Annual Report 2024

WHAT'S INSIDE

WHAT WE DO

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 diseases.

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

OUR VISION

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

OUR MISSION

We bring together world-class researchers to develop innovative ideas and treatments that improve health outcomes for people living with respiratory disease.

OUR PRIORITIES

1. Foster excellence in research, innovation and expertise.
2. Raise awareness of respiratory health issues.
3. Ensure the long-term financial viability of the Institute.
4. Enhance governance and operational excellence.

CHAIR'S REPORT

DR BOB OLIVIER

Since taking on the role of Chair of the Institute just under 12 months ago, when my exposure to the medical research field was almost zero, I have of necessity been engaged in a crash-course to get at least a little up to speed. This included interviewing most of the people who work under the Institute's umbrella, plus a number of people who are closely related. I'm very grateful to everyone who gave up their precious time to try and educate a "Johnny-come-lately" to their world.

Two things in particular struck me. First, the extraordinary commitment all these people have to the work they do, particularly those who lead the precarious existence imposed by an almost complete reliance on funds provided by government and industry grants. Second, the impressive range and quality of work done by them, both scientists and clinicians. From asthma and COPD to pulmonary fibrosis and rare lung conditions, they are tackling complex challenges that affect millions of people, in Australia and globally. Having come from a business background where success is measured by how much profit one can make, I am now full of admiration for a field where the motivations are quite different and where the outcomes are benefits to humanity.

However, in the context of the expectations of what I might be able to bring to the role of Chair, the revelation that has hit me most is the daunting challenge institutes like ours face to maximise the health impact we can make in an environment when investment by governments into research is declining and philanthropists are besieged by an ever-increasing number of demands for their help. But that's what we want to do. I was at a university conference last year where the Head of Research at the University of Queensland hammered the point that if an organisation wants to be successful in research (which UQ certainly is) then it needs scale. Clearly, the more people we have doing great research then the more people we can help.

So, we want to grow the Institute significantly. In fact, we have decided that we want to aim to grow to the point where we are not only recognised nationally but, importantly, internationally. This is a very ambitious aim, but the Board feels we have an obligation to do our best to achieve it.

President Bill Clinton won an election by recognising the paramount importance of the economy (remember his famous strapline "It's the economy, stupid!"). It's the same for us – we need funding if we want to grow and reach the scale needed to achieve our ambition. To that end, we are developing our five-year Strategic Plan which will involve all of us in a range of activities - including attracting more researchers and clinicians under our umbrella; raising our profile both within the respiratory research fraternity and the public at large;

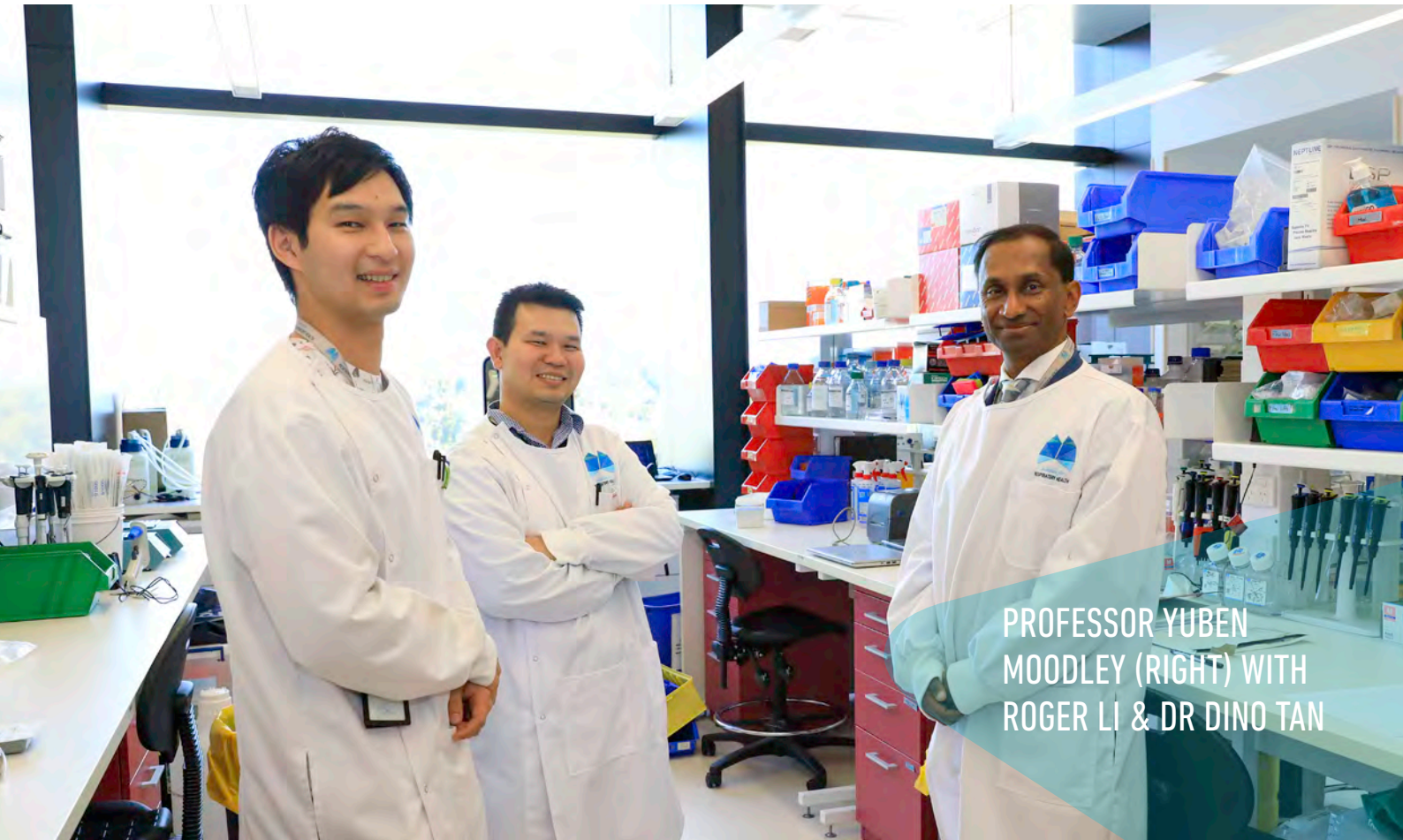
refining a presentation aimed at high net worth potential donors and then approaching a selection of such people and organisations with our story. So, that's what the next few years hold for us. But now let me direct you to the successes the Institute achieved during 2024. As you will see from the Director's Report, these have been impressive.

But before concluding my report, however, I would particularly like to acknowledge our long-standing partnership with the University of Western Australia and the Sir Charles Gairdner Hospital, both of which remain crucial to our success. I would also like to thank our Director, emeritus Professor Geoffrey Stewart, for his dedicated and inspiring leadership. Also, to my fellow Board members for their willingness to lend their expertise and time to ensure the Institute has the governance and direction it needs.

And most of all, our researchers, clinicians and support staff who together form the heart of the Institute. Finally, to our donors and supporters - thank you for both believing in our mission and supporting it financially.

I look forward to working with all of you as we embark on this next chapter in our journey.

Dr Bob Olivier, Chair of the Board



PROFESSOR YUBEN MOODLEY (RIGHT) WITH ROGER LI & DR DINO TAN

DIRECTOR'S REPORT

EPROFESSOR GEOFF STEWART

INTRODUCTION

Chronic respiratory conditions including lung cancer, represent significant health burdens not only in Australia but worldwide. Unfortunately, in addition to this, they also account for the premature deaths of approximately four million people each year. Current available medicines treat only symptoms and, thus far, there are no cures. The corner stone for the establishment of the Institute we now see, was laid by Professor Philip Thompson in 1999 with the creation of the Allergy and Asthma Research Centre. It subsequently evolved into the Institute of Respiratory Health as it grew and is now one of a small number of medical research institutes wholly dedicated to helping adults dealing with chronic respiratory conditions in Australia. The Institute celebrated its 20th Anniversary in 20199 and 2024 marks its 25th anniversary. This report now gives me the opportunity to reflect on the successes attained during its Silver Jubilee year.

OUR RESEARCH

Last year, was as usual, a busy but successful one, a result that will enable our researchers to commit to discovering new treatments or helping understand what factors give rise to chronic respiratory illnesses. In 2024 our researchers were awarded 16 new grants totalling $6.6M from various local, national and international sources. These included grants from the Australian NHMRC, the National Institutes for Health, USA, various international pharmaceutical companies and the Western Australian Department of Health. Such successes by our researchers ensure that we can continue to advance our mission of improving the lives of everyone living with a respiratory condition. These grants are not

only pivotal for research to be undertaken but are also essential in ensuring the Institute receives the necessary infrastructure funding required to see it come to fruition. In 2024, the Institute was awarded more than $1.5M in infrastructure funding that has enabled the Institute to purchase essential research equipment and retain key support staff.

