



2011

ANNUAL REPORT

IMPROVING THE PREVENTION, DIAGNOSIS AND
TREATMENT OF ASBESTOS-RELATED DISEASES

OUR MISSION

The Asbestos Diseases Research Institute aims to improve the diagnosis and treatment of asbestos-related diseases and at the same time to contribute to more effective measures to prevent exposure to asbestos.

2011 HIGHLIGHTS

Professor Nico van Zandwijk was recognised for his outstanding contributions to cancer research by the CINSW ...p32



Dr Steven Kao won the International Studentship presented by Pfizer Oncology at The Sixth Annual Cancer Institute of NSW Premier's Awards for Outstanding Cancer Research in 2011 ...p32



We were successful in securing 12 places to present research findings at the 14th World Conference on Lung Cancer in Amsterdam in July ...p30



Through the enormous success of the Biaggio Signorelli Foundation annual Gala Dinners, the Foundation now supports two research Fellowships at the ADRI ...p28



With the international reputation of the ADRI growing the Institute attracted visitors from Asia wanting to emulate the ADRI ...p34



Campaign to raise awareness about the dangers of asbestos and launch of the AsbestosAwareness.com.au website ...p25

mesothelioma cells
(cover)

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WHO WE ARE

The Asbestos Diseases Research Institute (ADRI) is the first stand-alone research institute tackling the still increasing epidemic of asbestos related diseases. The ADRI was established by the Asbestos Diseases Research Foundation (ADRF), a charitable, not-for-profit organisation. The ADRI located in the ADRF's Bernie Banton Centre on the Concord Hospital campus, was officially opened in January 2009 by the then Prime Minister, the Hon. Kevin Rudd.

WHAT WE DO

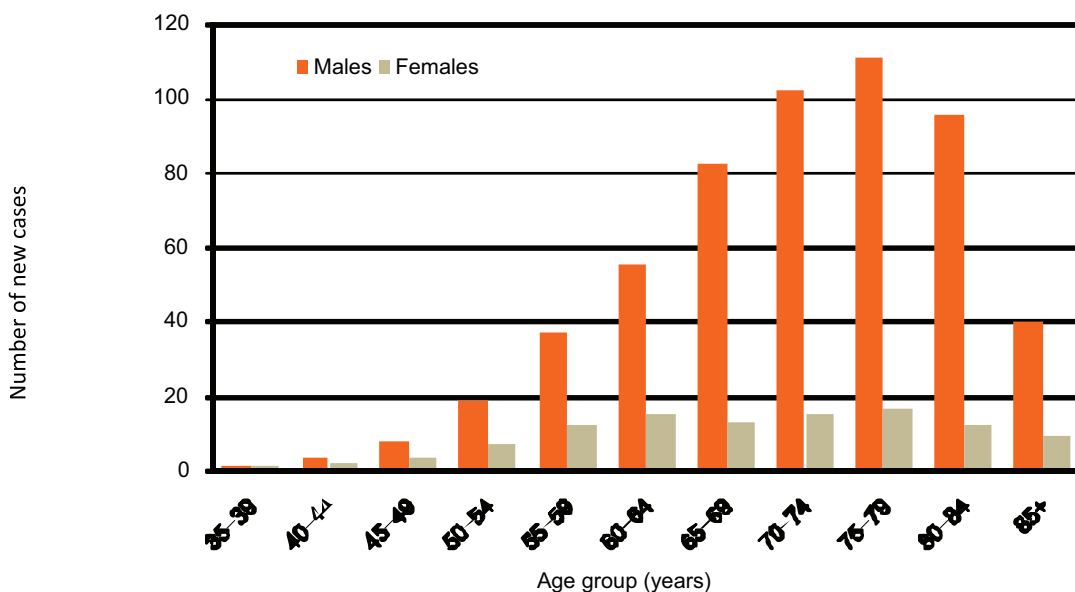
The ADRI's primary objective is to make asbestos-related disease 'history' and to provide a better future for all those Australians exposed to asbestos.

KEY STATISTICS

Australia has one of the highest incidence of asbestos cancers in the world. The two most prominent ones are Malignant Mesothelioma and Lung Cancer. Mesothelioma, almost uniquely elicited by asbestos exposure, was seldom diagnosed before the 1960's. Last year over 700 Australians were diagnosed with mesothelioma and experts have estimated that there were at least another 1,500 Australians with lung cancer caused by asbestos. It is estimated these numbers will continue to rise in the coming decades, a tragic consequence of the highly intensive use of asbestos and its products in Australia in the previous century. Mesothelioma is a disease that develops several years after the first exposure to asbestos and unfortunately the disease is currently also diagnosed in younger adults incidentally exposed to asbestos as children. The fact that at least 1/3 of older Australian houses/buildings are significantly contaminated with asbestos, underscores the importance of adequate preventive measures. Besides the direct human and medical cost, mesothelioma is predicted to cost the Australian economy ~\$8.4 billion over the next 30 years showing that this tumour has not only an impressive health but also a major economic impact. The prognosis of mesothelioma patients is poor and almost all of them will experience severely debilitating symptoms. Mesothelioma is in the large majority of cases only partially responding to the different forms of oncologic therapy and currently there is no curative treatment for this disease. It is therefore critical that we invest in research and increase our understanding of the specific biology of asbestos cancers in order to achieve significantly better disease outcomes.

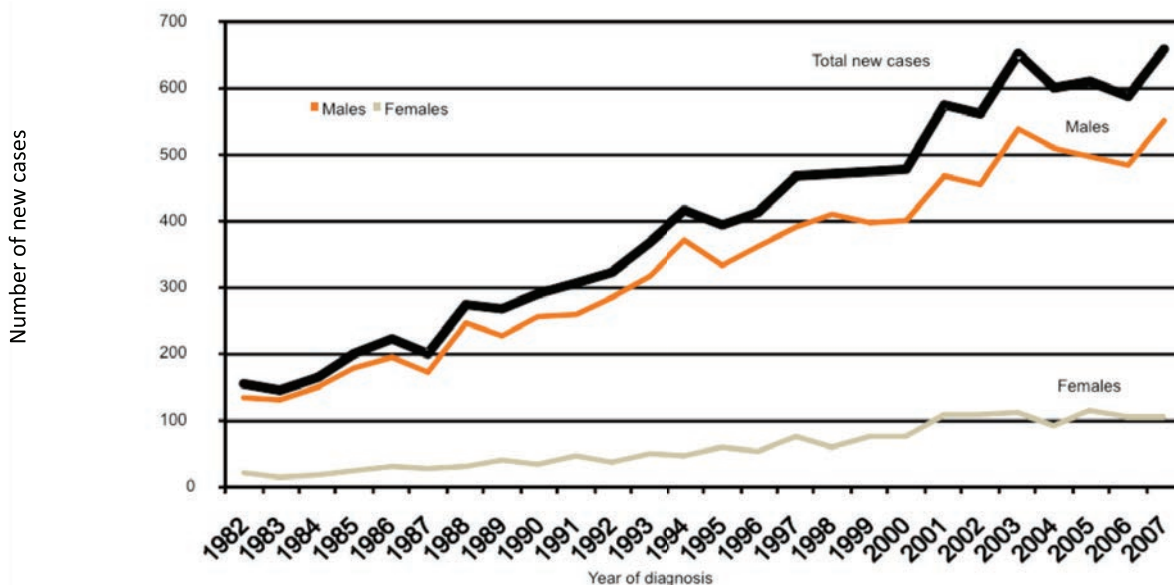
The incidence of mesothelioma in a calendar year is defined as the number of new cases diagnosed in an Australian state or territory for that year. In Work Safe Australia's publication: *'Mesothelioma in Australia. Incidence 1982 to 2007 Deaths 1997 to 2007. August 2011'* they illustrate that in 2007 there were 660 people diagnosed with mesothelioma in Australia. Of these new cases approximately four out of every five cases were men.

New cases of mesothelioma: by age and gender, 2007



The figure shows the distribution by age and gender of new cases of mesothelioma diagnosed in 2007. There were 554 men diagnosed with mesothelioma and these men were predominately of older age: (78%) were aged 65 years or more. In 2007, there were 106 women diagnosed with mesothelioma. Similarly, these women were predominately of older age: (61%) were aged 65 years or more.

New cases of mesothelioma: year of diagnosis by gender, 1982 to 2007



The figure above shows that the total number of new cases of mesothelioma diagnosed in each year has been rising dramatically since 1982. In every year since 1982, men have formed the large majority of new cases. However, the proportion of all new cases that were women have increased. Over the five-year period 1982 to 1986 the average proportion of new cases that were women was 12%, whereas over the period 2003 to 2007 the average proportion was 17%.

The collection of data of new mesothelioma cases is now centralised and effectuated through the Australian Mesothelioma Register (AMR) in 2010. The AMR is an important tool in monitoring the Australian mesothelioma epidemic and will assist in improving the efficacy of preventive measures in Australia in the future.

At the conclusion of 2011 I'm pleased to report that ADRI has had another very productive and successful year. It is very encouraging to see the staff at the ADRI producing the number of peer-reviewed articles which is steadily increasing and that the ADRI name has become known among the researchers involved in thoracic oncology, especially those who are active in the area of asbestos-related disease. As mentioned last year Research outcomes are measured by the quality and number of peer-reviewed publications and presentations made at national and international scientific forums. These are key indicators of the success of a research institute and ADRI's research outcomes in 2011 have been excellent.

The strategic initiatives taken in the initial years of the ADRI have contributed to this success:

- National Guidelines for the Diagnosis and Treatment of Malignant Mesothelioma – the facilitation of a systematic literature review process has been labour intensive but has given the solid basis for drafting recommendations and I'm pleased to hear that the first draft of the guidelines are expected to appear by the end of 2012.
- Australian Mesothelioma Registry – this important registry, supported by Safe Work Australia, the Cancer Institute NSW, Monash University, ADRI, Sydney University (Public Health) and the WA Mesothelioma Registry, is now collecting important epidemiological, occupational and environmental data and will contribute to more effective prevention in the future.
- The ADRI BioBank is now fully operational and is and will be contributing to the ADRI research program.
- The plans for ADRF's Translational Research Facility have been discussed with the CEO and senior managers of Sydney's Local Health District. There is growing momentum to establish the facility in a manner that will be mutually beneficial which is expected to serve the Concord campus in the near future.

In 2011 ADRI staff have laid an important basis for successful grants that will support the research at the ADRI in the next 5 years. I am very hopeful that as a consequence of all this hard work it will allow the ADRI to become eligible for State and Federal infrastructural support to cover the indirect costs imperative to research. Through this support we will be able to continue our important mission to improve the diagnosis and treatment of malignant mesothelioma and to find new preventative measures for asbestos-related diseases.

