The future of childhood cancer research
Our vision
Is to save the lives of all children with cancer and eliminate their suffering.

Our purpose
Every year more than 950 Australian children and adolescents will be diagnosed with cancer. Every week nearly three Australian children and adolescents will die of cancer. Our organisation exists solely to put an end to childhood cancer.

We don’t just hope to do it.
We will do it.

It’s not if. It’s when.
2015 has proved to be an outstanding year for the Institute. We have not only maintained our positive trajectory towards achieving our strategic goals, but have accelerated it, with many long-term plans coming to fruition. Individually and collectively, our people have stretched themselves further than ever to deliver outstanding results. Most satisfying of all, we are seeing those results directly translating into improved outcomes for children with cancer.

**Achieving Zero Childhood Cancer**

Key to achieving our ultimate goal – saving the lives of all children with cancer – is developing the means for clinicians to tailor treatment to each individual’s cancer. We are therefore thrilled to be playing a central role in Australia’s first personalised medicine program for children with cancer, the Zero Childhood Cancer Program.

In a pilot study being conducted this year with Sydney Children’s Hospital, Randwick, and in a nation-wide clinical trial due to open next year, our scientists will be analysing the cancer cells of all participants: children with the most aggressive cancers, who are at highest risk of treatment failure. This is a tremendous opportunity to collaborate with clinicians to create better outcomes for such children, and we hold high hopes for the Program.

**Partnerships the key to our success**

This year we forged some valuable new partnerships, while strengthening existing bonds. We were particularly pleased to sign a Memorandum of Understanding with Australia’s foremost research facility focused on adult cancer translational research, the Peter MacCallum Cancer Centre, which will see our two Institutes combine forces to create this country’s first-ever childhood cancer immunotherapy program.

We are relishing synchronising our efforts with The Sydney Children’s Hospital.
Hospitals Network and Children’s Medical Research Institute through the translational research partnership ‘Paedriatrio,’ which this past year was awarded an extremely generous capital grant from the NSW State Government. We are also grateful for our continued partnership with the CRC for Cancer Therapeutics (CTx), which has funded key appointments in our Zero Childhood Cancer Program.

Our relationship with UNSW Australia continues to flourish, and we are enjoying wonderful engagement with the new Vice Chancellor, Professor Ian Jacobs, and Dean of Medicine, Professor Rodney Phillips. The Centre for Childhood Cancer Research, jointly established with UNSW last year, is now ‘open for business’ and our PhD candidates are being enrolled through the Centre.

**Our life-saving research**

There are few things more gratifying than seeing the Institute’s research translate into lives saved. Once just our dream, this is now a reality and we anticipate big things for the year ahead. Early results from the clinical trial of DFMO underway at Sydney Children’s Hospital, Randwick, using the drug which our research has shown to slow the growth of tumours when combined with chemotherapy, indicate that this drug is extremely effective against the childhood cancer neuroblastoma. We are now busy undertaking the research that will lead to follow-up clinical trials.

We are also seeing exciting results from our research into a new drug called CBL137. Our initial studies have not only shown CBL137 to hold great promise for treating neuroblastoma, but also to be potentially valuable against a whole range of aggressive childhood cancers, when used in combination with chemotherapy. Best of all, it appears able to block the growth of cancer cells without damaging healthy cells. Two trials in adults are currently underway in the USA and Russia, and once completed, an international trial will commence in children with a number of aggressive cancers. Like the DFMO trial, this trial will be led by Dr David Ziegler, from our Institute and Sydney Children’s Hospital, Randwick. Watch this space!

**The funding that makes our work possible**

None of our work would be possible without the financial support we receive from so many different sources. Chief among these is the National Health and Medical Research Council (NHMRC), which this year awarded a new Program Grant to Professors Richard Lock and Maria Kavallaris, placing us in the enviable position of having our entire leadership team now holding this prestigious funding. In addition, the Cancer Institute NSW (CINSW) awarded a new translational Program Grant to Professors Glenn Marshall, Michelle Haber and Murray Norris for their research into experimental therapeutics. Together with renewal of major grants from Cancer Council NSW and the US National Institutes of Health, this funding is key to sustaining the life-saving research we are now known for.

Also critical in financially supporting our work are the Institute’s signature fundraising events, including Endure for a Cure, the Diamond Ball, and our new Dare the Boss campaign, which raised a remarkable $52,000 in its first year – a wonderful effort by our ever-generous community.

**The brightest brains**

The Institute would be nothing without its people, and we are fortunate to have some of the best minds in the business. This year, we were thrilled to see Professor Murray Norris appointed a Member of the Order of Australia for his outstanding achievements in childhood cancer research, and to have Professor Maria Kavallaris named one of the Australian Financial Review and Westpac’s ‘100 Women of Influence 2015’ as well as appointed to the NHMRC Research Committee – a great honour. In addition, I was honoured to be appointed an inaugural Fellow of the newly established Australian Academy of Health and Medical Sciences.

We are also fortunate to have an extraordinary Executive team, an extremely supportive Board, and a wonderful working relationship between the two.

Children’s Cancer Institute is now an organisation that is inextricably interwoven with key partners, and far better than ever positioned to deliver on its goals.

Together, we are capable of extraordinary things, and together, I have no doubt we will achieve them.

It’s not if. It’s when.
Financial Highlights

Expenditure

- **79%** Research and scientific costs
- **15%** Fundraising
- **7%** Support & admin costs

In 2015, 79 cents of every dollar spent within the Institute was spent directly on dedicated research to help cure childhood cancer.

Financial Report

**Statement of comprehensive income**
For the year ended 31 December 2015

<table>
<thead>
<tr>
<th></th>
<th>2015 ($)</th>
<th>2014 ($)</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>REVENUE</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Research</td>
<td>23,133,540</td>
<td>11,168,791</td>
<td>63%</td>
</tr>
<tr>
<td>Fundraising</td>
<td>13,638,238</td>
<td>13,068,939</td>
<td>37%</td>
</tr>
<tr>
<td>Other</td>
<td>144,321</td>
<td>240,582</td>
<td></td>
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<tr>
<td><strong>Total revenue</strong></td>
<td><strong>36,916,099</strong></td>
<td><strong>24,478,312</strong></td>
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<tr>
<td>EXPENSES</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Research and scientific activities</td>
<td>25,109,932</td>
<td>19,525,078</td>
<td>79%</td>
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<tr>
<td>Fundraising</td>
<td>4,653,321</td>
<td>4,789,349</td>
<td>15%</td>
</tr>
<tr>
<td>Support and administration</td>
<td>2,182,607</td>
<td>1,980,486</td>
<td>7%</td>
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<tr>
<td><strong>Total expenses</strong></td>
<td><strong>31,945,860</strong></td>
<td><strong>26,294,913</strong></td>
<td>100%</td>
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<tr>
<td>Surplus / (deficit) for the year</td>
<td>4,970,239</td>
<td>(1,816,601)</td>
<td></td>
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<tr>
<td><strong>Other comprehensive income for the year, net of tax</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Net movement on available-for-sale financial assets</td>
<td>-</td>
<td>(24,157)</td>
<td></td>
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<tr>
<td><strong>Total comprehensive income for the year</strong></td>
<td><strong>4,970,239</strong></td>
<td><strong>(1,840,758)</strong></td>
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</table>
Statement of financial position  
As at 31 December 2015

<table>
<thead>
<tr>
<th>ASSETS</th>
<th>31 Dec 2015 ($)</th>
<th>31 Dec 2014 ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Current Assets</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash and cash equivalents</td>
<td>6,791,871</td>
<td>3,107,451</td>
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<tr>
<td>Restricted cash</td>
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<td>35,872</td>
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<td>Trade and other receivables</td>
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<td>690,647</td>
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<td>Other assets</td>
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<td><strong>Total Current Assets</strong></td>
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<td><strong>Non-current Assets</strong></td>
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<tr>
<td>Other assets</td>
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<td>17,358,186</td>
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<td>Available-for-sale financial assets</td>
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<td>Property, plant and equipment</td>
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<td>Intangible assets</td>
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<td><strong>Total Non-current Assets</strong></td>
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<tr>
<td><strong>Total Assets</strong></td>
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<th>LIABILITIES</th>
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<th>31 Dec 2014 ($)</th>
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<tbody>
<tr>
<td><strong>Current Liabilities</strong></td>
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<td>Trade and other payables</td>
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<td>1,351,588</td>
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<td>Provisions</td>
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<td><strong>Total Current Liabilities</strong></td>
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<tr>
<td><strong>Non-current Liabilities</strong></td>
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<tr>
<td>Provisions</td>
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<td>173,971</td>
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<tr>
<td><strong>Total Non-current Liabilities</strong></td>
<td>159,045</td>
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<tr>
<td><strong>Total Liabilities</strong></td>
<td>4,191,985</td>
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<table>
<thead>
<tr>
<th>NET ASSETS</th>
<th>31 Dec 2015 ($)</th>
<th>31 Dec 2014 ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td>29,785,726</td>
<td>24,815,487</td>
<td></td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>EQUITY</th>
<th>31 Dec 2015 ($)</th>
<th>31 Dec 2014 ($)</th>
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<tbody>
<tr>
<td>Reserves</td>
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<td>2,264,058</td>
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<tr>
<td>Retained surplus</td>
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<td>22,551,429</td>
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<tr>
<td><strong>TOTAL EQUITY</strong></td>
<td>29,785,726</td>
<td>24,815,487</td>
</tr>
</tbody>
</table>
ANNUAL REVIEW 2015

Hunger
The dogged determination to make it happen.

Conviction
The knowledge that what we do will solve the problem.

Brilliance
The best and brightest minds, using cutting-edge technology in a world-class environment.

Translation
Driving our discoveries into improved treatments for kids with cancer.