OUR RESEARCHERS

In 2024, several researchers were honoured with a number of awards. For example, Professor Gary Lee was awarded the prestigious Eric Susman Prize from The Royal Australasian College of Physicians. This prize is awarded for the best contribution to the knowledge of any branch of internal medicine. In Professor Lee's case, it was awarded for his sustained and successful research into pleural diseases. Additionally,

Sue Morey OAM FRCNA, the very first Nurse Practitioner appointed in respiratory medicine and IRH Board Chair, was inducted into the WA Women's Hall of Fame. In addition, she received a 2024 Lung Health Legend Award from the Lung Foundation of Australia. Associate Professor Vidya Navaratnam was awarded the Laurent Senior Fellowship for Respiratory Health which will enable her to spend three months at Imperial College London and University College London (UCL) in 2025. In addition to our senior members being recognised for their efforts, it was heartening to see that our up-and-coming junior researchers were recognised for their research prowess. In this regard, Dr Nicola Principe was named the Student Scientist of the Year at the Premier of WA's Science Awards; Dr Estee Lau won the TSANZ Interventional Pulmonology Special Interest Group Award for her presentation on pleural effusion work as part of the AMPLE-4 study; and Dr Kofi Stevens won the prestigious New Investigator Award for Biomedical Research at the Combined Biomedical Sciences Meeting held each year in Perth. Finally, the inaugural Laurent Travel Scholarships for Respiratory Health were awarded to Mr Roger Li, a PhD student from the Institute and Dr Rachel Walters, a postdoctoral scientist from UCL, enabling both to attend the 22nd International Colloquium on Lung and Airway Fibrosis meeting held in Athens.

OUR RESEARCH IMPACT

The success and value to the community of medical research institutes such as ours are judged by impact, i.e., is it demonstrably clear that the organisation is helping those suffering from chronic respiratory diseases – is it making 'an impact' that can be verified? There are many ways that 'impact' can be measured, for example, academically through winning grants and publishing research findings in appropriate journals, or through translatable impacts on patient health such as influencing treatment guidelines. The impact of the work the Institute supports is manifested both in terms of grants won and in publications and citation counts (the number of times a publication is not only read but acknowledged by other researchers in their work) relative to size. In 2024 our researchers published 78 manuscripts, the majority of which (70%) were published in the most prestigious respiratory health journals. The same goes for translating discovery science into practise, with many of our clinical researchers involved in developing or constantly updating guidelines for treating those individuals with respiratory diseases or, indeed, undertaking clinical trials themselves.

CLINICAL TRIALS ACTIVITY

Since its inception 25 years ago, the Institute's Clinical Trials facility has played an important role in offering new treatments to patients with chronic respiratory disease. Our facility undertakes Phase 2 and Phase 3 trials on medications that have shown great potential in treating specific conditions, but need further research to ensure they work consistently across many centres worldwide. It is part of a global network of such sites and each year participates in trials involving patients with often difficult to control diseases. In 2024, 36 trials were undertaken by the 19 nursing and administrative staff involved, which generated $1.4M in income. Our success in supporting these trials is predicated on recruiting highly trained staff, access to appropriate facilities and the dedicated support we have with our clinical colleagues. Originally dependent on facilities at the Harry Perkins Medical Research Institute, the Institute established a site at the Icon Cancer Centre in 2023. As demand grew, in 2024 the Institute leased its first dedicated facility in the Midland Railway Workshop Health Precinct, enabling the growth of this part of its mission in Perth's eastern suburbs.

OUR OUTREACH

The Institute takes its role in promoting respiratory health seriously and was proud to once again provide administrative support for the inaugural 1-day Introductory Bronchoscopy Workshop and the 3-day Masterclass in Interventional Bronchoscopy. Both events were led by Clinical Professor Rajesh Thomas (Respiratory Medicine Consultant at SCGH and Institute researcher) and attracted doctors from Germany, Malaysia, Australia and New Zealand.
In addition to these activities, Associate Professor Vidya Navaratnam and Professor Fiona Lake, Respiratory Medicine Consultants at SCGH and integral members of the Institute, organised the inaugural Interstitial Lung Diseases WA Conference which was attended by more than 100 people. This conference brought together many specialists, allied health workers and researchers from across the sector to foster a unified approach to treating patients with these conditions, sharing best practices and, ultimately, improving patient outcomes. In the same vein, the Institute continued its advocacy efforts to promote respiratory health via television and radio highlighting topics such as the banning of engineered stone due to dust inhalation, identifying gaps in lung cancer care, managing hay fever; and raising the awareness of asbestos-related illnesses.

As in previous years, the Institute held its annual Melbourne Cup fundraising event, which in 2024 marked its 21st anniversary – a remarkable achievement. Over the years, this event has raised more than $645,000 to support researchers in improving the lives of people with cystic fibrosis. Last year, Associate Professor Doug Forrester spoke about the potential of wearables, such as physical activity monitors, to help patients and physicians detect health deterioration early and enable prompt intervention. We also welcomed Ms Caz Boyd, who shared her inspiring story of life before and after her life-saving lung transplant.

OUR FINANCES

The Institute reported a financial surplus for 2024, with revenue totalling $10.3 million, an increase of 39% from 2023. Our primary revenue sources included research grants, infrastructure income, commercial contracts from clinical trials, and donations.

OUR APPRECIATION

We are grateful for the support of our Patrons, members, donors, fundraisers, volunteers and collaborators who continued to provide financial and in-kind contributions to the life of the Institute. This support is critical to its future and will ensure that respiratory research continues.

Our Board members are valued business and community leaders who provide governance to the Institute. We are grateful for their strategic direction and for taking time away from their other commitments including work and family.

We would like to thank all our research staff and collaborators for continuing to fight the good fight – the Institute would not exist without their passion and dedication.

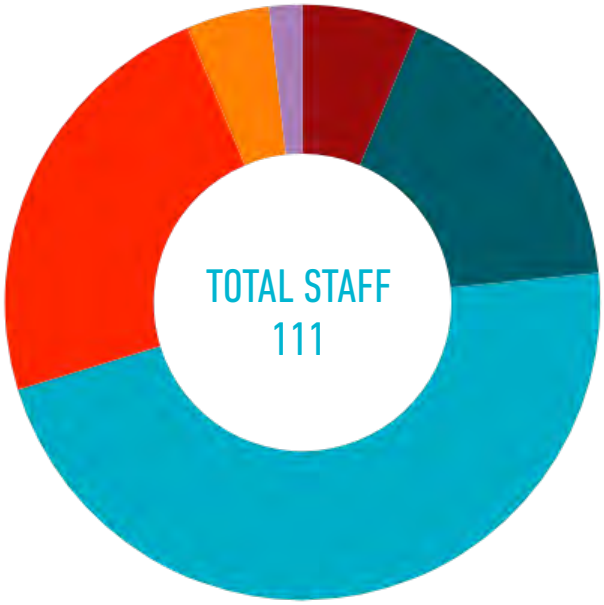
Finally, the Institute extends its heartfelt thanks to you, our supporters, for making our work possible. Your continued trust inspires us and drives our mission to create a healthier world for people living with respiratory disease.

Thank you for reading this year's Annual Report. We hope you find it informative and a meaningful reflection of the impact your continued support makes.

Emeritus Professor Geoff Stewart, Director

2024 AT A GLANCE

OUR STAFF



- Business Services **7**
- Clinical Trials **19**
- Researchers **52**
- Students 26
- Respirology **5**
- Honorary Fellows **2**

GRANTS

Awarded **16** new research grants including:

- 1 NHMRC Ideas Grant
- 1 NHMRC Collaborative Research Grant
- 1 Medical Research Future Fund Grant
- 1 ICWA FHRIF Collaborative Centre Program Grant
- 1 National Institute of Health Grant, USA

CLINICAL TRIALS

28 pharmaceutical trials, **8** investigator lead trials and 11 more confirmed to start in 2025

PUBLICATIONS

Researchers contributed to **78** publications with **70%** ranked in the top 25% of prestigous journals globally

$6.6M
new research grants awarded

$5.1M
in international, national & local funding

$1.40M
in clinical trials funding

$419K
in fundraising and donations

OUR RESEARCH

WE UNDERTAKE RESEARCH INTO THE BROAD SPECTRUM OF CHRONIC RESPIRATORY CONDITIONS.

RESEARCH THEMES

AIRWAYS DISEASES

This research theme focuses on common and complex respiratory conditions such as asthma and chronic obstructive pulmonary disease (COPD). Our work examines the underlying causes, risk factors and treatment approaches for these conditions. By investigating how symptoms develop and respond to therapy, we aim to improve diagnosis, tailor treatment and enhance quality of life for people living with airways disease.

Associate Professor
John Blakey

Airways Group

Associate Professor
Sanjay Ramakrishnan

Perth Airways Exacerbations Group

Professor
Yuben Moodley

Cell Biology Group

RESEARCH THEMES

CENTRE FOR CLINICAL TRIALS

The Centre for Clinical Trials supports the development and delivery of high-quality, patient-centred research aimed at improving the prevention, diagnosis and treatment of respiratory disease. Working closely with hospitals, researchers and industry partners, the team facilitates early-phase and late-stage clinical trials across a range of conditions. The Centre plays a vital role in translating research into practice by providing people living with lung disease access to promising new therapies and contributing to advances in clinical care.

Meagan Shorten

Head of Clinical Trials

Jessica Urquhart

Opeerations Manager

Associate Professor
John Blakey

Principal Investigator

Associate Professor
Vidya Navaratnam

Principal Investigator

Associate Professor
Sanjay Ramakrishnan

Principal Investigator

Associate Professor
Dave Manners

Principal Investigator

Professor
Siobhain Mulrennan

Principal Investigator

Associate Professor
Doug Forrester

Principal Investigator

RESEARCH THEMES

CENTRE FOR PLEURAL DISEASE

This research theme is dedicated to improving the diagnosis and treatment of pleural conditions, including pleural effusions caused by cancer and other diseases. Through national and international collaborations, our researchers are developing less invasive, more effective treatment approaches that reduce the need for repeat procedures and improve quality of life. The work prioritises patient-centred care and includes new research into non-malignant pleural effusions linked to cardiac, liver and kidney disease.

