Did you know…?

**Chronic kidney disease is up to thirty times more common among Indigenous Australians than the Australian average.**

**One-quarter of all fatal road injuries and hospitalisations are in the age group 17 to 25 years.**

**With more than 100,000 road deaths per year, China accounts for around 15% of the world’s annual fatalities from traffic crashes.**

**Low- and middle-income countries suffer more than 80% of the global burden of cardiovascular disease.**

**Obese individuals have a 20% greater risk of developing colorectal cancer compared with those of normal weight.**

**Elevated blood pressure levels claim more than 7 million lives each year.**

**Giving up smoking can reduce the risk of dying from lung cancer by up to 70%.**

**Intracerebral haemorrhage is one of the most serious forms of stroke, affecting 2-3 million people worldwide each year.**

**Over 100,000 patients are treated in Australian and New Zealand ICUs every year.**

**2.5 million people are living with HIV/AIDS in India.**

**Improved malaria vaccine research coordination and investment decisions could save more than $100 million over 5 years and prevent up to 3,000 unnecessary test vaccinations in African children.**
IN 2030

THE LEADING CAUSES OF DEATH ACROSS THE WORLD ARE PROJECTED TO BE:

- HEART DISEASE
- STROKE
- HIV/AIDS
- CHRONIC OBSTRUCTIVE LUNG DISEASE

NON-COMMUNICABLE DISEASES WILL CONTRIBUTE TO ALMOST 70% OF ALL DEATHS

THERE WILL BE AN ESTIMATED 40% INCREASE IN DEATHS DUE TO INJURY

DEATHS DUE TO TOBACCO ARE ESTIMATED TO ESCALATE TO 8.3 MILLION
Our mission is to improve the health of millions of people worldwide.

We will achieve this by providing the best research evidence to guide global health decisions and by engaging with decision makers to enact change.

We will focus our efforts in Australia, Asia and the developing world where we will:

**Work**
with populations where there is disadvantage and inequity

**Lead**
large-scale priority-driven research projects that build regional capacity

**Strengthen**
health systems to improve control of common serious diseases and injuries
A Brief History

• Established in 1999.
• Earned an international reputation in population health and clinical research.
• Developed research expertise in cardiovascular, renal, neurological and mental health diseases, injury prevention, musculoskeletal conditions, critical care and trauma, nutrition, lifestyle, and health policy research.
• Established a large centre for research management to provide high-quality data management, statistical services and project management.
• Built a separate, mission-related commercial enterprise which over the past two years has won significant commercial contracts.
• Developed a presence in Asia, establishing offices in China and India.
• Has conducted over 72 projects in more than 50 countries across the world.
Intensive care patients with brain injury require resuscitation fluids to promptly restore blood flow to the brain following trauma. Due to the availability of a wide variety of types of fluids, clinicians have been uncertain as to which fluid to use for such patients. Results of the SAFE TBI (Saline vs. Albumin Fluid Evaluation, Traumatic Brain Injury) study, published in *The New England Journal of Medicine* in 2007, confirmed that patients resuscitated with albumin-based fluids immediately following brain injury had a higher death rate than those who received saline.

The ADVANCE (Action in Diabetes and Vascular Disease) study showed how blood pressure lowering treatments could significantly improve outcomes for the 250 million people worldwide whose lives are impacted by diabetes. The results were presented at the 2007 European Congress of Cardiology in Austria. ADVANCE monitored over 11,000 patients in 20 locations, including China, India, Malaysia and Eastern Europe. This landmark study indicated that blood pressure lowering treatments for diabetics could save up to three million lives over a five-year period.

**Progress Against Our Strategies in 2007**

<table>
<thead>
<tr>
<th>FOCUS AREA</th>
<th>KEY STRATEGY</th>
<th>PROGRESS</th>
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<tbody>
<tr>
<td>Mission-centric</td>
<td>Implement high-quality, high-impact research programs.</td>
<td>• Announced significant international research findings, including a report on global malaria funding, results of a study into type 2 diabetes treatment, and results of a study of intensive care patients with brain injury.</td>
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<td></td>
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<td>• Published 135 research articles in international academic journals.</td>
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<td>• Developed policy influencing recommendations from research outputs in several key areas.</td>
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<td>• Established a best practice quality assurance process for all contract research programs.</td>
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<td>• Initiated a process mapping review of Institute-wide research processes.</td>
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<td>• Significantly improved awareness of research findings through media.</td>
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<tr>
<td>Mission-centric</td>
<td>Grow the presence and voice of the Institute in Asia.</td>
<td>• Established offices in India and China, with local expertise.</td>
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<td>• Signed a Memorandum of Understanding (MOU) with the Indian Council of Medical Research and the University of Sydney.</td>
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<td></td>
<td></td>
<td>• Renewed the MOU with Peking University Health Science Center.</td>
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<td></td>
<td></td>
<td>• Secured funding to implement several key projects in Asia.</td>
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<tr>
<td>Mission-centric</td>
<td>Expand core research programs through partnerships, collaborations, organic growth and acquisition.</td>
<td>• Expanded the group with world-class expertise in neglected disease research and policy development.</td>
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<td></td>
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<td>• Developed a strong leadership and engagement role in the University of Sydney faculty-wide international health strategies.</td>
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<td>• Increased the number of key joint appointments with the School of Public Health and Faculty of Medicine at the University of Sydney.</td>
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<td>• Established a lead role in developing the new Sydney Institutes of Health and Medical Research (SIHMRs).</td>
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<td>• Engaged with teaching hospitals affiliated with Peking University Health Science Center.</td>
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<td>• Collaborated with the University of Sydney to open the Beijing office.</td>
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<td></td>
<td>• Continued membership of the Australian Coalition for Global Health Research (ACGHR).</td>
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<td></td>
<td>• Maintained an ongoing membership in the Academic Alliance for Clinical Trials (AACT) with MMRF Berman Center (University of Minnesota) and The Julius Center (Utrecht University).</td>
</tr>
<tr>
<td>Mission-related</td>
<td>Grow the contribution from mission-related enterprise activities.</td>
<td>• Centre for Research Management (CRM) recruited a cumulative total of 19,774 patients globally to participate in clinical trials.</td>
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<td>• Developed an intellectual property and commercialisation plan for the vascular health measurement tool.</td>
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<td>• Developed a significant project pipeline.</td>
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<td></td>
<td>• Secured significant new research contracts.</td>
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<tr>
<td>Mission-centric</td>
<td>Continue to enhance the Institute’s future sustainability.</td>
<td>• Grew funding allocation from National Health and Medical Research Council (NHMRC) grants by 162%.</td>
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<td>• Established a research office to identify grant opportunities, manage a streamlined application process and ensure high-quality submissions.</td>
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<td>• Set up a Board subcommittee and developed strategy for the investment of retained funds.</td>
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<tr>
<td>Mission-centric</td>
<td>Support and nurture a highly-skilled and motivated team.</td>
<td>• More than AU$600,000 spent on staff training, development and conferences/seminars across a staff of 239 individuals.</td>
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<td>• Learning and development plans in place for all staff.</td>
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<td>• Implemented a leadership program for senior staff.</td>
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<td>• Presented annual awards for academic excellence.</td>
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<td>• 41 health sector-specific information seminars provided for Institute staff.</td>
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**Expanding health research capacity in China**

In May 2007 The George Institute officially opened The George Institute, China in Beijing, where a dedicated team of health research professionals will address major health problems in China, such as high blood pressure, stroke, coronary heart disease, obesity, diabetes and injury. The opening ceremony acknowledged the renewed Memorandum of Understanding (MOU) between The George Institute and Peking University Health Science Center, which will foster increased research in support of China’s health priorities.

**Platform established for a major contribution to health systems and policy development in India**

The George Institute, India officially opened in November 2007. At a ceremony in Hyderabad, the Institute signed an MOU between the Indian Council of Medical Research and the Faculty of Medicine at the University of Sydney that signifies a strong research partnership and strengthens the Institute’s commitment to India. The Institute will undertake large-scale health research projects with a range of partners, and help apply the findings to boost relevant health programs in India.

**Largest ever global clinical trial conducted into type 2 diabetes treatment**

The ADVANCE (Action in Diabetes and Vascular Disease) study showed how blood pressure lowering treatments could significantly improve outcomes for the 250 million people worldwide whose lives are impacted by diabetes. The results were presented at the 2007 European Congress of Cardiology in Austria. ADVANCE monitored over 11,000 patients in 20 locations, including China, India, Malaysia and Eastern Europe. This landmark study indicated that blood pressure lowering treatments for diabetics could save up to three million lives over a five-year period.

**Landmark Australian and New Zealand intensive care study**

Intensive care patients with brain injury require resuscitation fluids to promptly restore blood flow to the brain following trauma. Due to the availability of a wide variety of types of fluids, clinicians have been uncertain as to which fluid to use for such patients. Results of the SAFE TBI (Saline vs. Albumin Fluid Evaluation, Traumatic Brain Injury) study, published in *The New England Journal of Medicine* in 2007, confirmed that patients resuscitated with albumin-based fluids immediately following brain injury had a higher death rate than those who received saline.

**2007 Highlights**

• Established a best practice quality assurance process for all contract research programs.

• Continued membership of the Australian Coalition for Global Health Research (ACGHR).

• Maintained an ongoing membership in the Academic Alliance for Clinical Trials (AACT) with MMRF Berman Center (University of Minnesota) and The Julius Center (Utrecht University).

• Secured funding to implement several key projects in Asia.

• Created expert partnerships, collaborations, organic growth and acquisition.

• Established the voice of the Institute in China.

• Established offices in India and China, with local expertise.

• Signed an MOU with the Indian Council of Medical Research and the University of Sydney.

• Renewed the MOU with Peking University Health Science Center.

• Expanded the group with world-class expertise in neglected disease research and policy development.

• Developed a strong leadership and engagement role in the University of Sydney faculty-wide international health strategies.

• Increased the number of key joint appointments with the School of Public Health and Faculty of Medicine at the University of Sydney.

• Established a lead role in developing the new Sydney Institutes of Health and Medical Research (SIHMRs).

• Engaged with teaching hospitals affiliated with Peking University Health Science Center.

• Collaborated with the University of Sydney to open the Beijing office.

• Continued membership of the Australian Coalition for Global Health Research (ACGHR).

• Maintained an ongoing membership in the Academic Alliance for Clinical Trials (AACT) with MMRF Berman Center (University of Minnesota) and The Julius Center (Utrecht University).

• Centre for Research Management (CRM) recruited a cumulative total of 19,774 patients globally to participate in clinical trials.

• Developed an intellectual property and commercialisation plan for the vascular health measurement tool.

• Developed a significant project pipeline.

• Secured significant new research contracts.

• Grew funding allocation from National Health and Medical Research Council (NHMRC) grants by 162%.

• Established a research office to identify grant opportunities, manage a streamlined application process and ensure high-quality submissions.

• Set up a Board subcommittee and developed strategy for the investment of retained funds.

• More than AU$600,000 spent on staff training, development and conferences/seminars across a staff of 239 individuals.

• Learning and development plans in place for all staff.

• Implemented a leadership program for senior staff.

• Presented annual awards for academic excellence.

• 41 health sector-specific information seminars provided for Institute staff.
Three Key Performance Areas

1. **Publications**
   - The Institute's work has been widely published in internationally recognised academic journals and publications:
     - The Institute published papers in the top tier of academic journals globally, including *The Lancet*, *The New England Journal of Medicine* and the *British Medical Journal*.
     - A significant number of conference presentations and keynote speeches were also given, including the Paul Dudley White International Lecture at the prestigious American Heart Association Scientific Sessions in November 2007.

2. **Policy and Practice**
   - Key policy and practice recommendations have been made by the Institute to governments, global health bodies, and major health organisations and forums:

<table>
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<tr>
<th>DIVISION</th>
<th>REPORT/INPUT</th>
<th>DESCRIPTION</th>
<th>RECOMMENDATION MADE TO</th>
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<tbody>
<tr>
<td>Injury and Musculoskeletal</td>
<td>Response to NSW Parliamentary Committee Inquiry into Young Driver Safety and Education Programs</td>
<td>The need for passenger restrictions during the provisional licensing period is supported by a considerable body of evidence. One-quarter of fatal road injuries in Australia are in the age group 17 to 24 years. In addition to this, young drivers are also dealing with increased distractions. Recent research at The George Institute showed that drivers are four times more likely to crash when talking on their mobile phones. This and other young driver research was presented to the NSW Young Driver Advisory Panel by the Institute’s Injury and Musculoskeletal Division. Recommendations to restrict the number of passengers in a P-plater’s vehicle, in addition to stronger mobile phone laws, were adopted by the panel and were legislated and enforced from 1 July 2007. (See p.40.)</td>
<td>NSW Young Driver Advisory Panel</td>
</tr>
<tr>
<td>Nutrition and Lifestyle</td>
<td>Reducing salt intake in populations</td>
<td>The World Health Organization (WHO) report ‘Reducing salt intake in populations’ highlights the strong scientific evidence for the damage to health caused by eating too much salt. Members of the Nutrition and Lifestyle Division at the Institute contributed to this widely read report, which calls for countries around the globe to urgently adopt national approaches to reduce the salt content of foods. Following the release of the WHO report, the launch of the Australian Division of World Action on Salt &amp; Health took place, marking the start of an advocacy campaign and food industry consultation process to reduce salt levels in processed foods by 25% over a five-year period.</td>
<td>International governments</td>
</tr>
<tr>
<td>Injury and Musculoskeletal</td>
<td>China Seat Belt Intervention</td>
<td>Results of a seat belt intervention study in southern China have shown the potential for significantly increasing the use of seat belts among drivers and front seat passengers in motor vehicles. A combination of scientific expertise, law-enforcement strategies, social marketing and health education resulted in an increase of seat belt use of up to 20%. (See p.40.)</td>
<td>China Ministry of Health, Guangzhou Municipal Bureau of Public Security, WHO, BP China</td>
</tr>
<tr>
<td>Renal</td>
<td>The Queensland Statewide Renal Health Services Plan 2008–17</td>
<td>Demand for dialysis and kidney transplantation services has significantly increased in Queensland and the rest of Australia over recent decades. This three-stage report provides advice for the Queensland Department of Health in terms of delivering a current service analysis and predicting future demands.</td>
<td>Queensland Department of Health</td>
</tr>
</tbody>
</table>

**Sustainable Funding**

The Institute received a 162% increase in NHMRC peer-reviewed funding announcements in 2007 as well as increasing its non-commercial industry-based funding. It also continued to maintain a strong enterprise commercial funding pipeline to support its infrastructure and operations.

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<tbody>
<tr>
<td>Critical Care and Trauma</td>
<td>Saline or albumin for fluid resuscitation in patients with traumatic brain injury</td>
<td>This landmark Australian and New Zealand intensive care study provides vital information for the treatment of patients with brain injuries. The results of the SAFE Traumatic Brain Injury study – SAFE TBI – clearly demonstrate that the choice of resuscitation fluids affects the chances of patients with brain injury surviving. Patients resuscitated with albumin-based fluids immediately following brain injury had a higher death rate than those who received saline.</td>
<td>International governments</td>
</tr>
<tr>
<td>Cardiovascular</td>
<td>New approaches for the prevention of vascular disease in type 2 diabetes</td>
<td>Results of the biggest study of treatments for type 2 diabetes have shown that lowering blood pressure reduces the risk of death. Results of the ADVANCE study represent an important step forward in the care of people with type 2 diabetes worldwide. The treatment reduced the likelihood of dying from the complications of diabetes by almost one-fifth, and could potentially save several millions of lives over the next decade if the treatment were widely implemented. (See p.52.)</td>
<td>International governments</td>
</tr>
<tr>
<td>Health Policy</td>
<td>The malaria product pipeline: planning for the future</td>
<td>Improved malaria vaccine research coordination could save more than US$20 million over five years. The report encouraged policy-makers to review how they fund malaria product trials in African trial sites. (See p.44.) The authors were asked to join a scientific review committee to examine funding proposals to the European Commission (EC) for malaria drug trials, malaria vaccine trials and trials of preventive drug treatments in pregnant women. Proposals will be assessed on clinical impact, potential growth, infrastructure and sustainability.</td>
<td>Global Forum for Health Research/World Bank European Commission/ European and Developing Countries Clinical Trials Partnership</td>
</tr>
<tr>
<td>The George Institute, India</td>
<td>A population-based study of human immunodeficiency virus (HIV) in south India reveals major differences from sentinel surveillance-based estimates</td>
<td>Findings from a population-based HIV study in Guntur district in south India showed that the official method for estimation of HIV burden in India, based on data from large public-sector hospitals, led to a 2.5 times higher estimate than population data adjusted for under-represented groups at high risk of HIV. The official method overestimated the burden of HIV in India as the profile of patients visiting large public-sector hospitals differs from the population at large in terms of disease distribution, including HIV.</td>
<td>Joint United Nations Programme on HIV/AIDS (UNAIDS) and National AIDS Control Organisation, India (NACO)</td>
</tr>
</tbody>
</table>
Message from the Chair and Principal Directors

As the increase in chronic diseases and major associated risk factors, such as obesity, continues globally, the Institute further demonstrates its capacity to provide a vital evidence base on which to tackle these issues. In just one of several examples, the Institute consolidated its presence on the world stage, showing how blood pressure lowering treatments could significantly improve outcomes for the 250 million people living with type 2 diabetes.

Such is the global magnitude of chronic disease epidemics that the Institute has called for international aid programs to focus on the control of these conditions. The evidence is compelling: cardiovascular disease is already the leading cause of death in most developing countries, and even in regions such as Africa there are huge epidemics of blood pressure-related illnesses evolving. Unless these issues are addressed, such countries risk experiencing stunted economic and social growth, as well as compounded health inequalities.

This is not to say that there should be any less attention paid to infectious diseases — indeed the Institute has recently commenced work on a five-year project to review the investments being made into neglected diseases, such as tuberculosis and malaria. This project will provide the first ever comprehensive global ‘footprint’ of funding patterns in these disease areas.

Concerted, Evidence-based Policy and Action

The new Australian Government is in a strong position to use high-quality research to make policy decisions that are grounded in evidence. We welcome the new emphases on preventive approaches and a wider role for primary health care. We also encourage the Government to draw on the wealth of expertise among the established medical research institutes in Australia, to help develop a series of much-needed health reform policies. We particularly look forward to working with the new Government on its plans for engagement in Asia. We hope there will be new opportunities for partnerships in both China and India, where the Institute has major research operations and collaborations with both the government and private sectors. Forging public-private partnerships for health development has continued to be a major platform for the Institute, with new initiatives planned for China, India, Vietnam and Australia in the coming year.

The unacceptable health status of Indigenous Australians has been well publicised throughout the year. The George Institute is committed to helping improve the health of Indigenous Australians, and we increased our research and community focus in this area during 2007. Our development of the Kanyini (a Pitjantjatjara word meaning ‘mutual caring’) collaboration is particularly exciting, as this project is investigating the barriers Indigenous Australians face in receiving care for chronic cardiovascular diseases. This diverse research program will provide an urgently needed picture of Indigenous care in Australia, as well as tools and approaches to improve patient experiences and outcomes.

Supporting High-impact Research

Central to the mission of the Institute is that the most important, relevant research questions are addressed. In 2007, regular research forums were established at the Institute in Sydney, where academic staff can openly discuss research opportunities, questions and priorities. A Research Committee was also created to provide strategic development and implementation of an Institute-wide research strategy.

The Research Committee monitors the Institute’s pipeline of research projects with a particular focus on large-scale, high-value, high-impact and high-quality projects.

The Institute experienced increased success with the National Health and Medical Research Council (NHMRC) in 2007, including substantial staff fellowships and project grants.

“We aim to build on this, following the establishment of a Research Office in 2007, designed to identify funding sources, support funding applications and monitor funding successes of the Institute. The Research Office will develop further over the coming 12 months, and we see this as a clear step forward in streamlining and enhancing much of our funding process.”

“The Institute is committed to helping improve the health of Indigenous Australians.”

Expanding into Asia

The Institute officially opened its two subsidiaries, The George Institute, China and The George Institute, India in 2007, supporting its major focus on the health issues that are of direct relevance to low- and middle-income countries in Asia.

Both of these new institutes can draw on a firm base of expertise and skills both locally and within Australia. In May 2007, The George Institute, China marked the expansion of research activities by extending our collaboration with Peking University Health Science Center and China Ministry of Health. Later in the year we joined forces with the Indian Council of Medical Research and the University of Sydney, so together we can work towards practical, affordable health management solutions. Looking forward, we will continue to nurture our small team based in London and envisage that this could potentially develop into a more substantial subsidiary in the future.
Message from the Chair and Principal Directors

**Academic Collaborations at the Heart of the Institute**

Strong academic collaborations are vital to achieving the aims of many of the research programs at the Institute. Affiliated with the University of Sydney, the Institute continued to work closely on research and teaching activities with the School of Public Health, the Faculty of Medicine and the Faculty’s International Office at the University, with whom we share many goals and aspirations.

A major new venture in 2008 will see a consortium of 12 major research institutes, associated with the University of Sydney and the Royal Prince Alfred Hospital, plan to co-locate to form the Sydney Institutes for Health and Medical Research (SIHMR). It is envisaged that this development will become the largest medical research centre in Australia and a centre of research excellence and innovation. The George Institute’s Principal Director, Stephen MacMahon, has been appointed Chief Executive of this significant new initiative and will undertake this role in addition to his Executive of this significant new initiative.

**Securing our Future**

The Institute believes it is helpful to view its activities as being within two distinct but related areas. Its mission-centric activities are essentially its non-profit research and capacity building programs. However, in order to secure a future based on a sustainable funding stream, we established George Medica as a separate commercial entity two years ago. This entity is our mission-related enterprise, developed to generate income from discoveries and capacities resulting from mission-centric activities. The income surplus created by this enterprise is reinvested into our mission-centric, non-profit activities, and funds our operational infrastructure. This means that any donations made to the Institute from philanthropic individuals can be 100% utilised in research or capacity building programs. This will be of particular importance as we launch the Institute’s Foundation in 2008, with the aim of making a real difference to the millions of lives in Australia and Asia impacted by chronic disease and injury.

In 2007, the two major focuses of George Medica have been the provision of high-quality research management services to external clients (both public and private) and the identification and development of intellectual property resulting from Institute research. In 2008, the Institute will launch a vascular clinic, which will provide evidence-based specialist healthcare for patients at high risk of cardiovascular conditions such as heart attack or stroke. This Centre will utilise a novel computer-based strategy, developed by Institute staff, to ensure that decisions about treatment options are informed by the best scientific evidence and the latest guidelines provided by professional bodies such as the Heart Foundation.

In business management and public advocacy, as do Jason Yat-sen Li, an international lawyer, lobbyist and community leader, and Joanna Capon, art historian, curator and writer, with extensive knowledge of art and links in China. We know the Institute will benefit hugely from their contributions.

Without the support of our funding sources and partners we would not be able to conduct such high-quality research, and we are extremely grateful for their commitment and belief in these important research areas.

Finally, we would like to thank the staff of the Institute, who have ensured that in 2007 we took another significant step towards our vision of reducing the global burden of disease. We feel privileged to have such committed and passionate people with us on this journey. Dr John Yu  
Chair

“Central to the mission of the institute, is that the most important, relevant research questions are addressed.”

**Managing Growth**

The Institute’s rapid growth presents its own set of challenges – something that became more evident to us in 2007. During 2008 we will undertake an Institute-wide process mapping exercise aimed at sharpening efficiencies in process and system management. We will also be creating the ‘blueprint’ for our clinical trial and research management activities, which are growing rapidly in size, significance and capability. We aim to build on our excellence in this area, to become a world best operator.

We take great pleasure in welcoming three new members to the Institute’s Board in 2007. Elia Atkin joins us, with extensive experience

Governance

Board of Directors – The George Institute’s Board of Directors provides strategic direction for the Institute and oversees governance, finance, administration and management. An Audit Committee was formed in 2007 to oversee financial preparations and audit procedures. Additionally, an Investment Committee was established to advise on how the Institute can best direct its investments.

Research and Development Advisory Committee (RADC) – RADC reviews the Institute’s research activities, and provides research advice to ensure its implementation and direction is reflective of its mission. The committee comprises international authorities on chronic diseases and injuries, authorities on health research and development in low- and middle-income countries, international health and development agency representatives, and individuals from the Australian research community. RADC, which reports to the Board, will reconvene in 2008.

The George Institute, China Board and The George Institute, India Board – A board will be established to oversee operations in China, with a similar model proposed for the recently opened India office. Both entities will receive research advice and direction from separate advisory boards, which will comprise health and medical research and policy experts.

The George Foundation and George Medica Boards – These boards provide strategic direction on diversifying the Institute’s income sources.
Board of Directors

01 Dr John Yu AC FRACP FRACMA, Chair
Dr John Yu was appointed Chair in September 2006. As a paediatrician, John was Chief Executive of the Children’s Hospital at Campendoza and Westmead. He was Chancellor of the University of New South Wales and Deputy Chancellor of the University of Western Sydney. John was appointed a Member of the Order of Australia in 1989 and a Companion of the Order in 2001, and was named Australian of the Year in 1996. John is Chair of both Visa Asia at the Art Gallery of NSW and the Centre for Asian Art and Archaeology at the University of Sydney.

02 Elsa Atkin
Elsa Atkin is a company director and a cultural management consultant. She recently retired after 12 years as Executive Director of the National Trust of Australia (NSW), was previously Deputy Director of the Evatt Foundation, and spent ten years in senior management at the Australian Broadcasting Corporation. She has held senior advisory roles in government and non-government agencies. Elsa’s expertise is in managing not-for-profit organisations, advocacy, and community relations, and she has developed a high profile and a national network. Currently she sits on several boards and was made an Australia Day Ambassador (1998-2000) and Honorary Life Member of the National Trust (2005).

03 Joanna Capon OAM
Joanna Capon is a member of the Australia China Council, the Advisory Council of the Children’s Hospital at Westmead and the hospital’s Health Care Quality Council and Governance Committee. She is also the Chair of Operation Art, a Board member of Museums and Galleries NSW, and a member of the Editorial Advisory Board of Art and Australia. Joanna is an art historian, industrial archaeologist, curator and writer. She was a committee member of the Visual Arts and Crafts Committee of NSW Ministry for the Arts from 1997 to 2005, and Chair of the Australian Centre for Photography from 2000 to 2007. Joanna was awarded the Order of Australia Medal in 2002.

04 Peter Church OAM
Peter co-founded the corporate advisory/investment banking firm Asea Focus Group in 1990 and has been its Managing Director since then. Prior to this, he was the Regional Managing Partner for Asia of the Australian law firm Freehills. His involvement in business relations between Australia and the South-East Asian region spans more than 35 years, for which he was awarded the Order of Australia Medal by the Australian Government in 1994. He has authored and edited several books focused on business in Asia. His other current directorships include Special Counsel to the Australian law firm Blake Dawson, chairman of Bangkok International Associates Limited and Indonesia’s Aksara Foundation.

05 Professor Andrew Coats
Andrew Coats is a Fellow Chartered Accountant, a Fellow CPA, and a Senior Partner of Ernst & Young Australia, where he leads the Oceania Transactions Tax Practice. Don has held Asia-Pacific leadership roles of his firm’s Financial Markets and Japanese business programs, and has been Director or Committee Chair of the Friends of the Mater Foundation for the Mater Misericordiae Hospital, the Australian Council for Infrastructure Development, and the Institute of Chartered Accountants in Australia over a number of years.

06 Professor Stephen MacMahon, Principal Director
Stephen MacMahon is Professor of Cardiovascular Medicine and Epidemiology at the University of Sydney and Honorary Consultant Epidemiologist at the Royal Prince Alfred Hospital in Sydney. He holds Honorary Professorships at Peking University Health Science Center and the University of Auckland Faculty of Medicine and Health Sciences. He is a fellow of the American College of Cardiology, the American Heart Association, and the Cardiac Society of Australia and New Zealand. Prior to working at The George Institute, Stephen was Director of the Clinical Trials Research Unit at the University of Auckland, where he also held appointments as Associate Professor of Medicine and Associate Professor of Clinical Pharmacology.

07 Professor Robyn Norton, Principal Director
Robyn Norton is Professor of Public Health and Associate Dean (International) within the Faculties of Health at the University of Sydney. She holds an Honorary Professorship at Peking University Health Science Center, and is an Honorary Consultant Epidemiologist at the Royal Prince Alfred Hospital. Robyn is Chair of the Road Traffic Injuries Research Network (RTRIN), an initiative supported by the Global Forum for Health Research, the World Health Organization and the World Bank, and is Acting Chair of the Australian Coalition for Global Health Research (ACGHR).

08 Jason Yat-sen Li
Jason Yat-sen Li is currently Managing Director of R Group China Ltd, an investment banking and private equity firm in Beijing. Previously, he was Head of China Strategy and Senior Manager, Sustainable Development for Insurance Australia Group, and worked for the United Nations International Criminal Tribunal for the former Yugoslavia in The Hague, Netherlands, as a lawyer. Jason’s expertise is in corporate finance, international market entry, executive management and international law. He was a recipient of the Eisenhower Fellowship in 2002, as well as the Hausser Global Fellowship to New York University Law School in 2000. He is currently a director of The Sydney Institute and a Governor of the Smith Family.
Research and Development Advisory Committee (RADAC)

Associate Professor Adnan Hyder
The Johns Hopkins University Bloomberg School of Public Health, Baltimore, USA

Professor KE Yang
Executive Vice President, Peking University Health Science Center, Beijing, China

Professor Stephen Leeder AD
Director, Australasian Health Policy Institute, the University of Sydney

Professor Terry Nolan
Head, School of Population Health, The University of Melbourne

Professor Srinath Reddy
President, Public Health Foundation of India (PHRI), New Delhi

Professor Andrew Wilson
Executive Director, Policy, Planning and Resourcing Division, Queensland Health, Brisbane

China Advisory Board

Professor HUANG Jiefu (Chair)
Vice-Minister of Health, China Ministry of Health

Dr KONG Lingzhi
Deputy Director-General, Department of Disease Control, China Ministry of Health

Professor REN Minghui
Deputy Director-General, Department of International Co-operation, China Ministry of Health

Dr Derek Yach
Director, Global Health Policy, PepsiCo, Inc, New York, USA

Professor Yang Gonghuan
Vice-President, China Center for Disease Control and Prevention

Dr Henk Bekedam (observer), China Representative, World Health Organization

Organisational Chart
## Senior Executive Group

**Dr Joanne Andrews**  
Senior Director, Centre for Research Management (CRM)

Joanne’s extensive experience in clinical trials covers most therapeutic areas and all stages of drug development. She has played a key role in the development of research organisations and systems. In 2007, Joanne oversaw the considerable growth of the CRM as it continues to underpin the future sustainability of the Institute.

**Jane Austin**  
Senior Director, Marketing and Communications

Jane has extensive international experience in management and marketing within the corporate sector, much of it in the fast-paced telecommunications industry. More recently she has worked with non-profit organisations, with a particular interest in health. Jane sits on the advisory board of a health practice on the NSW Central Coast and is a Director of the Asthma Foundation of New South Wales.

**Ross Bidencope**  
Senior Director and CFO, Infrastructure

With over 15 years' senior financial experience in both public and private companies, Ross is a member of the Institute of Chartered Accountants in Australia and the Institute of Chartered Secretaries and Administrators in Australia. As Chief Financial Officer and Company Secretary, Ross manages the organisation, information technology, and people strategy and development of the Institute.

**Professor Lalit Dandona**  
Senior Director, The George Institute, India  
Lalit is Senior Director of The George Institute, India and Chair of International Public Health at the University of Sydney’s School of Public Health. Lalit leads the effort aimed at making The George Institute, India a leading contributor to health research and health system development in India. He has extensive research experience and currently leads studies on health systems, HIV/AIDS, impact evaluation of population health interventions, and health metrics in India. Lalit has published widely and serves on the editorial boards of six journals. He has taught policy-makers, public health practitioners and researchers, and has served as technical expert for governmental and international agencies.

**Associate Professor Bruce Neal**  
Senior Director  
Bruce is an Associate Professor in the Faculty of Medicine at the University of Sydney and an Honorary Consultant Epidemiologist at the Royal Prince Alfred Hospital. He leads a broad-based program of research and development at the Institute responsible for divisions working in the areas of cardiovascular, renal, neurological, mental health and nutritional and lifestyle determinants of disease. Bruce is also Chair of the Australian Division of World Action on Salt & Health (AWASH), which has the goal of reducing national salt consumption to recommended levels within the next five years.

**Dr Nick Glozier**  
Associate Principal Director, Population Health Research

In addition to working on population health initiatives and health systems research with Professor Robyn Norton, Nick is a consultant liaison psychiatrist and plays a vital role in the Neurological and Mental Health Division at the Institute, contributing to several major stroke research projects. He maintains strong links with mental health and disability research projects in Europe and the Indian subcontinent.

**Dr Vlado Perkovic**  
Associate Principal Director, Clinical Research  
Vlado is Associate Principal Director, Clinical Research and works with Professor Stephen MacMahon on developing new research and business opportunities for The George Institute, particularly in the area of large-scale clinical trials. He is also an active member of the Renal Division at the Institute, and is involved with several ongoing research projects. Vlado is a Consultant Physician in Nephrology and Hypertension at Royal North Shore Hospital.

**Professor Mark Stevenson**  
Senior Director  
Mark is a Senior Director at The George Institute, and a Professor in the Faculty of Medicine at the University of Sydney. He holds an NH&MRC Fellowship and is a visiting professor at Peking University Health Science Center. Mark isa member of the Australasian Trauma Society and the Australasian College of Road Safety, and has extensive research experience in road trauma, and paediatric fire and burns injuries. He is also experienced in public health research in low- and middle-income countries, including as a consultant for WHO, UNICEF and the Swedish International Development Agency. Mark provides strategic and operational oversight for the research areas of injury prevention, musculoskeletal diseases, critical care and trauma and health policy, as well as for The George Institute, China.

Professor Stephen MacMahon and Professor Robyn Norton also form part of the Senior Executive Group.

## Institute Management Group

**Professor Craig Anderson**  
Director, Neurological and Mental Health Division, Professor of Stroke Medicine and Clinic Neuroscience, the University of Sydney

**Laurent Billot**  
Director, Statistics

**Rick Brown**  
Director, People Strategy and Development

**Dr Hugh Capper**  
Director, Data Management

**Dr Alan Cass**  
Director, Renal Division  
Senior Lecturer, the University of Sydney

**Professor John Chalmers AC FAA**  
Senior Lecturer, the University of Sydney  
Director, Nutrition and Lifestyle Division

**Dr Rakhi Dandona**  
Head, Population Health Research  
The George Institute, India  
Senior Lecturer, the University of Sydney

**Joshua Fathers**  
Director, Finance and Administration

**Professor Simon Finfer**  
Co-Director, Critical Care and Trauma Division, Professor of Critical Care and Trauma, the University of Sydney

**Dr Smita W. Gheeye**  
Head, Clinical Research  
The George Institute, India

**Dorothy Han**  
Head, Centre for Research Management  
The George Institute, India

**Dr Rachel Huxley**  
Director, Nutrition and Lifestyle Division  
Senior Lecturer, the University of Sydney

**Dr Rebecca Ivers**  
Director, Injury and Musculoskeletal Division  
Senior Lecturer, the University of Sydney

**Dr Mary Moran**  
Director, Health Policy Division

**Professor John Myburgh**  
Co-Director, Critical Care and Trauma Division, Professor of Critical Care and Trauma, the University of New South Wales

**Sameer Pandey**  
Director, Information Services

**Dr Anushka Patel**  
Director, Cardiovascular Division  
Senior Lecturer, the University of Sydney

**A. Sunder Rajan**  
Head, Infrastructure and Resources  
The George Institute, India

**Professor Wu Yangfeng**  
Director, The George Institute, China  
Honorary Professor, the University of Sydney, Director of Clinical Research Programs, Peking University Health Science Center

**Susan Xie**  
Head, Infrastructure and Resources  
The George Institute, China

The Senior Executive Group also forms part of the Institute Management Group.

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The **Senior Executive Group** – Provides recommendations and advice to the Principal Directors on matters of strategic or operational importance to the Institute.

The **Institute Management Group** – A group with whom strategic and operational direction is regularly discussed. Feedback and ideas from this group are welcomed as part of the Institute’s collaborative approach.
International Scope

Oceania
- Australia
- New Zealand

Asia
- China
- Hong Kong
- India
- Japan
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- Philippines
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- South Korea
- Taiwan
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- United Arab Emirates

Europe
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- Finland
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- Ireland
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- Norway
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- Turkey
- Ukraine
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- Colombia

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- New Zealand

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- Hong Kong

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South

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Africa

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- South Africa

- Tanzania

NORTH AMERICA
- 15 PROJECTS
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MIDDLE EAST
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ASIA
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OCEANIA
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- 2 COUNTRIES

THE GEORGE INSTITUTE YEAR IN REVIEW 2007

OVERVIEW & HIGHLIGHTS

OPERATIONS & STRUCTURE

REVIEW OF OPERATIONS

TEAM

PUBLICATIONS & PRESENTATIONS

FINANCIALS
### International Scope

#### MIDDLE EAST
- **Iran**
  - Obesity in Asia Collaboration – OAC
  - Saline vs. Albumin Fluid Evaluation, Translation of Research Into Practice Study – SAFE TRIPS

#### EUROPE
- **Austria**
  - Ongoing Telmisartan Alone and in Combination with Ramipril Global Endpoint Trial – ONTARGET
- **Belgium**
  - Aliskiren Trial in Type 2 Diabetes Using Cardio-renal Disease Endpoints – ALTITUDE
  - Blood Pressure Lowering Treatment Trialists’ Collaboration – BPLTTC
  - Ongoing Telmisartan Alone and in Combination with Ramipril Global Endpoint Trial – ONTARGET
- **Czech Republic**
  - Action in Diabetes and Vascular Disease: Preterax and Diamicron MR Controlled Evaluation – ADVANCE
  - Aliskiren Trial in Type 2 Diabetes Using Cardio-renal Disease Endpoints – ALTITUDE
  - Ongoing Telmisartan Alone and in Combination with Ramipril Global Endpoint Trial – ONTARGET

#### Finland
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#### Iceland
- Saline vs. Albumin Fluid Evaluation, Translation of Research Into Practice Study – SAFE TRIPS

#### Ireland
- Action in Diabetes and Vascular Disease: Preterax and Diamicron MR Controlled Evaluation – ADVANCE
- Ongoing Telmisartan Alone and in Combination with Ramipril Global Endpoint Trial – ONTARGET
- Perindopril Protection Against Recurrent Stroke Study – PROGRESS
- Saline vs. Albumin Fluid Evaluation, Translation of Research Into Practice Study – SAFE TRIPS

#### Germany
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#### Lithuania
- Action in Diabetes and Vascular Disease: Preterax and Diamicron MR Controlled Evaluation – ADVANCE
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#### Norway
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#### Portugal
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#### Russia
- Action in Diabetes and Vascular Disease: Preterax and Diamicron MR Controlled Evaluation – ADVANCE
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- Aliskiren Trial in Type 2 Diabetes Using Cardio-renal Disease Endpoints – ALTITUDE
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#### Slovenia
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- Ongoing Telmisartan Alone and in Combination with Ramipril Global Endpoint Trial – ONTARGET
- Saline vs. Albumin Fluid Evaluation, Translation of Research Into Practice Study – SAFE TRIPS

#### Spain
- Blood Pressure Lowering Treatment Trialists’ Collaboration – BPLTTC
- Ongoing Telmisartan Alone and in Combination with Ramipril Global Endpoint Trial – ONTARGET
- Saline vs. Albumin Fluid Evaluation, Translation of Research Into Practice Study – SAFE TRIPS

#### Sweden
- Blood Pressure Lowering Treatment Trialists’ Collaboration – BPLTTC
- Ongoing Telmisartan Alone and in Combination with Ramipril Global Endpoint Trial – ONTARGET
- Perindopril Protection Against Recurrent Stroke Study – PROGRESS
- Saline vs. Albumin Fluid Evaluation, Translation of Research Into Practice Study – SAFE TRIPS

#### Turkey
- Ongoing Telmisartan Alone and in Combination with Ramipril Global Endpoint Trial – ONTARGET
- Saline vs. Albumin Fluid Evaluation, Translation of Research Into Practice Study – SAFE TRIPS
International Scope

NORTH AMERICA

Canada
- Action in Diabetes and Vascular Disease: Preterax and Diamicron MR Controlled Evaluation – ADVANCE
- Blood Pressure Lowering Treatment Trials' Collaboration – BPLTC
- Familial Intracranial Aneurysm – FIA
- Heart Outcomes Prevention Evaluation 3 – HOPE-3
- Ongoing Telmisartan Alone and in Combination with Ramipril Global Endpoint Trial – ONTARGET
- Saline vs. Albumin Fluid Evaluation, Translation of Research Into Practice Study – SAFE TRIPS

Mexico
- Ongoing Telmisartan Alone and in Combination with Ramipril Global Endpoint Trial – ONTARGET

United States
- Blood Pressure Lowering Treatment Trials' Collaboration – BPLTC
- Familial Intracranial Aneurysm – FIA
- Managing Return-to-play Decisions Following Mild Traumatic Brain Injury – mTBI
- The 3 Country Kidney Disease study – 3 CKD

Academia Sinica, Taiwan
- Abu-Dhabi Police G.H.Q., United Arab Emirates
- Adelaide Institute for Sleep Health (AISH)
- Albury Base Hospital
- All India Institute of Medical Sciences
- Ambulance Service of New South Wales
- Armajur Aboriginal Health Service
- Auckland City Hospital, New Zealand
- Austin Health
- Austin Hospital
- Australasian Kidney Trials Network
- Australasian Sleep Trials Network
- Australasian Society for the Study of Obesity
- Australasian Stroke Trials Network (ASTN)
- Australia and New Zealand Dialysis and Transplant Registry
- Australian and New Zealand Intensive Care Society Clinical Trials Group
- Australian and New Zealand Society of Nephrology
- Australian Catholic University
- Australian National University
- Australian Red Cross Blood Service
- Australian Transport Safety Bureau (ATSB)
- Baker Heart Research Institute
- Bendigo Health Care Group
- Bendigo Hospital
- Bhumbul Abadulyadje (Royal Thai Air Force) Hospital
- Birgå Aboriginal Corporation Medical Centre
- Blacktown Hospital
- Bourke Aboriginal Health Service Ltd
- BP China
- Brain and Mind Research Institute
- British Heart Foundation
- Bundaberg Base Hospital
- Bureau of Traffic Management, Ministry of Public Security, China
- Byrungu Foundation, India
- Cairns Base Hospital
- Canadian Critical Care Trials Group (CCTCG)
- Canberra Hospital
- CARE Foundation, India
- Central Australian Aboriginal Congress
- Central Municipal Government, China
- Centre for Chronic Disease Control, India
- Centre for Education and Research on Aging (CERA), Concord Hospital
- Chinese Academy of Medical Sciences
- Chinese Society of Cardiology
- Christchurch Public Hospital, New Zealand
- Clinical Research Centre, Ministry of Health, Malaysia
- Clinical Trials Research Unit, New Zealand
- Coalition for Research to Improve Aboriginal Health (CRIAH)
- Coles Myer Limited
- Collaborative Studies Coordinating Center, Department of Biostatistics, University of North Carolina, USA
- Concord Hospital
- Cooperative Research Centre for Aboriginal Health
- Core Research Group Pty. Ltd.
- Curtin University of Technology
- Department of Health Care Policy, Harvard Medical School, USA
- Department of Neurology, Peking University First Hospital, China
- Dunedin Hospital, New Zealand
- Emirates Traffic Safety Evaluation, United Arab Emirates
- Epworth Hospital
- Fenders Medical Centre
- Forum for Research and Development, Sri Lanka
-Frankston Hospital
- Fremantle Hospital
- Fu Wai Hospital, China
- Gandhi Medical College Hospital
- Garvan Institute of Medical Research
- Geelong Hospital
- Ghana Health Service
- Gold Coast Hospital
- Groupe Hospitalier Albert Chenevière, France
- Gruppo Italiano per la Valutazione degli Interventi in Terapia Intensiva (GIVITI), Italy
- Guangzhou Municipal Government, China
- Hau Duong Provincial Government, Vietnam
- Haro Medical University, Vietnam
- Harvard University, USA
- Health Research Council, New Zealand
- Heart Foundation
- Hospital do Coracao, Brazil
- Hospital Iphp, Malaysia
- Hospital Kuala Lumpur, Malaysia
- Hospital Kuala Terengganu, Malaysia
- Hospital Melaka, Malaysia
- Hospital Pulau Pinang, Malaysia
- Hospital Raja Perempuan Zainab & Malaysia
- Hospital Selayang, Malaysia
- Hospital Sultanah Aminah, Malaysia
- Hospital Taiping, Malaysia
- Hospital Tengku Ampuan Afzan, Malaysia
- Hospital Tengku Ampuan Rahimah, Malaysia
- Hospital Tunku Ja’afar, Malaysia
- Hospital Umum Sarawak, Malaysia
- Hunter Stroke Service
- Ikara Health Research and Development Centre, Tanzania
- Imperial College, UK
- Inala Indigenous Health Service
- Indian Council of Medical Research
- Injury Risk Management Research Centre (IRMRC), the University of New South Wales
- Innopharm Ltd, Russia
- INSERM Unit 708, Hospital La Salpetriere, France
- Institute for Health Metrics and Evaluation, USA
- Institute of Obesity, Nutrition and Exercise
- Institute of Preventive Medicine, Copenhagen University Hospital, Denmark
- Institute of Psychiatry, UK
- Intensive Care Society, UK
- International AIDS Vaccine Initiative
- International Centre for Circulatory Health (ICCH), Imperial College, UK
- International Diabetes Institute
- International Obesity Task Force, UK
- James Cook University
- John Hunter Hospital
- Karolinska Institutet, Sweden
- Kidney Health Australia
- King Chulalongkorn Memorial Hospital, Thailand
- Lamberiósie Hospital, France
- Launceston General Hospital, Australia
- Liverpool Hospital
- London School of Hygiene and Tropical Medicine, UK
- Luean Community Health Centers, China
- Macquarie University
- Mahara Nakorn Chiang Mai Hospital, Thailand
- Mahidol University, Thailand
- Massachusetts General Hospital, USA
- Mater Adult Hospital, Brisbane
- Mater Misericordiae University Hospital, Australia
- Mater Private Hospital, Brisbane
- Mayo Clinic, USA
- McMaster University Health Centre, Canada

SOUTH AMERICA

Argentina
- Heart Outcomes Prevention Evaluation 3 – HOPE-3
- Ongoing Telmisartan Alone and in Combination with Ramipril Global Endpoint Trial – ONTARGET

Brazil
- Heart Outcomes Prevention Evaluation 3 – HOPE-3
- Ongoing Telmisartan Alone and in Combination with Ramipril Global Endpoint Trial – ONTARGET
- Saline vs. Albumin Fluid Evaluation, Translation of Research Into Practice Study – SAFE TRIPS

Colombia
- Heart Outcomes Prevention Evaluation 3 – HOPE-3
- Saline vs. Albumin Fluid Evaluation, Translation of Research Into Practice Study – SAFE TRIPS

AFRICA

Ghana
- Strategies for Health Insurance Mechanisms to Address Healthy System Inequities in Ghana, South Africa and Tanzania – SHIELD

South Africa
- Heart Outcomes Prevention Evaluation 3 – HOPE-3
- Intervention for Microfinance and Gender Equity – IMAGE

Tanzania
- Strategies for Health Insurance Mechanisms to Address Healthy System Inequities in Ghana, South Africa and Tanzania – SHIELD

Institute Collaborators
Institute Collaborators

- Meat & Livestock Australia (MLA) MedPharmGene Inc, Canada
- Melbourne Renal Research Group Memzes Centre for Health Policy, the University of Sydney Memzes School of Health Research
- MidCentral District Health Board Palmerston North, New Zealand Middelmore Hospital, New Zealand Ministry of Health, China Ministry of Health, Vietnam MMRF Berman Center for Outcomes and Clinical Research and the Coordinating Center for Biometric Research, University of Minnesota, USA Minhos de Vento Hospital, Brazil Monash Medical Centre Monash University Accident Research Centre
- Moran Foundation for Older Australians Motor Accidents Authority of NSW (MAA) Nambour General Hospital National Blood Service, UK National Cardiovascular Center, Japan National Stroke Research Institute National Transport Commission Nepean Hospital New South Wales Institute of Trauma and Injury Management New South Wales Police Force New Zealand Blood Service Nganetajara Health Service Nganampa Health Council NHMRC Clinical Trials Centre Nizam’s Institute of Medical Sciences, India Peking Union Hospitals, China Peking Union Medical College, China Peking University First Hospital, China Peking University Health Science Center, China Peninsula Clinical Research Centre PES Institute of Medical Sciences & Research, India Pine Rivers Renal Clinic Prince of Wales Medical Research Institute Princess Alexandra Hospital Prognomix Inc, Canada Public Health Management Institute, India Queen’s University, Canada Queensland University of Technology Rajavithi Hospital, Thailand Ramathibodi Hospital, Thailand Renal Research Roads and Traffic Authority of NSW (RTA) Royal Adelaide Hospital Royal Alexandra Hospital for Children Royal Australian College of General Practitioners (RACGP) Royal Brisbane Hospital Royal Hobart Hospital Royal Melbourne Hospital Royal North Shore Hospital Royal Perth Hospital Royal Prince Alfred Hospital Royal Rehabilitation Centre Sydney Royal Tropical Institute, Netherlands Ruijin Hospital, China Scandinavian Critical Care Trials Group School of Public Health and Community Medicine, the University of New South Wales Scottish National Blood Transfusion Service Shanghai Institute of Hypertension, China Shantou University, China Shiga University, Japan Sir Charles Gardiner Hospital Sirintoy Hospital, Thailand SIRO Clipharm Pvt. Ltd., India St George Hospital St George’s Hospital, UK St Vincent’s Hospital, Sydney St Vincent’s Hospital, Melbourne Stroke Services New South Wales (SSNHW) Sugiyama Jogakuen University, Japan Sydney Adventist Hospital Tangentyere Council Inc. Tanara Base Hospital, India Tharawal Aboriginal Corporation The Alfred Hospital The Australian and New Zealand Intensive Care Research Centre The Centre of National Research on Disability and Rehabilitation (CONDIDD) The Greater Metropolitan Clinical Taskforce The Julius Center for Health Sciences and Primary Care, University Medical Center Utrecht, Netherlands The Prince Charles Hospital The Queen Elizabeth Hospital The Sax Institute The Toowoomba Hospital The University of Cape Town, South Africa The University of Melbourne The University of New South Wales The University of Sydney The University of Texas Health Science Center, USA The University of Western Australia Tohoku Aboriginal Medical Service Inc. Tulane University, USA United States Army Institute of Surgical Research Universita degli Studi di Milano, Italy University of Ballarat University of Bergen, Norway University of Bern, Switzerland University of Bristol, UK University of British Columbia, Canada University of Cincinnati, USA University of Geneva, Switzerland University of Glasgow, UK University of Jena, Germany University of London, UK University of Michigan, USA University of Montreal, Canada University of North Carolina, USA University of Otago, New Zealand University of Ottawa, Canada University of Oxford, UK University of Pittsburgh, USA University of Pittsburgh Medical Center for Sports Medicine, USA University of Southampton, UK University of the Witwatersrand, South Africa University of Wollongong Uppsala University, Sweden Urapunji Health Service Utrecht University, Netherland Victoria University Waikato Hospital, New Zealand Wellington Hospital, New Zealand WEQAS, UK Western Desert Nganampa Wajibya Palyanjaku Tjutaku Aboriginal Corporation Western Hospital Westmead Hospital Whangarei Hospital, New Zealand Wollongong Hospital Woolcock Institute of Medical Research World Bank World Health Organization Wuchopperen Health Service Limited Yonsei University, South Korea

Institute 2007 Funding Sources

- National Heart Foundation, Australia National Transport Corporation Novartis Pharma AG Novo Nordisk Pharmaceuticals Pty. Ltd. NRMA Motoring & Services NSW Department of Health NSW Injury Risk Management Research Centre (IRRMRC) NSW Office for Science & Medical Research Pfizer Australia Pty. Ltd. Pfizer Global Pharmaceuticals Queensland Department of Health Repatriation General Hospital, South Australia Roads and Traffic Authority of NSW (RTA) Rozelle Hospital Sanofi-Aventis Servier Laboratories (Aust) Ltd. Pty. The Austin Hospital Medical Research Foundation (AHMRF) The Australian National University The Australian National University, Centre for Mental Health Research The Chinese University of Hong Kong The Fred Hollows Foundation The Johns Hopkins University The Nutrition Society of Australia (Inc.) The Transplantation Society of Australia and New Zealand (TSANZ) The University of Auckland The University of Melbourne The University of Queensland The University of Sydney
The George Institute, China

Taking the stage to speak at the opening ceremony of The George Institute, China, in May 2007, Professor HAN Qide talked of the huge health challenges facing the world’s most populous nation. Yet Professor HAN, who is Vice-Chairman of the Standing Committee of the China National People’s Congress, also talked of the huge opportunity for real health improvements in his country. The ceremony not only launched The George Institute, China but marked the extension of the China-Australia Partnership for Health – a joint commitment between The George Institute and Peking University Health Science Center, linking Peking University and the University of Sydney. The partnership’s chief goal is to strengthen research and skills development partnerships, community groups, and local and international corporate providers, international agencies such as the World Health Organization, and on obesity and ethnic hypertension and diabetes, links between obesity, cardiovascular disease. The George Institute’s researchers possess. More than 80% of deaths in China, for example, are caused by chronic disease, and research findings from the Obesity in Pacific Cohort Studies Collaboration), supported nutrition and lifestyle interventions and published research papers from the APCSC (Asia Pacific Cohort Studies Collaboration), investigating risk factors for cardiovascular disease. Supported nutrition and lifestyle research findings from the Obesity in Asia Collaboration (OAC) on the links between obesity, hypertension and diabetes, and on obesity and ethnic (Asian/Caucasian) differences.

Progress in 2007
• Completed a successful road safety intervention in Guangzhou (see p.40) aimed at increasing seat belt use. The project was a cooperative effort between the Ministry of Public Security, the Ministry of Health, the World Health Organization, Guangzhou Municipal Bureau of Public Security, and BP China. • Supported the ADVANCE study in China (see p.32), which has shown that blood pressure lowering drugs can significantly reduce the risk of death among diabetic patients. • Launched CPACS-2 (see p.32), a follow-on study from the recently completed CPACS study of heart patient management in Chinese hospitals. • Supported the initial phase of several neurological and mental health studies, including INTERACT, SAVE and QUEST (see p.36).

Outlook for 2008
• Launch two new studies into cardiovascular and diabetes care. • Complete a large clinical trial, INTERACT, which will determine the effects of early intensive blood pressure lowering on death and disability in stroke patients.

China has long been a focus of the Institute’s health research, due to its enormous population and the health challenges it faces in becoming one of the leading world economies. The operation in Beijing reflects the Institute’s continued commitment to working in China, and in particular to building local skills and expertise. There is an urgent need in China for the type of knowledge and expertise the Institute’s researchers possess. More than 80% of deaths in China, for example, are caused by chronic disease, and research into chronic disease is an area in which The George Institute is a world leader.

The Institute will conduct research into chronic disease as part of dealing with a broad spectrum of health issues in China. Research partnerships will be a key part of ongoing research involving academics, healthcare providers, international agencies such as the World Health Organization, local and international corporate partners, community groups, and government departments.

The Institute will conduct research into chronic disease in Guangzhou aimed at increasing seat belt use. The project was a cooperative effort between the Ministry of Public Security, the Ministry of Health, the World Health Organization, Guangzhou Municipal Bureau of Public Security, and BP China. • Supported the ADVANCE study in China (see p.32), which has shown that blood pressure lowering drugs can significantly reduce the risk of death among diabetic patients. • Launched CPACS-2 (see p.32), a follow-on study from the recently completed CPACS study of heart patient management in Chinese hospitals. • Supported the initial phase of several neurological and mental health studies, including INTERACT, SAVE and QUEST (see p.36).

Outlook for 2008
• Launch two new studies into cardiovascular and diabetes care. • Complete a large clinical trial, INTERACT, which will determine the effects of early intensive blood pressure lowering on death and disability in stroke patients.

Since its establishment in 2004, the Institute’s health research, due to its unique culture, economy, social and political environment, and public health system. While the problems are complex, the solutions should not be, he says: “My greatest interest lies in finding the practical solutions – effective, cheap, easy to use – that will suit China’s specific circumstances.” As well as being Director of The George Institute, China Yangfeng is Director of the Clinical Research Programs at Peking University Health Science Center. Over the last year he has seen The George Institute, China double its staff and greatly increase its profile; it is now collaborating with more than 200 hospitals, universities and research institutions across China.

Professor WU Yangfeng
Director, The George Institute, China
China is ‘similar but different’ to the rest of the world when it comes to cardiovascular disease, according to Wu Yangfeng. “We have demonstrated that the risk factors are the same in China as in developed countries, but the solutions must be specific to China if they are to be effective, because the risk factors are rooted in its unique culture, economy, social and political environment, and public health system.” While the problems are complex, the solutions should not be, he says: “My greatest interest lies in finding the practical solutions – effective, cheap, easy to use – that will suit China’s specific circumstances.” As well as being Director of The George Institute, China Yangfeng is Director of the Clinical Research Programs at Peking University Health Science Center. Over the last year he has seen The George Institute, China double its staff and greatly increase its profile; it is now collaborating with more than 200 hospitals, universities and research institutions across China.
The George Institute, India

Making India a Healthier Nation

International agencies such as the United Nations (UN) and WHO have been calling for increased international action to combat the global epidemics of obesity, diabetes, cardiovascular diseases and road traffic injuries. The George Institute’s recent move into India – establishing The George Institute, India – is timely, as now it will be able to address these and other health challenges, such as HIV/AIDS and health systems, in India. Armed with rich expertise in population health research, the Institute is well equipped to bring systematic, long-term health improvements to the Indian population, in collaboration with major Indian and international partners.

The George Institute, India officially opened in 2007 with the aim of identifying solutions to major health challenges in India. The Institute, based in Hyderabad, seeks to identify effective and affordable disease prevention and treatment strategies. The operation also aims to strengthen health systems and health services.

Announcing the new Institute’s intention in India, Senior Director Professor Lalit Dandona outlined plans to conduct large-scale health research projects with a range of partners, to bring systematic, long-term health improvements to the Indian population, in collaboration with major Indian and international partners.

Progress in 2007

Building on several years of experience in India, the Institute is bringing a number of significant projects to fruition – all geared to improving the health and quality of life of the country’s citizens:

- The Andhra Pradesh Rural Health Initiative is a collaboration between The George Institute and the University of Queensland in Australia, and the Byraju Foundation, the Centre for Chronic Disease Control and the CARE Foundation in India. This initiative is working to identify the main causes of death in the region, and to develop evidence-based methods of dealing with them, particularly cardiovascular diseases and injuries.

- New research revealed that the burden of HIV/AIDS in India was being grossly overestimated by the official estimation method. Findings from this study and the National Family Health Survey led to a downward revision of the official HIV/AIDS estimate for India in 2007 from 5.7 million to 2.5 million. Researchers at The George Institute, India were invited to write a commentary on this in The Lancet on World AIDS Day in which they explained the reasons for this reduced figure and its implications for future planning and control of HIV/AIDS in India.

- The Population Health Metrics Research Consortium project commenced, and is being conducted by The George Institute in partnership with the University of Queensland in Australia, and Washington, Hanard and Johns Hopkins universities in the United States. With funding from the Bill & Melinda Gates Foundation, this project will develop tools to improve the measurement of the number and causes of death in the population and so enable better health planning in countries such as India.

- The George Institute, India has been a major member of the network developed for the ADVANCE study (see p. 32) in 2007. Study results showed that blood pressure lowering drugs significantly reduced the risk of death among diabetics all over the world. These results are particularly noteworthy in India, as there are an estimated 30-35 million people living with diabetes in this country.

Outlook for 2008

- The Evidence-based Population Health Models project will be initiated by The George Institute, India in collaboration with a range of partners in India and internationally. This major project aims to provide answers to key issues of improving population health and health systems in India through long-term studies of disease burden. This will include assessment of risk factors and the health system, and scientific evaluation of the impact of health interventions.

- A study of HIV/AIDS among truck drivers will be conducted as a collaboration between The George Institute, India and the Lifespan/Tufts/Brown Center for AIDS Research, United States, the Nizam Institute of Medical Sciences, Hyderabad, and SHARE MediCiti, Hyderabad. It is funded by the National Institutes of Health in the United States, and will provide vital information for the development of evidence-based HIV prevention programs in India.

- The Truckers Injury Study will address road safety among truck drivers in India. This study, in Hyderabad, will determine what role a variety of factors play in truck crashes. Researchers will identify cost-effective strategies to reduce the growing injury burden and provide recommendations to policy-makers based on the outcomes.

For over a decade, Professor Lalit Dandona has been involved in high-level research into population health in India. HIV/AIDS, chronic diseases, population health metrics, population health models, health systems – all come within his areas of expertise and research focus. He has published widely on these and related topics in prestigious international journals, and serves on the editorial boards of six professional journals. He is also committed to improving health policy and fostering greater understanding of health matters, having taught policy-makers and planners, public health practitioners, students and researchers, and served as a technical expert for governments, international committees and agencies. As well as being Senior Director of The George Institute, India, Lalit is Chair of International Public Health at the University of Sydney’s School of Public Health. His past affiliations were with The Johns Hopkins University and the University of Maryland in the United States. He recently received the BioMed Central Research Award in Medicine for public health research in India.
Cardiovascular disease is the leading cause of illness and premature death in the world. It affects more than 3.5 million Australians, and in 2004 claimed around 50,000 lives. The Cardiovascular Division focuses not only on determining new treatments for cardiovascular disease but, more importantly, on how to get effective treatments adopted into routine clinical practice and policy. The Division is involved in extensive research programs both in Australia and internationally, particularly in China and India.

Progress in 2007
- Completed the blood pressure lowering arm of the ADVANCE study (see highlights), with results published in The Lancet.
- Launched CPACS 2 (see highlights), a follow-on study from the recently completed CPACS study of heart patient management in Chinese hospitals.
- Worked with the Renal Division on the Kanyini program (see p.34), a study of the barriers facing Indigenous patients requiring care for chronic vascular diseases.
- Commenced the PILL (Programme to Improve Life and Longevity) pilot study, examining the effectiveness of a four-drug polypill in reducing the incidence of heart attack in high-risk patients.
- Expanded operations overall and restructured the division to form two subgroups – Population and Health Services Research, and Clinical Research.

Outlook for 2008
- Complete the glucose arm of ADVANCE and publish results.
- Proceed with CPACS 2, establishing processes for recruitment and monitoring of patients over the next four years.
- Proceed with several polypill initiatives.
- Evaluate an electronic decision support (EDS) tool for general practitioners that includes members of the Chinese Society of Cardiology and the Chinese Ministry of Health.

Highlights

Reducing the long-term risk for type 2 diabetes sufferers

The past year has seen much of the Cardiovascular Division’s output devoted to ADVANCE (Action in Diabetes and Vascular Disease: Preterax and Diamicron MR Controlled Evaluation). The trial involved an unprecedented 11,140 patients from 214 centres in 20 countries in Asia, Australasia, North America and Central and Western Europe. It set out to determine whether routinely lowering the blood pressure of people with type 2 diabetes would reduce their risk of death or of major vascular events. The study found that, regardless of a patient’s existing blood pressure level or what other medication they may be taking, routine blood pressure lowering did indeed reduce the risk of an event, including death, occurring.

This important finding, given the size and quality of the trial, is likely to influence the setting of guidelines for practice in this area. ADVANCE will continue in 2008, with the focus shifting to the effects of routinely lowering blood glucose levels.

Taking evidence into practice in Chinese hospitals

The CPACS (Clinical Pathways for Acute Coronary Syndromes) study, completed in 2006, found that there were important gaps between best evidence and practice in the management of heart patients in Chinese hospitals. In 2007 the Cardiovascular Division launched a follow-up study, CPACS 2, which aims to apply what was learned in CPACS to practice in over 75 hospitals around China. The hospitals will be implementing evidence-based clinical pathways – which specify who is responsible, at each stage of patient care, for a patient’s treatment – and recording the results for a sample of patients. Every six months, each hospital will record data for 50 new patients, while also recording progress of patients previously recruited.

In this way, over four years the study is likely to accumulate records for over 20,000 patients across China. The study is being led by The George Institute, China and overseen by a committee that includes members of the Chinese Society of Cardiology and the Chinese Ministry of Health.
Renal

The Renal Division generates high-quality evidence and strategies to prevent and treat kidney and related chronic diseases. Indigenous health in Australia is a significant focus, with links to researchers in New Zealand and North America, where Indigenous populations face similar problems. The division collaborates with researchers in South-East Asia and has recently commenced studies in China and India.

Progress in 2007

• Commenced Kanyini (see highlights), a project investigating the barriers Indigenous Australians face in receiving care for chronic vascular diseases.
• Continued with the RENAL study (see highlights), examining the effect of mortality of intensive dialysis in severe acute kidney failure.
• Provided advice to the Queensland Department of Health in developing its Statewide Renal Health Services Plan 2008-2017, and continued work with the Rural Health Division of the Western Australian Department of Health to further develop renal services across the Kimberley region.
• Facilitated the renal phase of the Blood Pressure Lowering Treatment Trialists’ Collaboration, a long-term international project, to explore the effect of blood pressure lowering on mortality and the risk of heart attack and stroke in people with kidney disease.
• Continued work on the IMPAKT (Improving Indigenous Patient Access to Kidney Transplantation) study, investigating kidney transplant access among Indigenous kidney failure patients.
• Restructured the division into three programs – Clinical Research, Clinical Policy and Aboriginal Health – and appointed lead researchers in clinical research and clinical policy.

Outlook for 2008

• Conduct the ACTIVE (A Clinical Trial of Intensive Dialysis) pilot study, an investigation of intensive dialysis in both hospital and community/home settings.
• Bring together government, industry and Kidney Health Australia to rigorously analyse the financial burden of kidney disease and its effects on families and communities.
• Carry out meta-analyses of trials of erythropoietin (EPO) treatment for anaemia and of homocysteine-lowering in chronic kidney disease.
• Continue with Kanyini, including producing video educational materials regarding cross-cultural communication.

Highlights

‘Mutual caring’ the way to improve Indigenous health

‘Kanyini’ is a Pitjantjatjara word meaning ‘mutual caring’, and it is the name of the Renal Division’s ongoing collaborative study of chronic vascular diseases in Indigenous populations. The aim is to discover what barriers Aboriginal Australians with heart disease, diabetes and kidney disease face in achieving optimal health outcomes. In 2007, partnerships were established with urban and rural Aboriginal Medical Services in New South Wales, Queensland and the Northern Territory. When in full operation, the project will incorporate a range of initiatives, such as the trial of a polypill for daily use by patients. Various audiovisual materials will also be produced, including video ‘vignettes’ of patients interacting with the health care system. Intended for the education of medical professionals, as well as Aboriginal communities, these videos have been funded by the Royal Australasian College of Physicians and the University of Sydney.

RENAI shows how effective collaboration can be

The Renal Division is working with the Intensive Care Society’s Clinical Trials Group, to undertake the RENAL (Randomised Controlled Trial of Normal vs Augmented Level of Renal Replacement Therapy in Intensive Care Units) study. Recruitment of patients is proceeding to schedule, with a target of 1,500 anticipated by late 2008. This will make RENAL the largest trial ever conducted on severe acute renal failure in intensive care units. The study is examining the effects of varying levels of intensity of dialysis on renal failure patients, with a view to establishing the best treatment methods. At present only 50-60% of these patients survive more than 90 days. During 2007 the division also started to develop a related study, PRORENAL (‘PRE’ not meaning ‘before’ but ‘Prolonged Renal Evaluation’), which will follow surviving patients over two years to see if they go on to develop significant chronic kidney disease.

Dr Alan Cass
Director, Renal Division

Coming from a family of doctors on the one hand and social scientists on the other, Alan Cass was perhaps destined to work in a field that brought these two together. “The attraction to renal,” he says, “was that in the over-specialised world of medicine, kidney disease is an area that can never be seen in isolation.” He is a strong advocate for bringing rigorous quantitative and qualitative methods to health services research in order to enable appropriate delivery of care. He is particularly passionate about Indigenous health: “In terms of its impact on Indigenous communities, kidney disease is right up there because it is such a devastating and debilitating condition, particularly where people must relocate, often many hundreds of kilometres, to access life-saving care.” In 2003 Alan was awarded an Australian Harkness Fellowship in Health Policy at Harvard University, and in 2007 he began a five-year Senior Research Fellowship funded by the National Health and Medical Research Council (NHMRC).
Neurological and Mental Health

This division’s aim is to reduce the worldwide burden of neurological and mental health disorders, with a particular focus on stroke, sleep apnea and epilepsy. Evaluating current knowledge and strategies, conducting major research studies, and developing new strategies to influence how medicine is practised in this field are all important parts of this aim.

Progress in 2007

• Completed the initial phase of the INTERACT (Intensive Blood Pressure Reduction in Acute Cerebral Haemorrhage Trial – see highlights) study, investigating the links between blood pressure and brain haemorrhage.

• Designed and tested the feasibility of the SAVE (Sleep Apnea Cardiovascular Endpoints) study (see highlights), a project investigating the connection between sleep apnea and cardiovascular disease and stroke.

• Conducted follow-up visits of over 6,000 stroke patients in China as part of the QUEST (Quality Evaluation of Stroke Care and Treatment) study.

• Secured funding to conduct a study of psychosocial disability and return to work in young stroke survivors.

Outlook for 2008

• Publish findings from the initial phase of the INTERACT study, and begin the second phase, conducting the main study of 2,500 patients around the world.

• Launch the next phase of the SAVE study – establishing procedures, recruiting patients and beginning the trial.

• Collaborate with Epilepsy Action on SEISMIC (Sydney Epilepsy Incidence Study to Measure Illness Consequences), a study investigating the impact of epilepsy on the Sydney community.

• Establish study protocol and procedures on psychosocial disability and return to work for young stroke survivors.

• Finalise details of a new study, EKIDNA (Evaluating Kidney Disease in Australia), in collaboration with the Renal Division to investigate the psychosocial and economic impact of illness on patients on kidney dialysis.

Outlook for 2008

• Conduct international multidisciplinary studies, working with researchers in countries such as China and India.

• Develop capacity via the supervision of postgraduate students conducting research in the areas of neurological and mental health.

• Work closely with researchers to refine research protocols so that the outcomes are directly relevant to the needs of people.

Highlights

Does intensive lowering of blood pressure improve the likelihood of recovery after stroke?

The division is conducting the world’s first randomised controlled trial investigating this question. INTERACT began with a pilot trial of 404 stroke patients in China, Korea and Australia. The pilot yielded some promising results about the feasibility, safety and positive effects of the treatment on the brain, presented in early 2008 at the American Heart Association International Stroke Conference, and these have encouraged the researchers to expand the trial. The number of patients will increase to 2,500 and the number of participating countries will expand to include India, Pakistan, Sri Lanka, and possibly countries in Europe and South America. The researchers have established a network of contacts across all the participating countries, and will be coordinating the project from The George Institute offices in Sydney, Beijing and Hyderabad.

Using a simple facemask to combat heart disease and stroke

An air pressure facemask is commonly used to give obstructive sleep apnea (OSA) sufferers a good night’s sleep. In an innovative large-scale study called SAVE (Sleep Apnea Cardiovascular Endpoints), the division is testing the use of this facemask in patients with established cardiovascular disease and previously unidentified OSA. The question is whether the combination of cardiovascular disease and OSA would put them at a particularly high risk of future stroke, heart attack or sudden death. Small observational studies have suggested this might be the case, but SAVE aims to establish the matter conclusively through a large-scale randomised controlled trial. Identifying OSA using traditional methods (overnight observation in a sleep laboratory) was deemed too cumbersome for such a large study, so the researchers tested a simple finger-attachment device that measures oxygen levels in the blood during sleep for patients to use at home. This proved highly accurate and, with various manufacturers agreeing to supply the devices and air pressure facemasks, the study can now proceed. If it provides conclusive results, the time may come when testing cardiovascular patients for OSA will be as routine as checking blood pressure and lipids.

Professor Craig Anderson
Director, Neurological and Mental Health Division

“I have always been interested in the brain and how it works,” says Craig Anderson. He was attracted to this field because it covers a complex and interesting set of diseases: “There are many avenues of enquiry, and it is intellectually stimulating and challenging.” Even more importantly for Craig, many of these diseases are highly preventable and treatable, meaning that research has the potential to make a significant difference. As well as being director of the division, Craig is Professor of Stroke Medicine and Clinical Neuroscience at the University of Sydney, works as a neurologist at the Royal Prince Alfred Hospital, and is an Editor for the Cochrane Stroke Group. He has published widely on the subjects of stroke, cardiovascular disease and aged care.
Nutrition and Lifestyle

Around 75% of chronic disease cases worldwide are associated with lifestyle factors, such as diet, obesity and smoking. The purpose of the Nutrition and Lifestyle Division is to provide evidence to facilitate reductions in the burden of chronic disease by modifying the nutrition and lifestyle habits of populations, particularly in Asia.

Progress in 2007

• Developed a ‘visual weight tool’ to allow people to assess for themselves whether they are overweight; the tool provides a simpler and yet more reliable alternative to the BMI (body mass index) method.
• Released findings from the Obesity in Asia Collaboration (OAC) on the links between obesity, hypertension and diabetes, and on obesity and ethnic (Asian/Caucasian) differences.
• Continued to publish research papers from the APCSC (Asia Pacific Cohort Studies Collaboration), a large-scale study examining risk factors for cardiovascular disease and other chronic conditions.
• Launched the Australasian Division of World Action on Salt & Health (AWASH), which aims to reduce the amount of salt in processed foods by 25% over a five-year period.

Outlook for 2008

• Establish a number of further studies in China focusing on smoking (see highlights) and obesity.
• Continue to publish results of existing studies, such as APCSC, OAC and the visual tool for overweight.

KEY STRATEGIES

Conduct

large-scale studies in order to gather reliable evidence on the links between chronic diseases, such as diabetes, and risk factors, such as obesity and smoking.

Develop

effective evidence-based strategies to combat these risk factors.

Engage

with policy-makers to ensure that public policy and health strategies are based on sound evidence.

Highlights

Smoking in China – the 1930s revisited

In China today, smoking rates are at a level not seen in Australia, the United Kingdom or the United States since the 1930s. Smoking among men is particularly high at 60-70% (350 million men), and if this does not change then it is estimated that up to 100 million Chinese men will die prematurely (between the ages of 35 and 69) in the years to come.

The Nutrition and Lifestyle Division has focused on addressing the issue of smoking in Asia, particularly China. In 2007 the Director, Rachel Huxley, was invited by the Australian Academy of Science to present a paper on the benefits of ceasing smoking to a major symposium in China. In 2008 the division is welcoming on board a senior research fellow from China who will take an active role in encouraging collaboration with Chinese researchers.

The division is planning to pursue a range of studies on smoking-related issues in 2008 and beyond, looking at questions such as why it is so widely accepted among the general population in China, and why up to an estimated half of Chinese doctors are themselves smokers.

How much does obesity contribute to colorectal cancer?

It has been known for many years that obesity increases one’s chances of contracting colorectal cancer. The more difficult question of ‘by how much?’ has been less well understood.

In 2007 The George Institute conducted a major review of this field, drawing together and analysing data from studies across many countries. This allowed the division’s researchers to accurately quantify the risk at 20-39%, which is in fact lower than previous estimates. Of even more significance was the finding that there is a linear relationship between obesity and risk of colorectal cancer: the risk of colorectal cancer increases directly in line with one’s increase in weight. As with much of the Institute’s work, these findings provide accurate and comprehensive figures on which governments, companies and other organisations can base their decision-making.

Dr Rachel Huxley

Director, Nutrition and Lifestyle Division

“What attracts me to this work is untangling fact from fiction,” says Rachel Huxley. “We must distinguish, for example, whether a certain risk factor causes a disease or is merely associated with it.” As Director of the Nutrition and Lifestyle Division, she takes a leading role in disseminating the findings of high-quality research in the public arena. She regularly gives talks not only to health professionals but to policy-makers, journalists and others who influence public opinion.

A keen cyclist in her leisure hours, she has a particular interest in lifestyle issues such as obesity; as she puts it, “Obesity is the public health equivalent of climate change.” Rachel holds a Conjoint Senior Lectureship in the Faculty of Medicine at the University of Sydney and has published widely in journals such as The Lancet, The Journal of the American Medical Association, British Medical Journal, Stroke and Journal of Hypertension.
Injury and Musculoskeletal

Issues as diverse as seat belt wearing among Chinese taxi drivers and the effectiveness of glucosamine in treating osteoarthritis provide stimulus for research within the Injury and Musculoskeletal Division. The Injury Program conducts high-quality research with a view to reducing the burden of road traffic injury worldwide and particularly in Australia and Asia. The Musculoskeletal Program is involved in research in Australia and China into a range of musculoskeletal conditions which affect a large proportion of older people in both countries.

Progress in 2007

• Released results of the China Seat Belt Intervention, with a view to supporting further initiatives to increase seat belt use in China.
• Finalised results of the driver distraction study, looking at factors such as mobile phone use.
• Contributed to a manual published by the World Health Organization aimed at increasing global motorcycle helmet use, and reviewed the roll-out of helmet programs by the Global Road Safety Partnership in Asia.
• Began recruiting for the LEGS (Long-term Evaluation of Glucosamine Sulphate) study, a study of the effectiveness of glucosamine and/or chondroitin, popular dietary supplements used by people with osteoarthritis.
• Gained funding for the MARKER (Maximum Kneecap Registration Evaluation and Research) study, a case study of a public health intervention.
• Provided road safety research and policy advice to the Northern Territory Government, with a view to establishing a long-term policy advice relationship.
• Developed Indigenous road safety research programs in both New South Wales and the Northern Territory.
• Conducted a study of the effectiveness of motorcycle clothing in protecting riders from major injury in crashes.
• Submitted the first findings of the knee and back pain survey in northern China, continue further analyses, and seek funding for a re-survey three years on from the original survey.
• Began the MARKER study with a target recruitment of 600 patients undergoing knee replacement surgery.
• Established an independent Musculoskeletal Division.

Outlook for 2008

• Publish and disseminate a range of findings on novice driver safety, and further develop a novice driver research program.
• Conduct heavy vehicle studies in Australia, China and India, identifying potential crash risk factors (fatigue, shiftwork, etc.) among truck drivers.
• Provide road safety research and policy advice to the Northern Territory Government, with a view to establishing a long-term policy advice relationship.
• Conduct a study of the effectiveness of motorcycle clothing in protecting riders from major injury in crashes.
• Publish and disseminate a range of findings on reducing seat belt use in China.

Highlights

Successfully shifting Chinese attitudes to seat belt use

Seat belts are a highly effective way of reducing death and serious injury in crash victims. Yet in China, seat belt wearing rates are low. The China Seat Belt Intervention, conducted in Guangzhou, aimed to show that strategies such as legislation accompanied by enforcement, driver education and advertising campaigns could change public attitudes. As part of the intervention, a former Victorian Police Commissioner trained police on enforcement of seat belt laws. Another aspect of the intervention was a training program for taxi drivers, in addition to an advertising campaign.

In 2007 the results of the intervention were published, and the findings showed considerable progress in seat belt uptake; among taxi drivers, for example, there was an increase of around 15%. Overall this initiative stands as an outstanding example of a public health intervention in the region, and demonstrates that such efforts can be both successful and cost-effective. The intervention was a collaboration involving The George Institute, the World Health Organization, the Chinese Government and BP China.

Better options for osteoarthritis: the true effects of glucosamine

Glucosamine and chondroitin are dietary supplements used by 20% of people aged 45 and over in New South Wales. People are taking them in the belief that they will help osteoarthritis, yet there is little reliable evidence on whether they work. The LEGS (Long-term Evaluation of Glucosamine Sulphate) study will evaluate the effectiveness of these products in 940 individuals with osteoarthritis of the knee. Researchers will monitor knee pain, as well as structural damage to the knee. The eventual findings will greatly increase knowledge of these supplements.

Dr Rebecca Ivers
Director, Injury and Musculoskeletal Division

“Being in public health is about making a difference to more than just one person at a time,” says Rebecca Ivers. Beginning her career in the Northern Territory, Rebecca treated Indigenous patients for some years before turning her hand to public health. She retained in epidemiology and was drawn increasingly to the field of injury prevention. With the division now becoming involved in Indigenous road safety programs, Rebecca is finding her career coming full circle. Her interests now centre on road injury research and policy in Australia and Asia, as well as injury prevention in Indigenous Australians. Rebecca is a Conjoint Senior Lecturer at the University of Sydney and was recently awarded a prestigious National Health and Medical Research Council (NHMRC) Achievement Award.
Critical Care and Trauma

Intensive care specialists often have to rely on research that is of poor quality, with conflicting findings. The Critical Care and Trauma Division aims to address this problem by conducting large-scale research of the highest quality. Its research efforts cover the range of treatment from pre-hospital medicine through emergency department care to long-term follow-up. The division also aims to improve trauma care both within Australia and low-income countries. From its base in Australia and New Zealand, the division has designed and led collaborative projects in 25 countries.

Progress in 2007

- Completed the SAFE TBI study (see highlights), a follow-on study from SAFE (Saline vs. Albumin Fluid Evaluation), focusing on patients with traumatic brain injury (TBI), and published findings in The New England Journal of Medicine.
- Progressed SAFE TRIPS (Translation of Research into Practice Study), another SAFE follow-on study. SAFE TRIPS is an observational study examining which resuscitation fluids are used in intensive care units in 350 hospitals in 25 countries.
- Continued the NICE-SUGAR collaboration (see highlights), investigating the value of intensively lowering blood sugar levels in critical care patients.
- Completed the data collection phase of the mTBI (Mild Traumatic Brain Injury) study. This study followed 3,500 rugby union players over three years, with a view to developing guidelines on when it is safe to return to the field after a mild concussion.

Outlook for 2008

- Develop the China Trauma Project, examining the epidemiology and treatment of trauma in Chinese hospitals. The project will build on the collaborative links pioneered as part of the SAFE TRIPS study, in which China was a key collaborator. It is expected that this project will form a major part of the division’s workload in the next few years and also be developed in India.
- Continue work on SAFE TBI, including a further investigation as to why saline and albumin use results in different outcomes among patients with brain injury (SAFE TBI III).
- Analyse the results of SAFE TRIPS, and publish and disseminate findings.
- Analyse the results of the mTBI study, and publish and disseminate findings.
- Complete the NICE-SUGAR and RENAL studies.

Highlights

Saline found to be safer than albumin for traumatic brain injury patients

A patient being treated in an intensive care unit (ICU) must be given resuscitation fluid to aid their recovery, and two commonly given fluids are saline and albumin. With the recently completed SAFE study, the Critical Care and Trauma Division set out to examine which of these was more effective, and found that for most of the ICU patients, among the 6,997 studied, there was no difference. However, the study provided evidence suggesting this was not the case for traumatic brain injury (TBI) patients in ICUs. The division therefore conducted SAFE TBI, a follow-up study of the 460 patients within SAFE who had TBI. The researchers found that saline was safer than albumin for TBI patients: with albumin the risk of dying was around 40%, while for saline it was around 20%. This new finding should lead to saline being preferred for TBI patients.

Is lowering blood sugar levels to ‘normal’ worth the trouble in intensive care patients?

There is evidence from some studies that lowering the blood glucose level of ICU patients to ‘normal’ reduces their likelihood of dying. Yet doing so is expensive and time-consuming, and can risk reducing the level too far. With the NICE-SUGAR study, the division, in collaboration with the Australian and New Zealand Intensive Care Society (ANZICS), set out to quantify the benefits and risks of lowering blood sugar levels to normal, as compared to a higher and more easily attained level. NICE (Normoglycaemia in Intensive Care Evaluation) was the original study initiated by The George Institute and ANZICS. It was combined with the Canadian SUGAR (Survival Using Glucose Algorithm Regulation) study to create NICE-SUGAR, with a target of over 6,000 patients in total. The results for NICE-SUGAR are not yet ready to be analysed, but they have been eagerly anticipated, with the hope that this study will finally answer this important question in critical care.

Professor Simon Finfer
Co-Director, Critical Care and Trauma Division

“As an intensive care specialist, it is not encouraging to know that much of what we do in ICUs has very little evidence to back it up,” says Simon Finfer. “It’s a natural progression to say that I would like to have better knowledge for myself and for future doctors and patients that ‘this’ is the right or wrong way to treat patients.” Better knowledge, he maintains, requires sound evidence generated through large-scale, high-quality studies, such as are initiated and led by The George Institute. Simon also feels that there is a need to counter the mass of unreliable evidence being produced in the critical care field: “I would far rather we had a hundredth of the evidence but it was a hundred times higher quality.” Simon is a practising Senior Staff Specialist in Intensive Care at the Royal North Shore Hospital and a Professor in the Faculty of Medicine at the University of Sydney.

Professor John Myburgh
Co-Director, Critical Care and Trauma Division

John Myburgh is upbeat about Australia’s efforts to deal with traumatic injury: “The incidence of major trauma is decreasing, largely due to public health and road safety initiatives, and better access to expertise and resources.” Yet, he feels there is a great need for more research in low- and middle-income countries: “The challenges are substantial, due to an explosive increase in motorisation of large populations, particularly in China and India.” Born in South Africa, John has been living and working in Australia since the 1980s. He is now Professor of Medicine at the University of New South Wales, Honorary Associate Professor in Epidemiology and Preventive Medicine at Monash University, and lead clinician in Intensive Care Medicine at St George Hospital. For John, the attraction of his role at The George Institute is being part of an effective team, as well as the chance to leave a legacy of better trauma care for patients in Asia – helping preserve life for those who in the past would not have survived.
**Health Policy**

Good policy needs good information. The Health Policy Division’s purpose is to provide comprehensive and accurate information so that governments and other bodies can make better decisions and allocate funds more effectively. The division covers international public health policy with a strong focus on product development for the ‘neglected diseases’ of developing countries, such as malaria, sleeping sickness and tuberculosis.

**Progress in 2007**
- Completed a major report on the development of new malaria drugs and vaccines worldwide, *The Malaria Product Pipeline* (see highlights), published in September.
- Conducted a review on the issue of how to get European biotechnology companies involved in developing an AIDS vaccine, as currently the bulk of this work is conducted by the public sector.

**Outlook for 2008**
- The Gates Foundation has awarded The George Institute US$8.8 million to measure what is being spent on neglected diseases product development around the world. The Health Policy Division will be leading this five-year project internationally, starting in 2008. The division was successful in obtaining the contract given its ability to offer the right combination of technical expertise (data management capacity) and established research networks around the world.

**Highlights**

**If we were to develop one good malaria vaccine in the world, how would we do it?**

This ‘simple’ question has many answers, depending on where you look and whom you ask. In 2007 researchers from the Health Policy Division set out to make sense of these answers in their report *The Malaria Product Pipeline: Planning for the Future*.

The first step was to assess the malaria vaccine research situation around the world. What the researchers found was that many different organisations were testing various potential vaccines, but that lack of coordination and much duplication of effort was resulting in inefficient use of funds. There were more than 20 vaccines being trialled, but no way of readily assessing which of these had the best chance of success.

The second step was to examine the situation of research facilities in Africa, where most of the trials are being conducted. What the researchers found was that the majority of the 23 existing malaria product trial sites are all facing ongoing funding, staffing and management problems. Yet there are plans to establish more sites before dealing with the problems facing these existing ones.

The final step was to see what efficiencies could be achieved through greater coordination, better investment decisions in vaccine research and trial sites, and examining how the creation of effective vaccines could be streamlined.

With these points in mind, the researchers made the following recommendations:
- Provide sufficient funding for vaccine development, with a figure of US$561–$639 million being proposed (or less if coordination improves).
- Consolidate the existing African network of trial facilities, with the current 23 sites being properly financed and managed.
- Make a series of policy changes to support vaccine innovation, reduce technical barriers (e.g. provide incentives for public-private collaboration) and streamline the vaccine approval process.

On the drug front, the report welcomed the arrival of new anti-malarials, but noted that donors, purchasers and developing countries must now establish which of the many competing products offer the best cost-benefit for African populations.

---

**KEY STRATEGIES**

*Generate*
- and gather accurate information on product development for neglected diseases in developing countries

*Provide*
- information to governments and philanthropic organisations to influence policy-making and funds allocation

**Dr Mary Moran**

Director, Health Policy Division

Mary Moran sees the role of the Health Policy Division as bringing common sense and practical ideas to the world of health policy and project funding. “I can’t bear to see poor investment of policy decisions, especially when the intentions are good and the need is great,” she says. Mary’s attitude suits The George Institute as a whole, which manages to have considerable influence worldwide due to its insistence on quality evidence and its ability to deliver workable solutions to complex problems. Mary has worked at the London School of Economics, Médecins Sans Frontières and the Department of Foreign Affairs and Trade in London, and has participated in numerous working groups examining neglected diseases, for the World Health Organization (WHO), the European Union (EU) and the Rockefeller Foundation, among others.
The Centre for Research Management (CRM) is the ‘engine’ of project management, data analysis and statistical analysis activity at The George Institute. At any one time, the Institute may have up to ten major trials and studies in operation. While researchers from the various divisions provide the intellectual and research leadership, it is the responsibility of the CRM to implement the trials, manage data and provide statistical analysis. The CRM has a large team of project managers, data managers and statisticians to do this, some of whom are devoted to one study and others who work on several simultaneously.

**Progress in 2007**
- Managed more than ten major clinical trials during the year.
- Expanded operations within the CRM to keep pace with the rapid increase in the Institute’s workload.

**Outlook for 2008**
- Continue to effectively manage the Institute’s clinical trials.
- Develop the people management skills in the Institute’s workload.
- Upgrade electronic systems for project and data management so that trial progress can be further enhanced.
- Contribute to the expansion of the Institute’s contract research program.

---

### Centre for Research Management

**The Centre for Research Management (CRM)**

As the ‘engine’ of project management, the CRM supports researchers and clinicians at The George Institute. With more than ten major trials and studies in operation, the CRM has a large team of project managers, data managers and statisticians to manage, contributing to Australasian expertise in clinical trial management, to an efficiently as possible.

### Key Strategies

**Bring the best project, data and statistical leadership together with commercial rigour to all the Institute’s work.**

**As a team within the CRM from the conception of a study to its completion to obtain the best possible data and ensure the study has the greatest possible impact.**

**Work Together**

**Aspire Together**

**Partner Together**

- with academic staff to ensure that trials and other studies are carried out as efficiently as possible

**Research Management at its best – the ADVANCE diabetes study**

Working on ADVANCE with the Cardiovascular Division (see p.32) has been a major achievement for the CRM and The George Institute as a whole – an example of close teamwork. ADVANCE is the largest study ever conducted on diabetes globally and has required intense project management over the past five years to strict deadlines. The CRM’s contribution to the project has been in providing forward planning, negotiating priorities, and providing ongoing data management and statistical expertise. With the contribution of the CRM, ADVANCE has consistently met its deadlines and kept pace with changing requirements over time.

**Underpinning The George Institute’s financial success**

While the bulk of the CRM’s work is in managing the Institute’s non-commercial clinical trials, such as ADVANCE, the CRM also strongly supports the growing enterprise arm of the organisation. Studies such as SHIFT (Glycemic Heart Failure Treatment with the α Inhibitor Laronidane Trial) are commercial research projects conducted on a contract basis for pharmaceutical companies and other clients. This work is contributing greatly to the Institute’s ongoing sustainability, providing a strong basis on which to conduct ADVANCE and other such studies. More than this, it is pushing the CRM team to keep improving its systems of working, as commercial studies have such high standards of record-keeping and process management. This is feeding back into the CRM’s work on all fronts, allowing an atmosphere of rigour and efficiency to pervade The George Institute.

---

**Highlights**

- Managed more than ten major clinical trials during the year.
- Expanded operations within the CRM to keep pace with the rapid increase in the Institute’s workload.

**Associate Director, Centre for Research Management**

Joanne Andrews

**“Even though the projects are ‘claimed’ by the research divisions, our people feel a large sense of ownership and contribution,” says Joanne Andrews. For her, the collaborative aspects of the CRM’s work are what attracted her to the position of Senior Director. She is attracted also by The George Institute’s overall approach: “I like the opportunity to work on a mixed portfolio of studies, and to help grow an organisation that has a vision I believe in.” From a young age Joanne was always interested in nutrition and health, and followed these interests in pursuing a degree in nutrition and biochemistry, a PhD in pharmacology and a degree in psychology. Before joining The George Institute, she worked both in clinical-related positions and commercial management. As director she now combines her various skills, and uses them in guiding the CRM to continue providing excellent research management support for the Institute.”
The primary function of the Infrastructure and Resources Division is to provide operational support and manage the growing infrastructure requirements of the Institute both within Australia and overseas. This includes providing high-quality financial and administration services, people strategy and staff development, in addition to the information services and information technology requirements of the Institute.

Progress in 2007

- Developed a unique process mapping tool that provides a snapshot of income, expenditure and milestones of all research projects.
- Implemented risk mitigation strategies to reduce the Institute’s exposure to financial and business risks.
- Committed more than AUD$600,000 towards staff training and development, including a leadership program for senior staff in addition to administration, project management and statistical education.
- Developed a business information tool that provides senior management with a snapshot of Institute performance.
- Improved information technology security systems and disaster recovery systems and procedures.

Outlook for 2008

- Finalise the new city premises for Sydney staff, and ensure a smooth transition into the new office.
- Conduct a holistic review of Institute systems and processes, which will allow the team to make recommendations about system improvements.
- Implement a succession plan for all areas of the Institute, and develop a staff competencies matrix to identify growth areas for managers and staff.

Marketing and Communications

During 2007, the Public Affairs group evolved into a Marketing and Communications function, with the aim of building the Institute’s profile with a wide range of stakeholders and audiences. The Marketing and Communications team manages strategic communications planning, research dissemination, online communications, media relations and stakeholder planning, and also has a role in supporting and facilitating fundraising and donations.

Progress in 2007

- Commenced a major stakeholder research project.
- Enhanced media coverage both locally and internationally.
- Established the internal communications function.
- Supported dissemination of key research findings.
- Supported the launch of the Institute’s India and China offices.

Outlook for 2008

- Complete stakeholder research, and incorporate findings into a communications strategy.
- Develop regional stakeholder engagement plans.
- Launch a group-wide intranet news portal for staff.
George Medica: a mission-related enterprise

While highest quality academic research is the hallmark of The George Institute, it has also established a separate business unit to conduct mission-related activities. Called George Medica, this enterprise harnesses the intellectual ‘horsepower’ and research expertise of the Institute to generate funding that supports its long-term sustainability. The surplus funds created from this enterprise are reinvested into core research and also underpin operations and infrastructure costs.

George Medica contributes to the Institute’s funding in three ways: taking on contract research work for pharmaceutical companies and other clients; commercialising the Institute’s intellectual property; and creating new avenues for the Institute’s services, such as a soon-to-be-established vascular clinic in Sydney. Each of these activities provides a funding stream to support the Institute’s mission-based programs. George Medica uses the CRM (see p.46) to bring the highest standards of clinical research to developing new or enhanced patient treatments.

Progress in 2007

In 2007 George Medica had significant research contracts under management, including:

- Initiating the Asian component of a phase III heart failure study, for which George Medica is recruiting and monitoring approximately 1,100 patients.
- Managing the recruitment of 3,000 patients to a phase II diabetes study in India, China and Europe as part of a global study of 8,600 patients. The European component is managed under a subcontract to an academic partner from the Netherlands, The Julius Center.
- Licensing intellectual property to a Canadian biotech company, Prognomix, to conduct a study to determine whether certain genes act as a predictor of developing complications of type 2 diabetes, and to develop specialist diagnostic and treatment applications.
- Laying the groundwork for establishing a specialised vascular clinic (see highlights).

Outlook for 2008

- Progress our contracted studies to achieve maximum recruitment.
- Launch the vascular clinic and begin developing its patient base.
- Move the Prognomix project from proof of concept to testing in a wider arena.
- Expand the current number of contract research projects.
- Finalise a joint venture agreement with a US pharmaceutical company, and commence developing the research programs necessary to take a new cardiovascular drug through clinical trials to registration.

A new diabetes drug on the road to registration

George Medica is currently undertaking a significant contract to bring a new diabetes drug through the final clinical trial stage to registration. George Medica leads a collaboration of two other academic organisations (one in Europe and the other in the United States), providing site management and monitoring services to the sponsor, which manages the rest of the world. Worldwide, the study will involve 8,600 type 2 diabetes patients at high risk of cardiovascular and renal disease. The aim is to determine whether the drug, when used on top of regular treatment, will reduce their likelihood of illness or premature death.

Making diagnosis easy and accurate for patients with vascular diseases

The George Institute is taking a new direction in its efforts to improve the treatment of vascular diseases in Australia. Having so far worked solely as a research organisation, the Institute is now establishing a vascular clinic in Sydney that will look at all aspects of vascular disease, not just individual specialist areas. George Medica has been driving the project, with 2007 being a year of planning in preparation for the launch in mid-2008. A distinctive feature of the clinic will be a new electronic decision support (EDS) system. It will standardise treatment based on evidence, and will allow consistent advice to be given by specially trained general practitioners, rather than higher cost specialists. Current research suggests that up to 50% of cardiovascular patients are not receiving appropriate treatment, and it is anticipated that the EDS will greatly benefit this group.
Institute Staff

Principal Directors' Office
MacMahon, Stephen
Principal Director, Professor of Cardiovascular Medicine and Epidemiology, the University of Sydney

Norton, Robyn
Principal Director, Professor of Public Health, Associate Dean (International), Faculties of Health, the University of Sydney

Dolnik, Peter
Research Office Manager

Glozier, Nick
Associate Principal Director, Population Health Research, Senior Lecturer, the University of Sydney

Hayward, Karen
Executive Assistant to Professor MacMahon

McDaid, Kristina
Executive Assistant to Professor Norton

Perkovic, Vlado
Associate Principal Director, Clinical Research, Senior Lecturer, the University of Sydney

Quinnell, Elisabeth
Administration Assistant

Research Advisory Unit
Chalmers, John
Senior Director, Emeritus Professor of Medicine, the University of Sydney

Bent, Christine
Personal Assistant to Professor Chalmers

Woodward, Mark
Senior Professional Fellow in Epidemiology and Biostatistics (on Secondment to Mount Sinai Medical Center, New York University)

Research and Development
Neal, Bruce
Senior Director, Associate Professor of Medicine, the University of Sydney

Stevenson, Mark
Senior Director, Professor of Injury Prevention, the University of Sydney

Keswani, Roma
Personal Assistant to Professor Stevenson

Merianos, Helen
Personal Assistant to Professor Neal

Flynn, Ruth
Senior Clinical Research Associate

Gibb, Sophie
Project Manager

Graziano, Amanda
Clinical Trials Assistant

Groenestern, Patrick
Senior Research Fellow

Hassiotis, Maria
Senior Clinical Research Associate (until January 2007)

Hibbard, Jennifer
Clinical Trials Assistant

Hough, Sally
Project Manager

Jones, Kerry
Clinical Trials Assistant

Carr, Bruce
Senior Project Manager

Carreras, Ana
Clinical Trials Assistant

Chen, Tom
Administration Assistant

Chow, Clara
Research Fellow (until March 2007)

Chisholm, Jill
Country Project Manager

de Galan, Bastiaan
Senior Research Fellow

Dempsey, Erika
Clinical Research Associate

DU, Xin
Research Fellow, Lecturer, the University of Sydney

Singleton, Jess
Administration Assistant (until June 2007)

Wacher, Christie
Clinical Trials Assistant

Webster, Ruth
Research Fellow

Yabsley, Peta
Personal Assistant to Dr Patel

Zeman, Paula
Project Manager

Cass, Alan
Director, Senior Lecturer, the University of Sydney

Gallagher, Martin
Head, Renal Policy Program, Lecturer, the University of Sydney

Anderson, Kate
Research Fellow, Research Scholar

Anderson, Craig
Director, Professor of Stroke Medicine and Clinical Neuroscience, the University of Sydney

Jardine, Meg
Research Fellow

Kneipp, Erica
Consultant

Lawrence, Chris
Research Fellow

Lee, Casslyn
Clinical Research Associate

Quirk, Susan
Diabetes Educator (until November 2007)

Regalia, Joanne
Endpoint Coordinator

Merai, Mamta
Clinical Research Associate

Morrison, Alana
Clinical Research Associate

Russell, Sarah
Personal Assistant to Dr Cass

Yarnold, Della
Research Fellow

Hollis, Stephanie
Research Fellow

Niromiya, Yoshihiko
Visiting Research Fellow

Peris, David
Senior Research Fellow

Perkovic, Vlad
Senior Research Fellow, Head, Clinical Research Program, Senior Lecturer, the University of Sydney

Rendina, Amanda
Clinical Trials Assistant

Tchan, Maria
Senior Project Manager

White, Sarah
Research Scholar

Critical Care and Trauma Division
Finfer, Simon
Co-Director, Professor of Critical Care and Trauma, the University of Sydney

Myburgh, John
Co-Director, Professor of Critical Care and Trauma, the University of New South Wales

Blair, Deborah
Project Manager

Crampton, Leonie
Senior Project Manager

Darcey, Fotios
Clinical Research Associate

Fabrikou, Anna
Research Fellow (until December 2007)

Gallagher, Martin
Head, Renal Policy Program, Lecturer, the University of Sydney

Gibb, Sophie
Project Manager

Holloway, Kelli
Research Assistant (until June 2007)

Dang Viet, Hung
Research Scholar

Boufous, Soufiane
Senior Research Fellow, Lecturer, the University of Sydney

Bruce, Tracey
Research Fellow

Clapham, Kathleen
Senior Research Fellow (until May 2007)

Dondona, Rakhi
Senior Research Fellow, Senior Lecturer, the University of Sydney

de Rome, Liz
Research Scholar

Donaldson, Cheri
Personal Assistant to Dr Ivers and Dr Fransen

Hinchliffe, Reece
Research Scholar

McEvoy, Suzanne
Senior Research Fellow, Senior Lecturer, the University of Sydney (until December 2007)

Mouwen, Suzanne
Research Fellow (until May 2007)

Pelpola, Dilini
Research Scholar (until July 2007)

Taylor, Colman
Research Fellow

Keay, Lisa
Research Fellow

McEvoy, Marilyn
Research Fellow

Martiniuk, Alexandra
Senior Research Fellow, Lecturer, the University of Sydney

Nairn, Lillias
Research Officer

Votrubec, Milana
Project Manager

Nutrition and Lifestyle Division
Huxley, Rachel
Director, Senior Lecturer, the University of Sydney

Anna, Vibeke
Research Scholar

Ansary-Moghadam, Alireza
Research Scholar

Barzi, Federica
Senior Research Fellow, Senior Lecturer, the University of Sydney

Dibley, Michael
Professorial Fellow, Associate Professor of International Public Health, the University of Sydney
Institute Staff

Lee, Crystal
Research Scholar

LI, Ming
Senior Research Fellow, Lecturer, the University of Sydney (until November 2007)

Nakamura, Koshi
Visiting Research Fellow

O’Brien, Mary
Research Assistant

Sim, Kyra
Research Scholar

Tapp, Jennifer
Personal Assistant to Dr Huxley

Webster, Jacqui
Senior Project Manager

**Health Policy Division**

Moran, Mary
Director, Honorary Senior Lecturer, London School of Hygiene and Tropical Medicine

Guzman, Javier
Head, Sydney Research Team, Associate Lecturer, the University of Sydney

Haile-Selassie, Hiwot
Research Fellow, London Unit, Honorary Research Fellow, London School of Hygiene and Tropical Medicine

Henderson, Klarina
Policy Analyst

Hughes, Sally
Personal Assistant to Dr Moran/ Administration

Jameson, Nicole
Research Associate

Jan, Stephen
Senior Health Economist, Associate Professor, the University of Sydney

Jorgensen, Margaret
Policy Analyst

Lewis, Nicola
Project Manager

McDonald, Alina
Research Associate

McGovern, Nicole
Administration Assistant (until May 2007)

Miller, Rachel
Administration Assistant (until February 2007)

Montoya, Pink-ingrid
Administration Assistant (until April 2007)

Potter, Sarah
Research Fellow, Lecturer, the University of Sydney

Ropers, Anne-Laure
Head, London Unit, Honorary Lecturer, London School of Hygiene and Tropical Medicine

Ryan, Samuel
Research Associate

Centre for Research Management (CRM)

Andrews, Joanne
Senior Director

Cramp ton, Leonie
Quality Assurance/GCP Manager

Doris, Tara
Coordinator

Project Management Division

Currie, Rochelle
Director

Ali, David
Associate Director, Project Management

Flynn, Samantha
Associate Director, Commercial

Blair, Deborah
Project Manager

Burch, Carol
Project Manager

Carr, Bruce
Senior Project Manager

Carreras, Ana
Clinical Trials Assistant

Carrington, Helen
Senior Project Manager

Chisholm, Jill
Country Project Manager

Darcey, Fionas
Clinical Research Associate

Dempsey, Erika
Research Assistant

Flynn, Ruth
Senior Clinical Research Associate

Gibb, Sophie
Project Manager

Gibson, Kyle
Project Manager (until April 2007)

Graziano, Amanda
Clinical Trials Assistant

Gorzynska Fajlling, Eleonoras
Senior Project Manager

Gorzena, Margot
Senior Project Manager

Hassiotis, Maria
Senior Clinical Research Associate (until January 2007)

Hibbard, Jennifer
Clinical Trials Assistant

Hough, Sally
Project Manager

Jones, Kerry
Clinical Trials Assistant

Lee, Casslyn
Clinical Research Associate

Lee, Joanne
Project Manager

Lewis, Nicola
Project Manager

Little, Lorraine
Clinical Research Associate

Mera, Mamta
Clinical Research Associate

Monaghan, Helen
Senior Project Manager

Morison, Alana
Clinical Research Associate

Murray, Suzanne
Clinical Research Associate

Ng, Robyn
Senior Project Manager (until June 2007)

Patel, Bindu
Country Project Manager

Regaglia, Joanne
Endpoint Coordinator

Rendina, Amanda
Senior Clinical Trials Assistant

Shepherd, Lynne
Clinical Research Associate

Siu, Steve
Biostatistician

Davies, Paul
Public Affairs Manager (until June 2007)

Mullan, Beverley
Graphic Designer

O’Meara, Pauline
Information Officer

Orgilla, Emma
Public Affairs Officer

Parkinson, Melanie
Website Officer

Bidencope, Ross
Senior Director, Chief Financial Officer

Polyzos, Evangelie
Personal Assistant to Mr Bidencope

Desai, Ankur
IT Helpdesk Analyst (until February 2007)

Ferguson, Diana
Receptionist, KGV

Le, Trang
Accounts Payable Clerk (until September 2007)

Nakamura, Koshi
Visiting Research Fellow

Page 54
**Institute Staff**

**Population Health Research**
- Dandona, Rakhi
  - Head, Population Health Research, Senior Lecturer, the University of Sydney
- Ahmed, Md. Mushtaq
  - Project Manager
- Akbar, Md.
  - Project Supervisor
- Ameer, Md. Abdul
  - Project Manager
- Babu, K. Bhagawan
  - Project Associate
- Babu, Y. Govind
  - Administrative Assistant
- Gopal, S.P. Ram
  - Project Supervisor
- Guggilla, Rama Krishna
  - Research Fellow
- Kumar, G. Anil
  - Research Manager
- Kumar, N. Vijay
  - Project Associate
- Kumar, S.G. Prem
  - Research Fellow
- Naik, M. Anand
  - Project Associate
- Prasad, Y.R.K. Satya
  - Project Supervisor
- Rambabu, D.
  - Project Associate
- Rao, N. Balaji
  - Project Supervisor
- Rao, S. Samba Siva
  - Project Associate (until November 2007)
- Rao, Y. Srinivasa
  - Data Supervisor
- Reddy, G. Brahmananda
  - Project Manager

**Honorary Appointments**
- Sahitya, K. Venkata
  - Project Manager
- Senthil Kumar, S.
  - Project Manager
- Srikanth, P.
  - Data Supervisor
- Srinivas, V. Venkata
  - Data Supervisor
- Umamathi, A.
  - Project Associate (until November 2007)

**Clinical Research**
- Gheyee, Smita W.
  - Head, Clinical Research
- Girish, R.
  - Clinical Research Associate
- Hasan, Najam-ul
  - Clinical Research Associate
- Kumar, P. Sateesh Phani
  - Clinical Research Associate
- Kumar, Sunitha Senthil
  - Clinical Research Associate
- Shah, Samkit Ashvin
  - Clinical Research Associate
- Sudha, P. Srij
  - Clinical Trial Assistant

**Infrastructure and Resources**
- Vaghela, Suresh
  - Clinical Research Associate
- Rao, S.V. Rama
  - Head, Infrastructure and Resources (until October 2007)
- Rajan, A. Sunder
  - Head, Infrastructure and Resources
- Jyothi, T. Naga
  - Receptionist
- Mahesh, G.
  - Systems Administrator
- Premnath, Y.
  - Accounts Officer

**Financial Awards and Achievements**

Craig Anderson
NHMRC Principal Research Fellowship
Appointed to Editorial Board of Stroke

Federica Barzi
The Japan Society Fellowship for the Promotion of Science
National Heart Foundation Travel Grant

Alan Cass
NHMRC Project Grant Review Panel Member: Public Health

John Chalmers
The Bulletin’s ‘Smart 100’ Health and Medicine finalist

Laith Dandona
BioMed Central Research Award
Appointed to Editorial Board of BMC Medicine

Liz de Rome
The Peter Vulcan Award, The Australasian Road Safety Research, Policing and Education Conference

Michael Fitzharris
Elaine Wodzin Young Achiever Award, Automotive Medicine (AAAM)

Liliane Liu
The Endeavour Fellowship Award

Naomi Hammond
AusAID Australian Youth Ambassador for Development Scholarship

Emma Heeley
National Heart Foundation Travel Grant

Stephanie Hollis
NHMRC Postgraduate Research Scholarship

Hungh Dang Viet
The John Chalmers Doctoral Award, The George Institute for International Health

Suzanne Ingram
Elspeth Young Memorial Scholarship, Australian National University

Bruce Neal
Appointed Fellow of the Royal College of Physicians, UK

Named as an International Fellow of the American Heart Association

Appointed to Society Liaison and to the Executive of the High Blood Pressure Research Council of Australia

NHMRC Large Scale Clinical Trials Committee Grant Application Panel Member

NHMRC Program Grant Application Expert Reviewer

Robyn Norton
Chair, NHMRC Grant Review Panel: Public Health

Chair, NHMRC Population Health Career Development Award Ranking Panel

NHMRC Program Grant Committee Panel Member

AusAID Technical Advisory Group Member

Anne-Laure Ropars
Honorary Lecturer, London School of Hygiene and Tropical Medicine, UK

Mark Stevenson
Appointed Associate Editor of Injury Prevention

Ruth Webster
Awarded Cardiovascular Lipid (CVL) Research Grant, Pfizer

NHMRC Postgraduate Public Health Scholarship

WU Yangfeng
Visiting Fellow of the Fifth Congregation of Hong Kong College of Cardiology

Della Yarnold
New South Wales Premier’s Gold Award for Public Service Excellence
Publications and Presentations

Peer-Reviewed Journals


Law M, Lobett M, bowman D, White D, Yeo G, O’kane M, Goodsall S. Reduced dietary fiber intake is associated with increased risk of coronary heart disease partly independent of blood pressure and cholesterol levels: a meta-analysis of 21 cohort studies including more than 300,000 persons. Arch Intern Med. 2007;167:1727-8.


Powers RP, Bemelmans WM, Hoogenveen RT, Boshuizen H. Greater adherence to Mediterranean diet and body mass index is an independent determinant of left atrial size. Heart Lung Circ. In press.


Role of obesity in the musculoskeletal system. