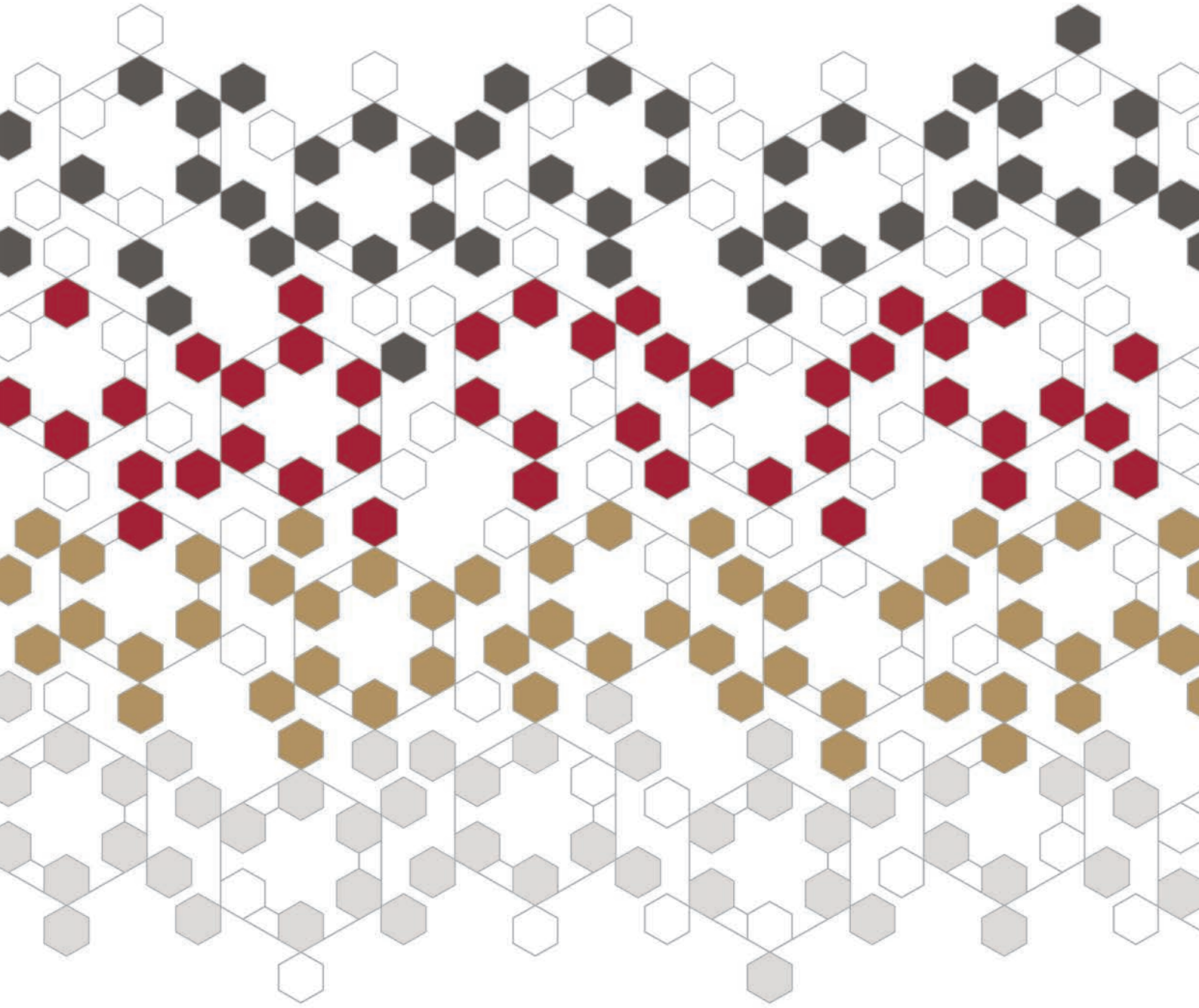
QIMR Berghofer
Medical Research Institute



2013-14
ANNUAL REPORT

QIMR Berghofer
Medical Research Institute

Copies of this annual report are available on QIMR Berghofer's website at www.qimrberghofer.edu.au/annualreport and by contacting QIMR Berghofer on (07) 3362 0222, freecall 1800 993 000 or enquiries@qimrberghofer.edu.au.

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QIMR Berghofer is committed to providing accessible services to people from culturally and linguistically diverse backgrounds. If you have difficulty in understanding the annual report, you can contact us on (07) 3362 0222 and the Institute will arrange an interpreter to communicate the report to you.
ISSN 1839 – 1877

QIMR Berghofer
Medical Research Institute

ANNUAL REPORT
2013-14

LETTER OF COMPLIANCE

QIMR Berghofer
Medical Research Institute

1 September 2014

The Honourable Lawrence Springborg MP
Minister for Health
Parliament House
Brisbane Qld 4000

Dear Minister

I am pleased to present the Annual Report 2013-2014 and financial statements for the Council of the Queensland Institute of Medical Research (QIMR Berghofer Medical Research Institute).

I certify that this Annual Report complies with:

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

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

http://www.qimrberghofer.edu.au/annualreport

Yours sincerely

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

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RESEARCH HIGHLIGHTS

CANCER

- Finished Phase I clinical trials which have led to positive results in patients with aggressive throat cancer (nasopharyngeal carcinoma).
- Discovered that a key protein (CD-96) on the surface of immune cells helps to camouflage cancer, offering a new treatment target.
- Showed that, for the first time, rates of non-melanoma skin cancer are dropping among younger Australians.
- Discovered a new, more powerful predictor for aggressive breast cancers, which will give women a more accurate prognosis and ensure they are receiving the most effective treatment.
- Introduced an experimental immunotherapy treatment on patients with the aggressive form of brain cancer, Glioblastoma Multiforme.
- Continued work on Q-Skin, the largest skin cancer research study ever conducted in Australia.
- Developed a more accurate way of identifying people at high risk of bowel cancer.

Professor Mark Smyth lead research discovering how cancer camouflages itself.

Professor Rajiv Khanna at a press conference announcing an experimental immunotherapy treatment for Glioblastoma.

INFECTIOUS DISEASES

- Continued to test anti-malarial drugs on humans infected with malaria parasites.
- Key member of the Queensland Tropical Health Alliance (QTHA).
- Discovered how the malaria parasite hijacks the body's early immune response in severe malaria cases, opening the door to further investigations on how the immune system responds to the parasite.
- Identified a way to maintain the long-term effectiveness of insecticide-treated bed nets in the battle against malaria infection.
- Worked out how the Epstein-Barr virus (EBV) eludes our immune response.
- Established the only mainland colony of the Asian Tiger Mosquito (Aedes albopictus) in QIMR Berghofer's state-of-the-art insectary.

Associate Professor Greg Devine in QIMR Berghofer's insectary.

MENTAL HEALTH AND OTHER COMPLEX DISORDERS

- Commenced a two-year trial of a rheumatoid arthritis medication to treat asthma.
- Continued working towards the first diagnostic test for depression.
- Identified 10 genetic variants that increase a person's risk of having allergies.
- Helped form the Queensland Mental Health Research Alliance with the Queensland Brain Institute (QBI) and the Queensland Centre for Mental Health Research (QCMHR) to tackle mental disorders and improve outcomes for patients.
- Launched an Australian-first study designed to prioritise high-risk patients on colonoscopy waiting lists.
- Launched D-Health, Australia's largest study investigating the role of Vitamin D in preventing disease.

AWARDS AND ACHIEVEMENTS

- QIMR Berghofer Senior Scientist and head of the Institute's Cancer and Population Studies Group, Professor Adele Green AC, was declared Australia's Most Influential Woman by the Australian Financial Review and Westpac. She was also acknowledged as a Queensland Great.

- Professor Georgia Chenevix-Trench, Senior Scientist and coordinator of QIMR Berghofer's Cancer Program, was elected a Fellow of the Australian Academy of Science.

- Professor Geoff Hill, Senior Scientist and head of QIMR Berghofer's Bone Marrow Transplant laboratory, was appointed to the Australian Cancer Research Foundation's (ACRF) Medical Research Advisory Committee (MRAC). MRAC members are world leaders in cancer research who assess applications for the ACRF's multi-million dollar grants.

- Commenced the installation of cutting-edge imaging equipment in the ACRF Comprehensive Centre for Biomedical Imaging, thanks to a generous ACRF $2.6 million grant.

- Dr John Miles, head of QIMR Berghofer's Human Immunity Group, was awarded a 2013 Young Tall Poppy Science Award.

- Dr Franziska Bieri, a member of the Molecular Parasitology Team, received a Research Australia Discovery Award for her work on an educational video for children in the Hunan Provence, China, which assisted in reducing the rates of intestinal worms in school children in that region.

Dr John Miles and Minister for Science, Ian Walker MP, at the Tall Poppy Science Awards.

Professor Adele Green AC was declared a Queensland Great and Australia's Most Influential Woman by the Australian Financial Review and Westpac.

MESSAGE FROM OUR PATRON

GOVERNMENT HOUSE
QUEENSLAND

As Governor of Queensland and Patron of QIMR Berghofer, I have been proud and pleased, over the past six years, to see the continued growth and success of the Institute as one of Australia's leading scientific organisations.

While the Institute has made a major contribution to medical research in Queensland since 1945, it was particularly pleasing, in 2013, to see it able to begin a new chapter as the QIMR Berghofer Medical Research Institute, thanks to the exceptional generosity of Toowoomba entrepreneur and philanthropist, Mr Clive Berghofer.

Mr Berghofer's donation of over $50 million will help secure the future of medical research in Queensland and enable the Institute to continue its commitment to producing significant, relevant work. With the assistance of his gift, the very basic facilities used in 1945 to conduct research into improved treatments for infectious diseases in troops returning from World War II, have now expanded to three buildings, housing more than 600 scientists and support staff. Equally, it has enabled that original life-saving work on infectious diseases to continue to develop, to include, now, research into more than 13 different types of cancer, as well as baffling mental health disorders and genetic conditions.

QIMR Berghofer's reputation as a successful, world-class medical research institute hinges on its ability to attract the best scientists, and this year it was very pleasing to see national acknowledgement of the career-long commitment of Professor Adele Green AC, Head of QIMR's Population and Cancer Studies Group, to preventing skin cancer, when she was named overall winner of the Australia-wide Westpac Group and Financial Review Group's 2013 *100 Women of Influence*. I join other members of the QIMR 'Family' in extending warm congratulations to Professor Green on this latest recognition of her important research work.

It is clear from this annual report that 2013-14 has also seen QIMR Berghofer's local connections strengthened as an integral part of the Herston Campus in Brisbane. The links to Queensland's largest teaching hospital (the Royal Brisbane and Women's Hospital) and to The University of Queensland's Centre for Clinical Research, School of Public Health and Medical School, as well as the Institute's proximity to the Queensland University of Technology, have produced enhanced opportunities for collaboration, and the overall combination of academia, research and clinical facilities has created partnerships which promise to produce improved prevention, diagnosis and treatment of many conditions.

In addition to consolidating its local links, QIMR Berghofer has also worked energetically during the period covered in this report, to strengthen its international networks and to contribute to global efforts to address shared health challenges. Working closely with organisations in China, India, throughout Europe and the USA, QIMR Berghofer is building global partnerships as a way to tackle diseases, such as malaria, prevalent in Australia, the Asia-Pacific region and elsewhere, but also those that challenge the entire global community, including HIV AIDS and the many different cancers which affect millions of people worldwide every year.

It has been my privilege, to provide support and advocacy for QIMR - now QIMR Berghofer - over the past six years and I congratulate the Institute on all it has achieved during this period. Although no longer its Patron, I will continue to follow the Institute's work with close interest and with pride in its contribution, to the State, to the Nation and to the international community, as a great Queensland scientific organisation.

Penelope Wensley

Penelope Wensley AC
Governor of Queensland

CHAIR'S REPORT

As I took on the role of the Institute's Chair, I knew QIMR Berghofer had a long history of producing good practical outcomes in new treatments for a range of disorders, including cancer, infectious diseases and mental illness. I am so pleased to see that 2013-14 continued this trend. These advances have been possible thanks to the commitment of our many supporters.

From launching Australia's largest vitamin D study, to immunotherapy breakthroughs for brain cancer and identifying genetics involved with allergies, to welcoming a new breed of mosquitoes to our insectary to battle potential disease threats to our country – QIMR Berghofer's research range is broad, dynamic and always cutting-edge.

You may wonder why QIMR Berghofer studies such a diverse range of diseases. It is because the Institute has been built on the needs of the wider community. Researching the many conditions and diseases of our local and global neighbours, the Institute is committed to staying in tune with the community's concerns.

And while QIMR Berghofer looks to the needs of the wider population to focus its work, the Institute also relies on wider community support to continue its research.

QIMR Berghofer is so fortunate to have such committed supporters based in Queensland, Australia and throughout the world. Without their dedication, many of our scientists could not continue their cutting-edge research. In addition to our individual supporters, the Queensland Government, the National Health and Medical Research Council, The Atlantic Philanthropies, the Australian Cancer Research Foundation, and many more, provide strong foundations to help the Institute achieve its mission of better health through medical research.

One example is the contribution of renowned businessman, Clive Berghofer. In 2013, he generously committed a gift of $50.1 million to help future proof the Institute and support research well into the coming years. Mr Berghofer has invested in the future of Queensland medical research, by allowing us to expand our recruitment program and provide strong support for students, while facilitating investment in the latest technologies.

QIMR Berghofer is also committed to developing strong links within the research and medical community. In late

Mr Clive Berghofer AM meeting some of the Institute's researchers

2013, QIMR Berghofer joined forces with the Queensland Brain Institute and the Queensland Centre for Mental Health Research to form the Queensland Mental Health Research Alliance. The alliance will tackle mental disorders to improve outcomes for patients.

The Herston Imaging Research Facility took a major step forward in June 2014, with the first pieces of imaging equipment installed in the new facility. The alliance between QIMR Berghofer, University of Queensland (UQ), Metro North Hospital and Health Service through Royal Brisbane and Women's Hospital, and Queensland University of Technology (QUT) will drive vital imaging research in Queensland, using state-of-the-art technology for Australia.

As all Queenslanders are proud of their internationally renowned Institute, I have been very proud to lead it. And while my tenure as Chair of the QIMR Berghofer Council has been short and this will be my first and last annual report message, I am pleased I had the opportunity to work closely with some of this county's brightest minds and hardest workers, all striving to improve the health of Queenslanders, Australians and the rest of the world.

The Hon Paul de Jersey AC
CHAIR OF THE COUNCIL OF THE QUEENSLAND INSTITUTE OF MEDICAL RESEARCH

DIRECTOR'S REPORT

It has been a year of significant transformation for QIMR Berghofer, not the least our historic name change reflecting the generosity of a great Australian. However, our goals, our standards, and our mission remain constant. We are resolute in our belief that medical research, building from discovery into translation, can provide the greatest gift: good health. Over and over in the past year the community has demonstrated its faith in us to deliver on this promise.

Toowoomba businessman and philanthropist Clive Berghofer's extraordinary $50.1 million gift announced in August 2013 is both a remarkable vote of confidence in our work and a mark of the man. It was only fitting to recognise his long history of support for the Institute – now exceeding $60 million - by naming it in his honour. Clive Berghofer has provided a greater platform of security to support our current and future endeavours and invest in the latest technology.

Many of these technologies represent the future of research. In November 2013 the Australian Cancer Research Foundation (ACRF) awarded the Institute a $2.6 million grant to purchase crucial state-of-the-art microscopy equipment. The ACRF Centre for Comprehensive Biomedical Imaging will transform our ability to understand cancer because it allows us to see biological processes at each step, from basic discovery through to clinical application. This facility will further empower world-class researchers.

As ever, the community's support and interest remains vital to our future, establishing our priorities, shaping our research, and driving our work. The success of our flagship fundraising events has been an emphatic declaration from the public about the importance of medical research. In October 2013, 1,346 people made huge strides for research, walking 60 kilometres over two days for our inaugural Weekend to End Women's Cancers. Participants raised $3.5 million to support life-saving research at QIMR Berghofer and treatment, care, research and survivorship programs at the Royal Brisbane and Women's Hospital. This is the community in action, taking the opportunity to honour loved ones, while making a real difference to research and treatment.

The Weekend is the sister event to the Rio Tinto Ride to Conquer Cancer, which has now raised $14.1 million for QIMR Berghofer over the past three years. The thousands of riders, volunteers and supporters involved are starting to see their investment bearing fruit. This year we were excited to announce the results of Phase I trials for a new immunotherapy treatment for the aggressive brain cancer, Glioblastoma Multiforme (GBM). The experimental treatment uses the body's own immune system to attack a virus found in the tumours, in turn destroying the cancer. Professor Rajiv Khanna's trial simply could not have happened without significant funding from the Rio Tinto Ride to Conquer Cancer and other generous donors.

This backing for our extraordinary scientists helps to ensure our research has relevance and will deliver practical results well into the future.

Professor Frank Gannon
Director and CEO

OUR ORGANISATION

ROLE AND MAIN FUNCTION

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

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

OPERATING ENVIRONMENT

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

QIMR Berghofer is home to almost 700 scientists, students and support staff across six research departments (in over 50 separate laboratories) and a support division.

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

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

OUR GOVERNANCE

COUNCIL PURPOSE AND MEMBERSHIP

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

FUNCTIONS OF THE COUNCIL

Under the Act, the functions of the Council are to:

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

MEMBERSHIP OF THE COUNCIL

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

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

- corporate governance;
- public or academic administration;
- health or clinical research;
- health ethics;
- financial management; and
- fundraising.

MEMBERS OF COUNCIL

THE HONOURABLE PAUL DE JERSEY

AC BA LLB (HONS)

Chief Justice Paul de Jersey was appointed Chair of the Council on 20 June 2013 and was Chair of the Executive Employment and Remuneration Committee.

He came to the role from a lengthy legal and judicial career. Admitted to the Bar in 1971, where he practised substantially in commercial and constitutional law, he was appointed as a Judge of the Supreme Court of Queensland in 1985, and then Chief Justice of Queensland in 1998, until his recent appointment as Governor of Queensland. His earlier judicial duties included chairmanship of the Queensland Law Reform Commission and presidency of the Queensland Industrial Court.

A strong supporter of local not-for-profit organisations, the Chief Justice acts as patron for a number of organisations including the Medico-Legal Society of Queensland, the Queensland Justices Association Inc and UQ Pro Bono Law Centre and has in the past led the board of the Australian Cancer Society (for three years) and the Queensland Cancer Fund, now the Queensland Cancer Council (for 10 years).

Chief Justice de Jersey is a Companion of the Order of Australia (2000), was awarded a Centenary Medal (2003), and holds Honorary Doctorates from UQ and the University of Southern Queensland.

In July 2014, Chief Justice de Jersey was appointed Governor of Queensland and stepped down as Chair of the QIMR Berghofer Council on 30 June 2014.

MR CHRISTOPHER COYNE

Mr Coyne is Deputy Chair of Council.

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

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

EMERITUS PROFESSOR BRYAN CAMPBELL

AM MD BS FRACP FRACMA

Professor Campbell was formerly Chief Health Officer of Queensland and Head of UQ Medical School.

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

Professor Campbell is the Chair of QIMR Berghofer's Finance and Audit Committee and a Member of QIMR Berghofer's Executive Employment and Remuneration Committee.

DISTINGUISHED PROFESSOR JUDITH CLEMENTS

BAppSc MAppSc PhD

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

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

DP Clements is Chair of QIMR Berghofer's Appointments and Promotions Committee.

ASSOCIATE PROFESSOR PAULA MARLTON MB BS (HONS I)

FRACP FRCPA

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

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

DR JEANNETTE YOUNG

MB BS MBA FRACMA FFPH FCHSM(Hon)

Dr Young is the Chief Health Officer of Queensland, a role she has filled since August 2005. Prior to this, she held the position of Executive Director of Medical Services at the Princess Alexandra Hospital in Brisbane and has previously worked in a range of positions in Queensland and in Sydney. She has specialist qualifications as a Fellow of the Royal Australasian College of Medical Administrators and as a Fellow by Distinction of the Faculty of Public Health of the Royal College of Physicians of the United Kingdom. She is an Adjunct Professor at QUT and Griffith University.

As Chief Health Officer, she is responsible for such matters as health disaster planning and response; aero-medical retrieval services; licensing of private hospitals; policy regarding research; organ and tissue donation services; cancer screening services; communicable diseases; environmental health, preventive health and other population health services; blood, poisons and medicines.

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

PROFESSOR NICHOLAS FISK

MBBS PhD MBA FRANZCOG FRCOG DDU CMFM GAICD

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

Between 1992 and 2007 he was Professor of Obstetrics and Fetal Medicine at Imperial College, London and Queen Charlotte's Hospital, London. His main research interests have been in monochorionic placentation and human fetal stem cell biology. He has authored over 400 publications, is a past President of the International Fetal Medicine and Surgery Society, and is a member of several editorial boards including PLoS Medicine.

Professor Fisk is a member of QIMR Berghofer's Appointments and Promotions Committee.

PROFESSOR ALAN PETTIGREW

BSc (Hons) PhD FAICD

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

Professor Pettigrew has served on many government and other committees, including an Advisory Committee for the Australian Law Reform Commission (2003 – 2004) and the Board of the Australian Universities Quality Agency (AUQA) Ltd (2006 - 2010).

Professor Pettigrew is currently an adviser to the Chief Scientist of Australia, an Adjunct Professor at the Australian National University and a Professorial Fellow of the L.H. Martin Institute at the University of Melbourne. He is a member of the Australian Government's Cooperative Research Centres Committee, the Board of the John Curtin Medical Research Foundation and the ACT Panel for the General Sir John Monash Foundation. He is Chair of the Advisory Committee of the NHMRC Centre of Research Excellence in Reducing Healthcare Associated Infection at QUT, Chair of the Board of the Western Australian Data Linkage Infrastructure Project, and Chair of the Board of the Illawarra Health and Medical Research Institute.

Professor Pettigrew has served as a consultant on projects supported by the World Bank and the OECD, as well as advising on leadership, management and research at a range of Australian universities.

MR RODNEY WYLIE

OBE BComm BA FCA FAICD

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

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

Mr Wylie chairs QIMR Berghofer's Investment Committee and is a member of QIMR Berghofer's Finance and Audit Committee.

MR IAN FRASER BCOMM FCA FAICD

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

Mr Fraser is chairman of Asia Pacific Data Centre Trust and a non-executive director of UQ Health Care Limited.

He is a member of QIMR Berghofer's Investment Committee and a member of QIMR Berghofer's Finance and Audit Committee.

NUMBER OF MEETINGS

Attendance by Members of Council who held office during the 2013-14 financial year are as follows:

Appointed members	Meetings attended
Paul de Jersey	6 of 9
Bryan Campbell	9 of 9
Judith Clements	6 of 9
Christopher Coyne	8 of 9
Nicholas Fisk	3 of 9
Ian Fraser	8 of 9
Paula Marlton	8 of 9
Alan Pettigrew	8 of 9
Rodney Wylie	9 of 9
Jeannette Young	9 of 9
Council Secretary: Donna Hancock	9 of 9

REMUNERATION OF COUNCIL

The aggregate remuneration for Council for 2013-14 was $8,949.

COMMITTEES TO COUNCIL

FINANCE AND AUDIT COMMITTEE

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

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

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

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

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

- Emeritus Professor Bryan Campbell (Chair)
- Mr Ian Fraser
- Mr Rodney Wylie

APPOINTMENTS AND PROMOTIONS COMMITTEE

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

- Distinguished Professor Judith Clements (Chair) (Council Member)
- Professor Nick Fisk (Council Member)
- Associate Professor Paula Marlton (Council Member)
- Professor Alan Pettigrew (Council Member)
- Dr Joanne Aitken (Director, Viertel Cancer Epidemiology Unit, Cancer Queensland)
- Professor Julie Campbell
- Professor Alan Cowman (Walter and Eliza Hall Institute of Medical Research)
- Professor Tony Evans (Director, Cancer Therapeutics CRC Pty Ltd)
- Professor Bob Graham (Executive Director, Victor Chang Cardiac Research Institute)
- Professor Andrew Grulich (The Kirby Institute, UNSW)
- Dr Jurgen Michaelis (Chair, Bio Innovation SA) to 13 January 2014
- Professor Joe Trapani (Peter MacCallum Cancer Centre)
- Professor Frank Gannon (ex officio)

INVESTMENT COMMITTEE

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

- Mr Rodney Wylie (Chair)
- Mr Michael Sargent
- Mr John Allpass
- Mr Ian Fraser

EXECUTIVE EMPLOYMENT AND REMUNERATION COMMITTEE

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

- The Honourable Paul de Jersey AC (Chair)
- Emeritus Professor Bryan Campbell

THE PHASE II AND III BUILDING PROJECT STEERING COMMITTEE

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

- Professor Frank Gannon (Chair)
- Professor Greg Anderson (Deputy Director)
- Mr John Parnell (Project Manager)
- Professor Grant Ramm (Staff Association representative)
- Ms Donna Hancock (Chief Operating Officer)
- Dr Joseph Pereira (Project Director) to 28 February 2014
- Mr Chris Darbyshire (Project Director)
- Ms Susanne Behrendt (Chief Financial Officer) to 21 February 2014
- Mr Pierre Kapel (Acting Chief Financial Officer) from 24 February 2014

HUMAN RESEARCH ETHICS COMMITTEE

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

- Dr Ian Wilkey (Chair)
- Dr Roger Allison
- Ms Madeline Brennan
- Mrs Gwen Eardley to 14 February 2014
- Mr Angus Edmonds
- Ms Dominique Grigg from 3 December 2013
- Rev Dcn Mick Jones from 3 December 2013
- Dr/Rev Mervyn Lander from 3 December 2013
- Professor Barbara Leggett
- Mrs Mary Mackenzie
- Dr Peter Roeser
- Mr David Russell
- Mr John Stead
- Dr Brett Stringer
- Associate Professor Katharine Trenholme
- Ms Donna Hancock (ex officio to 25 February 2014, advisor from 25 February 2014)

ANIMAL ETHICS COMMITTEE

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

RISK MANAGEMENT

The review and management of risk at QIMR Berghofer is undertaken by QIMR Berghofer Council through the Finance and Audit Committee. QIMR Berghofer management maintains a register of potential risks applicable to functions of the Institute. A schedule of quarterly reviews incorporates the actions required to improve any identified gaps in controls. The review process records all incidents reported to committees, management or Council, and allocates those incidents to risk categories. If a risk has not been previously been described in the register, it is added in the appropriate category and controls developed. Refer to page 14 for members of the Finance and Audit Committee.

AUDIT

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

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

The internal audit contractor (KPMG) met with the Finance and Audit Committee on:

- 30 August 2013;
- 8 November 2013;
- 7 March 2014; and
- 12 June 2014.

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

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

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

OUR PEOPLE

EXECUTIVE MANAGEMENT

DIRECTOR AND CEO, PROFESSOR FRANK GANNON

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

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

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

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

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

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

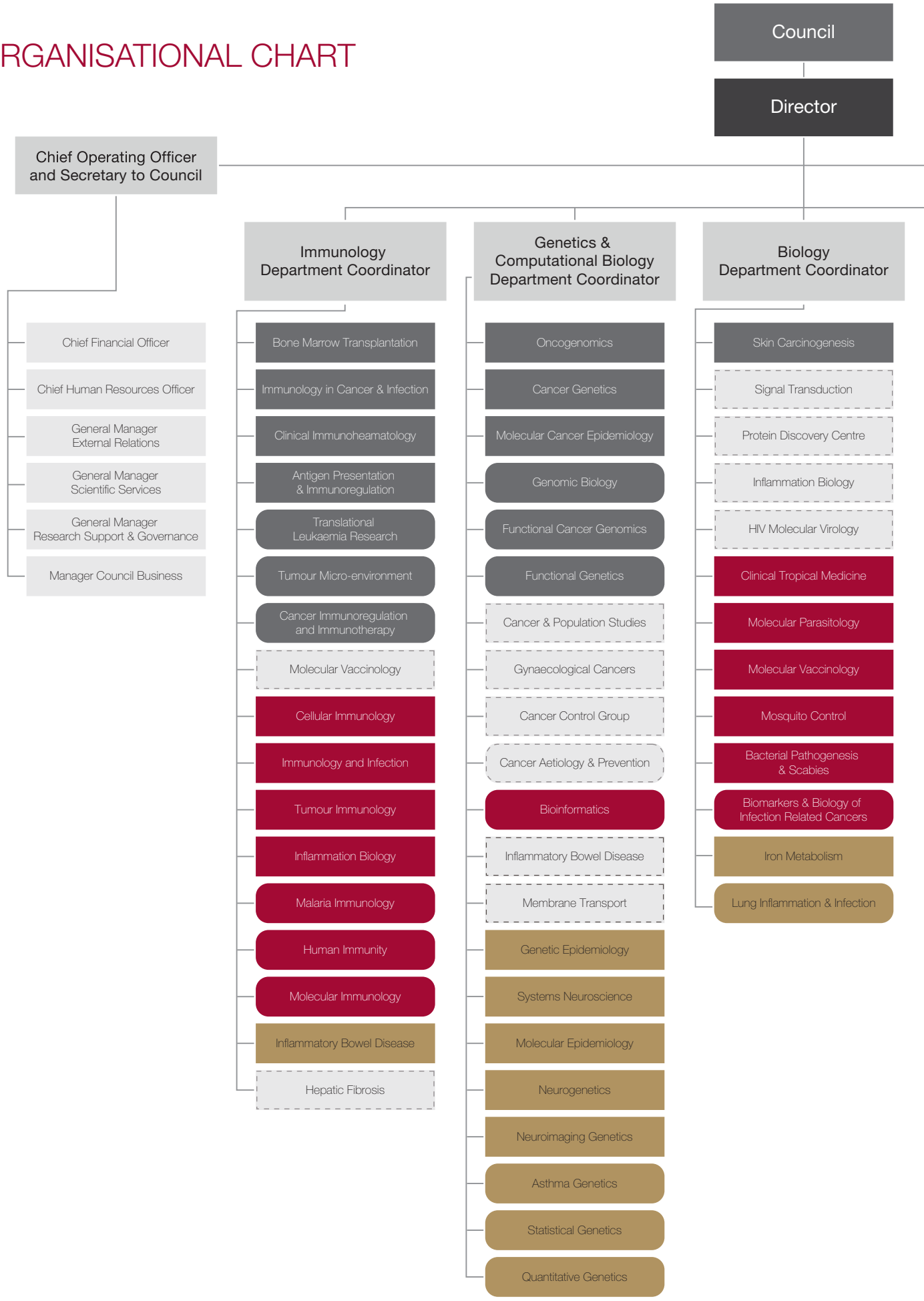
He has been awarded honorary Doctorates by the University of Jozsef Attila, Szeged (Hungary), UQ and Queens University Belfast (Northern Ireland).

