THE THORACIC SOCIETY OF AUSTRALIA & NEW ZEALAND
ANNUAL REPORT 2014
“We lead, support and enable all health workers and researchers who aim to prevent, cure and relieve disability caused by lung disease.”

The Thoracic Society of Australia and New Zealand (TSANZ) is a company limited by guarantee established to improve the knowledge and understanding of lung disease, to prevent respiratory illness through research and health promotion, and improve health care for people with respiratory disorders.

To achieve these aims, the Society promotes the:
- highest quality and standards of patient care
- development and application of knowledge about respiration and respiratory disease
- collaboration between all national organisations whose objects are to improve the well-being of individuals with lung disease and to promote better lung health for the community
- professional needs of the membership
- goal of a tobacco smoke free society.

2014 HIGHLIGHTS

FINANCIAL PERFORMANCE

PROFITS UP DURING 2014 FINANCIAL PERIOD

NEW ONLINE DATA BASE

COMPLETED AND FUNCTIONAL

MEMBERSHIP

STABLE THROUGHOUT 2014

ANNUAL SCIENTIFIC MEETING

RECORD PARTICIPATION

TSANZ & ANZSRS PARTNERSHIP

SUCCESSFUL FIRST COMBINED ANNUAL SCIENTIFIC MEETING

EDUCATION & CREDENTIALS

REVIEW CONTINUES BY TSANZ BOARD
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2014 President’s Report

The past year has been one of continued growth and considerable success for the Society. The Annual Scientific Meeting in Adelaide was outstanding, establishing records for participation. This was the first TSANZ and ANZSRS ASM that was conducted with the new PCO, The Conference Company (TCC), based in Auckland, New Zealand. Whilst there were some teething issues, the meeting went very well overall with many of the innovations being highly successful.

Through the year planning has been advanced for the 2015 ASM in the Gold Coast and initial steps are being made for Perth in 2016. The 2015 ASM will see a record number of overseas speakers – some are directly supported by TSANZ and ANZSRS, some in partnership with other organisations and a section who are in Australia for the ‘Flow-volume Underworld’ meeting held in the week preceding. I thank all the partners for their assistance in improving the quality of the ASM. Our primary partnership with ANZSRS is the most important of these in the practical delivery of a high quality educational event.

Financial Performance
The Society returned a modest profit in 2014 with positive results in what might be considered ‘trading activity’ and separately in investment returns. This is a further improvement from earlier years and reflects improved returns from the ASM and sensible attention to expenditure including re-negotiation of the MOU with APSR. This more stable financial position allows the Society to consider further initiatives beyond its core areas of supporting the dissemination of scientific knowledge, professional education/training and credentialing. Whilst we have never abandoned advocacy, this is an obvious area for additional activity.

Asia-Pacific Society of Respirology (APSR)
When TSANZ entered into an en-bloc membership, it was anticipated that revenue from local advertising in Respirology would meet the dues. Advertising revenue has been minimal – an effect not of neglect but of changes in medical publishing generally. During 2014, the new MOU was signed with APSR. The cost of en-bloc membership is US$50 annually, levied only on Ordinary (full) members. Under the previous arrangement, the levy represented a large component of the TSANZ membership for Student and Associate Members.

At the Bali Congress, TSANZ won the right to host the 2017 Congress and this will be held in Sydney at the new Convention Centre. A contract with TCC to provide PCO services for this meeting has been agreed.

En-bloc Membership with the European Respiratory Society (ERS)
From early 2014, informal and intermittent discussions were held with the then President of ERS in relation to possible en-bloc membership for TSANZ members. During that year, ERS elected to negotiate firstly with regional organisations, in our case APSR.

THE THORACIC SOCIETY OF AUSTRALIA AND NEW ZEALAND LTD
- FINANCIAL HIGHLIGHTS

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<th></th>
<th>2010 ($)</th>
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<td>Income</td>
<td>2,092,798</td>
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<td>Expenditure, incl. depreciation</td>
<td>1,871,518</td>
<td>1,814,621</td>
<td>1,761,952</td>
<td>1,742,217</td>
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<td>Net Assets</td>
<td>2,512,905</td>
<td>2,551,604</td>
<td>2,663,196</td>
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<td>Net Assets - Excl. Trust Funds</td>
<td>2,209,084</td>
<td>1,994,591</td>
<td>2,059,523</td>
<td>2,068,827</td>
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<td>Investment Portfolio value</td>
<td>1,166,082</td>
<td>1,016,321</td>
<td>1,126,746</td>
<td>1,236,389</td>
<td>1,277,905</td>
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At the APSR Annual Meeting in Bali in November, ERS and APSR decided not to proceed with any arrangement. As President, in discussions with the APSR, I indicated that TSANZ remained committed to APSR but that we did not see that this precluded a separate arrangement with ERS.

This issue is enlivened with the open publication of the 2013–2018 ERS strategic plan in the European Respiratory Journal. Clearly it is in the interests of TSANZ and its members to examine carefully any proposition, to consider merits and detriments and from there to make a judgment about whether an arrangement is appropriate. The Board has never considered this as a choice between ERS and APSR. APSR has a mission in the region that it is striving to fulfil. If one or a series of National Society arrangements with ERS results in the failure of APSR, it is difficult to foresee another organisation rising to replace it. This would be regrettable.

**The Structure of TSANZ and Member Involvement**

TSANZ is governed by its Board. As an organisation it is unusual in that much of the output is highly conditional on the Board Members own activity – noting of course that this is not achieved without a very high level of commitment from all the members of Sub-Committees and the highly active Branch Executives and the Special Interest Groups including the Convenors. Whilst the Board Members are recognisable, it is important now and in the future to recognise equally the efforts of all the Sub-Committees and SIG Convenors.

Broadening the base of involved members in Society tasks is highly desirable but I sense a real fear that a commitment might be onerous or time-consuming. It will be a challenge for the new Board established after the AGM in 2015 to present to the whole membership a range of possible contributions - limited in intensity and perhaps also time-limited so that members can contribute and experience the rewards associated. If the perceived or real ‘minimum-activity threshold’ is too high, TSANZ loses considerably.

As I wrote to the membership in December, it is important that the Board always represent the diversity of the membership and, as much as possible, of the wider society that we seek to serve. This should then filter across to standing Sub-Committees and to SIGs.

**Education & Credentialing**

There has been interest from overseas in access to, the use and adoption of the TSANZ Respiratory Function Laboratory Accreditation program. These discussions continue.

In 2013, TSANZ undertook to review the education and credentialing programs of AAREA with a view to continuing them in an acceptable and sustainable way. Review of these continues. Reflecting its educational history and commitment, the Board has taken the first steps towards seeking recognition of TSANZ as a Registered Training Organisation in Australia. In the generation and delivery of content, the NZ Branch will lead the way in areas where it is well advanced.

**RACP**

Because of the difficult process of governance reform within RACP, there was no or slow progress on key aspects of our relationship. Direct approaches and discussions have been held with the President and CEO in relation to an appropriate and evolving relationship. The proposed arrangements for governance of Advanced Training have not been finalised as we await a revised document from RACP that appropriately recognises the roles of TSANZ and the Australasian Sleep Association as was agreed by the Presidents of RACP, TSANZ and ASA when the current STC was formed. Further in relation to Advanced Training in Respiratory and Sleep Medicine, TSANZ and ASA together have resisted any push to make the combined qualification achievable only after a four year training program. This is unnecessary, the additional training positions are not funded and are unlikely to be funded in any reasonably foreseeable period. TSANZ has been active in the Adult and Pediatric Divisions and in initiatives that have arisen there.

**Lung Health Alliance**

This has not been highly active through 2014 although meetings continue at CEO and Presidential level. Joint activity has been very fruitful but largely as bilateral arrangements in a range of areas. It remains desirable that there be a well-motivated coalescence of some LHA members. This would be efficient and a sensible common purpose would then be more easily achieved. It addresses the challenges facing Board members, of those charities that are companies limited by guarantee, to decide and act exclusively in the interest of that company whilst in that role.

**Chief Executive Officer**

Rita Perkins will be leaving TSANZ before the ASM. Rita has served the Society since August 2010 with distinction through and beyond the transition from TSANZ Inc to the current incorporated body. The growth and stabilisation of the Society has been achieved on her watch. It is not an easy role. I thank her for the support she has provided me before and during my Presidency and wish her well in future endeavours. In early March, Ms Tanya Buchanan will commence as CEO. In this role, I am confident that Tanya will facilitate the growth of the Society from the very stable base that Rita has afforded it.

**The Board**

I should pay tribute at this time to A/Prof Tara Mackenzie who stepped down from the Board late in 2014 and to A/Prof Hiran Selvadurai, Prof Peter Wark, Dr Aeneas Yeo and Prof Gary Anderson whose terms will be completed at the AGM. Dr Chien-Li Holmes-Liew completes 5 years on the Board and to A/Prof Hiran Selvadurai, Prof Peter Wark, Dr Aeneas Yeo and Prof Gary Anderson whose terms will be completed at the AGM. Dr Chien-Li Holmes-Liew completes 5 years on the Board in different roles as well. This group has contributed greatly, through effort and skill, to the continued evolution of TSANZ. Prof Peter Gibson has been a constant support and wise counsel this year in the role of President-Elect. The Society is in good hands going forward.

Prof Matthew Peters
Director/President
Prof Matthew Peters
President/Chair, Chair – Strategy and Management Sub-Committee
Prof Peters is head of Respiratory Medicine at Concord Hospital. After completing Advanced Training and being awarded the TSANZ Young Investigator Award, he was the inaugural recipient of the Allen and Hanbury’s Travelling Fellowship and spent three years at the (then) National Heart and Lung Institute in London with Prof Peter Barnes. He has previously been President of the TSANZ NSW Branch and Honorary Secretary of TSANZ. He has a particular interest in advocacy for improved public health, and has made notable contributions in the area of Tobacco Control. His other interest is the better care of patients with lung cancer. He is Chair of the Global Lung Cancer Coalition and was instrumental in the creation of Lung Cancer Network Australia, an important component of the patient support activities of Lung Foundation Australia.

Prof Peter Gibson
President Elect
Prof Gibson is a NHMRC Practitioner Research Fellow, Senior Staff Specialist in the Department of Respiratory and Sleep Medicine at the John Hunter Hospital, and Conjoint Professor of Medicine in the Faculty of Health at the University of Newcastle. His current research areas include mechanisms and treatment in Asthma, Cough, COPD, and the use of Biomarkers in airway diseases. He has participated in several national and international guideline panels.

Prof Bruce Thompson
Secretary
Prof Thompson is Head of the Physiology Service in the Department of Allergy, Immunology and Respiratory Medicine, Alfred Hospital and Central Clinical School Monash University. A graduate of Physiology and Electronics, he completed a PhD examining the effects of ventilation heterogeneity on gas transfer factor. He is the head of one of the largest pulmonary function laboratories in Australia and combines a very active research program. His research interest centres on structure and function of the small airways in a range of respiratory conditions. He is a member of the Global Lung Initiative TLCO taskforce and is on the international committee rewriting the TLCO guidelines. His contribution to respiratory research and laboratory measurement was recognised in 2011 when he was awarded the ANZSRS Research Medal (Fellowship).

Dr Aeneas Yeo
Treasurer, Chair – Finance, Risk & Audit Sub-Committee
Dr Yeo graduated from the University of NSW. He undertook Thoracic and Sleep Medicine training at the Royal Adelaide Hospital and completed a Clinical and Research Fellowship at the Adelaide Institute for Sleep Health with a focus on upper airway physiology. Dr Yeo has lead roles in the implementation of an integrated specialist multidisciplinary COPD programme in the Central Adelaide Local Area Health Network, and redesigning and streamlining delivery of sleep disorders services at the Royal Adelaide Hospital. He is a Clinical Senior Lecturer with the University of Adelaide.

A/Prof Anne Holland
Director
A/Prof Holland is Clinical Chair in Physiotherapy at Alfred Health, Melbourne, a joint appointment with La Trobe University and Senior Clinician Physiotherapist for the Alfred Hospital pulmonary rehabilitation program in Melbourne. Anne leads a research program that investigates new models of pulmonary rehabilitation to improve access and uptake, use of novel technologies and expansion of rehabilitation to new patient groups. She has published over 120 peer reviewed journal articles. Her publications have been cited more than 1400 times, including in international treatment guidelines for pulmonary rehabilitation and chronic lung disease. She has a strong interest in translation of research findings into practice and has chaired a number of national and international clinical guideline committees.

Dr Chien-Li Holmes-Liew
Branch President Director
Dr Holmes-Liew graduated from the University of Adelaide in 2000, was awarded the Dean’s Medal and was the Chief Medical Resident at the Royal Adelaide Hospital, where she completed advanced training in Respiratory and Sleep Medicine. She undertook fellowships with the Multi-Organ Transplantation Unit in Canada, and the Heart-Lung Transplant Unit at St Vincent’s Hospital, Sydney and completed a Master of Clinical Science degree by research in management of pulmonary complications of haematological diseases. She is a Staff Specialist in Respiratory, Sleep and Lung Transplantation Medicine, Head of Thoracic Medicine Training and Education at the Royal Adelaide Hospital, and a Senior Lecturer at the University of Adelaide. She has previously served on the TSANZ Board as the AT Representative, and member of CCRS. Dr Holmes-Liew is the Immediate Past President of the TSANZ SA/NT Branch and was Chair of the LOC for ASM 2014.

A/Prof David Langton
Director, Deputy Chair – Finance, Risk & Audit Sub-Committee
A/Prof Langton is the Director of Thoracic and Sleep Medicine at Peninsula Health Victoria. His former roles have included the
Medical Director of the Southern Metropolitan Integrated Cancer Service, the Director of Medicine and the Founding Director of Intensive Care Medicine at Peninsula Health. He is a Past President of the TSANZ (Victorian Branch) and a National Examiner for the College of Physicians. He is the director of a number of small businesses and has extensive past experience in quality assurance, management and teaching.

Prof Gary Anderson
Director, Chair – Research Sub-Committee
Prof Anderson PhD FThorSoc, is a leading medical researcher from the University of Melbourne where he is Director of the Lung Health Research Centre. He works on COPD (emphysema), very severe asthma and lung cancer, as well as investigating how these conditions can cause chest infections, bone loss, muscle wasting and heart disease. He is widely published having written around 170 highly cited papers and has contributed to the discovery of a number of medicines. He previously served on the NHMRC Research Committee and is a past recipient of the TSANZ Research Medal.

A/Prof Hiran Selvadurai
Director, Chair – Professional Standards Sub-Committee
A/Prof Selvadurai is a paediatric respiratory physician and the Head of Department at the Children’s Hospital, Westmead. He graduated from the University of Sydney and undertook his paediatric training at the Royal Alexandra Hospital for Children, Camperdown. He completed his PhD (University of Sydney) on “The role of exercise and exercise testing in the management of children with cystic fibrosis”. A/Prof Selvadurai worked for four years as a clinician/scientist at the Hospital for Sick Children, Toronto, Canada before returning to Sydney. He became Chair of the TSANZ Professional Standards Sub-Committee (PSS) in April 2011.

Dr Jane Bourke
Director, Chair – TSANZSRS Conference Sub-Committee
Dr Bourke is a Senior Lecturer at Monash University, where she heads the Respiratory Pharmacology Group. Her main research interests are in the regulation of synthetic and contractile functions of airway smooth muscle. She is a current TSANZ Board member and has been Chair of the TSANZSRS Conference Committee (2012). Dr Bourke’s prior TSANZ service as Chair of the Education and Research Sub-Committee (2008-10) included convening Respiratory Research Courses at Annual Scientific Meetings and the TSANZ Symposium at the Australian Health and Medical Research Congress.

Dr Mark O’Carroll
NZ Branch Inc. President
Dr O’Carroll is a Respiratory Physician at Auckland District Health Board. He is the Clinical Director of Respiratory Services at Auckland City Hospital and has been the President of the NZ Branch of TSANZ since August 2011. He has previously been the Director of Physician Education at Auckland City Hospital and chair of the NZ Specialist Advisory Committee for Respiratory and Sleep Medicine. Mark is a member of the Cystic Fibrosis Advisory panel of PHARMAC and was appointed to the NZ National Health Committee in 2011.

Prof Peter Wark
Director, Chair – Clinical Care & Resources Sub-Committee
Prof Wark has been a member of the TSANZ Board and chairman of the CCRS since 2011. He is a senior staff specialist in Respiratory and Sleep Medicine at John Hunter Hospital, Newcastle and a conjoint Professor with the University of Newcastle. His research interests are in the area of infection and the impact this has on inflammatory airways disease, with a particular interest in viral respiratory infections. He is the centre director for the John Hunter Adult Cystic Fibrosis clinic that manages 75 adult CF patients in the context of a multidisciplinary team. He is area director for the oxygen and related products scheme and lead physician for the advanced respiratory failure clinic. He is also chairperson for the Hunter New England Local Hospital network respiratory stream, responsible for the provision of respiratory services throughout the Hunter New England area.

A/Prof Tara Mackenzie
Director, Chair – Education and Training Sub-Committee
A/Prof Mackenzie is a respiratory physician in Wagga Wagga, NSW. She has an interest in medical education, having completed a Masters in Medical Education in 2007. She has been involved in medical education for many years. Her previous roles have included the inaugural Network Director of Physician Training at Royal Prince Alfred Hospital and she is currently chair of the RACP Specialty Training Committee. She was President of TSANZ NSW Branch until early 2014, and the TSANZ Honorary Secretary. She is a Conjoint Associate Professor with the University of NSW, and an Adjunct Associate Professor with Notre Dame University. Tara stepped down from the Board in October 2014 and is thanked for her dedication to developing education and training opportunities for TSANZ members.
Chief Executive Officer’s Report

This is my last report for the Thoracic Society. I will keep this short as the President’s report and the other reports in this document describe the great work that the Society continues to do through its committed members, Branch executive and the Board. For the first time the Society is also using more numbers rather than words in this report to describe achievements and success.