ADRF Board

I would like to thank the Board for their continued support during 2011. There were a number of challenges during the year that required input and I'm especially thankful to Ms Sylvia Kidziak and the Executive Committee for their stamina to resolve important issues 'out of session'. I'm also very pleased that we, at the last board meeting of 2011, came to the uniform recommendation to propose Judge John O'Meally AM RDF as the new Chair of ADRF. His stature and expertise will be an important asset to ADRF to assist ADRI and its mission.

ADRI

In the third year of operation I would like to take this opportunity to thank Professor Nico van Zandwijk, Dr Glen Reid and the staff of ADRI for their dedication and hard work. I'm looking forward to ADRI's continuing success in 2012.



Mr David Henry
Acting Chair



ADRI DIRECTOR'S REPORT

In its third year of operation the ADRI has had a prominent scientific output. In 2011 there were 13 publications in major peer-reviewed international scientific journals and 15 presentations and 8 posters presented to (inter)national scientific meetings (see page 30). The ADRI also continued to raise awareness of the dangers of asbestos exposure through the general media such as newspapers, radio and TV. ADRI hosted another educational meeting for governmental representatives from Korea, who were very impressed by the ADRI concept and have established a sister institute. The ADRI scientific network established in the previous years was consolidated and has proven to be an effective form of cooperation including the drafting of applications for new research projects. The ADRI's Director took an active role (co-chair) in the preparation and running of the 14th World Lung Cancer Conference in Amsterdam. The Amsterdam meeting was attended by more than 7000 researchers from more than 100 countries. The meeting was a resounding success for the ADRI as they contributed 14 presentations or posters and also raised the profile of our institute. As can be seen from the publication list ADRI research had an important focus on mesothelioma including a significant number of translational studies liaising the laboratory with the clinic and vice versa. A new molecule (surviving inhibitor) has completed its preclinical evaluation and several other potential new targets for treatment were subject of investigation.

The ADRI Bio-bank has significantly increased its collection of materials for translational research and a state-of-the-art storage facility was established after modification of one of the laboratory spaces to comply with OH&S regulations for the storage and handling of liquid nitrogen. The Biobank procedures (including informed consent) received approval by the Concord General Repatriation Hospital Ethics Committee. The Cansto Meso database was adapted further for the specific purpose of the Biobank, and has been fully operational since the end of 2011.

The national Asbestos Management Review Advisory Group, including two ADRF Board Members and myself, completed the first set of recommendations (issues document) to control Australia's immense asbestos legacy. These recommendations have been open for public consultation in the last months of 2011 and more activities are planned in 2012.

The Australian Mesothelioma Registry (AMR), supported by Safe Work Australia, and a joint initiative of the Cancer Institute NSW (CINSW), ADRI, Monash University, the School of Public Health at The University of Sydney, is fully active now after a pilot of registration activities in 2010. The AMR is an essential tool to accurately monitor the Australian mesothelioma epidemic and to gain up-to-date information about the so-called third wave of asbestos exposure in Australia. The AMR will be an important tool to improve the efficacy of preventive measures in Australia in the near future.

Significant time and co-ordination of the ADRI secretariat has been devoted to the development of guidelines for the diagnosis and treatment of malignant mesothelioma. The development of the guidelines involves 50 experts from all over Australia. A literature search on the basis of 60 PICO (Patient/Problem, Intervention, Comparison, Outcome) questions uncovered 19,000 publications and all these publications have been reviewed and categorised allowing a fair grading of the evidence available for the statements to be formulated as answers to the PICO questions. The draft guidelines are expected to be ready for public consultation by the end of 2012. This impressive work would not have been possible without the generous contributions of the Biaggio Signorelli Foundation and we are very proud to have gained such a prominent supporting Foundation.

In 2011 ADRI has again shown to be committed to high quality research and to be able to make a significant contribution to the research progress in a disease area with a very large unmet need. Looking at ADRI's research output, with an investor's eye, it cannot be denied that 2011 has been a year with a very good return. The ADRI staff is committed to not deviate from this line in the years to come. Finally I would like to thank the ADRF Board that has been very supportive again in 2011 and especially Mr David Henry, who has been so kind to serve as Acting-Chair of the ADRF for another interim period allowing a smooth transition to the new elected chair, the Hon Judge John O'Meally AM RDF, who will take up the appointment in the New Year. My special thanks go also to Ms Sylvia Kidziak AM devoting precious time to ADRF's executive committee, despite a major loss in her personal life during the year.

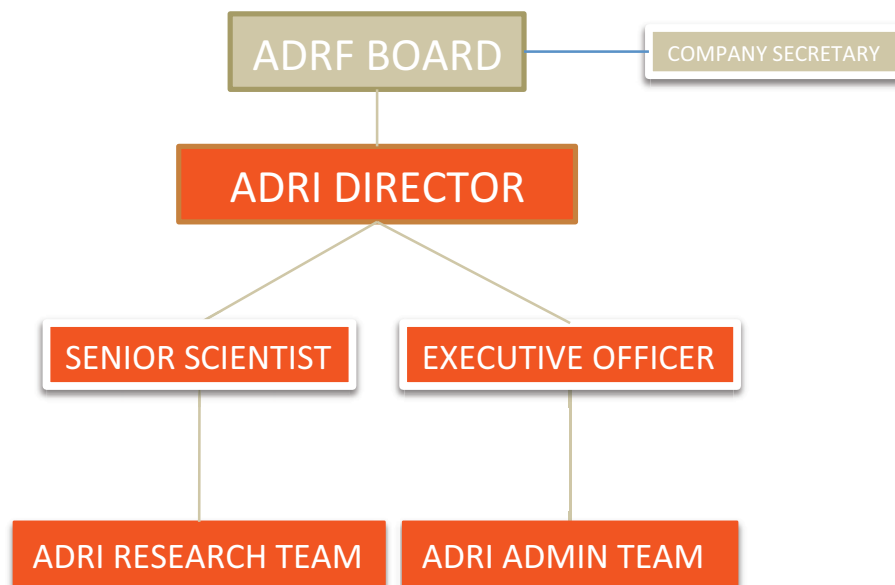
A handwritten signature in black ink, appearing to read 'Nico van Zandwijk', on a light-colored background.

Professor Nico van Zandwijk
Director



OUR PEOPLE & GOVERNANCE

ORGANISATIONAL STRUCTURE



The ADRI Research Team has grown steadily since the opening of the Bernie Banton Centre in 2009. The growth of the research team is dependent on peer-reviewed grant funding and through the hard work and dedication of the team our success is increasing. The research team is supported by a small administrative team and both groups report to the ADRI Director, who reports to the Asbestos Diseases Research Foundation.

ASBESTOS DISEASES RESEARCH FOUNDATION

The Asbestos Diseases Research Foundation (ADRF) was established in 2006 as a charitable, not-for-profit organisation dedicated to assist and support the research efforts into asbestos and other dust-related diseases. The Foundation established and operates the Asbestos Diseases Research Institute (ADRI).

ABN 79 121 168 867

CORPORATE GOVERNANCE STATEMENT

The Board of the Foundation consists of the independent chairperson invited by the Minister for Industrial Relations (or appropriate Minister), four members from the Workers Compensation Dust Diseases Board (two representing employer interests and two representing employee interests); the Chair of the Workers Compensation Dust Diseases Board NSW Medical Authority; and nominees from the University of Sydney, ANZAC Health & Medical Research Foundation, Sydney South West Area Health Service, Asbestos Diseases Foundation of Australia Inc., Unions NSW, and past and present manufacturers and suppliers of asbestos or dust-containing goods. In 2011 the position of Chair of the ADRF has been vacant; Mr Dave Henry has been Acting-Chair. In addition, the Board has appointed a new member representing past and present manufacturers and suppliers of asbestos or dust-containing goods.

Mr Paul Bastian

Paul Bastian has been the National President of the Australian Manufacturing Workers' Union since January 2010. Paul commenced his employment with the AMWU in 1981 and in 1997, was elected State Secretary of the NSW Branch. He is a shipwright by trade and completed a Law Degree while studying part time at the University of Technology, Sydney. Paul has worked throughout the manufacturing industry, in the construction, shipbuilding and metals industries, in both metropolitan and regional areas of the state. He is an Executive Board Member of APHEDA, he represents the AMWU on a number of Government and ACTU bodies and was a member of the NSW Manufacturing Council and the NSW Workers Compensation Advisory Council. He has a long history of involvement with community and union campaigns against asbestos and has represented the AMWU and International Metalworkers Federation (IMF) at numerous international asbestos Conferences. Appointed 29 November 2007

Mr Dallas Booth

Dallas Booth was admitted as a Barrister at Law in NSW in 1980 and holds a Diploma in Law (BAB). For the following 9 years, he gained experience as a legal policy adviser in the NSW Attorney General's Department. From 1989 to 1998 Mr Booth was Deputy General Manager and then General Manager of the Motor Accidents Authority of NSW. This involved the regulatory oversight of the compulsory third party insurance scheme in NSW. He was also involved in the implementation and funding of programs for accident prevention and medical research projects aimed at improving the care and rehabilitation of victims of motor vehicle trauma. In 2001 Dallas helped design, implement and manage the HIH Claims Support Scheme, and arrangements between the Australian Government and the general insurance industry for the provision of assistance to HIH policyholders suffering hardship as a result of the failure of that insurer. He was then the Deputy Chief Executive of the Insurance Council of Australia representing the general insurance industry in submissions to governments on a wide range of matters. During this period he was also a member of the WorkCover Board of Tasmania. In December 2006 Dallas was appointed Chief Executive Office of Asbestos Injuries Compensation Fund Limited to implement and administer the agreed arrangements between James Hardie Industries NV and the NSW Government for the funding of compensation claims against former James Hardie companies. Resigned: 13 July 2011

Professor David Bryant

Professor David Bryant has been Senior Staff Thoracic Physician at St. Vincent's Hospital, Sydney, for 33 years and Associate Professor of Medicine at the University of New South Wales for the past 19 years. He has over 70 publications on various aspects of chest disease and is a member of the Australian, American and European Thoracic Societies, as well as the Australian and British Societies for Allergy and Clinical Immunology. David has also been the Chair of the Medical Authority of the Workers' Compensation Dust Diseases Board of New South Wales for the past 13 years. Resigned: 19 October 2011

Mr Brian Eichhorn

Mr Eichhorn has worked in manufacturing industries all his working life. For the past thirty (30) years he has held senior positions in Human Resources Management. Mr Eichhorn has qualifications in Human Resources and Occupational Health and Safety. He is a trustee of his company's superannuation fund. Re-appointed: 20 August 2009

Professor Ben Freedman

Professor Ben Freedman is Professor of Cardiology at the University of Sydney, and Deputy Dean of its Sydney Medical School. He was previously Head of Department of Cardiology at Concord Repatriation General Hospital and is now Head of the Vascular Biology Laboratory of the ANZAC Research Institute. Professor Freedman's research interests include ischaemia, acute coronary syndromes, heart failure, and inflammation and thrombosis in atherosclerosis. He is the author of well over 100 papers, articles and book chapters, is on the editorial board of a number of cardiology journals and was Scientific Chairman of the World Congress of Cardiology in 2002. Appointed: 28 November 2007