THE BUILDING BLOCKS OF OUR SUCCESS
“Working together, people and organisations can achieve so much more than working on their own, and cancer research is no exception.”
David Smith, Chairman

CHAIRMAN’S MESSAGE

2015 saw Children’s Cancer Institute continue the journey towards its vision of curing all children with cancer and eliminating their sufferer. Year on year, through the efforts of our wonderful staff, volunteers and supporters, we are not just taking steps forward, but leaps ahead, and this year was no exception. Our plan for 2016 is to continue this momentum and achieve more of the success our Institute has now become known for.

Partnerships and collaborations

Our relationship with UNSW Australia has never been stronger or more relevant. I would like to acknowledge its team’s strategic vision and support, which I believe is putting medical research and science ‘back on the map’ in NSW and Australia. Establishing the UNSW Centre for Childhood Cancer Research under the leadership of Professor Murray Norris AM is a great step forward in our joint quest to eliminate childhood cancer.

Another of our most important partnerships, the ‘Paediatrio’ research integration initiative, was given a significant boost this year through generous capital and equipment funding awarded by The Honourable Jillian Skinner MP, NSW Minister for Health. This support will make an enormous difference to Paediatrio’s collective medical research objectives and promote NSW as a true centre of excellence in childhood cancer research.

The Institute’s sustainability

In 2015 we saw a piece of legislation enacted that will change the landscape of Australia’s health and medical research sector: the federal government’s Medical Research Fund. Our industry played a key role in getting this fund established, particularly our peak organisation, the Australian Association for Medical Research Institutes, on whose Board Professor Michelle Haber sits.

2015 also brought a record level of both research and fundraising income for the Institute. Our fundraising net income has grown a significant 71% in the last three years, and our net surplus (including indirect costs) has grown 76% - with the successful launch of the Institute’s new brand in 2014 continuing to attract increased levels of corporate sponsorship and community support. This income is critical to our sustainability and financial independence and my sincere thanks go to everyone who supports what we do, and what we aspire to do. We simply would not be where we are today without your continued commitment.

Our corporate governance

It is an ongoing privilege to be a part of Children’s Cancer Institute and a member of its Board. As Chair, I would like to take the opportunity of welcoming two new Directors in 2015: Professor Rodney Phillips, Dean of Medicine at UNSW Australia, and former Australian Wallaby, Matthew Burke OAM, both of whom I know will be a great asset to our team. I offer thanks to my fellow Directors for their counsel and continued support, and also to the Institute’s management for the outstanding results they continue to deliver.

Finally, and by no means least, I would like to acknowledge both the State and Federal governments for their funding commitments in the area of medical research, and the advancement this represents towards the goal of curing children’s cancer. The future is looking bright.
OUR RESEARCH

How we go from the lab bench to a child’s bedside

Our focus is on translational research, making sure our discoveries are progressed into actual treatments for kids with cancer as quickly as possible.

We seek to discover new treatments specifically designed for children, to develop safer and less toxic drugs and treatment protocols that will minimise side-effects and ultimately give children with cancer the best chance of a cure with the highest possible quality of life.

1 Starting with the basics

To be able to find a cure for childhood cancer, we need to first understand it. That’s why our research starts with finding the causes and unravelling the nature of the different types of cancer.

2 Testing our results

The next step in our process is to test whether our findings will have the potential to become actual treatments for children with cancer. Utilising sophisticated robotic technology and pre-clinical model systems, our state-of-the-art labs provide the infrastructure needed to help us find new treatments as quickly as possible.
Our integrated team of clinicians and scientists make sure our research has relevance and is used throughout Australia and internationally.

In 2015, Children’s Cancer Institute and The Sydney Children’s Hospitals Network launched Zero Childhood Cancer, a personalised medicine program led by scientists and clinicians from the Institute and Sydney Children’s Hospital, Randwick. Zero Childhood Cancer is one of the most exciting childhood cancer research initiatives ever undertaken in Australia, to tackle the most serious cases of infant, childhood and adolescent cancer.
Acute lymphoblastic leukaemia (ALL) is the most common childhood cancer, with about 150 children diagnosed every year in Australia. Of these children, around 15% are found to have a particularly aggressive form of the disease, known as T-ALL. Compared with other forms of the disease, T-ALL tends to be less responsive to therapy and more likely to relapse following treatment, making for a poor prognosis.

Scientists from the Leukaemia Biology team at the Institute have been testing a range of drugs over the past several years, searching for the best candidates to fast-track into clinical trials of children with cancer. This research – part of the US National Cancer Institute (NCI)-funded ‘Pediatric Preclinical Testing Program’ – centres on using our unique laboratory models of childhood ALL to find those drugs that fight the disease most effectively. In recent tests, a new agent called PR-104 has generated some very promising results.

“During the 10 years we’ve been funded under the NCI program, we’ve tested more than 70 different drugs and combinations, and PR-104 is one of the most exciting yet,” explains Leukaemia Biology Program Head, Professor Richard Lock.

“We believe that PR-104 might be an effective drug for children who initially benefited from conventional treatment for T-ALL, but who have subsequently relapsed and need additional treatment.”

Treatment for T-ALL is long and gruelling. Just ask Seth. When he was 5 years old, Seth was taken to the doctor with a swollen stomach, rash and bruising. Later the same day, he was admitted to Monash Children’s Hospital...
Hospital in Clayton. “They wheeled Seth into a place called ‘Children’s Cancer Centre.’ I thought: why is it called that? Why are they using the word cancer?” says Seth’s father, Simon.

Seth was treated with chemotherapy, radiation, painful lumbar punctures and blood transfusions. His mum, Nikki, recalls her reaction to seeing what her son had to endure. “It was the injections in the legs and the blood transfusions I struggled with the most; I couldn’t watch,” she shares.

Three and a half years later, Seth completed his maintenance therapy, but still faces a 60% chance of relapse – so the potential of PR-104 is very promising news for him and his family.

The Leukaemia Biology team is trying to understand why PR-104 works so well against T-ALL, in the hope of finding a way to make it work just as well against other forms of the disease. “Obviously it would be ideal if we could extend the drug’s reach to include all acute lymphoblastic leukaemia patients,” says Professor Lock. “In the meantime, we are actively pursuing opportunities to conduct a clinical trial to test PR-104 in children who have relapsed T-ALL.”

“We’ve tested more than 70 different drugs and combinations, and PR-104 is one of the most exciting yet.”

Professor Richard Lock
Head of Program,
Leukaemia Biology
“CBL137 does not damage DNA, and it is DNA damage that is responsible for many of the serious side-effects cancer treatment has on children.”

Prof Michelle Haber AM
Head of Program,
Experimental Therapeutics
Children’s Cancer Institute researchers have discovered a new way to target one of the most difficult to treat cancers in children – neuroblastoma. The most common cancer in children under two years of age, neuroblastoma usually begins as a tumour near the kidneys but then spreads to other parts of the body, and is often well advanced by the time of diagnosis. For children with the most aggressive form of this disease – about half of all those diagnosed – the outlook is dismal, with less than 50% surviving.

Our Experimental Therapeutics and Molecular Carcinogenesis teams have shown that an experimental drug called CBL137 has a potent ‘chemo-boosting’ effect when used in tandem with conventional chemotherapy. In their experiments, treating cancer cells with a combination of the two treatments proved far more effective than either treatment on its own. This chemo-boosting effect of CBL137 appears to stem from its ability to prevent cancer cells from repairing the damage induced by chemotherapy. Unable to repair themselves, the cancer cells die, stopping tumour growth in its tracks.

“Our laboratory tests tell us that CBL137 is likely to be very effective against the most aggressive neuroblastomas, and indeed the most aggressive forms of other childhood cancers,” says Professor Michelle Haber AM, who together with Professor Glenn Marshall AM led the research. “But what is particularly exciting is that, unlike most other agents, CBL137 does not damage DNA, and it is DNA damage that is responsible for many of the unpleasant and serious effects cancer treatment can have on children – not just while they are sick, but after they are cured of their cancer.”

The impact this potential new therapy could have is wonderful news for the families of children like Ava, who was just a baby when she was diagnosed with advanced neuroblastoma. “I knew she was sick but I never, in my wildest nightmares, ever thought it could be cancer,” says Ava’s mum, Felicity. “Who knew babies could get cancer?”

After years of visits, scans and tests at Princess Margaret Hospital in Perth, Ava finally went into remission, but not without a cost. Now aged 7, she struggles at school, gets confused easily and has little short-term memory. The intensive treatment that saved her life may have affected her in ways that could take decades to unfold. “Knowing what Ava went through, I’m so grateful that researchers are searching for safer and more effective treatments for children,” says Felicity.

CBL137 is currently being tested in clinical trials for adults. Once these trials are completed, a clinical trial will begin in Australia and the USA in children with relapsed neuroblastoma, as well as other aggressive childhood cancers.
Bayley, age 8, in remission from aggressive leukaemia
What is Zero Childhood Cancer?

Zero Childhood Cancer is one of the most exciting cancer research initiatives ever undertaken in Australia. A joint initiative of Children’s Cancer Institute and the Sydney Children’s Hospitals Network, the program will see researchers and clinicians working in partnership to offer this country’s first ever personalised medicine program for children with cancer.

The science behind Zero Childhood Cancer

Personalised medicine – tailoring treatment to suit each individual patient, rather than using the traditional ‘one size fits all’ approach – stands to revolutionise the way childhood cancer is treated.

To tailor treatment in this way, detailed information about each individual’s disease must be gathered. For Zero Childhood Cancer, scientists at Children’s Cancer Institute will analyse cancer cells taken from each high-risk or relapsed child, to identify the precise molecular characteristics and genetic changes that allow that cancer to thrive. We will then screen the cells against hundreds of drugs to find out which drugs are most likely to kill the cancer, and grow the cells in our laboratory models of disease to test if these drugs are indeed effective.

All this information will be made available to a specialised team of clinicians and scientists, who will use it to develop and deliver the most effective treatment plans, specifically tailored to suit each child’s individual disease.

What difference will it make?

Zero Childhood Cancer offers fresh hope to children with aggressive cancers who are at the highest risk of treatment failure – like Bayley. Found to have a particularly aggressive form of acute lymphoblastic leukaemia (T-ALL) in April 2014 when he was 6 years old, Bayley began intensive chemotherapy and radiation treatment at the Royal Children’s Hospital in Brisbane immediately after diagnosis, and will need to continue treatment until late 2017.

JOURNEY OF A CHILD
Since Bayley lives in Far North Queensland, this means that as well as taking daily oral chemotherapy at home, he needs to travel to Cairns monthly, and to Brisbane quarterly.

“Every year about 150 children – like Bayley – are diagnosed with a high-risk cancer, or will relapse while on standard therapy, leaving them with a less than 30% chance of survival,” explains Professor Michelle Haber AM, Executive Director of Children’s Cancer Institute. “We believe that tailoring treatment to target these children’s individual cancers through the Zero Childhood Cancer program is the key to improving survival rates significantly.”

The launch of a new era in childhood cancer treatment

Zero Childhood Cancer was launched in September 2015 by Children’s Cancer Institute and The Sydney Children’s Hospitals Network.

Professor Glenn Marshall AM, Director of the Kids’ Cancer Centre at Sydney Children’s Hospital, Randwick, and Head of Translational Research at Children’s Cancer Institute, agrees - and is very optimistic about the potential of the program to improve treatment and minimise side-effects.

“Our ward is full of children suffering as much from the side-effects of treatment as they are suffering from cancer,” said Professor Marshall. “The data we will be gathering and using is exciting in two respects - we will have evidence-based treatment options in the present, and we will be building a powerful research repository for the future.”

The announcement received an unprecedented amount of media interest, with stories appearing on all free-to-air TV news programs, as well as major radio stations and print publications, reaching an audience of almost 6 million people. In social media, the news generated more than 2,000 messages of support. We were fortunate to have the support of several families affected by childhood cancer, who generously shared their stories to help us raise awareness of the program.

Collaboration makes it possible

The key to being able to offer personalised medicine – the concept at the very heart of the Zero Childhood Cancer program – is collaboration between laboratory-based scientists and hospital-based clinicians. Zero Childhood Cancer builds on the strength of the ‘bench-to-bedside’ partnership established by Children’s Cancer Institute and the Sydney Children’s Hospital, Randwick, over many years, and takes it another stride forward.

But such an ambitious program is complex and expensive, and would not be possible without the support of others.
Initial funding from the NSW State Government and the Federal Government-funded Cancer Therapeutics CRC kick-started the program, and further support has been committed by several other funding partners, including Australian Cancer Research Foundation, The Kids’ Cancer Project, Cure Brain Cancer Foundation, Robert Connor Dawes Foundation, Tour de Cure and UNSW Australia.

**Looking to the future**

Following the successful completion of a pilot study in NSW in 2016, a national clinical trial will open in 2017, involving children’s hospitals across Australia. “As the program is implemented, and as we gather more information, we hope to get better and better at identifying the most effective treatment for each child’s cancer,” says Professor Haber. “By 2020, we aim to be in a position to offer personalised medicine to every Australian child diagnosed with high-risk or relapsed cancer.”
Declan, age 6, currently enrolled on the DFMO clinical trial.

“If the DFMO clinical trial proves successful, it could fundamentally change the way we approach neuroblastoma treatment.”

Prof Michelle Haber AM
Head of Program, Experimental Therapeutics

Experimental Therapeutics & Molecular Diagnostics

An international clinical trial for children with relapsed neuroblastoma has begun, which is based on research by our Experimental Therapeutics and Molecular Diagnostics teams showing that chemotherapy drugs attack neuroblastoma much more effectively when used in combination with an agent called DFMO.

The DFMO trial is being led by Dr David Ziegler, who is both a group leader at the Children’s Cancer Institute and an oncologist at the Kids Cancer Centre, Sydney Children’s Hospital, Randwick, the trial is being run in 14 hospitals across North America, as well as at Sydney Children’s Hospital, Randwick in Australia.

Early results from the trial are looking very promising, with improved survival times and greatly improved quality of life.

The international clinical trial for children with relapsed neuroblastoma, being led by Sydney Children’s Hospital, Randwick, is the result of groundbreaking research by Children’s Cancer Institute. The trial is being supported by the Australian Lions Childhood Cancer Research Foundation, The Kids’ Cancer Project, Cancer Institute NSW, and the National Health and Medical Research Council, and internationally by New Approaches to Neuroblastoma Therapy (NANT).
Cancer & Stem Cell Biology

In research aimed at improving the survival of children with acute myeloid leukaemia (AML), our Cancer & Stem Cell Biology group has identified key genes and pathways that control leukaemic stem cells – the main cause of drug resistance and treatment failure in AML. The team is now working to develop new therapies that effectively target these cells.

Minimal Residual Disease

Our MRD team contributed to an important international study investigating the genetic lesions (mutations) found in babies with a highly aggressive form of acute lymphoblastic leukaemia. The study’s findings provide unique insights into the molecular pathology of this disease and pave the way to exploring a new approach for targeted therapy.

Drug Discovery Centre

Our Australian Cancer Research Foundation (ACRF) Drug Discovery Centre (DDC) for Childhood Cancer has helped identify drugs that show promising activity against a deadly form of brain cancer called diffuse intrinsic pontine glioma (DIPG). These drugs have the potential to provide new treatment options for DIPG, for which there is currently no effective treatment, and a rapid path to use in the clinic.

Histone Modification

Scientists in our Histone Modification group have identified two molecules never before studied – novel long non-protein-coding RNAs – and found that high levels of these in neuroblastoma tumours are independent markers for poor prognosis. They have also identified compounds able to reduce the expression of the RNAs, inhibiting cancer cell growth and reducing tumour progression in laboratory models of neuroblastoma.

Leukaemia Biology

Research by our Leukaemia Biology team is exploring unchartered territory in childhood cancer, examining the 3D structure of DNA in white blood cells. This work will help determine which children with acute lymphoblastic leukaemia are unlikely to respond to glucocorticoid chemotherapy, so unnecessary treatments and accompanying side-effects can be avoided in these children.

“What I hope to find is a ‘gene signature’, or cluster of genomic regions with an open configuration, that indicate sensitivity to chemotherapy.”

Dr Vincent Jing
Leukaemia Biology program

“Leukaemia Biology”

Research by our Leukaemia Biology team is exploring unchartered territory in childhood cancer, examining the 3D structure of DNA in white blood cells. This work will help determine which children with acute lymphoblastic leukaemia are unlikely to respond to glucocorticoid chemotherapy, so unnecessary treatments and accompanying side-effects can be avoided in these children.
Why your support is vital

The impact of childhood cancer is devastating, not only for the child but for their siblings and parents too. From the first moment of diagnosis their world will be changed forever – instead of the ‘normal’ family challenges of getting the kids to soccer practice or ballet class, their whole routine is now focused on hospital visits, test results and the challenges that cancer treatment brings.

We are determined to stop this happening. Our work is so important because childhood cancer has different causes and effects from adult cancer, so treatments designed for adults do not necessarily work for kids. Also the large pharmaceutical companies focus their research on the larger adult cancer market.

We are driven by the absolute belief that medical research will one day end childhood cancer and the long-term side-effects of treatment. Which is why, for more than 30 years, our talented team of scientists has been dedicated to preventing, treating and curing this disease.

While Children’s Cancer Institute is fortunate to receive substantial grant support from the government and funding bodies, this alone is not enough to fund the pioneering research desperately needed for every child to survive. For every grant-funded dollar we receive, we need to match this with a dollar from our fundraising.

Perhaps the greatest gift anyone can give is a legacy in their will; a gift that will help change the future for kids with cancer. In 2015 we had our highest ever income from bequests left by ordinary people who are helping us achieve extraordinary things through research.

Our fundraising success is dependent on the people who support us, including donors, corporate partners, trusts and foundations, community fundraisers, events and bequestors.

As we look ahead, our new personalised medicine program, Zero Childhood Cancer, represents a big step closer to our vision of curing every child; however we need to significantly increase our fundraising income to undertake this groundbreaking initiative.

We’ve made great progress. But we won’t stop until the job is done and with your help we can get there much sooner. Together we can move from nearly three children dying every week, to two, to one … then none.

Thank you for your ongoing support that is bringing us closer to curing every child.

We are curing childhood cancer. It’s not if. It’s when.
Diamond Ball 2015 was an evening that truly sparkled, raising over $600,000 for our research.

We were delighted to welcome His Excellency General the Honourable Sir Peter Cosgrove AK MC (Retd), Governor-General of the Commonwealth of Australia, and Lady Cosgrove. His Excellency became a Patron for the Institute in 2014. It was also a great privilege that The Hon Jillian Skinner MP, NSW Minister for Health joined us for the evening to show her support for our cause and research.

Our guest speaker was childhood cancer survivor and Institute ambassador, Nikki Quinn, who was diagnosed with leukaemia when she was 13. Now 24, Nikki suffers many side-effects from her treatment and showed tremendous strength and courage in a raw and powerful speech about her cancer journey.

During Childhood Cancer Awareness Month in September, we piloted our very first Dare the Boss campaign – a unique corporate team initiative that showed companies Australia-wide how to put the ‘fun’ back in ‘fundraising’.

Bosses all over the country were dared by their staff to do all kinds of hair-raising activities, including skydiving, stunt flying, swimming with sharks, bathing with snakes and many more challenging, bizarre and fantastic things!

In a wonderful display of team engagement, these fearless leaders stepped up to the challenge – supported by their creative colleagues who activated a huge range of extra initiatives to rally behind our cause. The inaugural Dare the Boss raised $52,000 for our research and proved to be an engaging concept for us to grow with our corporate partners in the future.

“Without research, our daughter wouldn’t be here. Without research, nothing will move forward and a cure will not be found.”

Denise & John, parents of childhood cancer survivor & regular giving donors

We are building on our strategy of growing income from generous individuals, and in 2015 successfully recruited more than 3,000 new regular giving donors. Regular monthly giving provides us with sustainable funds that allow us to plan ahead, so we can direct these funds to our most urgent areas of research and commit long-term to our vision of curing childhood cancer.