2014 saw new staff start in the office with Marissa Tintowo and Shen Kasayan commencing in June/July. They have a terrific ‘go to’ attitude and I can’t thank them enough for their hard work and commitment. We can’t forget the excellent work that Amanda Jane Wilson and Vishwa Nadan did while they worked for the Society. They have left their positive contributions which are still referred to and used.

The year also saw the office changing data bases which was a massive project. The new system now supports on-line registrations for events and many more efficiencies which makes the staff work load more manageable.

We also supported the introduction of the new Mentor Program and several new awards.

I anticipate the new CEO will take the organisation to the next level and support the Board achieve its new direction. I only foresee great things for the Society. Your work in the laboratories, hospital wards, universities and in the communities contributes to the advancement of good lung health across Australia and New Zealand.

You all are leaders in lung health. It has been a pleasure working for you.

Rita Perkons
Chief Executive Officer

MEMBERS BY GENDER

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<tr>
<th></th>
<th>2014</th>
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<tr>
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SPONSORSHIP PER BRANCH

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NEW ONLINE DATA BASE

PROJECT COMPLETED AND FUNCTIONAL

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MEMBERS BY BRANCH

MEMBERS BY AGE

MEMBERS BY SPECIAL INTEREST GROUP*

MEMBERS BY PROFESSION*

*SOME MEMBERS DO NOT INDICATE THEIR PROFESSION WHICH EXPLAINS THE LOWER NUMBERS IN THE DATA, WHILE ALL MEMBERS REGARDLESS OF PROFESSION CAN CHOOSE EITHER AS A VOTING MEMBER, NON-VOTING MEMBER AND NON-MEMBER IN ANY OF THE SIGS.
Sub-Committees of the Board

Strategy and Management Sub-Committee (SMS)

Members
Matthew Peters (Chair), Peter Gibson, Aeneas Yeo, David Langton, Bruce Thompson

During 2014, major tasks for the direct supervision of SMS included migration to the new database, ThankQ, the positioning of TSANZ as provider of educational training and recognition within our sphere of interest, matters relating to RACP including the appropriate and ongoing recognition of the role of TSANZ, with the Australasian Sleep Association, in Advanced Training programs with RACP. After the resignation of Rita Perkins as CEO, SMS oversaw the selection of a recruitment agency and the interview and selection process. The SMS committee acknowledges the assistance provided by Ms Stephanie Blower from ASA in this process that we believe has resulted in an outstanding appointment in Ms Tanya Buchanan.

TSANZSRS Conference Sub-Committee

TSANZSRS Conference Committee
2014 Chair: Jane Bourke

Local Organising Committee (LOC) for the Annual Scientific Meeting (ASM)
2014 ASM Chair: Chien-Li Holmes Liew
2015 ASM Chair: Michael Putt

A major initiative leading up to 2014 Annual Scientific Meeting was the formation of a new joint Conference Committee between TSANZ and the Australian & New Zealand Society of Respiratory Science (ANZSRS), comprising representatives from the separate TSANZ and ANZSRS Local Organising Committees. This new committee was chaired by Jane Bourke, who previously chaired the TSANZ Central Programming Committee, a Sub-Committee of the TSANZ Board. This new Committee worked effectively together to increase the level of interaction between the Societies in terms of themes, content and shared speakers, reflected in the renaming of the meeting as the TSANZSRS ASM.

2014 was also the first year the meeting was run with the support of the newly appointed conference organisers, The Conference Company (TCC). They provided the TSANZSRS Conference Committee and the TSANZ LOC with assistance before, during and after the ASM. This included attracting sponsors, managing abstract submission/review and registrations, coordinating the attendance and contributions of international and invited speakers, facilitating programming of Special Interest Group (SIG) content, providing on-site support for delegates, and conducting post-meeting evaluation. The enthusiasm and professionalism of the TCC team, led by Stephen Noble, were a significant factor in the success of the 2014 ASM.

The ASM was held over five days between Saturday 5 April and Wednesday 9 April 2014 at the Adelaide Convention Centre. The conference attendance of 931 delegates was the highest for many years, comprising 796 paying delegates (including 614 full registrations), plus sponsors and exhibitors. There were 348 abstracts accepted for presentation, which was significantly higher than the previous two ASM (2013 – 299, 2012 – 305), and the highest since 2005.

The meeting was broadly themed around “Rare Lung Diseases”, and commenced with two concurrent symposia on Lung Cancer (in collaboration with the Lung Foundation) and Pulmonary Hypertension (in collaboration with the Pulmonary Hypertension Society). It also incorporated three plenary sessions, a combined session with ANZSRS, concurrent SIG oral and poster sessions, and three sponsored symposia. An Advanced Trainees course was held, as well as a Breakfast for Students/Early Career Researchers, attended by recipients of TSANZ and ANZSRS travel grants and applicants for ECR awards. This session offered peer networking as well as guidance on obtaining maximal benefit from ASM attendance. Chaired one-hour sessions were held immediately following...
poster viewing to provide opportunities for integrated discussion of posters. The Young Investigator Award (YIA) and LFA/TSANZ awards sessions were particular highlights of the meeting. New initiatives for 2014 included a public lecture on Respiratory and Sleep Clinical Trials, and numerous concurrent SIG symposia featuring clinical, multidisciplinary and basic scientific content of broad appeal to attendees.

The invited speakers contributed greatly to the quality of the meeting. International speakers including Professors Jim Hogg, Bruce Trapnell, Kathleen Lindell (sponsored by Maurice Blackburn) and Jeffery Curtis (ANZSRS keynote speaker). An inspirational Wunderly Oration was presented by Professor Judy Black and almost 70 additional Australasian invited speakers participated in the major plenary sessions, SIG Oral Sessions, Advanced Trainees Course or as breakfast presenters.

Highlights of the social program included a well-attended healthy activity morning (organised by the Lung Foundation Australia) that featured a cycling event and a guided walk around the Botanic Garden in addition to the usual fun run. The sporting theme continued into the conference dinner with many attendees wearing their favourite team colours – a variety of interactive stations provided opportunities to demonstrate skills and coordination at golf and basketball activities as well on the dance floor!

The contribution of the TSANZ LOC, in particular Chien-Li Holmes Liew in her role as the LOC Chair, to the success of the 2014 ASM cannot be overstated. This was certainly an outstanding meeting, both in terms of scientific quality and social interaction. Positive feedback from delegates through the meeting evaluation suggests that the Adelaide LOC have set an extremely high benchmark for future ASMs.

For 2015, the ASM will be held on the Gold Coast. The exciting program has a general theme of “The Air We Breathe – Environmental and Occupational Impacts on Lung Health” and will open with concurrent symposia related to both this theme and to Interventional Pulmonology/Pleural Disease. There will be the usual three plenary sessions, one in conjunction with the ANZSRS, and the LFA Healthy Activity, YIA and LFA/TSANZ awards sessions. The Wunderly Orator for 2015 will be Professor Andrew Bush, who holds many roles including Professor of Paediatrics (Imperial College London), Professor of Paediatric Respiratory (NHLI) and current Editor of Thorax.

In looking forward to this year’s TSANZSRS ASM, I would like to thank TCC, all members of the 2014 and 2015 Local Organising Committees and SIG Convenors for their significant contributions to these meetings. In addition, I thank the TSANZ central office staff (CEO Rita Perkons, Marissa Tintowo and Shen Kasayan) and the Board led by Matthew Peters for their ongoing hard work in maintaining a vibrant Society that supports the interests of its members.

Research Sub-Committee

Members
Gary Anderson (Chair), Adrian Lowe, Brad Zhang, Christian Osadnik, Greg King (Chair – Awards Committee), Greg Hodge, Jörg Mattes, Katie Baines, Li Ping Chung, Phil Hansbro, Ross Vlahos, Vanessa McDonald, Sandra Hodge, Sinthia Bosnic-Anticevich

The purpose of the Research Sub-Committee is to advise and support the TSANZ Board on matters of basic, applied, clinical and translational medical research. This includes assistance in matters of research and policy advocacy. The Committee also advises the Board on recommended eligibility criteria for funding opportunities.

The Committee is composed of members from across the country with a view to gender balance and expertise balance across the various domains of basic, applied, clinical and translational medical research.

One of the most important activities of the Research Sub-Committee is the adjudication of research and fellowship awards. This work follows a comprehensive process benchmarked against NHMRC procedures for project grant assessment.

In 2014 the Committee assessed 154 individual applications across 16 awards. The review process was very ably chaired by Greg King.

It is my pleasure to thank all members of the Committee for the very large amount of dedicated work they contributed to its purposes in 2014.
Sub-Committees of the Board

Professional Standards Sub-Committee (PSS)

Members
Hiran Selvadurai (Chair), Bruce Thompson, John Wheatley Brendon Yee, Andrew Ng, Margaret Wilsher, Theodora Ahilas, Liam Welsh, Mark Jurisevic

As in the previous year, the PSS has been actively involved in the award of the FThorSoc title. Several outstanding TSANZ members will be recognised for their contribution and excellence in the field of thoracic medicine by the conferring of the FThorSoc title. This award recognises excellence over a sustained period and is available to all TSANZ members.

We have continued to refine and streamline the pulmonary function laboratory accreditation process. A testament to the progress we have made over the years in this area is that regional centres in Asia and South America have approached us to adopt our accreditation format and process. The laboratory accreditation committee is going to be very busy over the next two years with approximately 28 laboratories requiring re-accreditation. The new database that has been created provides information about the accreditation status of laboratories as well as members who are prepared to help with the accreditation process by serving on panels. Finally, we expect that in the very near future, the accreditation application will be completed online using a system similar to manuscript submission.

Recognising the challenges of paediatric respiratory trainees in Australia being unfunded, we actively sought support and the inaugural TSANZ Vertex Cystic Fibrosis paediatric scholarship was awarded this year. We hope that this scholarship will continue to be supported in ensuing years.

My terms as Chair of PSS have come to an end and I am delighted that Bruce Thompson has agreed to take this role on. I am also delighted that John Wheatley has accepted the role of Chair of the Laboratory Accreditation Committee. Margaret Wilsher and Brendon Yee’s terms on the PSS have also come to an end and the PSS recognises the enormous amount of work they have contributed over a very long time to the group and TSANZ. PSS has welcomed Mark Jurisevic, Liam Welsh and Theodora Ahilas to the group. Theodora, a high profile solicitor and TSANZ member will bring a unique perspective to group.

The PSS and the LAC also wish to thank the numerous members who have participated in the laboratory accreditation process by serving on accreditation panels. It is a significant time commitment but without their willing contribution, the laboratory accreditation process cannot be administered. Finally, PSS is grateful to Rita Perkons and Marissa Tintowo for their tireless support to the PSS.

Finance, Risk and Audit Sub-Committee (FRASC)

Members
Aeneas Yeo (Chair), David Langton (Deputy Chair), Matthew Peters, Peter Gibson

The FRASC’s main function is to provide strategic advice to the TSANZ Board on key financial and risk management issues. The FRASC has had a particularly busy agenda in 2014.

A major achievement in 2014 has been the completion of a new membership database which caters to the expanding membership and members’ activities as well as management of sponsorships for grant applications. Additionally, the FRASC is updating the Finance Manual to comply with current fiscal laws and regulations.
Clinical Care and Resources Sub-Committee (CCRS)

Members
Peter Wark (Chair), Simone Barry, Yvonne Belessis, Anne Holland, Amanda Piper, Bronwen Rhodes, Christine McDonald

The CCRS has had another busy year with applications for review of guidelines and position papers from government and interested Societies. Our terms of reference were revised and processes are now firmly in place to standardise the review process and the presentation of TSANZ guidelines.

The TSANZ published and updated a number of important guidelines. These included the “Long Term Oxygen Guidelines”, “Cystic Fibrosis Nursing Standards of Care” “Bronchiectasis Guidelines” all now available on the TSANZ website with abridged versions published. In addition the National Asthma Council launched its revised online Asthma Management Handbook, which was reviewed and endorsed by TSANZ. We also had the opportunity to review and endorse the Lung Foundation Australia (LFA) update on the COPDX guidelines and the COPDX concise guidelines for general practice.

A number of other guidelines are in development for 2015. These include the acute oxygen guidelines paper. Finally in association with the Australian Sleep Association, guidelines on the use of non-invasive ventilation are also being developed.

The TSANZ website is being updated and improved and these changes will include a more accessible portal for guidelines.

At the conclusion of this year’s annual scientific meeting my period on the TSANZ Board will come to an end and I will pass the chair of this sub-committee onto another member of the Board. It has been a great pleasure to provide this service to the members of the Society and I remain grateful for the hard work of my fellow committee members in providing their expertise and time to ensure this important work is carried out with such a high level of professionalism.

Education and Training Sub-Committee (ETS)

Members
Tara Mackenzie (Chair), Ben Kwan, Belinda Miller, Claire Ellender, David Fielding, Diana Hart, Hubertus Jersmann, Jeremy Wrobel, Nick Wilsmore, Subash Srikanta, Sadasivam Suresh, Zinta Harrington

2014 was again a busy year for the Education and Training Sub-Committee, and the year again started with the Advanced Training Education Days at the ASM in Adelaide. Importantly, the mentor program was launched at the Adelaide ASM, and is hopefully the start of a long-term project for this committee. Other initiatives such as work on a respiratory medicine logbook for advanced trainees and indeed fellows are also ongoing as one of the next major pieces of work.

After nearly eight years on the TSANZ Executive and then the TSANZ Board, I stepped down from the Board and hence my role as Chair of the Education and Training Sub-Committee stopped in October 2014. I wish the committee all the best in the future, and I have no doubt that the exciting work carried out in the last 3 years is only the beginning of further education and training events for all the Society’s members.

I would like to thank Christine Jenkins, Phil Thompson, Paul Reynolds and Matthew Peters for all their help and support over the past years. It has been an honour to serve the TSANZ over the past 8 years, and I wish the current Board all the best for the future.
THE THORACIC SOCIETY OF AUSTRALIA & NEW ZEALAND
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TSANZ Awards - Recipients & their Research

Asthma Australia Travel Awards (New in 2014)

There are three travel awards within this category all generously supported by Asthma Australia. Each recipient receives AUD$5,000 and supports the mid-career respiratory professional to travel nationally or internationally to further develop specific aspects of training (e.g. to undertake a research project) and/or to make a presentation at a major scientific meeting relevant to Asthma.

Lisa Wood
Research Title: “Dietary inflammatory index is related to asthma risk, lung function and systemic inflammation in asthma”

The Asthma Australia Travel Award supported my travel to the American Thoracic Society conference, held in San Diego USA in May 2014. At this meeting, I was invited to chair a mini-symposium titled ‘Diet, obesity and lung disease’ and give the concluding talk on ‘Is it time to recommend weight loss in asthma?’

I also presented the submitted abstract ‘Wood LG, Shivappa N, Berthon BS, Gibson PG, Hebert JR. Asthma risk, lung function and systemic inflammation are associated with dietary inflammatory index in asthma.’ This paper demonstrates that the usual diet consumed by asthmatics was pro-inflammatory relative to the diet consumed by healthy controls, as assessed using the Dietary Inflammatory Index (DII) score; a score that estimates the potential of foods to increase systemic inflammation. Indeed, the DII score was associated with increased systemic inflammation and lower lung function. Hence, consumption of pro-inflammatory foods may contribute to worse asthma status. This highlights the potential for targeting an improvement in DII in asthmatics as a strategy for improving clinical outcomes.

This study is an extension of my research to date, which has focussed on exploring the role of nutrition in asthma. This work is both of immense interest to the community. The community has a strong interest in dietary approaches to managing asthma (eosinophilic and NEA) with poorly controlled severe asthma (eosinophilic and NEA) being a strategy for improving airway smooth muscle function and systemic inflammation are associated with dietary inflammatory index in asthma. NK and NKT-like cells are effector lymphocytes that are relatively resistant to steroids and major sources of pro-inflammatory/cytotoxic mediators. We hypothesized that these cells and mediators would be increased in the peripheral blood in NEA. We recruited adults with poorly controlled severe asthma (eosinophilic and NEA) and healthy controls. We found altered expression of cytotoxic/immunoregulatory mediators in NEA and healthy controls. The community has a strong interest in dietary approaches to managing asthma. (Wood et al. J Allergy Clin Immunol 127: 1133-40 (2011)). I have also recently published a large RCT using antioxidant manipulation, which demonstrates the ability for a high fruit and vegetable diet to reduce the risk of asthma exacerbations.”

Brian Oliver
Research Title: “Travel to France to learn the technique of isolating airway smooth muscle cells from young children (<1 year old)”

With the help of the Asthma Australia Travel Award I have been able to successfully establish an ongoing collaboration with Prof. Marthan’s group in the University of Bordeaux, France. Together we are now investigating how virally infected epithelium alters the phenotype of smooth muscle cells through interactions with specialised immune cells known as dendritic cells. Our preliminary findings indicate that dendritic cells are activated in response to rhinovirus infection of the epithelium.

Our work is ongoing and we are fortunate to have received a President’s Scholarship from the University of Technology Sydney (150k) to allow a cotutelle PhD student, Ms Amandine Laur, to work jointly between the two labs over the next 3 years. We also have applied to the agence-nationale-recherche (the French equivalent of the NHMRC) for project funding. The ultimate aim of our research is to understand if rhinovirus infection can alter the amount and/or function of the airway smooth muscle in asthma.

Sandra Hodge
Research Title: “Reduced macrophage phagocytic host response to NTHi in children with bronchiectasis”

This work was performed in collaboration with the AMAZES Study Research Group. Non-Eosinophilic Asthma (NEA) is a distinct, often corticosteroid-resistant inflammatory subtype of asthma. NK and NKT-like cells are effector lymphocytes that we have shown, like CD28null T-cells, to be relatively resistant to steroids and major sources of pro-inflammatory/cytotoxic mediators. We hypothesized that these cells and mediators would be increased in the peripheral blood in NEA. We recruited adults with poorly controlled severe asthma (eosinophilic and NEA) and healthy controls. We found altered expression of cytotoxic/immunoregulatory mediators in NEA and healthy controls. The community has a strong interest in dietary approaches to managing asthma. (Wood et al. J Allergy Clin Immunol 127: 1133-40 (2011)). I have also recently published a large RCT using antioxidant manipulation, which demonstrates the ability for a high fruit and vegetable diet to reduce the risk of asthma exacerbations.”