Professor Gary Lee

Centre for Innovative Pleural Research

CYSTIC FIBROSIS & BRONCHIECTASIS

This research theme investigates the causes and impacts of chronic lung conditions such as cystic fibrosis and bronchiectasis - diseases that can lead to persistent infection, lung damage and poorer physical and mental health. Our work focuses on improving outcomes through novel drug therapies, advanced imaging techniques, molecular epidemiology of infection and psychosocial interventions.

Professor
Siobhain Mulrennan

Associate Professor
Doug Forrester

Professor
Tom Riley

RESEARCH THEMES

INTERSTITIAL LUNG DISEASE

This research theme focuses on improving the lives of people with interstitial lung diseases by uncovering new ways to slow, prevent or reverse disease progression. Our work aims to deepen understanding of how these conditions develop, while advancing early detection and more effective treatments. Researchers are involved in clinical trials, exploring novel therapies and approaches to care. The theme also includes a strong focus on quality of life, including the provision of supportive and end-of-life care for those living with advanced disease.

Professor
Yuben Moodley

Cell Biology Group

Associate Professor
Vidya Navaratnam

Epidemiology and Digital Health Group

Associate Professor
Cecilia Prêle

Tissue Repair Group

Associate Professor
Steve Mutsaers

Molecular Pathology Group

RESEARCH THEMES

NATIONAL CENTRE FOR ASBESTOS RELATED DISEASES (NCARD)

NCARD is a research centre dedicated to understanding and improving outcomes for people affected by asbestos-related diseases, particularly mesothelioma. It brings together laboratory research, clinical trials and patient-focused studies to investigate how these cancers develop and how they can be better diagnosed, treated and managed. NCARD continues to lead advances in early detection, targeted therapies, imaging and supportive care.

Professor Jenette Creaney

Scientific Director

Professor Ros Francis

Clinical Director

Professor Bruce Robinson

Associate Professor Alec Redwood

Dr Jon Chee

Dr Alistair Cook

Dr Melvin Chin

RESEARCH THEMES

THORACIC CANCERS

This research theme focuses on improving outcomes for people with lung cancer and occupational-related respiratory diseases. Our work includes developing more sensitive screening methods to support earlier diagnosis, advancing new treatment approaches and improving access to high-quality care. The team is also involved in national initiatives to monitor and strengthen lung cancer care through data-driven insights and leads training in advanced diagnostic procedures such as bronchoscopy.

Professor Fraser Brims

Lung Cancer & Occupational Health Group

Clinical Professor Rajesh Thomas

Bronchoscopy Group

VACCINES

This research theme explores how the immune system can be harnessed to prevent and treat disease. Our work focuses on the development of innovative vaccine strategies that improve health outcomes across a range of conditions. From preventing infections to supporting the body's ability to recognise and respond to cancer, our researchers are advancing new approaches that have the potential to transform healthcare and improve lives.

Associate Professor
Alec Redwood

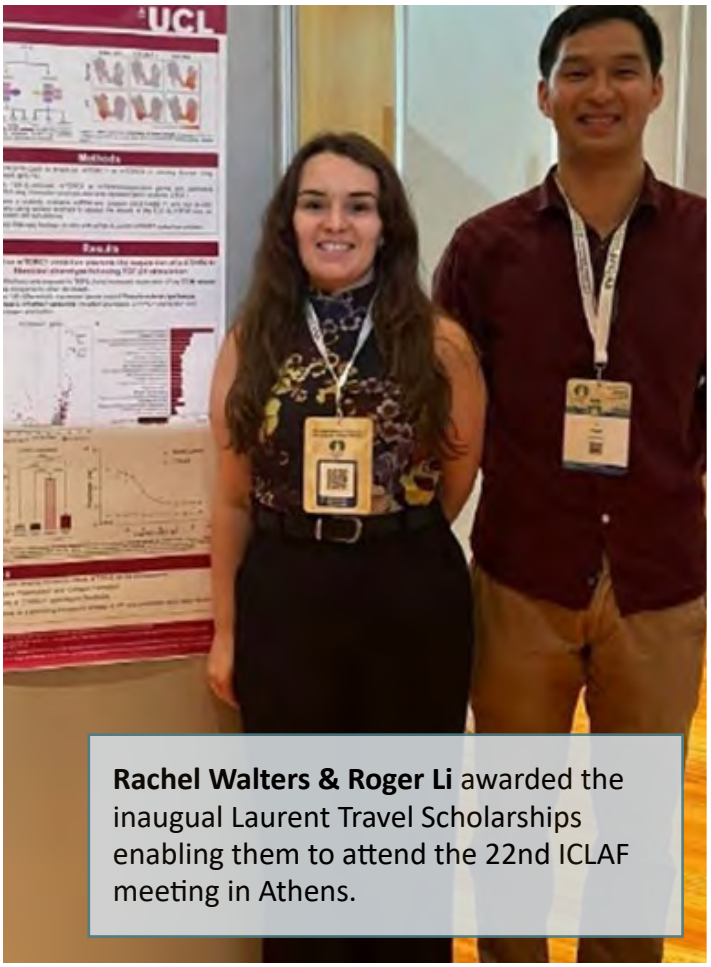
Vaccines and Viral Immunity Group

Professor
Bruce Robinson

Antigen-Targeted Therapy Against Cancer (ATTAC) Program

HIGHLGHTS RESEARCH

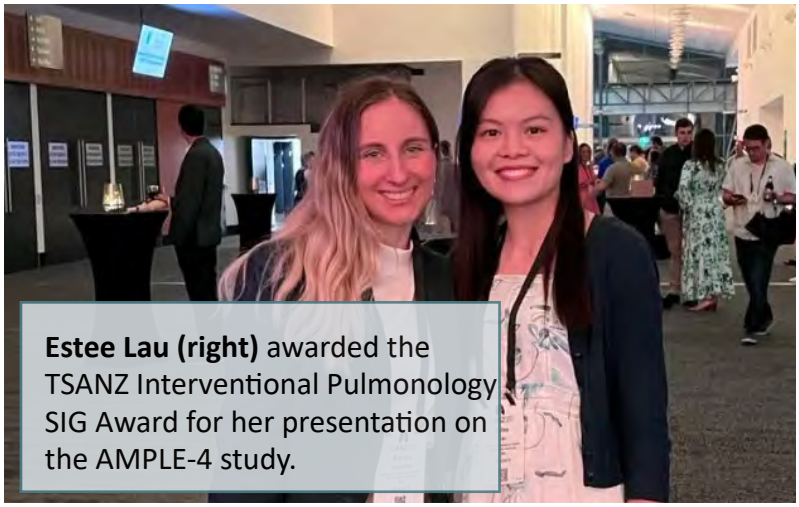
Professor Gary Lee awarded the prestigious Eric Susman Prize at the RACP Congress.



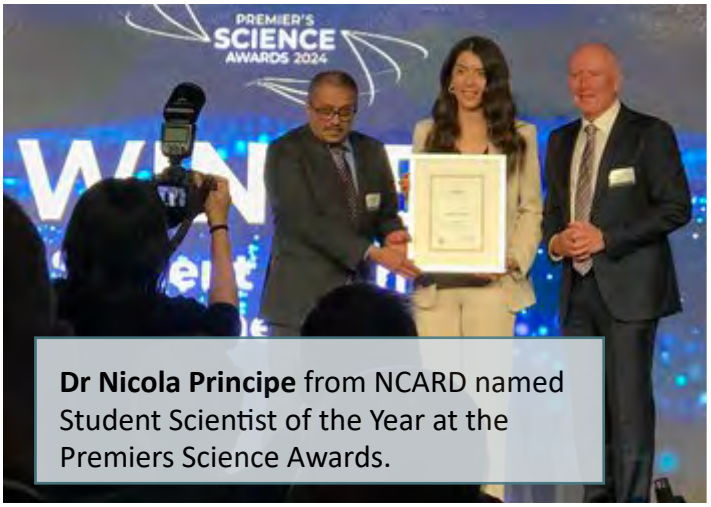
Rachel Walters & Roger Li awarded the inaugual Laurent Travel Scholarships enabling them to attend the 22nd ICLAF meeting in Athens.

Sue Morey awarded the LFA 2024 Lung Health Legend Award.

A/Professor Rajesh Thomas conducted the 2nd Interventional Bronchoscopy Masterclass.

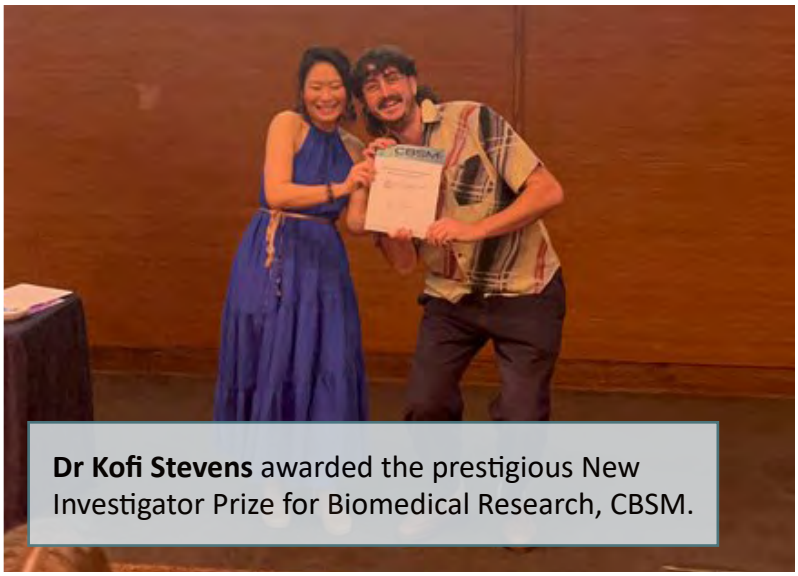


Estee Lau (right) awarded the TSANZ Interventional Pulmonology SIG Award for her presentation on the AMPLE-4 study.