Professor David Handelsman

Professor Handelsman is the inaugural Director of the ANZAC Research Institute since its inception in 1998. As a leading expert in Andrology, the study of male reproductive health, medicine and biology, he has active research in the basic, clinical and public health domains and established the country's first hospital Andrology Department, as well as becoming its first Professor in Andrology. He has served on numerous research and health policy advisory bodies including the WHO Human Reproduction Programme, the World Anti-Doping Agency as well as past Secretary of the International Society of Andrology and past President of the Endocrine Society of Australia. He was awarded the Susman Prize (Royal Australasian College of Physicians) and the inaugural AMA Men's Health Award. He serves as a nominee of the ANZAC Health and Medical Research Foundation. Appointed: 28 November 2007

Mr David Henry – Acting Chair

Mr Henry has been the Occupational Health and Safety Officer for the NSW Branch of the Australian Manufacturing Workers' Union (AMWU) since 2003. He represents workers in relation to both OH&S and workers' compensation matters and is responsible for development and implementation of AMWU policy, representing the union at all levels of industry and government. Prior to this he was an industrial organiser with the union from 2001. Mr Henry is a member of the Workers Compensation and Workplace Occupational Health and Safety Council of New South Wales, the WorkCover Manufacturing Industry, Reference Group, as well as sitting on a number of Australian Standards committees. He is the Chairman of the Industrial Health and Research Foundation and a board member of the New South Wales Dust Disease Board. Mr Henry is also a WorkCover accredited trainer. Re-appointed: 20 August 2009

Ms Sylvia Kidziak AM

Ms Kidziak is Managing Director of SL Engineering, a Councillor on the NSW Business Chamber Sydney North Regional Council and held the position of Principal Consultant, Occupational Health, Safety and Environment Policy at Australian Business Ltd for 26 years. She is Chair of the ARPANSA Radiation Health and Safety Advisory Council and Member of the NSW Workers Compensation and Workplace Occupational Health and Safety Advisory Council. Ms Kidziak was formerly a Commissioner on the Australian Safety and Compensation Council and the National Occupational Health and Safety Commission, Board Member of the NSW Cancer Council, a Director on the NICNAS Industry, Government Consultative Committee, Chair of the Occupational Health, Safety and Rehabilitation Council of NSW and Chair or Member of various other state and federal government Councils and Committees concerned with health and safety matters. Ms

Kidziak has received several awards for her work which has included extensive advice on policy and technical issues relating to health and safety, medical research and specifically asbestos. Re-appointed: 20 August 2009

Ms Rita Mallia

Ms Mallia has been the Senior Legal Officer for the Construction, Forestry, Mining and Energy Union NSW, Construction and General Division, since February 2000. From 1996 to February 2000 Ms Mallia was the Union's Workers' Compensation Officer. In her role Ms Mallia provides legal assistance to the union, its officials and members of CFMEU in many matters including workers compensation and industrial issues. Ms Mallia also represents the CFMEU on the Construction Industry Reference Group and the Vocational Training Appeal Panel. Ms Mallia is also a director of the Schizophrenia Research Institute. Re-appointed: 20 August 2009

Mr Danny O'Connor

Danny O'Connor has worked in the New South Wales health system in various roles for almost 30 years. Danny started his health career as a community service clinician at St Vincent's Hospital in Sydney and has held positions including manager of the NSW Methadone Program, senior policy analyst with NSW Health, director of Drug Health Services with Central Sydney Area Health Service, general manager of Sydney Dental Hospital and general manager of Concord Repatriation General Hospital. Resigned: 22 February 2011

Mr Sean O'Sullivan

Sean O'Sullivan joined James Hardie as Vice President – Investor & Media Relations in December 2008. In this role Sean is responsible for all matters relating to the corporate affairs for the group including government relations. Sean is a member of the James Hardie's Group Management Team and reports to the company's CEO. For the eight years prior to joining James Hardie, Sean was Head of Investor Relations at St. George Bank, where he established and led the investor relations function. Sean's background includes thirteen years as a funds manager for GIO Asset Management managing domestic and global asset portfolios. Mr O'Sullivan's final position at GIO was General Manager of Diversified Investments where his responsibilities included determining the asset allocation for over A\$10 billion in funds under management. After leaving the GIO, Sean worked for Westpac Banking Corporation in funds management sales. He has a Bachelor of Arts majoring in economics from Sydney University and an MBA from Macquarie Graduate School of Management. Appointed: 20 October 2011

Mr Barry Robson

Barry Robson is the President of the Asbestos Diseases Foundation of Australia (ADFA) and President of the Blacktown and Mt Druitt Cardiac Support Group. He is a life member of the Maritime Union of Australia and the St Mary's Baseball Club. Appointed: 28 November 2007

Professor Nico van Zandwijk

Professor van Zandwijk is the inaugural Director of the ADRI and is a Professor of Medicine at the University of Sydney. From 1985 to 2008 he was Head of the Department of Thoracic Oncology at the Netherlands Cancer Institute, Amsterdam. Professor van Zandwijk has chaired a number of boards and committees including: the Scientific Board of

the clinical section of the Netherlands Cancer Institute; a National Advisory Board for new lung cancer medications, and a State Council on asbestos related disease. He has also been a member of the Advisory Board of the Thoracic Section of the French National Cancer Institute (INCA). He served as Secretary (1982-1988) and Chair (1988-1994) of the European Organisation for Research and Treatment of Cancer (EORTC) Lung Cancer Group. Professor van Zandwijk was a Board Director of the International Association for the Study of Lung Cancer (2005-2009) and co-chaired the World Lung Cancer Conference 2011. Appointed: 29 July 2008

Company Secretary, Mr Colin Goldrick BSc LLB

Colin is a partner in the legal firm of Goldrick Farrell Mullan, heading up their Business and Technology practice group. He also acts as legal counsel to the Foundation. Colin has been a lawyer since 1996, specialising in intellectual property, corporate advisory and commercial law. Prior to that Colin worked in the Information Technology industry for almost 15 years, holding positions ranging from technical support, through to sales and business unit management. He has also worked as a management consultant with CSC, consulting with companies on implementing business change. He advises a number of companies on compliance and governance issues. Appointed: 10 August 2006



Dr Yuen Yee Cheng

Professor Nico van Zandwijk - Director

Nico van Zandwijk is the inaugural Director of the Asbestos Diseases Research Institute located in the Bernie Banton Centre, Concord Hospital, Sydney, Australia. He earned his medical degree at the University of Amsterdam, The Netherlands, in 1973 and wrote his thesis on “Pulmonary injury elicited by blood” in 1976. He was editor of the hematology section of *Excerpta Medica* until 1980, and received licences in internal medicine and pulmonary medicine in 1979 and 1981, respectively. In the same year he was appointed Assistant Professor of the Academic Medical Centre, Amsterdam and became Consultant Physician at the Netherlands Cancer Institute, Amsterdam. From 1985 to 2008 he was Head of the Department of Thoracic Oncology at that Institute.

Professor van Zandwijk has served as Secretary (1982–1988) and Chair (1988–1994) of the European Organisation for Research and Treatment of Cancer (EORTC) Lung Cancer Group. He has chaired a number of boards and committees including: the Scientific Board of the clinical section of the Netherlands Cancer Institute; a National Advisory Board for new lung cancer medications, and a state Council on asbestos and lung cancer. He has also been a member of the Advisory Board of the Thoracic Section of the French National Cancer Institute. He is currently a member of the National Lung Cancer Advisory Group, Cancer Australia, and the National Asbestos Management Review Panel (Australian Government) (2009-) and Advisor to ADFA (Asbestos Diseases Foundation of Australia). Professor van Zandwijk served as Board Director of the International Association for the Study of Lung Cancer (IASLC) 2005-2009. In 2011 he co-chaired the 14th World Conference on Lung Cancer. He was (is) a Study Coordinator in several international studies, and has authored or co-authored more than 210 peer-reviewed international papers and chapters.

Ms Victoria Keena – Executive Officer

Victoria Keena joined the ADRI in 2008 as a Senior Consultant after many years as the General Manager of the Woolcock Institute of Medical Research. Victoria assisted with the successful application for the Cooperative Research Centre (CRC) for Asthma in 1999. She was instrumental in the successful applications to both the State and Federal Governments for capital funding awarded to the Woolcock. She has had extensive hands-on experience in virtually all aspects of infrastructure through to research translation. She has been involved with a variety of funding programs and awards to support science and medical research, such as NH&MRC, ARC, NSW Medical Research Support Program, BIO First Awards and the Tall Poppy Awards. Victoria has written peer-reviewed journal articles, edited a number of works and has co-authored a number of books, including: *Peat J, Elliott E, Baur L, Keena V. Scientific writing: easy when you know how. London: BMJ Books 2002*



OUR PEOPLE

RESEARCH

Dr Glen Reid – Senior Scientist

Glen Reid was appointed Senior Research Scientist in April 2009. He has been the Principal Investigator, Head of RNAi Product Development for Genesis Research & Development Corporation in New Zealand. In 2004 Glen was originally employed by Genesis as a Staff Scientist in molecular biology and in 2006 he became Senior Staff Scientist and led a cancer RNAi discovery program. During this time he collaborated with the Department of Pharmacology at the University of Auckland and was an Honorary Senior Lecturer. As a Research Fellow (2003-04) he helped set up the newly formed Children's Cancer Research Group laboratories in Christchurch, New Zealand having completed his Postdoctoral with Professor Piet Borst at The Netherlands Cancer Institute in Amsterdam. His main focus was on the characterization of multidrug resistance proteins.

Ms Marian Barker – Biobank Officer

Marian Barker joined ADRI as Biobank Officer in December 2010. Having completed her Masters in International Public Health at Sydney University in 2000, Marian took up an AYAD position as health educator in Bangkok with the Office of Primary Health Care, a division of the Thai Ministry of Health. She later coordinated an online Directory of Clinical Databases at the London School of Hygiene and Tropical Medicine, University of London. Marian returned to Sydney in 2004 and worked part time at the Workers Compensation Dust Diseases Board of NSW, contributing research to several asbestos related diseases projects.

Dr Ngan Ching Cheng – Molecular Biologist

Ngan Ching Cheng completed her PhD at the University of Amsterdam, The Netherlands, on neuroblastoma tumour suppressor genes. She then worked on mouse models of Fanconi Anaemia and Fragile X syndrome at the Free University of Amsterdam, the Netherlands Cancer Institute and Erasmus University, Rotterdam. Since her relocation to Sydney in 2001 she has been working on experimental therapies for neuroblastoma using the TH-MYCN mouse model at the Children’s Cancer Institute. She is now engaged at the ADRI to work on novel treatments for mesothelioma.