The ultimate aim of our research is to understand if rhinovirus infection can alter the amount and/or function of the airway smooth muscle in asthma.
pro-inflammatory mediators on a variety of lymphocyte subsets in the peripheral blood of asthmatics; these changes are most apparent in NEA. Whether this pattern of expression is a marker of treatment responsiveness and future risk of exacerbations remains to be determined.

This project is complete and a manuscript is in preparation.

**Maurice Blackburn Grant-In-Aid For Research on Asbestos Related Diseases**

This award aims to foster the development of research in the area of occupational and environmental lung disease, with preference being given to studies on asbestos-related diseases. The Grant-In-Aid fellowship is to the value of AUD$20,000 for one year.

**Casey Wright**

Research Title: “Mutation profiling study of common cancer genes in malignant pleural mesothelioma”

The TSANZ Maurice Blackburn Grant-In-Aid has allowed us to extend a previous pilot study funded by Sydney Catalyst, to investigate mutations in common cancer genes. By allowing interrogation of Malignant Pleural Mesothelioma (MPM) cell lines in combination with the tumour samples, we have been able to obtain some insights into somatic changes occurring in MPM. Bioinformatics analysis of next-generation sequencing data generated from these samples has now resulted in lists of variants identified for each sample assayed. We are currently annotating this data with information regarding predicted effects on protein, conservation, presence in dbSNP and potential clinical pathogenicity using various annotation algorithms, to prioritise candidates for further investigation. This has resulted in a subset of genes that are commonly altered in MPM tumours and cell lines. In the tumours, we have observed known changes in MPM including BAP1 mutations. We also had available to us previously generated RNA-seq data from a subset of cell line samples, and have integrated this information with the mutation data. Assessment of this data is still ongoing. We are currently preparing manuscripts detailing the alterations observed in this cohort and hope to publish this in the near future. We hope that this work will help to drive larger cohort studies investigating the prevalence of these mutations in MPM tumours. This will help to inform further functional studies investigating the effects of these mutations on MPM biology, and assist in the development of personalised treatment strategies for patients.

**Acknowledgements:**
Sydney Catalyst, TSANZ, Ramaciotti Centre for Gene Function Analysis, Biagio Signorelli Foundation.

**National Asthma Council Australia Asthma and Airways Career Development Fellowship (New In 2014)**

This fellowship aims to facilitate the establishment of mid-career investigators as independent, self-directed researchers and to foster the development of high-quality research in respiratory medicine in Australia and New Zealand. The fellowship is to the value of AUD$60,000 for one year. The National Asthma Council Australia is co-contributor of this fellowship which was established to acknowledge the work of the Asthma and Airways CRC in respiratory research.

**Katie Baines**

Research Title: “Identifying biomarkers that predict severe asthma exacerbations during pregnancy”

Asthma is common among women during pregnancy, affecting 12% of pregnant women, or 36,000 pregnancies in Australia. Asthma is a serious medical condition during pregnancy, and asthma attacks during pregnancy have negative health effects for both the mother and the baby. More than 40% of pregnant women with asthma have 1 or more asthma attacks throughout their pregnancy. It is hard to predict who will be at risk for asthma attacks during pregnancy. This project is investigating blood gene activity to discover a biomarker blood test that will identify women early in their pregnancy that are at risk of asthma attack. With this identification, preventative strategies including active asthma management could be put in place to lesson the risks for mothers and their babies.

We are currently analysing the laboratory results of blood samples from 96 women, that were collected early in their pregnancy (16-20 weeks). This includes 68 women with asthma and 28 women without asthma. Of the 68 women with asthma, 25 had at least one severe asthma attack during their pregnancy. It is hard to predict who will be at risk for asthma attacks during pregnancy. This project is investigating blood gene activity to discover a biomarker blood test that will identify women early in their pregnancy that are at risk of asthma attack. With this identification, preventative strategies including active asthma management could be put in place to lesson the risks for mothers and their babies.

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TSANZ Awards – Recipients & their Research

Ann Woolcock Young Investigator Award
This is a travelling fellowship of AUD$1,500 plus expenses to support the recipient to attend and present their original high-quality research to the Annual Congress of the Asia Pacific Society of Respiratory Medicine (APSR). This award furthers one of the late Professor Ann Woolcock’s goals of fostering research ties between the TSANZ and the APSR.

Luke Garratt
Research Title: “Alpha 1-antitrypsin mitigates neutrophil elastase inhibition of airway epithelial wound repair in children with cystic fibrosis”

After a busy 2014, where I received the Ann Woolcock Young Investigator Award, presented at my first international respiratory conference and also finalised my laboratory work, I am now finally submitting my PhD thesis. My project investigated how neutrophil elastase (NE) activity seen in early life cystic fibrosis (CF), affects the homeostasis and repair of lung tissue, particularly the airway epithelium. To model this in the laboratory, airway epithelial cells were sampled from young children with and without CF and then their functional and reparative capacities in the presence of NE activity were assessed. Paediatric airway cells from children with CF were found to be very sensitive to NE, which generated an inflammatory response and prevented resolution of repair mechanisms. However, subsequent results from a model of antiprotease treatment suggested that inhibiting this NE activity could restore tissue repair. In addition, I also investigated a separate family of proteases which are highly involved in tissue repair, called matrix metalloproteinases (MMPs). I found that MMP expression and activation in bronchoalveolar lavage from children with CF is altered when NE activity is present in the airway. Furthermore, altered MMP expression was associated with the degree of damage on lung imaging, whilst in the laboratory, repairing paediatric airway cells also demonstrated changes in MMPs when NE was present.

Overall, these novel findings further indicate that even at the low levels detected in early life, NE is likely to contribute to a defective repair process in CF airways that would drive the development of bronchiectasis and other abnormalities. The hope now is to explore treatment options that counter these effects of NE, for example supplementing airway levels of NE inhibitors like alpha-1 antitrypsin, which to date has only been assessed in adults with more progressive CF disease. In addition, I aim to characterise expression of a wider range of proteases to better understand their role in CF airway pathology. I would like to thank the University of Western Australia, Cystic Fibrosis Western Australia, Telethon Kids Institute, NHMRC and AREST CF for funding and making this study possible, as well as my supervisors A/Prof Anthony Kicic, Prof Stephen Stick and Dr Erika Sutanto.

Peter Phelan Travel Fellowship (Paediatric)
The grant to the value of AUD$7,500 supports travel nationally or internationally to further develop specific aspects of training (e.g. to undertake a research fellowship, to learn a specific technical skill for a research project) and/or to make a presentation at a major scientific meeting relevant to respiratory medicine.

Malcolm Starkey
Research Title: “Immunological mechanisms of early life respiratory infection-induced chronic lung diseases”

My research focuses on understanding how early life respiratory infections predispose to chronic lung diseases (e.g. asthma, emphysema) in later-life. We use mouse models of infection, asthma and emphysema to dissect out the basic molecular and cellular mechanisms involved. We have identified some pivotal molecules involved (e.g. IL-13 [Starkey et al., Mucosal Immunol 2013] and TRAIL [Starkey et al., Mucosal Immunol 2014, Hansbro, Starkey Ann Am Thorac Soc 2014]) and have now begun to show that these and several other molecules are linked and form a novel network that predisposes to deleterious consequences of infection. We are now identifying the critical control points in this network and targeting these as potential new therapies for respiratory infections, asthma and emphysema. This research is ongoing and is the subject of my current NHMRC early career fellowship. This work was recently recognised by the Klosterfrau Foundation and awarded the “Klosterfrau Research Grant 2015”. This is an international award/grant that recognises outstanding research in the field of paediatric pulmonology.
Vertex Cystic Fibrosis Research Awards (New in 2014)

This award was established to foster ongoing original Cystic Fibrosis research and its communication internationally. The winners of the awards (2) receive an award up to the value of AUD$7500 each to support their economy class travel, registration and accommodation to present their research at the European Cystic Fibrosis Society Annual Meeting (1 person) or the North American Cystic Fibrosis Conference (1 person).

Kathryn Ramsey
Research Title: “The lung clearance index is sensitive to detect structural lung disease on computed tomography in preschool children with cystic fibrosis”

I am a Senior Research Associate at the Telethon Kids Institute and adjunct Research Fellow at the University of Western Australia. I am also a member of the Australian Respiratory Early Surveillance Team for Cystic Fibrosis (AREST CF) where I coordinate a range of clinical projects aimed at improving outcomes in infants and young children with cystic fibrosis through earlier detection and more sensitive monitoring of early lung disease.

In 2014 I was awarded the Vertex Cystic Fibrosis Research Award. I have used these funds to attend and present data at the European Respiratory Society Conference in Germany and visit research collaborators in Switzerland. I also attended the North American Cystic Fibrosis Conference in the US where I was awarded the Junior Investigator Award for Best Abstract in Clinical Research. I also attended a research collaborator meeting at the University of North Carolina at Chapel Hill where I finalised plans to undertake two years of postdoctoral training as part of my NHMRC CJ Martin Early Career Fellowship. I will spend the next two years working at the CF Research and Treatment Centre at the University of North Carolina where I will learn new skills in the assessment of airway surface liquid properties in clinical samples from children enrolled in the AREST CF collaboration.

Narelle Cox
Research Title: “Physical activity in adults with Cystic Fibrosis: Participation and effects of intervention”

It was a great privilege to be awarded the Vertex CF Research Award at the 2014 ASM in Adelaide. This research encompassed the series of studies in my PhD thesis, with a particular focus on the long-term relationship between physical activity participation by adults with CF and clinical outcomes, as well as investigating methods for promoting physical activity in this group including the use of telemedicine applications. This award enabled me to attend the 37th European Cystic Fibrosis Congress in Gothenburg Sweden, as well as to spend time at the Children’s Health and Exercise Research Centre (CHERC) at the University of Exeter, UK.

Findings from the main study in my PhD, a longitudinal assessment of physical activity participation by adults with CF and its effect on health outcomes, were presented at both the ECFC and on my visit to CHERC. My abstract presentation, titled “Reduced physical activity participation is associated with increased need for hospitalisation in adults with cystic fibrosis”, highlighted that low levels of physical activity participation are associated with increased hospital admissions and hospital days, and lower FEV1 over 12-months follow-up. In addition, female gender and the period following hospital discharge are both associated with lower levels of physical activity participation. This is the first study to objectively measure physical activity participation, prospectively, in a purely adult cohort of people with CF. Additionally, I would like to thank my PhD supervisors Associate Professor Anne Holland and Professor Jennifer Alison for their guidance and encouragement of this work.

Janet Elder International Travel Award

Each year three recipients receive this award. Each award consists of AUD$2,500 which contributes to expenses to attend and present an abstract at an international scientific meeting of the recipient’s choice within the following year. These awards are made in memory of Dr Janet Elder, one of the pioneers of respiratory medicine in Western Australia.

Alexander Larcombe
Research Title: “Infection with live helicobacter pylori attenuates airway hyperresponsiveness in adult mice”

The Janet Elder International Travel Grant awarded to me at the 2014 TSANZ ASM in Adelaide allowed me to attend the 19th Congress of the Asian Pacific Society of Respirology (APSR) in Bali, Indonesia in November 2014. At the Congress, I was able to present the findings of two of my research projects – “Rhinovirus exacerbates house-dust-mite induced lung disease in adult mice” and “Route of exposure alters inflammation and lung function responses to diesel exhaust exposure”. Both of these studies have a number of important outcomes, and both have recently been published. Firstly, we have shown that mouse models of airways disease using the realistic allergen, house-dust-mite, may be representative of human non-eosinophilic asthma.
This is important, as a recent study in humans shows that approximately half of patients with mild-to-moderate asthma have persistently non eosinophilic disease. Secondly, we have shown that in order to mimic human exposure to air pollution, inhalation exposure models (rather than cheaper and easier instillation methods) must be used.

I’d like to sincerely thank the TSANZ for this award, as it enabled me to present my work to leading researchers in respiratory health, and obtain considered feedback on my research. Importantly, attendance at APSR 2014 allowed me to have stimulating face-to-face discussions with international colleagues, and an opportunity to develop valuable networks and potential future collaborations.

Kristin Carson
Research Title: “Barriers and enablers for the use of smoking cessation pharmacotherapy in Aboriginal and Torres Strait Islander populations: a qualitative analysis”

I was honoured to be named one of the recipients of the Janet Elder International Travel Grant in 2014, which I used to attend the American Thoracic Society meeting in May. This meeting, which was held in San Diego, was my first international conference where I presented two posters. The first study was associated with my PhD and examined interventions for tobacco abuse cessation in Indigenous populations, whilst the second evaluated asthma self-management education with either regular healthcare professional review, written action plan or both for adults. In addition to the experience of attending an international conference and hearing about the latest research underway in America, I was also able to build new collaborations with two teams of researchers to undertake a study examining tobacco cessation interventions for incarcerated smokers. These opportunities would not have been possible without the constant support and encouragement of my supervisors Professor Brian Smith, Professor Matthew Peters, Dr Antony Veale and Professor Adrian Esterman. I would also like to thank the TSANZ for giving me this experience that has helped to improve my research and build international ties.

Vanessa McDonald
The Dr Janet Elder International Travel award afforded me the opportunity to attend the European Respiratory Annual Congress held in Munich in September 2014. At this meeting I presented the results of a pilot weight loss and resistance exercise intervention in patients with COPD and obesity. There is currently no evidence to direct treatment interventions for obese COPD patients, whilst weight loss in obesity seems logical there are concerns about whether this is the best approach in COPD. This is due to reverse epidemiology or the obesity paradox where obesity is associated with improved survival. In this pilot study we intervened with a weight loss programme and resistance exercise focusing on maintenance of lean muscle. This intervention resulted in significant reduction in body mass without loss of muscle. We were also able to demonstrate significant improvements in health status, functional capacity and BODE. We now are now planning a multi-centre RCT to test the efficacy of this approach in a larger population.

Presentation of this work in an international forum enabled valuable feedback for leading researchers in this field which was important at an early stage of the publication process. The award also provided the opportunity to meet with international collaborators to further develop research plans. I would like to thank the TSANZ for this opportunity.

AstraZeneca Respiratory Research Fellowship
This award is a fellowship over two years that supports research in any respiratory disease. The recipients receive AUD$80,000 each year.

Hayley Scott
Research Title: “Understanding the beneficial role of exercise in modifying eosinophilic airway inflammation in asthma”

Since commencing the AstraZeneca Respiratory Research Fellowship in July 2014, I have relocated to the Lung and Allergy Research Centre at The University of Queensland to strengthen my research experience. I’m settling in to my new workplace nicely, and really enjoying the sunny weather and city vibe. I plan to commence an RCT in March, which will require me to recruit 60 adults with asthma. I have finalised the study protocol and ethics approval will be granted in the coming weeks. This study will compare a single session of vigorous intensity exercise versus moderate intensity exercise versus rest, to determine the impact of each of these interventions has upon inflammation in the airways and bloodstream of adults with asthma. In late 2014 we finalised a pilot exercise trial, where we examined the impact of moderate-intensity exercise on airway inflammation in those with asthma. We found that a single exercise session was able to reduce inflammation in the airways of those with asthma, but only in those who were not regularly physically active. This work will be presented at the TSANZ conference, and a manuscript has been drafted for submission. I have also begun drafting another five manuscripts,
which will be submitted for publication during the tenure of this Fellowship.

I aim to complete recruitment for the RCT by April 2016, then present the findings and submit the manuscript for publication in June 2016. We hope this study will provide us with an understanding of the ideal intensity of exercise required to produce the greatest improvement in airway inflammation in those with asthma. I would like to thank AstraZeneca and the Thoracic Society of Australia and New Zealand for providing me with this Fellowship, which has enabled this important research to progress.

**TSANZ Robert Pierce Grant-In-Aid For Indigenous Lung Health**

This Grant-In-Aid to honour the memory of the late Professor Rob Pierce, is awarded to a member of the TSANZ for a project focused on understanding and improving the lung health of Indigenous people in Australia and/or New Zealand.

The Grant-In-Aid is to the value of AUD$15,000 for one year, and the project will contribute to the delivery of better health care and/or to the professional development of the applicant in this field.

**Holly Clifford**

**Research Title:** “Geogenic dust impacts cell viability and inflammatory cytokines in human airway epithelial cells”

In 2014, I was awarded the Robert Pierce GIA for Indigenous Lung Health. My research involves investigating the unique environmental challenges faced by Aboriginal children living in the remote regions of Australia. I am particularly interested in iron-rich geogenic (or earth-derived) dust particles (Australia’s distinctive “red dust”), its effects on the lung and how it contributes to the severity of respiratory infections and the development of chronic lung disease. I have travelled to the Kimberley region in northern W.A. Preliminary dust monitoring identified inhalable dust levels that were extremely high – some average levels were 16 times the national standards. We have also investigated the in vitro effects of these dust particles in human airway cells, where it was found that cell viability was decreased and inflammatory cytokine production was increased in those cells exposed to geogenic dust particles. We are continuing this work by examining whether these particles have the capacity to exacerbate respiratory bacterial infections that are common in Aboriginal children.

Being awarded the 2014 Robert Pierce Grant enabled me to become more competitive for funding and I was able to secure large grants from the BrightSpark Foundation and the Raine Foundation, ensuring the continuity of this research beyond 2014. We hope that our findings will increase understanding of the specific effects of the unique environmental exposures in remote Aboriginal communities and that our results can be used to inform future community decisions regarding the importance of dust suppression measures – approaches that are likely to significantly improve the lung health of Aboriginal Australians.

**Slater and Gordon Mesothelioma Travel Grant**

**Sally Lansley**

**Research Title:** “Inhibition of fibroblast growth factor-9 significantly retards tumour growth in two murine models of malignant mesothelioma”

With the support of the Slater and Gordon Mesothelioma Travel Grant, I presented the data from our study of FGF-9 at the International Mesothelioma Interest Group Meeting in Cape Town.

There is an urgent need to uncover molecules which play key roles in mesothelioma growth that may be crucial therapeutic targets. We discovered a growth factor (FGF-9) that plays a major role in many aspects of mesothelioma growth. We have since found that FGF-9 appears to suppress the immune response against tumour. When FGF-9 is absent from the local environment tumours regress and an anti-tumour immune response is mounted. Knockdown of FGF-9 also significantly reduced tumour burden in several orthotropic mouse models. This work has laid a solid foundation for the development of clinical trials.

We would also like to acknowledge funding support for this project from NH&MRC and the Dust Diseases Board of NSW.
THE THORACIC SOCIETY OF  
AUSTRALIA & NEW ZEALAND  
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TSANZ Branch Achievements

NSW/ACT

President:
Jonathan Rutland

Secretary:
Alistair Abbott

Treasurer:
Brian Oliver

Executive Members:
Tara Mackenzie
(Immediate Past-President)
Jin Gun Cho
Tamera Corte
Paul Hamor
Christine Jenkins
Ben Kwan
Darrin Penola
Charles Prabhakar

No of Members: 434

The NSW Branch had a successful year during 2014. Four branch dinner meetings were held each with a presentation given by an invited guest – all were very well attended.

In May a Masters of Respiratory weekend program, co-ordinated by Paul Hamor, for advanced trainees was held in Terrigal. This was well supported by members and well received by the advanced trainees (ATs) who provided very positive feedback. It is hoped that this will become a regular event.

In 2014 a new series of evening presentations, also designed for advanced trainees, has been successfully introduced – these have been arranged by Greg King and Charles Prabhakar (AT representative on the branch executive) and will be continued next year.

A combined TSANZ and Respiratory Nurses Interest Group (RNIG) meeting was again held in November. An Education Day (aimed at Respiratory Advanced Trainees and Respiratory Nurses) was held on one day followed by the second TSANZ Research Day (with presentations from Respiratory and Sleep researchers from across NSW). This involved research presentations from our advanced trainees at which the Tracey Robinson Memorial Award was made. Feedback was very good and further meetings next year are planned.

Tara Mackenzie, together with Ben Kwan, have worked extremely hard arranging recruitment for advanced trainee positions. Tara has kindly agreed to continue this very important work in 2015 and has plans to improve the process.

At the annual general meeting in December Ben Kwan stepped down from the committee after years of diligent service – he will continue to work with Tara Mackenzie on recruitment. Stephen Cala, Erica Meggitt and Greg Katsoulotos from different parts of NSW will join the branch executive in 2015. Alistair Abbott is now our President-Elect.

I would like to thank all members of the branch executive for their efforts, diligence and good humour during the past year – in particular Alistair Abbott as secretary and Brian Oliver as treasurer. It has been a pleasure and privilege to work together with colleagues who have been willing to take on tasks, generous with their time and committed to furthering the objectives of our Society. The NSW Branch has had a very successful year thanks to their efforts and support of the Branch members.

VIC

President:
Jeremy Goldin

Treasurer and President Elect:
Eli Dabscheck

Secretary:
Naghmeh Radhakrishna

No of Members: 263

The TSANZ Victoria Branch once again had a successful year which culminated in our Annual Scientific Meeting where our guest speaker Professor David Currow discussed ‘The Management of Dyspnoea in the Palliative Setting’. Once again the Branch ASM was well attended by our members and demonstrated the high quality research and collaborative environment amongst physicians, trainees, scientists, nurses and allied health in Victoria. Our educational activities also included quarterly inter-hospital dinner meetings which were once again very well attended.

The advanced trainee selection process was challenging with a high volume of exceptional applicants. This year we undertook a 2 step selection process which included an initial meet and greet with Heads of Departments followed by formal centralised interviews. The Victorian Branch congratulates those 11 trainees who have been accepted into the Victorian Respiratory Advanced Training Program.

The Victorian Branch executive has been discussing a number of local issues. The provision of CPAP to financially disadvantaged Victorians has been on our agenda for a number of years and we will continue to work towards a fair
and equitable subsidised CPAP program. Our committee has also been working with the Statewide Equipment Program (SWEP) to improve the process of domiciliary oxygen provision to our patients. There has been wide discussion regarding preparing our advanced trainees for their future and 2015 will see the commencement of a professional development program for our advanced trainees.

I would like to thank all our executive members for their contributions in 2014 and in particular our treasurer Eli Dabscheck and our secretary Naghmeh Radhakrishna. We look forward to a productive and successful 2015.

WA

President:
Peter Noble
Treasurer/President Elect:
John McLachlan
WA Executive Branch Members 2014:
Siobhain Mulrennan
Rajesh Thomas
Adelaide Withers
Svetlana Baltic
Sally Lansley
Chris O’Dea (ANZSRS representative)
Dino Tan (President of Associates Committee)

Associates Committee Branch Members 2014:
Dino Tan
Stephen Oo
Holly Clifford
Kelly Martinovich
Christopher Stanley

No of Members: 159

The major role of the WA Branch is to organise and oversee Lung Club Dinners and the Local Annual Society Meeting (ASM). The lung club dinners are sponsored by AstraZeneca and held in a restaurant overlooking the Swan River. The popularity of TSANZ Lung Club Dinners continues to increase with one dinner exceeding 70 attendees. Three Lung Club Dinners were organised in 2014. Presentations covered areas such as Asthma, Stem Cell Therapy, Tobacco Control, Lung Cancer and Asbestos related disease. Lung Club Speakers for 2014 included: Professor Mark Everard (Princess Margaret Hospital, WA); Winthrop Professor Geoff Laurent (Centre for Cell Therapy and Regenerative Medicine, University of Western Australia, WA); Ms Denise Sullivan (Department of Health, WA); Professor Mike Daube (Curtin University, WA); Dr Amanda Segal (Sir Charles Gairdner Hospital, WA); and Dr Brad Black (Libby, Montana, USA).

The 2014 Local ASM was held at The Harry Perkins Institute for Child Health Research on the 25th and 26th July, earlier than in previous years. The theme of 2014 was ‘Celebrating Respiratory Research in WA’ with a keynote presentation by Western Australia expat Professor Darryl Knight (University of Newcastle). The newly introduced WA Research Symposium was well supported with presentations by WA leaders Professor Peter Le Souef, Associate Professor Yuben Moodley, Associate Professor Alexander Larcombe, Winthrop Professor Peter Eastwood, Dr Andrè Schultz and Professor Eli Gabbay. In a combined TSANZ&ANZSRS Session Professor Graham Hall and Dr John McLachlan discussed the importance of Reference Values. National Branch President Professor Matthew Peters attended the meeting and provided a motivational dinner speech, before Dr Hugh Dawkins from the Public Health Division discussed ‘The Impact of rare Diseases and Benefits of Research’. Other sessions included a Clinical Trials discussion by Winthrop Professor Philip Thompson and Dr Barry Clements, held concurrently with an ANZSRS session on ‘How tall are you really?’, run by Dr Kevin Gain and Mr Christopher O’Dea. The final session of the conference comprised two Translational Presentations by Professor Bruce Robinson and Assistant Professor Peter Mark. The 2014 Awardees were Ms Anneli Robbshaw (Janine Panizza Award), Ms Kathleen Maddison (New Investigator Award), and for the second year running, Ms Esther Cheah (Best Poster). The ASM received highly positive feedback.

QLD

President:
Michel Putt
Secretary:
Shiv Erigadoo
Past President:
Khoa Tran
Ordinary Member:
Maree Azzopardi

No of Members: 185

It has been an interesting year as the new Queensland Branch executive up here on the Sunshine Coast. Shiv and I have had a very steep learning curve, particularly with the TSANZ ASM 2015 also on our agenda to help organise. Saying that, we have had great support both locally and nationally to fulfil these tasks. The organisation of the ASM 2015 is going well. It looks to be a fantastic meeting and the submitted abstract numbers are up on last year which is very encouraging.

The branch has again held its flagship educational events, in the form of the Winter Meeting and Physiology Day/ASM this year. The Winter Meeting was a great success with the theme being Respiratory Infections. Prof Grant Waterer was the keynote speaker and gave excellent presentations on pneumonia and emerging respiratory pathogens. The quality of the local speakers was exceptional and Prof Waterer commented on the high quality of the weekend. It was held on the Sunshine Coast at Twin Waters.

The Physiology Day was again well attended with high quality presentations from all the trainees. The theme was RFT’s Back to Basics and was brilliantly mentored by Dr Bhajan Singh from Perth. The prize for best presentation went to Dr Jordan Cunningham for his talk on ventilation perfusion and MIGET. Bhajan presented talks on The West Australian Sleep Health study...
TSANZ Branch Achievements

and Fluid Displacement and the upper airway during the weekend. We thank Dr Singh for his great contributions to the meeting.

A dinner meeting was held in the first half of the year and Dr Henry Marshall presented a great talk on lung cancer screening including some of his work at The Prince Charles Hospital.

The usual interhospital dinner meetings and sleep meetings continued to run well under the watchful eye of Michelle Murphy, Sarah Gleeson and James Douglas. These are invaluable to the trainees and we thank them for their continued efforts.

An extra ordinary meeting was held at the United Services Club earlier in the year as a result of the upheaval related to Q Health contracts. Representatives from all the major hospitals attended the meeting. There were a number of proposals from the meeting which did not need to be carried out as the contract saga came to an end shortly after the meeting.

There was underwhelming enthusiasm for the election of the President Elect position for 2015. This was mainly because the attendance at the AGM was very poor. It was commented on that the attendance for Consultants and Trainees was poor for the AGM and that this should be fed back to the training hospitals. This position will need to be filled soon for 2015.

Don’t forget to attend the TSANZ ASM on the Gold Coast in March-April 2015 as it looks like it will be a great meeting.

Thanks to all who have assisted us this past year with the organisation, particularly Maree Azzopardi, Michael Bint and Khoa Tran.

Look forward to another great year in 2015.

President:
Chien-Li Holmes-Liew

President Elect:
Aeneas Yeo

Secretary/Treasurer:
Phan Nguyen

Advanced Trainee Representatives:
Mohammed Irfan Birader
Khin Hnin

ANZSRS Representative:
Sarah Madigan

Nursing Representative:
Kathy Lawton

No of Members: 142

2014 has again been filled with highlights for the SA/NT Branch of the TSANZ. It was an honour for Adelaide to host the national TSANZ ASM. The meeting was a huge success, with overwhelmingly positive feedback from delegates, sponsors and presenters. We welcomed a large group of international guest speakers and introduced numerous new components including concurrent symposia to engage clinicians and researchers. We also held the first TSANZ ASM public lecture on Clinical Trials in Respiratory and Sleep Medicine. I would like to thank the members of the local organising committee who have assisted in the planning for this meeting, which has been a major highlight of my Presidency.

Our major focus this year remained on engaging our membership and maintaining our educational program, which aims to appeal to all of the membership including Respiratory and Sleep Physicians and trainees, nurses and scientists. We have had increasing collaboration with ANZSRS, and with A/Prof Nick Antic as the President of the Australasian Sleep Association, we have strengthened the relationship between societies at a state level and held our first joint educational meeting on “Sleep and Driving”. As further new initiatives, we held a “Respiratory Evening” for basic physician trainees preparing for the clinical examination, and a welcome dinner including the TSANZ SA/NT Branch Executive, heads of Respiratory and Sleep Units and all current and new Advanced Trainees. We continued monthly tutorials led by Advanced Trainees and also held sessions on topics requested by members, including a well-attended session with invited guest speaker Professor David Hillman.

Our ASM had a theme of “COPD” with a focus on innovations, and featured Professor Peter Gibson as our invited speaker. The Jack Alpers Post-Graduate Prize for Advanced Trainee Clinical Presentations in Respiratory Medicine and the Young Investigator Award Presentations were well attended and showcased the talent and presentation skills of young SA/NT members. These awards were won by Hooi Shan Yap and Rebecca Harper respectively. All of our meetings have raised large amounts in sponsorship and had excellent attendance and a collegiate atmosphere with representation from all related disciplines.

I greatly appreciated the input from the TSANZ SA/NT executive throughout my term as President. I wish the incoming executive, consisting of Aeneas Yeo as President, Phan Nguyen as Secretary/Treasurer, Khin Hnin as Advanced Trainee Representative, Richard Parsons as ANZSRS representative and Katherine Bassett as Nurses Representative all the best for the future.
TAS

President & Treasurer: Richard Wood-Baker
Secretary: Collin Chia
No of Members: 28

The main activity of the Tasmanian branch was the annual meeting, held at White Sands Resort, near Scamander, on the East coast of the island. The meeting was well attended by members from all parts of the state. We were fortunate in having Greg Keir attend as our invited speaker at short notice. His main clinical interest is in Interstitial Lung Disease, and he gave 2 excellent presentations on Idiopathic pulmonary fibrosis: the Australian network, new treatments and beyond and connective tissue disease associated ILD: who, when and why.

We were particularly happy to welcome Professor Michael Wechsler, the Director of Asthma and Professor of Medicine at National Jewish Health in Denver to Tasmania. He presented on Bronchial Thermoplasty in Asthma, and we are grateful to Boston Scientific for bringing him to the state to present. Local researchers presenting their current work, especially by members of the Centre of Research Excellence for Chronic Respiratory Disease and Lung Ageing, from the University of Tasmania, supplemented these presentations. The joint winners of the Young Investigators Award were Jessica Kregar & Comel Sharma, and Wan Danial Noor was this year’s winner of the David Gibson & Bruce MacDonald Respiratory Prize for undergraduates at the University of Tasmania.

NZ

President: Mark O’Carroll
Treasurer: Stuart Jones
Secretary: Nicola Smith

Executive Members:
Maureen Swanney
Tanya McWilliams
Richard Laing
Ben Brockway
Sandra Hotu
Deborah Box

No of Members: 130

2014 saw a continuation of the NZ Branch activity over recent years. Our focus remains on the provision of opportunities for continuing professional development for all members. This predominantly takes the form of the annual scientific meeting in Queenstown which was held in the first week of August. Once again the meeting was held with our colleagues from ANZRS and both the advanced trainees and nurses’ day were a real success. The intention for 2015 is to stick to the same format.

Our local activity in terms of policy and advocacy remains modest and is limited to active participation as a member of the adult medicine divisional committee of RACP (NZ), membership of the Smokefree Coalition and involvement with the TSANZ Ltd Board. The local work is opportunistic, however the executive believes it represents the most pragmatic and effective means of meeting the objectives of the Thoracic Society within NZ as outlined in our constitution.

The current executive is Mark O’Carroll (President), Stuart Jones (Treasurer), Nicola Smith (Secretary), Maureen Swanney, Tanya McWilliams, Richard Laing, Ben Brockway, Sandra Hotu and Deborah Box. There remains strong interest within the NZ executive and membership (although we welcome new members). An annual planning meeting was held in November and there are succession plans in place to take us forward with a stable executive leadership over the next 4 years.
Chronic Obstructive Pulmonary Disease (COPD)

**Convenors:**
Brian Smith (left)
Vanessa McDonald (right)

**Deputy Convenor:**
Steve Bozinovski

**No of Members:** 475

The COPD SIG has 475 members, making it one of the 2 largest SIGs in TSANZ. The COPD SIG conducted a total of 6 sessions in the 2014 Adelaide TSANZ, including a plenary session with guest speaker Professor Jorgen Vestbo, who presented the level of evidence behind new innovations that have been tried in the area of COPD management. Planning for the forthcoming meeting on the Gold Coast is well underway with a considerable number of abstracts received, which will once again require 6 sessions, and will include an international guest speaker.

Conveners of the COPD SIG are active in their participation of National COPD initiatives, including involvement in the COPD Co-ordinating Committee of the Lung Foundation Australia, and have contributed to the preparation of the latest version (2.38) of TSANZ/LFA COPD X Plan Australian and New Zealand Guidelines for the management of COPD, that were published on-line in June 2014, with multi-disciplinary endorsements including from the Royal Australian College of Nursing, the Royal Australian College of Physicians, Australian Physiotherapy Society, the Asthma Foundation, and the Australian Association of Consultant Pharmacy. They have also been involved in the development of the COPD-X Concise Guide for Primary Care that was launched in November 2014, have provided support to the LFA in an application for a Medicare rebate for pulmonary rehabilitation and are now working as part of the team to develop Australian Pulmonary Rehabilitation Guidelines.

We look forward to another active and successful year in 2015.

Asthma and Allergy

**Convenors:**
Andre Schultz (left)
Peter Noble (right)

**Deputy Convenor:**
Joerg Mattes and Jodie Simpson

**No of Members:** 523

The 2014 TSANZSRS ASM started off with a combined TSANZ/ANZSRS plenary session titled “Immunobiology of asthma and COPD” featuring Peter Le Souef, Patrick Holt, Jim Hogg and Jeff Curtis.

Courtney Kidd was awarded the NAC prize for the best Asthma and Allergy presentation and Jibin Thomas was awarded the Asthma Australia prize for the best presentation with a consumer focus. We thank the NAC and Asthma Australia for their continued and generous support.

At the SIG meeting Peter Noble was appointed as the new co-convenor with Andre Schultz, with Joerg Mattes and Jodie Simpson as deputy convenors. Lisa Wood stepped down at the ASM and we thank her for four years of continued service.

For the 2015 ASM the Asthma and Allergy SIG received a high number of quality abstracts for the 2015 ASM, 15 more than in 2014, allowing for three oral sessions and three poster sessions. Members are encouraged to attend the SIG meeting at the 2015 ASM in the Gold Coast.

Cell Biology and Immunology

**Convenor:**
Ross Vlahos

**Deputy Convenor:**
Sandra Hodge

**No of Members:** 134

I would like to thank all those who presented their work at the Cell Biology and Immunology SIG oral and poster sessions at the Annual Scientific Meeting (ASM) held in Adelaide, 4-9 April, 2014. We had a very successful meeting consisting of outstanding science, very stimulating discussions, fun and from what I hear the development of some very fruitful collaborations!!!!