Dr Nicola Principe from NCARD named Student Scientist of the Year at the Premiers Science Awards.

HIGHLGHTS RESEARCH

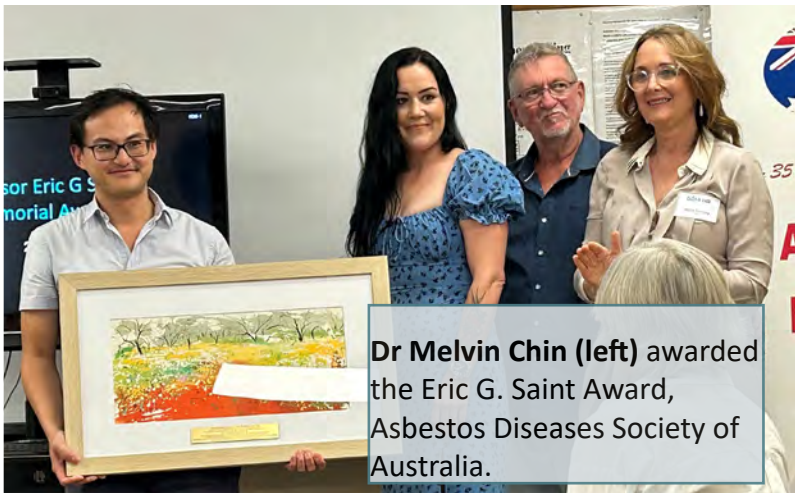


Dr Kofi Stevens awarded the prestigious New Investigator Prize for Biomedical Research, CBSM.

Associate Professor Vidya Navaratnam awarded the Senior Laurent Fellowship for Respiratory Health.

Professor Gary Lee awarded the TSANZ 50th Anniversary Medal for Education & Training.

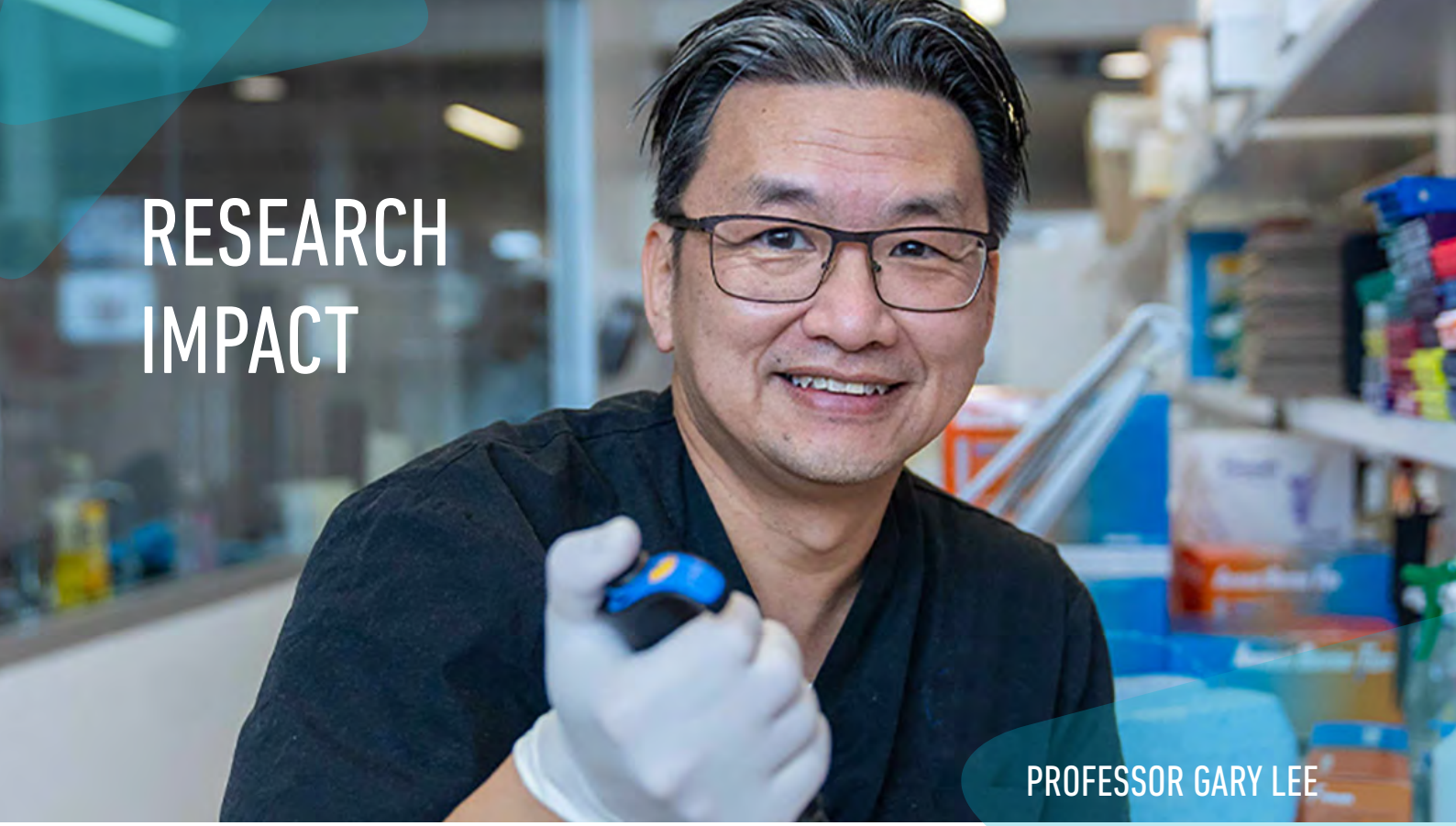
A/Professor Rajesh Thomas Conducted the inaugural interventional bronchoscopy masterclass



Dr Melvin Chin (left) awarded the Eric G. Saint Award, Asbestos Diseases Society of Australia.

Bianca Iacopetta (left) awarded the TSANZ ASM Best Overall Poster Award 2024 for her presentation on PLEASE-3 study.

RESEARCH IMPACT



PROFESSOR GARY LEE

NEW COLLABORATIVE CENTRE FOR INNOVATIVE PLEURAL RESEARCH

In a major milestone for pleural disease research, Professor Gary Lee was awarded a $1.2 million grant through the Future Health Research and Innovation (FHRI) Fund's Collaborative Centres Program. This vital funding will support the establishment of the Collaborative Centre for Innovative Pleural Research at Sir Charles Gairdner Hospital.

Pleural effusion, an abnormal buildup of fluid in the chest, affects 23 million people worldwide annually causing severe breathlessness. Professor Lee's team has pioneered the use of indwelling pleural catheters (IPC) to help cancer patients manage this condition at home significantly improving their quality of life and reducing hospital visits.

The new centre aims to expand this successful approach to non-cancer-related pleural effusions which are more common and often result from heart liver or kidney failure. This expansion will benefit many more patients by reducing the need for draining procedures and hospitalisations thus saving healthcare costs.

Professor Gary Lee, a researcher at the Institute is regarded as the world leader in pleural medicine and research will lead the collaborative research project with leading clinicians, scientists and allied health researchers from around the globe.

Professor Lee has successfully introduced many state-of-the-art diagnostic and treatment methods that significantly reduce the need for invasive practices such as new intrapleural therapy that now cures 95 percent of patients with pleural infection ('pleurisy') without surgery.

Professor Lee's team will collaborate with experts from various fields including cardiology hepatology and renal medicine as well as international partners from Dartmouth and the University of Bristol. This collaborative effort will ensure high-quality clinical trials and innovative treatments for patients with pleural effusions.

"We are in the best position to apply our expertise to benefit more patients and bring major healthcare savings," Professor Lee said.

This exciting development stresses the importance of ongoing research and innovation in improving patient care and outcomes. The Institute for Respiratory Health remains committed to advancing treatments and enhancing the quality of life for those affected by respiratory conditions.

The collaborative team includes Sir Charles Gairdner Hospital researchers Professor Brendan McQuillan (Cardiology), Professor Gary Jeffrey (Hepatology) and Professor Wai Lim (Renal). Professor Robert Newton (ECU) and international collaborators Professor David Feller-Kopman (Dartmouth) and Professor Nick Maskell (University of Bristol) will be sharing their expertise and support for the Centre.

WHAT IS PLEURAL EFFUSION?

Pleural effusion is a condition where excess fluid builds up between the layers of tissue lining the lungs and chest cavity. It can make breathing difficult and may cause chest pain or coughing.

RESEARCH AIMS TO HELP WA TEENS BREATHE EASIER

The Institute for Respiratory Health, with funding from Telethon, is leading a new collaborative study to create a decision-support tool. The tool aims to ensure Western Australian teenagers and young adults with breathing problems receive the right diagnosis.

Breathlessness and cough can have many causes. One very common cause in Australia is asthma, which affects one in ten children. There are also conditions which have similar symptoms to asthma but typically don't respond well to inhaler therapy.

Conditions such as Inducible Laryngeal Obstruction (also known as vocal cord dysfunction) and breathing pattern disorders, can be very difficult to identify in the community as there are very few tools available to GPs to uncover these conditions.