This type of giving also means we can keep our most loyal supporters up to date with the very real difference their funds are making. Supporters like Denise, whose daughter Julie was diagnosed with leukaemia in 1982 when her chance of survival was just 60% - 70%. Fortunately after three years of intense treatment, Julie survived and is now married with two young sons of her own.

Understanding the importance of dedicated research to help other children like Julie, Denise and her husband John have been regular donors to Children's Cancer Institute for the past 35 years!

Over time the cost of fundraising from regular giving is extremely low, making this an efficient way to grow our consistent, predictable funding so that we can invest most effectively in our life-saving research.
In November 2013 we were just four days away from the ‘family trip of a lifetime’ to the USA with our 15-year-old daughter Gemma and 11-year-old son Rory. Excitement was building.

When we were getting ready for bed, Rory was running around like a maniac. I said to him, “Hey come here and let me see your tummy.” I realised that what I had thought was a bit of a chubby tummy had become really distended. I said to him, “Can you suck that in?” He tried, but couldn’t.

We went to bed knowing that we had to get this checked out urgently. I barely slept that night; I had a feeling we were no longer going to make our overseas trip.

The next day our GP suggested going straight to hospital. Grant rang me from Sydney Children’s Hospital, Randwick and said “You’d better get here; it doesn’t look good.” I raced to Emergency, found Grant and Rory and heard the word ‘tumour’ for the first time. It was the 11th of the 11th in 2013 which of course is Remembrance Day … and that was quite remarkable … because that day became one we would never forget.

From that day forward, our lives would never be quite the same.

Suddenly we were thrust into the world of childhood cancer. A week later, on the day we were due to be in Disneyland, we were sat down and told that Rory’s diagnosis was an ALK positive inflammatory myofibroblastic sarcoma. Trying to get your head around the technicalities, the biology and the chemistry of this rare and complex disease – while emotionally absorbing the fact that your kid has an aggressive stage 4 cancer – is difficult to describe.

Rory spent three weeks in the ward. Initially he was terribly sick with side-effects including severe nausea, vomiting and diarrhoea and had to be moved to isolation. Of course this was hard, but the brilliant part was that the tumour began to shrink very soon after he began treatment.

Last year Rory’s tumour had shrunk from the size of a watermelon to the size of a plum. It got small enough that the residual tumour was removed along with part of his bowel. Two-and-a-half years down the track from diagnosis, he continues on the same treatment with the hope he will be able to stop medication soon if the scans remain clear. He still has nausea and a low white blood cell count for which he needs to inject himself once a week. Despite this, Rory’s zest for life means he has carried on relatively normally – he is now in year 8, he plays rugby and rugby league and loves boxing, swimming, mucking around with friends, sneaker shopping and watching YouTube.

“A week later, on the day we were due to be in Disneyland, we were sat down and told that Rory’s diagnosis was an ALK positive inflammatory myofibroblastic sarcoma.”

Leanne, Rory’s mum
During this time it is important to mention that Grant was also diagnosed with prostate cancer – quite unusual for a 44-year-old. As a result he had a radical prostatectomy and so far has a very positive prognosis.

Our appreciation and respect for the knowledge, education and applied research of our specialists is enormous. We are acutely aware that there is no clear treatment pathway, no known cure and that Rory could relapse at any point. This is what motivated our desire to raise money for research. After considering traditional fundraising options such as dinners, raffles and so on, Grant’s boss at the time said to him: “Forget all that – let’s just ask all our influential contacts to give upfront. I’ll write to some people and see how we go.” Well, Grant being Grant was happy with this approach – but not patient. So when the money did not immediately flow in, he took it upon himself to follow up all these contacts. We put a message out on the ‘Roar for Rory’ Facebook page and some friends did a small fundraiser event. Every dollar makes a difference. Gradually people began to give – people with the dollars to give substantially, but also others who were simply our dear friends. By the end of this intense drive we had raised over $350,000!

Asking for money was a very humbling experience, but it pales in comparison to the satisfaction we felt when Children’s Cancer Institute appointed researcher Hyunjoo Lee six months later. Hyunjoo’s research is dedicated to finding improved treatments for rare cancers like Rory’s. If it wasn’t for people like those at Children’s Cancer Institute, who have dedicated their intellects and their working lives to this challenge of curing every child, we would not be where we are now.

Life has changed irretrievably and we continue to live on tenterhooks. But everything is relative and we are very grateful. If we lived elsewhere in the world it is likely that we and Rory would have no hope. And this is what Children’s Cancer Institute and Sydney Children’s Hospital, Randwick have been able to give us – lots and lots of hope.
Mr David JP Smith
Chairman
MBA, B.Bus, GAICD, FAIM
Mr Smith joined the Board in February 2012 and was elected Chairman on 1 November 2012. He has over 34 years’ experience in financial services in both Australia and New Zealand. He has 18 years’ experience in senior executive positions with Westpac Banking Corporation, Insurance Australia Group NZ Limited and Zurich Financial Services Limited. He has held CEO positions for the last 16 years, reporting to local and international boards, with his most recent role being with AXIS Specialty Australia, where he was Chief Executive until December 2015.

Mr Smith holds an MBA from the Massachusetts Institute of Technology and was a 1997 Sloan Fellow. He also holds a Bachelor of Business degree, is a graduate member of the Australian Institute of Company Directors and is a Fellow of the Australian Institute of Management. Mr Smith is a member of the Remuneration and Nominations Subcommittee and Chairs the University Relations Subcommittee.

Professor Michelle Haber AM
Executive Director
BSc Psych (Hons), PhD, Hon DSc (UNSW) FAHMS
Professor Michelle Haber joined Children’s Cancer Institute as a staff scientist in 1984. She was appointed Director of Children’s Cancer Institute in June 2000 and Executive Director in 2003. Michelle is known for her world-class research into the treatment of neuroblastoma and acute lymphoblastic leukaemia in children. She holds a conjoint appointment as Professor in the Faculty of Medicine at UNSW Australia. Michelle is a Past President of the International Advances in Neuroblastoma Research Association (ANRA), the peak international body for neuroblastoma research and, in 2007, was appointed a Member of the Order of Australia for services to science in the field of research into childhood cancer, to scientific education and to the community.

In 2008, Michelle was awarded an Honorary Doctorate from UNSW Australia for her eminent service to the cancer research community and in 2014 she was awarded the Cancer Institute NSW Premier’s Award for Outstanding Cancer Researcher of the Year.

In 2015, Michelle was made an Inaugural Fellow of the Australian Academy of Health and Medical Sciences (AAHMS).

Ms Edwina Jones
Director
BPharm
Ms Jones joined the board in 2010. She is a retired pharmacist having worked in retail pharmacy and as a consultant pharmacist. Her daughter is a childhood cancer survivor, having been diagnosed in 1991. Mrs Jones and her late husband have been long-time supporters of Children’s Cancer Institute. Her husband was on the board from 1993 to 1998.

Ms Jones is a member of the Fundraising Subcommittee.
Mr Bart Vogel
Director
BCom (Hons), FCA
Mr Vogel was appointed to the Board in 2007. He is a non-executive director of Macquarie Telecom Limited, Infomedia Limited and BAI Communications. During his 35 year executive career Bart was the CEO of Asurion Australia, and Lucent Technologies in Australia and Asia Pacific, and was a partner of Bain & Company, a global management consulting firm. His corporate advisory work has included 8 years as a partner at Deloitte.

Mr Vogel Chairs the Audit and Risk Management Subcommittee and is a member of the University Relations Subcommittee.

Professor Les White AM
Director
DSc MBBS FRACP MHA AFACHSM
Professor Les White was appointed as the inaugural NSW Chief Paediatrician in September 2010. He was Executive Director of Sydney Children’s Hospital from 1995 to 2010, following a clinical and academic career, with emphasis on childhood cancer. Other positions have included President of Children’s Hospitals Australasia (1999-2004) and the John Beveridge Professor of Paediatrics (2005-2010). He has over 120 publications and many more abstracts, awards and invited presentations in his CV. He serves on 9 not-for-profit boards relating to children’s health or medical research.

Professor White was awarded a Doctorate of Science for research contributions related to childhood cancer and holds a Master of Health Administration. In 2007 he received an Order of Australia award for service to medicine, medical administration and the community in the field of paediatrics. He has championed the rights of children and young people in healthcare in the Australian setting. His current interests include childhood injury, intellectual disability, health services research and state-wide networking of paediatric services.

Professor White is a member of the Remuneration and Nominations Subcommittee and the Scientific Advisory Committee.

Mr Lindsay Partridge AM
Director
BSc Hons Ceramic Eng, FAICD, Dip CD
Mr Partridge joined the Board in June 2012, after more than a decade of philanthropic support for Children’s Cancer Institute and other charities. Lindsay is a ceramic engineer who has worked extensively in all facets of the Building and Construction industry in Australia and the United States prior to joining the Austral Bricks division of Brickworks Ltd in 1985. He held various senior management positions at Austral Bricks before being appointed Chief Executive Officer of Brickworks Ltd in 1999 and Managing Director in 2000.

From 2001 to 2003, Lindsay was a Director of Bristile Ltd. He has also had extensive industry body involvement and was the Founding Chairman of the Australian Brick and Blocklaying Training Foundation and is a Director of Think Brick Australia. Previously he was a Director of HIA (Housing Industry Association) Youthbuild and was elected HIA State Councillor. Lindsay is a Member of the Business Council of Australia.

Lindsay is Chair of the Fundraising Subcommittee and the IP & Commercialisation Subcommittee.
Mr Peter Stirling Benson  
**Director**  
BA (Comb. Hon), MBA, GAICD  
Mr Stirling Benson has extensive experience in the travel, media, entertainment and health sectors, both in Australia and overseas. He was a senior executive at Diageo and British Airways prior to holding a number of CEO positions over a period of 15 years in pay television (TV1), electronic distribution of travel services (Galileo), ticketing of major events (Ticketek) and the fitness industry (Fitness First).  
Peter holds a BA (Combined Honours) from University College London, an MBA from the London Business School and is a Graduate of the Australian Institute of Company Directors. He is Chairman of the Remuneration and Nominations Subcommittee and a member of the Commercialisation and IP Subcommittee.

Emeritus Professor Richard Henry AM  
**Director**  
MB BS, MD, FRACP, Dip Clin Epi  
Emeritus Professor Richard Henry had a long career in academic medicine and hospital paediatrics before his appointment as Vice-President and Deputy Vice-Chancellor (Academic) of UNSW Australia from 2006-2012. He is also a Trustee of Sydney Grammar School and the Chair of the Board of the Centre for Social Impact. He was appointed a Member of the Order of Australia in 2007 for service to paediatric respiratory medicine as a clinician, researcher, educator and mentor, and serving in a range of roles with professional medical organisations.  
Emeritus Professor Henry is a member of the Audit and Risk Management Subcommittee, the University Relations Subcommittee and the Scientific Advisory Committee.

Mr Simon Truskett  
**Director**  
BCom, LLB  
Mr Truskett was appointed to the Board in 2006. He is a Partner at national law firm Clayton Utz, with more than 25 years’ experience advising Australian and foreign companies on a range of corporate and securities law issues in medical, health and other industries. He was the founding National Partner responsible for community involvement at Clayton Utz (called Community Connect) and a director of the Clayton Utz Foundation. He is also a former director and Chair of Lex Mundi Limited, the world’s leading association of independent law firms.  
Mr Truskett is a member of the Audit and Risk Management Subcommittee and the Commercialisation and IP Subcommittee.
Mr Tim Yule
Director
BCom, M.Mgt, Grad Dip App Fin

Mr Yule was appointed to the Board in December 2013. He is an experienced business leader within investment banking and financial services in Australia and Asia, with previous roles at Westpac Bank, Perpetual Investments and UBS Australia, and is currently Head of Distribution at Mason Stevens.

Over the last twenty years, Mr Yule has led businesses servicing institutional, corporate and retail clients in a variety of areas including fixed income, interest rate and equity derivatives, structured finance, and commodities. He has significant sales, strategy and product development experience.

His daughter has completed treatment for childhood cancer.

Mr Yule is a member of the Remuneration and Nominations Subcommittee, the Fundraising Subcommittee and the Audit and Risk Management Subcommittee.

Mr Matthew Burke OAM
Director

Mr Burke, who joined the Board in December 2015, was a member of the Australian Wallabies Rugby Union team from 1993 to 2004, being a part of the team that won the 1999 Rugby World Cup. Mr Burke is currently a sports presenter on Network Ten Australia, a published author and an in-demand guest speaker.

Mr Burke has held past roles with the Newcastle Falcons Rugby Union (United Kingdom), New South Wales Rugby Union and the Australian Rugby Union. He has also had involvement with charity organisations such as the Leukaemia Foundation.

Professor Rodney Phillips
Director
FMed.Sci. MA (Oxon) MD (Melb) FRCP FRACP

Professor Phillips was appointed as Dean of UNSW Medicine in mid-2015, and joined the Institute Board in October 2015. He is an immunologist whose research has impacted the world’s understanding of HIV/AIDS and other infectious diseases.

A native Australian and graduate of the University of Melbourne, he worked for 35 years in the United Kingdom, primarily at Oxford University. He is best known for describing, for the first time, how the HIV virus evades the body’s immune defences. He has conducted many years of bedside research in communities across Asia and Africa and has an enduring interest in the significant health challenges of the third world, such as malaria, tuberculosis and AIDS.

As a medical administrator, Professor Phillips has held numerous influential roles including Vice-Dean of Medical Sciences at Oxford University and Director of the Peter Medawar Building for Pathogen Research.
**Our Executive Team**

**Professor Michelle Haber AM**  
**Executive Director, Head of Program, Experimental Therapeutics**  
*BSc Psych (Hons), PhD, Hon DSc (UNSW) FAHMS*

Professor Michelle Haber joined Children’s Cancer Institute as a staff scientist in 1984. She was appointed Director of Children’s Cancer Institute in June 2000 and Executive Director in 2003. Michelle is known for her world-class research into the treatment of neuroblastoma and acute lymphoblastic leukaemia in children. She holds a conjoint appointment as Professor in the Faculty of Medicine at UNSW Australia. Michelle is a Past President of the International Advances in Neuroblastoma Research Association (ANRA), the peak international body for neuroblastoma research and, in 2007, was appointed a Member of the Order of Australia for services to science in the field of research into childhood cancer, to scientific education and to the community.

In 2008, Michelle was awarded an Honorary Doctorate from UNSW Australia for her eminent service to the cancer research community and in 2014 she was awarded the Cancer Institute NSW Premier’s Award for Outstanding Cancer Researcher of the Year.

In 2015, Michelle was made an Inaugural Fellow of the Australian Academy of Health and Medical Sciences (AAHMS).

**Professor Murray Norris AM**  
**Deputy Director, Head of Program, Molecular Diagnostics**  
*BSc ANU, MAppSc NSWIT, PhD UNSW*

Professor Murray Norris was one of the first three scientists to staff Children’s Cancer Institute when its research laboratories opened in 1984. He is Head of the Molecular Diagnostics Program, Director of the ACRF Drug Discovery Centre and was appointed Deputy Director of the Institute in 2000.

His research focuses on utilising new molecular genetic technologies to improve the diagnosis, risk classification and treatment of childhood cancer and he has developed and implemented unique technology enabling the early prediction of relapse in children with acute lymphoblastic leukaemia. Murray has an international research reputation in childhood neuroblastoma, particularly the molecular analysis of genes and their relationship with clinical variables. Key areas of his research are new therapeutic approaches to treating cancers and the detection of minimal residual leukaemia.

Murray’s work has been recognised by a number of awards and he has an established record of state and national grant-funded research and is the Incoming President for the Advances in Neuroblastoma Research Association (2014–2016).

In 2015, he was appointed a Member of the Order of Australia, for significant service to medical research as a molecular biologist and pioneering development of treatments for cancer in children.

Murray is also Director of the newly opened UNSW Centre for Childhood Cancer Research.

**Mr Mark Bizeray**  
**Chief Financial Officer**

Mark Bizeray joined the Institute in April 2011 and was appointed Chief Financial Officer and Company Secretary in May 2012. He is a CPA with over 14 years’ experience managing the finance function across a range of industries including the not-for-profit sector. He has extensive experience in financial management, planning and control as well as designing and implementing business strategies and governance frameworks. Mark brings a strong combination of technical, commercial and leadership skills to the Institute.
Mrs Anne Johnston  
**Head of Fundraising & Marketing**

Anne joined Children's Cancer Institute in October 2012 as Head of Fundraising, with extensive experience across the commercial and not for profit (NFP) sector. She is responsible for all fundraising income streams and is driving a strategy to grow these significantly over the next three years to fund vital research that will achieve the Institute’s vision of curing childhood cancer in the foreseeable future.

Under Anne’s leadership, fundraising income has increased a significant 71% since she joined the Institute in 2012. She also directed the successful launch of the Institute’s new brand in 2014, which continues to attract increased levels of corporate sponsorship and community support.

Previously Anne was at the Starlight Children’s Foundation Australia where she had headed Fundraising and Marketing for six years.

Prior to joining the NFP sector Anne was General Manager for Oroton Handbags and Actil bed linen in Australia heading up all aspects of these businesses from product design and supply to marketing and sales. In the UK Anne was Marketing Director for a major textile company for 12 years, with considerable experience across textiles and fashion retail which commenced as a graduate in Harrods department store.

Dr Peter Wejbora  
**Head of Research Development & Operations**

Peter Wejbora joined Children’s Cancer Institute in July 2011 as Associate Director, responsible for advocacy and career development. In May 2012 he was appointed Head of Research Development & Operations with responsibility for driving research collaborations, partnerships and commercialisation. Prior to this he held the position of Director, Strategic Research Investment at the Cancer Institute NSW, the first state-wide cancer control agency in Australia. In this role he oversaw the development and delivery of support programs aimed at enhancing cancer research activity in NSW as well as facilitating the rapid translation of research evidence into practice. Peter has worked in senior research development and management roles within the university sector, first at the University of Newcastle and later at Western Sydney University, where he carried responsibility for increasing research income across all university colleges.

Mrs Elaine Neeson  
**Head of Technology**

Elaine Neeson came to Children’s Cancer Institute in March 2007, bringing more than 15 years’ experience in business analysis and project management. She was initially engaged as Project Manager for the Institute’s relocation to the Lowy Cancer Research Centre.

In July 2008 she was appointed Risk & Compliance Manager and Project Manager for the Institute, working closely with the Fundraising team to ensure compliance and operational integrity. In November 2010, Elaine was appointed Head of Fundraising Operations, making use of her specialised skills in project management, compliance management and business analysis. In May 2012, Elaine was appointed Strategic Operations Manager, with guiding responsibility for the implementation of Children's Cancer Institute's five-year Strategic Plan.

In November 2015, Elaine was appointed Head of Technology for the Institute, integrating the Project Management Office and the IT department to deliver a cohesive technology approach for the organisation.
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OUR RESEARCH LEADERS

Professor Michelle Haber AM
Executive Director, Head of Program, Experimental Therapeutics
BSc Psych (Hons), PhD, Hon DSc (UNSW) FAHMS

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BSc ANU, MAppSc NSWIT, PhD UNSW

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In 2015, he was awarded an Order of Australia (AM) for significant service to medical research as a molecular biologist and pioneering development of treatments for cancer in children.

Murray is also Director of the newly opened UNSW Centre for Childhood Cancer Research.

Professor Glenn Marshall AM
Head of Translational Research & Molecular Carcinogenesis
MBBS, MD UNSW, FRACP

Professor Glenn Marshall’s primary preclinical research interests include investigating the mechanisms by which normal embryonal cells become cancerous, and improving the effectiveness of non-cytotoxic anti-cancer therapy in child cancer. Glenn has a longstanding clinical and translational research focus on relapse detection by Minimal Residual Disease (MRD) testing in leukaemia, and the therapy of high-risk or relapsed leukaemia. With colleagues at the Children’s Hospital Westmead, John Hunter Children’s Hospital and Ronald McDonald Learning Program, he helped initiate the Learning Pathways Project for Children with Cancer in 2007.