I especially wish to thank our keynote speaker Prof Jeffrey Curtis from the University of Michigan Health System, USA for a brilliant presentation entitled “Alveolar macrophage uptake of apoptotic cells & lung host defence”. I also wish to thank those who chaired the Cell Biology and Immunology Oral and Poster Sessions – Drs Brian...
Cystic Fibrosis (CF)

Convenors:
Hugh Greville (left) – Adult
Sarah Ranganathan (right) – Paediatric
No of Members: 183

The Cystic Fibrosis Specialist Interest Group (CF SIG) has been very active this year. It has been a ground-breaking year with the introduction of the first of the disease-modifying potentiators into clinical practice. Several members of the SIG were active in the discussions with the government and the subsequent development of the pay-by-performance scheme that will fund Ivacaftor.

We remain very grateful for the strong relationship with Cystic Fibrosis Australia who facilitate biannual meetings of the CF Specialist Centre Directors and the national CF data registry. The main focus of the CF SIG work has once again been quality improvement. Peer-review panels, funded by Cystic Fibrosis Australia, have been assessing CF centres in South Australia and Western Australia, meaning that nearly all CF specialist centres have now been reviewed. This reflects well on the widespread acceptance of the need for exemplary governance and continual striving for quality improvement in the care we provide. Peer-review contributes to improved focus on quality-care at the CF centres and is considered an important investment by the CF SIG and community.

The CF SIG convenors observed an extremely high quality of submission of abstracts for the ASM in Adelaide in 2014 that has been matched by those submitted this year.

I urge all interested in contributing to the life of the Cell Biology and Immunology SIG to attend our Business Meeting at this year’s ASM.

Evidence-Based Medicine and Practice (EBM)
Convenor: Julia Walters
Deputy Convenor: Anne Holland
No of Members: 78
The Evidence-Based Medicine (EBM) and Practice SIG has continued to grow and currently has 78 nominated members in a range of roles and respiratory areas. There is a strong link between the SIG and the NHMRC funded Australian satellite of the Cochrane Airways Group, which supports review authors in Australia who are undertaking systematic reviews in the Airways group remit. We aim to include presentations on findings of these systematic reviews, and those in Tobacco Addiction, Cystic Fibrosis, Acute Respiratory Infections and Lung Cancer, at the TSANZ annual scientific meeting, in both the EBM and Practice SIG oral session and other theme sessions.

During the 2014 ASM EBM and Practice SIG oral session, the coordinating editor of Airways in the UK Dr Chris Cates gave two talks on “Network meta-analysis comparing first line treatments of COPD” and “An update on Single Inhaler Therapy and add-on therapy to ICS for asthma - Making sense of treatment risks and benefits”. There were four local presentations and the award for best presenter went to Claudia Dobler for “Benefit of Treatment of Latent Tuberculosis Infection in Individual Patients: A Decision Aid”.

Orphan Lung Diseases, Lung Transplant, Interstitial Lung Disease and Pulmonary Vascular Disease (OLIV)
Convenor: Helen Whitford
Deputy Convenor: Tamera Corte
No of Members: 155
2014 was a very successful year for the OLIV SIG. The numbers of abstracts submitted in Adelaide were again up on previous years. This meeting had rare lung diseases with a focus on pulmonary arterial hypertension as one of its main themes and was extremely well received with a large amount of positive feedback.

In light of the success of the seminars held in Adelaide the focus of OLIV SIG for the next meeting has been to promote clinical education sessions for practicing clinicians in areas that are new or evolving. Our focus for the 2015 meeting is Idiopathic Pulmonary Fibrosis, as after many years of no proven therapy, there are a number of new agents now available. This has led to greater understanding of the disease process, and re-emphasis on the importance of a clear diagnosis.

In other OLIV SIG related activities, the PHSANZ held its 4th annual meeting on the Sunshine Coast in Queensland. The attendance was slightly lower than in previous years, but for those in attendance it was very well received and excellent new research presented.

A successful workshop and update on new methods was attended by 16 Cochrane review authors. At the 2014 SIG business meeting it was noted that in 2016 the Australian Airways network/satellite will be 20 years old and one of the founding members Prof Peter Gibson will be TSANZ President.
Moving forward, we hope to continue to promote interest in orphan lung diseases in Australia and continue to educate clinicians on recent developments in our areas of interest.

**Paediatrics**

**Convenor:**
Andrew Tai

**Deputy Convenor:**
Nitin Kapur

**No of Members:** 90

For the 2014 ASM, the Paediatric SIG hosted one oral session and one poster session. In total 19 abstracts were submitted which is an increase from 2013. We were delighted to have Prof Bruce Trapnell and Prof Harm Riddens as International speakers presenting at the ASM. An excellent joint symposium with ANZSRS was held looking at the physiology and structure of the lungs in cystic fibrosis. A symposium on “novel methods of targeted medication delivery” was well received and generated lots of discussion. We would also like to thank Liam Welsh and Ingrid Laing for co-convening the SIG over the previous 4 years!

As we plan for ASM 2015, there will be 2 keynote International speakers attending in Prof Greg Redding and Prof Andrew Bush. At this stage, 24 abstracts have been received and 2 joint symposiums with Paediatric topics have been scheduled.

As always, we continue to encourage suggestions for improving the activity and output of the SIG.

**Physiotherapy**

**Convenor:**
Christian Osadnik

**Deputy Convenor:**
Allison Mandrusiak

**No of Members:** 49

The Physiotherapy Special Interest Group (PT SIG) represents researchers, clinicians and educators across a wide range of clinical areas of respiratory medicine. We provide members with detailed quarterly newsletters and maintain close links with the Cardiorespiratory Group of the Australian Physiotherapy Association.

The 2014 TSANZSRS Annual Scientific Meeting (ASM) was very successful for our members. We received 21 abstracts, all of which were disseminated and presented via other SIGs. This is our preferred method to optimise multidisciplinary exposure of PT research. Some SIG members submit abstracts directly to other groups, meaning our abstract numbers underestimate our true contribution to the scientific program.

We thank the following members for representing our SIG through active TSANZ contributions:
- Associate Professor Anne Holland: Director on the TSANZ Board and TSANZ Clinical Care and Resources Subcommittee.
- Associate Professor Kylie Hill: TSANZ Research Sub-Committee member (term now concluded, role currently performed by Dr. Christian Osadnik [PT SIG convenor]).
- Dr. Tanja Effing: Local Organising Committee member for TSANZSRS ASM, 2014 (concluded). Role for 2015 ASM filled by Dr. James Walsh.

We look forward to continuing collaborations with other TSANZ SIGs to enhance the appeal of future ASM programs across medical and allied health professions. We thank all members for their involvement with our group and look forward to another productive year ahead in 2015.

**Lung Cancer**

**Convenors:**
Alistair Miller (above)  
Daniel Steinfort

**No of Members:** 310

The Lung Cancer SIG contributed to the TSANZ ASM 2014 through symposia providing updates on the current situation with screening, early detection and nodule evaluation. We were fortunate to have Australian and visiting international profile speakers in Annette McWilliams (WA), Suresh Senan (Netherlands) and Michael Peake (UK).

The Lung Cancer SIG also conducted a dedicated oral abstract session, with speakers covering a broad array of topics. We were also fortunate to share a poster session with the Interventional Pulmonology SIG.
The SIG looks forward to co-hosting a poster session at the 2015 TSANZ ASM with the IP SIG, and will again look forward to conducting an oral abstract session with high quality presentations examining numerous sub-specialty areas within the discipline of Lung cancer care.

Dr. Alisatir Miller has replaced Dr. Michelle Caldecott as co-chair of the SIG.

**Pulmonary Physiology & Sleep**

**Convenor:** Claude Farah  
**Deputy Convenor:** Alan Young  
**No of Members:** 362

From a Physiology and Sleep perspective, highlights in this year’s ASM include the symposia “Frontiers in our understanding of obstructive airways disease” and “Bronchodilation in COPD – Where are we at?” as well as the joint TSANZ/ANZSRS Masterclass on Cardiopulmonary Exercise Testing. Abstracts to our SIG have nearly doubled this year, partly due to an increase in sleep-related submissions. This is an encouraging trend and, hence, we have been able to offer sleep medicine specific poster and oral sessions in addition to our physiology specific posters and oral sessions. We are certain that all members will find these sessions educational and thought provoking. One also hopes that the increase in submissions is a reflection of the ongoing commitment locally to physiology research.

The revised TSANZ document for Acute Oxygen Therapy recommendations is at an advanced stage with feedback currently being sought from relevant professional bodies including Ambulance, Emergency Medicine, Anaesthetics, Cardiology and Internal Medicine. The dedicated efforts of the writing group should be acknowledged for progressing the document in a timely manner.

In 2014, we lost suddenly our friend and colleague, Dr Jeff Pretto. Jeff was an active member of the Society and the convenor of the Pulmonary Physiology & Sleep SIG at the time. His contributions and achievements have been acknowledged. His premature death has left a tangible void in our SIG. Finally, I would to thank Dr Alan Young for stepping into the Deputy Convenor role and for all his assistance over the past year.

We look forward to another exciting year for physiology and sleep medicine, we are hopeful of even more abstract submissions to our SIG next year and encourage all members to remain active in this SIG that caters for many across disciplines.

**Primary Care**

**Convenor:** Dianne Goeman  
**Deputy Convenor:** Juliet Foster  
**No of Members:** 34

The Primary Care SIG of the TSANZ currently has 34 nominated members, this demonstrates a decline in numbers over the last two years. Despite this decline a diversity of backgrounds remain with specialist clinicians, nurses, psychology, pharmacy, respiratory scientists and general practice all represented.

In 2014 seven papers were presented reporting on smoking cessation, the role of the community nurse in the management of asthma and COPD in people with dementia, respiratory health service delivery and utilisation by Aboriginal and Torres Strait Islander Australians, electronic reminders to improve adherence with preventer inhalers, factors that contribute to participant recruitment by GPs in primary care randomized controlled trials, the current status of asthma in primary care and exploring the role of feedback in inhaler technique education. The award for the best presentation went to Dr Juliet Foster for a paper entitled ‘Electronic reminders improve adherence with preventer inhalers in Australian Primary Care patients’.

We will again run one oral session for relevant primary care papers and integrate others into disease-based or public health sessions. Six papers have been accepted for presentation at the 2015 Annual Scientific Meeting Primary Care SIG being held on the Gold Coast in March. We are looking forward to another great session with all presentations highly relevant to the management of respiratory conditions in the primary care setting.

As my two year appointment as Convener comes to an end in March, at the Primary Care SIG Annual General Meeting scheduled to take place during the Conference I will hand over the role to Dr Juliet Foster. We will also be appointing a new Deputy Convener to replace Juliet, so it would be great to have as many members as possible attend the AGM to nominate for the role or to vote on this position (check the program for date and time).
TSANZ Special Interest Groups

Respiratory Infectious Diseases
Convenor: Rachel Thomson
Deputy Convenor: Lucy Morgan
No of Members: 265

The RID SIG continues to thrive with a record number of abstracts submitted for the 2015 ASM. We were also successful in our proposal to have a symposium on Environmental Pathogens and Lung health at the 2015 ASM.

In the last 12 months we have been forging ahead with the LFA in the establishment of the Bronchiectasis registry. International collaboration and funding has been negotiated by LFA, with both the US COPD Foundation and EMBARK (the European Registry). The project will hopefully start in 2015.

Lucy Morgan, on behalf of the SIG, sought and gained the support of the TSANZ to apply for a specific DRG code for bronchiectasis. Initial enquiries were made by the RID SIG to the Independent Hospital Pricing Authority (IHPA). Patients admitted for COPD exacerbation (with bronchiectasis) fall into two major groups: E60A - Cystic Fibrosis with catastrophic or severe complications or comorbidities and E65B Chronic Obstructive Airways Disease without Catastrophic complications or comorbidities.

An initial analysis of admissions throughout Australia in 2012-2014 suggests that patients assigned E60A fit well in the profile of the DRG – a cost ratio of just under 1 means that they have the same cost as the average patient in that DRG.

However, patients assigned E65B (all the non-CF bronchiectasis) have a cost ratio of 1.34 indicating that they are 34% more costly than the average of all patients assigned to that DRG, and have a length of stay of 3 days more than COPD patients without bronchiectasis.

This suggests that the complexity of these patients is under recognised in the current DRG system.

The creation of a new DRG for these patients is a more complex change. The RID SIG will continue to be involved in discussions with IHPA into 2015.

Tobacco and Related Substances
Convenor: Kristin Carson
Deputy Convenor: Johnson George
No of Members: 72

Although we have seen reductions in tobacco use over the past 10 years, smoking prevalence still remains too high. Current prevalence estimates in both Australia and New Zealand are 18% with estimates of 41% amongst Aboriginal and Torres Strait Islander (TSI) Australians and 39% for Māori populations. Alarming, in some remote locations tobacco use amongst Aboriginal and TSI Australians is reported to be as high as 90%.

In 2014 the Tobacco Control and Addictive Substances SIG continued to represent the Society through production of a 55 page policy document in collaboration with the Australian and New Zealand School of Government for ‘Smoking cessation and tobacco prevention in Indigenous populations’. The purpose of this article was to systematically consolidate all of the smoking cessation and tobacco prevention studies for Indigenous populations world-wide, from methodologically rigorous randomised controlled trials to observational government funded initiatives. Several components of effective interventions were identified and recommendations for use in clinical practice, policy initiatives and research provided. The document has been published in the policy journal Evidence Base in 2014 and is freely available for download online at: https://journal.anzsog.edu.au/publications/19/EvidenceBase%202014Issue3Version1.pdf.

SIG convenors have also represented the Society over two dozen times in the media with radio interviews and online news articles about the health effects of tobacco, tobacco prevention and tobacco cessation. On one occasion this involved writing an article for the news website ‘The Conversation’ about the disbandment of the Council of Australian Governments (COAG) and the Government’s decision to cut $130 million from the Indigenous Tackling Smoking program. This issue was also discussed by SIG convenors during an in-studio interview for The Press Club in the Senate earlier this year to an audience of over 500,000 including many politicians and was also raised as an issue of concern with the Prime Minister Toby Abbott in January during an event at Parliament House.

The number of abstracts submitted to the SIG has been steadily increasing and this year on the Gold Coast we will have one oral and a shared poster session. We are looking forward to the presentations which all have important implications for the management of tobacco and addictive substances.

1. www.abs.gov.au/ausstats/abs@.nsf/Lookup/4125.0ma in-features2020Jan%202013

The following Special Interest Group reports were unavailable at the time of press:
- Interventional Pulmonology
- Respiratory Nurses
- Rural and Regional
Treasurer’s Report

Compared to the surplus of $151,882 (net of the one-time $797,324 bequeathed funds from Asthma & Airways CRC for a total adjusted net surplus of $949,206) for the financial year ending 31 December 2013, TSANZ posted a net surplus of $349,209 for the financial year ending 31 December 2014 primarily from higher than budgeted net surplus from the annual national ASM, earnings from dividends and interest from investments, and effect of reassessment in the application of Australian Accounting Standards Board (AASB) 1004 on corporate sponsorship awards and grants.

The result of operations for the year of $349,209 (compared to the budgeted surplus of $5,020) included:
- $114,707 from operations due to $266,948 actual national ASM net surplus against the budget of $191,618;
- $72,656 from dividends and interest from UBS managed investments, surpassing the budgeted earnings by $35,956; and
- $161,718 instead of a budgeted deficit of $80,488 for awards and member services mainly due to the effect of reassessment in the treatment of corporate sponsorship awards and grants which is being recorded as income when received.

The Board has continued to oversee improvements in the Society’s fiscal management through its financial and risk management policy and procedures which are directly based on the TSANZ’s Constitution. The Society’s Finance Manual has been continually updated to reflect compliance with current fiscal laws and regulations, including the ATO draft taxation ruling 2014/D5 issued on 13th August 2014 which listed special conditions regarding entities whose ordinary and statutory income is exempt. While the Society has performed well above its budget in 2014, there will be necessary areas of operational expenditure in 2015 including:
- salary for a new staff member dedicated to the promotion and advancement of respiratory research;
- update and further development of the Society’s website and content;
- increased APSR en-bloc membership fee due to devaluation of the Australian against the US dollar; and
- recruitment expenses and increased salary package for attraction and retention of a new CEO.

With the latter resulting in a revised budget in February with a net deficit of $20,954 for 2015, the Society will continue to rely on a favourably performing ASM in 2015 which is already looking very promising at the time of writing with a higher than before early bird registration as of 31 December 2014, a healthy and increasing membership base and a risk averse approach to its investment portfolio in an uncertain economic environment.

Capital expenditure in the upgrade of the TSANZ server and new membership database has been completed in 2014 at a total cost of $54,023 (including $10,704 for the server) to service the expanding membership and members’ activities, and management of sponsorships and grant applications.

The UBS managed investment portfolio has remained robust and is recovering toward the pre-GFC position under the current TSANZ investment policy. The Society’s portfolio is depicted in figure 3. As the outgoing Treasurer, I am pleased to leave the Board with the Society in a strong financial position. Due to the better than budgeted net surplus for the year the net assets of the TSANZ in 2014 had increased to $3.719 million. A comparative position of major assets groups is illustrated in figure 4. Trust funds for the Asthma & Airways CRC, Peter Phelan and Janet Elder awards are kept in fixed term deposits with preservation of capital for perpetuity and interest for the respective annual awards. The increase in the operating cash was due to early collection of sponsorships for the ASM in 2015. As at 31st December 2014, the TSANZ was managing a fund of $270,729 for the Australasian Severe Asthma Network Project.

In closing of my final report as Treasurer, I wish to thank:
- the Board including members of the Finance, Risk and Audit Sub-Committee, the TSANZ Office Staff, Ms Rita Perkons (outgoing CEO), Mr Shen Kasayan and Ms Marissa Tintowo for their initiatives, professionalism and hard work;
- Mr Shen Kasayan for his assistance with the preparation of this report;
- Mr James Winter and his team at Grant Thornton for their ongoing advice and completion of the audit process and preparation of the finance reports; and
- Mr Patrick Regan, Ms Bernadette Conolly and their team at UBS Wealth for their invaluable advice and guidance of the Society’s investment portfolio.

