damage to his lungs and other organs such as the liver and the skin. When this condition affects the lungs, it can cause early-onset emphysema and chronic obstructive lung disease resulting in cough, wheezing and shortness of breath and possibly, reduced life span.

"I'm an inspector of mine site equipment, which requires me to be active climbing stairs and ladders every day. This can be challenging for me as I have a lung disease called Alpha-1-Antitrypsin Deficiency. I heard about a new clinical trial that the Institute were undertaking three years ago and I was fortunate to get on it. It has helped to improve my health.

"I feel like I get personalised, specialist care from the team of nurses that care for me. They are like family to me."

Murray
Clinical Trials Unit Patient

I feel like I get personalised,
specialist care from the
nurses that care for me.
They are like family to me.
Murray



CHAIR AND DIRECTOR'S REPORT

Despite the national and international impact of the COVID-19 pandemic, it must not be forgotten that chronic lung diseases have not gone away and that they cannot be cured by vaccines. In the absence of any cures, they will continue to kill many of those affected for decades to come. However, the pandemic has shown us that dedicated medical research can and will bring about major advances in medical treatments. In this regard, research institutes such as ours play an important role in knowledge generation and translation for the betterment of society. To this end, our Institute exists to make the lives of those afflicted with chronic respiratory conditions better. During 2020, the Institute's researchers and support staff again demonstrated their unequivocal commitment to this cause. This report highlights the Institute's research achievements during a very unusual year.

INTRODUCTION

There is no doubt that 2020 has proved to be one of the most extraordinary years in recent history due to the emergence of the COVID-19 pandemic. In 2020, as a result of it spreading across the world, the novel beta-coronavirus infected 88 million people and killed 1.88 million by the year's end. However, unprecedented efforts were made by the scientific and pharmaceutical communities to develop vaccines and drugs that offered hope of combating this infection and mitigating death.

This year saw the development of anti-COVID-19 vaccines in the shortest time ever; an unprecedented outcome. It took just 11 months from the time the viral genome was sequenced to the production of the first ever mRNA vaccine and the more conventional adenovirus vaccine.

In the absence of any COVID-19 vaccines in 2020, the Institute was subjected to quarantining, one of the few mitigation measures available. Although nowhere near as severe as elsewhere in Australia, the pandemic did impact our research productivity, our clinical trials activity and our income generation. However, our staff were able to undertake limited research and clinical trials activity once lockdowns were lifted.

With regard to our finances, the income generated by the Clinical Trials Unit suffered a significant decline and, because of this, we received Federal Government financial support through its 'Job Keeper', 'Cash Flow' and 'Research Support' initiatives. This support will be used to keep our research staff employed and active next year.

RESEARCH SUCCESSSES

Despite the impact of this infection, our research staff, together with their external collaborators, were highly productive in 2020, as judged by the number of manuscripts published in high quality journals, research grant success, competitive fellowship awards and the training of future researchers at both the undergraduate level (Honours) and the postgraduate (PhD) level. Our researchers published 80 manuscripts and book chapters, with a significant proportion published in highly prestigious journals. This represents a 27 percent increase over the Institute's output in 2019.

In addition, our researchers were awarded a number of highly competitive research grants including those offered by the Congressionally Directed Medical Research Program through the USA Department of Defence. In this regard, the Institute and its affiliate, the National Centre for Asbestos Related Disease (NCARD), were awarded 4 of only 6 grants available worldwide for mesothelioma research. This is an excellent outcome and testament to the quality of research being undertaken in both organisations. In addition, researchers from the Institute were part of NCARD's \$2.5M NHMRC Centre for Research Excellence grant for work on mesothelioma. In addition, our researchers were awarded funding for COVID-19 and idiopathic pulmonary fibrosis research.