Dr Yuen Yee Cheng – Molecular Biologist

Yuen Yee Cheng joined ADRI as a Research Fellow in March 2010. She completed her PhD at the Chinese University of Hong Kong where she starts her research in epigenetic alterations in gastric cancer. She then undertook two years of Postdoctoral training at the University of Hong Kong. Epigenetic gene regulation has been the major focus of Dr Cheng’s research efforts. Her research in epigenetic alterations in cancer has been published in prestigious international journals. At ADRI, Dr Cheng continues her epigenetic study as well as focusing on microRNA profiling of malignant mesothelioma.



Dr Ngan Ching Cheng



Dr Yuen Yee Cheng



Dr Steven Kao

Dr Christopher Clarke – Senior Clinical Advisor

Christopher Clarke commenced practice as a Consultant Thoracic Physician in 1976. His special interest has been occupational lung disease. He has held appointments at a number of public hospitals in Sydney including Visiting Medical Officer in the Department of Thoracic Medicine at Concord Hospital until December 2008. Dr Clarke now works under the MSOAP-ICD program as a thoracic physician in Walgett, Brewarrina, Bourke and Orange. He is the employee nominated member of the Medical Authority of the Workers Compensation (Dust Diseases) Board of NSW. He is an Authorised Medical Specialist for the NSW Workers Compensation Commission. He is a past President of the Thoracic Society of Australia and New Zealand

Ms Sumedha Gattani – Research Assistant

Sumedha Gattani joined ADRI as a Research Assistant in August 2010. She completed her Masters in Biotechnology in 2006 in New Delhi, India. After completing her degree she was employed as a Research Scholar at Turku Centre for Biotechnology, Finland. During this time her research focused on “Understanding molecular mechanisms of human IL-4 induced Th2 lymphocyte differentiation”. In 2009 she relocated to Sydney and was employed as a Research Assistant under Professor Wolfgang Weninger at Centenary Research Institute, Sydney. She has three years research experience in the field of cell biology and immunology and has a particular interest in cell imaging and cancer research.

Dr Steven Kao – PhD Student

Steven Kao, is an oncology fellow at Concord Hospital, has started his PhD at the ADRI and is focusing his research on predictive and prognostic factors in malignant mesothelioma. Steven is also instrumental in collecting data from a cohort of recently diagnosed patients with malignant mesothelioma in NSW to reveal the current practice of diagnosis and treatment. This project is funded by the Dust Diseases Board.

Dr Michaela Kirschner - The Swift Family Bequest & Mr Jim Tully Fellow

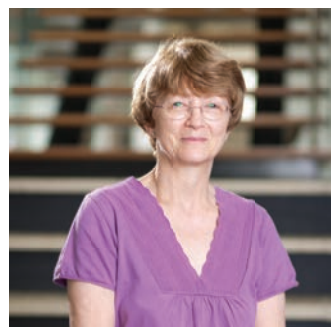
Michaela Kirschner commenced as a Postdoctoral Fellow at the Asbestos Diseases Research Institute in September 2009. Having completed her teaching degree studies in biology and chemistry, Michaela performed her PhD thesis with Professor Heike Allgayer and Professor Christian Manegold at the University of Heidelberg and the German Cancer Research Centre in Heidelberg, Germany (2005-2009). The focus of her PhD thesis was on preclinical studies on the anti-metastatic effects of drugs in lung cancer and the identification of potential drug target genes. The main focus of Michaela's work at the ADRI is to investigate whether microRNAs can be detected in the blood of mesothelioma patients. By assessing the microRNA content of blood from mesothelioma patients a number of microRNAs have been identified that may act as a marker of diseases. This research is supported by The Swift Family Bequest & Mr Jim Tully Fellowship.



Dr Michaela Kirschner



Dr Anthony Linton



Dr Lyn Schedlich

Dr Anthony Linton - the Biaggio Signorelli Foundation Fellow

Anthony Linton is an oncology fellow at Concord Hospital and started his PhD at the ADRI. Dr Linton built on the research success of the ADRI to identify new bio-markers and potential targets for new treatment approaches for malignant mesothelioma. Dr Linton has completed a review on the epidemiology of mesothelioma and in particular on the consequences of occupational and environmental asbestos exposure. Dr Linton is supported by the Biaggio Signorelli Foundation.

Dr Lyn Schedlich – Cellular Biologist

Lyn Schedlich joined ADRI as a Research Fellow in September 2009. Her previous appointment was as Head of the Gene Regulation Laboratory in the Hormones and Cancer Group at the Kolling Institute of Medical Research. During that time her research focused on understanding how members of the insulin-like growth factor family of proteins modulated nuclear hormone and TGF- β 1 signalling pathways in experimental models of breast and bone cancer. She established collaborative studies with a number of organizations including John Curtin School of Medical Research, CSIRO Molecular Science and The Garvan Institute of Medical Research. Lyn has many years of experience as a cancer cell biologist with a particular interest in cell imaging and flow cytometry.

Ms Marcella Pel – Medical Student

Marcella Pel is a 4th year medical student from Amsterdam and as part of her training she has completed a four month research traineeship at the ADRI this year. Marcella's research goal was to identify the effects of microRNA's on mesothelioma. MicroRNA's are very small molecules in the human cell that can regulate cell characteristics by indirectly turning genes on or off. This discovery is quite recent and a lot is still unknown about their function. MicroRNA's can influence important cell characteristics such as programmed cell death and drug resistance, making them a potential base for cancer treatment. Promising results have been published on the alteration of microRNA 16 and 21 levels in other cancers, so Marcella's project focused on these two microRNA's.

ADMINISTRATION

Mr Justin Crosbie – IT Officer

Justin Crosbie joined ADRI in 2009 as the Information Systems Manager. He has completed a Science degree in Information Technology at the University of Technology, Sydney. Justin has previous experience working in information technology consultancy firms and also works for the ANZAC Research Institute on the Concord Campus.

Mr Ross Flemons - Accountant

Ross Flemons joined the ADRI in December 2009 as part time Accountant. His previous position was as Finance Manager at the Woolcock Institute of Medical Research where he worked for 14 years. Ross is CPA qualified and has vast experience with all financial matters relating to independent medical research organisations, including reporting, budgeting, payroll, compliance and financial management.

Ms Kim Mattock – Receptionist

Kim Mattock joined the ADRI in April 2010 as the Receptionist/Administrative Assistant of the Bernie Banton Centre. Kim previously worked in varied administration roles and fields, both corporate and government. Joining ADRI is a return to the Concord Hospital campus for Kim; in a 'previous life' she worked for various specialists throughout the Hospital.



Mr Ross Flemons



Ms Kim Mattock

OUR STAKEHOLDERS

The ADRI has established a close collaboration with patients suffering from asbestos-related diseases, their families and friends, their carers, medical practitioners, allied health workers, researchers, law firms (Slater & Gordon, Turner Freeman) and supporting and government organisations: among them Asbestos Diseases Foundation of Australia (ADFA), the Dust Diseases Board, the Cancer Council of NSW, the Cancer Institute of NSW, Cancer Australia and NHMRC.



OUR ACHIEVEMENTS

RESEARCH REPORT

The ADRI's research is focused on basic, clinical and epidemiological aspects of asbestos-related diseases. New insight will be translated into more effective ways of prevention, better diagnostic and therapeutic procedures and novel treatment approaches. In the laboratory a variety of molecular and biological techniques are being applied to blood and tissue specimens stored in the ADRI Biobank, and promising new molecules will be quickly tested in clinical trials.

BASIC RESEARCH

MicroRNAs and the biology of Mesothelioma

Dr Glen Reid

MicroRNAs are a recently discovered class of small RNAs involved in the regulation of gene expression and control of many normal cellular processes and disease states. Using microarrays we have identified a number of miRNAs that are over- or under-represented in mesothelioma cell lines and tumours. We are currently investigating the role of these microRNAs and we are investigating if we can exploit them as a novel target for treatment.



Dr Glen Reid

Epigenetic regulation of gene expression in Mesothelioma

Dr Yuen Yee Cheng

Although the link between asbestos exposure and mesothelioma has been well established, the carcinogenic process still remains to be fully elucidated. It has been suggested that mesothelioma will only develop after many years of chronic inflammation and there is ample evidence that asbestos fibres are capable of causing an inflammatory response. A better understanding of the so-called epigenetic regulation of potential Tumour Suppressor Genes (TSGs) in mesothelioma may help us to understand the involvement of different signaling pathways and will hopefully lead to new therapeutic targets. Identification of inflammatory-induced (epigenetic) changes in the serum of patients may also assist in the early detection of mesothelioma.

New targets for therapy of Mesothelioma

Dr Glen Reid, Professor Nico van Zandwijk

Treatment of mesothelioma remains difficult because this group of diseases is intrinsically resistant to most of the traditional chemotherapeutic drugs. We have used RNAi (a method for switching off specific genes) to identify genes involved in mesothelioma cell growth and drug resistance. This work has identified genes that are targets in their own right, as well as those which sensitise tumour cells to chemotherapeutic agents. The targets identified fall into two classes: those with available small molecule inhibitors, and those for which siRNA-based intervention is an option.

Molecular therapeutics for Mesothelioma

Dr Glen Reid

As patients with mesothelioma often present with unresectable disease, palliative chemotherapy is often one of the few therapeutic options. The limited efficacy of chemotherapy has led to considerable research interest in new drug development for mesothelioma. Nucleic acid-based therapy is one of these approaches. In conjunction with our molecular characterisation program, we are investigating the ability of RNAi- and antisense-based molecules to inhibit growth of malignant mesothelioma cells. This work focuses on target identification through rational screens as well as the development of siRNAs and miRNAs that can be further investigated as potential novel drug therapy approaches for mesothelioma .

CLINICAL RESEARCH

MicroRNAs for the diagnosis and early detection of Mesothelioma

Dr Michaela Kirschner, Dr Glen Reid

Several proteins in blood have been investigated for their ability to assist in making an early diagnosis of mesothelioma but so far these attempts have not been successful. Recently it has been found that microRNAs are present in circulating blood and can be isolated and quantified from plasma or serum. We have now identified three microRNAs in plasma from mesothelioma patients that seem to be specific for the presence of disease. These microRNAs are expected to allow an accurate and maybe also an earlier diagnosis. An early diagnosis in mesothelioma is important, as it is likely to provide the patient with more treatment options.

Predictive and prognostic markers for Mesothelioma

Dr Steven Kao

Despite a poor prognosis in general, the survival of individual mesothelioma patients may show significant variation. The ADRI Biobank, has enabled us to identify novel biomarkers that improve prognostication and maybe also predict response to therapy. The Neutrophil-to-Lymphocyte Ratio (NLR) which was for the first time investigated as a marker for mesothelioma at the ADRI is now accepted (through validation studies by other research groups) as an accurate prognostic marker and is ready for introduction in the clinic.