Dr Aeneas Yeo
Director/Treasurer
Treasurer’s Report

FIGURE 1 – INCOME

<table>
<thead>
<tr>
<th>Source</th>
<th>2014 ($)</th>
<th>2013 ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Members’ Subscriptions</td>
<td>355,519</td>
<td>343,991</td>
</tr>
<tr>
<td>Revenue from ASM</td>
<td>1,308,764</td>
<td>831,975</td>
</tr>
<tr>
<td>Sponsorships</td>
<td>859,046</td>
<td>579,168</td>
</tr>
<tr>
<td>Investment interest &amp; Dividends, incl. Franking Credits</td>
<td>156,615</td>
<td>127,878</td>
</tr>
<tr>
<td>Others, incl. Bequeathed Funds</td>
<td>11,738</td>
<td>808,411</td>
</tr>
</tbody>
</table>

FIGURE 2 – EXPENDITURE

<table>
<thead>
<tr>
<th>Category</th>
<th>2014 ($)</th>
<th>2013 ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td>ASM Expenses</td>
<td>1,041,816</td>
<td>692,784</td>
</tr>
<tr>
<td>Employee Related Expenses</td>
<td>322,836</td>
<td>320,120</td>
</tr>
<tr>
<td>Grants and Awards</td>
<td>427,937</td>
<td>222,500</td>
</tr>
<tr>
<td>Branch Activities</td>
<td>231,278</td>
<td>212,920</td>
</tr>
<tr>
<td>Other Administration Expenses</td>
<td>281,943</td>
<td>259,625</td>
</tr>
<tr>
<td>Depreciation</td>
<td>36,663</td>
<td>34,268</td>
</tr>
</tbody>
</table>

FIGURE 3 – INVESTMENTS

<table>
<thead>
<tr>
<th>Category</th>
<th>2014 (%)</th>
<th>2013 (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash and Money Market</td>
<td>56%</td>
<td>64%</td>
</tr>
<tr>
<td>Fixed Interest – Domestic</td>
<td>18%</td>
<td>16%</td>
</tr>
<tr>
<td>Equities – Domestic</td>
<td>18%</td>
<td>16%</td>
</tr>
<tr>
<td>Equities – International</td>
<td>5%</td>
<td>4%</td>
</tr>
</tbody>
</table>

FIGURE 4 – FINANCIAL POSITION

<table>
<thead>
<tr>
<th>Category</th>
<th>2014 ($)</th>
<th>2013 ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operating Cash</td>
<td>700,399</td>
<td>468,399</td>
</tr>
<tr>
<td>Fixed Term Deposits</td>
<td>1,320,000</td>
<td>1,320,000</td>
</tr>
<tr>
<td>Investments</td>
<td>1,277,905</td>
<td>1,236,389</td>
</tr>
<tr>
<td>Property, Plant &amp; Equipment</td>
<td>806,781</td>
<td>812,345</td>
</tr>
<tr>
<td>Net Assets</td>
<td>4,074,354</td>
<td>3,736,856</td>
</tr>
</tbody>
</table>
The Directors present their report together with the financial report of the Thoracic Society of Australia and New Zealand Ltd for the year ended 31 December 2014.

**DIRECTORS**

Aeneas Yeo  
BSc (Med), MBBS, FRACP  
Appointed to the Board on 31 March 2012  
Interest in Contracts: NIL

Anne Holland  
BAppSc (Physiotherapy), PhD  
Appointed to the Board on 3 October 2014  
Interest in contracts: NIL

Bruce Thompson  
B.App.Sc, CRFS, FANZSRS, PhD  
Appointed to the Board on 2 April 2011  
Interest in contracts: NIL

Chien-Li Holmes-Liew  
MBBS, MCSc, FRACP  
Appointed to the Board on 5 April 2014  
Interest in contracts: NIL

Claude Farah  
BSc(Med), MB BS(Hons), PhD, FRACP  
Resigned from the Board on 5 April 2014  
Interest in Contracts: NIL

David Langton  
MBBS (Hons), FRACP, FJFICM, FCCP  
Appointed to the Board on 31 March 2012  
Interest in contracts: NIL

Gary Peter Anderson  
PhD  
Appointed to the Board on 2 April 2011  
Interest in contracts: NIL

Hiranjan Selvadurai  
MBBS, FRACP, PhD  
Appointed to the Board on 2 April 2011  
Interest in contracts: NIL

Jane Elizabeth Bourke  
BSc (Hons) PhD  
Appointed to the Board on 31 March 2012  
Interest in Contracts: NIL

Mark Richard O’Carroll  
BHB, MBchB, FRACP  
Appointed to the Board on 8 October 2011  
Interest in Contracts: NIL

Matthew John Peters  
MD FRACP  
Appointed to the Board on 31 March 2012  
Interest in Contracts: NIL

Paul Nigel Reynolds  
MBBS, PhD, MD, FRACP  
Resigned from the Board on 5 April 2014  
Interest in contracts: NIL

Peter Gerard Gibson  
MBBS FRACP  
Appointed to the Board on 5 April 2014  
Interest in Contracts: NIL

Peter Alexander Blanch Wark  
BMed, PhD, FRACP  
Appointed to the Board on 2 April 2011  
Interest in contracts: NIL

Tara Jane Mackenzie  
MBBS (Hons 1), BSc (Med), FRACP, MMedEd  
Appointed to the Board on 23 February 2011  
Interest in contracts: NIL

**MEETINGS OF DIRECTORS**

Six meetings of directors were held in 2014.

<table>
<thead>
<tr>
<th>NAME</th>
<th>NUMBER ELIGIBLE TO ATTEND</th>
<th>NUMBER ATTENDED</th>
<th>NAME</th>
<th>NUMBER ELIGIBLE TO ATTEND</th>
<th>NUMBER ATTENDED</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr Aeneas Yeo</td>
<td>6</td>
<td>2*</td>
<td>Dr Jane Bourke</td>
<td>6</td>
<td>4</td>
</tr>
<tr>
<td>Prof Anne Holland</td>
<td>2</td>
<td>2</td>
<td>Dr Mark O’Carroll</td>
<td>6</td>
<td>2</td>
</tr>
<tr>
<td>Prof Bruce Thompson</td>
<td>4</td>
<td>4</td>
<td>Prof Matthew Peters</td>
<td>6</td>
<td>6</td>
</tr>
<tr>
<td>Dr Chien-Li Holmes-Liew</td>
<td>6</td>
<td>4</td>
<td>Prof Paul Reynolds</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Dr Claude Farah</td>
<td>2</td>
<td>2</td>
<td>Prof Peter Gibson</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>A/Prof David Langton</td>
<td>6</td>
<td>5</td>
<td>Prof Peter Wark</td>
<td>6</td>
<td>5</td>
</tr>
<tr>
<td>Prof Gary Anderson</td>
<td>6</td>
<td>5</td>
<td>A/Prof Tara Mackenzie</td>
<td>6</td>
<td>3</td>
</tr>
<tr>
<td>Prof Hiran Selvadurai</td>
<td>6</td>
<td>6</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* The Treasurer attended two Board meetings in person. The Treasurer also attended parts of four additional meetings for the purpose of presenting the financial position to the Board, but did not attend all of those four additional meetings. Additionally, the Treasurer chaired and attended in full each of the Finance, Risk and Audit Sub-Committee meetings where finances were reviewed and Board recommendations made.
Principal Activities, Objectives, Performance Measures and Strategies to achieve Objectives

The principal activities of the company during the financial year were to improve the knowledge and understanding of lung disease, to prevent respiratory illness through research and health promotion, and improving health care for people with respiratory disorders.

The company's short-term objectives were to:
- promote the highest quality and standards of patient care
- develop and encourage application of knowledge about respiration and respiratory disease
- collaborate between all national organisations whose objects are to improve the wellbeing of individuals with lung disease and to promote better lung health for the community
- meet the professional needs of the membership
- contribute to achieving the goal of a tobacco smoke free society.

The company's long term objectives are to:
- support and develop the provision of excellent training in respiratory and lung health
- support and encourage innovative research in respiratory and lung health
- drive measurable improvements in public health and lower the impost costs of lung disease on the Australian economy.

To achieve these objectives the company will adopt the strategies of working in partnership with its expert members and other stakeholders to identify key research and education goals and work towards implementing them. The company will advocate for increased resources and support of respiratory illness prevention and treatment and undertake fundraising and actively seek other funds to achieve these objectives.

TSANZ measures its performance through its financial performance, the success of the Annual Scientific Meeting, the provision of services and support to members, and funds directed to the principal activities.

Members Guarantee

The company is registered under the Corporations Act 2001 and is a company limited by guarantee. If the company is wound up, the constitution states that each member is required to contribute a maximum of $5.00 towards meeting any outstanding obligations of the company. At 31 December 2014, the collective liability of members was $7,085 (2013 $6,670).

Auditor’s Independence Declaration

A copy of the Auditor’s Independence Declaration as required under section 60–40 of the Australian Charities and Not-for-profits Commission Act 2012 is set out at page 33.

Signed in accordance with a resolution of the Board of Directors:

Professor Matthew Peters  
Director/President

Dr Aeneas Yeo  
Director/Treasurer

Dated this 27th day of February 2015
Auditor’s Independence Declaration

To the Responsible Entities of The Thoracic Society of Australia and New Zealand

In accordance with the requirements of section 60-40 of the Australian Charities and Not-for-profits Commission Act 2012, as auditor of The Thoracic Society of Australia and New Zealand for the year ended 31 December 2014, I declare that, to the best of my knowledge and belief, there have been:

a) no contraventions of the auditor independence requirements of the Australian Charities and Not-for-profits Commission Act 2012 in relation to the audit; and

b) no contraventions of any applicable code of professional conduct in relation to the audit.

Chartered Accountants

James Winter
Partner - Audit & Assurance

Sydney, 27 February 2015
Statement of Profit and Loss
For the Year Ended 31 December 2014

<table>
<thead>
<tr>
<th>NOTE</th>
<th>2014 ($)</th>
<th>2013 ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Revenue</td>
<td>2</td>
<td>2,691,682</td>
</tr>
<tr>
<td>Employee benefits expense</td>
<td>2</td>
<td>(322,836)</td>
</tr>
<tr>
<td>Depreciation and impairment expense</td>
<td>2</td>
<td>(36,663)</td>
</tr>
<tr>
<td>Grants/Awards expense</td>
<td>2</td>
<td>(427,937)</td>
</tr>
<tr>
<td>Administration expenses</td>
<td>2</td>
<td>(281,943)</td>
</tr>
<tr>
<td>ASM expenses</td>
<td>2</td>
<td>(1,041,816)</td>
</tr>
<tr>
<td>State Branch expense</td>
<td>2</td>
<td>(231,278)</td>
</tr>
<tr>
<td><strong>Surplus for the year</strong></td>
<td></td>
<td>349,209</td>
</tr>
<tr>
<td><strong>Other comprehensive income</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Net change in fair value of available-for-sale financial assets</td>
<td>2</td>
<td>(11,711)</td>
</tr>
<tr>
<td><strong>TOTAL COMPREHENSIVE INCOME FOR THE YEAR</strong></td>
<td></td>
<td>337,498</td>
</tr>
</tbody>
</table>

The Statement of Profit and Loss and Other Comprehensive Income should be read in conjunction with the accompanying notes to the financial report.
### Statement of Financial Position

**As at 31 December 2014**

<table>
<thead>
<tr>
<th>NOTE</th>
<th>2014 ($)</th>
<th>2013 ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ASSETS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Current assets</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash and cash equivalents</td>
<td>3</td>
<td>1,127,846</td>
</tr>
<tr>
<td>Trade and other receivables</td>
<td>4</td>
<td>629,591</td>
</tr>
<tr>
<td>Other current assets</td>
<td>5</td>
<td>234,138</td>
</tr>
<tr>
<td><strong>Total current assets</strong></td>
<td></td>
<td>1,991,575</td>
</tr>
<tr>
<td><strong>Non-current assets</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other financial assets</td>
<td>6</td>
<td>2,597,905</td>
</tr>
<tr>
<td>Plant and equipment</td>
<td>7</td>
<td>806,781</td>
</tr>
<tr>
<td>Other non-current assets</td>
<td>5</td>
<td>2,600</td>
</tr>
<tr>
<td><strong>Total non-current assets</strong></td>
<td></td>
<td>3,407,286</td>
</tr>
<tr>
<td><strong>TOTAL ASSETS</strong></td>
<td></td>
<td>5,398,861</td>
</tr>
<tr>
<td><strong>LIABILITIES</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Current liabilities</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trade and other payables</td>
<td>8</td>
<td>1,297,402</td>
</tr>
<tr>
<td>Provision for annual leave</td>
<td></td>
<td>27,105</td>
</tr>
<tr>
<td><strong>Total current liabilities</strong></td>
<td></td>
<td>1,324,507</td>
</tr>
<tr>
<td><strong>TOTAL LIABILITIES</strong></td>
<td></td>
<td>1,324,507</td>
</tr>
<tr>
<td><strong>NET ASSETS</strong></td>
<td></td>
<td>4,074,354</td>
</tr>
<tr>
<td><strong>FUNDS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Available for sale reserve</td>
<td></td>
<td>74,673</td>
</tr>
<tr>
<td>Awards reserve</td>
<td>9</td>
<td>1,859,330</td>
</tr>
<tr>
<td>Accumulated funds</td>
<td></td>
<td>2,140,351</td>
</tr>
<tr>
<td><strong>TOTAL FUNDS</strong></td>
<td></td>
<td>4,074,354</td>
</tr>
</tbody>
</table>

The Statement of Financial Position should be read in conjunction with the accompanying notes to the financial report.
Statement of Changes in Equity & Cash Flows

For the Year Ended 31 December 2014

Statement of Changes in Equity

<table>
<thead>
<tr>
<th>2013</th>
<th>NOTE</th>
<th>AWARD RESERVE ($)</th>
<th>AVAILABLE FOR SALE RESERVES ($)</th>
<th>ACCUMULATED FUNDS ($)</th>
<th>TOTAL ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Balance at 1 January 2013</td>
<td></td>
<td>681,979</td>
<td>41,930</td>
<td>2,019,287</td>
<td>2,743,196</td>
</tr>
<tr>
<td>Surplus for the year</td>
<td></td>
<td>–</td>
<td>–</td>
<td>949,206</td>
<td>949,206</td>
</tr>
<tr>
<td>Other Comprehensive Income</td>
<td></td>
<td>–</td>
<td>44,454</td>
<td>–</td>
<td>44,454</td>
</tr>
<tr>
<td>Transfer from Accumulated Funds</td>
<td></td>
<td>9</td>
<td>929,387</td>
<td>–</td>
<td>(929,387)</td>
</tr>
<tr>
<td><strong>BALANCE AT 31 DECEMBER 2013</strong></td>
<td></td>
<td><strong>1,611,366</strong></td>
<td><strong>86,384</strong></td>
<td><strong>2,039,106</strong></td>
<td><strong>3,736,856</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2014</th>
<th>NOTE</th>
<th>AWARD RESERVE ($)</th>
<th>AVAILABLE FOR SALE RESERVES ($)</th>
<th>ACCUMULATED FUNDS ($)</th>
<th>TOTAL ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Balance at 1 January 2014</td>
<td></td>
<td>1,611,366</td>
<td>86,384</td>
<td>2,039,106</td>
<td>3,736,856</td>
</tr>
<tr>
<td>Surplus for the year</td>
<td></td>
<td>–</td>
<td>–</td>
<td>349,209</td>
<td>349,209</td>
</tr>
<tr>
<td>Other Comprehensive Income</td>
<td></td>
<td>–</td>
<td>(11,711)</td>
<td>–</td>
<td>(11,711)</td>
</tr>
<tr>
<td>Transfer from Accumulated Funds</td>
<td></td>
<td>9</td>
<td>247,964</td>
<td>–</td>
<td>(247,964)</td>
</tr>
<tr>
<td><strong>BALANCE AT 31 DECEMBER 2014</strong></td>
<td></td>
<td><strong>1,859,330</strong></td>
<td><strong>74,673</strong></td>
<td><strong>2,140,351</strong></td>
<td><strong>4,074,354</strong></td>
</tr>
</tbody>
</table>

The Statement of Changes in Equity should be read in conjunction with the accompanying notes to the financial report.

Statement of Cash Flows

<table>
<thead>
<tr>
<th>NOTE</th>
<th>2014 ($)</th>
<th>2013 ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash flows from operating activities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Receipts from customers, members</td>
<td>2,809,537</td>
<td>3,083,243</td>
</tr>
<tr>
<td>Payments to suppliers and employees</td>
<td>(2,515,729)</td>
<td>(2,077,572)</td>
</tr>
<tr>
<td>Interest received</td>
<td>91,712</td>
<td>59,061</td>
</tr>
<tr>
<td>Dividends received</td>
<td>41,453</td>
<td>51,880</td>
</tr>
<tr>
<td><strong>Net cash provided by operating activities</strong></td>
<td>426,973</td>
<td>1,116,612</td>
</tr>
</tbody>
</table>

| Cash flows from investing activities | | |
| Payments for purchase of plant and equipment | (31,099) | (15,853) |
| Acquisition of Financial Assets | (46,093) | (920,651) |
| Disposal of Financial Assets | – | 65,460 |
| **Net cash (used)/provided by investing activities** | (77,192) | (871,042) |

| Net (decrease)/increase in cash and cash equivalents | 349,781 | 245,570 |
| Cash and cash equivalents at the beginning of the year | 778,065 | 532,495 |
| **CASH AND CASH EQUIVALENTS AT THE END OF THE YEAR** | 1,127,846 | 778,065 |

The above Statement of Cash Flows should be read in conjunction with the accompanying notes to the financial report.
Notes to the Financial Statements

For the Year Ended 31 December 2014

The Thoracic Society of Australia and New Zealand Limited is a company limited by guarantee registered under the Corporations Act 2001 and the Australian Charities and Not-for-profits Commission Act 2012, and domiciled in Australia. The financial report of the company for the year ended 31 December 2014 was authorised for issue in accordance with a resolution of the directors on 27 February 2015.