The Institute continues to support cystic fibrosis (CF) research funded by the Conquer Cystic Fibrosis (CCF) as well as by the proceeds from the Melbourne Cup Lunch. In this regard, CCF awarded Dr Anna Tai a Research Fellowship which enabled her to continue studies on the molecular epidemiology of bacterial infections in CF patients. In addition, Ms Jordan Henderson, a Clinical Dietitian at

Sir Charles Gairdner Hospital, was awarded CCF funding for a project measuring energy expenditure during pulmonary exacerbations of CF using indirect calorimetry. Similarly, Ms Maggie Harrigan, a social worker at Sir Charles Gairdner Hospital, was awarded the Institute's Glenn Brown Memorial Grant. Ms Harrigan's research project will focus on developing a 'social connectedness' toolkit for adults with CF. The toolkit will include education surrounding the concept of social connectedness, impacts of social connectedness, evidence-based strategies to enhance social connectedness, and social connectedness resources.

STAFFING

Dr Siobhain Mulrennan was promoted to the position of (adjunct) Clinical Professor at the University of Western Australia. This promotion is a reflection of her significant contribution to the clinical research activities of the University. In addition, the Institute farewelled Dr Sally Lansley, a senior scientist working in Professor Gary Lee's research group, who has sought other non-research-related opportunities.

AFFILIATIONS

The University of Western Australia

The Institute continued to enjoy its affiliation with The University of Western Australia in 2020. This mutually beneficial relationship has proved to be extremely important to the viability and reputation of the Institute.

Curtin University

The Institute was pleased to enter into an affiliation agreement with Curtin University in 2020. This affiliation will strengthen ties between the University and the Institute and greatly enhance our research activity.

NCARD

Our affiliation with NCARD continues to strengthen our combined efforts to make a difference for all patients experiencing the full spectrum of respiratory disease.

ASSOCIATION OF AUSTRALIAN MEDICAL RESEARCH INSTITUTES (AAMRI)

In 2020, the Institute became a member of AAMRI, a peak body representing medical research institutes across Australia. This will help ensure respiratory health is at the forefront of both the Federal and State Government decision-making policies. To this end, the Institute joined the newly established WA Chapter of AAMRI along with the Telethon Kids Institute, Harry Perkins Institute, Lions Eye Institute, Perron Institute and Ear Science Institute.

THE BOARD

In 2020, the Institute welcomed a new member to its Board, namely, Ms Tracy Armson who took on the role of Secretary. Ms Armson brings a wealth of experience based on her communications and marketing background. She has extensive international experience in communications, marketing, market research, project management and is a big-picture strategic thinker. She has a high profile in Perth, having worked with the RAC, Horizon Power, GESB and Curtin University. Ms Armson has also held a number of board positions including Amana Living and Therapy Focus.

FUNDRAISING ACTIVITY

Despite uncertainty, a decision by the Board to proceed with the Melbourne Cup Lunch was made after it was clear that lockdowns were unlikely to be implemented in November. Arrangements were quickly put in place to facilitate this and, as a result, we saw tremendous community support. This support resulted in more than \$37,000 being raised. These funds will be used to support researchers studying various clinical and scientific aspects of CF and bronchiectasis. The award is dedicated to the memory of Glenn Brown, a schoolboy from Kalgoorlie, who tragically lost his life to CF when only 15 years of age.

FINANCES

The Institute's finances have recently stabilised and a relatively healthy financial surplus was generated in 2020. Based on current figures, it is anticipated that surpluses will continue to occur in the coming years. This places the Institute in a sound position to continue its important program of respiratory health research. This stability is helping to create an air of optimism amongst staff.

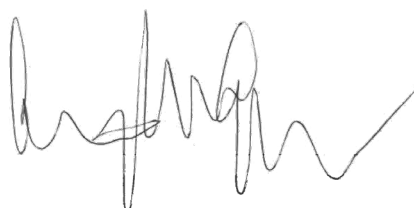
In turn, this will enable the Institute to maintain both its momentum and sustainability in the short term, and to build for the future in the long term. In 2020, the Institute started work on its new strategic plan having undertaken a SWOT analysis to identify strengths, weaknesses, opportunities and threats. From these analyses, a number of opportunities have emerged and we are now developing the necessary strategies to take full advantage of them.

ACKNOWLEDGMENTS

We would like to conclude this report by thanking our staff for their efforts in 2020, and our donors who continued to provide financial support for the Institute during uncertain economic times.

In addition, we would also like to thank our affiliates for their support together with that received from the Respiratory Departments of Sir Charles Gairdner Hospital and the Fiona Stanley Hospital, and our partnerships with other Perth-based universities including Curtin University, the University of Notre Dame and Edith Cowen University.

Finally, we would like to thank each of our Board members for taking time away from their other commitments including work and family, to assist the Institute in achieving its objectives.



Mr Craig McGown
Chair of the Board



Emeritus Professor
Geoff Stewart
Director



RESEARCH AREAS

The Institute advocates for, and undertakes, research into the broad spectrum of chronic respiratory conditions and is both scientifically and clinically focused. The Institute supports a number of research leaders who fund their groups through winning peer-reviewed grants and receiving donations from a variety of sources. None the research leaders and their groups work in isolation and their successes and productivity is based on establishing viable collaborations with like-minded scientists and clinicians at local, national and international levels. They conduct innovative scientific and clinical research into chronic lung disease and the pathological mechanisms which play a causal role in disease manifestation. In 2020, there were eight research teams as shown below and a description of their work follows.

Biomarker Discovery

Associate Professor
Jenette Creaney

Cell Biology

Associate Professor
Yuben Moodley

Cystic Fibrosis and Bronchiectasis

Clinical Professor
Siobhain Mulrennan
& Dr Anna Tai

Molecular Pathology

Associate Professor
Steven Mutsaers

Occupational and Respiratory Health

Professor Fraser Brims

Pleural Medicine

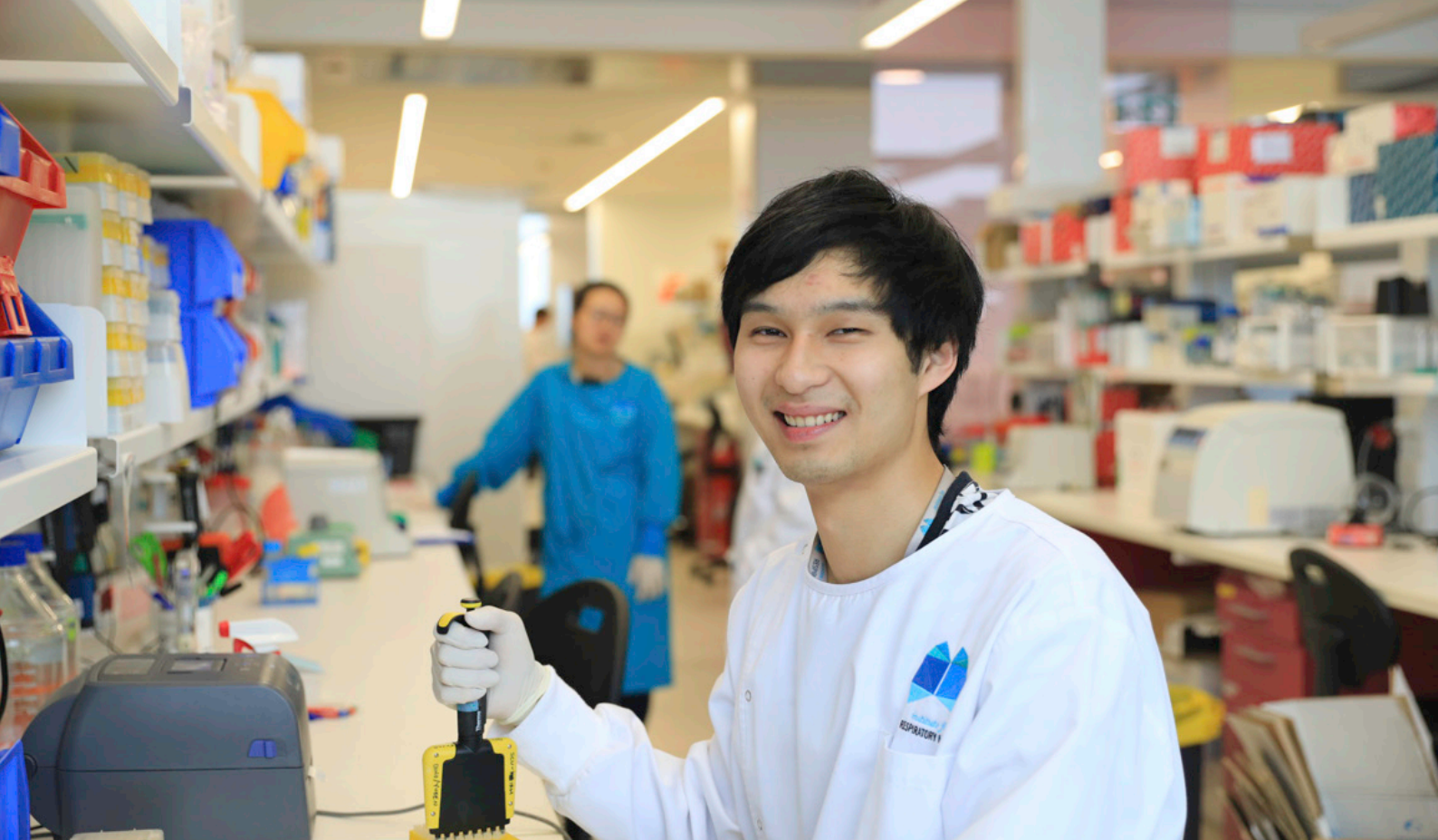
Professor Gary Lee

Vaccines and Viral Immunity

Associate Professor
Alec Redwood

Clinical Trials

Ms Meagan Shorten



RESEARCH GROUPS

BIOMARKER DISCOVERY

Research Leader:

Associate Professor Jenette Creaney

A 'biomarker' is the term used to describe a protein that body produces as a result of disease in its earliest phases that can be easily measured in biological samples, in particular, blood. Once identified, they can help not only in confirming a diagnosis but also in helping to understand the disease-producing mechanisms involved which, in turn, can influence therapy.

The Biomarker Discovery team is involved in identifying and validating new biomarkers for the early diagnosis of mesothelioma and are building on their initial discovery of the biomarker, mesothelin-related peptide. Mesothelioma is a deadly cancer arising in the pleural walls of the lung resulting from prolonged exposure to asbestos. There is a great need for such a validated marker or even a panel of biomarkers, as diagnosis of the

disease may be difficult in the early stages if reliant on imaging or the histological analysis of lung biopsies analyses alone. In addition, the availability of a marker will increase the chances of detecting the cancer at an early stage, which is likely to improve the prognosis for affected individuals with these deadly tumours.

CELL BIOLOGY

Research Leader:

Associate Professor Yuben Moodley

The Cell Biology Research Group is investigating how deranged cellular activity contributes to the development of chronic lung diseases such as idiopathic pulmonary fibrosis and chronic obstructive pulmonary disease. In this way, it will be possible to identify suitable therapeutic targets which, in turn, will help in the development of novel treatments for such patients.



The Group is particularly focused on the determining the molecular pathways that lead to chronic inflammation seen in such diseases and give rise to the symptoms experienced. In this way, it will be possible to develop treatments that might ultimately cure patients rather than just relieving some of the more debilitating symptoms. In parallel, the Group is trying to identify biomarkers that will enable physicians to quickly identify patients with progressive disease sufficiently quickly to initiate suitable treatments to stop or slow the advancing disease and improve their quality of life.

CYSTIC FIBROSIS AND BRONCHIECTASIS

Research Leaders:

Clinical Professor Siobhain Mulrennan Clinical Senior Lecturer Dr Anna Tai

Cystic Fibrosis (CF) is a genetic disorder resulting in damage to the lungs and elsewhere. The resulting changes associated with this disease increase the risk of chronic bacterial infection, lung function decline and overall ill health, both physical and mental.

The Cystic Fibrosis and Bronchiectasis Research Group is investigating how patients may benefit from novel drug therapies and, diagnostic imaging techniques. In addition, they are analysing the molecular epidemiology of infection as well as psychosocial therapeutic intervention. With regard to infection, they are focusing on the important CF-associated bacterial species such as *Pseudomonas aeruginosa* and *Clostridium difficile* and the prevalence of antibiotic resistance. With regard to the psychosocial aspects, the Group is studying the prevalence of depression, anxiety and social connectedness. Similarly, they are also examining the effects of high intensity interval training exercise on lung function in people with CF. In addition, they are measuring energy expenditure during pulmonary exacerbations to help ensure appropriate nutritional support for CF patients at all times.



MOLECULAR PATHOLOGY

Research Leader: Associate Professor Steve Mutsaers

The Molecular Pathology Research Group is investigating some of the important molecular and cellular pathways involved causing chronic interstitial lung diseases and cancer, and how they might be manipulated to bring about a cure and/or healing. Many forms of lung disease can be regarded as the interaction between tissue injury and subsequent attempts to heal the affected tissues, a process known as tissue repair.

The Group is assessing the mechanisms involved in regulating interactions between cells, the extracellular matrix surrounding cells and the different molecules released following injury. These interactions stimulate cells to respond in different ways, such as by proliferating, migrating, invading, differentiating and producing collagen (scarring). Diseases arising from abnormal tissue repair include asthma, pulmonary fibrosis, chronic obstructive lung disease, adhesions and cancer.

The Group is examining how lung injury leads to the development of this scar tissue in the lung and the role of the mesothelial cell in normal repair.

OCCUPATIONAL AND RESPIRATORY HEALTH

Research Leader: Professor Fraser Brims

Occupational lung diseases came into prominence with the industrial revolution and, despite legislation and a significant reduction in incidence, they continue to be problematic, with some 'old' diseases re-emerging due to the introduction of new technologies such as the manufacturing of stone benchtops.

The Occupational and Respiratory Health Research Group is investigating sensitive screening methods to identify such workers early enough to implement curative treatment, as well as investigating novel therapies for those with occupational lung disease as well as lung cancer generally.



PLEURAL MEDICINE

Research Leader:
Professor Gary Lee

The pleura are two thin membranes which cover, respectively, the chest cavity and the lungs themselves, and enable the lungs to expand and contract correctly during breathing. There is little space between them but in some diseases such as cancer and respiratory infection, fluid (effusion) accumulates causing major breathing difficulties unless it is removed.

Each year more than 60,000 people are affected by pleural disease in Australia and their incidence, mortality and healthcare costs continue to rise.

The Pleural Medicine Group is involved in developing better and more effective ways in removing these effusions to increase the quality of life for such patients and reduce time spent in hospital particularly for mesothelioma patients whose prognosis is very poor.

VACCINES AND VIRAL IMMUNITY

Research Leader:
Associate Professor Alec Redwood

To establish an infection, viruses must first avoid or minimise the anti-viral immune responses. The Vaccines and Viral Immunity Group studies ways by which viruses do this as a means of understanding how normal anti-viral immunity works. When they understand viral immunity, it will be possible to exploit this knowledge to design better treatment methods, and also use benign viruses to vaccinate against other more dangerous viruses.

The Vaccines and Viral Immunity Group is designing vaccine strategies to prevent the spill-over of pathogens from animals into humans. Using this approach, the Group may be able to prevent the outbreak of pandemics, such as COVID-19, in the future.



CLINICAL TRIALS UNIT

Before any drug is made available to the public, manufacturers are required to ensure that it is safe to do so by undertaking clinical trials. The Clinical Trials Unit with the Institute is one of the largest of its kind in Australia. It is highly regarded, nationally and internationally, for its work in helping pharmaceutical companies test the safety and efficacy of drugs used to treat chronic lung disease. The trials are sponsored by a range of Australian and international pharmaceutical and biotech companies as well as some grant funding.

In 2020, the Unit conducted 20 studies on a variety of chronic lung diseases with approximately 120 patients across all studies. The diseases studied included:

- Asthma
- Alpha 1-antitrypsin deficiency
- Bronchiectasis
- Chronic obstructive pulmonary disease
- Asthma
- Cystic fibrosis
- Idiopathic pulmonary fibrosis

- Respiratory syncytial virus Vaccine
- Pulmonary arterial hypertension

The Unit comprises consultants, doctors, registered nurses and health science professionals. Patients are closely monitored, with regular health checks in the clinic. The Unit has a collaborative relationship with both our research leaders and respiratory consultants in the tertiary hospital sector.





CLARE'S STORY

Clare was born with cystic fibrosis, a genetic disorder that primarily affects the lungs and digestive system.

Clare is a stilt performer and Christmas is her favourite and busiest time of year. She loves hand-making the creative costumes and bringing joy and happiness to people through her magical characters like the 'Angel of Lights' and 'Cheeky Christmas Elves'.

"Seeing the wonder and smiles on people's faces makes my day."

Clare's cystic fibrosis started to have a serious impact on her love of entertaining others.

"I had to rely on my husband to help me into my stilts. I also bought lighter stilts so I could keep on performing despite feeling fatigued. Each year, I needed to adjust my stunning festive costumes as my rib cage continued to expand from the disease."

Clare's passion for performing and entertaining had to be put on hold in 2017. Despite her best efforts to keep fit and never give up, her health

rapidly declined. She needed a life-saving double lung transplant.

"It's major surgery, especially for someone who is so unwell. I worked hard to improve my health so I would be accepted for surgery. I went to the gym three times a week with my oxygen tank, increased my weight and focused on my mental health too. I was one of the fortunate ones as I was on the waiting list for only two months when I got 'the call' on 25 April 2019.

"I believe every day is a gift and that my positive mental attitude helped me every single day. But I still had challenges to face. When I left the hospital it still hurt to breathe, I spent most of my time sleeping and I couldn't leave the house socially for more than two months. In time, my lung function returned to 100 per cent and in October 2019 I returned to my love of stilt performing.

In Australia, one baby is born with cystic fibrosis every four days. The median life expectancy is under 50. There is still no cure.



COMMUNITY HIGHLIGHTS

FUNDRAISER FOR CYSTIC FIBROSIS RESEARCH

In 2020, the Melbourne Cup Lunch celebrated its 18th year, and in doing so raised over \$37,000 for research.

We are grateful to our guests, local businesses and volunteers for making this event such a success. Money raised from the day goes into the Glenn Brown Memorial Fund, allowing researchers to further their research on cystic fibrosis and bronchiectasis.

A heartfelt thanks goes out to our speakers, Mitch Messer who shared his experience of living with cystic fibrosis and Naomi Chapman a researcher at Sir Charles Gairdner Hospital who was the 2018 Glenn Brown Memorial Award winner.

WORLD LUNG DAY

We celebrated World Lung Day on 25th September along with 198 partners worldwide. This year's theme highlighted the burden of respiratory infections and chronic lung disease throughout the world. It is estimated that World Lung Day reached out to over 49 million people, almost a three-fold increase from the previous year.



VOLUNTEERS

As always, we would like to express our gratitude to all the volunteers that kindly committed their time during 2020. The main event was the Melbourne Cup Lunch, where our passionate volunteers assisted in making the day such a success. In addition, volunteers involved themselves in an endless array of administrative duties.

MEMBERS

The Institute continues to enjoy the strong support of its members, who comprise of individuals from the scientific and medical sector, as well as the broader community. Our members are kept up-to-date on respiratory research, collaborations and clinical trials news via newsletters, social media, events and the Breath of LIFE magazine.

Membership is open to all, reflecting the Institute's desire to be a transparent and accountable organisation, serving the needs of those who support it and aiming to be of value to as broad a group of people as possible.

DONATIONS AND FUNDRAISING

2020 saw members and supporters once again contribute towards the Institute's annual appeals as well as organise their own fundraising activities. Every single contribution is enormously appreciated, all of which is used solely to support our research activities.

THANK YOU TO CONQUER CYSTIC FIBROSIS

During 2020, we continued our long-standing relationship with Conquer Cystic Fibrosis. Their support has helped us to fund collaborative and translational research projects over several years. We are beyond thankful to Conquer Cystic Fibrosis who have been our partner since 2016.



THE LIFE GROUP

COVID-19 has a big impact on the Lung Information & Friendship for Everyone (LIFE) Group during 2020. As a result, the leadership team established a telephone tree to help keep members in touch and to help combat the loneliness and boredom, especially for those who live alone. Each member who accepted the invitation to take part received a phone call from another member about once a week or so. The caller asks how they are managing and generally have a chat. Many members who received calls would then call one or two others.