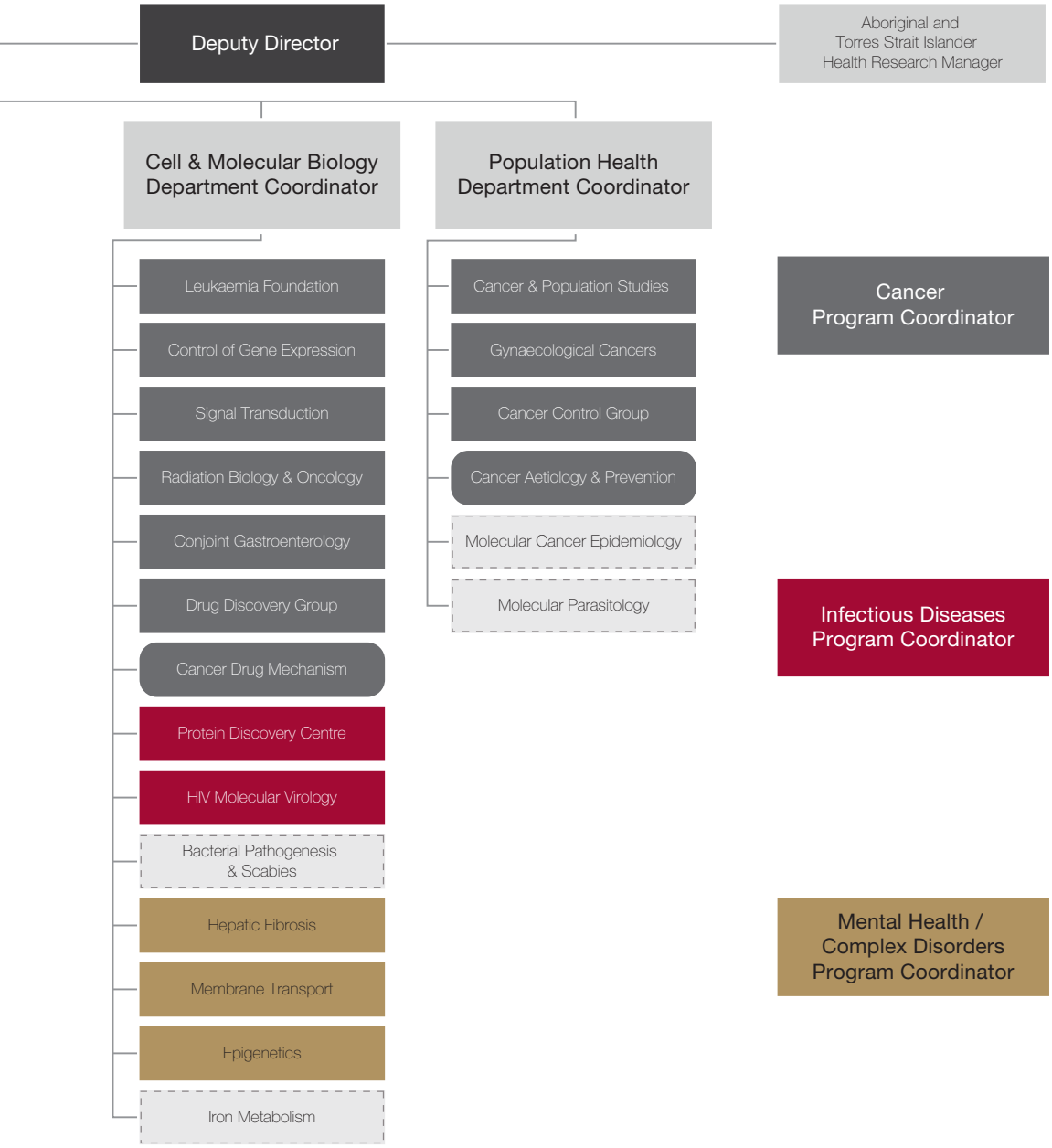
He has served on a range of high-level scientific advisory boards at institutes in Norway, Poland, South Africa and Australia and was co-founder of the European Life Sciences Forum (ELSF) and the Initiative for Science Europe (ISE) that played significant roles in the establishment of the European Research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

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

Professor Gannon is also currently serving as a board member of the Australian Association of Medical Research Institutes.

ORGANISATIONAL CHART





Key

Laboratory is also represented in another department

WORKFORCE PLANNING, ATTRACTION AND RETENTION

Workforce planning initiatives at QIMR Berghofer include:

- Attracting students to medical research and a career at QIMR Berghofer through the Education and Higher Degrees Program;
- Supporting a culture of work/life balance to attract and retain employees;
- Maximising remuneration benefits for employees through highly effective salary packaging options; and
- Providing childcare place arrangements for 0-2 year old children of employees.

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

To meet QIMR Berghofer's strategic aim of attracting staff in the areas of molecular and cellular biology, cancer biology, infectious diseases, bioinformatics and systems biology, chemistry, population and clinical sciences, throughout 2013-14 the Institute has targeted these areas and attracted researchers from over 31 countries.

The majority of QIMR Berghofer staff are employed under the *QIMR Enterprise Agreement 2011*, which is complemented by a range of workforce policies that not only support the operation of the Enterprise Agreement and the achievement of strategic objectives, but foster a high performance culture. Supporting the ongoing quality of research, QIMR Berghofer employed 59 Fellows in 2013-14.

STAFFING

At 30 June 2014, QIMR Berghofer had 595 employees and 143 students. 77% of the Institute's employees are employed on fixed-term contracts due to the nature of research funding being reliant on short-term grants.

Historically, QIMR Berghofer has maintained a low rate of voluntary staff turnover; for 2013-14 the voluntary separation rate was 8%. This figure takes into account the number of permanent full-time equivalent (FTE) employees as at 1 July 2013, an increase in recruitment for new positions and the number of staff members who voluntarily ceased or resigned from the organisation. 87% of FTE staff who were employed with QIMR Berghofer as at 1 July 2013 were still employed at QIMR Berghofer as at 30 June 2014.

At 30 June 2014, QIMR Berghofer had 53 members of faculty with eight Senior Scientists, 28 Group Leaders and 17 Team Heads. The Institute's career development structure will support the ongoing development of the faculty towards 2018.

REVIEW OF EQUAL OPPORTUNITIES

QIMR Berghofer has reviewed the guidelines endorsed by the Council of the Australian Academy of Science to ensure that women and men have equal opportunities to pursue a successful career in science. The Director has established a regular meeting with representatives from across QIMR Berghofer to review the profile of the Institute, identify any problems, evaluate initiatives and discuss improvements and new ideas, in relation to equal opportunities.

WOMEN AT QIMR BERGHOFER

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

- Women hold 32% of all scientific leadership positions.
- 30% of QIMR Berghofer Council is female.
- 50% of the Support Management Team is female; this includes the Chief Financial Officer, General Manager External Relations and Manager Council Business.
- 40% of newly appointed Team Heads are female.

The Institute has also engaged with its staff by holding annual International Women's Day events, carrying out a gender diversity session at its annual staff retreat and implementing a workshop for female staff to learn assertiveness techniques.

FLEXIBLE WORKING POLICIES

QIMR Berghofer has flexible working hours, job share and part-time employment options, to assist with balancing work and personal lives. Women are more likely to be part-time. 21% of staff are part-time arrangements and two positions have job share occupants, both of whom are female.

QIMR BERGHOFER CHILDCARE ASSISTANCE

QIMR Berghofer has secured a number of places with a local childcare centre for infants under the age of two years, to assist employees returning to the workforce after becoming a parent.

NURSING MOTHERS

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

INDIGENOUS WORKFORCE DEVELOPMENT INITIATIVES AND HEALTH RESEARCH PROGRAM

Reflecting the value QIMR Berghofer places on being informed by community, the Institute's Indigenous Health Research Program has adopted a governance model that seeks both internal and external input: a committee of QIMR Berghofer researchers and an advisory group of external members with expertise in service provision, policy development and research. The program is led by an Aboriginal descendant of the Noonucal tribe of the Quandamooka people of Stradbroke Island. The advisory group includes representatives from Queensland Health, UQ, the Queensland Aboriginal and Islander Health Council, Apunipima Cape York Health Council, James Cook University, Menzies School of Health Research, the South Australian Health and Medical Research, Griffith University and QIMR Berghofer. Together, these groups serve to advise about the viability of workforce development, research and communication activities.

QIMR Berghofer strives to:

- increase the number of Aboriginal and Torres Strait Islander researchers at QIMR Berghofer;
- support the ongoing development of the Indigenous health research workforce;
- increase the capability of QIMR Berghofer's non-Indigenous researchers to appropriately conduct Indigenous Health research; and
- increase awareness and appreciation of Aboriginal and Torres Strait Islander cultures.

As a world leading medical research facility, QIMR Berghofer is dedicated to being informed by and engaging stakeholders with vested interest and capacity to influence Indigenous health.

QIMR Berghofer has also commenced an Indigenous cadetship for a third year science student through the Queensland Department of Education, Employment and Workplace Relations.

In 2013-14, the QIMR Berghofer Indigenous Health Research Program has completed a range of activities that demonstrate the Institute's commitment to Aboriginal and Torres Strait Islander health.

Regional consultation with representatives of the health service and research sector in Cairns supported a group of our scientists to meet with clinical and research personnel, to describe their work and to hear about local health concerns. The event was instrumental, prompting discussion and collaboration and serving to identify mental health, substance abuse, addiction, and respiratory illness as priorities for progression.

The Institute has 12 research groups working on 39 diseases that impact Aboriginal and Torres Strait Islander health. The broader QIMR Berghofer community has also benefitted from the higher profile that the program offers, as evidenced by a turnout of more than 150 staff at the 2013 NAIDOC function.

The Program also:

- Incorporated identification of ethnicity into the QIMR Berghofer staff induction process;
- Facilitated attendance at the Congress Lowitja 2014 (eight QIMR Berghofer staff);
- Appointed an undergraduate student to a 12 month cadetship with the Infectious Diseases Program; and
- Established and allocated funds for an identified postgraduate PhD scholarship.

OUR PERFORMANCE

GOVERNMENT OBJECTIVES FOR THE COMMUNITY

QIMR Berghofer aligns its research and activities with the Queensland Government's objective of Getting Queensland back on track. QIMR Berghofer has actively embraced this objective by addressing the pledge of growing a four pillar economy by providing economic benefits to Queensland through:

- Leveraging Queensland Health's $18.864 million investment five-fold from other sources, including salaries for researchers;
- Providing over 600 high quality jobs. This will grow to approximately 750 by 2018;
- Providing building and services related jobs through the refurbishment of the Bancroft Centre;
- Actively working to assist the tourism industry, by attracting international conferences to Queensland, including the upcoming 16th International Symposium on EBV;
- Working on topics such as depression, skin cancer, and infectious diseases that are of direct relevance to the Queensland resources and agribusiness sectors; and
- Maintaining five active licensing agreements for its technology.

STRATEGIC PLAN

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

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

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

QIMR Berghofer's strategic plan is underpinned by the following performance measures:

Increase knowledge and strengthen reputation for scientific excellence

PERFORMANCE MEASURES	OUTCOME
Increase the total number of publications by 5% annually.	QIMR Berghofer published 620 scientific papers.##
Maintain a five-year growth rate of more than 15% for total citations.	For the latest five year period (2009-2013) there were 35,338 citations. For the previous period (2008-2012) there were 31,569 citations.
Achieve a 10% increase per annum for high quality papers.	The Institute had 68 high quality papers. High quality papers are regarded as publications with an impact factor of over 10. In 2012, QIMR Berghofer produced 61 high impact papers.##
Increase by 10% annually the number of high impact papers with first or last author papers.	QIMR Berghofer produced 24 high impact papers with first or last authors. In 2012 QIMR Berghofer also produced 24 high impact papers with first or last authors.##
Increase the 'h' index average for individual faculty members (Senior Scientists, Group Leaders, Team Heads) to 40 over the five years to 2018.	QIMR Berghofer had an average of 35.89 for the 'h' index of faculty members
Increase and maintain 'm' index to greater than two, on average, for Faculty members.	QIMR Berghofer had an average of 1.78 for the 'm' index of faculty members.
The number of invitations to QIMR Berghofer researchers to speak at international conferences to grow to 100 by 2018.	QIMR Berghofer researchers were invited to deliver 154 lectures at a number of different international conferences.
The number of international lectures presented by QIMR Berghofer researchers to grow to 200 by 2018.	QIMR Berghofer researchers delivered 145 lectures at a number of different international conferences.
Maintain at current level, or increase the number of, QIMR Berghofer staff on editorial boards of scientific journals, or award selection or review committees.	71 QIMR Berghofer staff served on scientific journal editorial boards, and award selection and review committees, setting the benchmark for future measurements.
The number of invitations for QIMR Berghofer researchers to speak at national conferences to grow to 150 by 2018.	QIMR Berghofer researchers were invited to deliver 137 lectures at a number of different Australia-based venues.
The number of national lectures presented by QIMR Berghofer researchers to grow to 400 by 2018.	QIMR Berghofer researchers delivered 132 lectures at a number of different Australian conferences.
QIMR Berghofer to receive a minimum of five awards annually.	• Adele Green, Innovation Category and overall winner, AFR 100 Women of Influence Awards • John Miles, Tall Poppy Science Awards; and • Franziska Bieri, Research Australia Discovery Award
Increase the number of academy memberships to six by 2018.	As of 30 June 2014, two QIMR Berghofer researchers were members of the Australian Academy of Science.

* High impact papers –The higher the impact factor for the journal, the more prestigious it is considered.
# 'h' index - Measures both the productivity and impact of the published work of a scientist.
** 'm' index - Defined as the 'h' index divided by the number of years since the first published paper of the scientist.
measured for calendar year of 2013.

Attract and retain high quality researchers

PERFORMANCE MEASURES	OUTCOME
Increase the total number of Faculty (Senior Scientists, Group Leaders and Team Heads) to 65 by 2018.	QIMR Berghofer had 53 members of Faculty, with eight Senior Scientists, 28 Group Leaders and 17 Team Heads. The Institute's career development structure will support the ongoing development of the Faculty towards 2018.
Increase the number of PhD students to 150 by 2018.	QIMR Berghofer hosted 143 students (up from 120 in 2012-13), 89 of whom were studying for their PhD.
Increase the number of QIMR Berghofer staff to 750 by 2018.	QIMR Berghofer had 595 people employed in a full time, part-time or casual capacity.
Achieve resignations of less than 10% of Faculty annually to 2018.	QIMR Berghofer had resignations of less than 4%.

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

PERFORMANCE MEASURES	OUTCOME
Increase the percentage of QIMR Berghofer researchers engaged in collaborations with clinicians to or above 60%.	70% of QIMR Berghofer's researchers collaborated with clinicians.
Increase the number of active clinical trials to 40 in five years.	QIMR Berghofer started 10 new clinical trials, which are included in the 17 ongoing clinical trials coordinated by the Institute.

Increase funding annually

PERFORMANCE MEASURES	OUTCOME
Increase NHMRC grant funding by 5% annually to 2018.	QIMR Berghofer received $30.324 million from NHMRC for research.
Increase number of successful NHMRC grant applications by 5% annually to 2018.	In 2013 QIMR Berghofer secured 31 NHMRC grants. In 2014 QIMR Berghofer also secured 31 NHMRC grants.
Gain 50 fellowships in the five years to 2018.	QIMR Berghofer secured 11 fellowships with the NHMRC, bringing total fellowships to 59.
Sustain or increase the number of Career Development Awards and equivalent (2013-16).	QIMR Berghofer was awarded four Career Development Awards from the NHMRC.

Team QIMR Berghofer at the 2013 Rio Tinto Ride to Conquer Cancer.

The starting line for the 2013 Weekend to End Women's Cancers.

Increase engagement with the biotechnology sector

PERFORMANCE MEASURES	OUTCOME
Increase commercial income to $3 million by 2018.	In 2013-14, QIMR Berghofer generated $2.845 million in commercial income.
Double the number of provisional patents by 2016.	In 2013-14, QIMR Berghofer established six provisional patents, which will be used as a benchmark for future years.

Inform and involve the community in research activities at QIMR Berghofer

PERFORMANCE MEASURES	OUTCOME
Sustain or increase the number of tour groups who visit QIMR Berghofer's research facilities at Herston.	QIMR Berghofer ran 62 tours with over 950 visitors. The Institute also hosted three public forums on topics including cancer and immunotherapy, with approximately 200 attendees.
Sustain or increase the number of community speaking engagements by QIMR Berghofer staff.	The Institute delivered at more than 60 speaking engagements to over 2,580 attendees. Community engagement officers travel throughout south-east Queensland delivering talks about QIMR Berghofer and its research.
Increase the number of high schools participating in the High School Lecture Series to 30 by 2018.	QIMR Berghofer held two High School Lecture Series, where senior science students can attend the Institute for scientific presentations and discussions on careers in science. In two sessions, the Institute played host to 21 schools and 620 students.
Increase the number of schools that visit the Education Laboratory to 50 by 2018.	QIMR Berghofer hosted 40 schools in the Education Laboratory and looks forward to increasing this number each year. The Day in the Life of a Scientist allows senior science students the opportunity to conduct an experiment aligned with their curriculum in a working laboratory.
Increase the number of students who visit the Education Laboratory to 1,000 by 2018.	974 year 11 and 12 science students participated in the Day in the Life of a Scientist program in the Education Laboratory. The Insitute also places a number of year 11 and 12 science students for work experience in a lab. 37 students engaged in the lab work experience program.

Students attending the July 2013 High School Lecture Series

OUR SUPPORT

SUPPORT DIVISION

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

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

The Support Division has helped advance QIMR Berghofer's research and role within the community in numerous ways in 2013-14.

The Division project-managed the refurbishment of the Bancroft Centre offering state-of-the-art facilities to researchers.

The Division also coordinated the successful funding application for $2.6 million from the Australian Cancer Research Foundation for state-of-the-art imaging equipment to advance cancer research within the Institute. The equipment begins installation in July 2014.

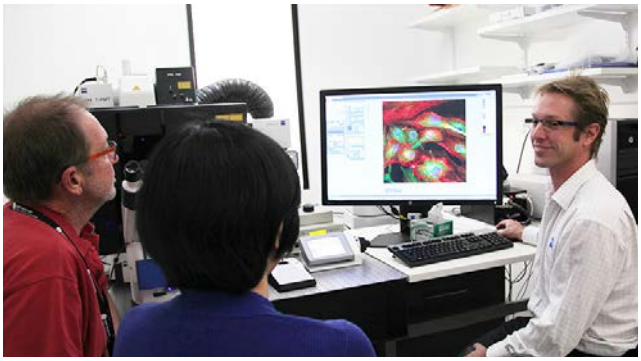
Members of the Support Division played a key role in the establishment of the Herston Imaging Research Facility (HIRF) – an alliance between QIMR Berghofer, UQ, Metro North Hospital and Health Service through Royal Brisbane and Women's Hospital, and QUT. QIMR Berghofer oversaw the procurement activity for the purchase of a PET/MRI (on behalf of UQ) and an MRI. QIMR Berghofer Chief Operating Officer Donna Hancock is a member of the HIRF Project Control Group. QIMR Berghofer Director, Professor Frank Gannon, is Chair of the HIRF Executive Committee.

The Support Divison has administered 12 new clinical trials, including four immunotherapy trials and five malaria trials, translating research into new therapies.

The Division also carried out a significant upgrade of existing liquid nitrogen storage. Total vapour phase storage capacity now exceeds 300,000 samples in QIMR Berghofer's cryostorage facility.

There were also major upgrades of equipment in the histopathology facility including new Ventana Ultra, Leica XL slide scanner and Cryostar NX70. The Division also installed a range of new equipment including Biorad Digital PCR system, Incucyte Zoom, QSEP 100, Sebia Hydrasys, Evos FL Auto, Miltenyi Automacs Pro and Izon Nanopore, allowing the Institute's researchers access to the latest technologies, and helping them carry out their research more effectively and efficiently.

Staff in the Support Division developed a mentoring system for all post-doctoral researchers at the Institute.



QIMR Berghofer staff being trained on the new confocal microscope at the ACRF Centre for Comprehensive Biomedical Imaging at the Institute.

New state-of-the-art imaging equipment being installed at the soon to be opened Herston Imaging Research Facility.

COMMUNITY SUPPORT

It is the community that drives QIMR Berghofer's work. Funds raised by community groups, individuals, philanthropic foundations and corporate sponsors support the Institute's scientists and allow them to continue their work. Engagement with supporters also enables better understanding of priority research areas and allows the Institute to keep in touch with the people it is ultimately aiming to help. As QIMR Berghofer's work expands, so does its circle of supporters.

The year was inevitably marked by the extraordinary generosity of Clive Berghofer. For QIMR Berghofer this landmark gift has meant an added level of future-proofing, whilst the gift itself has served as an example of considered and careful philanthropic investment that will have a significant and long-term impact on medical research.

In a similar vein, QIMR Berghofer was delighted to receive significant donations from Hong Kong foundations and Mal and Judi Pratt in support of Professor Rajiv Khanna's immunotherapy research projects.

These gifts have without doubt served to bolster the Institute's work. However, for every dollar received in government funding a further 65 cents is needed to support research across all areas. Donors come from all walks of life and every donation is important and gratefully received.

In 2013-14 QIMR Berghofer welcomed 324 first time donors to its family of supporters and the Institute was reassured to receive good responses to appeals from its loyal donors. QIMR Berghofer would also like to acknowledge supporters who choose to contribute on a regular monthly basis.

Although there was a small dip in the number of people choosing to contribute in this way, it was compensated by a 17.5% increase in the level of regular donations over the year. This kind of support means the Institute is able to plan ahead much more effectively.

QIMR Berghofer recognises the importance and generosity of planned givers who kindly made provision for the Institute in their Wills. In 2013-14 donations as gift in Wills accounted for more than 26% of overall fundraising income, representing a vital source of support to the Institute's work. Gifts in Will are especially important as they enable the Institute to forward plan in a prudent and sustainable manner.

2013 was the third year of the Rio Tinto Ride to Conquer Cancer. The event raised $4.2 million for cancer research, with 1,236 Riders taking part over the two days in a fantastic show of strength. A special thanks to the event's major sponsors: Rio Tinto and Sunsuper.

In 2013-14 the Ride funds were allocated to supporting a number of projects ranging from individualised treatments for blood cancers, to patterns of care and quality of life in patients with pancreatic cancer, to fighting cancers with venoms, and new strategies to detect and treat brain cancer.

Other new research projects funded by the Ride were:

- Combination therapies in melanoma
- Investigating a new treatment for prostate cancer
- Blocking the spread of breast cancer by binding a drug to the tumour surface
- Provoking an immune reaction in cancers
- Identifying new targets to stop the spread of lung cancer

QIMR Berghofer successfully nominated Rio Tinto for Research Australia's 2013 Leadership in Corporate Giving Award in recognition of their outstanding support.

In October 2013, QIMR Berghofer was overwhelmed by the level of support for its second major event, the inaugural Weekend to End Women's Cancers. The Weekend raised $3.5 million to support life-saving research programs. A total of 1,346 people took part, creating a sea of pink, purple and blue walking 60 kilometres over two days through the streets of Brisbane.

New research projects funded by the Weekend include:

- Finding new endometrial cancer genes
- Matching drugs to patients – new tests for chemo sensitivity
- Identifying how cancer overrides immune responses
- Increasing the effectiveness of cancer treatments, while minimising side-effects
- Using radiotherapeutics to boost immune response to breast cancer
- Investigating whether small tumour-derived particles change how cancer behaves
- Identifying new drugs for ovarian cancer
- Identifying risk genes for endometrial cancer
- Developing prediction tools for ovarian cancer
- Understanding the role of the estrogen receptor in endometrial cancer
- Treatment decisions facing young women with gynaecological cancers
- Exploring the genetic basis of ovarian cancer outcomes
- Using tumour information to help understand specific gene faults in endometrial cancer
- Testing a new questionnaire's ability to improve follow-up treatment for ovarian cancer patients

To supplement funding secured through peer reviewed grant-making bodies, the Institute also relies on funding from trusts and foundations for specific areas of research and research support services. Charitable trusts managed by Perpetual continue to be an important contributor and in 2013-14 the Institute was successful in its application to receive funding for Associate Professor Stuart MacGregor's research into the identification of inherited genetic influences on melanoma survival, and Professor Michael Breakspear's work on depression, physical activity and metabolic risk: in Indigenous urban populations.

QIMR Berghofer is very fortunate to have a number of individuals, organisations, businesses and community groups who fundraise on the Institute's behalf. The activities, projects and events are varied and diverse, from charity golf days to cent auctions, motorbike marathons to hosting dinners. This kind of fundraising not only raises important funds for the Institute, but also helps to promote the work it does to different parts of the community. For 2013-14 a special thanks must go to The GPT Group, Anne Stanton, Lorraine Duckwitz, the Grand Chapter of Queensland Order of the Eastern Star, Sunny Drescher and Ron McLaughlin for their outstanding fundraising efforts over the year and a welcome extended to new community fundraiser Specsavers Toombul.

Each year QIMR Berghofer also acknowledges community members for their outstanding support to medical research as part of our community ambassador program. Recognition is made to Edward and Beverly Dignam, and the Mermaid Beach Bowls Club Ladies Sewing Group.

THANK YOU TO THE FOLLOWING DONORS

ALS Limited
Arrow Energy Pty Ltd
Barry and Maureen Stevenson
Biniris (Aust) Pty Ltd
Blackburne Family (in loving memory of Kenneth George Blackburne)
Brisbane Women's Club
BT Financial Group
Clive Berghofer AM
Estate of Athol Avon Card
Estate of John Norman Mander
Estate of Ralph B Curnow
Fred and Sunny Drescher
In Vitro Technologies
Jean Redman
JJ Richards and Sons
Kerry Holdings Limited
Lorraine Duckwitz
Mal and Judi Pratt
Mr Colin William Stevenson (in memory)
Mrs Judy Peatey
Ms Enid B Lever
Perpetual Foundation - E M Squires Charitable Endowment
Perpetual Foundation - The John Thomas Wilson Endowment
Perpetual Foundation - The Lorna Hill Memorial Endowment
Peter and Kathy Sawyer
QCF - Jameson Charitable Foundation
QLD Hospital Visiting Medical Officers/QLD Health
Q Super
Rio Tinto
Sunsuper Pty Ltd
The Best family
The Derham Green Fund
The GPT Group Charity Golf Day
Tim and Kym Reid
Walking on Sunshine Fundraiser
William George Jameson (in memory)

CANCER PROGRAM

COORDINATOR: PROFESSOR GEORGIA CHENEVIX-TRENCH

The Cancer Program covers a variety of topics, including:

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

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

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

Antigen Presentation and Immunoregulation

Group Leader: Kelli MacDonald

Hematopoietic stem cell transplantation (SCT) is the only curative therapy for the majority of cancers of bone marrow origin. The curative property of this procedure relates to the graft-versus-leukaemia effect, which eradicates any remaining cancer after SCT. Unfortunately the success of SCT is significantly limited by three procedural complications: graft-versus-host disease (GVHD), graft failure, and infection.

This Team's overarching goal is to improve understanding of how these complications arise in order to develop new therapies that can be translated to clinical practice to improve transplant outcome. This year their primary focus has been increasing our understanding of the pathophysiology of chronic GVHD. Chronic GVHD, which occurs to some degree in the majority of transplant patients, is characterised by fibrosis and is associated with increased morbidity and mortality. Unfortunately, there are no effective therapies for this condition, thus there is a pressing need for identifying therapeutic targets for the prevention and treatment of chronic GVHD.

Identified CSF-1 dependent donor derived tissue resident macrophages as the pathogenic cell population driving target organ pathology following bone marrow transplantation. These studies implicate anti-CSFR-1 therapy as a strong therapeutic candidate for the treatment of chronic GVHD in the clinic. Humanised antibodies against CSF-1R have already been through Phase I clinical trials, thus findings in preclinical models can rapidly progress to clinical trials in transplant patients.

Highlights:

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

Bone Marrow Transplantation

Senior Scientist: Geoff Hill
Department Coordinator, Immunology

The laboratory seeks to understand the pathophysiology of GVHD and GVL in preclinical and clinical bone marrow transplantation (BMT). Its work focuses on cellular and cytokine biology in transplantation. The Group is increasingly translating findings into patients at the RBWH BMT lab and enrolled approximately 150 patients into clinical trials last year.

Highlights:

- Phase I study of suicide gene T cell therapy in haploBMT open.
- New Phase II study of IL-6 inhibition in mismatched BMT.
- Definition of the role of APC subsets in T cell priming and differentiation.
- Completion of first Phase I/II clinical study of IL-6 inhibition in any form of transplantation. Initiation of Phase III randomised studies.

Cancer Aetiology and Prevention

Team Head: Rachel Neale

The Cancer Aetiology and Prevention Team focuses on pancreatic cancer, including risk factors, epidemiology and quality of life; the epidemiology of skin cancer; and vitamin D for the prevention of chronic disease and mortality.

Highlights:

- Completed data collection for the pancreatic cancer patterns of care study and commencement of analysis.
- Carried out analysis showing that vitamin D supplementation reduced antibiotic use in the elderly.
- Launched the D-Health Trial.

Cancer and Population Studies

Senior Scientist: Adele Green

The Cancer and Population Studies Group has continued its efforts to better understand the causes of cancer, how to prevent it and how to better manage it. The Group's particular focus has been skin cancer: melanoma, basal cell carcinoma and squamous cell carcinoma. The Group has also continued efforts to understand the role of nutrition in the development of these cancers.

Highlights:

- Showed that, despite health warnings, young adults still experience excessive exposure and sunburn.
- Contributed further insights into the role of nutrients in the causation of skin cancer.
- Began follow-up of 400 organ transplant recipients to document malignant transformation of their pre-cancerous lesions by clinical and photographic means.
- Enrolled 700 melanoma patients in The Primary Melanoma Project with further enrolments still to come.
- Research regarding sunscreen use and prevention of melanoma was highlighted in the 2013 World Cancer Report.

Cancer Control Group

Group Leader: David Whiteman
Department Coordinator, Population Health

Research undertaken by the Cancer Control Group is conducted with a view to reducing the burden from cancer through identifying risk factors, then translating these research findings into policy and practice. This includes research to identify the environmental and genetic factors that cause cancer, as well as research into early diagnosis, treatment and survival. The group has two major areas of research focus: melanoma and skin cancer, and upper gastrointestinal neoplasia.