Pattern of Care for Mesothelioma patients

Dr Steven Kao, Professor Nico van Zandwijk

Treatment of Mesothelioma ranges from palliative to radical approaches, with chemotherapy now widely used in both settings. Standardising medical care to provide maximal therapeutic benefit will enhance the welfare of patients. The first step is to understand the current practice of diagnosis and treatment so that gaps in the provision of health care can be identified. Within the framework of a Dust Diseases Board (DDB) funded project, we have investigated the pattern of care in Australian MM patients. Remarkably little variation in the care and outcomes was noticed between patients from rural and urban areas. The outcomes of this research project have been reported at national and international meetings.

Psychosocial Research in patients with Mesothelioma

Dr Janette Vardy, Dr Steven Kao

One of the important treatment goals in the management of Mesothelioma is to reduce the high symptom burden that accompanies this disease. However, there is a paucity of data on quality of life (QoL) of mesothelioma patients and the unmet needs for both patients and carers. We have drafted a plan for 2012 to investigate the relationship between QoL, systemic symptoms (such as fatigue, anorexia and cachexia) and inflammatory markers. We will also explore the psychological and unmet needs of caregivers and families of patients with mesothelioma.



Guidelines for the Diagnosis and Treatment of Malignant Mesothelioma

Professor Nico van Zandwijk, Ms Victoria Keena and a National Steering Committee chaired by Dr Andrew Penman, CEO of the NSW Cancer Council

In Australia there are no guidelines for diagnosis and treatment of mesothelioma. Diagnostic approaches for malignant mesothelioma may range from simple aspiration of pleural fluid to VAT (video assisted thoracoscopy) with multiple biopsies. Treatment can vary from symptomatic/palliative approaches to combinations of induction chemotherapy followed by radical surgery and postoperative radiotherapy. To provide an evidence-based guideline for the diagnosis and treatment of MM and to reduce the variability of care in Australia, ADRI has engaged a team of national experts to develop: Evidence-based guidelines for the diagnosis and treatment of MM.

The Guidelines for the Diagnosis and Treatment of Malignant Mesothelioma are being developed in line with the National Health & Medical Research Council of Australia and it is anticipated that they will be published by the end of 2012.

Clinical practice guidelines will assist practitioner and patient in choosing the most appropriate health care. It is anticipated that the MM guidelines will close the gaps between current clinical practice and the best available evidence and there is no doubt that the welfare and benefit of patients will be enhanced by adopting recommendations derived from a systematic review of the medical literature into policy and practice.

Dr Lyn Schedlich (*above*)

ADRI Biobank

Ms Marian Barker, Dr Steven Kao, Dr Glen Reid

The ADRI Biobank accrues biospecimens, demographic and accurate clinical information for translational research. The aim of our Biobank is to offer a research resource for the development of early diagnostic markers and new treatment options for mesothelioma. To fulfill this goal, the Biobank provides our research team with access to a range of specimen types, including: tissue, plasma, serum, buffy coat and pleural fluid proteins.

For the Biobank samples to have optimal value, each sample is annotated with detailed and accurate data. The accumulation of data from patient's medical records, Medicare, the national Mesothelioma registry and various cancer registries is essential in order to provide researchers with accurately annotated tissue samples. In 2011, consent for access to such records was built into the patient information and consent form. This information is stored in a secure database (CanstoME) which has been designed and is maintained by the Peter Wills Bioinformatic Centre at the Garvan Institute and was implemented in 2011. All patient information is de-identified, so that privacy is protected, and the clinical information will only be used for the purpose of approved research projects through a Human Ethics Research Committee.

As of December 2011, 79 patients had consented to donate to the Biobank, resulting in:

- tissue samples, collected according to protocol, and
- blood samples, processed and stored as:
 - cytokines (>130 samples),
 - proteomics (>600 samples)
 - buffy coat (white blood cells and platelets).

The reliability of data derived from these collections is dependent on the quality and consistency of the biospecimens being analysed. Standard operating procedures for high-quality freezing were adopted in late 2010 and ADRI's state of the art cryogenic facility opened in 2011.

The Australian Mesothelioma Registry

ADRI



The Australian Mesothelioma Registry (AMR) (www.mesothelioma-australia.com) is a stand-alone database that contains information about people with mesothelioma. It monitors all new cases of mesothelioma diagnosed from 1st July 2010 in Australia. While Australia has collected national mesothelioma incidence data for many years, the ability to estimate patterns of exposure in an 'at risk population' has been limited. The AMR provides a national resource for researchers to conduct further analysis with the aim of identifying preventable risk factors to assist in reducing mesothelioma in the future.

The AMR is funded by Safe Work Australia and its development and operation is overseen by a consortium of organisations including some of Australia's leading experts in asbestos-related diseases and cancer registration. The Cancer Institute NSW is responsible for the management of the AMR, including the coordination of mesothelioma notifications from State and Territory Cancer Registries. The Monash Centre for Occupational and Environmental Health is responsible in developing tools for the assessment of asbestos exposure for each consented case. The Hunter Valley Research Foundation will conduct telephone interviews. Other members of the AMR consortium: The Asbestos Diseases Research Institute (ADRI), the Cancer Epidemiology and Health Services Research Group of the University of Sydney, the University of Western Australia and the Dust Diseases Board will provide expert scientific and medical advice. Information collected for the AMR will be used to:

- Better understand the exact relationship between asbestos exposure and mesothelioma.
- Better understand the nature and levels of asbestos exposure that can result in mesothelioma.
- Identify the groups of workers exposed to potentially dangerous levels of asbestos and to prevent that exposure.
- Assist the development of policies to best deal with the asbestos still present in our environment (mainly our built environment).
- Provide information to assist researchers in undertaking investigations with the aim of preventing mesothelioma in the future.
- Identify other potential exposures that may cause mesothelioma.

An update on the AMR was presented as a poster at the Clinical Oncological Society of Australia (COSA) Annual Scientific Meeting in November.

Prevention through Education

Nico van Zandwijk, Victoria Keena and Glen Reid

By definition asbestos-related diseases are preventable however; the incidence of mesothelioma continues to increase illustrating the enormous problem Australia has with asbestos-related diseases. The increasing incidence reinforces the pressing need to increase awareness through education. Effective public awareness campaigns are essential to prevent future asbestos exposures and to curtail the present Australian epidemic. In data presented at the National Asbestos Summit in Sydney in 2010 (*T.Slevin UWA, Curtin University/Murdoch University*) it was reported that the general public has little or no knowledge of the dangers of asbestos and the types of measures required to avoid exposure.

During 2011 we continued our commitment to raise awareness of the dangers of asbestos. As part of the Asbestos Education Committee, funded under the Amended and Restated Final Funding Agreement between James Hardie and the NSW Government, the ADRI was involved in a campaign to educate homeowners, potential homeowners and their families throughout NSW, about the risks of asbestos when renovating and/or maintaining their homes.

The Asbestos Education Committee focused on home renovators by:

- Alerting those people to the dangers of asbestos;
- Alerting those people as to what products may contain asbestos and where those products may be found in existing households or other environments; and
- Advising those people as to the steps that ought to be taken by people planning home renovations or who otherwise identify asbestos products in their home or other environment.

The campaign launched the AsbestosAwareness.com.au website through the media at the ADRI at the beginning of Asbestos Awareness week from the 21st November 2011. Local councils were engaged to promote the campaign to raise community awareness about asbestos and launch the new AsbestosAwareness.com.au website.



RESEARCH SUPPORT

During 2011 the ADRI's Research Program was supported by attracting both peer and non peer-reviewed grants.

PEER-REVIEWED GRANTS

Cancer Institute NSW – Research Innovation Grant – Identifying new plasma markers in mesothelioma

Professor Nico van Zandwijk and Professor Stephen Clarke

This project, supported by the Cancer Institute NSW (\$50,000), looked at novel plasma protein markers in mesothelioma patients that relate to the neutrophil-to-lymphocyte ratio (NLR) and outcomes of disease, including prognosis, and toxicity and response following treatment. Early changes in the systemic inflammatory process seem to correlate with the onset of disease and may be used as a marker to personalise the treatment of mesothelioma patients.

Dust Diseases Board Research (DDB) & Community Support Grant - A quantitative analysis of the DDB data set of applicants with a diagnosis of Malignant Mesothelioma from 2006-2007.

Dr Steven Kao and Professor Nico van Zandwijk

There is significant anecdotal evidence on the unmet needs of mesothelioma patients and there are limited papers published on this subject. Before making recommendations to reform health care for mesothelioma patients a quantitative analysis is needed. This grant supported a systematic review of 150 recent mesothelioma cases in the Dust Diseases Board's dataset to obtain a more complete picture of the way mesothelioma patients are currently treated within NSW. This project supported by the DDB (\$155,210) for two years was completed at the end of 2011 and provides an accurate picture of clinical practice in NSW which will allow a comparison against new practice standards as intended by the Guidelines process.

DDB Research & Community Support Grant - Molecular manipulation of MM

Dr Glen Reid

At the ADRI, research staff are using their extensive experience in RNAi to better understand drug resistance and to identify and validate new therapeutic targets for mesothelioma, in a project funded by the DDB (\$242,175) for two years. The results from this research were presented at the 14th World Conference on Lung Cancer in Amsterdam in July 2011 by Dr Glen Reid – *'An RNAi screen identifies new molecular targets in malignant mesothelioma'* and also by Dr Michaela Kirschner – *'Y-Box-binding protein 1: a potential subtype-specific therapeutic target in malignant mesothelioma.'* Dr Reid also presented the data at the Asian Professional Network for Asbestos Related Issues (APNARI) Meeting in Seoul, Republic of Korea in November 2011 – *'Molecular characterisation of malignant mesothelioma to identify new markers and therapeutic targets'*.

NON-PEER-REVIEWED SUPPORT

ADFA – Fellowship

Dr Yuen Yee Cheng

During 2011 the Asbestos Diseases Foundation of Australia (ADFA) awarded ADRI a further funding (\$30,000) to support Dr Yuen Yee Cheng's research into DNA methylation as a marker for malignant mesothelioma. Results from this research were presented in two posters at the 14th World Conference on Lung Cancer in Amsterdam in July by Dr Yuen Yee Cheng - *'Epigenetic inactivation of the SFRP family by DNA methylation in malignant mesothelioma.'* and also *'Functional significance of ZIC1 and HSA-MIR-32A over-expression in malignant mesothelioma.'*

ANZ Trustees Foundation - Swift Family Bequest & Mr Jim Tully Fellowship

Dr Michaela Kirschner

The research of Dr Michaela Kirschner is co-supported by the Swift Family Bequest & Mr Jim Tully Fellowship. The main focus of Dr Kirschner's work at the ADRI is to investigate whether microRNAs can be detected in the blood of mesothelioma patients. By assessing the microRNA content of blood from mesothelioma patients a number of microRNAs have been identified that may act as a marker of diseases. The results from this research were presented as a poster at the 14th World Conference on Lung Cancer in Amsterdam in July by Dr Michaela Kirschner – *'MicroRNAs in plasma as potential markers for diagnosis of malignant mesothelioma.'*



Dr Michaela Kirschner - Swift Family Bequest & Mr Jim Tully Fellow and Mrs Yvonne Tully , visiting the ADRI for the Asbestos Awareness Week launch.