Note 1: Statement of Significant Accounting Policies

(a) Basis of Preparation

These financial statements are general purpose financial statements which have been prepared in accordance with Australian Accounting Standards – Reduced Disclosure Requirements and the Australian Charities and Not-for-profits Commission Act 2012 and its Regulations.

The preparation of financial statements in conformity with Australian Accounting Standards – Reduced Disclosure Requirements requires the use of certain critical accounting estimates. It also requires management to exercise its judgement in the process of applying the company's accounting policies. The following is a summary of the material accounting policies adopted by the company in the preparation of the financial statements. The accounting policies have been consistently applied, unless otherwise stated.

Historical cost convention

The financial statements have been prepared on the basis of historical cost except where otherwise stated. Land and buildings are measured at cost less accumulated depreciation on buildings and any impairment losses. Cost is based on the fair values of the consideration given in exchange for assets.

(b) Significant Accounting Judgements, Estimates and Assumptions

The preparation of financial statements requires management to make judgements, estimates and assumptions that affect the application of policies and reported amounts of assets, liabilities, income and expenses. The estimates and associated assumptions are based on historical experience and other various factors that are believed to be reasonable under the circumstances, the results of which form the basis of making the judgements. Actual results may differ from these estimates. The estimates and underlying assumptions are reviewed on an ongoing basis.

Revisions to accounting estimates are recognised in the period in which the estimate is revised if the revision affects only that period or in the period of the revision and future periods if the revision affects both current and future periods.

Significant accounting estimates and assumptions

The key estimates and assumptions that have a significant risk of causing a material adjustment to the carrying amounts of certain assets and liabilities within the next annual reporting period are:

Provisions for employee benefits

Provisions for employee benefits payable after 12 months from the reporting date are based on future wage and salary levels, experience of employee departures and periods of service.

The amount of these provisions would change should any of these factors change in the next 12 months.

(c) Revenue Recognition

Revenue is recognised when the company is legally entitled to the income and the amount can be quantified with reasonable accuracy. Revenues are recognised net of the amounts of goods and services tax (GST) payable to the Australian Taxation Office.

Corporate contributions and other donations which are considered non-reciprocal contributions are brought to account as income when received and control is determined, in accordance with AASB 1004.

Investment income comprises interest and dividends including franking credits. Interest income is recognised as it accrues, using the effective interest method. Dividends, including franking credits, from listed entities are recognised when the right to receive a dividend has been established.

Revenue from the provision of membership subscriptions is recognised on a straight line basis over the financial year.
Notes to the Financial Statements
For the Year Ended 31 December 2014

Revenue from the Annual Scientific Meeting, including sponsorship revenue associated with the ASM which is deemed reciprocal income in accordance with AASB 118, is brought to account on a stage of completion basis.

(d) Expenditure
All expenditure is accounted for on an accruals basis.

Management and administration costs are those incurred in connection with administration of the company and compliance with constitutional and statutory requirements.

(e) Cash and Cash Equivalents
Cash and cash equivalents in the balance sheet comprise cash at bank and in hand and short-term deposits with an original maturity of three months or less. For the purposes of the cash flow statement, cash and cash equivalents consist of cash and cash equivalents as defined above, net of any outstanding bank overdrafts.

(f) Trade and Other Receivables
Trade receivables comprise amounts due from the provision of services and are recognised and carried at original invoice amount less an allowance for any uncollectible amounts. Normal terms of settlement are 30 days. The carrying amount of the receivable is deemed to reflect fair value.

An allowance account is used when there is objective evidence that the company will not be able to collect all amounts due according to original terms of the receivable. Bad debts are recognised directly as an expense when identified as uncollectable.

(g) Property, Plant and Equipment

Bases of measurement of carrying amount
Buildings are measured at cost less accumulated depreciation and less any impairment losses recognised. Plant and equipment is stated at cost less accumulated depreciation and any accumulated impairment losses.

Depreciation
Items of property, plant and equipment are depreciated over their useful lives to the company commencing from the time the asset is held ready for use. Depreciation is calculated on a straight line basis over the expected useful economic lives of the assets as follows:

<table>
<thead>
<tr>
<th>Asset Type</th>
<th>Depreciation Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Buildings</td>
<td>2.50%</td>
</tr>
<tr>
<td>Office Equipment</td>
<td>20.00%</td>
</tr>
<tr>
<td>Computer Equipment</td>
<td>37.50%</td>
</tr>
</tbody>
</table>

Impairment
The carrying values of plant and equipment are reviewed for impairment at each reporting date, with recoverable amount being estimated when events or changes in circumstances indicate that the carrying value may be impaired. The recoverable amount of plant and equipment is the higher of fair value less costs to sell and value in use. Depreciated replacement cost is used to determine value in use. Depreciated replacement cost is the current replacement cost of an item of plant and equipment less, where applicable, accumulated depreciation to date, calculated on the basis of such cost. Impairment exists when the carrying value of an asset exceeds its estimated recoverable amount. The asset is then written down to its recoverable amount. For plant and equipment, impairment losses are recognised in the statement of comprehensive income. However, because land and buildings are measured at re-valued amounts, impairment losses on land and buildings are treated as a revaluation decrement.

Derecognition and disposal
An item of property, plant and equipment is derecognised upon disposal when the item is no longer used in the operations of the company or when it has no sale value. Any gain or loss arising on derecognition of the asset (calculated as the difference between the net disposal proceeds and the carrying amount of the asset) is included in profit or loss in the year the asset is derecognised.

(h) Other Financial Assets
Available-for-sale investments are those financial assets that are designated as available-for-sale. When available-for-sale financial investments are recognised initially, they are measured at fair value. Any available-for-sale financial investments donated to the company are recognised at fair value at the date the company obtains control of the asset. After initial recognition available-for-sale financial investments are measured at fair value with gains or losses being recognised in other comprehensive income until the investment is derecognised or until the investment is determined to be impaired, at which time the cumulative gain or loss previously recognised in other comprehensive income is reclassified to the statement of comprehensive income.
The fair value of investments that are actively traded in organised financial markets is determined by reference to quoted market bid prices at the close of business on the reporting date. For investments with no active market, fair value is determined using valuation techniques. Such techniques include using recent arm's length market transactions, reference to the current market value of another instrument that is substantially the same, discounted cash flow analysis, and option pricing models. Held to maturity investments are assets with fixed or determinable payments and fixed maturities that the company has the positive intention and ability to hold to maturity. At each balance date the company assesses whether there is any objective evidence that a financial asset or group of financial assets is impaired. Any impairment losses are recognised in the income statement.

(i) Trade Creditors and Other Payables
Trade payables and other payables represent liabilities for goods and services provided to the company prior to the end of the financial year that are unpaid. These amounts are usually settled in 30 days. The carrying amount of the creditors and payables is deemed to reflect fair value.

(j) Deferred Income
The liability for deferred income includes unearned ASM income where services have not yet been delivered and deferred membership subscriptions. Where the amount received is in respect of services to be provided over a period that exceeds 12 months after the reporting date or the conditions will only be satisfied more than 12 months after the reporting date, the liability is discounted and presented as non-current.

(k) Employee Benefits
Employee benefits comprise wages and salaries, annual, non-accumulating sick and long service leave, and contributions to superannuation plans. Liabilities for wages and salaries expected to be settled within 12 months of balance date are recognised in other payables in respect of employees’ services up to the reporting date. Liabilities for annual leave in respect of employees’ services up to the reporting date which are expected to be settled within 12 months after the end of the period in which the employees render the related services are recognised in the provision for annual leave. Liabilities for non-accumulating sick leave are recognised when the leave is taken and are measured at the rates paid or payable.

(l) Income Tax
The Company is exempt from income tax under Section 50-1 of the Income Tax Assessment Act 1997. The Company has been classified as an exempt entity – scientific institution and satisfies the special conditions under Section 50-55 of Income Tax Assessment Act 1997. The Company’s main or dominant purpose is scientific based – to facilitate information exchange in thoracic medicine to the members of the Company. The Company is also not carried on for the profit or gain of individual members. The company is also registered with the Australian Charities and Not-for-profits Commission.

(m) Goods and Services Tax (GST)
Revenues, expenses and assets are recognised net of the amount of GST except where the amount of GST incurred is not recoverable from the Australian Taxation Office, in which case it is recognised as part of the cost of acquisition of an asset or as part of an item of expense. Receivables and payables are recognised inclusive of GST. The net amount of GST recoverable from or payable to the Australian Taxation Office is included as part of receivables or payables. Cash flows are included in the statement of cash flows on a gross basis. The GST component of cash flows arising from investing and financing activities which is recoverable from or payable to the Australian Taxation Office is classified as operating cash flows.

(n) Awards Reserve
The Awards reserve consists of funds set aside for the purpose of granting awards to members who are medical students who satisfy the requirements of the Asthma & Airways Research Award, Peter Phelan, Janet Elder and other corporate sponsored awards and grants.

(o) Prior Year Adjustment
The corporate sponsored awards and grants agreements have been reassessed and deemed to constitute arrangements in which the Company has control of the funds upon receipt. In accordance with AASB 1004, these amounts have been brought to account as income when received. The effects of the adjustments are as follows:

<table>
<thead>
<tr>
<th></th>
<th>2013</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increase in Surplus and Awards Reserve</td>
<td>88,900</td>
<td>80,000</td>
</tr>
</tbody>
</table>
**Notes to the Financial Statements**

For the Year Ended 31 December 2014

### Note 2: Revenue, Other Income and Expenses

<table>
<thead>
<tr>
<th>Description</th>
<th>2014 ($)</th>
<th>2013 ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td>(a) Revenue and Other Income</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Members’ subscriptions</td>
<td>355,519</td>
<td>343,991</td>
</tr>
<tr>
<td>Revenue from ASM receipts</td>
<td>1,308,764</td>
<td>831,975</td>
</tr>
<tr>
<td>Revenue from grants, awards sponsors and other activities</td>
<td>859,046</td>
<td>579,168</td>
</tr>
<tr>
<td>Investment Interest and Dividends</td>
<td>133,165</td>
<td>110,941</td>
</tr>
<tr>
<td>Realised gain on investment</td>
<td>7,133</td>
<td>–</td>
</tr>
<tr>
<td>Bank Interest</td>
<td>9,977</td>
<td>9,762</td>
</tr>
<tr>
<td>Franking credits receivable</td>
<td>16,317</td>
<td>16,937</td>
</tr>
<tr>
<td>Bequeathed Funds</td>
<td>–</td>
<td>798,649</td>
</tr>
<tr>
<td>Donations</td>
<td>1,761</td>
<td>–</td>
</tr>
<tr>
<td><strong>TOTAL REVENUE</strong></td>
<td>2,691,682</td>
<td>2,691,423</td>
</tr>
<tr>
<td>(b) Expenses</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ASM Expenses</td>
<td>(1,041,816)</td>
<td>(692,784)</td>
</tr>
<tr>
<td>(c) Employee benefits expense</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wages and Salaries</td>
<td>(251,991)</td>
<td>(268,400)</td>
</tr>
<tr>
<td>Agency Temp staff</td>
<td>(22,750)</td>
<td>(3,990)</td>
</tr>
<tr>
<td>Workers Compensation</td>
<td>(1,134)</td>
<td>(1,319)</td>
</tr>
<tr>
<td>Recruitment</td>
<td>(17,984)</td>
<td>–</td>
</tr>
<tr>
<td>Superannuation</td>
<td>(23,127)</td>
<td>(24,416)</td>
</tr>
<tr>
<td>Movement in employee provision</td>
<td>(5,850)</td>
<td>(21,995)</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>322,836</td>
<td>320,120</td>
</tr>
</tbody>
</table>

### Note 3: Cash and Cash Equivalents

<table>
<thead>
<tr>
<th>Description</th>
<th>2014 ($)</th>
<th>2013 ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash on hand</td>
<td>250</td>
<td>52</td>
</tr>
<tr>
<td>Cash at bank</td>
<td></td>
<td></td>
</tr>
<tr>
<td>General account</td>
<td>225,818</td>
<td>23,204</td>
</tr>
<tr>
<td>Short term deposit</td>
<td>100,000</td>
<td>–</td>
</tr>
<tr>
<td>CBA Peter Phelan account</td>
<td>25,518</td>
<td>19,349</td>
</tr>
<tr>
<td>Australian Severe Asthma</td>
<td>270,729</td>
<td>222,922</td>
</tr>
<tr>
<td>Asthma &amp; Airways</td>
<td>49,808</td>
<td>11,840</td>
</tr>
<tr>
<td>ASM Conference 2014 account</td>
<td>–</td>
<td>131,804</td>
</tr>
<tr>
<td>ASM Conference 2015 account</td>
<td>144,089</td>
<td>–</td>
</tr>
<tr>
<td>Benevolent Funds’</td>
<td>4,443</td>
<td>2,640</td>
</tr>
<tr>
<td>Business online saver account</td>
<td>225,799</td>
<td>310,699</td>
</tr>
<tr>
<td>NZ Branch Business Saver</td>
<td>8,009</td>
<td>–</td>
</tr>
<tr>
<td>Suncorp</td>
<td>73,383</td>
<td>55,555</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>1,127,846</td>
<td>778,065</td>
</tr>
</tbody>
</table>
### (a) Restricted Cash

<table>
<thead>
<tr>
<th></th>
<th>2014 ($)</th>
<th>2013 ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash included within the above amount which is tied to the ASM and the ASANP agreements and therefore not readily available for use as it is held in trust.</td>
<td>414,818</td>
<td>354,726</td>
</tr>
</tbody>
</table>

### Note 4: Trade and Other Receivables

<table>
<thead>
<tr>
<th></th>
<th>2014 ($)</th>
<th>2013 ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Current</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trade debtors</td>
<td>170,944</td>
<td>113,000</td>
</tr>
<tr>
<td>Allowance for doubtful debts</td>
<td>–</td>
<td>–</td>
</tr>
<tr>
<td>ASM trade debtors and other receivables</td>
<td>396,370</td>
<td>456,481</td>
</tr>
<tr>
<td>Franking Credits receivable from ATO</td>
<td>10,138</td>
<td>10,803</td>
</tr>
<tr>
<td>Accrued income</td>
<td>35,722</td>
<td>35,722</td>
</tr>
<tr>
<td>Other</td>
<td>16,417</td>
<td>22,094</td>
</tr>
<tr>
<td><strong>TOTAL CURRENT TRADE AND OTHER RECEIVABLES</strong></td>
<td>629,591</td>
<td>638,100</td>
</tr>
</tbody>
</table>

Trade receivables are assessed for recoverability and a provision for impairment is recognised when there is objective evidence that the individual trade receivable is impaired.

### Note 5: Other Assets

<table>
<thead>
<tr>
<th></th>
<th>2014 ($)</th>
<th>2013 ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Current</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prepayments – TSANZ 2015 ASM</td>
<td>234,138</td>
<td>–</td>
</tr>
<tr>
<td>Prepayments – TSANZ 2014 ASM</td>
<td>–</td>
<td>198,323</td>
</tr>
<tr>
<td><strong>TOTAL CURRENT OTHER ASSETS</strong></td>
<td>234,138</td>
<td>198,323</td>
</tr>
<tr>
<td><strong>Non-current</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prepayments – TSANZ 2015 ASM</td>
<td>–</td>
<td>20,847</td>
</tr>
<tr>
<td>Trademark</td>
<td>2,600</td>
<td>–</td>
</tr>
<tr>
<td><strong>TOTAL OTHER ASSETS</strong></td>
<td>2,600</td>
<td>20,847</td>
</tr>
</tbody>
</table>

### Note 6: Other Financial Assets

<table>
<thead>
<tr>
<th></th>
<th>2014 ($)</th>
<th>2013 ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>a. Term Deposits held to maturity</strong></td>
<td>1,320,000</td>
<td>1,320,000</td>
</tr>
<tr>
<td><strong>b. Available for sale financial assets comprise of: Managed funds at market value - UBS Investments</strong></td>
<td>1,277,905</td>
<td>1,236,389</td>
</tr>
<tr>
<td><strong>TOTAL FINANCIAL ASSETS</strong></td>
<td>2,597,905</td>
<td>2,556,389</td>
</tr>
</tbody>
</table>
### Note 7: Property Plant and Equipment

#### Buildings and improvements

<table>
<thead>
<tr>
<th></th>
<th>2014 ($)</th>
<th>2013 ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td>At cost</td>
<td>850,282</td>
<td>850,282</td>
</tr>
<tr>
<td>Less accumulated depreciation</td>
<td>(89,480)</td>
<td>(63,463)</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>760,802</td>
<td>786,819</td>
</tr>
</tbody>
</table>

#### Furniture and fittings

<table>
<thead>
<tr>
<th></th>
<th>2014 ($)</th>
<th>2013 ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td>At cost</td>
<td>19,050</td>
<td>19,050</td>
</tr>
<tr>
<td>Less accumulated depreciation</td>
<td>(15,127)</td>
<td>(11,317)</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>3,923</td>
<td>7,733</td>
</tr>
</tbody>
</table>

#### Office equipment

<table>
<thead>
<tr>
<th></th>
<th>2014 ($)</th>
<th>2013 ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td>At cost</td>
<td>99,792</td>
<td>68,693</td>
</tr>
<tr>
<td>Less accumulated depreciation</td>
<td>(57,736)</td>
<td>(50,900)</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>42,056</td>
<td>17,793</td>
</tr>
</tbody>
</table>

**TOTAL**

<table>
<thead>
<tr>
<th></th>
<th>2014 ($)</th>
<th>2013 ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>806,781</td>
<td>812,345</td>
</tr>
</tbody>
</table>

Movements in carrying amounts for each class of property, plant and equipment between the beginning and the end of the current financial year:

<table>
<thead>
<tr>
<th></th>
<th>2014 ($)</th>
<th>2013 ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Balance at the beginning of the year</td>
<td>812,345</td>
<td>830,760</td>
</tr>
<tr>
<td>Additions</td>
<td>31,099</td>
<td>15,853</td>
</tr>
<tr>
<td>Disposals</td>
<td>–</td>
<td>–</td>
</tr>
<tr>
<td>Depreciation expense</td>
<td>(36,663)</td>
<td>(34,268)</td>
</tr>
<tr>
<td><strong>CARRYING AMOUNT AT THE END OF THE YEAR</strong></td>
<td>806,781</td>
<td>812,345</td>
</tr>
</tbody>
</table>

### Note 8: Trade and Other Payables

#### Unsecured Liabilities

<table>
<thead>
<tr>
<th></th>
<th>2014 ($)</th>
<th>2013 ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trade Payables</td>
<td>112,956</td>
<td>14,121</td>
</tr>
<tr>
<td>GST Payable</td>
<td>82,124</td>
<td>90,031</td>
</tr>
<tr>
<td>PAYG Withholding payable</td>
<td>–</td>
<td>4,219</td>
</tr>
<tr>
<td>Unspent ASANP funds</td>
<td>362,729</td>
<td>272,927</td>
</tr>
<tr>
<td>Membership in advance 2015</td>
<td>91,663</td>
<td>–</td>
</tr>
<tr>
<td>Membership in advance 2014</td>
<td>–</td>
<td>106,043</td>
</tr>
<tr>
<td>Income in advance – 2015 ASM</td>
<td>583,542</td>
<td>–</td>
</tr>
<tr>
<td>Income in advance – 2014 ASM</td>
<td>–</td>
<td>697,685</td>
</tr>
<tr>
<td>ALF Membership fees</td>
<td>–</td>
<td>3,205</td>
</tr>
<tr>
<td>Superannuation Payable</td>
<td>–</td>
<td>6,664</td>
</tr>
<tr>
<td>Company Contribution</td>
<td>7,085</td>
<td>6,670</td>
</tr>
<tr>
<td>Other Payables</td>
<td>57,303</td>
<td>27,055</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>1,297,402</td>
<td>1,228,620</td>
</tr>
</tbody>
</table>
Note 9: Awards Reserve

The Awards reserve consists of the following funds set aside for the purpose of granting awards to TSANZ members who meet the criteria set under each of these awards.