LIFE also produced a short video about coping during isolation and provided some home exercise suggestions approved by Nola Cecins, Senior Pulmonary Physiotherapist at Sir Charles Gardiner Hospital.

At the end of 2020, the Group once again came together for their the annual end-of-year party, which was held at the Hyde Park Hotel.

DIRECTORS OF THE BOARD



MR CRAIG MCGOWN
CHAIR

Mr McGown joined the Board in 2016 and became Chair in 2018. He is an investment banker with over 35 years of experience consulting to companies in Australia and internationally. Mr McGown is an executive director of the corporate advisory business New Holland Capital Pty Ltd and previously Chair of DJ Carmichael Pty Limited.



MR JOHN PRICE
TREASURER

Mr Price joined the Board in 2019 where he became the Treasurer of the Board. He has over 40 years' experience as a local business owner. He is an Emergency Services Volunteer and a Lung Champion for the Institute. Mr Price brings his insights and experience based upon his journey of living with a rare lung disease.



MS TRACY ARMSON
SECRETARY

Ms Armson is a senior Communications and Marketing Specialist with extensive international experience in communications, marketing, market research and project management. Ms Armson is a big-picture strategic thinker and has a high profile in Perth, having worked with the RAC, Horizon Power, GESB and Curtin University.



MS SUE MOREY

Ms Morey joined the Board in 2007 and was Chair from 2012 – 2016. She is a Nurse Practitioner in respiratory medicine at Sir Charles Gairdner Hospital. Ms Morey has spent over 40 years in the field and in 2004 was awarded the Order of Australia Medal for her services to respiratory medicine nursing.



MR JOHNSON KITTO

Mr Kitto joined the Board in 2012. He is the Managing Partner at Kitto & Kitto Barristers & Solicitors. Mr Kitto has practiced in Western Australian law courts and specialist tribunals for over 25 years. He also co-hosts a weekly ABC Radio legal advice segment which assists people with common legal queries.



MR ANTHONY FORTINA

Mr Fortina joined the Board in 2018 and is the UWA representative. He is the Deputy Director, Office of Research Enterprise, and manages the research development and innovation portfolio. Mr Fortina has worked in the higher education sector since 2003 in various business development roles.



PROFESSOR GARY LEE

Professor Lee joined the Board in 2018. He is a Respiratory Specialist at Sir Charles Gairdner Hospital and Head of Pleural Medicine Unit within the Institute for Respiratory Health. Professor Lee has over 15 years' experience in researching pleural diseases, especially pleural malignancies and infection. His work has been translated into clinical practice on many occasions.



**PROFESSOR GEOFF STEWART
DIRECTOR**

Emeritus Professor Stewart became Director of the Institute for Respiratory Health in 2017. Prior to that he joined the Board in 2011. Emeritus Professor Stewart was the Head of Microbiology and subsequently the Head of the School of Biomolecular, Biomedical and Chemical Sciences at The University of Western Australia.

Ex-officio Members

Mr Bi Lam, Finance Manager

Mrs Sarah Cermak, Business Services Manager

Finance Subcommittee

Mr John Price (Chair), Mr Anthony Fortina, Emeritus Professor Geoff Stewart, Mr Bi Lam, Mrs Sarah Cermak

Scientific Subcommittee

Emeritus Professor Geoff Stewart (Chair), Professor Gary Lee, Professor Grant Waterer*, Professor Scott Bell*, Professor Stephen Holgate*

*External to the Institute for Respiratory Health

PUBLICATIONS

JOURNALS

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BOOK CHAPTERS

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FINANCE REPORT

Board members submitted the financial report of Institute for Respiratory Health (Inc) for the financial year ended 31 December 2020.

Board members

The names of board members throughout the year and at the date of this report are:

Craig McGown	John Price
Sue Morey	Johnson Kitto
Gary Lee	Anthony Fortina
Geoff Stewart	

Principal activities

The principal activities of the institute during the financial year were to conduct research and conduct clinical trials in the area of respiratory health.

Significant changes

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

Operating result

The surplus for the 2020 year amounted to \$1,789,297.

Signed in accordance with a resolution of the members of the board.



Geoff Stewart, Board Member



Sue Morey, Board Member
Dated: 15 April 2021

For a comprehensive review of our financial position, please email admin@resphealth.uwa.edu.au.

AUDITOR'S DECLARATION

INSTITUTE FOR RESPIRATORY HEALTH (INC)
A.B.N. 78 098 197 636

AUDITOR'S INDEPENDENCE DECLARATION UNDER ACNC ACT SECTION 60-40 TO THE BOARD OF INSTITUTE OF RESPIRATORY HEALTH (INC)

In accordance with Subdivision 60-C of the *Australian Charities and Not-for-profits Commission Act 2012*, I am pleased to provide the following declaration of independence to the board of Institute of Respiratory Health (Inc). As the lead audit partner for the audit of the financial report Institute of Respiratory Health (Inc) for the year ended 30 June 2020, I declare that, to the best of my knowledge and belief, during the year ended 30 June 2020 there have been no contraventions of:

- i. The auditor independence requirements as set out in the *Australian Charities and Not for Profits Commission Act 2012* in relation to the audit; and
- ii. Any applicable code of professional conduct in relation to the audit.

Owen & Plaistowe
Certified Practising Accountants



Hugh Martin Edward Plaistowe

Date: 20 April 2021

Perth, Western Australia

INCOME STATEMENT

FOR THE YEAR ENDED 31 DECEMBER 2020

	2020 \$	2019 \$
Revenue		
Grant income	1,929,118	3,126,966
Research support	466,699	187,289
Clinical trials	814,677	807,107
Novartis	-	14,500
Respirology	292,970	298,325
International research grant	462,740	382,497
Infrastructure funding	1,267,547	931,557
Fundraising income and donations	138,850	174,914
Corporate grants	399,495	200,000
Memberships income	3,127	2,073
Interest income	31,486	44,099
Other income	2,051,832	1,702,515
Total revenue	7,858,541	7,871,842
Expenses		
Operating expenses	(1,248,426)	(1,508,770)
Employee benefits expense	(4,395,534)	(4,251,560)
Depreciation expenses	(43,660)	(8,391)
Finance costs	(600)	(1,199)
Other expenses	(381,024)	(437,379)
Total expenses	6,069,244	6,207,299
Net current surplus	1,789,297	1,664,543
Other comprehensive income	-	-
Total other comprehensive income	-	-
Total comprehensive income attributable to members of the Institute	1,789,297	1,664,543
Surplus/(deficit) allocated to		
Restricted funds	187,062	133,253
Designated funds	195,901	1,160,444
Unrestricted funds	1,406,334	370,846
	1,789,297	1,664,543

BALANCE SHEET

FOR THE YEAR ENDED 31 DECEMBER 2020

	2020 \$	2019 \$
CURRENT ASSETS		
Cash and cash equivalents	4,994,272	3,443,311
Trade and other receivables	2,539,682	2,296,530
Prepaid expenses	26,547	-
TOTAL CURRENT ASSETS	7,560,501	5,739,841
NON-CURRENT ASSETS		
Property, plant and equipment	-	43,660
TOTAL NON-CURRENT ASSETS	-	43,660
TOTAL ASSETS	7,560,501	5,783,501
CURRENT LIABILITIES		
Trade and other payables	341,612	384,467
Employee provisions	366,169	339,961
TOTAL CURRENT LIABILITIES	707,781	724,428
NON-CURRENT LIABILITIES		
Employee provisions	78,007	73,657
TOTAL NON-CURRENT LIABILITIES	78,007	73,657
TOTAL LIABILITIES	785,788	798,085
NET ASSETS	6,774,713	4,985,416
MEMBERS' FUNDS		
Accumulated funds		
Restricted	668,321	481,259
Designated	3,859,247	3,663,346
Unrestricted	2,247,145	840,811
TOTAL MEMBERS' FUNDS	6,774,713	4,985,416



institute for
RESPIRATORY HEALTH

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The Institute for Respiratory Health is a registered not-for-profit. All donations of \$2 and over a tax deductible in Australia.