Highlights:

- Demonstrated that young women who received the human papilloma virus (HPV) vaccine had half the rate of high-grade cervical abnormalities compared to unvaccinated women.
- Showed that the prevalence of oral HPV infection in young Australians is about 3%.
- Showed that melanomas of the head and neck have different risk factors from melanomas of the trunk.
- Identified three genes newly associated with oesophageal adenocarcinoma and Barrett's oesophagus.
- Showed that body fat is a strong cause of Barrett's oesophagus.
- Showed that the incidence of thyroid auto-immune diseases differs markedly between people of different ethnic backgrounds.
- Demonstrated that the incidence of keratinocyte cancer is declining significantly among Australians aged less than 45 years.

Cancer Drug Mechanism

Team Head: Glen Boyle

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

This Team has recently found that two important transcription factors for development and progression of melanoma co-regulate each other, highlighting for the first time a novel feedback loop for the expression of these key factors. These transcription factors impact on the sensitivity of the cells to targeted chemotherapy. This important finding opens a new direction in understanding melanoma development, and may enable effective targeting of treatment to prevent melanoma recurrence.

Highlights:

- Elucidated PKC isoform specificity of EBC-46, a novel anticancer agent.
- Identified key molecules involved in perineural invasion of squamous cell carcinoma.
- Found key transcription factors involved in melanoma progression or invasion regulate each other.
- Identified a key transcription factor involved in melanoma metastasis that may also modulate resistance to targeted therapy.

Cancer Genetics

Senior Scientist: Georgia Chenevix-Trench
Cancer Program Coordinator

In 2013, this Team completed the first analyses of the largest cancer genetics experiment ever undertaken in the world. This originally identified 49 new breast cancer risk loci and nine new ovarian cancer risk loci, but they have recently used meta-analyses to identify 17 more breast and six more ovarian cancer risk loci. The Team has also identified the first genetic locus associated with outcome in breast cancer. They have also used the fine mapping data from this experiment to identify the target genes at two of these loci, on chromosomes 10 and 19. In an extension of the consortia that identified these inherited risk variants to a new focus on tumour biomarkers, they found that progesterone receptor and estrogen receptor are prognostic biomarkers for ovarian cancer. They have also made considerable progress at uncovering the molecular mechanisms underlying the association between variants in a gene called TTC39 and ovarian cancer outcome. With the Tumour Immunology Group, the Team has identified a new prognostic marker for triple-negative breast cancer based on gene expression, and new potential therapeutic targets based on kinome profiling.

Highlights:

- Discoved the progesterone receptor and oestrogen receptor are prognostic biomarkers for ovarian cancer.
- Identified germline aberrations of PAX5 as a cause of susceptibility to pre-B cell acute lymphoblastic leukaemia.
- Identified novel genetic markers associated with telomere length.
- Found that breast cancer risk at the 2q35 locus is mediated through IGFBP5 regulation.
- Discovered parent-of-origin specific allelic associations among 106 genomic loci for age at menarche.
- Identified a genetic variant at 2q36.3 associated with prognosis in oestrogen receptor-negative breast cancer patients treated with chemotherapy.
- Clarified the modest role of ABCB1 (MDR1) polymorphisms in ovarian cancer progression and survival.
- Discovered ABCA expression is associated with poor outcome in epithelial ovarian cancer.
- Showed mutations in EGFR, BRAF and RAS are rare in triple-negative and basal-like breast cancers in Caucasian women.
- Kinome profiling of triple-negative breast cancer identifies targeted therapeutic opportunities.
- Conducted meta-analysis of the global gene expression profile of triple-negative breast cancer identified genes for the prognostication and treatment of aggressive breast.
- Discovered that Rad51 supports triple-negative breast cancer metastasis.
- Integrated genomic analysis of human brain metastases identified recurrently altered pathways of potential clinical significance.
- Identified of six novel susceptibility loci for ovarian cancer, bringing the total known loci to 18.

Cancer Immunoregulation and Immunotherapy

Team Head: Michele Teng

This Team works to understand how tumor induced immune suppression impacts on effector anti-tumor function. Specifically they are looking at Treg depletion, neutralisation of IL-23 and checkpoint receptors blockade. Dissecting what combination of antibodies that relieves tumor induced immunesuppression synergise most effectively. In addition, this Team wants to understand what combination immunotherapies have the best therapeutic index (i.e. high anti-tumour activity, low toxicity) and is using mouse models of cancer to answer these questions.

Highlights:

- Demonstrated that targeting the IL-12/IL-23 cytokine axis is an alternative approach to removing tumour induced immune suppression.

Conjoint Gastroenterology

Group Leader: Barbara Leggett

The main focus of this laboratory is to understand the molecular, histological, clinical and epidemiological features of a particular class of polyps called serrated polyps, as well as the cancers they may develop into. Serrated polyps progress to cancer through particular molecular pathways involving mutation of the BRAF and KRAS oncogenes and silencing of multiple genes through DNA hypermethylation. This Group is studying a large series of colorectal polyps and cancers using technologies to examine genome-wide changes in DNA methylation, gene expression, copy number variation and gene mutations. They aim to identify molecular changes associated with high risk of polyp progression, and to identify key pathways altered in colorectal cancer subgroups. This Group has also developed a mouse model that has inducible, colon specific, BRAF V600E mutant over-expression and this is being used to better understand the initiation and progression of bowel cancer.

Highlights:

- Commenced a collaboration with RBWH Oncology and recruited over 50 patients with stage IV colorectal cancer to study the molecular features associated with metastatic disease.
- Identified a new variant of tubulovillous adenoma showing morphological serration associated with distinct molecular features.
- Established a robust methodology for DNA methylation array analysis of archival colorectal cancer and polyp material.
- Completed genome-wide methylation and expression array analysis of 216 colorectal cancers to establish key molecular subgroups of colorectal cancer and genes altered in these groups.
- Completed whole exome sequencing and analysis of 35 colorectal cancers to identify mutations that may be driving molecular phenotypes.
- Identified molecular features associated with advanced pathology in traditional serrated adenomas and serrated tubulovillous adenomas.
- Demonstrated that intestinal expression of the BRAF V600E oncogenic mutation rapidly leads to intestinal hyperplasia and ultimately to serrated lesions reminiscent of human traditional serrated adenomas. The Group demonstrated acceleration of this phenotype by deletion of the p16 tumour suppressor gene.

Control of Gene Expression

Group Leader: Frank Gannon
Director and CEO

This Group is interested in the mechanisms that result in changes in gene expression in different cancer settings. Collectively these changes are referred to as epigenetics and include multiple post-translational changes to histones and alterations in DNA methylation. The Group's previous work shows that both of these functions can alter in a dynamic and cyclical manner and its working hypothesis is that gene expression is controlled by a "double lock" and all epigenetic contexts and the relevant transcription factors need to be correctly aligned to permit expression of a gene.

The Group has focused attention on two important clinical contexts. In the first, they noted the correlation between obesity and breast and endometrial cancers. There is no clarity about the mechanism that is invoked by obesity such that cancers develop. This research has started to define the factors that are in play.

The second major project takes the fact that metastases tend to occur in hypoxic regions and the Group is using breast cancer as the model to define what is altered under hypoxic conditions such that the cancer cells expand, again with particular emphasis on the epigenetic changes.

Model systems for the co-culture of fat and cancer cells have been established and the first results on growth characteristics and altered gene expression have been obtained.

Highlights:

- Showed that endometrial cancer cell lines have varying combinations of estrogen receptor isoforms

Drug Discovery Group

Group Leader: Peter Parsons

Screening, fractionation and development of bioactive natural products continued, with considerable work being done to address a range of issues concerning development of the novel anticancer drug EBC-46. This has assisted in the manufacture of clinical-grade drug and setting parameters for a forthcoming Phase I trial in humans.

Additional screening of rainforest plant extracts led to the isolation of compounds of novel structure, now under investigation for biological activity.

Highlights:

- Submitted patent application for novel wound healing compounds

Functional Genetics

Team Head: Juliet French

The major focus of the Team's research is the functional follow-up of breast cancer risk loci. Specifically, for each locus the Team aims to identify the likely causal variants at breast cancer risk loci, the target genes affected by inheritance of those variants and the mechanisms by which the variants influence the expression of nearby genes. This Team is working with collaborators from Cambridge University who are fine-mapping breast cancer risk loci by performing dense genotyping across each risk locus in large numbers of samples. The majority of the candidate causal variants fall in non-coding regions of the genome and often affect regulatory elements such as transcriptional enhancers and silences. Therefore this laboratory has a strong focus on long-range transcriptional regulation of genes at breast cancer risk loci. Another focus in the laboratory is to assess the contribution of non-coding RNAs to breast cancer susceptibility.

Other projects include:

- the functional follow-up of variants associated with progression free survival in ovarian cancer patients.
- the functional follow-up of variants associated with asthma risk.

Highlights:

- Identified the likely target genes at two breast cancer risk loci:
- Identified three independent genetic signals at 5q11 associated with breast cancer risk. Multiple candidate causal variants within these genetic signals were shown to coincide with transcriptional enhancers. These regulatory elements were shown to act as enhancers of the MAP3K1 gene and several of the candidate causal variants from each genetic signal were shown to increase MAP3K1 promoter activity. They suggest that risk associated at this locus is caused by an increase in MAP3K1 experssion.
- At 2q35, genetic fine-mapping by collaborators excluded all but two variants at this locus. One of these variants fell in a transcriptional enhancer which regulates the IGFBP5 promoter. The likely causal variant was shown to influence chromatin looping between the enhancer and the IGFBP5 promoter. This suggests that the risk variants at this locus act to increase IGFBP5 expression to influence breast cancer risk. This work is under re-review with Nature Communications.
- Identified a second target gene of 11q13 risk locus. This is a novel long non-coding RNA that we identified by RNA CaptureSeq.
- Identified TTC39B and PSIP1 as the likely target genes of variants at 9p22 that are associated with progression free survival in ovarian cancer patients.

Functional Cancer Genomics

Team Head: Stacey Edwards

This Team's major research focus has been the functional characterisation of breast cancer risk loci identified by genome wide association studies (GWAS). They have also made significant contributions to the follow-up genetic variants associated with endometrial cancer risk and ovarian cancer outcome following treatment.

Highlights:

- Awarded two NHMRC project grants to continue research on post-GWAS analysis of breast cancer loci.
- Identified the key target genes and the mechanisms by which risk-associated variants contribute to breast cancer development for four separate GWAS-identified loci.
- Identified two target genes involved in the risk of developing endometrial cancer.
- Identified one of the target genes responsible for increased progression free survival in ovarian cancer patients.

Genomic Biology

Team Head: Nicole Cloonan

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

Highlights:

- Published a paper in Genome Biology that describes a new way that miRNAs interact with mRNAs with broad implications for understanding their function in disease.
- Completed our first high throughput screen of miRNA mediated chemo-sensitivity.

Gynaecological Cancers Group

Group Leader: Penny Webb

This Group investigates all aspects of cancer, particularly gynaecological cancer, from aetiology to diagnosis, patterns of care, quality of life and survival. A particular focus is on the role of environmental (non-genetic) factors in the causation of gynaecological cancer. More recently, they have extended this to assess how gynaecological cancers are managed in Australia and to investigate the role of lifestyle in determining quality of life and survival after a diagnosis of cancer. Much of this work is conducted within three national population-based studies: the Australian Ovarian Cancer Study (AOCS), the Ovarian Cancer Patterns of Care Study (POCS) and the Australian National Endometrial Cancer Study (ANECS); and within two international consortia: the Ovarian Cancer Association Consortium (OCAC) and the Epidemiology of Endometrial Cancer Consortium (E2C2). This Group is also recruiting for new studies including the Ovarian Cancer Prognosis and Lifestyle (OPAL) Study led by Penny Webb and the Queensland arm of the Collaborative Australian Renal cell carcinoma Epidemiology (CARE) Study and the Queensland Thyroid Cancer Study, both led by Susan Jordan.

Highlights:

- Invited to contribute samples from the OPAL Study to a new international collaborative study evaluating the role of genes in ovarian cancer.
- Contributed to an international pooled analysis suggesting that aspirin use is associated with a reduced risk of developing ovarian cancer.
- Contributed to an international pooled analysis confirming that use of talcum powder in the pelvic region is associated with an increased risk of ovarian cancer.
- Showed that obese women are more likely to receive a lower than recommended dose of chemotherapy compared to normal weight women and this might impact on their survival.
- Continued to achieve high recruitment and retention rates for ongoing OPAL (ovarian cancer) and CARE (renal cell carcinoma) studies.
- Initiated recruitment for the Queensland Thyroid Cancer studies.
- Data collection for all studies is progressing well.
- On track to start preliminary data analysis for the OPAL Study in the second half of 2014.
- Obtained approval from 40 hospitals across Queensland to establish a new Renal Cancer Patterns of Care Study.

Immunology in Cancer and Infection

Senior Scientist: Mark Smyth

The Immunology in Cancer and Infection Laboratory is building a detailed picture of how networks of immune cells function to recognise, respond to, and destroy tumour cell masses and metastases. This lab is interested in defining the importance, timing, and nature of the natural immune response to transformation and inflammation. They aim to create an immune reaction in cancers where it does not naturally exist. They are also using antibodies and inhibitors to new targets (adenosine/CD73 and CD96/TIGIT) alone and in combination with T cell checkpoint inhibitors and agonists to stimulate strong innate and lasting adaptive immunity to cancer. This Team's findings are being used to develop more effective biological and cellular therapies for human cancer, in particular, melanoma, breast and prostate cancer, and haematological cancers.

Highlights:

- Demonstrated the combination effect of anti-CD73 and T cell checkpoint blockade against cancers and metastases.
- Demonstrated that granzyme M is a critical mediator of innate immunity that can regulate chemotactic networks.
- Demonstrated that adenosine A2A and A2B receptor inhibitors can suppress tumor metastases.
- Demonstrated that NKT cells play a role in the positive regulation of NLRP3 inflammasome priming.
- Demonstrated that high CD73 expression is a poor prognostic factor in triple-negative breast cancer.
- Demonstrated the importance of the CCL2/CCR2 signaling axis for therapeutic anticancer immune responses as elicited by immunogenic chemotherapy.
- Demonstrated that CD96 competes with CD226 to negatively regulate lymphocyte effector response to cancers and metastases.

Leukaemia Foundation

Group Leader: Andrew Boyd

The laboratory is exploring the biology of leukaemia and other cancers through studies of leukaemia-associated proteins. A major project is to understand the function of Eph and ephrin membrane proteins in cancer. Members of these protein families are highly expressed in many human cancers where, by actively promoting de-adhesion of cells, they contribute to tumour spread and invasion. The laboratory explores how these proteins function in a number of cancers through work in animal models and through in vitro studies.
Pre-clinical models have shown that both antibodies which target Eph proteins and soluble forms of their ephrin ligands can be used to target tumours and inhibit tumour growth.

Highlights:

- Completed KB004 Phase I trial in leukaemia with no significant safety issues but evidence of disease response in acute myeloid leukaemia (AML).
- Publications in numerous high profile journals.

Molecular Cancer Epidemiology

Group Leader: Amanda Spurdle

This Group has developed methods to assess the clinical importance of variants in known cancer-causing genes thus providing critical clinical information. A major study was to apply these methods to an international database of MMR cancer gene variants, and provide the information used for classification for public scrutiny. The Group has continued to develop methods for classifying variants in the BRCA1/2 breast cancer genes. They have also published an important study which compared multiple methods to detect endometrial cancer patients who carry a high-risk gene mutation, and results have provided insight into the best methods to identify these patients in the clinical setting by routine screening tumours of patients.

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

Highlights:

- Evaluated more than 2000 gene variants in MMR genes to provide access to clinically relevant information in a public format, published in Nature Genetics.
- Applied a five-tiered scheme for standardised classification of 2,360 unique mismatch repair gene variants in the InSiGHT locus-specific database. (Nature Genetics 46:107-115.) This article represents a comprehensive effort to develop a set of classification rules for mismatch repair genes, apply them to all variants in an international database, and provide rationale for classification to users of this information in web-based format.

Oncogenomics

Senior Scientist: Nick Hayward

A small proportion of individuals are at much higher risk of developing particular types of cancer than the general population because they carry an inherited mutation in one of many key cancer genes. The Oncogenomics Laboratory identifies novel cancer genes and studies the way in which defects in these genes are associated with cancer predisposition or development. In particular they focus on melanoma, oesophageal cancer, and endocrine tumours. The laboratory is interested in investigating the process of cancer development at the level of individual cancer predisposition genes, and by looking at the whole genome scale. The Team hopes that better understanding the genetic events that cause cancer will lead to better ways of diagnosing or treating cancers in the future.

Highlights:

- Identified a recurrent functional synonymous mutation in melanoma.
- Identified a recurrent functional non-coding mutation in melanoma.
- Showed that melanomas of an unknown primary have a mutation profile consistent with cutaneous sun exposed melanoma.
- Contributed to a genome-wide association study that identified new susceptibility loci for oesophageal adenocarcinoma and Barrett's oesophagus.
- Identifed POT1 as a high penetrance familial melanoma gene.

Signal Transduction

Group Leader: Kum Kum Khanna

The Signal Transduction Laboratory researches DNA damage signalling and repair pathways and their impact on cancer susceptibility through preventing DNA mutations. These studies have significant relevance both to basic biology (e.g. understanding the process of cell division, repair of DNA damage and mechanisms of ageing) and clinical medicine (e.g. effect on drug efficacy).
Several genes involved in the DNA damage response pathways are known to contribute to breast cancers. This group seeks to identify other known or new genes in these pathways which might have similar involvement in cancer susceptibility by preventing the generation of mutations in our DNA. This area is of critical importance to cancer research as the pathways controlling the DNA damage response are involved in tumor suppression and are believed to be mutated at the early stage in the evolution of cancer.

Highlights:

- Used antibody microarrays to interrogate protein expression of kinases and kinase-associated proteins in aggressive or high grade primary breast tumours to identify potential therapeutic targets and demonstrated the efficacy of Hsp90 and Erk5 inhibition as a therapeutic strategy against triple-negative breast cancer.
- Demonstrated a previously unreported role of the DNA repair gene, Rad51, in progression and metastasis of sporadic breast cancer.
- Developed a prognostic gene signature that identifies aggressive breast cancer irrespective of subtype and also identifies node-positive breast cancer patients who will benefit from adjuvant chemotherapy.
- Showed that the two major normal mammary compartments, luminal and basal/myoepithelial, exhibit distinct and exclusive changes to gene expression in response to the same dose of radiation. This may suggest two inherently different mechanisms for dealing with cancer causing insults, which may underly different susceptibility to transforming into cancer.
- Developed two transgenic overexpression models (Cep55 and alpha-B-crystallin) of oncogenes dysregulated predominantly in triple-negative breast cancer.
- Uncovered a novel mechanism by which a DNA damage repair enzyme, exonuclease 1, regulates the selection of double-strand break repair pathway choice.
- Uncovered the crucial roles of DNA repair proteins, discovered in the laboratory, in protecting stem cells from endogenous DNA damage using knockout mouse models.
- Identified ERK5 as a therapeutic target in triple-negative breast cancer.
- Developed effective combination therapy against pancreatic adenocarcinoma and tested in preclinical model.

Translational Leukaemia Reseach

Team Head: Steven Lane

This Team researches blood cancers, especially acute myeloid leukaemia (AML) and the myeloproliferative neoplasms. They aim to identify pathways that are required for leukaemia maintenance and use these to rationally design therapeutic strategies that can be used to treat leukaemia.

Highlights:

- Used three independent models to validate telomerase as a target in human AML.
- Developed a novel transgenic model of human AML.

Tumour Micro-environment

Team Head: Andreas Moller

This Team's research focus is to understand how breast and non-small cell lung cancer communicates with other tissues in the body and how this communication enables the metastatic spread of the disease, which ultimately is the cause of mortality in cancer patients. The Team has shown that specialised microvesicles – exosomes - are utilised by the cancer for these processes. By analysing the content of the exosomes, the Team is generating and testing signatures predictive of metastatic spread.

Other work aims to understand how cancer reacts to the immune environment and stress responses it is exposed to when it grows. The interaction between cancer cells and the immune cells at sites of metastasis, termed pre-metastatic niches, is of crucial importance as if successful, allows the metastatic cancer to grow. Understanding of these processes enables novel therapies to diagnose and treat metastatic cancers, which is an unmet clinical need. The Team work has progressed to test a first set of novel compounds with the dual purpose of detecting and treating cancer, which is done in collaboration with the Queensland PET imaging centre at the RBWH.

Highlights:

- Evaluated novel PET tracers for detecting and treating metastatic disease.
- Identified exosome signatures in breast and non-small cell lung cancer.
- Determined immune cell-cancer interactions at the pre-metastatic niche.

INFECTIOUS DISEASES

COORDINATOR: PROFESSOR JAMES MCCARTHY

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

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

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

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

Bacterial Pathogenesis

Group Leader: Sri Sriprakash

The Bacterial Pathogenesis and Scabies Laboratory undertakes research into the two human pathogens Streptococcus pyogenes and Streptococcus dysgalactiae subsp equisimilis. S. pyogenes is a leading cause of bacterial related death in humans. Streptococcus dysgalactiae subs equisimilis is a related species whose contribution to diseases is only now being understood. These two bacterial species cause a number of disease that target different organs in the body. This Group's research is aimed at understanding the pathogenic processes associated with infection by these organisms, and developing novel strategies to prevent streptococcal disease.
This Group also has a research interest in bacterial colonisation of medical devices. The insertion of a catheter into a vein provides a portal by which bacteria can cross the skin and enter normally sterile body sites, thereby causing disease.
The Group is interested in characterising the pathogenic and non-pathogenic species that colonise these devices, identifying the sources of bacterial contamination, and ultimately developing novel technologies or practices that reduce device colonisation.

Highlights:

- Designed emm-cluster-based system as a standard typing scheme for S. pyogenes.
- Demonstrated that DRS-g protein of S. dysgalactiae subsp. equisimilis, inhibits antimicrobial peptides and thereby overcomes an innate immune system.
- With collaborators from India showed that past infection with SIC-positive Group A Streptoccocus is a risk factor for chronic renal disease. Furthermore, SIC seropositivity is predictive of poor prognosis of chronic kidney disease patients.

Bioinformatics

Team Head: Lutz Krause

This Group applies computational methods, statistics and machine learning techniques to research complex genetic diseases, in particular cancer. The first focus of the research was on the genetics of oesophageal adenocarcinoma and the identification of genomic changes that drive progression from normal tissue to Barrett's oesophagus and cancer. The Group further identified genetic biomarker candidates for response to chemotherapy and prognosis. The second focus was the development of computational methods for whole-genome-sequencing of cancer genomes. The established methods have been used to study the genetics of several different cancer types, including lung cancer. A third research focus was to investigate the potential role of epigenetics in complex genetic diseases, in particular major depressive disorder. The fourth research focus was on genome research of human parasites, in particular schistosomes, and on the role of the human gut microbiota in health and disease.

Highlights:

- Identified epigenetic differences between monozygotic twins discordant for major depressive disorder (MDD), indicating a potential role for epigenetics in MDD aetiology. The results were published in Genome Biology.
- Established a bioinformatics framework for the analysis of whole-genome sequence (WGS) data of cancer tissue using freely available tools and newly developed software. The pipeline focuses on the identification of massively rearranged genomes, which are missed by most existing WGS analysis pipelines. The pipeline has been applied for the analysis of WGS data of several cancer types, including lung cancer. In collaboration with Professor Kwun Fong (Prince Charles Hospital) the Group found that lung cancer shows complex mutation patterns, with local hypermutation (Kataegis) and massively rearranged genomes with chromothripsis, breakage-fusion bridges and highly amplified chromosomes.
- Continued the development of the Calypso online software for mining, visualizing and comparing multiple 16S rDNA samples.
- In collaboration with the Princess Alexandra Hospital, they have been involved in several genetic studies of oesophageal adenocarcinoma, showing that structural variations are critical drivers of tumorigenesis.
- Found that copy-number variations and gene expression patterns could provide valuable biomarkers for response to chemotherapy treatment.

Biomarkers and Biology of Infection Related Cancers

Team Head: Jason Mulvenna

This Team's major research focus has been the development of RNA and protein biomarkers for a range of infection-related cancers. In addition, they have continued proteomic work on a number of helminth parasites and venomous jellyfish. They have also developed computational frameworks for these studies.

A key achievement was the publication of the first miRNA profile of cholangiocarcinoma.

Highlights:

- Published a functional library for bioinformatics.
- Published the structure of the S. mansoni vaccine antigen Sm-TSP-2.
- Published the first miRNA profile for nasopharyngeal carcinoma.
- •Contributed to the proteomics work to the publication of the first human hookworm genome.
- Published the first microbiome study addressing O. viverrini infection and cholangiocarcinoma.

Cellular Immunology

Group Leader: Scott Burrows

The Cellular Immunology Laboratory is focused on the T-cells of the immune system, and understanding how they control viral infection. It is already known that killer T-cells recognise virus infected cells via small viral peptides that are presented on the surface of virus-infected cells. These peptides were thought to be very limited in size but this Group's earlier work showed that atypically large peptides are sometimes presented. Following up on this work, this Group has shown that the presentation of these atypically large peptides is dependent on the particular tissue type of an individual. Humans all inherit different tissue types and therefore some will present more of these atypically large viral peptides than others. This therefore represents a mechanism through which the immune response to pathogens is diversified across the population. Such diversity has evolved to ensure pathogens cannot escape from the immune response. This information on how tissue types influence the immune response to pathogens will aid vaccine development and personalised treatment options. In another study completed this year, the Group showed how T-cells adapt to recognise these atypically large viral peptides.

Highlights:

- Demonstrated a novel mechanism by which the immune system diversifies the response to pathogens.
- Determined how atypical foreign antigens are recognised by killer T-cells of the immune system.

Clinical Tropical Medicine

Senior Scientist: James McCarthy
Infectious Diseases Program Coordinator

This laboratory researches how malaria and other parasites cause disease and how parasites become resistant to drugs used to treat them. The Group also identifies new drugs and drug targets, and develops novel diagnostic techniques.

Highlights:

- Demonstrated that the stage of the malaria parasite that is transmitted to mosquitoes can be deliberately produced in human volunteers treated with certain antimalarial drugs.
- Completed four clinical trials to test new antimalarials in Controlled Human Malaria Infection Studies.
- Completed a baseline survey of clinical trial in Timor L'Este studying the interaction of deworming medications with improvement in sanitation.
- Identified novel binders of malaria biomarkers using recombinant antibody technology.

HIV Molecular Virology

Group Leader: David Harrich

This Group has two main projects. The first investigates the role of cellular factors in regulating HIV-1 reverse transcription. The Group has identified two human proteins that belong to a group of translation elongation factors. They have shown that interaction between these translation factors and the viral DNA polymerase is important for HIV-1 infection. The second project investigates a protein that is a powerful inhibitor of HIV-1. The inhibitor is a mutant Tat protein called Nullbasic. Preclinical experiments show that it has potential to completely block HIV-1 replication by infected cells. Further preclinical experiments including experiments in animal models of HIV-1 infection are progressing. Lastly, the Group has collaborated with UQ investigating a novel material for vaginal delivery of antiviral drugs to prevent heterosexual transmission of HIV. Also under investigation is respiratory syncytial virus (RSV). RSV is the leading cause of lower respiratory tract infections in infants and young children. Each year, hundreds of children are hospitalised annually because of this infection. This Group is investigating the role of cellular proteins that promote virus replication in cells by interaction with two viral proteins.

Highlights:

- Found that tenofovir and nevirapine combinations released from polycaprolactone matrices can strongly inhibit HIV. Potential enhanced protection through the vaginal route.
- Discovered a mutant Tat protein provides strong protection from HIV-1 infection in human T-cells.
- Found that the interaction between eEF1A and RT is a viable drug target.

Human Immunity

Team Head: John Miles

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

Highlights:

- Helped understand how mucosal-associated invariant T-cells recognise vitamin B metabolite.
- Led the first description of a linear, unbiased and inclusive analysis of the in vivo human T-cell receptor repertoire through high-throughput sequencing.
- Led the first high-definition analysis of the T-cell receptor repertoire at the human fetal-maternal interface.
- Helped understand the limits of human T-cell function in diabetes, HIV, EBV, CMV and malaria.

Immunology and Infection

Group Leader: Christian Engwerda

This Group's focus has been to identify important host immune molecules that influence disease development or anti-parasitic immune responses during malaria and visceral leishmaniasis (VL), two diseases caused by protozoan parasites. The Group has collected and studied cell samples from human volunteers deliberately infected with Plasmodium falciparum, the main cause of malaria throughout the world, as well as from VL patients in India infected with Leishmania donovani. These samples have been used to identify key immune molecules associated with either disease progression or control of parasite growth. This Group has also used experimental models in the laboratory to understand the fundamental immune mechanisms involving the molecules identified in its studies on human samples.

Highlights:

- Identified key immune signatures in the blood of human volunteers deliberately infected with parasites that cause malaria.
- Discovered an important immune pathway that suppresses T-cell responses during parasitic infection.
- Developed a novel whole parasite vaccine candidate to protect against visceral leishmaniasis.

Inflammation Biology

Group Leader: Andreas Suhrbier

The Inflammation Biology Group has focused on studying the pathobiology of chikungunya virus arthritis, developing an HIV mouse model for use in vaccine testing, and understanding the immunobiology of SerpinB2.

Highlights:

- Illustrated that SerpinB2 is present on microparticles, with SerpinB2 on cancer microparticles able to inhibit metastasis.
- Illustrated that macrophages, although central to induction of alphaviral arthritis, are also required to prevent even worse neutrophil mediated pathology, suggesting that targeting macrophages for therapy may not be without risk.
- Imported and successfully disseminated the EcoHIV mouse model for use in preclinical testing of new interventions for HIV.

Malaria Immunology

Team Head: Ashraful Haque

This Team researches the interactions that occur between the malaria-causing parasite, Plasmodium, and cells of the mammalian immune system. Symptoms of malaria in humans occur after the parasite infects red blood cells, with severe and fatal disease often occurring in patients with the largest numbers of parasites in their bodies.
The Team's aim is to understand how infected red blood cells can be detected and cleared from the body by the immune system and, importantly, why this process so often fails. They research novel strategies for improving parasite clearance, to inform the development of better vaccines and immune therapies against malaria.
Their approach has been to generate new tools and techniques to study Plasmodium parasites in well-established experimental malaria models. The Team is currently focused on understanding how Plasmodium interactions with dendritic cells and macrophages controls both the outcome of infection, and the onset of adaptive immunity to malaria.

Highlights:

- Submitted a paper showing the role of IRF7 during experimental blood-stage malaria.
- Validated the first reliable TCR transgenic T cell which responsed to Plasmodium, and used this to determine a novel factor essential for T cell immunity.
- Used mathematical approaches to show that parasite sequestration can directly lead to rapid increases in parasite biomass.
- Published that Type I Interferon signalling in a subset of immune cells (CD8- dendritic cells) is responsible for impairing immune responses to the malaria parasite in mouse models of disease. This was reported in the highly prestigious journal, the Journal of Clinical Investigation.

Molecular Immunology

Team Head: Michelle Wykes

This Team focuses on three areas of research:

- Identification of host molecular pathways or immunological signals that contribute to protection against malaria;
- Investigation of the pathogenesis of malaria; and
- Development of treatments for malaria.

Highlights:

- Differential contribution of PD-1 ligands to immunity
- Three invitations to international conferences

Molecular Parasitology

Senior Scientist: Don McManus

This Group researches the biology, pathogenesis and epidemiology of parasitic worms that cause major clinical disease (schistosomiasis, echinococcosis (hydatid disease), soil transmitted helminthiases), with the aim of developing new public health interventions, including vaccines, and diagnostic procedures that will lead to their elimination through integrated control.

Highlights:

- Employed spatial and temporal transcriptomics of Schistosoma japonicum-induced hepatic granuloma formation to reveal novel roles for neutrophils.
- Showed that Schistosoma japonicum eggs induce a proinflammatory, anti-fibrogenic phenotype in hepatic stellate cells.
- Showed that developing schistosome worms elicit distinct immune responses in different tissue regions.
- Determined local immune responses of the Chinese water buffalo, Bubalus bubalis, against Schistosoma japonicum larvae so as to provide crucial insights for vaccine design.
- Reviewed the the Schistosoma japonicum self-cure phenomenon in water buffaloes and its potential impact on the control and elimination of schistosomiasis in China.
- Developed a loop-mediated isothermal amplification (LAMP) method for the identification of Echinococcus multilocularis infections in canids.

Molecular Vaccinology

Group Leader: Denise Doolan
Department Coordinator, Biology

This laboratory investigates the molecular basis of immunity to disease, with a focus on malaria and model systems that can inform the basic immunology, mechanisms and antigenic targets of immunity, and evaluation of candidate molecular vaccine platforms.

Highlights:

- Developed an assay to identify and sort polyfunctional cytokine secreting cells.
- Defined the immune pathway associated with CD8+ T cell induced interferon-gamma.
- Defined distinct profiles of P. falciparum antibody responses in geographical distinct populations.
- Demonstrated virus-like particle and capsomere platforms are more suited for induction of antibody responses rather than T cell responses.
- Developed a dendritic cell based screening assay to identify immunomodulatory molecules having stimulatory (adjuvant) or inhibitory (tolerogenic) activity.
- Demonstrated that polyfunctional cells that secrete multiple cytokines are a distinct population of cells from single cytokine secreting cells, with a distinct molecular profile.
- Identified specific microRNAs associated with protective immunity against malaria as evidenced by a reduction in P. falciparum parasite burden in humans.
- Defined the complete profile of T cell antigen targets in the P. falciparum pre-erythrocytic stage proteome.
- Identified a panel of P. falciparum antigens associated with cross-species protective immunity, that may represent excellent candidates for a cross-species malaria vaccine effective against all species of malaria.
- Identified a P. falciparum antigen signature for risk of endemic Burkitt Lymphoma, to identify children at increased risk of eBL for targeted intervention to prevent mortality.

Mosquito Control

Group Leader: Greg Devine

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

- the impacts of species and strain differences (e.g. vector complexes and insecticide-resistant variants) on vector competence and ecological and behavioural fitness; the influence of environmental variables (urban structure, temperature) on stress, establishment and disease transmission;
- novel means of insecticide delivery (e.g. the auto-dissemination of larvicides, mosquito sterilants, and the volatilisation of potent but safe pyrethroids); and
- the application of new technologies for monitoring and survey purposes (e.g. novel age-grading and mark-recapture techniques).

Much of this work is facilitated by our unique PC2 and PC3 insectaries.

Highlights:

- Awarded a Eureka Prize for work on Aedes aegypti and Wolbachia.
- Awarded a Gates Grand Challenges grant on Near Infra Red Spectroscopy.
- Brought in a Torres Strait Ae albopictus mosquito colony to great media interest.
- Started new cohort of four PhD students.
- Assumed Presidency of the Mosquito and Arbovirus Research Committee.
- Initiated field presence in Europe and South East Asia by becoming official member of DENFREE team (an European dengue initiative led by Institut Pasteur).

Protein Discovery Centre

Group Leader: Jeffrey Gorman

This Group's major research emphasis is on the interactions between human respiratory syncytial virus and the infected cell. This is performed in order to identify how the virus disrupts host cell antiviral pathways. The objective of this work is to identify prospective target interactions on which to base therapeutic agent and vaccine development.
The Group's collaborative outreach has a substantial QIMR Berghofer component supported by institute co-investment for specific projects, such as the Rio Tinto Ride to Conquer Cancer and the AID. Collaborative projects are also often co-funded by joint NHMRC funding.

Highlights:

- Established collaborations with Tumour Microenvironment Laboratory at QIMR Berghofer, identifying protein contents of exosomes derived from normoxic and hypoxic breast cancer and non-small cell lung cancer cells.
- Continued to perform HLA presentation of melanoma-related epitopes.
- Achieved recombinant expression of the respiratory syncytial virus protein and mutant to be used in interaction and structural biology studies.
- Performed global quantitative phosphoproteomic profiling of inactive and Ephrin A1-activated EphA2 receptor prostate cancer cells, revealing numerous significantly regulated phosphorylation sites relevant to prostate cancer progression and metastasis.
- Characterised Asparagine hydroxylation sites on ankyrin repeat proteins in orf virus.
- Identified a novel receptor for programmed death-ligand 2.
- Established the substrate collaboration with QUT.
- Established bioorthogonal conjugation methods to derivatise peptide ligands with combinatorial molecular probes to achieve sensitive and selective identification of cognate receptors.
- Established highly sensitive mass spectrometry protocols for characterising protein glycosylation and achieved preliminary data on the glycosylation of respiratory syncytial virus and Newcastle disease virus glycoproteins (including a novel O-linked glycan) and EphrinA4.
- Performed a comprehensive assessment of the degrees of phosphorylation of Newcastle disease virus proteins.
- In relation to our respiratory syncytial virus work, this Team has generated substantial datasets on cells infected with the wild-type virus and geneotypes of the virus that lack genes which encode viral proteins that disrupt the host cell antiviral pathways. They also developed protocols that enable determination of the regulation of the host cell proteome at the proteteoform level, which may be a level of regulation not observed if changes are only monitored at the global protein quantitation level. As a consequence of this work they have identified several targets of the viral interference protein NS1 and NS2 that it uses to promote cellular survival during infection and promote viral replication as a consequence.

Scabies

Group Leader: Katja Fischer

Scabies is globally one of the commonest dermatological conditions and has reached epidemic proportions in many remote Aboriginal communities in tropical Australia. Scabies and associated bacterial skin infections cause chronic down-stream complications leading to life-threatening renal and cardiovascular dysfunction and imposing a major cost on health-care systems. Drug resistance is developing in mites and bacteria. The lack of clinical material previously hampered molecular research on this disease. In response this Group has have established an animal model. The Group conducts basic biomedical research to understand the molecular mechanisms underlying the disease. The Group studies the mite associated microbiome to reveal host-parasite-microbe interactions and pathogenesis. We discovered proteins that are essential for mite survival and interfere with host defences, directly promoting bacterial growth. They are working towards the informed design of peptide inhibitors as a new strategy to develop alternative treatment options.

Highlights:

- Provided substantial data to support a causal link between scabies and infections with group A streptococcus and Staphylococcus aureus.
- Conducted pilot work for scabies mite genome, transcriptome and proteome.
- Completed scabies mite mitochondrial genome.
- Initiated mite proteomics work.
- Began microbiota project.

Tumour Immunology

Group Leader: Rajiv Khanna

The primary focus of this Group's research has been human immune regulation. The major goals of the laboratory are to obtain a deeper understanding of the mechanisms by which the human immune response to viral infections and tumours may be generated, augmented and applied to the treatment of human cancers. They have used EBV and human CMV associated diseases as a model to understand how cellular immune response in humans responds to persistent viral infections. The Group has successfully translated laboratory research towards the development of novel immunotherapeutic strategies for the treatment of virus-associated malignancies. This Group is involved in four different clinical trials which involve adoptive transfer of autologous virus-specific T-cells in patients with different malignancies (e.g. nasopharyngeal carcinoma, glioblastoma, infectious complications in transplant patients). They have also established a highly successful research program which is designed to develop T-cell based therapeutic and prophylactic strategies for CMV diseases. This program is currently at a very exciting stage where the commercial development of a CMV vaccine is being carried out in collaboration with a leading vaccine company.

Highlights:

- Successfully completed a Phase I clinical trial to assess T cell-based adoptive immunotherapy for glioblastoma multiforme.
- Completed preclinical studies for CMV vaccine development.
- Identified a novel mechanism by which EBV-encoded EBNA1 protein evades the human immune system.
- Successfully completed clinical study to assess a novel immune monitoring assay for stem cell transplant patients.

MENTAL HEALTH/COMPLEX DISORDERS

COORDINATOR: PROFESSOR MICHAEL BREAKSPEAR

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

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

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

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

Asthma Genetics

Team Head: Manuel Ferreira

This Team aims to identify genetic variants that influence the risk of developing asthma and develop new treatments.

Highlights:

- Identified two new risk genes for asthma.
- Demonstrated that tocilizumab can be delivered to the airways as an aerosol.
- Identified genetic risk factors for asthma.
- Validated potential new drug targets for asthma in animal models.
- Conducted clinical trials of potential new drugs for asthma.
- Attained ethics and regulatory approval to conduct clinical trial of tocilizumab in participants with asthma.

Genetic Epidemiology

Senior Scientist: Nick Martin

This Group's focus for the past year has been capitalising on investment in genomewide association scans (GWAS) available on over 20,000 subjects phenotyped for a wide variety of complex diseases and endophenotypes. A major achievement has been leading, with collaborators, the Enhancing Neuroimaging Genetics through Meta-Analysis (ENIGMA) consortium which has brought together over 20 neuroimaging groups worldwide with over 9000 subjects both brain-imaged and with genomewide scans. The first large scale GWAS of hippocampal volume (a covariate of depression and other psychiatric disorders) has now been extended to subcortical volumes. This Group continued to play a leading role in new GWAS for melanoma, and made significant contributions to international consortia identifying new genes for asthma, eczema, breast cancer, menopause and others. Many of these are already spawning work to develop new therapeutics targeting the genes and pathways.

Highlights:

- Contributed to GWAS identification of 18 new loci associated with serum urate concentrations.
- Contributed to GWAS discovery of SPON1 gene variant influencing dementia severity.
- Contributed to GWAS mega analysis of major depressive disorder.
- Contributed to GWAS identification of four ER negative-specific breast cancer risk loci.
- Contributed to GWAS identification of seven loci affecting mean telomere length.
- Contributed to identification of four genetic risk loci for androgenetic alopecia.
- Contributed to identification of heart-rate associated loci.
- Contributed to GWAS identification of two new risk loci for bipolar disorder.
- Launched the Anorexia Nervosa Genetics Initiative (ANGI): 760 patients recruited with DNA sample.

Hepatic Fibrosis

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

Department Coordinator, Cell and Molecular Biology
The Hepatic Fibrosis Group has investigated the histopathological events involved in initiating hepatic fibrosis in chronic liver disease associated with both hereditary haemochromatosis in adults and cystic fibrosis in children. Mechanistic evaluation of these cellular events will aid in identifying patients at risk of serious liver disease complications and lead to the development of new biomarkers as well as novel therapeutic interventions.

Highlights:

- Exome sequencing in haemochromatosis men with extreme iron overload phenotypes identified a GNPAT variant associated with severe iron overload.
- Demonstrated that gene polymorphisms in TGF-beta and TNF, previously associated with risk of hepatic fibrosis, are not associated with fibrosis in haemochromatosis.
- Finalised transient elastography trial for detection of liver stiffness (fibrosis, liver scarring) in healthy control children to establish normal range of parameters.
- Demonstrated a role for neutrophils in hepatic granuloma formation and fibrosis associated with Schistosoma japonicum infection (collaborative project with Dr Geoffrey Gobert).
- Identified the link between hepatocyte senescence in patients with haemochromatosis and the development of fibrosis (liver scarring), involving a histopathological event called the 'ductular reaction'.

Inflammatory Bowel Disease

Group Leader: Graham Radford-Smith

This Group undertakes extreme phenotype analysis (extreme truncate selection) in Crohn's disease and ulcerative colitis. They are developing the concept of "deep" phenotyping for these disorders to identify genetic variants that contribute to specific clinical subgroups, including both disease and treatment related complications. They wish to pursue objective endpoints within the phenotypic spectrum and thus minimise or exclude inter-observer variation. This includes the use of longitudinal laboratory data.
The Group is developing an electronic matching and extraction system for laboratory data. This will significantly enhance objective characterisation of case and control populations, the majority of which have been genotyped using either immunochip or the omniexpress GWAS chip.

Highlights:

- Completed ulcerative colitis GWAS study across the ANZ IBD Consortium.
- Published outcomes data on rescue therapy for acute, severe ulcerative colitis.
- Awarded NHMRC project grant for microbiome research in Crohn's Disease.

Iron Metabolism

Group Leader: Greg Anderson
Deputy Director

The Iron Metabolism Laboratory focuses on understanding the homeostasis of the essential trace element iron in the body and the natural history of disorders of iron metabolism such as the iron loading disease haemochromatosis. Specific area of interest include:
Elucidating the basic mechanisms of intestinal iron absorption and its regulation as increased absorption characterises most iron loading disorders. Emphasis is being placed on how the iron transport protein ferroportin functions in conjunction with the iron oxidase hephaestin and how this function is disturbed by the iron regulatory peptide hepcidin.

- Exploring novel mechanisms of regulating iron intake in early postnatal life. This work has significant implications for infant nutrition and complementary feeding.
- Examining how iron homeostasis is regulated in iron loading anaemias such as thalassaemia. These studies are helping to understand how changes in erythropoiesis regulated body iron intake.
- Investigating mechanisms of iron metabolism in the lung and how these relate to bacterial infections and the severity of cystic fibrosis.
- Studying the natural history of hereditary haemochromatosis and exploring markers for monitoring the effectiveness of treatment. Our work takes a broad approach from basic molecular mechanisms to clinical applications.

Highlights:

- Showed a critical role for hephaestin and related oxidases in iron absorption.
- Assessed efficacy and safety of nanoparticulate oral iron supplements in rodent models and humans.
- Defined the effects of transfusion therapy on iron and haematological parameters in patients with beta thalassaemia.
- Developed and implemented a novel assay for the iron regulatory peptide hepcidin.
- Examined the mechanisms of liver injury and its amelioration in the presence of multiple hepatic toxins (i.e. iron, alcohol, fat).
- Defined links between iron and other metals in the airways of cystic fibrosis patients.

Lung Inflammation and Infection

Team Head: David Reid

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

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

Highlights:

- Developed lung infection studies using mouse models to allow assessment of novel antibiotic adjuncts targeting bacterial iron homeostasis.
- Carried out airway epithelial cell culture work to determine mechanisms of abnormal lung homeostasis in CF firstly, but also in tobacco related lung diseases.
- Conducted studies in collaboration with bioinformaticians to assess the normal lung micro biome and compare with smokers.
- Carried out flow cell biofilm studies to screen for novel anti-biofilm agents as well as assess behaviour of P. aeruginosa strains isolated from clinical settings.
- Showed strong preliminary data to support the hypothesis that lung iron homeostasis is abnormal in cystic fibrosis.
- Confirmed the disease modifying effects of haemochromatosis mutation in Cystic Fibrosis - hopefully will lead to international screening programs.
- Identified potential mucosal defence abnormality in cystic fibrosis. These findings may be relevant to other lung diseases.

Membrane Transport

Group Leader: Nathan Subramaniam

The major focus of this Group's research is aimed at understanding how iron levels are regulated at a cellular, tissue, and body level, the genes involved, their mechanism of action, and the roles these play in various clinical disorders. Excess iron accumulation has been associated with many disorders including liver disease, hepatocellular carcinoma and neurodegenerative disorders. Increasingly the combination of a high fat diet and excess iron has been associated with diabetes and non-alcoholic fatty liver disease. Heredity iron overload is one of the most common genetic disorders in Australia.

Highlights:

- Identified novel genetic modifiers of hereditary haemochromatosis.
- Identified a novel role for the transferrin receptor 2 gene in haematopoiesis.
- Identified novel mutations in patients with non-HFE haemochromatosis as basis of iron overload.
- Elucidated the signalling pathways involved in iron regulation.
- Demonstrated that two proteins mutated in hereditary haemochromatosis work separately to regulate iron metabolism.
- Showed that in mouse studies excess iron modulates endoplasmic reticulum stress-associated pathways in a model of alcohol and high-fat diet-induced liver injury.
- Demonstrated that a corn oil-based diet protects against combined ethanol and iron-induced liver injury in a mouse model of haemochromatosis.

Molecular Epidemiology

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

Department Coordinator, Genetics and Computational Biology
The Molecular Epidemiology Laboratory identifies specific genes and pathways that contribute to risk for common diseases. The Group is a world leader in studies of genetic factors increasing risk of endometriosis and works on a range of other diseases including inflammatory bowel disease, melanoma, migraine, depression, substance abuse, and asthma. The laboratory is working on identifying specific genes and pathways in target regions from earlier studies and continuing to map novel genomic regions that contribute to disease risk. The laboratory provides the core genotyping facility for the International Endogene Consortium and the Australasian Inflammatory Bowel Disease Consortium and maintains a large biobank supporting projects in the laboratory and major collaborations with QIMR Berghofer's Statistical Genetics, Neurogenetics, Genetic Epidemiology, and Oncogenomics laboratories.

Highlights:

- Identified new genetic risk factors for endometriosis, melanoma, age at menarche, eye diseases, heroin dependence, and brain structure.
- Completed the genotyping phase of new genome-wide association studies in endometriosis.
- Completed the genotyping phase for the genome-wide analysis to search for rare coding variants affecting endometriosis risk.
- Completed the genotyping phase of a genome-wide association study on carefully selected refractory and non-refractory ulcerative colitis patients to identify genes which can help predict disease course.

Neurogenetics

Group Leader: Dale Nyholt

The Neurogenetics Laboratory studies the role of genetics in the development and mechanism of the nervous system with the specific goal of identifying genes responsible for neurological disorders.
The primary focus is the study of migraine; a frequent, debilitating and painful headache disorder that affects people during their most productive years (up to 25 percent of females and 7.5 percent of males). Although highly prevalent, migraines remain relatively mysterious in terms of origin. Further, there is presently no laboratory-based means to diagnose the disorder. The work includes investigating the heritability of migraine and its subtypes, identifying genetic risk factors and detecting common genetic links with other disorders.

Highlights:

- Developed a novel approach examining SNP effect concordance using GWA summary statistics.
- Showed that in a subset of migraine patients with comorbid major depressive disorder (MDD), migraine may be a symptom or consequence of MDD, and that 'pure' and MDD-related migraine are aetiologically different disorders.
- Published a high profile publication reporting new genetic risk loci for migraine.

Neuroimaging Genetics

Group Leader: Margie Wright

This Group's key research focus is to extend understanding of genetic influence on brain structure and function and to subsequently explore the role of these genes in ageing and psychopathology. A multidisciplinary approach to this work is essential, and they work closely with collaborators. The Group continues to develop and publish methodological approaches that aim to improve the quality and range of imaging data available and statistical approaches that maximise power to detect genetic associations.
As founding members, the Group is deeply involved in the progress of the ENIGMA (Enhancing NeuroImaging Genetics through Meta-Analysis) Consortium, which brings together researchers and data from over 70 institutions worldwide. Work progressed on stage two analyses, in which the volumes of all major subcortical brain structures are subjected to genome-wide association analysis. In addition, disease-specific working groups have been set up to study whether genetic variants impact the brain in ways that affect disease risk for schizophrenia, bipolar disorder, major depressive disorder, attention deficit/hyperactivity disorder, and addiction.

Highlights:

- Found the schizophrenia risk gene NTRK3 influences white matter integrity in healthy young adults.
- Discovered the gene OPRD1 (implicated in a variety of psychiatric and neurological disorders) influences regional brain volumes in both young adult and elderly cohorts.
- Explored the effects of natural selection for the bipolar risk gene CREB1, with risk alleles completely absent in East Asian populations.
- Found that genetic influences on volumetric brain measures decrease with age in our elderly cohort, suggesting increasing sensitivity to the environment as we age.
- Identified key developmental changes in insula connectivity from age 12 to 30 were identified.
- Identified a significant SNP-SNP interaction associated with increased temporal lobe volume, a protective feature against dementia.
- Found that genes have a strong influence on sleep initiation and maintenance; disturbed sleep is present in nearly all psychiatric disorders.
- Showed that up to 65% of variability in cerebellar activation during working memory was found to be influenced by genes.

Quantitative Genetics

Team Head: Sarah Medland

The Quantitative Genetics Team focuses on identifying and quantifying genetic effects on traits related to human health and well-being. Its work focuses on child and adult externalising behaviours and mental health issues (including attention deficit hyperactivity disorder, conduct disorder, antisocial behaviour, addiction and substance use). The Team also works on the neurological correlates of these problems. To this end they work on establishing the genetic variants influencing normal brain development to provide a baseline from which to identify differences associated with behavioural change and disorder.

Highlights:

- Launched two new studies examining the impact of problem behaviours within the community.

System Neuroscience

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

Mental Health and Complex Disorders Program Coordinator
This Group's work proceeds in two related domains. First, the Group develops novel computational models of large-scale brain activity. This involves integrating advanced mathematical techniques with computer analyses. Second, the Group acquires neuroimaging data from patients with mental health disorders and uses its models to gain novel insights into underlying mechanisms. The Group also develops novel diagnostic markers for translation into clinical practice. This Group studies a broad range of psychiatric disorders including major depression, bipolar disorder, dementia and schizophrenia. Together, these carry an enormous burden of illness to Queensland.

Highlights:

- Documented the effect of weak electrical stimulation on brain activity in people with major depression
- Developed a new method for understanding dynamic networks in the human brain
- Proposed a new principle by which the brain plans and executes movement
- Captured the nature of human eye movement during movie viewing
- •Discovered a new type of electrical activity that characterises abnormal brain responses in newborn infants deprived of oxygen by birth complications. The Group showed how this can be measured in clinical practice and then used to predict longer term outcome.
- Uncovered the rich nature of human brain activity during spontaneous thought.
- Reported the nature of brain network disturbances in young people at genetic risk of developing bipolar disorder.
- Reported abnormal patterns of decision-making in people with major depression.
- Advanced novel large-scale models of human brain activity.

COMPLIANCE

RISKS

In the highly competitive environment of medical research, QIMR Berghofer faces a number of challenges unique to the grant-based scientific and medical research industry. These include a difficult-to-forecast funding environment, compliance and regulatory standards, maintaining the required level of infrastructure and technology to stay at the leading edge of research. There is also the ongoing issue of staff retention and recruitment to ensure the best and brightest minds are part of the Institute. QIMR Berghofer's strategic plan takes steps to address these issues from 2013 to 2018.

ETHICS AND CODE OF CONDUCT

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

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

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

WHISTLEBLOWERS PROTECTION ACT 1994

No public interest disclosures were received during the 2013-14 reporting year.

OPEN DATA

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

EXTERNAL SCRUTINY

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

INFORMATION SYSTEMS AND RECORDKEEPING

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

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

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

FINANCIAL STATEMENTS

OPERATING RESULT

The operating result was a surplus of $7.1 million this year, after providing for depreciation of $9.4 million, helped by a favourable investment climate during the year. This operating result will allow the Institute to fund its accelerated growth. The Council's financial structure is based on the management of operating and grant funds. Competitive research grant funding spent in the 2013-14 financial year was $44.7 million (2012-13: $43.3 million), representing 44% of total income from continuing operations, excluding capital grants. A majority of the Council's core funding is provided as an operating grant from the Department of Health, Queensland (2013-14: $18.9 million; 2012-13: $14 million). The Council's total funding resources, including amounts under management at 30 June 2014 totalled $133.9 million (2012-13: $140.6 million), of which $3.4 million was represented by unspent capital grants (2012-13: $21.3 million).

The decrease in funds held during the year is mainly due to payment for progress of the refurbishment works undertaken to the Bancroft Centre. Refurbishment of the Bancroft Centre is due for completion in August 2014 and is the third phase of the Institute's overall construction project, which has been fully funded with total contributions from the Commonwealth Government ($110 million), the Queensland State Government ($35million), and The Atlantic Philanthropies ($27.5 million).

CONTENTS

GENERAL INFORMATION

These financial statements cover The Council of the Queensland Institute of Medical Research (the Council) and its jointly controlled entities.

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

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

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

300 Herston Road
Herston Queensland 4006

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

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

STATEMENT OF COMPREHENSIVE INCOME FOR THE YEAR ENDED 30 JUNE 2014

	Notes	2014	2013
		$'000	$'000
Income from continuing operations			
Grants and other contributions	2(a)	82,127	72,622
User charges and fees	3	3,926	4,164
Other revenue	4	8,097	8,979
Interest		1,957	3,661
Total revenue		96,107	89,426
Capital grants	2(b)	-	5,500
Gains/(losses)	5	4,924	7,804
Total income from continuing operations		**101,031**	**102,730**
Expenses from continuing operations			
Employee expenses	6	50,273	44,672
Supplies and services	7	28,501	26,204
Depreciation and amortisation	8	9,404	9,183
Other expenses	9	4,891	4,934
Finance costs		633	484
Share of (gain)/loss of equity accounted investees	24	228	70
Total expenses from continuing operations		**93,930**	**85,547**
Operating result from continuing operations		**7,101**	**17,183**
Other comprehensive income			
Items that will not be reclassified subsequently to operating result			
Increase/(decrease) in asset revaluation surplus	20	-	8,871
Total items that will not be classified subsequently to operating result		-	8,871
Total other comprehensive income		**-**	**8,871**
Total comprehensive income		**7,101**	**26,054**

The accompanying notes form part of these statements.

STATEMENT OF FINANCIAL POSITION AS AT 30 JUNE 2014

	Notes	2014 $'000	2013 $'000	1 July 2012 * $'000
Current assets				
Cash and cash equivalents	10	39,079	62,751	82,234
Receivables	11	8,602	8,115	5,719
Inventories	12	268	273	256
Prepayments		385	1,044	269
Total current assets		**48,334**	**72,183**	**88,478**
Non-current assets				
Other financial assets	13	94,784	77,808	63,202
Intangible assets	14	465	551	636
Property, plant and equipment	15	284,058	272,177	241,173
Investments accounted for using the equity method	24	23	251	321
Total non-current assets		**379,330**	**350,787**	**305,332**
Total assets		**427,664**	**422,970**	**393,810**
Current liabilities				
Payables	16	3,685	6,067	3,682
Accrued employee benefits	17	3,856	3,632	4,067
Non-interest bearing liability	18	1,324	-	-
Unearned revenue	19	19,164	19,260	19,408
Total current liabilities		**28,029**	**28,959**	**27,157**
Non-current liabilities				
Accrued employee benefits	17	881	869	913
Non-interest bearing liability	18	-	1,489	141
Total non-current liabilities		**881**	**2,358**	**1,054**
Total liabilities		**28,910**	**31,317**	**28,211**
Net assets		**398,754**	**391,653**	**365,599**
Equity				
Accumulated surplus		350,935	343,834	326,651
Asset revaluation surplus	20	47,819	47,819	38,948
Total equity		**398,754**	**391,653**	**365,599**

** Refer to Note 30 for details of prior period adjustments*

The accompanying notes form part of these statements.

STATEMENT OF CHANGES IN EQUITY FOR THE YEAR ENDED 30 JUNE 2014

	Accumulated surplus	Asset revaluation surplus (note 20)	Total
	$'000	$'000	$'000
Balance as at 1 July 2013	343,834	47,819	391,653
Operating result from continuing operations	7,101	-	7,101
Other comprehensive income			
Increase in asset revaluation surplus	-	-	-
Balance as at 30 June 2014	**350,935**	**47,819**	**398,754**
Balance as at 1 July 2012	326,651	38,948	365,599
Operating result from continuing operations	17,183	-	17,183
Other comprehensive income			
Increase in asset revaluation surplus	-	8,871	8,871
Balance as at 30 June 2013	**343,834**	**47,819**	**391,653**

The accompanying notes form part of these statements.

STATEMENT OF CASH FLOWS FOR THE YEAR ENDED 30 JUNE 2014

	Notes	2014 $'000	2013 $'000
Cash flows from operating activities			
Inflows:			
Grants and other contributions		81,849	71,148
Capital grants		-	5,500
User charges and fees		2,871	4,073
Other income		4,181	4,034
GST input tax credits from ATO		4,605	4,994
GST collected from customers		2,330	1,890
Outflows:			
Employee expenses		(50,011)	(44,743)
Supplies and services		(30,402)	(24,896)
Finance costs		(567)	(454)
GST paid to suppliers		(4,952)	(4,996)
GST remitted to ATO		(1,706)	(1,746)
Other		(4,778)	(4,880)
Net cash provided by operating activities	21	**3,420**	**9,924**
Cash flows from investing activities			
Inflows:			
Sale of property, plant and equipment		85	64
Proceeds from borrowings		-	4,423
Outflows:			
Investments in other financial assets		(5,780)	(2,560)
Acquisition of property, plant and equipment		(21,397)	(31,335)
Net cash used in investing activities		**(27,092)**	**(29,408)**
Net decrease in cash and cash equivalents		(23,672)	(19,483)
Cash and cash equivalents at beginning of financial year		62,751	82,234
Cash and cash equivalents at end of financial year	10	**39,079**	**62,751**

The accompanying notes form part of these statements.

Objective and principal activities of the Council

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

On 7 August 2013 the Council of the Queensland Institute of Medical Research announced that Mr Clive Berghofer AM had made the decision to donate $50.1 million to the Institute over a period of multiple years. In recognition of its gratitude the Council decided to change its trading name from 'The Queensland Institute of Medial Research' to 'QIMR Berghofer Medical Research Institute'.

The Council recently constructed a new building (referred to as 'QIMR Berghofer Central') and has now completed the third construction phase which is the refurbishment of the existing Bancroft Centre with Certificate of Classification issued in July 2014. The project has been funded by contributions from the Federal Government of $110m, the Queensland State Government of $35m and The Atlantic Philanthropies of $27.5m.

The majority of the Council's funding is generated from competitive, peer reviewed research grants, commercial and other earned revenue. The Council also receives an annual operational grant from the Department of Health, Queensland (Queensland Health). Further funding is generated from donations, fundraising and investment activities performed under the guidance of the Council. Also refer to note 29.

1. Summary of significant accounting policies

(a) Statement of compliance

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

These financial statements are general purpose financial statements, and have been prepared on an accrual basis in accordance with Australian Accounting Standards and Interpretations. In addition, the financial statements comply with Queensland Treasury and Trade's Minimum Reporting Requirements for the year ended 30 June 2014, and other authoritative pronouncements.

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

(b) The reporting entity

The financial statements include the value of all revenues, expenses, assets, liabilities and equity of the Council. The Council had no controlled entities as at 30 June 2014.

(c) Jointly controlled entities

Jointly controlled entities are those where the Council has joint control, established by contractual agreement. As at 30 June 2014, the Council had entered into two material joint ventures - Vaccine Solutions Pty Ltd and Q-Pharm Pty Ltd.

Where the Council has a claim over the equity of the joint venture, the interest is brought to account by using the equity method of accounting. The investment is initially recognised at cost and adjusted thereafter for the post-acquisition change in the Council's share of net assets of the joint venture. In addition, the Council's share of the profit or loss of the joint venture is included in the Council's operating result. This is the case for Q-Pharm Pty Ltd (refer to notes 24 and 28).

Vaccine Solutions Pty Ltd is not equity accounted as the Council has no claim over the equity of the joint venture. Further details of the Council's interest in jointly controlled operations including audit arrangements are contained in note 24.

(d) Trust transactions and balances

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

As the Council acts only in a custodial role in respect of these transactions and balances, they are not recognised in the financial statements, but are disclosed in note 25.

(e) Grants and other contributions

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

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

(f) User charges and fees

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

(g) Interest, dividends and distributions

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

(h) Imputation credits

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

(i) Cash and cash equivalents

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

(j) Receivables

Trade debtors are recognised at the amounts due at the time of sale or service delivery i.e. the agreed purchase/contract price. Settlement of these amounts is required within 30 days from invoice date.

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

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

(k) Inventories

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

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

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

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

(l) Acquisitions of assets

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

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

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

(m) Property, plant and equipment

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

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

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

The Council occupies three buildings situated on Crown land reserved and set apart for hospital purposes. The land is under the control of Queensland Health on behalf of The State of Queensland.

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

A lease for the land and building known as QIMR Berghofer Central is expected to be entered into between the Council and The State of Queensland (represented by Queensland Health), at nominal rental, terminating on 27 June 2066. The building was constructed by the Council using grants from the Federal and Queensland State Governments, and private donors.

As the buildings are controlled by the Council, these assets are recognised within its financial statements, not within the financial statements of Queensland Health. Any revaluation surpluses or decrements associated with these assets are recognised by the Council. Refer also notes 1(n) and 15.

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

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

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

Where intangible assets have an active market, they are measured at fair value, otherwise they are measured at cost.

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

Property, plant and equipment classes measured at fair value (refer above) are independently re-valued by an external registered valuer at least once every five years with interim valuations, using appropriate indices, being otherwise performed on an annual basis where there has been a material variation in the index. Where indices are used in the revaluation process the Council ensures that the application of such indices would result in a valid estimation of the asset's fair value at reporting date. Refer to note 15 for details.

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

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

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

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

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

Materiality concepts under AASB 1031 *Materiality* are considered in determining whether the difference between the carrying amount and the fair value of an asset is material.

The Council reviewed all fair value methodologies in light of the new principles in AASB 13 and no adjustments were required on the values for Property Plant and Equipment classes.

(o) Fair value measurement

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

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

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

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

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

level 1 - represents fair value measurements that reflect unadjusted quoted market prices in active markets for identical assets and liabilities;
level 2 - represents fair value measurements that are substantially derived from inputs (other than quoted prices included within level 1) that are observable either directly or indirectly; and
level 3 - represents fair value measurements that are substantially derived from unobservable inputs.

As 2013-14 is the first year of application of AASB 13 by the Council, there were no transfers of assets between fair value hierarchy levels during the period.

More specific fair value information about the Council's Property, Plant and Equipment is outlined in note 15.

(p) Intangibles

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

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

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

Purchased software

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

Internally generated software

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

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

(q) Amortisation and depreciation of intangibles and property, plant and equipment

All intangible assets of the Council have finite useful lives and are amortised on a straight line basis.

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

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

Where assets have separately identifiable components that are subject to regular replacement, these components are assigned useful lives distinct from the asset to which they relate and are depreciated accordingly.

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

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

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

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

(r) Impairment of non-current assets

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

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

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

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

(s) Leases

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

(t) Other financial assets

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

(u) Payables

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

(v) Financial instruments

Recognition

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

Classification

Financial instruments are classified and measured as follows:

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

Borrowings are initially recognised at fair value, plus any transaction costs directly attributable to the borrowings, then subsequently held at amortised cost using the effective interest rate method. The effective interest rate is the rate that exactly discounts estimated future cash payments or receipts through the expected life of a financial instrument to the net carrying amount of that instrument.

Any borrowing costs are added to the carrying amount of the borrowing to the extent they are not settled in the period which they arise. Borrowings are classified as non-current liabilities to the extent that Council has an unconditional right to defer settlement until 12 months after reporting date.

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

All other disclosures relating to the measurement and financial risk management of financial instruments held by the Council are included in note 27.

(w) Employee benefits

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

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

Wages, salaries, annual leave and sick leave

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

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

Prior history indicates that on average, sick leave taken each reporting period is less than the entitlement accrued. This is expected to continue in future periods. Accordingly, it is unlikely that existing accumulated entitlements will be used by employees and no liability for unused sick leave entitlements is recognised.

As sick leave is non-vesting, an expense is recognised for this leave as it is taken.

Long service leave

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

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

Superannuation

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

The QSuper scheme has defined benefit and defined contribution categories. The liability for defined benefits is held on a whole-of-government basis and reported in those financial statements pursuant to AASB 1049 *Whole of Government and General Government Sector Financial Reporting* .

Key management personnel and remuneration

Key management personnel and remuneration disclosures are made in accordance with section 5 of the Financial Reporting Requirements for Queensland Government Agencies issued by Queensland Treasury and Trade. Refer to note 26 for the disclosures on key management personnel and remuneration.

(x) Insurance

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

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

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

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

(z) Taxation

The Council is a State body as defined under the *Income Tax Assessment Act 1936* and is exempt from Commonwealth taxation with the exception of Fringe Benefits Tax (FBT) and Goods and Services Tax (GST). FBT and GST are the only taxes accounted for by the Council. GST credits receivable from, and GST payable to the ATO, are recognised (refer to note 11).

(aa) Issuance of financial statements

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

(ab) Accounting estimates and judgements

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

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

- Useful lives of intangibles and property, plant and equipment - notes 1(p) and (q)
- Valuation of property, plant and equipment - notes 1(n) and 15

(ac) Rounding and comparatives

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

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

(ad) New and revised accounting standards

The Council did not voluntarily change any of its accounting policies during 2013-14. The only Australian Accounting Standard changes applicable for the first time as from 2013-14 that have had a significant impact on the Council's financial statements are those arising from AASB 13 *Fair Value Measurement* , as explained below.

AASB 13 *Fair Value Measurement* became effective from reporting period beginning on or after 1 January 2013. AASB 13 sets out a new definition of 'fair value', as well as new principles to be applied when determining the fair value of assets and liabilities. The new requirements will apply to all of the Council's assets and liabilities (excluding leases) that are measured and/or disclosed at fair value or another measurement based on fair value. The impacts of AASB 13 relate to the fair value measurement methodologies used and financial statement disclosures made in respect of such assets and liabilities.

The Council reviewed its fair value methodologies (including instructions to valuers, data used and assumptions made) for all items of property, plant and equipment measured at fair value to determine whether those methodologies comply with AASB 13. To the extent that the methodologies did not comply, changes were made and applied to the valuations. None of the changes to valuation methodologies resulted in material differences from the previous methodologies.

AASB 13 has required an increased amount of information to be disclosed in relation to fair value measurements for both assets and liabilities. For those fair value measurements for an asset or liability that substantially are based on data that is not 'observable' (i.e. accessible outside the Council), the amount of information disclosed has significantly increased. Note 1 (o) explains some of the principles underpinning the additional fair value information disclosed. Most of the additional information is set out in note 15 Property Plant and Equipment.

A revised version of AASB 119 *Employee Benefits* became effective for reporting periods beginning on or after 1 January 2013. Given the Council's circumstances, the only implications for the Council were the revised concept of 'termination benefits' and the revised recognition criteria for termination benefit liabilities. If termination benefits meet the timeframe criterion for 'short-term employee benefits', they will be measured according to AASB 19 requirements for 'short term employee benefits'. Otherwise termination benefits need to be measured according to AASB 119 requirements for 'other long-term benefits'. Under the revised standard, the recognition and measurement of employer obligations for 'other long-term employee benefits' will need to be accounted for according to most of the requirements for defined benefits plans.

The revised AASB 119 includes changed criteria for accounting for employee benefits as 'short-term employee benefits'. However, as the Council is a member of the Queensland Government central schemes for annual leave and long service leave, this change in criteria has no impact on the Council's financial statements as the employer liability is held by the central scheme . The revised AASB 119 also includes changed requirements for the measurement of employer liabilities / assets arising from defined benefit plans, and the measurement and presentation of changes in such liabilities / assets. The Council makes employer contributions only to QSuper defined benefit plan, and the corresponding QSuper employer benefit obligation is held by the State. Therefore those changes to AASB 119 will have no impact on the Council.

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

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

AASB 1055 *Budgetary Reporting* applies from reporting periods beginning on or after 1 July 2014. The Council will need to include in its 2014-15 financial statements the original budgeted figures from the Income Statement, Balance Sheet, Statement of Changes in Equity and Cash Flow Statements as published in the 2014-15 Queensland Government's Service Delivery Statements. The budgeted figures will need to be presented consistently with the corresponding (actuals) financial statements, and will be accompanied by explanations of major variances between the actual amounts and the corresponding original budgeted figures.

In addition, the Council will need to include the original budgeted information for major classes of administered income and expenses, and major classes of administered assets and liabilities. The budgeted information will need to be presented consistently with the corresponding (actuals) administered information, and will be accompanied by explanations of major variances between the actual amounts and the corresponding budgeted financial information.

The following new and revised standards apply as from reporting periods beginning on or after 1 January 2014:

- AASB 10 *Consolidated Financial Statements* ;
- AASB 11 *Joint Arrangements* ;
- AASB 12 *Disclosure of Interests in Other Entities;*
- AASB 127 *(revised) Separate Financial Statements* ;
- AASB 2011-7 Amendments to Australian Accounting Stan*dards arising from the Consolidation and Joint Arrangements Standards [AASB 1, 2, 3, 5, 7, 101, 107, 112, 118, 121, 124, 132, 133, 136, 138, 139, 1023 & 1038 and Interpretations 5, 9, 16 & 17]* ; and
- AASB 2013-8 *Amendments to Australian Accounting Standards - Australian implementation Guidance for Not-for-Profit Entities-Control and Structured Entities.*

AASB 9 *Financial Instruments* (December 2010) and AASB 2010-7 *Amendments to Australian Accounting Standards arising from AASB 9 (December 2010) [AASB 1, 3, 4, 5, 7, 101, 102, 108, 112, 118, 120, 121, 127, 128, 131, 132, 136, 137, 139, 1023 & 1038 and Interpretations 2, 5, 10, 12, 19 & 127]* will become effective for reporting periods beginning on or after 1 January 2017. The main impacts of these standards on the Council are that they will change the requirements for the classification, measurement and disclosures associated with financial assets. Under the new requirements, financial assets will be more simply classified according to whether they are measured at either amortised cost or fair value. Pursuant to AASB 9, financial assets can only be measured at amortised cost if two conditions are met. One of these conditions is that the asset must be held within a business model whose objective is to hold assets in order to collect contractual cash flows. The other condition is that the contractual terms of the asset give rise on specified dates to cash flows that are solely payments of principal and interest on the principal amount outstanding.

The Council has commenced reviewing the measurement of its financial assets against the new AASB 9 classification and measurement requirements. However, as the classification of financial assets at the date of initial application of AASB9 will depend on the facts and circumstances existing at that date, the Council's conclusions will not be confirmed until closer to that time. At this stage, assuming no change in the types of transactions the Council enters into, it is not expected that any of the Council's financial assets will meet the criteria in AASB 9 to be measured at amortised cost. Therefore, as from the 2017-18 financial statements, all of the Council's financial assets will be required to be classified as financial assets measured at fair value and classified accordingly (instead of the measurement classifications presently used in notes 1(v) and 27). The same classification will be used for net gains/losses recognised in the Statement of Comprehensive Income in respect of those financial assets. In the case of the Council's receivables, as they are short-term in nature, the carrying amount is considered to be a reasonable approximation of fair value.

The Council will not need to restate comparative figures for financial instruments on adopting AASB 9 as from 2017-18. However, changed disclosure requirements will apply from that time. A number of one-off disclosures will be required in the 2017-18 financial statements to explain the impact of adopting AASB 9. Assuming no change in the types of financial instruments that the Council enters into no significant ongoing disclosure impacts are expected.

AASB 10 redefines and clarifies the concept of control of another entity, which is the basis for determining which entities should be consolidated into an entity's financial statements. AASB 2013-8 applies the various principles in AASB 10 for determining whether a not-for-profit entity controls another entity. On the basis of those accounting standards, the Council has reviewed the nature of its relationship with Q-Pharm Pty Ltd and other entities that the Council is connected with, including entities that are not currently consolidated, to determine the impact of AASB 2013-8. The Council conclusion is that based on existing circumstance, it will not have any control over any of these entities. Since 30 June 2014 Q-Pharm Pty Ltd has been fully acquired by the Council (notes 24 and 28).

AASB 11 deals with the concept of joint control, and sets out new principles for determining the type of joint arrangement that exists which, in turn, dictates the accounting treatment. The new categories of joint arrangements under AASB 11 are more aligned to the actual rights and obligations of the parties to the arrangement. The Council has assessed its arrangements with other entities to determine whether a joint arrangement exists in terms of AASB 11. Based on the present arrangements, no joint arrangements exist. However, if a joint arrangement does arise in future, the Council will need to follow the relevant accounting treatment specified in either AASB 11 or the revised AASB 128, depending on the nature of the joint arrangement.

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

	2014	2013
	$'000	$'000

2. Grants

(a) Grants and other contributions

Grants - National Health & Medical Research Council	26,365	26,101
Grants - Queensland Health	18,864	13,969
Grants - Other	16,919	10,720
Grants - NHMRC overheads support funding (IRIISS)	3,861	4,321
Grants - National Institutes of Health	779	1,767
Grants - Cancer Council Queensland	1,399	1,618
Donations and fundraising	10,083	10,045
Bequests	3,857	4,081
Total	**82,127**	**72,622**

(b) Capital grants

Grants - Medical Research Centre *	-	5,500
	-	**5,500**

* No capital grants funds were received for building projects in 2013-14 (2013: $5.5m). Funds received in 2012-13 were for the construction and fit out of buildings on the Herston site.

3. User charges and fees

Commercial and contract research	2,845	2,746
Sundry tenants recoveries	548	955
Rent	533	463
Total	**3,926**	**4,164**

4. Other revenue

Reimbursements	1,268	1,644
Investment distributions	6,272	4,241
Other	325	(12)
Gain on early settlement of borrowings	232	3,106
Total	**8,097**	**8,979**

5. Gains/(losses)

Net gain/(loss) on market value of other financial assets	4,924	7,804
Total	**4,924**	**7,804**

The Council holds financial assets including managed funds and listed shares (refer notes 13 and 27).

	2014	2013
	$'000	$'000

6. Employee expenses

Employee benefits		
Wages and salaries	39,218	34,898
Employer superannuation contributions *	5,759	4,702
Annual leave expense *	3,781	3,603
Long service leave levy *	843	874
Other employee benefits	314	320
	49,915	44,397
Employee related expenses		
Fringe benefits tax expense	184	102
Workers' compensation premium *	89	83
Other employee related expenses	85	90
	358	275
Total	**50,273**	**44,672**

* Refer to note 1(w)

The number of employees including both full-time, part-time and casual employees measured on a full-time equivalent basis is:	494	503

7. Supplies and services

Supplies and consumables	20,359	17,845
Consultants and contractors	5,298	5,317
Travel	1,452	1,585
Minor equipment and software purchases	1,355	1,413
Rent	37	44
Total	**28,501**	**26,204**

8. Depreciation and amortisation

Buildings	5,183	5,023
Plant and equipment	4,135	4,075
Intangibles	86	85
Total	**9,404**	**9,183**

The Council's property, plant and equipment includes heritage assets such as research library monographs, Australiana and scarce items. The service potential of these assets is not expected to diminish with time or use and therefore, they are not depreciated. Refer to notes 1(q) and 15.

	2014	2013
	$'000	$'000

9. Other expenses

Scientific collaboration distributions	3,787	4,052
Insurance	485	496
Audit & other fees - internal	157	165
Legal expenses	213	120
Audit fees - external *	75	63
Net loss on disposal of property, plant and equipment	113	40
Net loss / (gain) on foreign exchange transactions	61	(2)
Total	**4,891**	**4,934**

* Total external audit fees to be paid to the Queensland Audit Office relating to the 2013-14 financial year are estimated to be $65,000 (2013: $79,000). There are no non-audit services included in this amount.

10. Cash and cash equivalents

Imprest accounts	1	1
Cash at bank	602	10,201
Term deposits	38,476	52,549
Total	**39,079**	**62,751**

The Council's cash and cash equivalents include $19.1m (2013: $19.3m) in research grant funding and $3.4m (2013: $21.3m) in capital grant funding received but not yet spent. The reduction in cash and cash equivalents was due to continued expenditure on refurbishment of Bancroft Centre in 2013-14. The balance of the capital grant funding on deposit has reduced in line with this expenditure.

11. Receivables

Trade debtors	5,288	4,233
NHMRC grants	1,972	1,790
Accrued interest	140	422
GST receivable	114	391
Long service leave reimbursements	281	122
Other	807	1,157
Total	**8,602**	**8,115**

12. Inventories

Supplies and consumables - at cost	268	273
Total	**268**	**273**

During the 2013-14 financial year, $1.3m of inventories (2013: $1.1m) were expensed. All inventories on hand at 30 June are expected to be utilised within 12 months.

	2014	2013
	$'000	$'000

13. Other financial assets

Other financial assets at fair value through profit or loss:		
Managed fund investments	94,757	77,778
Shares - US listed entities *	27	30
Total	**94,784**	**77,808**

* The Council holds shares in Sequenom Inc. which were acquired as a result of the takeover of Gemini PLC, in which QIMR held shares originally. These shares are quoted on the NASDAQ exchange in the United States of America and are recorded at their market value at the reporting date.

14. Intangible assets

Software purchased:		
At cost	679	679
Less: Accumulated amortisation	(314)	(246)
	365	433
Software internally generated:		
At cost	172	172
Less: Accumulated amortisation	(72)	(54)
	100	118
Total	**465**	**551**

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

14. Intangible assets (cont'd)

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

	Software internally generated	**Software purchased**	**Total**
	2013 $'000	**2013 $'000**	**2013 $'000**
Carrying amount at 1 July 2012	135	501	636
Acquisitions	-	-	-
Disposals	-	-	-
Transfers between classes	-	-	-
Amortisation	(17)	(68)	(85)
Carrying amount at 30 June 2013	**118**	**433**	**551**

	2014	2013
	$'000	$'000
15. Property, plant and equipment		
Buildings: At fair value		
Gross	259,187	259,187
Less: Accumulated depreciation	(47,905)	(42,722)
	211,282	**216,465**
Heritage & cultural assets: At fair value		
Gross	104	104
	104	**104**
Plant & equipment: At cost		
Gross	55,151	61,200
Less: Accumulated depreciation	(29,172)	(37,023)
	25,979	**24,177**
Work in progress: At cost^	46,693	31,431
	46,693	**31,431**
Total	**284,058**	**272,177**

^Refurbishment of existing Bancroft Centre continued in 2013-14 with a Certificate of Classification issued in July 2014.

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

Purpose-built research facilities operated by the Council known as the Bancroft Centre and the Clive Berghofer Cancer Research Centre situated in Herston were valued at 30 June 2013 for the independent valuer Davis Langdon by Damien Hirst BSc(QS)(Hons) AAIQS. The basis of the valuation is the depreciated replacement cost (DRC) due to there not being an active market for such facilities (level 3 categorisation used), calculated as replacement cost less cost to bring asset to current standards less accumulated depreciation of the expired useful life of the building. The depreciated replacement cost was based on a combination of internal records of the original cost of the specialised fitouts, adjusted for more contemporary design / construction approaches, and published construction rates for various standard components of buildings. Significant judgement is also used to assess the remaining service potential of the facilities, given local climatic and environmental conditions and records of the current condition of the facilities.

(i) Replacement cost

The methodology applied by the valuer is a financial simulation in lieu of market value as these assets cannot be bought and sold on the open market. A replacement cost is estimated by creating a cost plan (cost estimate) of the asset through the measurement of key quantities such as:

- Gross Floor Area (GFA)
- Number of floors
- Girth of the building
- Height of the building
- Number of lifts and staircases

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

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

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

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

(ii) Cost to bring to current standards

The 'cost to bring to current standards' is the estimated cost of refurbishing the asset to bring it to current standards. For each of the five condition ratings the estimate is based on professional opinion as well as having regard to historical project costs.
In assessing the cost to bring to current standard a condition rating is applied based upon the following information:

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

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

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

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

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

An internal valuation was carried out at 30 June 2014 using internal expert opinions and the Queensland Treasury and Trade approved *'Asset revaluation index for non–residential construction in QLD'.*

This index is published by the Australian Bureau of Statistics and measures changes over time in the prices of new construction outputs for the eight Australian capital cities.

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

The movement in the price of buildings is being measured using a component cost method. In this method, buildings are regarded as a set of standardised homogenous components. The price movement of a whole structure is effectively derived by measuring the price movements of its components.

The component prices are as close as possible to market prices; that is, they reflect not only labour, material and plant input costs, but also subcontractors' margin.

At 30 June 2014 the cumulative change in the index since the last independent valuation was not material (0.9 %) and consequently the carrying values of these buildings were considered to be at fair value.

Buildings - QIMR Berghofer Central

A recently constructed purpose-built research facility building operated by the Council known as QIMR Berghofer Central situated in Herston was stated at cost at 30 June 2012. Due to there not being an active market for such facilities fair value is measured based on a level 3 categorisation. Management has no indication that there has been a significant change in value since that date. Since 2012 annual interim valuations have been carried out using internal expert opinions and the Queensland Treasury and Trade approved *'Asset revaluation index for non–residential construction in QLD'* as outlined above.

At 30 June 2014 the cumulative change in the index since the building's completion was not material -0.4% (2013: 1.4%) and consequently the carrying value of this building at balance date was considered to be at fair value.

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

Usage of alternative level 3 inputs that are reasonable in the circumstances as at the revaluation date would not result in material changes in the reported fair value of the three buildings. There are no significant inter-relationships between unobservable inputs that materially impact fair value.

Heritage & cultural assets

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

The Council of The Queensland Institute of Medical Research

Notes to and forming part of the financial statements for the year ended 30 June 2014

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

Property, plant & equipment reconciliation (including fair value level-refer to note 1 (o))	Buildings Level 3 (Research Facilities)	Heritage & cultural Level 3	Plant & equipment	Work in progress	Total
	2014 $'000	2014 $'000	2014 $'000	2014 $'000	2014 $'000
Carrying amount at 1 July 2013	216,465	104	24,177	31,431	272,177
Acquisitions	-	-	6,135	15,262	21,397
Disposals	-	-	(198)	-	(198)
Transfers between classes	-	-	-	-	-
Revaluation increments	-	-	-	-	-
Accumulated depreciation revaluation adjustment	-	-	-	-	-
Depreciation/amortisation	(5,183)	-	(4,135)	-	(9,318)
Carrying amount at 30 June 2014	**211,282**	**104**	**25,979**	**46,693**	**284,058**

	Buildings	Heritage & cultural	Plant & equipment	Work in progress	Total
	2013 $'000	2013 $'000	2013 $'000	2013 $'000	2013 $'000
Carrying amount at 1 July 2012	208,059	104	26,489	6,521	241,173
Acquisitions	-	-	6,425	24,910	31,335
Disposals	-	-	(104)	-	(104)
Transfers between classes	4,558	-	(4,558)	-	-
Revaluation decrements	1,252	-	-	-	1,252
Accumulated depreciation revaluation adjustment	7,619	-	-	-	7,619
Depreciation/amortisation	(5,023)	-	(4,075)	-	(9,098)
Carrying amount at 30 June 2013	**216,465**	**104**	**24,177**	**31,431**	**272,177**

The Council has plant & equipment with an original cost of $10.8 million (2013: $17.6 million) and a written down value of zero still being used in the provision of services. The Council intends to retire these assets over the following five years.

	2014	2013
	$'000	$'000

16. Payables

Trade creditors	1,435	1,647
Accrued wages	184	-
Other	2,066	4,420
Total	**3,685**	**6,067**

17. Accrued employee benefits

Current		
Long service leave levy payable	220	211
Annual leave entitlements payable	3,071	2,902
Other	565	519
Total	**3,856**	**3,632**
Non current		
Annual leave entitlements payable	881	869
Total	**881**	**869**

18. Non-interest bearing liabilities

Current		
Loan	1,324	-
Total	**1,324**	**-**
Non-current		
Loan	-	1,489
Total	**-**	**1,489**

The Council has an interest free loan agreement for $3.3m under the Queensland Tropical Health Alliance (QTHA), $1.324 being payment in full for this loan expected to be paid in 2014/15 with the payout being at a 10% discount on the Present Value (2012/13: $1.489). The loan is from the Queensland State Government and sub-contracted to the Council through the James Cook University. No assets have been pledged as security for the liability. No interest has been capitalised during the current or comparative reporting periods. There have been no defaults or breaches of the loan agreement during the period.

19. Unearned revenue

Unearned revenue	19,164	19,260
	19,164	**19,260**

	Grants b/f 1 July 2013	Grants received	Grant expenditure	Grants c/f 30 June 2014
National Health & Medical Research Council	7,964	25,734	(26,365)	7,333
Cancer Australia	419	225	(554)	90
Cancer Council Qld	109	1,485	(1,399)	195
National Institutes of Health	322	664	(779)	207
Other granting bodies	10,065	16,516	(15,600)	10,981
Other commercial funding bodies	381	-	(23)	358
	19,260	**44,624**	**(44,720)**	**19,164**

19. Unearned revenue (cont'd)

	Grants b/f 1 July 2012	Grants received	Grant expenditure	Grants c/f 30 June 2013
National Health & Medical Research Council	9,707	24,330	(26,073)	7,964
Cancer Australia	569	167	(317)	419
Cancer Council Qld	164	1,563	(1,618)	109
National Institutes of Health	117	1,544	(1,339)	322
Other granting bodies	8,432	15,508	(13,875)	10,065
Other commercial funding bodies	419	-	(38)	381
	19,408	**43,112**	**(43,260)**	**19,260**

20. Asset revaluation surplus by class

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

	Buildings	Heritage & cultural	Total
	$'000	**$'000**	**$'000**
Balance at 1 July 2012	38,944	4	38,948
Revaluation increments *	8,871	-	8,871
Balance at 30 June 2013	**47,815**	**4**	**47,819**

* Further details are presented in notes 1(n) and 15.

21. Reconciliation of operating surplus to net cash from operating activities

	Notes	2014 $'000	2013 $'000
Operating surplus		7,101	17,183
Depreciation and amortisation expense	8	9,404	9,183
Loss on sale of property, plant and equipment	9	113	40
Net gain on market value of other financial assets	5	(4,924)	(7,804)
Investment distributions other financial assets	4	(6,272)	(4,241)
Gain on early settlement of borrowings	4	(232)	(3,106)
Interest borrowings		67	30
Change in assets and liabilities:			
(Increase)/decrease in trade receivables	11	(1,055)	(91)
(Increase)/decrease in GST input tax credits receivable	11	238	(2)
(Increase)/decrease in long service leave reimbursement receivables	11	(159)	139
(Increase)/decrease in NHMRC grants	11	(182)	485
(Increase)/decrease in accrued interest & other receivables	11	631	33
Increase/(decrease) in other debtors	11	-	(3,105)
(Increase)/decrease in inventories	12	5	(17)
(Increase)/decrease in prepayments		659	(775)
Increase/(decrease) in accounts payable	16	(2,566)	2,385
Increase/(decrease) in accrued employee benefits	17	421	(479)
Increase/(decrease) in unearned revenue	19	(96)	(148)
Increase/(decrease) in GST payable	11	39	144
(Increase)/decrease in investments accounted for using equity method	24(a)	228	70
Net cash from operating activities		**3,420**	**9,924**

22. Commitments for expenditure

(a) Non-cancellable operating leases

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

	2014 $'000	2013 $'000
Payable:		
Not later than one year	41	43
Later than one year and not later than five years	13	45
Later than five years	-	-
Total	**54**	**88**

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

No lease arrangements create restrictions on other financing transactions.

22. Commitments for expenditure (cont'd)

	2014	2013
	$'000	$'000
(b) Capital expenditure commitments		
Bancroft refurbishment	704	15,453
Other capital commitments	971	1,649
	1,675	**17,102**

The refurbishment of the Bancroft Centre represents 42% of capital expenditure commitments (2013: 90%). The values shown are based on the committed contract value inclusive of anticipated GST.

Payable:		
Not later than one year	1,675	16,302
Later than one year and not later than five years	-	800
Later than five years	-	-
Total	**1,675**	**17,102**

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

Payable:		
Not later than one year	888	1,122
Later than one year and not later than five years	-	-
Later than five years	-	-
Total	**888**	**1,122**

23. Contingencies

(a) Contingent assets

Contributions to Queensland Community Foundation

The QIMR Trust established a fund with the Queensland Community Foundation (QCF) for the purpose to generate future income and donations. This fund was transferred to Council upon abolition of the Trust on 1 February 2011. All contributions made to this named fund within QCF are held in trust and invested in perpetuity with net income distributed to the Council at the discretion of the Trustee in accordance with the Queensland Community Fund Declaration of Trust. The available balance of this fund was $1,971,000 at 30 June 2014 comprising total assets of $1,985,000 and total liabilities of $14,000 (net assets 2013: $1,314,000) of which $10,000 was contributed by the former QIMR Trust. The Council expects that earnings from the 2013-14 financial year will be brought to account during the financial year ending 30 June 2015.

(b) Contingent liabilities

There were no known contingent liabilities at 30 June 2014.

24. Jointly controlled entities

(a) Q-Pharm Pty Ltd

Q-Pharm Pty Ltd is a clinical trial company. The shareholders in the company as at 30 June 2014 are Professors Hooper and Dickinson, the Council and UniQuest Pty Ltd. As at 30 June 2014 the Council holds 24.5% of the shares of Q-Pharm Pty Ltd (2013: 24.5%) and accounts for this shareholding on an equity accounted basis.

A summary of the financial transactions and balances for Q-Pharm Pty Ltd is as follows:

Q-Pharm Pty Ltd	**2014**	**2013**
	$'000	**$'000**
Income	3,611	4,110
Expenses	(4,541)	(4,394)
Net surplus/(deficit)	**(930)**	**(284)**
therefore the Council's share	*(228)*	*(70)*
Current assets	805	1,691
Non-current assets	183	224
Current liabilities	(894)	(889)
Non-current liabilities	-	-
Net assets	**94**	**1,026**
therefore the Council's share	*23*	*251*

Q-Pharm Pty Ltd did not have any material contingent liabilities or commitments as at 30 June 2014. The Council has not individually or jointly incurred any contingent liabilities in Q-Pharm Pty Ltd. The Council is not contingently liable for the liabilities of Q-Pharm Pty Ltd. Since 30 June 2014 Q-Pharm Pty Ltd has been fully acquired by the Council (note 28).

The Q-Pharm Pty Ltd financial statements to 30 June 2014 were audited by Terry Murphy CA. Total external audit fees relating to the 2013-14 financial year are estimated to be $14,500 (2013: $11,600). There are no non-audit services included in this amount.

(b) Vaccine Solutions Pty Ltd

The Council and CSL Limited are equal shareholders in Vaccine Solutions Pty Ltd (Vaccine Solutions), a company established in 1998 to provide clinical trial sponsorship, intellectual property management and commercialisation services to the Cooperative Research Centre for Vaccine Technology (CRCVT). Following the winding up of the CRCVT, Vaccine Solutions manages a number of licensing arrangements for the benefit of the members of CRCVT Trust II. Vaccine Solutions does not own any physical or intellectual property assets on its own and is required to return 97% of all commercial income received from licensing activities to the CRCVT Trust II for distribution to members of that trust.

25. Trust transactions and balances

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

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

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

25. Trust transactions and balances (cont'd)

CRC for Vaccine Technology Trust II (CRCVT Trust II)	**2014**	**2013**
	$'000	**$'000**
Income	11	39
Expenses	(60)	(163)
Trust net surplus/(deficit) before distributions	**(49)**	**(124)**
Cash	437	374
Receivables	31	140
Total assets	**468**	**514**
Payables	16	14
Beneficiaries entitlements payable	452	500
Total liabilities	**468**	**514**
Trust net assets	-	-

PKF Hacketts is the auditor of CRCVT Trust II (2013:KPMG). Total external audit fees relating to the 2013-14 financial year are estimated to be $5,000 (2013: $5,500). There are no non-audit services included in this amount.

(b) Employee Research Services

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

Employee Research Services

Income	2,344	1,070
Expenses	(1,665)	(1,173)
Increase / (Decrease) in net balance	**679**	**(103)**
Cash held in short term deposits	2,790	2,111
Total trust assets	**2,790**	**2,111**

26. Key management personnel and remuneration

(a) Key management personnel

The following details for key management personnel include those positions that had authority and responsibility for planning, directing and controlling the activities of the Institute during 2013-14. Further information on these positions can be found in the body of the annual report under the section relating to management.

Position	Responsibilities	Current incumbents	
		Contract classification and appointment authority	Date appointed to position
The Hon Paul de Jersey AC^ - Chair of Council (Resigned 30 June 2014)	The functions of the Council are to: (a) control and manage the Institute; (b) raise and accept moneys for the purposes of the Institute; (c) invest moneys raised and accepted by the Council for the purposes of the Institute; and (d) invest moneys derived from any property or other invested moneys of the Council for the purposes of the Institute.	Appointed by Governor in Council, s10 Queensland Institute of Medical Research Act 1945	20 June 2013
Emeritus Prof. Bryan Campbell - Member of Council			9 September 2011
Mr Christopher Coyne - Member of Council (Acting Chair of Council from 1 July 2014)			9 September 2011
Dist. Prof. Judith Clements - Member of Council			9 September 2011
Prof. Nicholas Fisk - Member of Council			9 September 2011
Mr Ian Fraser - Member of Council			9 August 2012
Assoc. Prof. Paula Marlton - Member of Council			9 September 2011
Prof. Alan Pettigrew - Member of Council			9 September 2011
Mr Rod Wylie - Member of Council			9 September 2011
Dr. Jeannette Young^ - Member of Council			9 September 2011
Director/CEO	The Director is responsible for work and efficient and effective administration of the Council	Appointed by Governor in Council, s10 Queensland Institute of Medical Research Act 1945	4 January 2011

^ Officer of the public service

(b) Remuneration

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

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

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

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

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

iii. Post employment benefits include superannuation contributions.

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

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

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

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

1 July 2013 - 30 June 2014

Position	Short term employee benefits		Long term employee benefits	Post employment benefits	Total remuneration
	Base $'000	Non-monetary benefits $'000	$'000	$'000	$'000
Chair of Council (1)	-	-	-	-	-
Council Members (10)	10	-	-	-	10
Director/CEO	566	69	14	32	681
Total	**576**	**69**	**14**	**32**	**691**

1 July 2012 - 30 June 2013

Position	Short term employee benefits		Long term employee benefits	Post employment benefits	Total remuneration
	Base $'000	Non-monetary benefits $'000	$'000	$'000	$'000
Acting Chair of Council (2)	2	-	-	-	2
Council Members (10)	8	-	-	-	8
Director/CEO	548	59	11	23	641
Total	**558**	**59**	**11**	**23**	**651**

The table above does not include $116,000 in fringe benefits tax paid by Council in 2013-14 in relation to key management remuneration (2013: $65,000). The increase is due to a change in Fringe Benefits Tax legislation applying to the full financial year (2013:a partial application of six months).

27. Financial instruments

(a) Categorisation of financial instruments

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

Category	Notes	2014 $'000	2013 $'000
Financial assets			
Cash and cash equivalents	10	39,079	62,751
Receivables	11	8,602	8,115
Managed fund investments and US listed shares	13	94,784	77,808
		142,465	**148,674**
Financial liabilities			
Financial liabilities measured at amortised cost:			
Payables	16	(3,685)	(6,067)
Non-interest bearing liabilities	18	(1,324)	(1,489)
		(5,009)	**(7,556)**

27. Financial instruments (cont'd)

(b) Financial risk management

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

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

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

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

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

(i) Credit risk exposure

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

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

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

Maximum Exposure to Credit Risk		2014	2013
Category	**Note**	**$'000**	**$'000**
Financial assets			
Managed fund investments and US listed shares	13	94,784	77,808
Total		**94,784**	**77,808**

The carrying amount of receivables represents the maximum exposure to credit risk. As such, receivables are not included in the above disclosure.

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

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

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

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

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

Ageing of past due but not impaired financial assets is disclosed in the following tables. No financial assets were assessed as being impaired as at 30 June 2014.

27. Financial instruments (cont'd)

2014 Financial assets past due but not impaired

	Note	Not due	Overdue				Not due and overdue
		< 30 days	*30-60 days*	*61-90 days*	*> 90 days*	Total	Total
		$'000	$'000	$'000	$'000	$'000	$'000
Financial assets							
Receivables	11	6,258	830	444	1,070	2,344	8,602
Total		**6,258**	**830**	**444**	**1,070**	**2,344**	**8,602**

2013 Financial assets past due but not impaired

	Note	Not due	Overdue				Not due and overdue
		< 30 days	*30-60 days*	*61-90 days*	*> 90 days*	Total	Total
		$'000	$'000	$'000	$'000	$'000	$'000
Financial assets							
Receivables	11	5,830	646	406	1,233	2,285	8,115
Total		**5,830**	**646**	**406**	**1,233**	**2,285**	**8,115**

(ii) Liquidity risk

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

The Council is exposed to liquidity risk in respect of its payables.

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

The following table sets out the liquidity risk of financial liabilities held by the Council. It represents the contractual maturity of financial liabilities, calculated based on undiscounted cash flows relating to the liabilities at reporting date. The undiscounted cash flows in these tables may differ from the amounts included in the Statement of Financial Position that are based on discounted cash flows.

		2014 Payable in			
		< 1 year	1-5 years	> 5 years	Total
	Notes	$'000	$'000	$'000	$'000
Financial liabilities					
Payables	16	(3,685)	-	-	(3,685)
Non-interest bearing liabilities	18	(1,324)	-	-	(1,324)
Total		**(5,009)**	**-**	**-**	**(5,009)**

		2013 Payable in			
		< 1 year	1-5 years	> 5 years	Total
	Notes	$'000	$'000	$'000	$'000
Financial liabilities					
Payables	16	(6,067)	-	-	(6,067)
Non-interest bearing liabilities	18	-	-	(1,489)	(1,489)
Total		**(6,067)**	-	**(1,489)**	**(7,556)**

27. Financial instruments (cont'd)

(iii) Market risk

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

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

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

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

i. Interest rate sensitivity analysis

The following interest rate sensitivity analysis is based on a report similar to that provided to management, depicting the outcome on net income if interest rates would change by +/- 1% from the year-end rates applicable to the Council's financial assets and liabilities. With all other variables held constant, the Council would experience a change in operating result and equity by $0.4 million (2013: $0.6 million). This is mainly attributable to the Council's exposure to interest rate movements in its holdings in cash and cash equivalents.

		2014 Interest rate risk			
	Carrying amount	-1%		+1%	
Financial instruments	$'000	Profit $'000	Equity $'000	Profit $'000	Equity $'000
Cash & cash equivalents	39,079	(391)	(391)	391	391
Potential impact		**(391)**	**(391)**	**391**	**391**

		2013 Interest rate risk			
	Carrying amount	-1%		+1%	
Financial instruments	$'000	Profit $'000	Equity $'000	Profit $'000	Equity $'000
Cash & cash equivalents	62,751	(628)	(628)	628	628
Potential impact		**(628)**	**(628)**	**628**	**628**

ii. Price risk sensitivity analysis

The following other price risk sensitivity analysis is based on a report similar to that provided to management, depicting the outcome on profit or loss if unit/share price would change by +/-1% from the year-end price applicable to the Council's other financial asset investments. With all other variables held constant, the Council would experience a change in operating result and equity by $0.9 million (2013: $0.8 million). This is mainly attributable to exposure to unit price movements in its investments managed funds and movements in market value of US listed shares.

		2014 Other price rate risk			
	Carrying amount	-1%		+1%	
Financial instruments	$'000	Profit $'000	Equity $'000	Profit $'000	Equity $'000
Managed funds & shares	94,784	(948)	(948)	948	948
Potential impact		**(948)**	**(948)**	**948**	**948**

27. Financial instruments (cont'd)

		2013 Other price rate risk			
	Carrying amount	-1%		+1%	
		Profit	Equity	Profit	Equity
Financial instruments	**$'000**	**$'000**	**$'000**	**$'000**	**$'000**
Managed funds & shares	77,808	(778)	(778)	778	778
Potential impact		**(778)**	**(778)**	**778**	**778**

(c) Fair value

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

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

	2013 Classification according to fair value hierarchy			
	Level 1	Level 2	Level 3	Total
Financial assets	**$'000**	**$'000**	**$'000**	**$'000**
Managed fund investments	77,778	-	-	77,778
Shares-US listed entities	30	-	-	30
Total	**77,808**	**-**	**-**	**77,808**

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

28. Events occurring after balance date

The Council increased its 24.5% shareholding in Q-Pharm Pty Ltd to 100% by acquiring the remaining issued shares from the other three shareholders in August 2014.

29. Economic dependency

The Council's activities are predominantly funded by grants received from a range of funding agencies, the majority of which are Commonwealth and State Government bodies. The ability of the Council to source sufficient grant funding is dependent upon those entities continuing to have the ability to fund research activities and for the Institute to be successful in its funding applications. At balance date the Council had no indication that operational and research funding would not be provided as per the funding agreements. Should unforeseen fluctuations in the amount of available grant funding occur the Council would use its cash assets (refer note 10) and managed funds investments (refer note 13) to cover short term operational cash requirements.

30. Prior period adjustments

The following outlines the basis of amendments to the 2012-13 financial year's financial statements and associated notes:

i) NHMRC (IRIISS) grant income:
The accounting treatment for the IRIISS grant has been changed. The accrual for the unpaid grant funds has been replaced by recognition of the grant as revenue in the year it is received.

The effect of the prior period restatement is as follows:
a) $1.810m reduction in 30 June 2013 receivables
b) $1.581m reduction in retained earnings as at 1 July 2012
c) $0.229m reduction in 2013 grants and other contributions income due to the difference between the IRIISS grant received and the amount previously recognised as income in 2013.

ii) Grant Income re-categorisation
In 2013 $0.965 m of grant income has been recategorised as donations and fundraising income (refer note 2a).

iii) Queensland Tropical Health Alliance (QTHA) :
In prior periods $5m of funds received from the Queensland government under the QTHA were recognised as income. QIMR Berghofer has changed its accounting treatment, based on recent advice of changes to the QTHA funding arrangements by the Queensland Government, and recognised $1.324m of these funds as borrowings payable in the 2014/15 year.

The effect of the prior period restatement is as follows:
a) $0.173m increase in 30 June 2013 income and retained earnings
b) $1.663m reduction in 30 June 2012 income and retained earnings
c) $1.347m increase in 30 June 2013 loan payable and $0.142m loan payable recognised as at 1 July 2012

iv) Statement of Cash Flows
The Statement of Cash Flows has been amended to reflect the gross amount of GST received and paid. Separate lines for the GST components collected/paid from customers/suppliers and to/from the ATO have been inserted in the 2012-2013 Statement of Cash Flows.
As a consequence of item (iii) above, $4.194m was reclassified from cash flows from operating activities to cash flows from investing activities.

Extracts of Financial Statements for Financial Year 2012/13 impacted by these changes:

The following extract of the financial statements reflect the changes as outlined above:

a) Statement of Comprehensive Income

	Ref	30-Jun-13 (Original) $000	Increase / (decrease) $000	30-Jun-13 (Restated) $000
Income from continuing operations				
Grants and other Contributions	i)	72,851	(229)	72,622
Other revenue	iii)	8,775	204	8,979
Total revenue		89,451	(25)	89,426
Total income from continuing operations		**102,755**	**(25)**	**102,730**
Finance/borrowing costs	iii)	454	30	484
Total expenses from continuing operations		**85,517**	**30**	**85,547**
Operating result from continuing operations		**17,238**	**(55)**	**17,183**

30. Prior period adjustments (cont'd)

b) Statement of Financial Position

	Ref	30-Jun-13 (Original) $000	Increase / (decrease) $000	30-Jun-13 (Restated) $000
Current assets				
Receivables	i)	9,925	(1,810)	8,115
Total current assets		**73,993**	**(1,810)**	**72,183**
Total assets		**424,780**	**(1,810)**	**422,970**
Non-current liabilities				
Non -interest bearing liability	iii)	-	1,489	1,489
Total non-current liabilities		**869**	**1,489**	**2,358**
Total liabilities		**29,828**	**1,489**	**31,317**
Net assets		**394,952**	**(3,299)**	**391,653**
Equity				
Accumulated surplus		347,133	(3,299)	343,834
Total equity		**394,952**	**(3,299)**	**391,653**

		30-Jun-12 (Original) $000	Increase / (decrease) $000	1-Jul-12 (Restated) $000
Current assets				
Receivables	iii)	8,822	(3,103)	5,719
Total current assets		**91,581**	**(3,103)**	**88,478**
Total assets		**396,913**	**(3,103)**	**393,810**
Non-current liabilities				
Non -interest bearing liability	iii)	-	141	141
Total non-current liabilities		**913**	**141**	**1,054**
Total liabilities		**28,070**	**141**	**28,211**
Net assets		**368,843**	**(3,244)**	**365,599**
Equity				
Accumulated surplus	i), iii)	329,895	(3,244)	326,651
Total equity		**368,843**	**(3,244)**	**365,599**

c) Statement of Changes of Equity

		30-Jun-13 (Original) $000 Accum. Surplus	Increase / (decrease) $000	30-Jun-13 (Restated) $000 Accum. Surplus
Balance as at 1 July 2012	i), iii)	329,895	(3,244)	326,651
Operating result from continuing operations	i), iii)	17,238	(55)	17,183
Balance as at 30 June 2013		**394,952**	**(3,299)**	**391,653**

CERTIFICATE OF THE COUNCIL OF THE QUEENSLAND INSTITUTE OF MEDICAL RESEARCH

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

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

b. the statements have been drawn up to present a true and fair view, in accordance with prescribed accounting standards, of the transactions of The Council of the Queensland Institute of Medical Research for the financial year ended 30 June 2014 and of the financial position of the Council at the end of that year; and

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

Dated at Brisbane this 29th day of August 2014

Christopher Coyne
Acting Chair of Council

Professor Frank Gannon
Director & Chief Executive Officer

Donna Hancock
Secretary

To the Council of the Queensland Institute of Medical Research

Report on the Financial Report

I have audited the accompanying financial report of the Council of the Queensland Institute of Medical Research, which comprises the statement of financial position as at 30 June 2014 the statement of comprehensive income, statement of changes in equity and statement of cash flows for the year then ended, notes comprising a summary of significant accounting policies and other explanatory information, and certificates given by the Acting Chair of Council, the Director and Chief Executive Officer and the Secretary.

The Council's Responsibility for the Financial Report

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

Auditor's Responsibility

My responsibility is to express an opinion on the financial report based on the audit. The audit was conducted in accordance with the *Auditor-General of Queensland Auditing Standards*, which incorporate the Australian Auditing Standards. Those standards require compliance with relevant ethical requirements relating to audit engagements and that the audit is planned and performed to obtain reasonable assurance about whether the financial report is free from material misstatement.

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

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

Independence

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

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

Opinion

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

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

(b) in my opinion –

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

  (ii) the financial report presents a true and fair view, in accordance with the prescribed accounting standards, of the transactions of the Council of the Queensland Institute of Medical Research for the financial year 1 July 2013 to 30 June 2014 and of the financial position as at the end of that year.

Other Matters - Electronic Presentation of the Audited Financial Report

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

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

Queensland Audit Office
Brisbane

SUPPORTING INFORMATION

AWARDS

RESEARCHER	AWARDING ORGANISATION	DATE	AWARD NAME
Anu Anuradha	Clinical Oncology Society of Australia	Nov 2013	'Best of the Best' Presentation Award
Eva Baxter	Australian Epigenetic Alliance	Dec 2013	Bioline poster prize
Franziska Bieri	Research Australia	Jul 2013	Research Australia Discovery Award
Michael Breakspear	Biological Psychiatry	Oct 2013	Aubrey Lewis Award
Claudia Bruedigam	Leukaemia Foundation	Mar 2014	Leukaemia Foundation Award
Julie Burel	Federation of Immunological Societies of Asia-Oceania	Aug 2013	FIMSA travel award
	Australian Society for Parasitology	Jun 2014	ASP Travel Grant
Bryan Day	QIMR Berghofer	Dec 2013	Post-doctoral award
Karina DeSousa	Australian Society for Parasitology	Jun 2014	ASP travel grant
	UQ	Jan 2014	International Postgraduate Research Scholarship
	UQ	Jan 2014	UQ Centennial Scholarship
Baptiste Duchesne	UQ	Jul 2013	UQ International scholarship
	Australian Twin Registry	Jun 2014	Travel Award
Puya Gharahkhani	Cancer Council Queensland	May 2014	Travel grant
Adele Green	UQ	Oct 2013	Vice-Chancellor's Alumnus Excellence Award
	Australian Financial Review and Westpac	Oct 2013	Winner of Innovation Category and Overall Winner 100 Women of Influence Award
	Australasian Epidemiological Association	Oct 2013	Life Membership award
	QIMR Berghofer	Nov 2013	Ralph Doherty Prize for Outstanding Achievement and Leadership in Medical Research
	Queensland Government	Jun 2014	Queensland Great Award
Ashraful Haque	AIDRC	Jun 2014	Seed fund award
Kylie James	OzEMalaR	May 2014	Travel Award for Research
	EMBL Australia	May 2014	PhD Travel for Research award
	QIMR Berghofer	Jun 2014	PhD Top Up award
	Australasian Society of Immunology	May 2014	Travel award
Brian Kay	Australian Museum	Sep 2013	Eureka Award
Matthew Law	Cancer Council Queensland	May 2014	Travel grant
Michelle Liu	Chinese Government	Apr 2014	Chinese Government Award for Outstanding PhD Students Studying Abroad
Felicity Lose	QIMR Berghofer	May 2014	Travel grant
Yi Lu	Australian Academy of Science	Jun 2014	Grant-in-aid of $6,178 from the Science and Industry Endowment Fund
	Australian Twin Registry	Mar 2014	Travel grant
Michelle Lupton	Australian Twin Registry	Mar 2014	Travel Award
James McCarthy	OzEMalaR	Jun 2014	OzEMalaR Travel Award
Cameron McDonald	QIMR Berghofer	Nov 2013	Bancroft Medal
Donald McLeod	ASMR	Feb 2014	Finalist Queensland Post-graduate Student Awards 2014

RESEARCHER	AWARDING ORGANISATION	DATE	AWARD NAME
Don McManus	NHMRC	Jul 2013	Membership of NHMRC Research Translation Faculty
	WHO	Jul 2013	Appointed to WHO Expert Advisory Panel on Parasitic Diseases – Schistosomiasis
	The Society of Biology	Jul 2013	Elected as a Fellow of the Society of Biology (UK)
	NHMRC	Jul 2013	Member NHMRC 2014 Career Development Fellowships Peer Review Panel
	Frontiers in Immunology	Jul 2013	Invitation to co-edit the Research Topic: The Schistosomiasis vaccine- it is time to stand up for frontiers in immunology, section immunotherapies and vaccines
John Miles	Australian Institute of Policy	Oct 2013	Young Tall Poppy Science Award 2013
Aniket Mishra	Australian Twin Registry	May 2014	Travel grant
	ANZ	Dec 2013	PhD Scholarship
Deepak Mittal	QIMR Berghofer	May 2014	Overseas Conference Support
Adebayo Molehin	ASP	Jan 2014	ASP Network Research Exchange, Training and Travel Award
	ASMR	May 2014	ASMR Postgraduate Student Award
Philip Mosley	Royal Australian and New Zealand College of Psychiatrists	Jul 2013	Faculty of Psychiatry of Old Age basic trainee prize
	Royal Australian and New Zealand College of Psychiatrists	Mar 2014	Psychiatry trainee prize
Grant Montgomery	Australasian Gynaecological Endoscopy and Surgery Society	Jul 2013	The Perpetual Daniel O'Connor Lecture
	Australasian Gynaecological Endoscopy and Surgery Society	Jul 2013	The Perpetual Daniel O'Connor Lecture
Tracy O'Mara	Integrative Molecular Epidemiology Workshop, Boston	Sep 2013	Certificate - selected by invitation
	QIMR Berghofer	Sep 2013	Travel grant
Cassandra Pegg	Australasian Proteomics Society	Feb 2014	Student Poster Award
Carla Proietti	Wellcome Trust	Jul 2013	Training Fellowship
	OzEMalaR	Jun 2014	OzEMalaR Travel Award
Melinda Protani	Cancer Council Queensland	Sep 2013	Travel award
James Roberts	QIMR Berghofer	Jul 2013	QIMR Berghofer Proof of Concept Awards 2013
	OCNS	Jul 2013	Travel award
Sophie Schussek	Federation of Immunological Societies of Asia-Oceania	Aug 2013	FIMSA travel award
Yen Tan	Cancer Council Queensland	Jul 2013	Travel grant
Bryony Thompson	Cancer Council Queensland	Aug 2013	TCCQ Travel Award
	ASMR	May 2014	Postgraduate Division Awards finalist
Zoe Welham	QUT	Nov 2013	QUT Medal
Arabella Young	Cancer Council Queensland	Jan 2014	Postgraduate Fellowship
	EMBL Australia	Dec 2013	EMBL Travel Grant
	EMBL	Mar 2014	EMBL Advanced Training Centre Corporate Partnership Program Fellowship

INVITED LECTURES

Researcher	Lecture title	Date	Country	City	Event
Greg Anderson	Iron homeostasis dysregulation and human disorders	Oct 2013	China	Beijing	Free Radical Symposium 2013 and the 4th National Symposium on Free Radical Research
	Mutant mouse models to relate trace elements to human disease	Jun 2014	United States	Orlando	15th International Symposium on Trace Elements in Man and Animals
	Mechanisms and regulation of intestinal iron transport – linking the bone marrow, liver and gut	Aug 2013	Australia	Sydney	Centenary Institute seminar
	Regulating cellular iron release: From basic mechanisms to human disease	May 2014	Australia	Melbourne	Latrobe University (Latrobe Institute for Molecular Science) seminar
	Regulating of cellular iron export: Relevance to human disease	Jun 2014	United States	Los Angeles	Veteran's Affairs Hospital, Long Beach
	Research linkages between Africa and Australia: opportunites in the life sciences	Nov 2013	Botswana	Gaberone	Bi-annual conference of Vice Chancellors and Deans of Science and Engineering in Africa
	Erythropoiesis, red cell destruction and iron turnover	Oct 2013	China	Hangzhou	4th Australia-China Biomedical Research Conference.
Annika Antonsson	Prevalence and risk factors for oral HPV infection in young Australians	Nov 2013	Italy	Florence	Eurogin 2013
	HPV prevalence in HNSCC in Queensland, Australia	Nov 2013	Italy	Florence	Eurogin 2013
	Oral HPV infection and HPV in head and neck cancer	May 2014	Australia	Brisbane	Head and Neck Clinic, Royal Brisbane Hospital
Eva Baxter	Epigenetics and obesity in breast cancer	Jun 2014	Australia	Brisbane	Brisbane Breast Cancer Group Meeting
Michael Breakspear	The geometric centre on the brain	Feb 2014	United States	Whistler	The 2nd Whistler Scientific Workshop on Brain Functional Organization, Connectivity and Behavior
	The Google map of the brain	Mar 2014	Australia	Redcliffe	Grand Rounds Presentation 2014
	The nonlinear brain	Jun 2014	Germany	Hamburg	The Brain Connectivity Workshop
	The dynamic brain	Jul 2014	Australia	Brisbane	12th International Cognitive Neuroscience Conference, (ICON 2014)
	Computational models of cortical oscillations	Jul 2014	Germany	Hamburg	Brain Connectivity Workshop 2014
	Dwelling quietly in the rich club	Jul 2013	France	Paris	OCNS 2013
	Advances in neural mass modelling	Jul 2013	France	Paris	OCNS 2013
	Full brain network dynamics - modelling, analyses, experiments	Jul 2013	France	Paris	OCNS 2013
	Dwelling quietly in the rich club: brain network determinants of slow cortical fluctuations	Nov 2013	France	Marseilles	INS Conference (Institut de Neurosciences des Systemes)
	Noise driven oscillations: A computational model of bimanual tapping	Nov 2013	Australia	Melbourne	NeuroEng 2013: Australian Workshop on Computational Neuroscience
Claudia Bruedigam	Telomerase in AML	Apr 2014	Australia	Noosa	NDLR
Julie Burel	Molecular profile of polyfunctional T cells during plasmodium infection in humans	Jul 2014	Australia	Canberra	ASP Annual Conference 2014
Elizabeth Burmeister	Treatment of patients with pancreatic cancer - an overview	Jun 2014	Australia	Sydney	APGI annual meeting
Scott Burrows	Why is the T cell repertoire both self-MHC restricted and alloreactive?	Aug 2013	Monaco	Monte Carlo	Frontiers in Immunology Research Network International Conference
	Heterologous immunity and its possible role in transplantation	Oct 2013	Netherlands	Leiden	Allovir Symposium

Lectures continued

Researcher	Lecture title	Date	Country	City	Event
Georgia Chenevix-Trench	Follow-up of breast cancer association loci: from association to function	Nov 2013	Australia	Melbourne	Australian Breast Cancer Conference
		Aug 2013	Australia	Melbourne	Victorian Comprehensive Cancer Centre Ovarian Cancer Symposium
	Recent dissection of GWAS hits associated with breast and ovarian cancer: risk and prognosis	Oct 2013	Australia	Seoul	14th International Meeting on Human Genome Variation and Complex Genome Analysis
Paul Clark	Understanding Hepatitis B	May 2014	Australia	Brisbane	Advanced Trainee Education Day Greenslopes Private Hospital
	Hepatitis C in special populations	Mar 2014	Australia	Brisbane	Asia Pacific association for Liver Disease annual conference /Australian Hepatology Association
	An outreach model to deliver liver clinic care in a Indigenous health centre	May 2014	Australia	Brisbane	Evolving Models of Care for Hepatitis Meeting
	Current status of hepatitis treatment in Queensland Prisons	Jun 2014	Australia	Brisbane	South East Queensland Forum on Hepatitis in Queensland Prisons
	Chronic hepatitis B and liver cancer	Jun 2013	Australia	Brisbane	A Contemporary look at Hepatitis B Meeting
Lindsay Christian	The link between scabies and rheumatic heart disease	Jun 2014	Australia	Canberra	Australian Society for Parasitology Annual Conference
Nicole Cloonan	Decoding miRNA circuits	Oct 2013	Australia	Gold Coast	AMATA 2013
Jonathan Darbro	Before the vaccine: a novel approach to vector control in management of Dengue Fever	Sep 2013	Australia	Cairns	Medicines Management 2013
Greg Devine	Dissemination of a potent pupacide by adult Aedes Aegypti under field conditions: mechanisms of a potential control tool	Nov 2013	United States	Washington DC	ASTMH
Denise Doolan	Proteome-wide analysis for rational vaccine design: insights and implications for T cell versus antibody inducing vaccines as well as cross-species immunity	Apr 2013	Switzerland	Lausanne	Malaria Vaccines for the World III
	Parasitology in the modern era	Aug 2013	Australia	Perth	24th International Conference of the World Association for the Advancement of Veterinary Parasitology
	Genome-wide approaches offer new insights for rational vaccine development	May 2014	Australia	Melbourne	AVID
	Genome-based advances applied to infectious diseases research	Dec 2013	New Zealand	Wellington	43rd Annual Scientific Meeting Australasian Society for Immunology
	Genomes to vaccines: translating genomic sequence data into effective public health interventions	Sep 2013	Australia	Cairns	QTHA and ACTM annual conference
Stacey Edwards	Breast cancer susceptibility and survival at the 2q35 locus is mediated through chromatin looping with IGFBP5	Aug 2013	Australia	Cairns	kconfab Familial Breast Cancer Conference
	Post-GWAS functional characterisation of breast and ovarian cancer susceptibility loci	Oct 2013	United States	Boston	TUFTS University
Christian Engwerda	Understanding host immune responses during parasitic infection	Aug 2013	Italy	Tuscany	Gordon Research Conference
	Understanding host immune responses during visceral leishmaniasis	Nov 2013	Australia	Brisbane	AusBiotech – Bioeconomy in transition
	Understanding host immune responses during parasitic infection	Aug 2013	Australia	Gold Coast	Brisbane Immunology Group Annual Meeting
	Understanding host immune responses during visceral leishmaniasis	May 2014	Australia	Melbourne	Australian Vaccine and Immunotherapeutics Development Meeting

Researcher	Lecture title	Date	Country	City	Event
Manuel Ferreira	Regional Respiratory Rounds	Nov 2013	Canada	Hamilton	Firestone Institute
	Tocilizumab for the treatment of asthma	Nov 2013	United States	San Francisco	Genentech
	Back to humans: identifying new drug targets for asthma	Apr 2013	Australia	Sydney	Victor Chang Cardiac Research Institute
Deepani Fernando	Scabies mite inactivated cysteine protease paralogues (SMIPP-Cs)	Jun 2014	Australia	Canberra	Australian Society for Parasitology Annual Conference
Katja Fischer	The microbiome of scabies mite infected porcine skin	Aug 2013	Australia	Perth	International Conference of the World Association for the Advancement of Veterinary Parasitology and the Australian Society of Parasitology
	Scabies and associated skin infections	Mar 2014	Australia	Brisbane	Close the Gap Day at QIMR Berghofer
	Scabies and associated skin infections in Australia	Mar 2014	Australia	Cairns	Indigenous Health Stakeholder Consultation, Apunipima Cape York Health Council
	Scabies mite inactivated serine protease paralogs inhibit the human complement system	Jul 2014	Japan	Kyoto	XIV International Congress of Acarology
	Application of whole microbiome profiling methods to inform our understanding of host-pathogen interactions in a porcine model of scabies mite infection	Jun 2014	Australia	Melbourne	Australian Society for Microbiology Annual Scientific Meeting 2014
	Scabies and associated skin infections	Jun 2014	Australia	Cairns	JCU BMDT/BTID Retreat
	The microbiome of scabies mite infected porcine skin	Nov 2013	United States	Washington DC	International Alliance for the Control of Scabies
David Frazer	The regulation of mammalian iron homeostasis	Jun 2014	Australia	Brisbane	2014 Centre for Metals in Biology Symposium, UQ
Juliet French	Decoding the non-coding: understanding how DNA variants in non-coding regions of the genome influence breast cancer risk	May 2014	Australia	Brisbane	UQCCR
	Long-range gene regulation as a common mechanism underlying GWAS	Feb 2014	Australia	Melbourne	Asian Conference on Transcription
	Functional variants at the 5q11 breast cancer risk locus regulate MAP3K1 expression through long-range enhancers	Aug 2013	Australia	Cairns	Familial Aspects of Cancer Meeting
	Functional analysis of candidate SNPs	Jul 2013	United States	Washington	Genetic Associations and Mechanisms in Oncology (GAME-ON) Meeting
Jeffrey Gorman	A proteomic view of the suppression of host cell antiviral responses by respiratory syncytial virus	Sep 2013	Malaysia	Penang	Australian Peptide Conference
	A proteomic view of the suppression of host cell antiviral responses by respiratory syncytial virus	Nov 2013	Australia	Barossa Valley	Cell signalling in the OMics era
	A proteomic view of the suppression of host cell antiviral responses by respiratory syncytial virus	Feb 2014	Australia	Lorne	Lorne Infection and Immunity 2014
	A proteomic view of the suppression of host cell antiviral responses by respiratory syncytial virus	Sep 2013	Malaysia	Penang	Australian Peptide Conference
	A proteomic view of the suppression of host cell antiviral responses by respiratory syncytial virus	Nov 2013	Australia	Barossa Valley	Cell signalling in the OMics era
	A proteomic view of the suppression of host cell antiviral responses by respiratory syncytial virus	Feb 2014	Australia	Lorne	Lorne Infection and Immunity 2014

Lectures continued

Researcher	Lecture title	Date	Country	City	Event
Frank Gannon	The Future	Jul 2013	Australia	Brisbane	Graduation ceremony for students of the Faculty of Science, UQ
	How the oestrogen receptor switches on a gene	Aug 2013	Australia	Brisbane	TRI
	Innovative models for drug discovery and vaccine development through partnerships	Feb 2014	India	Bangalore	Bio India
	Making a difference by working together	Apr 2014	India	Manipal	10th Indo-Australian Conference on Biotechnology University of Manipal
	Controlling gene expression by the oestrogen receptor	Apr 2014	India	Bangalore	NCBS
	Satisfaction in Life: Choices in research topics and career pathways	May 2014	Australia	Brisbane	ASMR Queensland Postgraduate Student Conference
Marta Garrido	Mechanisms of regularity learning and outlier detection	May 2014	Australia	Heron Island	Autumn School and Workshop Multimodal Attention and Perception of Space
Leonardo Gollo	Mechanisms of zero-lag synchronization in cortical motifs	Apr 2014	Australia	Brisbane	UQ
	Hierarchical network dynamics during perceptual decision-making	Jul 2014	Australia	Paris	Network neuroscience structure and dynamics
Adele Green	How to design a good study: secrets of epidemiology	Sept 2013	Germany	Berlin	2nd International Conference on UV and Skin Cancer
	Skin cancer awareness campaigns in Australia: Expectations and outcomes	Jul 2013	Germany	Hamburg	8th World Congress of Melanoma
	Photoageing and its preventability with regular sunscreen use	Jun 2014	United Kingdom	London	Anti-ageing Skin Care Conference
	Vitamin D intake and pancreatic cancer	Mar 2014	United States	Baltimore	PanC4 Consortium Annual Meeting
	Research and medicine	Aug 2013	Australia	Brisbane	UQ Medical Society Annual Research Colloquim
	Prevention is better than cure: the stark cases of skin aging and skin cancer	Aug 2013	Australia	Brisbane	Jack Elkington Oration: Public Health Association of Australia, Queensland Branch
	Sunbed use: Health abuse	Oct 2013	Australia	Cairns	Annual Australasian Radiation Safety Society
	Opportunities and rewards of a science career	Aug 2013	Australia	Mackay	Women in Science Forum
	How to beat early skin aging and skin cancer in Australia	Oct 2013	Australia	Gold Coast	Pharmacy Assistant National Conference
	Battling melanoma in the skin cancer capital of the world	Jun 2014	Australia	Brisbane	AMA Junior Doctors Conference
Geoffrey Gobert	An ex vivo platform for hepatic schistosomiasis	Nov 2013	United States	Washington	American Society of Tropical Medicine and Hygiene Annual Meeting
	Transcriptomics to study schistosomiasis	Nov 2013	United States	Cleveland	Case Western Reserve University
Camille Guillerey	NOX2 independent ROS production contributes to pDC activation and antigen presentation	Dec 2013	France	Paris	4th international workshop on plasmacytoid dendritic cells and immune response
Vanja Halilovic	Identifying inhibitors of the scabies mite intestinal protease Sar s 3 to develop novel therapeutics	Jun 2014	Australia	Canberra	Australian Society for Parasitology Annual Conference

Researcher	Lecture title	Date	Country	City	Event
David Harrich	An unexpected role for translation factors in early HIV-1 replication	Sep 2013	Australia	Edinburgh	University of Edinburgh
	A potential HIV therapy based on Tat: a novel mechanism of inhibition targeting Rev and reverse transcripition	Sep 2013	United Kingdom	Cambridge	Frontiers of Retrovirology meeting
	Can enforced HIV latency cure AIDS?	Oct 2013	Australia	Darwin	Australasian HIV/AIDS Conference
	A non-canonical role for eukaryotic elongation factors in RNA virus replication	Dec 2013	New Zealand	Queenstown	7th Australasian Virology Society meeting
	Can gene therapy using transdominant Tat cure AIDS?	Dec 2013	India	New Delhi	Asia-Pacific Congress of Virology
	Complete ablation of HIV-1 replication in vitro using an antiviral protein	Feb 2014	Australia	Melbourne	Satellite of Lorne Protein Meeting
Ashraful Haque	MICR6008 parasitology	Jun 2014	Australia	Brisbane	UQ
Geoff Hill	Cytokine manipulation in clinical transplantation	Sep 2013	Japan	Sapporo	Japan-Australia Haematology Consortium
	Bone marrow transplantation	Mar 2014	Germany	Regensburg	GVHD/GVL Symposium
	Bone marrow transplantation	May 2014	United States	Boston	Transplantation Society International Workshop on Clinical Tolerance
	Bone marrow transplantation	Apr 2014	China	Xiamen	International Forum on Hematopoietic Stem Cell Transplantation
Nick Hayward	The genetic architecture of melanoma susceptibility	May 2014	China	Guangzhou	Nature China: Genomics and stem cell based therapies: shaping the future of personalised medicine
	The genomic landscape of melanoma	Aug 2013	Australia	Sydney	Lowy Cancer Research Centre
Bradley Kendall	Fat fellas over 50 with a fire in their chest: Epidemiological and lifestyle risk factors for Barrett's oesophagus	May 2014	Australia	Noosa	Gastroenterological Society of Queensland Annual Meeting
	Management of nausea and vomiting	Jul 2013	Australia	Brisbane	Queensland Gastroenterology Trainee Lecture Series
Lutz Krause	Intra-tumour heterogeneity defined by multiregion sequencing	Mar 2014	Australia	Brisbane	Prince Charles Hospital
Kum Kum Khanna	DNA damage repair from genome maintenance to therapeutic targets	Nov 2013	Australia	Melbourne	Australian Breast Cancer Conference WEHI, Melbourne
	Essential developmental, genomic stability and tumour suppressor functions of new discovered single-stranded DNA binding proteins	Oct 2013	United States	Dallas	UT Southwestern Medical Center, Dept Radiation Oncology
	DNA repair proteins as targets for drug development	Oct 2013	United States	Atlanta	Winship Cancer Institute, Emroy University
Steven Lane	Targeting AML stem cells	Oct 2013	Australia	Gold Coast	HAA
	Leukaemia Stem Cells	Jan 2014	Australia	Lorne Cancer Conference	Lorne Cancer Conference
Jill Larsen	Role of ZEB1 in non-small-cell lung carcinoma (NSCLC)	Jul 2013	Australia	Brisbane	Brisbane Lung Research Group
	Role of ZEB1 in non-small-cell lung carcinoma (NSCLC)	Aug 2013	Australia	Brisbane	UQ Thoracic Research Centre at The Prince Charles Hospital
	Role of ZEB1 in non-small-cell lung carcinoma (NSCLC)	Apr 2014	United States	Dallas	University of Texas Southwestern Medical Center
Jason Lee	EZH2-mediated regulation of protein stability in breast cancer	Dec 2013	Australia	Shoal Bay	Epigenetics 2013
	Epigenetic Regulation of Chromatin Remodelling Factors in Breast Cancer	Jan 2014	South Korea, Republic Of	Seoul	Kyung Hee University School of Medicine Seminar Series
	Epigenetic regulation in breast cancer	Mar 2014	Australia	Brisbane	UQ Centre for Clinical Research Seminar
	Breast cancer metastasis to brain and epigenetics	Jun 2014	Australia	Brisbane	Brisbane Breast Cancer Group meeting

Lectures continued

Researcher	Lecture title	Date	Country	City	Event
Barbara Leggett	The serrated neoplastic pathway of colorectal tumourigenesis	Dec 2013	Australia	Sydney	Children's Medical Research Institute, Westmead
	Serrated neoplasia pathway: implications for screening and surveillance	May 2014	Australia	Chicago	World Endoscopy Organisation colorectal cancer screening meeting, Digestive Diseases Week
	HCV treatment in 2014: more bang for your buck	May 2014	Australia	Noosa	18th GE Society of Queensland annual update
Christine Loo	Neuroimaging on neurodegenerative diseases in Queensland	Mar 2014	Australia	Brisbane	MND meeting, Dept of Neurology, RBWH
	Selective network breakdown in neurodegenerative diseases – connecting the dots between cell and behaviour	Apr 2014	Australia	Brisbane	Queenland Phsyiology Interest Group/UQ
	Selective network breakdown in neurodegenerative diseases – connecting the dots between cell and behaviour	Apr 2014	China	Beijing	Beijing Normal University
Kelli MacDonald	Antigen presentation and immunoregulation	Sep 2013	Japan	Sapporo	Japan-Australia Haematology Consortium
	Antigen presentation and immunoregulation	Dec 2013	United States	New Orleans	American Society of Haematology
	Antigen presentation and immunoregulation	May 2014	United States	Pittsburgh	American Association of Immunology
Stuart MacGregor	Risk factors for keratoconus	Oct 2013	United States	Boston	Genetics and Genomics of Eye Disease Symposium
	Most common 'sporadic' cancers have a substantial germline genetic component	Oct 2013	United States	Boston	American Society of Human Genetics
Nick Martin	Trying to crack the molecular genetics of depression	Aug 2013	Australia	Adelaide	Second National Symposium on Translational Psychiatry
	The genetics of brain structure and function	Oct 2013	South Korea, Republic Of	Seoul	14th International Meeting on Human Genome Variation and Complex Genome Analysis
	Genetic variants associated with disordered eating	Oct 2013	United States	Boston	XXIst World Congress of Psychiatric Genetics
	Twin studies as a powerful approach to identifying and understanding molecular pathways that underlie complex traits	Oct 2013	United States	Boston	American Society of Human Genetics annual meeting
	Emerging evidence on the molecular genetics of cognition	Dec 2013	Australia	Melbourne	Melbourne International Society for Intelligence Research (ISIR) annual conference
	Risk factors for childhood problem behavior: studies in twins and triplets	Dec 2013	Netherlands	Amsterdam	Invitation Committee for Thesis Defence
	Genetics of brain structure and big data	Mar 2014	United States	Boulder	2014 International Workshop on Statistical Genetic Methods for Human Complex traits
	Modern twin studies in human genetics	Mar 2014	Germany	Essen	25th annual mfeeting of the German Society of Human Genetics
	Extreme low birth weight in MZ twins discordant for birth weight is associated with shorter telomere length and lower IQ, but not mental well-being in later life	May 2014	Australia	Barossa Valley	Genemappers Conference
	The genetics of brain structure and function	Mar 2014	United Kingdom	Oxford	Welcome Trust Centre for Human Genetics High Profile Seminar Committee
	Twin studies and psychopathology	Mar 2014	Germany	Mannheim	Central Institute for Mental Health
	The Anorexia Nervosa genetics initiative: first year progress report	May 2014	Australia	Gold Coast	Eating Disorders and Obesity Conference
	Shorter telomere length and lower IQ in extreme low birth MZ twins	Jun 2014	United States	Charlottesville	44th Annual Meeting of the Behavior Genetics Association

Researcher	Lecture title	Date	Country	City	Event
Sarah Medland	Enhancing Neuro Imaging Genetics Through Meta-Analysis	Jun 2014	Netherlands	Nijmegen	Radboud UMC
	ENIGMA2: Genetics of Subcortical structures	Jun 2014	United States	Charlottesville	Behavior Genetics Annual Meeting
	Symposim - Enhancing Neuro Imaging Genetics Through Meta-Analysis	Oct 2013	United States	Boston	World Congress of Psychiatric Genetics
	Imputation and Meta-analysis	Jun 2014	Germany	Hamburg	Organisation for Human Brain Mapping
	Univariate Modeling; Multithreshold Ordinal Data; ACE+Siblings; Multivariate modeling	Mar 2014	United States	Boulder	International Workshop on Statistical Genetic Methods for Human Complex Traits
	Assessing significance of voxel level GWAS: multiple testing issues in big data	Jun 2014	United States	Charlottesville	Behavior Genetics Association
James McCarthy	Experimentally induced blood-stage plasmodium vivax infections in healthy volunteers	Feb 2013	Australia	Brisbane	Australian Society for Infectious Diseases seminar
	Is too much hygiene good for us?	Mar 2013	Australia	Brisbane	Communicable Control Disease (CCD) Conference 2013
	Using human blood stage P. falciparum infection to define the activity of licensed and experimental antimalarial drugs	Nov 2013	Australia	New Orleans	62nd ASTMH annual meeting
	Population control of scabies	Nov 2013	United States	Washington DC	Scabies Symposium, American Society of Tropical Medicine and Hygiene
	A dose-ranging study in the human induced blood-stage malaria model to define the anti-parasitic activity and pharmacokinetic–pharmacodynamic relationship of the synthetic peroxide antimalarial OZ439	Nov 2013	United States	Washington DC	Medicines for Malaria Venture at ASTMH
	You mean to say that you are deliberately infecting volunteers with malaria?	Feb 2013	Australia	Cairns	James Cook University
	Human malaria challenge studies by blood stage inoculation: a tool to define the efficiency of antimalarial drugs and vaccines	May 2013	United Kingdom	Oxford	Oxford Martin Seminar 2013 - The Jenner Institute
	Global health priorities in infection and immunity	Apr 2013	Australia	Melbourne	The University of Melbourne
		Jun 2014	United States	Boston	"Plasmodium Falciparum Host-Parasite Interplay in the Human Bone Marrow" Workshop
Cameron McDonald	Identification of rare variants using custom AmpliSeq and the integration of miRNAseq and mRNAseq to enhance relevance	May 2014	Australia	Adelaide	Genetic Solutions World Tour - Australia
Donald McLeod	Difficult thyroid cases	Nov 2013	Australia	Noosa	5th Multidisciplinary Update on Thyroid and Parathyroid Surgery
	Endocrine aspects of thyroid cancer	Mar 2014	Australia	Brisbane	Australian Society of Otolaryngology Head and Neck Surgery Annual Scientific Meeting
	Adrenal Masterclass	May 2014	Australia	Hobart	ESA Seminar Meeting
	Research 101	Sep 2013	Australia	Brisbane	Australian Medical Association Queensland Doctors In Training Research Evening
	Endocrine aspects of thyroid cancer	Jun 2014	Australia	Brisbane	Royal Brisbane & Women's Hospital Head and Neck Clinic Journal Club
	Master clinicians session on thyroid cancer	Jun 2014	United States	Chicago	International Congress of Endocrinology and The Endocrine Society's 96th Annual Meeting

Lectures continued

Researcher	Lecture title	Date	Country	City	Event
Don McManus	Thirty years of international and inter-disciplinary cooperation on echinococcosis in China	Nov 2013	United States	Washington	American Society of Tropical Medicine and Hygiene 62nd annual meeting
	Echinococcus granulosus genomics: an opportunity to improve the diagnosis of echinococcosis	Mar 2014	France	Besancon	Innovation for the Management of Echincoccosis
	The insulin receptor: an Achilles heel for schistosome vaccine development	Apr 2014	United Kingdom	Cambridge	British Society for Parasitology Spring Meeting
	A vaccine for zoonotic schistosomiasis	Jun 2014	Australia	Brisbane	AID conference
	Control of Asian schistosomiasis	Aug 2013	Mexico	Centro Banamex	XIII International Congress of Parasitology
	Integrated control of Asian schistosomiasis	Aug 2013	Mexico	Centro Banamex	XIII International Congress of Parasitology
John Miles	Naïve CD8+ T-cell precursors specific for virus and self targets reveal	Apr 2014	Australia	Heron Island	ThymOz VII
Kyoko Miura	Fatty acids and mortality	Aug 2013	Spain	Seville	World Nutrition Conference
Andreas Moller	Generation of immune-privileged pre-metastatic niches by primary tumour hypoxia	Sep 2013	Australia	Perth	COMBIO
	The Siah2 ubiquitin ligase is important for tumor neo-angiogenesis	Sep 2013	United States	Newport	Gordon Conference Angiogenesis
	Generation of immune-privileged pre-metastatic niches by primary tumour hypoxia	May 2014	Germany	Hamburg	Cancer Centre Seminar Series
	Generation of immune-privileged pre-metastatic niches by primary tumour hypoxia	May 2014	Singapore	Singapore	A*Star Seminar Series
	Exosomes as mediators and predictors of metastasis	Feb 2014	Australia	Melbourne	Exosome workshop
Grant Montgomery	Endometriosis	Aug 2013	Australia	Sydney	Society for Reproductive Biology
	Endometriosis	Oct 2013	United States	Boston	International Federation of Fertility Societies and American Society for Reproductive Medicine
	Endometriosis	Mar 2014	Italy	Florence	Society for Gynaecologic Investigation
	Endometriosis	Apr 2014	Brazil	Sao Paulo	World Congress on Endometriosis
Philip Mosley	The psychiatrist at the deep brain stimulation centre	Mar 2014	Australia	Melbourne	RANZCP Consultation-Liaison Psychiatry Conference Body in Mind 2014
Christina Nagle	OPAL: the Ovarian Cancer Prognosis and Lifestyle Study	Aug 2013	Australia	Melbourne	
Rachel Neale	D-Health: results of a pilot trial of vitamin D supplementation and description of the methods of a study in 25,000 older Australians	Mar 2014	Australia	Lyon	International Agency for Research on Cancer Seminar Series
	Vitamin D intake and pancreatic cancer	Mar 2014	United States	Baltimore	PanC4 Consortium Annual Meeting
Vinh Nguyen	Understanding cortical networks involved in the preparation of voluntary movement using simultaneous EEG-fMRI	Nov 2013	Australia	Melbourne	Australian Cognitive Neuroscience Conference
Dale Nyholt	Migraine - will genetics find a cure?	Nov 2013	Australia	Sydney	The 30th Health Science Conference, “New Horizons 2013: Research and Education for Optimal Health”
	SECA: SNP effect concordance analysis using genome-wide association summary results	Oct 2013	Australia	Brisbane	Brisbane Statistical Human Genetics Forum
	SNP effect heterogeneity between migraine subgroups: impact on current and future GWA studies	May 2014	Australia	Adelaide	The 10th Australasian Human Gene Mappers Meeting
	Genetic biomarkers and molecular pathways for episodic and chronic migraine	Mar 2014	Netherlands	Leiden	EUROHEADPAIN Scientific Planning Meeting
	SECA: SNP effect concordance analysis using genome-wide association summary results	Mar 2014	Netherlands	Amsterdam	Biological Psychology Seminar, VU
Catherine Olsen	Skin cancer prevention and screening behaviours of Queensland adults	Sep 2013	Germany	Berlin	2nd International Conference on UV and Skin Cancer Prevention
Carla Proietti	Distinct hierachies of T cell and antibody dominance to Plamodium falciparum antigens: potential implications for vaccine design	Jul 2014	Australia	Canberra	ASP Annual Conference

Researcher	Lecture title	Date	Country	City	Event
Grant Ramm	Non-invasive assessment of fibrosis in paediatric liver disease	Mar 2014	Australia	Brisbane	2014 Annual Scientific Congress of the Asian-Pacific Association for the Study of the Liver
Grant Ramm	MC for opening ceremony	Mar 2014	Australia	Brisbane	2014 Annual Scientific Congress of the Asian-Pacific Association for the Study of the Liver
	Hepatic wound healing, fibrosis and regeneration	Oct 2013	Australia	Perth	COMBIO 2013
	The intrahepatic fibrotic response	Jul 2013	Australia	Gold Coast	Biennial ALA Hepatology Research Workshop
David Reid	Biometals in cystic fibrosis	Jun 2013	Portugal	Lisbon	European CF Annual Scientific Meeting
	G551D CF mouse model	Feb 2014	Australia	Brisbane	Vertex research seminar
Simone Reynolds	Scabies mite inactive serine proteases are potent complement lectin pathway inhibitors	Aug 2013	Australia	Perth	International Conference of the World Association for the Advancement of Veterinary Parasitology and the Australian Society of Parasitology
	Scabies mite inactivated serine protease paralogs inhibit the human complement system	Jun 2014	Ireland	Dublin	Joint Irish Society for Parasitology, British Association for Veterinary Parasitolgy and European Veterinary Parasitology College meeting
	Defining the role of scabies mite proteins in the host-pathogen immune mechanism in scabies and discovering their therapeutic potential against mosquito borne alphaviruses	Jun 2014	Australia	Canberra	Australian Society for Parasitology Annual Conference
James Roberts	Crackling noise in neonatal cortex	Jun 2014	Germany	Bremen	WE Heraeus Seminar: The versatile action of noise, Jacobs University
Jaclyn Sceneay	Hypoxic tumour-derived factors drive pre-metastatic niche formation in breast cancer	Aug 2013	United States	New York	Memorial Sloan Katering
	Hypoxic tumour-derived factors drive pre-metastatic niche formation in breast cancer	Aug 2013	United States	Philadelphia	Wistar
	Hypoxic tumour-derived factors drive pre-metastatic niche formation in breast cancer	Aug 2013	Germany	Heidelberg	DKFZ
	Hypoxic tumour-derived factors drive pre-metastatic niche formation in breast cancer	Feb 2014	United States	Boston	Dana Faber
	Hypoxic tumour-derived factors drive pre-metastatic niche formation in breast cancer	Feb 2014	United States	Boston	Brigham and Women's Hospital
	Hypoxic tumour-derived factors drive pre-metastatic niche formation in breast cancer	Feb 2014	United States	San Francisco	UCSF
Sophie Schussek	Validation of novel antigenic targets identified by whole-genome screening for next-generation malaria vaccines	Aug 2013	Italy	Milan	International Congress of Immunology
Maggy Sikulu	Age grading Anopheles mosquitoes using NIRS	Oct 2013	South Africa	Durban	Multilateral Initiative on Malaria
Daniel Smith	Haemochromatosis gene mutations are disease modifiers in cystic fibrosis	Mar 2014	Australia	Adelaide	Thoracic Society of Australia and New Zealand
Mark Smyth	New targets in cancer immunotherapy	Oct 2013	China	Suzhou	Cold Spring Harbor Asia Symposium on Cancer Immunology and Immunotherapy
	Combination cancer immunotherapies	Aug 2013	Australia	Gold Coast	Griffith University Seminar Series
	Combination cancer immunotherapies	Sep 2013	Australia	Brisbane	Translational Research Institute Seminar Series
	A new target in cancer immunotherapy	Apr 2014	United States	Boston	Dana Farber Cancer Institute Seminar Series
	The role of adenosine in cancer immunity	Apr 2014	United States	Gaithersburg	Medimmune
	Novel targets in cancer immunotherapy	May 2014	Australia	Sydney	Centenary Institute Seminar Series
	Novel targets in cancer immunotherapy	Jun 2014	Australia	Brisbane	QUT Seminar Series
	A novel target in cancer immunotherapy	May 2014	Germany	Mainz	CIMT 12th Annual Meeting

Lectures continued

Researcher	Lecture title	Date	Country	City	Event
Amanda Spurdle	Implementing knowledge on variation and risk into clinical and population health practice	Aug 2013	Australia	Cairns	InSiGHT, PEDIGREE, Familial Aspects of Cancer and The Human Variome Project, specialist conference meeting
	Variant classification - current international trends	Oct 2013	Australia	Newcastle	Translational Cancer Research Conference
Nathan Subramaniam	An essential role for Tfr2 in erythropoiesis during iron restriction	Dec 2013	United States	New Orleans	2013 American Society of Hematology Annual Conference
	Non-HFE Haemochromatosis: development of novel tools to identify genetic iron disorders.	May 2014	Australia	Melbourne	Haemochromatosis and Iron Overload Conference
	How miRNAs modulate biological function	Mar 2014	Australia	Brisbane	Annual Conference of the Asia-Pacific Association for the Study of the Liver
Andreas Suhrbier	Adult wild-type mouse model of chikungunya virus infection and arthritis	Sep 2013	Malayasia	Langkawi Island	Chikungunya 2013
	Threats from, and interventions for, the re-emergent mosquito-borne arthritogenic chikungunya virus	Dec 2013	Australia	Cairns	AITHN Cairns
	Threats from, and interventions for, the re-emergent mosquito-borne arthritogenic chikungunya virus	Oct 2013	Australia	Brisbane	AusBiotech 2013
	Picato, a US$287 million Queensland biotech success story	Nov 2013	Australia	Brisbane	Peter Doherty Awards
	Picato a recently approved proinflammatory topical treatment for actinic keratoses.	Nov 2013	Australia	Brisbane	Cytokines, Inflammation and Disease Symposium
	Biomedical research; prospects and tribulations	Nov 2013	Australia	Brisbane	IHBI Inspires Conference 2013
Pearl Swe	Secreted scabies mite complement inhibitors assist staphylococcal evasion from phagocytosis	Feb 2013	Australia	Lorne	Lorne infection and Immunity conference
	Secreted scabies mite complement inhibitors assist staphylococcal evasion from phagocytosis	Aug 2013	Australia	Perth	International conference of the World Association for the Advancement of Veterinary Parasitology and the Australian Society of Parasitology
	Secreted scabies mite complement inhibitors assist staphylococcal evasion from phagocytosis	Jun 2014	Australia	Melbourne	Australian Society for Microbiology Annual Scientific Meeting 2014
Bryony Thompson	A systematic approach to clinical classification of DNA sequence variants in mismatch repair genes: the InSiGHT initiative	Aug 2013	Australia	Cairns	InSiGHT 5th Biennial meeting
Therese Vu	IL3 in MPN	Apr 2014	Australia	Noosa	NDLR conference
Rebecca Waddell	Characterising the microbiome of the parasitic mite Sarcoptes scabiei	Jun 2014	Australia	Canberra	Australian Society for Parasitology Annual Conference
Daniel Wallace	The battle for iron in infection and cancer	Apr 2014	Australia	Sunshine Coast	University of the Sunshine Coast
Daniel Wallace	Analysis of mice deficient in hepcidin regulatory proteins reveals a dual role for transferrin receptor 2 in hepatic iron regulation and erythropoiesis	Mar 2014	Australia	Brisbane	Annual conference of the Asia-Pacific Association for the Study of the Liver
Penny Webb	Lifestyle and gynaecological cancer	Oct 2013	Australia	Brisbane	22nd annual RBWH Healthcare Symposium
	Environmental factors in gynaecological cancers: prospects for reducing morbidity and mortality	Mar 2014	France	Lyon	International Agency for Research on Cancer
	Does lifestyle influence quality of life and survoval following a diagnosis of ovarian cancer?	Jun 2014	Australia	Brisbane	Prostate Cancer Foundation of Australia and Ovarian Cancer Australia Public Forum
Ting Wei	Disease control strategy	Jan 2014	China	Guangxi	Centre for Disease Prevention and Control
	The End of AIDS	Oct 2013	China	Hangzhou	4th Australia-China Biomedical Research Conference
Vicki Whitehall	Bowel cancer: prevention to cure	Jun 2014	Australia	Brisbane	Rotary BowelScreen Launch

Researcher	Lecture title	Date	Country	City	Event
David Whiteman	Our evolving understanding of melanoma aetiology	Nov 2013	Australia	Brisbane	Global controversies in skin cancer
	Are primary prevention campaigns worth the effort?	Nov 2013	Australia	Brisbane	Global controversies in skin cancer
	Pathways to Melanoma	Mar 2014	Australia	Brisbane	Australian Society of Head and Neck Surgeons National Conference
	Genes, Biomarkers and Risk Prediction for Barrett's Oesophagus: Where are we now?	May 2014	Australia	Noosa	18th Annual Gastroenterology Update
	Obesity, insulin resistance and the metabolic syndrome and risk of Barrett's Oesophagus	May 2014	United States	Washington DC	9th Annual BEACON Meeting
	Managing risk of skin cancer: a stratification tool from the QSkin Study	Sep 2013	Germany	Berlin	2nd International Conference on UV and Skin Cancer Prevention
Margie Wright	Imaging genetics and the ENIGMA Project	Nov 2013	Australia	Melbourne	Australian Cognitive Neuroscience Conference
	Using neuroimaging and genetics to better understand brain disease	Mar 2014	Australia	Sydney	11th Annual World Congress of the Society for Brain Mapping and Therapeutics
	Using neuroimaging and genetics to discover risk genes for brain diseases	Apr 2014	Australia	Brisbane	2014 e-Health Research Colloquium
Michelle Wykes	Restoration of long term protection against malaria in mice without PD-1	Jan 2013	Australia	New Orleans	Keystone Malaria
	Restoration of protection against malaria in mice without PD-1	Aug 2013	Italy	Lucca/ Braga	Gordon Conference
	Programmed Cell death-1 drives chronic malaria	Dec 2013	New Zealand	Wellington	2013 Australasian Society of Immunology annual meeting
Hong You Hong Yo	Host-parasite interactions, biology of molecular mechanisms of pathogenesis and treatment of parasitic diseases	Jun 2014	United States	Newport	Gordon Research Conference
		Nov 2013	United States	Washington	American Society of Tropical Medicine and Hygiene 62nd Annual Meeting
	The insulin receptor is a transmission blocking veterinary vaccine target for zoonotic Schistosoma japonicum	Jun 2014	China	Xinjiang	
Arabella Young	Increased survival and reduced metastatic burden following targeted therapies against A2A adenosine receptors in combination with anti-PD-1	May 2014	Germany	Heidelberg	EMBO|EMBL Symposium: Tumour microenvironment and signalling
	Targeting adenosine generation and signaling in the tumor microenvironment	May 2014	Germany	Bonn	Pharmaceutical Institute, University of Bonn
Martha Zakrzewski	The microbiome of the small and large bowel in mice is affected by dietary iron; implications for cystic fibros	Aug 2013	Australia	Auckland	10th Australasian Cystic Fibrosis Conference
	Effect of dietary iron on mice lung microbiome	Oct 2013	Australia	Brisbane	TPCH Research Forum
Huiying Zhao	Optimization of gene-boundary offset for gene-wise association test	May 2014	Australia	Adelaide	The 10th Australasian Human Gene Mappers Meeting

PATENTS

Patent families managed by QIMR Berghofer

Title	Inventor(s)	Application Number
Novel molecules	Toni Antalis; John Hooper	PCT/AU1998/000085
Immunogenic agent and pharmaceutical composition for use against homologous and heterologous pathogens	Michael Good; Mary Stevenson	PCT/AU2004/000870
Synthetic peptides and vaccines comprising the same	Juan Cooper; Wendy Relf; Michael Good; Allan Saul	PCT/AU1995/000681
Cytotoxic T-cell epitopes	Denis Moss; Scott Burrows; Rajiv Khanna; Beverley Kerr; Jacqueline Burrows; Andreas Suhrbier	PCT/AU1995/000140
EBV CTL epitopes	Rajiv Khanna; Beverley Kerr; Ihor Misko; Denis Moss; Scott Burrows	PCT/AU1997/000328
CTL epitopes from EBV	Martina Sherritt; Scott Burrows; Rajiv Khanna	PCT/AU1998/000531
EBV peptide epitopes, polyepitopes and delivery system therefor	Rajiv Khanna; Jaikumar Duraiswamy	PCT/AU2003/001451
Novel hCMV cytotoxic T cell epitopes, polyepitopes, composition comprising same and diagnostic and prophylactic and therapeutics uses therefor	Rajiv Khanna; Rebecca Elkington; Susan Walker	PCT/AU2002/000829
Human cytomegalovirus immunotherapy	Rajiv Khanna	PCT/AU2005/001798
Peptide compounds	Istvan Toth; William Gibbons	PCT/GB1993/001558
Mutant TAT proteins and uses thereof	David Harrich	US13/292425
CMV4 improved human cytomegalovirus immunotherapy protein	Rajiv Khanna	AU2012904604
Immunoreceptor modulation for treating cancer and viral infections	Mark Smyth	PCT/AU2013/001132
Improved herpesvirus immunotherapy	Rajiv Khanna	PCT/AU2013/001216
Mutant TAT proteins and uses thereof	David Harrich	US 13/292425

QIMR Berghofer patent families managed outside QIMR Berghofer

Title	Inventor(s)	Application Number
Receptor ligand system and assay	Andrew Boyd	US 1998/104340
Eph/ephrin mediated modulation of cell adhesion and tumour cell metastasis	Andrew Boyd	PCT/AU2004/000142
A method of treatment	Andrew Boyd	PCT/AU1999/000931
Melanoma-associated MHC Class 1 Associated oligopeptide and its use	Chris Schmidt	PCT/EP2006/008533
A novel growth factor and a genetic sequence encoding same	Nicholas Hayward	PCT/AU1996/000094
Immunogenic complexes and methods relating thereto	Andreas Suhrbier; John Cooper Cox; Debbie Pauline Drane	PCT/AU0000110
Plasmodium falciparum antigens	Denise Doolan; Angela Trieu; Phillip Felgner	US 2012/0244178

Patent families relating to QIMR Berghofer visiting scientists and administered by other institutions

Title	Inventor(s)	Application Number
Plasmin inhibitors from the Australian brown snake (Pseudonaja textilis textilis)	Martin Lavin	PCT/AU9936922
Serum preparation	Martin Lavin	PCT/AU11/001221
A method of treatment	Andrew Boyd	PCT/AU99/000931

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

Title	Inventor(s)	Application Number
Treatment of virally induced lesions	Andreas Suhrbier	PCT/AU2008/000596
Treatment of solid tumours	Andreas Suhrbier	PCT/AU2005/001827
Treatment of prostate cancer	Peter Parsons	PCT/AU2001/000966
Therapeutic agents I	Andreas Suhrbier; Peter Parsons	PCT/AU2001/000679
Therapeutic agents II	Andreas Suhrbier; Peter Parsons	PCT/AU2001/000680
Therapeutic agents III	Andreas Suhrbier; Peter Parsons	PCT/AU2001/000678
Macrocyclic diterpenes for the treatment and prophylaxis of acne vulgaris	Andreas Suhrbier; Peter Parsons	US 7838555
Methods for treating UV-damaged skin and squarmous cell carcinoma tumors and for removing tattoos with topical ingenol mebutate	Sarah-Jane Cozzi; Andreas Suhrbier	PCT/IB2011/001910

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

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

Trade marks managed by QIMR Berghofer

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

GRANTS AND FUNDING OVER $100,000

Researcher	Grant body	Grant purpose/title	Amount	Duration	Start date	Finish date
Fares Al-Ejeh	ARC	EGFR-directed radioimmunotherapy combined with chemotherapy and DNA repair inhibition: development towards clinical application for aggressive cancers	752,067		2014	
Greg Anderson	NHMRC	Mechanisms of intestinal and systemic iron homeostasis in early infancy	469,838		2014	
Annika Antonsson	NHMRC	Oral human papillomavirus infection	404,884	3 yrs	2014	2017
Jonathan Beesley	NHMRC	Activation of TERT gene expression in breast carcinogenesis	670,123	3 yrs	2014	2016
Andrew Boyd	Cancer Council Queensland	Characterisation of the function and therapeutic potential of EphA2 and EphA3 in prostate cancer	200,000		2014	
Glen Boyle	Cancer Council Queensland	Investigating phenotype plasticity in melanoma progression and drug resistance	200,000	2 yrs	2014	
	ARC	Multifunctional and multimodal theranostics: manipulating material properties for advanced diagnostics	370,000	3 yrs	2014	2016
Michael Breakspear	NHMRC	Depressive and bipolar disorders: pathophysiology, phenotypes and treatment innovations	7,100,605	5 yrs	2013	2017
Scott Burrows	NHMRC	Investigating how genetic variation within the T cell receptor genes influenses the immune system	606,894	3 yrs	2014	2016
Georgia Chenevix-Trench	Weekend to End Women's Cancers	Expansion of the Brisbane Breast Bank: a prospective study developing biomarkers of response and recurrence	200,000	1 yr	2014	2015
	National Breast Cancer Foundation	A novel target for prevention and treatment of breast cancer	199,378		2014	
Paul Clark	NHMRC	Population - level epidemiological trends in hepatocellular carcinoma in Queensland 1996 - 2010	251,694	4 yrs	2014	2017
	Janssen-Cilag/Johnson and Johnson	Beyond the bars prison hepatitis outreach program	176,817	1.5 yrs	2014	2015
	Health Workforce Australia	Integrating simulated, interprofessional ward rounds into the health professional student curricula	430,000	1 yr	2013	2014
Don McManus	UBS Optimus Foundation	Program to fightparasitic worms	1,724,298	5 yrs	2013	2017
Nicole Cloonan	ARC Future Fellowship	Decoding miRNA regulated genetic circuits	767,381	4 yrs	2013	2016
	Cancer Council Queensland	MicroRNAsand isomiRs as chemosensitizers in double-stranded break repair defective cancer	200,000	2 yrs	2014	2015
Bryan Day	RBWH Private Practice Trust	QIMR Berghofer/ RBWH brain tumour and cell culture bank	118,648		2013	
	Cancer Council Queensland	Understanding the function of salinomycin as a DNA damaging agent and its relevance as a potential therapeutic agent for the treatment of malignant brain tumours	200,000		2014	

Researcher	Grant body	Grant purpose/title	Amount	Duration	Start date	Finish date
Greg Devine	Mosquito and Arbovirus Research Committe	Mosquito and arbovirus research committee	200,000	1 yr	2013	2014
	Cook Estate	Donation to J Aaskov	163,500	1 yr	2014	2015
	Australian Center for Infectious Disease Research		100,000	1 yr	2014	2015
Denise Doolan	NHMRC	Defining immunodominance in a complex host-pathogen system	864,300	4 yrs	2014	2017
	NHMRC	Tropical disease: immunity, pathogenesis and vaccine development: global translation	1,710,058	4 yrs	2013	2017
Denise Doolan	Queensland Government Smart Futures Fund Research Partnerships Program	A unique Australian facility for the identification of pathogen associated drug and vaccine targets	1,800,000	3 yrs	2012	2014
	Walter and Eliza Hall Institute of Medical Research	Discovery and validation of serological markers of recent exposure to P vivax in (pre-) elimination settings	1976,55.47	1 yr	2014	2014
Ken Dutton-Regester	NHMRC	Understanding drug resistance of targeted BRAF inhibitors in late-stage melanoma	355,028		2014	
Stacey Edwards	NHMRC	Functional analysis of breast cancer risk regions	739,285	3 yrs	2014	2016
Stacey Edwards	Weekend to End Women's Cancers	Functional characterisation of genetic variants associated with endometrial cancer risk loci and progression free survival in women with ovarian cancer	110,681	1 yr	2014	2015
Christian Engwerda	NHMRC	Immune regulation following infection	601,420	5 yrs	2014	2018
Katja Fischer	ARC	Molecular approaches to overcome scabies and associated disease.	749,908	4 yrs	2014	2017
	NHMRC	Scabies mite intestinal proteases as targets for novel therapeutics.	650,798	3 yrs	2014	2016
	Lowitja Institute, CRCATSIH Small Project Grant	Scabies mite complement inhibitors as targets for novel therapeutics	100,000	2 yrs	2012	2014
Juliet French	NHMRC	Exploring the function of breast cancer-associated variants in long non-coding RNAs	485,504	3 yrs	2014	2016
	NHMRC	Functional analysis of breast cancer susceptibility regions	585,190	3 yrs	2012	2014
	NHMRC	Functional characterisation of breast cancer susceptibility loci	739,286	3 yrs	2014	2016
	NHMRC	Exploring the function of breast cancer-associated variants in long non-coding RNAs	485,505	3 yrs	2014	2016
Marta Garrido	ARC	Discovery Early Career Researcher Award - Human electroencephalographic markers of schizophrenia: towards a neurobiologically informed diagnosis	375,000	4 yrs	2013	2016
David Harrich	NHMRC	Targeting a cellular translation factor affecting RNA	566,226		2014	
Andrea Henden	Leukaemia Foundation of Australia	PhD clinical scholarship	120,000	3 yrs	2013	2016
Geoff Hill	NHMRC	IL-6 and GVHD	572,562	3 yrs	2014	2016
	NHMRC	Immunological therapies for cancer, chronic infection and autoimmunity.	11,797,530	5 yrs	2015	2019
	ACRF	The QIMR Berghofer Comprehensive Center for Biomedical Imaging	2,600,000	1 yr	2014	2014
	Cancer Council WA	Interplays between anti-viral and allo-responses in the context of GVHD	100,000	1 yr	2014	2014

Grants and funding continued

Researcher	Grant body	Grant purpose/title	Amount	Duration	Start date	Finish date
Susan Jordan	Cancer Council Queensland	Patterns of care in renal cell carcinoma	188,254	2 yrs	2014	2015
	NHMRC	Understanding causes of the rising incidence of thyroid cancer – What can mutations in the BRAF oncogene tell us about causes and diagnostic pathways for thyroid cancer?	584,522	4 yrs	2014	2017
Jeffrey Gorman	Bioplatforms Australia Ltd	National collaborative research infrastructure strategy - subcontract	750,000		2013	
	Bioplatforms Australia Ltd	Emerging bimolecular platforms and informatics project	300,000		2013	
Rajiv Khanna	NHMRC	A novel vaccine formulation to prevent birth defects	513,447		2014	
	NHMRC	Combining immune monitoring and Immunotherapy for infectious complications in solid organ transplant patients	778,166		2014	
	Drs Richard Charles and Esther Yewpick Lee Charitable Foundation	Immunity for metastatic nasopharyngeal carcinoma	290,175		2014	
Steven Lane	Cancer Australia	Understanding DNA integrity and telomerase in acute myeloid leukaemia stem cell function	100,000		2014	
	NHMRC	Improving patient outcomes in leukaemia by targeting the cancer-causing cells	283,418.8		2014	
	Leukaemia Foundation of Queensland	IL17-mediated mobilization of haematopoietic stem and progenitor cells	100,000		2014	
	NHMRC	Understanding autophagy in haematopoiesis and leukaemia	484,327		2014	
Jill Larsen	Cure Cancer Australia	Identification of novel permissive mutations representing acquired vulnerabilities in lung cancer	150,000		2014	
Penelope Lind	NHMRC	A comprehensive analysis of the role of the Alcohol Dehydrogenase gene cluster in alcohol-related disorders and esophageal cancer through deep resequencing	587,109	3 yrs	2014	2017
Katie Lineburg	Leukaemia Foundation of Queensland	Cellular and molecular mediators of chronic GVHD	120,000		2014	
Nick Martin	NHMRC	Can infection, low vitamin D and stress cause mental illness in young adults?	827,611	3 yrs	2013	2015
	NHMRC	The Brisbane Longitudinal Twin Study: finding genes for common diseases	968,750	5 yrs	2012	2016
	NHMRC	Finding genes for common diseases	527,448	2 yrs	2013	2014
Kelli MacDonald	Cancer Council Queensland	Investigations of the cellular and molecular mediators or chronic GVHD	200,000		2014	
Stuart MacGregor	ARC	Drinking from the fire hose - making sense of high density genetic and genomic data	868,452	4 yrs	2014	2017

Researcher	Grant body	Grant purpose/title	Amount	Duration	Start date	Finish date
James McCarthy	Medicines for Malaria Venture	An experimental study to characterize the effectiveness of oz439 against early plasmodium falciparum blood stage infection in healthy volunteers	645,312	1 yr	2013	2013
	Medicines for Malaria Venture	MMV: A phase I/Ib study to investigate the safety, tolerability and pharmacokinetic profile of DSM265 in healthy subjects and to assess the antimalarial activity of dsm265 in health subjects with an induced blood stage plasmodium falciparum infection	1,158,580	1 yr	2013	2013
	NHMRC	An experimental study to characterize the effectiveness of griseofulvin against early Plasmodium falciparum blood stage infection in healthy study	300,000	1 yr	2013	2013
Don McManus	NHMRC	Impact of the Three Gorges Dam on transmission and future control of human schistosomiasis in China	1,347,500	5 yrs	2010	2015
	NHMRC	Elimination of zoonotic schistosomiasis and echinococcosis through integrated morbidity control	780,000	5 yrs	2011	2015
	NHMRC	Tropical disease - immunity, pathogenesis and vaccine development: global translation	1,710,058	5 yrs	2013	2017
	AID	The insulin receptor: an Achilles' heel target for successful schistosome vaccine development	50,000	1 yr	2014	2015
	AID	The insulin receptor: an Achilles' heel target for successful schistosome vaccine development	50,000	1 yr	2014	2015
John Miles	NHMRC	Tracking the human immune system over years of life	456,413		2014	
	Prostate Cancer Foundation of Australia	Isolating high-avidity prostate cancer-specific T cells using high definition allogenic pulldown	240,000		2014	
Andreas Moller	NHMRC	Exosomes as mediators of metastasis	398,152		2014	
Shin Foong Ngiow	Rio Tinto Ride to Conquer Cancer	Combination of BRAF inhibitor and immunotherapies in BRAF-mutated melanoma	102,024	1 yr	2014	2014
Dale Nyholt	NHMRC	Genetic biomarkers and molecular pathways for migraine	268,151		2014	
Peter Parsons	Ecobiotics	Screening and fractionation of bioactive natural products	439,000	2 yrs	2012	2014
Grant Ramm	NHMRC	Ferritin binding and signalling receptors in hepatic fibrogenesis	752,281	3 yrs	2014	2016
Grant Ramm	NHMRC	Mechanisms of liver scarring in chronic liver disease	664,515	5 yrs	2014	2018
David Reid	NHMRC	Identification of the mechanisms of liver fibrinogenesis and the detection and prediction of clinical outcomes in paediatric cholestatic liver disease	602,878	3 yrs	2012	2015
	NHMRC	Centre for Research Excellence; breathe well.	2,500,000	5 yrs	2010	2015

Researcher	Grant body	Grant purpose/title	Amount	Duration	Start date	Finish date
Mark Smyth	NHMRC	Immune regulation, effector function and therapy	2,450,000	5 yrs	2012	2016
	NHMRC	New molecules that regulate cancer immunity and therapy	617,503	3 yrs	2013	2015
	Cancer Research Institute	Cancer Research Institute Post-doctoral Tumor Immunology Emphasis Program	450,000	4 yrs	2010	2015
	Susan G Komen Breast Cancer Foundation	Targeting CD73 for the treatment of triple negative breast cancer	900,000 USD	4 yrs	2012	2016
	Medimmune	Human anti-human CD73 antibodies	346,467	1 yr	2013	2014
	Rio Tinto Ride to Conquer Cancer	The role of the atypical chemokine receptor CCRL1 in intra-tumor lymphoid neogenesis	100,567	1 yr	2014	2014
Amanda Spurdle	NHMRC	Genetic studies towards improving cancer diagnosis	739,515		2014	
Andreas Suhrbier	NHMRC	Applied inflammation biology	802,610	5 yrs	2014	2018
	NHMRC	Regulation of inflammation and coagulation by microparticles containing SerpinB2	573,627	3 yrs	2013	2015
	Australian Centre for HIV and Hepatitis	EcoHIV, a convenient, biosafety level 2, mouse model for animal testing of HIV vaccines and anti-retroviral drugs	165,000	1.5 yrs	2014	2015
Michele Teng	NHMRC	Combined T cell checkpoint blockade to eradicate established cancer	202,298		2014	
Vicki Whitehall	NHMRC	Wnt and MAPK signalling in the determination of colorectal neoplasia pathway	383,447	3 yrs	2014	2016
David Whiteman	NHMRC	QSKIN: the genetics of skin cancer	3,309,067	3 yrs	2014	2016
	NHMRC	Studies in cancer control	727,610	5 yrs	2014	2018
David Whiteman	NHMRC	QSKIN: the genetics of skin cancer	3,309,068	5 yrs	2014	2018
Margie Wright	NHMRC	Genetics of brain structure and function	110,000	4 yrs	2011	2014

QIMR BERGHOFER FELLOWS

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

NAME	YEAR AWARDED
Michael Alpers	1992
Rod Wylie	
Graham Mitchell	1993
Mervyn Eadie	1994
Bryan Emmerson	
Ian Wilkey	
Ted Brown	1995
Peter Doherty	1997
Paul Korner	
Stephen Lynch	
Michael O'Rourke	1998
Michael Barry	1999
Kay Ellem	
Ian Taylor	
Lawrie Powell	2000
Tom Veivers	
Phillip Desbrow	2001
William O'Sullivan	
Diana Cavaye	2002
Mary Dunne	
Clive Berghofer	2003
Bryan Campbell	
Sam Coco	
Peter Wills	2004
John Kerr	2005
Paul Wright	
David Lyons	2006
Ian Goddard	2007
Helen Luckoff	
John Garnsey	2008
Graham Brown	
Robert MacLennan	
Peter Brooks	2009
Peter Roeser	
David Alcorn	2011
Michael Good	
John Hay	2012
Christine Rzepczyk	2013
Jim Aylward	
Bruce Phillips	

SCIENTIFIC PUBLICATIONS

Smith, C. and Khanna, R. Immune regulation of human herpesviruses and its implications for human transplantation**.** *American Journal Of Transplantation.* 2013 [13(s3):nine-23]

Tellam, J, Lekieffre, L, Zhong, J, Lynn, DJ and Khanna, R. Messenger RNA sequence determines the level of self-synthesis and antigen presentation of the EBV-encoded antigen, EBNA1. *PLoS Pathogens.* 2013 [8(12): e1003112.]

Olsen CM, Neale RE, Cicero RA, Jackman LM, O'brien SM, Perry SL, Ranieri BA, Whiteman DC. Do personal stories improve response rates? *Epidemiology.* 2012 [23(5):765-6]

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COMPLIANCE CHECKLIST

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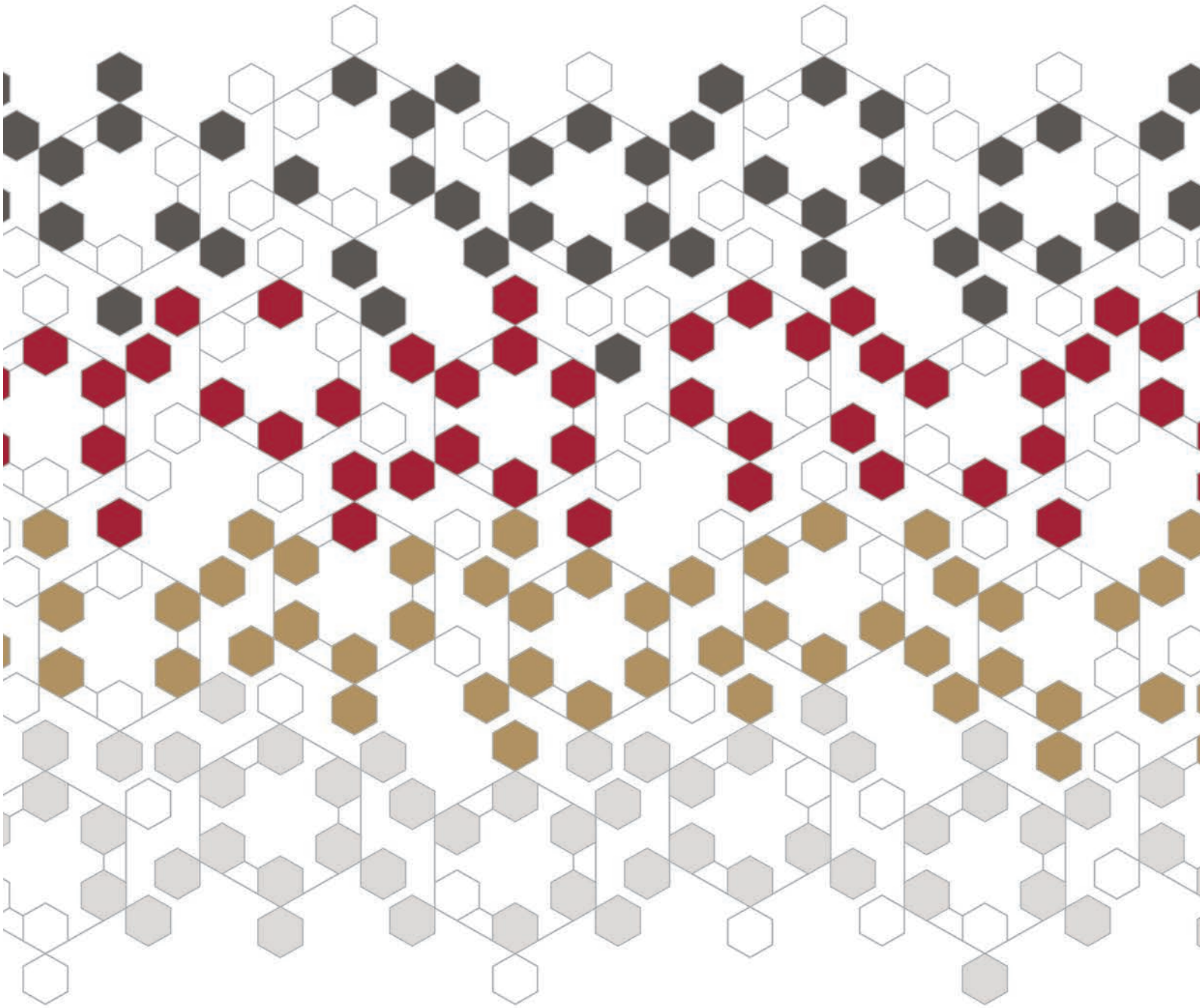
1. FAA Financial Accountability Act 2009 FPMS *Financial and Performance Management Standard 2009*
2. ARRs *Annual report requirements for Queensland Government agencies*

* Please note QIMR Berghoger has not reported on service areas and service standards on their service delivery statement, instead refer to page 22 for performance indicators relevant to QIMR Berghofer's strategic plan.

GLOSSARY

(Hons)	With Honours degree
AC	Companion of the Order of Australia
AID	Australian Infectious Diseases Research Centre
AMA	Australian Medical Association
AML	Acute myeloid leukaemia
APC	Antigen presenting cells
APGI	Australian Pancreatic Cancer Genome Initiative
ARC	Australian Research Council
ASHG	American Society for Human Genetics
ASMR	Australian Society for Medical Research
ASMTH	The American Society of Tropical Medicine and Hygiene
ATCM	Australian College of Tropical Medicine
BEACON	Barrett's and Esophageal Adenocarcinoma Consortium
CCQ	Cancer Council Queensland
CF	Cystic fibrosis
CMV	Cytomegalovirus
DNA	Deoxyribonucleic acid
EBV	Epstein-Barr virus
EMBL	European Molecular Biology Laboratory
EMBO	European Molecular Biology Organization
FCA	Fellow of The Institute of Chartered Accountants in Australia
FIMSA	Federation of Immunological Societies of Asia-Oceania
FTE	Full time equivalent
GMP	Good manufacturing practice
GVHD	Graft versus host disease
GVL	Graft versus leukaemia
GWAS	Genome wide association studies
HAA	Haematology Society of Australia and New Zealand, the Australian and New Zealand Society of Blood Transfusion and the Australasian Society of Thrombosis and Haemostasis
HIRF	Herston Imaging Research Facility
HIV	Human immunodeficiency virus
HNSCC	Head and neck: squarmous cell carcinoma
HPV	Human Papillomavirus
Hon	Honorary (degree)
ICON	International Conference on Cognitive Neuroscience
IGCS	International Gynecologic Cancer Society (
IHBI	Institute of Health and Biomedical Innovation
IMB	Institute of Molecular Bioscience
JCU	James Cook University
LLB	Bachelor of Laws

MA	Master of Arts
MAICD	Member of the Australian Institute of Company Directors
MBus	Master of Business
MND	Motor Neurone Disease
MPhil	Master of Philosophy
MPN	Myeloproliferative neoplasms
MSc	Master of Science
NCBS	National Centre for Biological Sciences
NCI	National Cancer Insitute
NDLR	New Directions in Leukaemia Research
NHMRC	National Health and Medical Research Council
NIH	National Institutes of Health
NPC	Nasopharyngeal Carcinoma
OBE	Order of the British Empire
OCNS	Organization for Computational Neurosciences
OPAL	Ovarian Cancer Prognosis And Lifestyle
PhD	Doctor of Philosophy
QTHA	Queensland Tropical Health Alliance
QUT	Queensland University of Technology
RBWH	Royal Brisbane and Women's Hospital
RNA	Ribonucleic acid
RSV	Respitory syncytial virus
TPCH	The Prince Charles Hospital
UCSF	University of California (San Francisco)
UQ	The University of Queensland
UQCCR	University of Queensland Centre for Clinical Research
WEHI	Walter and Eliza Hall Institute
WHO	World Health Organization



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