<table>
<thead>
<tr>
<th>Awards Reserve</th>
<th>2014 ($)</th>
<th>2013 ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asthma &amp; Airways Research Award</td>
<td>854,886</td>
<td>816,919</td>
</tr>
<tr>
<td>Janet Elder Travel Award</td>
<td>394,027</td>
<td>376,198</td>
</tr>
<tr>
<td>Peter Phelan Travel Award</td>
<td>255,517</td>
<td>249,349</td>
</tr>
<tr>
<td>Other research grants and awards</td>
<td>354,900</td>
<td>168,900</td>
</tr>
<tr>
<td><strong>CLOSING AT THE END OF THE YEAR</strong></td>
<td><strong>1,859,330</strong></td>
<td><strong>1,611,366</strong></td>
</tr>
</tbody>
</table>

Note 10: Related Party Transactions

Key Management Personnel Compensation

Key management personnel are those persons having authority and responsibility for planning, directing and controlling the activities of the company, directly or indirectly, including any director (whether executive or otherwise) of that entity. Control is the power to govern the financial and operating policies of an entity so as to obtain benefits from its activities.

Key Management Personnel (KMP) have been taken to comprise the directors and the members of the executive management responsible for the day to day financial and operational management of the Company. Directors who acted for the Company during the financial year are listed in the directors’ report. Directors act in an honorary capacity and receive no compensation for their services.

The aggregate Compensation of Key Management Personnel including non-monetary benefits, post-employment benefits and other long term benefits paid, payable or provided for is as follows:

<table>
<thead>
<tr>
<th>2014</th>
<th>$</th>
</tr>
</thead>
<tbody>
<tr>
<td>Directors</td>
<td>–</td>
</tr>
<tr>
<td>Key management personnel (other than Directors)</td>
<td>141,206</td>
</tr>
<tr>
<td><strong>TOTAL KEY MANAGEMENT PERSONNEL COMPENSATION</strong></td>
<td><strong>141,206</strong></td>
</tr>
</tbody>
</table>

Note 11: Cash Flow Information

Reconciliation of Net cash provided by operating activities with surplus:

<table>
<thead>
<tr>
<th>2014 ($)</th>
<th>2013 ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Surplus for the year</td>
<td>349,209</td>
</tr>
<tr>
<td>Depreciation</td>
<td>36,663</td>
</tr>
<tr>
<td>Gain on financial assets</td>
<td>(7,133)</td>
</tr>
<tr>
<td><strong>Changes in operating assets and liabilities</strong></td>
<td><strong>426,973</strong></td>
</tr>
<tr>
<td>Decrease in trade receivables and other assets</td>
<td>(9,059)</td>
</tr>
<tr>
<td>Increase/(Decrease) in trade payables and accruals</td>
<td>68,782</td>
</tr>
<tr>
<td>(Decrease)/Increase in provisions</td>
<td>(11,489)</td>
</tr>
<tr>
<td><strong>NET CASH PROVIDED BY OPERATING ACTIVITIES</strong></td>
<td><strong>1,116,612</strong></td>
</tr>
</tbody>
</table>


Notes to the Financial Statements
For the Year Ended 31 December 2014

Note 12: Subsequent Events
Nil

Note 13: Company Details
The registered office of the Company is:
The Thoracic Society of Australia and New Zealand Limited
GPO Box 1491,
Sydney NSW 2001

The principal place of business is:
The Thoracic Society of Australia and New Zealand Limited
Suite 405, Level 4,
5 Hunter St,
Sydney NSW 2000

Note 14: Contingent Liabilities
This company has entered into a memorandum of understanding with The Thoracic Society of Australia and New Zealand (NZ) to fully meet that entity’s liabilities. At the date of this report there are no known liabilities of the Thoracic Society of Australia and New Zealand (NZ).

Responsible Entities’ Declaration
The Responsible Entities of The Thoracic Society of Australia and New Zealand Limited declare that:

1. The financial statements and notes of the Society are in accordance with the Australian Charities and Not-for-profits Commission Act 2012 including:
   a. giving a true and fair view of its financial position as at 31 December 2014 and of its performance for the financial year ended on that date;
   b. complying with Australian Accounting Standards – Reduced Disclosure Requirements and the Australian Charities and Not-for-profits Commission Regulation 2013; and

2. There are reasonable grounds to believe that the Society will be able to pay its debts as and when they become due and payable.

Signed in accordance with the resolution of the Board of The Thoracic Society of Australia and New Zealand Limited.

For and on behalf of the Board.

Professor Matthew Peters
Director/President

Dr Aeneas Yeo
Director/ Treasurer

Dated this 27th day of February 2015
Independent Auditor’s Report

To the Members of The Thoracic Society of Australia and New Zealand

We have audited the accompanying financial report of The Thoracic Society of Australia and New Zealand (the “Company”), which comprises the statement of financial position as at 31 December 2014, the statement of profit and loss and comprehensive income, statement of changes in equity and statement of cash flows for the year then ended, notes comprising a summary of significant accounting policies and other explanatory information and the Responsible Entities’ declaration of the company.

Responsible Entities’ responsibility for the financial report

The Responsible Entities of the Company are responsible for the preparation of the financial report that gives a true and fair view in accordance with Australian Accounting Standards- Reduced Disclosure Requirements and the Australian Charities and Not-for-profits Commission Act 2012. The Responsible Entities’ responsibility also includes such internal control as the Responsible Entities determine 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

Our responsibility is to express an opinion on the financial report based on our audit. We conducted our audit in accordance with Australian Auditing Standards. Those standards require us to comply with relevant ethical requirements relating to audit engagements and plan and perform the audit to obtain reasonable assurance 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.

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Independent Auditor’s Report

Grant Thornton

In making those risk assessments, the auditor considers internal control relevant to the Company’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 Company’s internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by the Responsible Entities, as well as evaluating the overall presentation of the financial report.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Independence
In conducting our audit, we have complied with the independence requirements of the Accounting Professional and Ethical Standards Board and the Australian Charities and Not-for-profits Commission Act 2012.

Auditor’s opinion
In our opinion, the financial report of The Thoracic Society of Australia and New Zealand is in accordance with the Australian Charities and Not-for-profits Commission Act 2012, including:

a) giving a true and fair view of the Company’s financial position as at 31 December 2014 and of its performance for the year ended on that date;

b) complying with Australian Accounting Standards - Reduced Disclosure Requirements and the Australian Charities and Not-for-profits Commission Regulation 2013.

GRANT THORNTON AUDIT PTY LTD
Chartered Accountants

James Winter
Partner - Audit & Assurance

Sydney, 27 February 2015
### New Members

**Total New Members: 167**

#### Associate Membership

- **Count of 69**
  - Aaron Ting, NSW/ACT
  - Bob Li, NSW/ACT
  - Deborah Hamilton, NSW/ACT
  - Jamie Bryant, NSW/ACT
  - Koliarme Tong, NSW/ACT
  - Natalia Belousova, NSW/ACT
  - Yasmin Silva, NSW/ACT
  - Adelle Jee, NSW/ACT
  - Ayssa Arnold, NSW/ACT
  - Angelique Megevand, NSW/ACT
  - Benjamin Kolevski, NSW/ACT
  - David Abeleson, NSW/ACT
  - Khaled Al Oweidat, NSW/ACT
  - Lara Ridler, NSW/ACT
  - Michael Cheng, NSW/ACT
  - Payal Mandalia, NSW/ACT
  - Penelope Wright, NSW/ACT
  - Rebecca Conolly, NSW/ACT
  - Sanaz Tehrani, NSW/ACT
  - Xiao Hu, NSW/ACT
  - Angela Moran, NZ
  - David Chen, NZ
  - Donny Wong, NZ
  - Joanne Ridder, NZ
  - Mina Swart, NZ
  - Mohammad Mohd Hafetz, NZ
  - Olga Kovaleva, NZ
  - Anwar Bilal, QLD
  - Benjamin Gerhardt, QLD
  - Heather Allan, QLD
  - James Anderson, QLD
  - Jane Basham, QLD
  - Maureen Todman, QLD
  - Maureen Peasey, QLD
  - Maryann Todman, QLD
  - Meow-Chieong Yaw, NSW/ACT
  - Piola Pierucci, NSW/ACT
  - Qaiser Niazi, NSW/ACT
  - SM Abdullah Al Mamun, NSW/ACT
  - Vicky, Wai Lai Chang, NSW/ACT
  - Yewon Chung, NSW/ACT
  - Ama-Tawiah Essilfie, NSW/ACT
  - Susan Wang, NSW/ACT
  - Chris Grainge, NSW/ACT
  - Dev Banerjee, NSW/ACT
  - Emma Gray, NSW/ACT
  - Gregory Blecher, NSW/ACT
  - Herman Lam, NSW/ACT
  - Jay Horvat, NSW/ACT
  - Jessica Darne Carroll, NSW/ACT
  - Kathy Chapman, NSW/ACT
  - Maria Rios, QLD
  - Piola Pierucci, NSW/ACT
  - SM Abdulrahim Al Masmoom, NSW/ACT
  - Timothy Dinihan, NSW/ACT
  - Vicky, Wai Lai Chang, NSW/ACT
  - Yewon Chung, NSW/ACT
  - Alyx Clark, NZ
  - Cathrina Chang, NZ
  - Donna Thomson, NZ
  - Mahmood Abdulazeeem Alkhater, NZ
  - Paul Dawkins, NZ
  - Robyn Beach, NZ
  - Allison Mandrusiak, QLD
  - Anuradha Sinwardana, QLD
  - Elizabeth Pardede, QLD
  - Ghalam Sarwar, QLD
  - Greg Ker, QLD
  - Joseph Churton, QLD
  - Leanne Gauld, QLD
  - Rebecca Byrne, QLD
  - Robert Sheehy, QLD
  - Rosemary McGinn, QLD
  - Sarah Gleeson, QLD
  - Timothy Baird, QLD
  - Alexander Carroll, SA/NT
  - Harshani Jayasinghe, SA/NT
  - Sanda Orgeig, SA/NT
  - Shane Rix, SA/NT
  - Vanessa Tee, SA/NT
  - Nicholas Coatsworth, SA/NT
  - Kim Yeo, VIC
  - Kenia Charmula, VIC
  - Nicole Gaffney, VIC
  - Samantha Passey, VIC
  - Sameer Karnam, VIC
  - Stephanie Byrne, VIC
  - Teresa Bell, VIC
  - Georgina Banton, WA
  - Kathleen Maddison, WA
  - Natalia Forrest, WA
  - Natedao Phuangmalai, WA
  - Su Lyn Leong, WA

#### Ordinary Membership

- **Count of 63**
  - Ama-Tawiah Essilfie, NSW/ACT
  - Susan Wang, NSW/ACT
  - Chris Grainge, NSW/ACT
  - Dev Banerjee, NSW/ACT
  - Emma Gray, NSW/ACT
  - Gregory Blecher, NSW/ACT
  - Herman Lam, NSW/ACT
  - Jay Horvat, NSW/ACT
  - Jessica Darne Carroll, NSW/ACT
  - Kathy Chapman, NSW/ACT
  - Mei-Chieong Yaw, NSW/ACT
  - Piola Pierucci, NSW/ACT
  - Qaiser Niazi, NSW/ACT
  - SM Abdulrahim Al Masmoom, NSW/ACT
  - Timothy Dinihan, NSW/ACT
  - Vicky, Wai Lai Chang, NSW/ACT
  - Yewon Chung, NSW/ACT
  - Ama-Tawiah Essilfie, NSW/ACT
  - Susan Wang, NSW/ACT
  - Chris Grainge, NSW/ACT
  - Dev Banerjee, NSW/ACT
  - Emma Gray, NSW/ACT
  - Gregory Blecher, NSW/ACT
  - Herman Lam, NSW/ACT
  - Jay Horvat, NSW/ACT
  - Jessica Darne Carroll, NSW/ACT
  - Kathy Chapman, NSW/ACT
  - Mei-Chieong Yaw, NSW/ACT
  - Piola Pierucci, NSW/ACT
  - Qaiser Niazi, NSW/ACT
  - SM Abdulrahim Al Masmoom, NSW/ACT
  - Timothy Dinihan, NSW/ACT
  - Vicky, Wai Lai Chang, NSW/ACT
  - Yewon Chung, NSW/ACT
  - Alyx Clark, NZ
  - Cathrina Chang, NZ
  - Donna Thomson, NZ
  - Mahmood Abdulazeeem Alkhater, NZ
  - Paul Dawkins, NZ
  - Robyn Beach, NZ
  - Allison Mandrusiak, QLD
  - Anuradha Sinwardana, QLD
  - Elizabeth Pardede, QLD
  - Ghalam Sarwar, QLD
  - Greg Ker, QLD
  - Joseph Churton, QLD
  - Leanne Gauld, QLD
  - Rebecca Byrne, QLD
  - Robert Sheehy, QLD
  - Rosemary McGinn, QLD
  - Sarah Gleeson, QLD
  - Timothy Baird, QLD
  - Alexander Carroll, SA/NT
  - Harshani Jayasinghe, SA/NT
  - Sanda Orgeig, SA/NT
  - Shane Rix, SA/NT
  - Vanessa Tee, SA/NT
  - Nicholas Coatsworth, SA/NT
  - Kim Yeo, VIC
  - Kenia Charmula, VIC
  - Nicole Gaffney, VIC
  - Samantha Passey, VIC
  - Sameer Karnam, VIC
  - Stephanie Byrne, VIC
  - Teresa Bell, VIC
  - Georgina Banton, WA
  - Kathleen Maddison, WA
  - Natalia Forrest, WA
  - Natedao Phuangmalai, WA
  - Su Lyn Leong, WA

#### Student Membership

- **Count of 35**
  - Amanda Elaro, NSW/ACT
  - Beryl Lin, NSW/ACT
  - Faizah Agdam, NSW/ACT
  - Gavin Tjin, NSW/ACT
  - Laura Cordova, NSW/ACT
  - Su-Ling Loo, NSW/ACT
  - Bemodette Jones, NSW/ACT
  - Francesca Tang, NSW/ACT
  - Jacqueline Sandoz, NSW/ACT
  - James Pinkerton, NSW/ACT
  - Melanie Eniah, NSW/ACT
  - Harned Mineziezein, NZ
  - Annalicia Vaughan, QLD
  - Kenneth Sinclair, QLD
  - Timothy Sladden, QLD
  - Isabella Rose Meredith, SA/NT
  - Michael Binks, SA/NT
  - Emily Mulcahy, TAS
  - Matthew Eapen, TAS
  - Arouti Latham, VIC
  - Anthony O’Toole, TAS
  - Daniel Game, VIC
  - James Robertson, VIC
  - Johann Shergis, VIC
  - Joy Sha, VIC
  - Megan Jensen, VIC
  - Raymond Mariasouei, VIC
  - Shivonne Prasad, VIC
  - Srinivas R, VIC
  - Angela Fonseca, VIC
  - Cheng Lu, WA
  - Everard Mark, WA
  - Geoffrey Laurens, WA
  - Jean-Francois Lazor-Joset, WA
  - Kelly Martinovich, WA
  - Kumarawereerase Ruad Herman Perera, WA
  - Lesley Bennett, WA
  - Liz Starcevich, WA
  - Sharan Kaur Randhawa, WA

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Ronan O’Toole, TAS
Daniel Game, VIC
James Robertson, VIC
Johann Shergis, VIC
Joy Sha, VIC
Megan Jensen, VIC
Raymond Mariasouei, VIC
Shivonne Prasad, VIC
Srinivas R, VIC
Angela Fonseca, VIC
Cheng Lu, WA
Everard Mark, WA
Geoffrey Laurens, WA
Jean-Francois Lazor-Joset, WA
Kelly Martinovich, WA
Kumarawereerase Ruad Herman Perera, WA
Lesley Bennett, WA
Liz Starcevich, WA
Sharan Kaur Randhawa, WA

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**Total New Members: 167**