Biaggio Signorelli Foundation

The Biaggio Signorelli Foundation (www.biaggiosignorelli.org.au) has generously supported a number of projects at the ADRI, they include:

1. Development of National Guidelines for Mesothelioma

To reduce the variability of care in Australia for mesothelioma patients the ADRI has initiated the development of national guidelines for mesothelioma. Currently there are no guidelines specific to Australia for the diagnosis and treatment of malignant mesothelioma. The guidelines are being developed in line with the National Health & Medical Research Council of Australia and it is anticipated that they will be published, following public consultation, by the end of 2012.

2. Fellowship – (Dr Anthony Linton)

Building on the research success of the ADRI, Dr Anthony Linton, an oncology fellow, has started his PhD at the ADRI and he will continue to work on biomarkers and potential targets for new treatment approaches for mesothelioma. Dr Linton has completed a review on the epidemiology of mesothelioma and in particular on the consequences of occupational and environmental asbestos exposure.

3. Fellowship – (Casey Wright – 2012)

Casey Wright recently submitted her PhD entitled “Genomic characterisation of asbestos-related lung cancer” at The Prince Charles Hospital in Brisbane where she was a recipient of an NHMRC Biomedical Postgraduate Scholarship. Early in 2012 Casey will take up the position of the Biaggio Signorelli Post-doctoral Fellow at the ADRI to continue her work in asbestos-related diseases.

CSR – Biobank

Support from CSR Limited has assisted in the establishment of the ADRI’s biobank which will enable the valuable collection of blood and tissue samples of accurately documented mesothelioma cases. The collection of a well-characterized series of fresh-frozen tumour samples (biopsies) is a formidable task that can only be successfully achieved with the assistance of a dedicated biobank manager. Thanks to CSR’s support the Biobank is an important resource for the ADRI’s on-going research program.

Lilly Fellowship - Identification of predictive and prognostic factors in malignant mesothelioma

By identifying so-called predictive biomarkers for Mesothelioma we aim to tailor chemotherapy (or other systemic therapy) for the individual patient. Also for this type of research the ADRI Biobank, with tissue and blood specimen coupled with clinical information, is being used. This work, started by Dr Steven Kao during his NHMRC Medical Post-

graduate Scholarship, is continuing through support from Eli Lilly (\$100,000.) Results of this project were presented at the 14th World Conference on Lung Cancer in Amsterdam in July 2011 by Dr Steven Kao – ‘*Calretinin expression improves the predictive accuracy in survival in patients with malignant pleural mesothelioma (MPM) undergoing extrapleural pneumonectomy (EPP).*’

Slater & Gordon’s Asbestos Research Fund - MicroRNAs as Biomarkers for Malignant Mesothelioma

Slater & Gordon’s Asbestos Research Fund has donated (\$10,000) toward the next step in testing microRNAs in larger numbers of patient samples. These experiments represent an important stage in identifying the potential for these to be validated as diagnostic biomarkers and therapeutic targets. Results from a previous research project supported by Slater & Gordon are currently under consideration for publication. – ‘*Increased circulating miR-625-3p: a potential biomarker for patients with malignant pleural mesothelioma*’



Dr Michaela Kirschner

AWARDED GRANTS – to commence in 2012

Cancer Australia - Priority-driven Standard Project Grant- The use of RNAi to identify new therapeutic targets for malignant mesothelioma

Dr Glen Reid

The aim of this project is to further characterise novel targets and chemotherapy combinations that potentiate drugs already in use. The identification of new and subtype-specific therapies will lead to improved outcomes for mesothelioma patients. .

Cancer Institute NSW - Translational Program Grants - Translating MM research into better outcomes for patients and their families

Professor Nico van Zandwijk, Dr Glen Reid, Dr Steven Kao, Dr Janette Vardy and Dr Nick Pavlakis

This grant brings together an experienced multidisciplinary research team dedicated to improving the health outcomes for patients with mesothelioma. The research projects will provide greater opportunities for more efficient prevention and better outcomes for mesothelioma patients.

PUBLICATIONS, PRESENTATIONS & AWARDS

PUBLICATIONS - Peer-reviewed articles

1. Lasham A, Samuel W, Cao H, Patel R, Mehta R, Stern JL, **Reid G**, Woolley AG, Miller LD, Black MA, Shelling AN, Print CG, Braithwaite AW. YB-1, the E2F Pathway, and Regulation of Tumor Cell Growth J Natl Cancer Inst: In press
2. **Kirschner MB, Cheng YY**, Badrian B, **Kao SC**, Creaney J, Edelman JJB, Armstrong NJ, Valley MP, Musk AW, Robinson BWS, McCaughan BC, Klebe S, Mutsaers SE, **van Zandwijk N, Reid G**. Increased circulating miR-625-3p: a potential biomarker for patients with malignant pleural mesothelioma. In press.
3. Weder W, Stahel RA, Baas P, Dafni U, de Perrot M, McCaughan BC, Nakano T, Pass HI, Robinson BW, Rusch VW, Sugarbaker DJ, **van Zandwijk N**. The MARS feasibility trial: conclusions not supported by data. Lancet Oncol. 2011 Nov;12(12):1093-4; author reply 1094-5.
4. **Kao SC**, Klebe S, Henderson DW, **Reid G**, Chatfield M, Armstrong NJ, Yan TD, Vardy J, Clarke S, **van Zandwijk N**, McCaughan B. Low calretinin expression and high neutrophil-to-lymphocyte ratio are poor prognostic factors in patients with malignant mesothelioma undergoing extrapleural pneumonectomy. J Thorac Oncol. 2011 Nov;6(11):1923-9
5. **Reid G, Kirschner MB, van Zandwijk N**. Circulating microRNAs: association with disease and potential use as Biomarkers. Critical Reviews in Oncology/Hematology 2011 80: 193–208.
6. **Kirschner MB, Kao SC**, Edelman JJ, Armstrong NJ, Valley MP, **van Zandwijk N, Reid G**. Haemolysis during sample preparation alters microRNA content of plasma. PLoS ONE doi: 2011;6(9):e24145. Epub 2011 Sep 1
7. **Kao SC**, Griggs K, Lee K, Armstrong N, Clarke S, Vardy J, **van Zandwijk N**, Burn J, McCaughan BC, Henderson DW, Klebe S. Validation of a minimal panel of antibodies for the diagnosis of malignant pleural mesothelioma. Pathology. 2011 Jun; 43 (4):313-7.
8. Herbert M, Coppieters N, Lasham A, Cao H, **Reid G**. The importance of RT-qPCR primer design for the detection of siRNA-mediated mRNA silencing. BMC Research Notes 2011, 4:148
9. Manegold C, **van Zandwijk N**, Szczesna A, Zatloukal P, Au JSK, Blasinska-Morawiec M, et al. A Phase III, randomized study of gemcitabine and cisplatin with or without PF-3512676 (TLR9 agonist) as first-line

treatment of advanced non-small cell lung cancer. Annals of Oncology 2011: Epub. PMID: 21464154

10. Heigener DF, Wu YL, **van Zandwijk N**, Mali P, Horwood K, Reck M. Second-line erlotinib in patients with advanced non-small-cell lung cancer: Subgroup analyses from the TRUST study. Lung Cancer 2011 Nov;74(2):274-9. Epub 2011 Mar 24
11. **Kao SC**, Lee K, Armstrong NJ, Clarke S, Vardy J, **van Zandwijk N**, et al. Validation of tissue microarray technology in malignant pleural mesothelioma. Pathology. 2011 Feb;43(2):128-32.
12. **Kao SC-H, Reid G, van Zandwijk N** Henderson DW, Klebe S. Molecular Biomarkers in Malignant Mesothelioma - State of the Art. Pathology 2011;43 (3):201-12.
13. **Kao SC-H**, Yan T, Lee K, Burn J, Henderson DW, Klebe S, Kennedy C, Vardy J, Clarke S, **van Zandwijk N**, McCaughan BC. Accuracy of diagnostic biopsy for the histological subtype of malignant pleural mesothelioma. Journal of Thoracic Oncology. 2011 Jan 24;6(3):602-5.

PRESENTATIONS - Conference Presentations

1. **Glen Reid**. Molecular characterisation of malignant mesothelioma to identify new markers and therapeutic targets. Asian Professional Network for Asbestos Related Issues (APNARI) Meeting, Seoul, Republic of Korea. 25-27 November 2011
2. **Nico van Zandwijk**. Keynote Speech: Asbestos: A wolf in sheep's clothing. Action urgently needed. The 4th Asian Asbestos Initiative International Seminar. Pusan National University Yangsan Hospital, Republic of Korea. 16-18 November 2011
3. **Nico van Zandwijk**. Translating Research into better outcomes for patients with Asbestos-related disease and their families. The 4th Asian Asbestos Initiative International Seminar. Pusan National University Yangsan Hospital, Republic of Korea. 16-18 November 2011
4. **Nico van Zandwijk**. Malignant pleural mesothelioma: update from recent meetings. Australia Medical Conference: Evolving strategies to improve survival in advanced non-small cell lung cancer (NSCLC) – Lilly Oncology Symposium. Melbourne. 16-18 September 2011
5. **Nico van Zandwijk**. Biomarkers. NCARD, Victoria Park Golf Complex, Brisbane. 24 August 2011
6. **Glen Reid**. miRNA as a biomarker for mesothelioma. NCARD, Victoria Park Golf Complex, Brisbane. 24 August 2011