Dr Alice Crawford, who is leading the research said, "People suffering from these conditions describe a sudden onset of severe breathlessness and cough, usually in response to strong smells, chemicals, irritants, or even with high-intensity exercise. It can be quite frightening.

"They often say inhalers such as Ventolin aren't very effective, or that they need very large doses for it to have any effect. Instead, they will move away from the irritant and wait for it to pass on its own. Sometimes though, their symptoms are so severe that they seek emergency care."

Based on current evidence, these conditions seem to be more common in people with asthma. Because of this, discovering what is asthma and what is not, is essential.

Another issue is that we do not have great multidisciplinary teams that can help diagnose what the problem is. Sir Charles Gairdner Hospital is currently working with Perth Children's Hospital to provide this service. But the problem is not many doctors know that it's available. Consequently, many people suffer in silence – not knowing that help is at hand.

"Our research will develop a decision-support tool to help GPs identify young people with these conditions and provide support in accessing multidisciplinary specialist care," Dr Crawford said.

The collaborative research team comprises Dr Stephen Oo and Professor Alan James from the University of Western Australia, along with Associate Professor John Blakey, a consultant in respiratory and sleep medicine.

RESEARCH IMPACT

NEW HOPE FOR ASTHMA AND COPD PATIENTS: BREAKTHROUGH TREATMENT SHOWS PROMISE

The first new treatment for asthma attacks in 50 years could transform care for millions.

A clinical trial co-authored by Associate Professor Sanjay Ramakrishnan, researcher at the Institute for Respiratory Health, has shown that an injection can significantly reduce the need for further treatment during severe asthma and COPD attacks.

The trial, published in The Lancet Respiratory Medicine, found that the drug benralizumab is more effective than steroids, cutting the need for additional treatment by 30%. This could be life-changing for those at risk of life-threatening asthma or COPD exacerbations, which claim millions of lives worldwide every year.

Associate Professor Ramakrishnan started this research while working at the University of Oxford.

"Treatment for COPD and asthma attacks has remained largely unchanged for decades," he said. "This study shows we can deliver better outcomes for patients with targeted, effective care when they need it most."

The ABRA trial, led by Professor Mona Bafadhel from King's College London, tested benralizumab, a monoclonal antibody already used for severe asthma, during asthma and COPD flare-ups. Unlike traditional steroids, which can cause serious side effects like diabetes and osteoporosis and often fail to prevent further attacks, the injection showed significant benefits. It reduced hospital visits, improved breathing symptoms, and enhance the quality of life for participants.

Associate Professor Ramakrishnan, said the findings highlight the importance of targeted therapies. “It’s incredibly rewarding to be part of a study that has the potential to improve the lives of millions of people living with chronic respiratory conditions.”

The trial was a collaboration between leading researchers from institutions including the University of Oxford, King’s College London, and NHS Trusts in the UK.

Professor Bafadhel said the results could be “game-changing” for asthma and COPD care. “Treatment for exacerbations has not changed in over 50 years. This study shows that targeted therapy can make a real difference for people at high risk, improving their health and quality of life.”

Asthma and COPD exacerbations remain a major health burden, affecting millions globally and leading to significant costs for healthcare systems. The ability to administer benralizumab in emergency settings or GP clinics could revolutionise how these conditions are managed.

The study was supported by AstraZeneca UK Limited and highlights the importance of ongoing investment in respiratory health research. The findings are expected to spark discussions about updating treatment guidelines for asthma and COPD attacks worldwide.


ASSOCIATE PROFESSOR SANJAY RAMAKRISHNAN

DO YOU HAVE ASTHMA OR COPD?

You may be eligible to take part in a clinical trial.

Register your interest at: www.respclinicaltrials.org.au or or call (08) 6151 0888.

COMMUNITY

WE PROMOTE AWARENESS OF RESPIRATORY DISEASES AND ENGAGE WITH THE COMMUNITY

LINDSAY & GLENNIS WILSON

GLENNIS' STORY

I sadly lost my husband Lindsay Wilson to a rare lung disease just 15 months ago.

Lindsay had Pulmonary Fibrosis (PF), which causes scarring of the lungs and he had to fight to breathe every single day. PF is a cruel disease – like slow suffocation. It robs you of your breath, your vitality, your very essence.

But one thing that gave Lindsay and I hope was the chance to trial new medications through life-changing research right here in Western Australia.

Lindsay participated in two clinical trials with the Institute. He wholeheartedly believed, in fact we both did, that these trials slowed the progression of his PF, improved his quality of life and gave us more time together.

He participated because he knew that by trialling new treatments, it could help improve the quality of life of others living with the disease in the future.

And we made the most of our precious time together, after every medical appointment we would have a lunch date, Lindsay would have a pint of Guinness and I would enjoy a glass of wine.

Just six months before he passed away, we went on a holiday to Bali together. It's a cherished memory that reminds me of the adventures we had together, the love we shared and the strength we found in each other.

I don't want anyone to endure what we went through.

The last few months were incredibly tough. In addition to PF he battled three lung cancers, one in the lower left lobe, then the upper right and then the lower right. Life was a whirlwind of appointments, assessments, medication and surgery. That's why I'm so passionate about supporting research into better treatments and, hopefully, a cure one day.

Lindsay during a clinical trial

CAZ BOYD WITH SUE MOREY

CAZ'S STORY

My story didn't end with my transplant. In fact, it was just the beginning of a much longer journey. My body rejected my new lungs four times in those first few months. It was an emotional rollercoaster of anxiety, hope and fear. Each time I worried I'd lose the second chance I'd been given. But thankfully I made it through those setbacks and returned home, and to work, just five months later.

It's because of research that complications like rejection, once so hard to manage, are now better treated. Today, steroids help control the body's immune response giving people like me a fighting chance to keep their new lungs.

My journey is also about a unique bond with my donor's family - a young mother named Natalie who sadly passed away during her third pregnancy.

Despite the usually anonymous nature of organ donation, I eventually met Natalie's family and I'm now the godmother of her daughter Jayde who turned 29 this year.

Caz post transplant

Natalie's three kids once told me, "You're special - you have mummy's lungs." I think about this every day and feel deeply grateful for the gift I was given.

But while organ donation gave me the gift of life it's research that made it possible for me to survive and live my life to the full.

Without the research that has improved lung transplant techniques and post-transplant care people like me wouldn't be here today. Organ donation is the most generous selfless act but research is what turns that gift into a second chance.

As we come to the end of 2024, I'll be celebrating 30 years since my transplant surrounded by 35 of my closest friends and family in Bali. It's a celebration that no one could have imagined back in 1994 - one made possible by both research and the incredible generosity of Natalie's family.

When I received my second chance, I knew I wanted to do whatever I could to give back. I started volunteering to support others living with CF and over the years I've tried to help out wherever I'm needed. It's been a privilege to mentor other patients who have been assessed for a lung transplant. I just want to support others who are facing the same battles I did.

Without the breakthroughs from early trials and the lessons learned from the first lung transplants people like me wouldn't survive. Research has paved the way for life-saving procedures and continues to improve how we recover and thrive.

Caz Boyd with her donor family

HIGHLGHTS

LIVING WELL WITH PULMONARY FIBROSIS EDUCATION AFTERNOON

THE LIFE GROUP: CONNECTION, CONVERSATION AND COMMUNITY SUPPORT

The LIFE Group (Lung Information and Friendship for Everyone) continued to offer a vital space for people living with chronic lung conditions to connect, learn and support each other in 2024.

Meeting monthly at the Harry Perkins Medical Research Institute and online via Teams, the group welcomed regular guest speakers on a variety of topics, from managing symptoms to improving wellbeing. This year's sessions featured a range of insightful presentations. Maggie Harrigan, a social worker and PhD candidate, explored the link between shortness of breath and anxiety; a representative from Lung Foundation Australia shared updates on national lung health initiatives; speech pathologist Melita Brown offered practical advice on caring for your voice and improving communication; Senior Clinical Pharmacist Sona Vekaria led a medication Q&A; and sleep expert Dr Jenny Walsh shared helpful strategies for improving sleep quality.

The group also built in time to connect with social meetings throughout the year, thus giving members the opportunity to share stories and foster friendships in a relaxed setting. The year concluded with a Christmas lunch to celebrate the year together.

Open to anyone living with or affected by a respiratory condition, the LIFE Group remains a safe, welcoming and empowering community - where members can find not only practical advice but also understanding and support from others who share similar experiences.

We thank all our guest speakers and members for another successful year.

LEARN MORE ABOUT THE LIFE GROUP

MELBOURNE CUP FUNDRAISER

This year's Glenn Brown Memorial event, held on Melbourne Cup Day, marked an incredible milestone - 21 years of raising vital funds for cystic fibrosis (CF) research. More than $34,000 was raised, bringing the total funds from this event to more than $645,000.

Hosted at Fraser's Restaurant in King's Park, the event combined glamour and a generous community in honour of Glenn Brown, a young boy from Kalgoorlie who tragically lost his life to CF at just 15 years old. Glenn's legacy lives on through this lifechanging fundraiser.

Event MC Famous Sharron kept the crowd entertained while attendees bid generously in auctions and raffles to support cutting-edge CF research. The funds raised are directly supporting groundbreaking CF projects here in our state and Western Australian researchers, doctors and students.

A standout moment of the day was the moving speech by guest speaker Carolyn Boyd (Caz). This year marks 30 years since Caz, born with CF, received a life-saving double lung transplant. Her story is one of resilience and gratitude, as she reflected on the gift of organ donation and the incredible progress made possible by research.

"Without game-changing research, I wouldn't be here today," Caz shared. "This fundraiser supports local researchers and projects that transform lives. 100 years ago, no one would have thought you could have a double lung transplant. But thanks to ongoing research, there will be many more miracles."

Caz also spoke of her unique bond with the family of her donor, Natalie, a young mother whose organ donation saved her life. "Organ donation is the most selfless act. From a terrible loss comes the greatest gift of hope and life," she said.

The Glenn Brown Memorial event continues to stand out not only for its longevity but for its impact. Few fundraisers have been running this long or achieved such life-changing results. The Institute for Respiratory Health extends heartfelt thanks to all sponsors, volunteers, attendees and donors who made this year's event a success.

HIGHLGHTS

21ST MELBOURNE CUP LUNCH FUNDRAISER

THANK YOU

We are thankful to our partners, donors, members and volunteers who supported our fundraising efforts, donation appeals and activities during 2024. Every single contribution is enormously appreciated, all of which is used solely to support our research activities.

COLLABORATORS

Asian Pacific Society of Respirology

Association of Australian Medical Research Institutes

Charlies Foundation for Research

Conquer Cystic Fibrosis

Curtin University

Edith Cowan University

Fiona Stanley Hospital

Geoff Laurent Fundraising Committee

Murdoch University

Sir Charles Gairdner Hospital

The University of Notre Dame

The University of Western Australia

University College London

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Butorac H

Byrne F

Carullo J

Castlehow G&C

Cermak S

Cheney K

Chinnery R

Clarke M

Colvin M

Cooper R

Costanzo S

Couch S

Covich A

Cruickshank G

Curedale J

Day P

Dazzing Divas

Fitzgerald R

Foster J

Gelavis A

Georgeson L

Ginbey T

Hall N

Hansen D

Hart S

Harvie A

Hillman D

Hodge P

Holland P

Innes R

Keane J

Kelly H

Kennedy L

Keogh J&H

Lavinia de Sarsigny P

Linders A

Lloyd G

Manning P

Mansell J

Martin K

Martin P

McGillivray F

Miller C

Moohin Homes Pty Ltd

Morey S

Murnane T

Murray I

Newport R&E

O'Donoghue D

O'Donoghue S

Pamment E

Papanastasiou C

Pattiaratchi G

Ratnam M

Ray White Bullsbrook

Raynor L

Rowell H

Scicchitano B

Searle E

Sebbes M

Shaw L

Singam P

Smith A

Souza S

Stewart G

Strahan R&E

Swager C

Tee L

Turnball M

Turner P

Van Blomestein C

Vanden Berg J

White J

Wilkinson A&S

Wooley L

FUNDRAISERS

Brown M

Dazzing Divas

Navaratnam V

Warick A

Wilson G

MEMBERS

Alchin M

Alexander N

Andrew J

Aresgado E

Armstrong H

Azzopardi M

Bacopanos E

Bassett J

Bastian D

Bi L

Blackwood M

Bovell G

Bovell G

Brock L

Bultynck L

Cermak A

Cermak S

Chan C

Chauhan J

Cheah H

Cheney K

Cherry R

Chiang P

Chin W

Christiany I

Clynick B

Cocks E

Coveney K

Creaney J

Cruickshank G

Cummins J

Eddy R

Firth T

Fletcher D

Forrester D

Forsyth C

Frank F

Harris L

Harvie A

Hills F

Hoang T

Hosking G

Hyder S

Innes R

Jones S

Keane J

Kennedy L

Knapp S

Lam B

Le Cornu T

Leif Akslen S

Linthorne J

Lopez P

Ludewick H

Luyer J

MacDonagh R
MacDougall C
Mackinnon D
Maxwell S
McGillivray F
McInnes L
McIntyre C
McMullen K
Meaney D
Miles D
Miles T
Mulligan M
Murnane T
Murray C
Mutsaers S
Norman C
O'Neill P
Papanastasiou C
Pattiaratchi G
Payne D
Phung A
Prele C
Principe N
Ramakrishnan S
Redwood A
Russell L
Saunders I
Savage P
Schofield C
Sheikh F
Shields V
Shorten M
Slater A
Steinwandel A
Stevens E
Stevens K
Stevens M
Stewart G
Swager C
Tai A
Tan A
Tan D
Turner P
Tye B
Urlich A
Urquhart J
Van E
Ward T
Wells E
Weston J
Whetstone L
White J
Willis T
Young M
Zachar M

VOLUNTEERS

Atkins S
Austin B
Azemia C
Campbell N
Carr S
Cermak A
Cermak C
Chittleborough D
Gan S
Grulich B
Palmer L
Rhee & Zoe
Roberts W
Robins A
Robins V
Rodd G
Taylor R
Thomas A
Yeow W

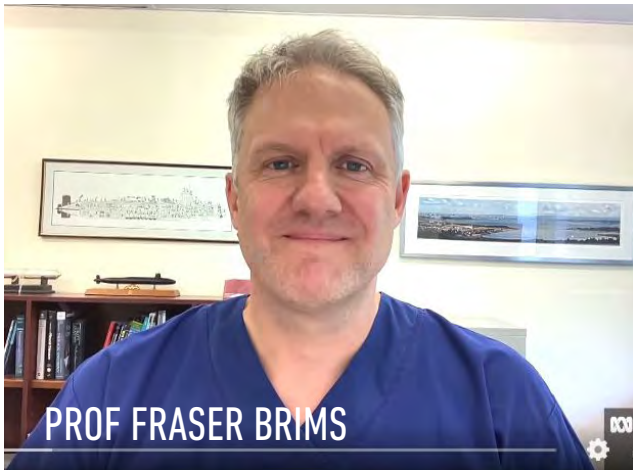
Glennis Wilson & Vidya Navaratnam at the HBF Run for a Reason

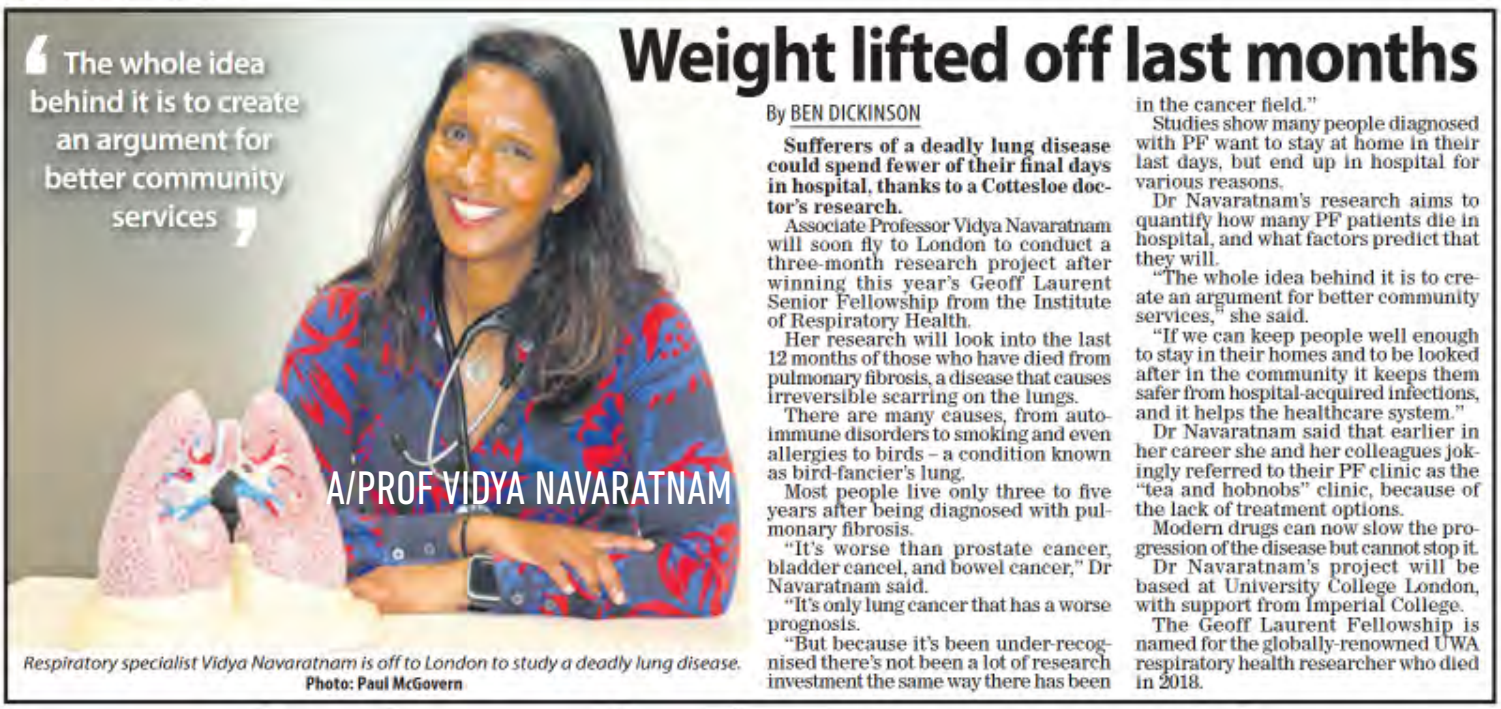
IN THE MEDIA

Our media and advocacy efforts reached an estimated 21M through television, radio, print and online coverage in 2024.

Key topics spotlighted included the campaign to ban engineered stone, growing awareness around gaps in lung cancer care, tips for managing hay fever, and the daily realities of West-ern Australians living with COPD. We also raised the profile of asbestos-related diseases and shared powerful stories, including Caz Boyd's inspiring celebration of 30 years post-lung transplant and Glenis Wilson's participation in the HBF Run for a Reason in memory of her husband.