In addition to his research activities, Glenn is a full-time paediatric haematologist and oncologist, and Director of the Centre for Children’s Cancer and Blood Disorders at Sydney Children’s Hospital, Randwick.

In 2011, Glenn was appointed Head of Translational Research at Children’s Cancer Institute and became Director of a research network of all child cancer clinicians and researchers in NSW, known as the Kids Cancer Alliance, funded by the Cancer Institute NSW.

With colleagues Professors Haber and Norris he received the Premier’s Award for Excellence in Translational Cancer Research and the NHMRC “Ten of the Best” award in 2012. He was profiled in The Lancet on 25 March 2013 as a successful clinician-scientist. He was awarded an Order of Australia (AM) in 2014 for significant service to medicine field of paediatric oncology.
Professor Maria Kavallaris  
Head of Program, Tumour Biology & Targeting  
BAppSci UTS, PhD UNSW  
Professor Maria Kavallaris's research contributions are internationally regarded and include identifying the mechanisms of action and resistance to anticancer drugs that target cell division, discovering new cytoskeleton interactions in cancer, and the development of less toxic cancer therapies using nanotechnology. Her program's research contributions include the identification of novel mechanisms of resistance to anticancer agents that target key proteins involved in cell division in childhood cancer.

Maria is a National Health and Medical Research Council (NHMRC) Senior Research Fellow and her research contributions have been recognised by international and national awards and prizes including an International Agency for Research on Cancer Fellowship, an American Association for Cancer Research Women in Cancer Research Award, NHMRC Career Development Award, a Young Tall Poppy Award and an Australian Museum Eureka Prize. Maria serves on the Board of the Australian Institute for Policy and Science and has played a major role in advocating for medical research through public outreach and served as President of the Australian Society for Medical Research. Maria was recognised by the NHMRC as part of its rollcall of Australian 'high achievers' in health and medical research (past and present) in 2014 and was named one of The Australian Financial Review and Westpac's 100 Women of Influence 2015.

Professor Richard Lock  
Head of Program, Leukaemia Biology  
BSc (Hons) UC Swansea, PhD London  
Professor Richard Lock was recruited as Head of Children's Cancer Institute's Leukaemia Biology Program in 1998 from the position of Associate Professor, Department of Medicine and Department of Biochemistry and Molecular Biology, University of Louisville, Kentucky, USA. Prior to his move, he had attained an international reputation in the cancer-related fields of cell cycle control, drug resistance and mechanisms of programmed cell death (apoptosis).

Since arriving at the Institute, Richard has successfully developed a clinically relevant laboratory model for the in vivo growth of human acute lymphoblastic leukaemia cells – the first such model in Australia. The model now plays a central role in the preclinical evaluation of anticancer agents and the identification of new targets for targeted therapies. Richard's contribution to cancer research has been reflected in his authorship of around 150 peer-reviewed papers, including several in prestigious journals such as Blood, Cancer Research, Cell Stem Cell, Clinical Cancer Research, and Cancer Cell. He is currently a National Health and Medical Research Council Senior Research Fellow, and has been awarded research grants by the National Cancer Institute (USA), The Cancer Council NSW, and the National Health and Medical Research Council.

Professor Lock is Deputy Director of the newly opened UNSW Centre for Childhood Cancer Research.

A/Prof Richard Cohn  
Clinical Research Associate, Long Term Follow-up Project  
MB, BCh Rand, DCH SA, FCP (Paed) SA, FRACP  
Associate Professor Richard Cohn was appointed a Clinical Research Associate at Children's Cancer Institute in 1999, following the decision to expand the research capabilities of the existing long-term follow-up clinic in the Centre for Children's Cancer and Blood Disorders (CCCBD) at Sydney Children's Hospital, Randwick. This move marked the creation of the Long Term Follow-up Project at Children's Cancer Institute, a project dedicated to investigating the late effects of therapy for childhood cancer in long-term survivors. Richard has been a Consultant Paediatric Haematologist/Oncologist at Sydney Children's Hospital, Randwick since 1997, having moved to Australia from South Africa. He is Head of Clinical Oncology within the CCCBD and is Associate Professor in the School of Women's and Children's Health at UNSW Australia. He has authored more than 70 publications in the field of paediatrics and oncology. In addition to his interest in the long-term sequelae of childhood cancer treatment, Richard has a special interest in childhood brain tumours and is Chairman of the Brain Tumour Collaborative at Sydney Children's Hospital, Randwick.
Dr Jenny Wang  
**Group Leader, Cancer & Stem Cell Biology**  
*BSc, PhD Macq*

Dr Jenny Wang was recruited to Children’s Cancer Institute in June 2011 from Harvard Medical School and Harvard Stem Cell Institute, where she undertook postdoctoral research in cancer stem cell biology (2005–2011). Since relocating Jenny has established an independent stem cell research group and was awarded CINSW Career Development Fellowship in 2012 and ARC Future Fellowship in 2013. Her research has attracted $1.5 million in competitive project grant funding as Chief Investigator A since 2012, including two NHMRC project grants, one CCNSW project grant and two UNSW Gold Star Awards.

Genetic and epigenetic abnormalities enable cancer stem cells to hijack normal stem cell self-renewal mechanisms that multiply out of control, causing cancer. Research in Jenny’s laboratory is focused on understanding the mechanisms that regulate aberrant self-renewal and drug resistance of malignant stem cells, and developing cancer stem cell-targeted therapies that are more effective and less toxic in patients who have a high risk of relapse and poor outcome.

Dr Karen MacKenzie  
**Senior Scientist, Personalised Medicine Program**  
*BApSci UTS, PhD UNSW*

In 2015 Karen was appointed Senior Scientist in the Institute’s newly established Personalised Medicine (PM) Program, a joint initiative between the Institute and The Sydney Children’s Hospitals Network. Her focus within the PM Program is on the development of a platform for pre-clinical evaluation of drug efficacy for children with aggressive sarcomas. She also oversees research that is intricately aligned with the PM Program, centred on molecular targets in paediatric solid tumours.

Leading into her appointment in the PM Program in 2015, Dr MacKenzie was Group Leader at the Institute (2002–2014), supervising a successful independent research team investigating the step-wise processes that underpin cancer development in soft-tissue and blood stem cells, with the overarching goal of exploiting these mechanisms as therapeutic targets. Her research has been published in highly regarded journals, including Cancer Res, Leukemia, Oncogene, Cancer Cell and J Biol Chem. She has recently been invited to write reviews for the prestigious journals Nature Reviews Cancer and Seminars in Cancer Biology. In total, she has published 55 papers, including three book chapters.

Dr MacKenzie has supported her research at the Institute with a continual source of independent peer-reviewed project grant funds from NHMRC, Cancer Council and other agencies. She received a NHMRC Career Development Fellowship 2008–2011 and Cancer Institute NSW Career Development Fellowships 2005–2007 and 2008–2010. She contributes to professional working parties, advisory committees, conference organisation, peer review processes and higher degree student supervision.

Dr MacKenzie is also a Conjoint Senior Lecturer at UNSW Australia.

A/Prof Rosemary Sutton  
**Group Manager, Minimal Residual Disease**  
*BSc (ANU), PhD (USyd)*

Dr Rosemary Sutton joined Children’s Cancer Institute in 2001 as a Senior Scientist, following a successful career in translational research at CSIRO Livestock Industries. She manages the only accredited Minimal Residual Disease (MRD) molecular diagnostics laboratory in Australia for patients enrolled on clinical trials for acute lymphoblastic leukaemia (ALL), and her team has developed unique MRD tests for more than 1,700 patients since 2002. She has grants awarded from the National Health & Medical Research Council and Sporting Chance Cancer Foundation to support her research and diagnostics for three current clinical trials for children with leukaemia (AIEIO-P-BFM ALL 2009, IntReALL and Interfant 06).

Rosemary has several international collaborations for her research which focuses on both understanding the molecular genetics of leukaemia in high risk and relapsed patients including infants and developing novel methods to measure MRD. Collectively, these projects will improve decisions about the right treatment for clinical trial patients and for personalised medicine. Rosemary has published over 60 peer-reviewed journal articles.
Dr Tao Liu  
**Group Leader, Histone Modification in Cancer**  
*BMed, MMed, PhD*

Originally trained as a medical practitioner specialising in neurology, Dr Tao Liu joined Children’s Cancer Institute as a Senior Research Officer in 2003. Since 2004, he has been focusing his research on the roles of histone deacetylases, histone demethylases, histone methyltransferases and long noncoding RNAs in modulating gene transcription and tumourigenesis, and the roles of histone deacetylase inhibitors and histone methyltransferase inhibitors as anti-cancer agents.

In the past five years, Tao has been awarded research grants from various external funding bodies including Cure Cancer Australia, Cancer Council NSW, Cancer Institute NSW, National Health & Medical Research Council (NHMRC, Australia) and National Institutes of Health (USA). Over the past decade, Tao has authored a number of peer-reviewed publications in scientific journals including *The Lancet*, *Proceedings of the National Academy of Sciences USA*, *PLOS Genetics* and *Cell Death & Differentiation*.

Dr Greg Arndt  
**Head, ACRF Drug Discovery Centre**  
*BSc Hons, PhD (UofS)*

Dr Greg Arndt joined Children’s Cancer Institute in 2008 to establish the ACRF Drug Discovery Centre for Childhood Cancer (DDC). He received his PhD from the University of Saskatchewan (UofS), Canada in 1993 and worked as a postdoctoral fellow at the RW Johnson Pharmaceutical Research Institute.

Prior to joining the Institute, Greg was Research Director and Project Leader with Johnson & Johnson Research Pty Ltd, where he spent 15 years in increasingly senior roles focusing on cell-based screening as a tool for developing novel therapeutics. Upon joining the DDC, Greg underwent training at the Walter & Eliza Hall Institute of Medical Research (WEHI) to gain further experience with high throughput chemical screening in an academic setting.

Greg has also had significant academic involvement as an Adjunct Senior Lecturer (2005–2007) and Senior Visiting Fellow (2007–2013) in the School of Biotechnology and Biomolecular Science, UNSW Australia. In this context, he has successfully trained several Honours and PhD students and published numerous manuscripts in high-quality journals. His research has also led to the submission of several international patent applications.

In 2014, Greg became a Project Leader within the Cancer Therapeutics Cooperative Research Centre (CTx) as part of the six-year partnership between the Institute and CTx to find novel therapeutics for children with cancer and develop a unique platform to find personalised treatments for individual childhood cancer patients.

Dr David Ziegler  
**Group Leader, Targeted Therapy**  
*BSc (Med), MBBS, FRACP, MD*

Dr David Ziegler is a paediatric oncologist with expertise in neuro-oncology and early phase clinical trials. Dr Ziegler completed his clinical training in paediatric haematology/oncology at Sydney Children’s Hospital, Randwick. From 2005–2007 he was a Fulbright Scholar at the Dana Farber Cancer Institute, Harvard Medical School and Children’s Hospital Boston. His research focused on the preclinical development and clinical translation of novel therapies for paediatric brain tumours.

Dr Ziegler has been a staff specialist at the Kids Cancer Centre at Sydney Children’s Hospital, Randwick, since 2007. He has established a translational research program to develop novel therapies for children with cancer and heads the Centre’s clinical trials unit and is a conjoint senior lecturer at UNSW Australia.

Dr Ziegler’s preclinical research, and the Targeted Therapies program, focus on establishing tailored therapeutics for children with high-risk brain tumours and other high-risk malignancies.
We can’t work alone, and we are fortunate to have collaborations with many organisations, clinicians and researchers around the world to help us in our vision of saving the lives of all children with cancer and eliminating their suffering.

Note: Map not to scale.
AUSTRALIA/NEW ZEALAND

3D Visualisation
Aesthetics Lab
School of Art and Design
UNSW Australia, Sydney, NSW

Adult Cancer Program
Lowy Cancer Research Centre
Sydney, NSW

Auckland Cancer Society Research Centre
Auckland, NZ

Australian Centre for NanoMedicine
UNSW Australia
Sydney, NSW

Cancer Therapeutics CRC
Melbourne, Vic

Centenary Institute
Sydney, NSW

The Children's Hospital at Westmead
Sydney, NSW

Children's Medical Research Institute
Sydney, NSW

Compounds Australia
Brisbane, QLD

CSL Limited
Parkville, Vic

Flinders University
Adelaide, SA

Garvan Institute of Medical Research
Sydney, NSW

John Curtain School of Medical Research
Australian National University, ACT

NATIONAL MEASUREMENT INSTITUTE
Sydney, NSW

Kids’ Cancer Alliance
Sydney, NSW

Macquarie University
Sydney, NSW

Monash University
Melbourne, Vic

National Measurement Institute
Sydney, NSW

Novogen Ltd
Sydney, NSW

Peter MacCallum Cancer Centre
Melbourne, Vic

Prince Charles Hospital
Brisbane, QLD

Princess Margaret Hospital
Perth, WA

Prince of Wales Hospital
Sydney, NSW

QIMR Berghofer Medical Research Institute
Brisbane, QLD

Queensland Children’s Medical Research Institute
Brisbane, QLD

Queensland Compound Library Facility
Nathan, QLD

Royal Prince Alfred Hospital
Sydney, NSW

School of Biotechnology and Biomolecular Sciences (BABS)
UNSW Australia, Sydney, NSW

NORTH AMERICA

Children’s Hospital Boston
Boston, MA, USA

Children’s Hospital of Philadelphia
Philadelphia, PA, USA

Children’s Memorial Hospital
Chicago, IL, USA

Children’s Oncology Group
Bethesda, MD, USA

Cleveland BioLabs Inc.
Buffalo, NY, USA

Emory University
Atlanta, GA, USA

Harvard Medical School
Boston, MA, USA

National Cancer Institutes
Bethesda, MD, USA

Kids’ Cancer Alliance
Sydney, NSW

Macquarie University
Sydney, NSW

Monash University
Melbourne, Vic

National Measurement Institute
Sydney, NSW

Novogen Ltd
Sydney, NSW

Peter MacCallum Cancer Centre
Melbourne, Vic

Prince Charles Hospital
Brisbane, QLD

Princess Margaret Hospital
Perth, WA

Prince of Wales Hospital
Sydney, NSW

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Nathan, QLD

Royal Prince Alfred Hospital
Sydney, NSW

School of Biotechnology and Biomolecular Sciences (BABS)
UNSW Australia, Sydney, NSW

NATIONAL MEASUREMENT INSTITUTE
Sydney, NSW

National Measurement Institute
Sydney, NSW

Children’s Hospital Boston
Boston, MA, USA

Children’s Hospital of Philadelphia
Philadelphia, PA, USA

Children’s Memorial Hospital
Chicago, IL, USA

Children’s Oncology Group
Bethesda, MD, USA

Cleveland BioLabs Inc.
Buffalo, NY, USA

Emory University
Atlanta, GA, USA

Harvard Medical School
Boston, MA, USA

National Cancer Institutes
Bethesda, MD, USA

Nationwide Children’s Hospital
Columbus, OH, USA

OncoTartis Inc
Buffalo, NY, USA

Queens’ Cancer Research Institute
Queens’ University
Kingston, ON, Canada

Roswell Park Cancer Institute
Buffalo, NY, USA

Sanford-Burnham Medical Research Institute
San Diego, CA, USA

St Jude Children’s Research Hospital
Memphis, TN, USA

Texas Children’s Hospital
Houston, TX, USA

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Awards & scholarships

100 Women of Influence Award, The Australian Financial Review and Westpac
Professor Maria Kavallaris

65th Nobel Laureates Meeting, Germany
Selected by Professor Harold E Varmus as one of five speakers for the Master Class ‘The Big Questions in Cancer Research’
Amelia Parker, PhD Student

1st Australian Cancer and Metabolism Meeting, Garvan Institute of Medical Research, Best Student Oral Presentation
Amelia Parker, PhD Student

The Australian Early and Mid-Career Researcher (EMCR) Travel Award
Dr Friederike Mansfeld

Cell Signalling and its Therapeutic Implications (CSTI) 2015 Conference, Best Translational Poster in Cancer Research Award
Dr Sibasish Dolai

CTx PhD Top Up Scholarship
Keith Sia, PhD Student

European Molecular Biology Laboratory Australia PhD Course, First Place in the Student Poster Presentation
Christine Gana, PhD Student

Illumina Epigenetics Conference 2015 Early Career Researcher Speaker Awards, Epigenetics 2015 Australian Scientific Conference, Second Place
Dr Duohui Jing

Inaugural Fellow of Australian Academy of Health and Medical Sciences
Professor Michelle Haber

Kids Cancer Alliance PhD Top-up Scholarship
Keith Sia, PhD Student

Knowledge Nation 100 Award, National Innovation and Science Agenda (NISA)
Professor Maria Kavallaris

Life Membership, Australian Society for Medical Research (ASMR)
Professor Maria Kavallaris

Member (AM) of the Order of Australia, Queen’s Birthday 2015 Honours List
Professor Murray Norris

Postgraduate Research Student Support (PRSS) 2015 to attend AACR Conference
Felicity Kao, PhD Student

TOW Research Awards, Winner Open Senior Category
Jessica Koach, PhD Student

TOW Research Awards, Finalist Open Senior Category
Zara Ali, PhD Student

Competitive Research Grants

Program Grants, Centres of Excellence and Cooperative Research Centres

Cancer Council NSW

Cancer Institute NSW
2010-15 Program Grant: Targeting the Myc oncogenic signalling pathway for therapeutic intervention. G Marshall, M Norris, M Haber, G Arndt, D Ziegler


2015-20 Program Grant: Experimental therapeutics for Myc-driven childhood cancer. G Marshall, M Norris, M Haber, C Wakefield

National Health and Medical Research Council
2012-16 Program Grant: Improved outcomes for children with cancer through improved target identification and drug discovery: neuroblastoma as a model. M Haber, G Marshall, M Norris

2016-20 Program Grant: Precision nanomedicine-based diagnostics and therapeutics for refractory malignancies. M Kavallaris, T Davis, R Lock, J Gooding

National Cancer Institute (US)
2009-15 Program Grant: Pediatric Preclinical Testing Program. R Lock

2015-20 Program Grant: Pediatric Preclinical Testing Consortium. R Lock

Australian Research Council

2014-20 Cooperative Research Centre: Cancer Therapeutics Cooperative Research Centre “CTx”. Monash University, Griffith University, Children’s Cancer Institute, CSIRO Materials Science and Engineering, Melbourne Health, The National Cancer Centre Singapore, The Sir Peter MacCallum Cancer Centre, Walter + Eliza Hall Institute of Medical Research

Project Grants, Linkage Grants and Discovery Grants

Australian Institute of Nuclear Science and Engineering
2015-16 Copper Metabolism as a Target For Neuroblastoma Treatment: Effect Of Dextran-Catechin. O Vittorio

Australian Research Council
2014-16 Discovery Project Grant: Fine-tuning the conformations of cyclic peptides: a paradigm for optimising synthetic efficiency and biological activity. L Hunter, E Pasquier

2013-17 Linkage Project Grant: The development of tuneable materials to allow the 3D printing of cells. M Kavallaris, P Gunning

2014-16 Discovery Project Grant: Structural domains of beta-tubulin and their role in microtubule dynamics and transport. M Kavallaris, L Wordeman

2015-18 Linkage Project Grant: A gold-coated magnetic nanoparticle biosensor for detecting microRNA. JJ Gooding, R Williams, M Kavallaris

Anthony Rothe Memorial Trust
2015-16 A novel class of glucocorticoid-sensitising compounds in acute lymphoblastic leukaemia. R Lock

Cancer Australia
2014-17 MRP4 and MRP3 transporters: potential new targets in ovarian cancer. M Henderson, A deFazio, C Scott, M Wakefield

Cancer Council NSW
2013-15 The critical role of the long intergenic noncoding RNA MALAT1 in neuroblastoma. T Liu, M Dinger
2015-17 Dyskerin as a novel therapeutic target in neoplastic cells. K MacKenzie, P Gunaratne, J Fletcher, B Liu, T Bryan

2015-17 Identifying and targeting a novel self-renewal signalling cascade in leukemic stem cells. J Y Wang, J Wang

**Inner Wheel Australia**
2015 Cord Blood Research Grant: Development of novel immunotherapies from cord blood. A Dolnikov

**The Kids’ Cancer Project**
2014-16 Novel therapies for DIPG. D Ziegler

2011-16 Stathmin regulation of microRNA expression in neuroblastoma cells. M Kavallaris

2015-17 Personalised Medicine. M Haber

2015-19 Bio-banking and personalised medicine software platform for the Kids Cancer Alliance. G Marshall, J Byrne

**National Health & Medical Research Council**


2013-15 Screening and targeting newly discovered genetic lesions in poor risk adult and childhood ALL. T Hughes, C Mullighan, R Sutton, D White

2013-15 AKR1C3 as a potential biomarker for sensitivity of T-lineage acute lymphoblastic leukaemia to the pre-prodrug PR-104. R Lock, W Wilson

2013-15 Targeting the histone methyltransferase DOT1L for the therapy of Myc-induced malignancies. A Biankin, T Liu, C Scarlett, Y Zhang

2013-15 Microenvironmentally induced acute lymphoblastic leukaemia cell quiescence and chemotherapy evasion. L Bendall, R Sutton, L Purton


2014-16 Improving risk evaluation and outcomes in paediatric acute lymphoblastic leukaemia. R Sutton, L Dalla-Pozza, T Revesz


2015-17 A novel molecular target capable of abrogating neuroblastoma development. M Norris, G Perini

2015-15 Targeted Inhibition of the FACT (Facilitates Chromatin Transcription) Complex as a Novel Therapeutic Approach in Aggressive Childhood Cancers. D Ziegler, M Haber, A Gudkov


2015-18 Research Infrastructure Grant: Continuing infrastructure support for highly skilled professional staff to manage the ACRF Drug Discovery Centre for Childhood Cancer, a world-class drug discovery and high throughput chemical screening facility. M Norris, M Haber, G Arndt, G Marshall, D Ziegler, R Lock, P Hogg

2015-18 Research Infrastructure Grant: Prospective biobanking of child cancer samples for precision medicine and research. G Marshall

**National Collaborative Research Infrastructure Strategy (NCRIS)**
Drug Discovery Centre Salary Support. NCRIS 2015 Funding Program, Therapeutic Innovation Australia. GM Arndt

**James N Kirby Foundation**
Exploring Treatments for Brain Cancer. W Muskovic

**Competitive Research Fellowships**
Australian Research Council Future Fellowships
Jenny Wang
Tao Liu

Cancer Institute NSW Early Career Fellowships
Santi Suryani
Anne Kankean
Vittorio Orazio

Marie Curie “International Incoming” Fellowship, European Commission
Eddy Pasquier

**National Health and Medical Research Council Research Fellowships**
Maria Kavallaris
Richard Lock


Invited presentations

Professor Michelle Haber
Australian Society for Medical Research (ASMR), Medical Research Week Sydney, NSW

David Danks Seminar, Murdoch Children’s Cancer Institute, Melbourne, Vic

Franklin Women Event Sydney, NSW

Inaugural Olivia Newton-John Cancer Research Institute Symposium Melbourne, Vic

*declined due to travel commitments

The John Curtin School of Medical Research, Canberra, ACT

Roswell Park Cancer Institute, Buffalo, NY, USA

Professor Maria Kavallaris
Albert Einstein College of Medicine, New York, NY, USA

Australasian Gene & Cell Therapy Conference, Melbourne, Vic

Australian Cell Cycle Meeting (ACCM) 2015 Sydney, NSW

Centre for Cancer Biology, SA Pathology & University of SA, Adelaide, SA

ComBio 2015 Melbourne, Vic

Harry Perkins Institute of Medical Research, Perth, WA

Institute for Molecular Biology, University of Queensland, Brisbane, Qld

Nanopestides Workshop, CSIRO, Canberra, ACT
Dr Tao Liu  
Advanced Analytics Institute, University of Technology Sydney  
Sydney, NSW  
International Conference on Transcriptomics 2015  
Orlando, FL, USA  
Weizmann Symposium 2015  
Sydney, NSW  

Professor Richard Lock  
6th New Directions in Leukaemia Research (NDLR) Conference  
Sunshine Coast, Qld  
2015 Annual Scientific Meetings of the Haematology Society of Australia and New Zealand (HAA)  
Adelaide, SA  

Australian Centre of Blood Diseases 2015 Seminar Series, Monash University  
Melbourne, Vic  
Kids Cancer Alliance/ANZCHOG's 2015 Young Researchers Grant Writing Symposium  
Sydney, NSW  

Kids Cancer Alliance Leukaemia Symposium, University of Sydney  
Sydney, NSW  
Leukaemia/lymphoma preclinical symposium, ANZCHOG  
Perth, WA  
Roswell Park Cancer Institute  
Buffalo, NY, USA  

Dr Joshua Mccarroll  
Australian Cell Cycle Meeting (ACCM) 2015  
Sydney, NSW  

Dr Eddy Pasquier  
36th European Organization for Treatment of Cancer (EORTC)-PAMM Winter Meeting  
Marseille, France  
International Workshop, Math-Cancer  
Marseille, France  

Associate Professor Rosemary Sutton  
AIEOPBFM 2009 Trial Meeting, International BFM Meeting 2015  
Budapest, Hungary  
ANZCHOG Annual Scientific Meeting  
Perth, WA  
BFM Biology, Diagnosis & ALL Committees Meeting  
Milan, Italy  
Oncology Unit, The Children's Hospital at Westmead  
Sydney, NSW  
Resistant Disease Meeting  
Sigtuna, Sweden  

Dr Jenny Wang  
Cancer stem cell workshop, Science on the Swan Inaugural Conference  
Perth, WA  

Dr David Ziegler  
6th International Nanomedicine Conference  
Sydney, NSW  
Children's Cancer Institute Annual General Meeting  
Sydney, NSW  
The Therapeutic Advances in Childhood Leukemia & Lymphoma (TACL) Consortium Meeting  
Toronto, ON, Canada  
The Therapeutic Advances in Childhood Leukemia & Lymphoma (TACL)/ITCC/BFM International Meeting  
Toronto, ON, Canada  
UNSW Paediatric Research Week, School of Women's and Children's Health, UNSW Australia  
Sydney, NSW  

Guest speakers at Children’s Cancer Institute Seminar Series  

Professor Andrei Gudkov  
Senior Vice President of Basic Science, the Garman Family Chair in Stress Biology, Roswell Park Cancer Institute  
Buffalo, NY, USA  

Associate Professor Benjamin Hogan  
Co-Division Head, Genomics of Development and Disease Division Investigator, Centre for Rare Diseases Research, The University of Queensland  
Brisbane, Qld  

Professor Leaf Huang  
Fred Eshelman Distinguished Professor, Biomedical Engineering, University of Northern Carolina  
Spring Hill, NC, USA  

Professor Ricky Johnstone  
Head, Gene Regulations Laboratory & Assistant Director: Cancer Research, The Sir Peter MacCallum Cancer Centre, Melbourne, Vic  

Professor Ursula Kees  
Head, Division of Children’s Leukaemia & Cancer Research, Telethon Kids Institute, The University of Western Australia, Perth, WA  

Professor Ben Kile  
Joint Division Head, Chemical Biology, Walter & Eliza Hall Institute of Medical Research  
Melbourne, Vic  

Professor Scott Moye-Rowley  
Head, Molecular Physiology & Biophysics, University of Iowa  
Iowa City, IA, USA
Professor Do-Hyun Nam  
Director, Samsung Institute for Refractory Cancer Research, Center for Experimental Therapeutics, Samsung Medical Center  
Seoul, South Korea

Dr Marina Pajic  
Group Leader, Personalised Cancer Therapeutics, The Garvan Institute of Medical Research  
Sydney, NSW

Professor Thomas Preiss  
Group Leader, RNA Biology Group, ANU College of Medicine, Biology and Environment, Australian National University  
Canberra, ACT

Professor David Thomas  
Director, The Kinghorn Cancer Centre, Lab Head, Genomic Cancer Medicine, The Garvan Institute of Medical Research  
Sydney, NSW

Dr Majid Ebrahimi Warkiani  
Lecturer, School of Mechanical and Manufacturing Engineering, UNSW Australia  
Sydney, NSW

Guest Speakers at Lowy Seminar Series

Dr Marie-Liesse Asselin-Labat  
Head, Stem Cells and Cancer, Walter & Eliza Hall Institute of Medical Research  
Melbourne, Vic

Professor Tony Burgess  
Head, Structural Biology, Walter & Eliza Hall Institute of Medical Research  
Melbourne, Vic

Associate Professor Mark Dawson  
Consultant Haematologist; Head: Cancer Epigenetics Laboratory, The Sir Peter MacCallum Cancer Centre  
Melbourne, Vic

Professor Jean Paul Thiery  
Head, Department of Biochemistry, NUS Medicine, National University of Singapore  
Singapore

Professor Tariq Rana  
Professor of Pediatrics; V/C for Innovation in Therapeutics  
University of California  
San Diego, CA, USA

Professor Alpha Yap  
Head, Cell Biology and Molecular Medicine Division; Director, Breakthrough Science Program in Mechanobiology, The University of Queensland  
Brisbane, Qld
“As a family we have experienced first-hand the difference research is making. It has given us more days.”
Kim, Declan’s mum