7. Pieter E. Postmus, **Nico van Zandwijk** (Co-chair) 14th World Conference on Lung Cancer. Amsterdam. 3-7 July 2011.
8. **Steven C-H Kao** Calretinin expression improves the predictive accuracy in survival in patients with malignant pleural mesothelioma (MPM) undergoing extrapleural pneumonectomy (EPP). 14th World Conference on Lung Cancer. Amsterdam. 3-7 July 2011. Journal of Thoracic Oncology 2011; 6(6) Suppl: (MO07.02) S534
9. **Michaela B Kirschner** Y-Box-binding protein I: a potential subtype-specific therapeutic target in malignant mesothelioma. 14th World Conference on Lung Cancer. Amsterdam. 3-7 July 2011. Journal of Thoracic Oncology 2011; 6(6) Suppl: (MO11.04) S572-3
10. **Glen Reid** An RNAi screen identifies new molecular targets in malignant mesothelioma. 14th World Conference on Lung Cancer. Amsterdam. 3-7 July 2011. Journal of Thoracic Oncology 2011; 6(6) Suppl: (MO13.12) S595-6
11. **Glen Reid** Discussant (MO23.10) 14th World Conference on Lung Cancer. Amsterdam. 3-7 July 2011.
12. **Nico van Zandwijk**. The evolving role of biomarkers in NSCLC. Personalised medicine in NSCLC: Myth or reality. CMI Education Institute Satellite Symposium. 4 July 2011 RAI Conference Centre, Plenary Room, Amsterdam.
13. Keunchil Park, **Nico van Zandwijk**. (Chairs) Lung cancer in never-smokers. (PL02) Plenary session. 14th World Conference on Lung Cancer. Amsterdam. 5 July 2011
14. Frances Shepherd, **Nico van Zandwijk**. (Chairs) Based on long experience: What brings the future? (M27) 14th World Conference on Lung Cancer. Amsterdam. 7 July 2011
15. Vera Hirsh, **Nico van Zandwijk**. (Chairs) Biomarkers VIII. (MO22) 14th World Conference on Lung Cancer. Amsterdam. 7 July 2011

PRESENTATIONS - Conference Posters

1. Laws P, Huang L, Raftery A, Sim MR, Musk W, Anderson A, Hill J, Armstrong B, **van Zandwijk N**. Australian mesothelioma registry. Clinical Oncological Society Australia (COSA) Annual Scientific Meeting (ASM) 15 - 17 Nov 2011 Perth
2. **Yuen Yee Cheng**, Michaela B Kirschner, Hongchuan Jin, Francis K.L. Chan, Nico van Zandwijk, Glen Reid. Functional significance of Z1C1 and HSA-MIR-23A over-expression in malignant mesothelioma. Journal of Thoracic Oncology 2011; 6(6) Suppl: (P1.086):S753

3. **Yuen Yee Cheng**, Chris McLaughlin, Hongchuan Jin, Francis K.L. Chan, Michaela B Kirschner, Tony George, Nico van Zandwijk, Glen Reid. Epigenetic inactivation of the SFRP family by DNA methylation in malignant mesothelioma. Journal of Thoracic Oncology 2011; 6(6) Suppl: (P1.087):S753-4
4. Lyn Schedlich, Sumedha Gattani, Nico van Zandwijk, **Glen Reid**. The inhibitor of survivin expression, YM155, shows subtype-specific activity in malignant mesothelioma cells. Journal of Thoracic Oncology 2011; 6(6) Suppl: (P2.034):S941
5. **Glen Reid**, Sumedha Gattani, Michaela B Kirschner, Lyn Schedlich, Rayleen Bowman, Kwun M. Fong, Nico van Zandwijk. Silencing of TYMS and PLK1 sensitises malignant mesothelioma cells to Gemcitabine. Journal of Thoracic Oncology 2011; 6(6) Suppl: (P2.035):S941
6. **Michaela B Kirschner**, Lyn Schedlich, Steven C. Kao, James J. Edelman, Nicola Armstrong, Arthur W. Musk, Nico van Zandwijk, Glen Reid. MicroRNAs in plasma as potential markers for diagnosis of malignant mesothelioma. Journal of Thoracic Oncology 2011; 6(6) Suppl: (P2.182):1045
7. **Steven C. Kao**, Kenneth Lee, Sonja Klebe, Douglas W. Henderson, Brian McCaughan, Janette Vardy, Stephen Clarke, Nico van Zandwijk. Protein expression of excision repair cross complementation group 1 (ERCC1) and thymidylate synthase (TS) in malignant pleural mesothelioma (MPM) patients undergoing extrapleural pneumonectomy (EPP). Journal of Thoracic Oncology 2011; 6(6) Suppl: (P3.307):1374
8. **Steven C. Kao**, Stephen Clarke, Mark Chatfield, Peter Corte, Christopher Clarke, Janette Vardy, Nico van Zandwijk. Prognostic factors in malignant pleural mesothelioma (MPM) in a cohort of patients compensated by the Dust Diseases Board. Journal of Thoracic Oncology 2011; 6(6) Suppl: (P3.309):1376

PRESENTATIONS - Local

1. **Nico van Zandwijk** Keynote speaker. Asbestos Awareness Week – ADFA – The National Maritime Museum, Darling Harbour, Sydney NSW 25 November 2011
2. **Nico van Zandwijk** Health and research in relation to asbestos-related diseases. Media Launch - Asbestos Awareness Week 2011 ADRI 21 November 2011
3. **Nico van Zandwijk** Asbestos and Disease, Research Progress at the Asbestos Diseases Research Institute. MACROC (Macarthur Regional Organisation of Councils) Campbelltown City Council, Civic Hall, Campbelltown NSW 14 September 2011

4. **Nico van Zandwijk** Keynote speaker. Asbestosis and Mesothelioma Support Group (AMSG) Asbestos Seminar. Visions Room, Twin Towns Services Club, Tweed Heads. 19 August 2011
5. **Nico van Zandwijk** Malignant mesothelioma. Is there a light at the end of the tunnel? Dust Diseases Tribunal of NSW Annual Conference Hunter Valley, NSW 16-17 June 2011
6. **Michaela Kirschner** Quantification of microRNAs from plasma/serum. University of Sydney, Cancer Research Network Techniques in Cancer Research Workshop 14 June 2011
7. **Nico van Zandwijk** Malignant mesothelioma. Is there a light at the end of the tunnel? Physicians' Workshop. Concord Hospital 26 May 2011
8. **Glen Reid** Avoiding false positives with *in vivo* RNAi. Australasian Gene Therapy. Melbourne 4-6 May 2011
9. **Nico van Zandwijk** Asbestos-related diseases – all you ever wanted to know. NSW Respiratory Nurses Interest Group. The College of Nursing, Burwood. 23 February 2011

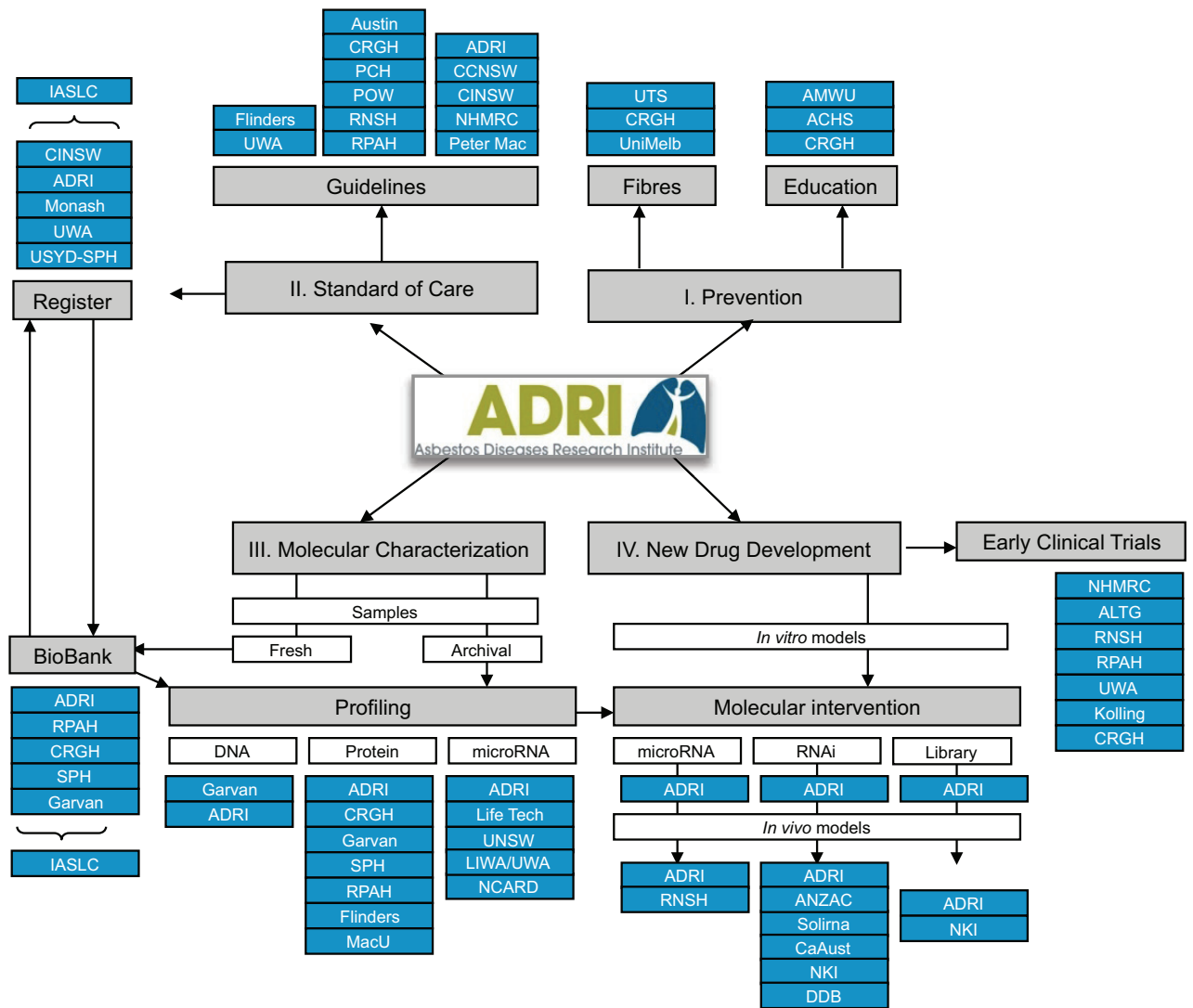
AWARDS

1. **Steven Kao** International Studentship presented by Pfizer Oncology at the Sixth Annual Cancer Institute of NSW Premier's Awards for Outstanding Cancer Research in 2011.
2. **Nico van Zandwijk** Recognition of 'Outstanding contributions to cancer research in NSW' at the Sixth Annual Cancer Institute of NSW Premier's Awards for Outstanding Cancer Research in 2011.

Dr Steven Kao



RESEARCH COLLABORATORS



Australian Council of Health Standards
 Asbestos Diseases Research Institute
 Australasian Lung cancer Trials Group
 Australian Manufacturer's Workers Union
 ANZAC Research Institute
 Austin Hospital
 Cancer Australia
 Cancer Council NSW
 Cancer Institute NSW
 Concord Repatriation General Hospital
 Dust Diseases Board of NSW
 Flinders University
 Garvan Institute of Medical Research
 International Association for the Study of Lung Cancer
 Kolling Institute
 Life Technologies™
 Lung Institute of Western Australia
 Macquarie University

Monash University
 National Centre for Asbestos Related Diseases/ University
 of Western Australia/
 National Health & Medical Research Council
 Netherlands Cancer Institute
 Peter MacCallum Cancer Centre
 Prince of Wales Hospital
 Royal North Shore Hospital
 Royal Prince Alfred Hospital
 Solirna Biosciences – New Zealand
 Strathfield Private Hospital
 University of Melbourne
 University of NSW
 University of Sydney, School of Public Health
 University of Technology, Sydney
 University of Queensland
 University of Western Australia

VISITORS & EVENTS

Consumer Groups

ADFA's Counseling Group

The Asbestos Diseases Foundation of Australia Inc. (**ADFA**) supports people living with asbestos-related diseases, their family members, carers and friends. As a community based group ADFA provides a counselling service to its members. To assist in the provision of this service the ADRI provides a venue and welcomes ADFA members each month.

Visits to the ADRI

National law firms such as Slater & Gordon and Turner Freeman provide not only legal representation for many clients in asbestos disease cases, but also provide support to the client and their families. During the year both firms visited the ADRI with client groups and their families. These mornings provide an opportunity for the ADRI to explain our research and the potential beneficial impact on the lives of those affected by asbestos-related diseases. For the ADRI these meetings are also important to consider the benefits from the perspectives of those more directly affected by cancer, as well as the general public.

AsbestoShave 2011 March 2011

In March 2011 Mr Chris Reay organized a local charity event in memory of his late father, Mr Canute (Ken) Douglas Reay. Chris' exuberant personality and enthusiasm ensured that AsbestoShave 2011 was an outstanding event, raising not only much needed funds for research but also raising awareness of the dangers of asbestos. The team at the ADRI would like to thank Chris and all his family, friends and local businesses for supporting him for AsbestoShave 2011.

Korean Delegation visit to ADRI 4th April 2011

As the international reputation of the ADRI continues to grow so too does the communication between the ADRI and various research centres around the world. A high-level delegation from the Republic of Korea visited the ADRI again in 2011. The delegation included: Ms. Pil-Jae Lee, Director General, Office of Environmental Health, Ministry of Environment; Mr. Young-Dae Jeong, Deputy Director, Asbestos Damage Protection and Relief Team, Indoor Air & Noise Management Division, Ministry of Environment; Dr. Sang-Hwan Song, Environmental Health Research Division, National Institute of Environmental Research, Ministry of Environment; Dr. Dongmug Kang, Director, Korea Research Center for Asbestos Related Diseases, Pusan National University, and Dr. Eun-Jung Song, Biologist, Korean Center for Asbestos Related Diseases (KRCARD).

In November 2011 Professor Nico van Zandwijk was invited to give a keynote presentation at The 4th Asian Asbestos Initiative International Seminar at Pusan National University Yangsan Hospital, in the Republic of Korea – *'Asbestos: A wolf in sheep's clothing. Action urgently needed'*. There he also visited the Korea Research Center for Asbestos Related Diseases. Dr Glen Reid was also invited to present at the Asian Professional Network for Asbestos Related Issues (APNARI) Meeting in Seoul – *'Molecular characterisation of malignant mesothelioma to identify new markers and therapeutic targets.'*

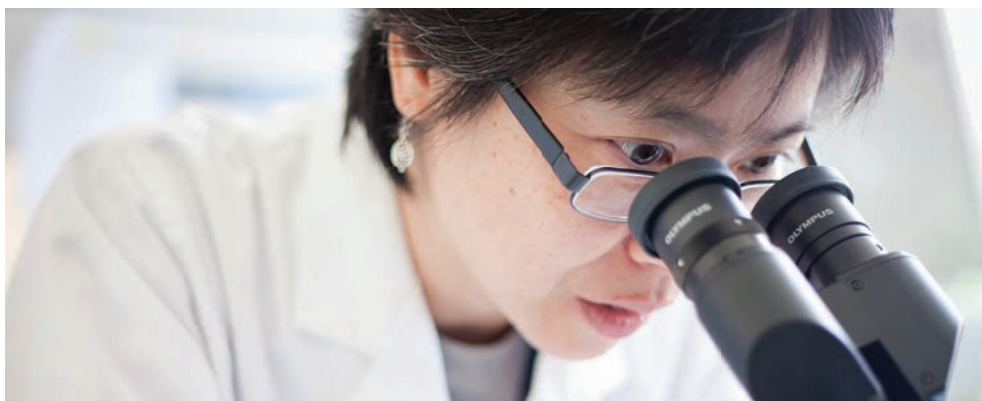
Dr Ngan Cheng (*over*)

Biaggio Signorelli Foundation Gala Dinner 19th May 2011

The Biaggio Signorelli Foundation, established in memory of Mr Biaggio Signorelli founder of the Doltone House Group, is devoted to the early detection of asbestos-related disease, the care of patients, the development of new treatments and ultimately a cure for mesothelioma. Since 2009 the Foundation has held an annual Gala Dinner. Without exception the Biaggio Signorelli Foundation Gala Dinner has become one of the highlights on Sydney's social calendar. The evening raises much needed funds for mesothelioma research and at the same time raises awareness of this dreadful man-made disease with politicians and the general public. Through hard work and the dedication of the Biaggio Signorelli Foundation which generously support a number of projects at the ADRI.

Sixth Annual Cancer Institute of NSW Premier's Awards

Dr Steven Kao, an oncology fellow at Concord Hospital who is completing his PhD at the ADRI was awarded the International Studentship presented by Pfizer Oncology at the Sixth Annual Cancer Institute of NSW Premier's Awards for Outstanding Cancer Research in 2011. Dr Kao will be spending three months at the Pfizer laboratories in La Jolla, California in 2012. His research focuses on predicative and prognostic factors in mesothelioma. Professor Nico van Zandwijk was also recognised for his outstanding contribution made to cancer research.



Asbestos Awareness Week 21-27 November 2011

The ADRI, the Asbestos Education Committee (AEC) and the Heads of Asbestos Coordination Authorities (HACA) launched a week-long campaign to raise awareness about the dangers of working with asbestos when renovating or maintaining homes. The campaign was supported by the Local Government Association of NSW and Shires Association of NSW (A member of HACA) to help raise awareness of the dangers of working with asbestos and reinforce the importance of Australians undertaking adequate preventive measures to avoid putting themselves and their families at risk of asbestos related diseases. The campaign was a resounding success with media in print/radio/television reaching over 6.5 million Australians. Of these media clip over 55% mentioned the ADRI. The AsbestosAwareness.com.au website was launched on the 21st November at the ADRI and since the launch the site has registered over 16,000 page views.

Chinese Delegation visits the ADRI 1st December 2011

Through a collaborative project at Monash University funded through AusAID to assist China, Professor Malcolm Sim brought a delegation of Chinese physicians to visit the ADRI. The project aims to improve occupational disease diagnosis, surveillance, prevention and compensation in China. China is one of the world's main users of asbestos and despite this there are very few mesothelioma cases diagnosed. Dr Glen Reid presented the latest data from ADRI research and Professor Nico van Zandwijk presented the latest diagnostic techniques, screening and treatment for asbestos-related diseases.

We would like to thank each of you who have so generously donated to our research. We greatly appreciated your commitment which is often given at a very difficult time. Your support enables us to continue our research towards the prevention and amelioration of this insidious disease - mesothelioma and other asbestos-related diseases.

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In memory of:
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Celestina, Cyril, Daniel, David,
Dave, Dennis, Dimitrios (Jim),

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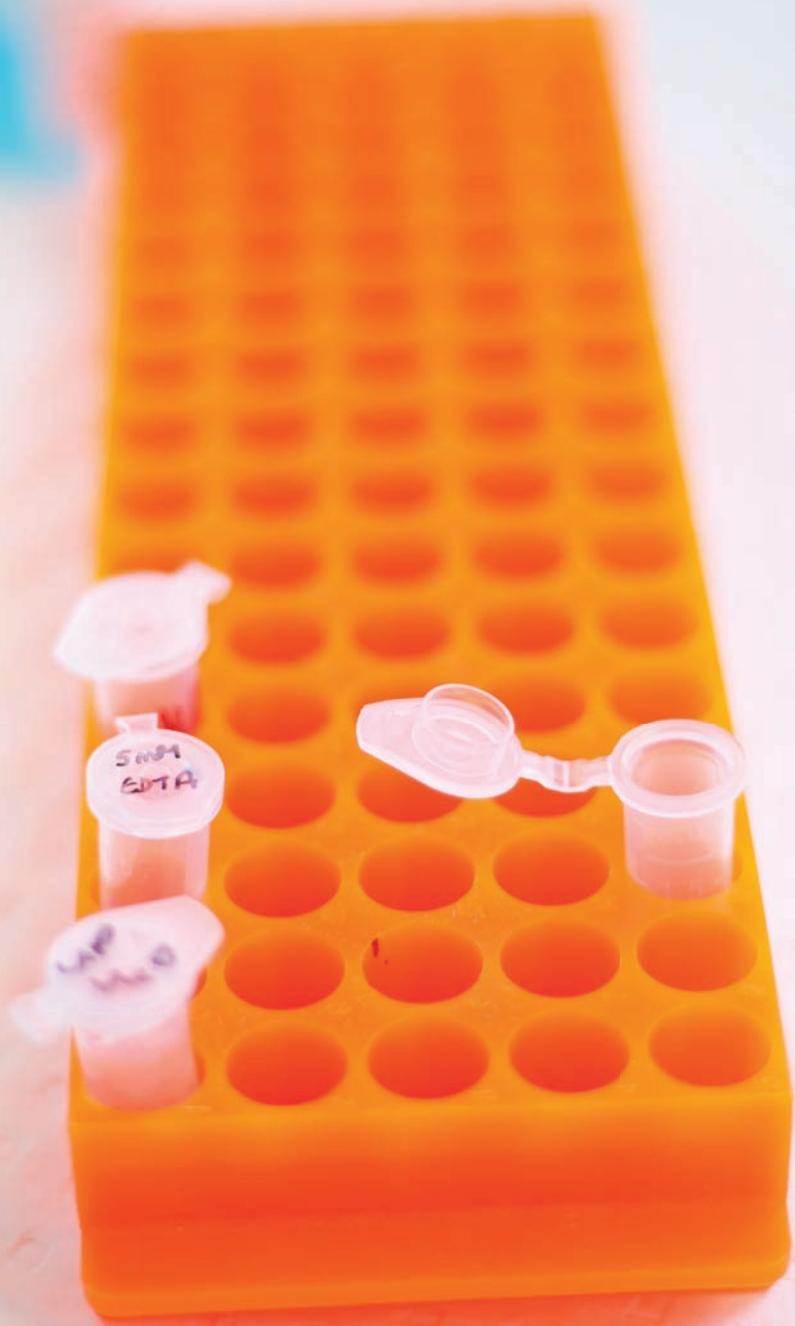
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