These stories helped shine a light on respiratory health and the individuals and families affected by lung disease.





Respiratory specialist Vidya Navaratnam is off to London to study a deadly lung disease. **Photo: Paul McGovern**

Weight lifted off last months

By BEN DICKINSON

Sufferers of a deadly lung disease could spend fewer of their final days in hospital, thanks to a Cottesloe doctor's research.

Associate Professor Vidya Navaratnam will soon fly to London to conduct a three-month research project after winning this year's Geoff Laurent Senior Fellowship from the Institute of Respiratory Health.

Her research will look into the last 12 months of those who have died from pulmonary fibrosis, a disease that causes irreversible scarring on the lungs.

There are many causes, from auto-immune disorders to smoking and even allergies to birds – a condition known as bird-fancier's lung.

Most people live only three to five years after being diagnosed with pul-monary fibrosis.

"It's worse than prostate cancer, bladder cancel, and bowel cancer," Dr Navaratnam said.

"It's only lung cancer that has a worse prognosis.

"But because it's been under-recog-nised there's not been a lot of research investment the same way there has been in the cancer field."

Studies show many people diagnosed with PF want to stay at home in their last days, but end up in hospital for various reasons.

Dr Navaratnam's research aims to quantify how many PF patients die in hospital, and what factors predict that they will.

"The whole idea behind it is to cre-ate an argument for better community services," she said.

"If we can keep people well enough to stay in their homes and to be looked after in the community it keeps them safer from hospital-acquired infections, and it helps the healthcare system."

Dr Navaratnam said that earlier in her career she and her colleagues jok-ingly referred to their PF clinic as the "tea and hobnobs" clinic, because of the lack of treatment options.

Modern drugs can now slow the pro-gression of the disease but cannot stop it.

Dr Navaratnam's project will be based at University College London, with support from Imperial College.

The Geoff Laurent Fellowship is named for the globally-renowned UWA respiratory health researcher who died in 2018.

GOVERNANCE

WE ENSURE A STRONG WORKING ENVIRONMENT THAT REFLECTS OUR VALUES AND EMPOWERS OUR PEOPLE

BOARD OF DIRECTORS

Dr Bob Olivier
Chair

Dr Bob Olivier joined the Board in 2024, bringing extensive leadership experience in business strategy and executive search. He held senior roles at PA Consulting and founded ASPAC Executive Search, one of Malaysia's top firms. Bob currently serves on the Senate of The University of Western Australia.

Ms Sue Morey OAM
Deputy Chair

Sue Morey joined the Board in 2007 and was Chair from 2012 – 2016. Sue is a Nurse Practitioner in respiratory medicine at Sir Charles Gairdner Hospital and has spent 50 years in the field. In 2004 Sue was awarded the OAM for her services in respiratory medicine nursing.

Mr Michael Fay
Treasurer

Michael Fay is a qualified Chartered Accountant, Registered Company Auditor and holder of a Certificate of Public Practice with the Institute of Chartered Accountants Australia and New Zealand. Michael is the Audit Director for Nexia Perth.

Mr Johnson Kitto
Secretary

Johnson Kitto joined the Board in 2012. He is the Managing Partner at Kitto & Kitto Barristers & Solicitors. Johnson has practiced in Western Australian law courts and specialist tribunals for over 30 years.

Ms Melita Markey

Melita Markey is a respected business leader with a passion for public health and safety and a demonstrated history of working across Government, Corporate, Not for Profit and Academia. Melita is the CEO of the Asbestos Diseases Society of Australia.

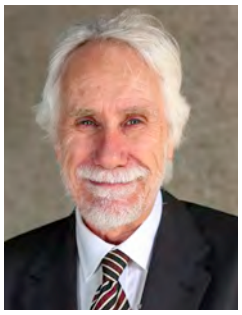
Dr Carina Marshall

Dr Carina Marshall joined the Board in 2024. She brings expertise in research strategy, ethics and governance, and leads UWA's Research Ethics and Integrity portfolio. Carina holds a PhD in population genetics, a law degree and is a graduate of the AICD.

BOARD OF DIRECTORS CONT.

Professor Gary Lee

Professor Gary Lee joined the Board in 2018. He is a Respiratory Specialist at Sir Charles Gairdner Hospital and Head of Pleural Medicine within the Institute. Gary has over 20 years experience in researching pleural diseases, especially pleural malignancies and infection.



e/Professor Geoff Stewart
Director

Emeritus Professor Stewart became Director of the Institute for Respiratory Health in 2017 and joined the Board in 2011. Previously, Geoff was the Head of Microbiology and subsequently the Head of the School of Biomolecular, Biomedical and Chemical Sciences at UWA.

Finance Subcommittee:
Mr Michael Fay (Chair), Dr Bob Olivier, Ms Sue Morey, E/ Prof Geoff Stewart, Mr Bi Lam, Mrs Sarah Cermak.

Scientific Subcommittee:
E/Prof Geoff Stewart (Chair), Prof Gary Lee, Prof Grant Waterer, Prof Scott Bell, Prof Stephen Holgate.

Ex-officio Members:
Bi Lam, CFO and Sarah Cermak, COO.

PATRONS

International Patron

Professor Stephen Holgate

National Patron

Ms Sue Morey

FINANCE REPORT

Institute for Respiratory Health Inc
Board Report
31 December 2024

Board Report

Your Board members submit their report together with the financial report of the Institute for Respiratory Health (Inc) (the Institute) for the financial year ended 31 December 2024 and auditors report thereon.

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

Michael Fay
Carina Marshall (appointed 16/04/2024)
Johnson Kitto
Gary Lee
Melita Markey
Sue Morey
Geoff Stewart
Bob Olivier (appointed 16/04/2024)

The Board members have been in office since the start of the year to the date of this report unless otherwise stated.

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

Operating result
The surplus for the year amounted to $917,871(2023 deficit $357,775).

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

Environmental regulation
The Institute's operations are not regulated by any significant environmental regulation under a law of the Commonwealth or of a State or Territory.

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

Indemnification of officers
The Institute paid a premium during the year in respect of directors and officers liability insurance policy, ensuring the directors and officers of the Institute against a liability incurred while acting in the capacity of directors or.

Dr Bob Olivier
Chairman

18 June 2025
Perth

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

AUDITOR DECLARATION

RSM Australia Partners

Level 32 Exchange Tower, 2 The Esplanade Perth WA 6000
GPO Box R1253 Perth WA 6844
T +61 (0) 8 9261 9100
F +61 (0) 8 9261 9111
www.rsm.com.au

AUDITOR'S INDEPENDENCE DECLARATION

To The Members of Institute for Respiratory Health Inc

As lead auditor for the audit of the financial report of Institute for Respiratory Health Inc for the year ended 31 December 2024, I declare that, to the best of my knowledge and belief, there have been no contraventions of:

(i) the auditor independence requirements of 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.

RSM

RSM AUSTRALIA

AWhyte

Perth, WA
Dated: 18 June 2025

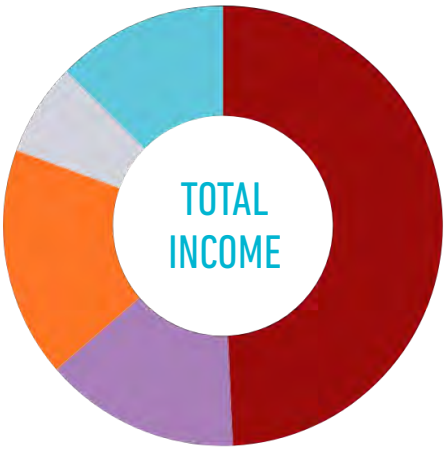
ALASDAIR WHYTE
Partner

INCOME STATEMENT FOR THE YEAR ENDED 31 DECEMBER 2024

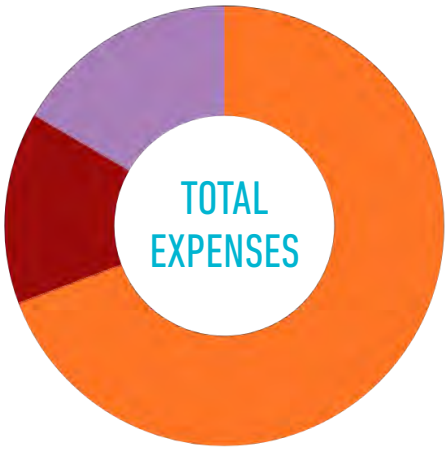
	2024 $	2023 $
Revenue		
International research grant	1,275,907	1,193,009
Australian research grants	3,825,785	2,367,429
Research support	2,469	40,099
Clinical trials	1,491,580	1,073,886
Respirology	324,539	301,326
Infrastructure grant funding	1,751,714	1,219,126
Fundraising income and donations	704,223	234,744
Project donations	-	200,000
Membership income	1,009	908
Interest income	335,872	235,339
Other income	643,866	574,937
Total revenue	10,356,964	7,440,803
Expenses		
Employee benefits expense	(6,311,406)	(5,330,168)
Training and development	(251,679)	(273,805)
Events and functions	(38,331)	(37,135)
Office management and general expenses	(916,647)	(279,160)
Research and clinical expenses	(1,170,807)	(1,184,931)
Equipment	(104,979)	(127,378)
Professional and finance fees	(134,652)	(71,923)
Audiovisual and publications	(33,390)	(7,274)
Communications and fundraising	(53,650)	(112,958)
Technology and supports	(51,755)	(37,155)
Finance costs	(899)	(925)
Awards and scholarships	(353,781)	(335,746)
Depreciation	(17,117)	-
Total expenses	(9,439,093)	(7,798,558)
Surplus / (Deficit) before income tax expense	917,871	(357,755)
Income tax expense	-	-
Surplus/ (deficit) after income tax expense for the year attributable to the members of Institute for Respiratory Health Inc	917,871	(357,755)
Other comprehensive income for the year, net of tax	-	-
Total comprehensive income for the year attributable to the members of Institute for Respiratory Health Inc	917,871	(357,755)

BALANCE SHEET FOR THE YEAR ENDED 31 DECEMBER 2024

		2024 $	2023 $
Assets			
Current assets			
Cash and cash equivalents	3	2,037,278	1,234,207
Trade and other receivables	4	5,907,339	3,969,346
Financial assets at amortised cost	5	7,253,883	5,934,154
Other assets		56,016	58,138
Total current assets		15,254,516	11,195,845
Non-current assets			
Property, plant and equipment		132,133	-
Total non-current assets		132,133	-
Total assets		15,386,649	11,195,845
Liabilities			
Current liabilities			
Trade and other payables	6	318,595	338,788
Contract liabilities	7	5,565,538	2,415,577
Employee benefits	8	800,987	636,364
Total current liabilities		6,685,120	3,390,729
Non-current liabilities			
Employee benefits	9	186,823	208,281
Total non-current liabilities		186,823	208,281
Total liabilities		6,871,943	3,599,010
Net assets		8,514,706	7,596,835
Equity			
Restricted funds		371,478	436,771
Designated funds		3,981,633	3,576,643
Unrestricted funds		4,161,595	3,583,421
Total equity		8,514,706	7,596,835



Research Grants **49.28%**
Clinical Trials **14.40%**
Infrastructure Funding **16.91%**
Fundraising & Donations **6.80%**
Membership **0.01%**
Other **12.59%**



Employee Expenses **70.61%**
Medical and Scientific Research **25.47%**
Support Services **6.4%**

PUBLICATIONS

1. Addala V, Newell F, Pearson JV, Redwood A, Robinson BW, Creaney J, Waddell N. Computational immunogenomic approaches to predict response to cancer immunotherapies. Nat Rev Clin Oncol, 2024;21:28-46. DOI: 10.1038/s41571-023-00830-6. Q1

2. Agrawal A, Chaddha U, Shojaee S, Nadolski G, Liberman M, Lee YCG, Rahman N, Reisenauer JS, Ferguson MK, DeCamp MM, Gillaspie EA, Bedawi EO, Currie B, Feller-Kopman DJ, Desai A, Yasufuku K, Bishay V, Gesthalter Y, Grosu H, Beecham Chick JF, Lentz R, Kolli KP, Kaufman A, Mehta RM, Desai K, Davis H, Ghori UK, Maldonado F. Multidisciplinary management of adult patients with chylothorax: a consensus statement. Eur Respir J, 2024;64. DOI: 10.1183/13993003.00470-2024. Q1

3. Behrouzfar K, Mutsaers SE, Chin WL, Patrick K, Ng IT, Pixley FJ, Morahan G, Lake RA, Fisher SA. Mesothelioma survival prediction based on a six-gene transcriptomic signature. iScience. 2024;27:111011. DOI: 10.1016/j.isci.2024.111011. Q1

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8. Blyth KG, Adusumilli PS, Astoul P, Darlison L, Lee YCG, Mansfield AS, Marciniak SJ, Maskell N, Panou V, Peikert T, Rahman NM, Zauderer MG, Sterman D, Fennell DA. Leveraging the pleural space for anticancer therapies in pleural mesothelioma. Lancet Respir Med, 2024;12:476-483. DOI: 10.1016/s2213-2600(24)00111-5. Q1

9. Bonney A, Brodersen J, Siersma V, See K, Marshall HM, Steinfort D, Irving L, Lin L, Li J, Pang S, Fogarty P, Brims F, McWilliams A, Stone E, Lam S, Fong KM, Manser R. Validation of the psychosocial consequences of screening in lung cancer questionnaire in the international lung screen trial Australian cohort. Health Qual Life Outcomes, 2024;22. DOI: 10.1186/s12955-023-02225-8. Q1

10. Bonney A, Chua M, McCusker MW, Pascoe D, Joshi SB, Steinfort D, Marshall H, Silver JD, Xie C, Yang S, Watson J, Fogarty P, Stone E, Brims F, McWilliams A, Hu X, Rofe C, Milner B, Lam S, Fong KM, Manser R. Coronary artery calcification detected on low-dose computed tomography in high-risk participants of an Australian lung cancer screening program: A prospective observational study. Respirology, 2024. DOI: 10.1111/resp.14832. Q1

11. Bonney A, Granger CL, Steinfort D, Marshall HM, Stone E, McWilliams A,

Brims F, Fogarty P, Lin L, Li J, Pang S, Lam S, Fong KM, Manser R. A Prospective Observational Study of Physical Activity Levels and Physical Fitness of People at High Risk for Lung Cancer. JTO Clinical and Research Reports, 2024;5. DOI: 10.1016/j.jtocrr.2024.100633. Q1

12. Breen LJ, Same A, Peddle-McIntyre CJ, Sidhu C, Fitzgerald D, Tan AL, Carey RN, Wilson C, Lee YCG. Psychosocial Needs of People Living With Pleural Mesothelioma and Family Carers: A Mixed Methods Study. Psycho-oncology, 2024;33. DOI: 10.1002/pon.70031. Q2

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14. Brims F. Lung cancer and lymphangioleiomyomatosis: A common complication in an uncommon condition. Respirology, 2024;29:751-752. DOI: 10.1111/resp.14768. Q1

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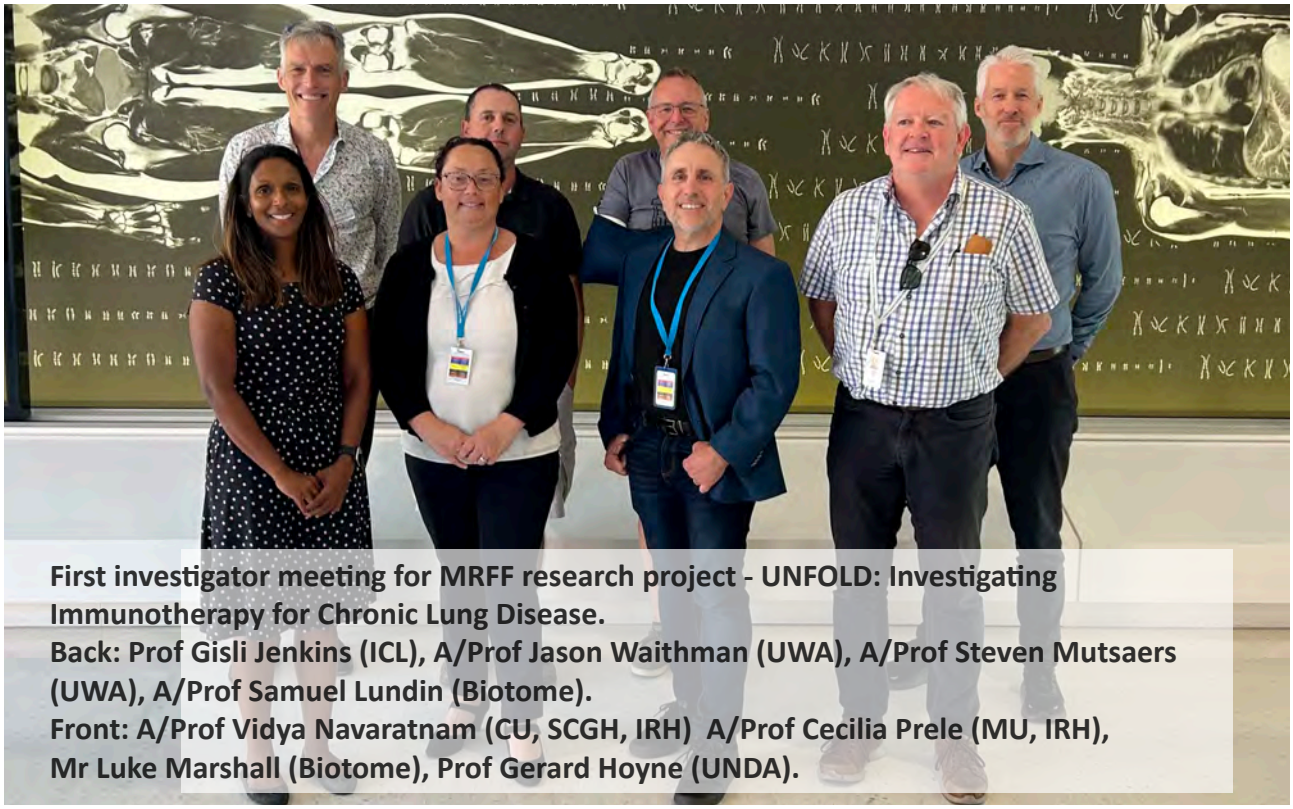

First investigator meeting for MRFF research project - UNFOLD: Investigating Immunotherapy for Chronic Lung Disease.
Back: Prof Gisli Jenkins (ICL), A/Prof Jason Waithman (UWA), A/Prof Steven Mutsaers (UWA), A/Prof Samuel Lundin (Biotome).
Front: A/Prof Vidya Navaratnam (CU, SCGH, IRH) A/Prof Cecilia Prele (MU, IRH), Mr Luke Marshall (Biotome), Prof Gerard Hoyne (UNDA).

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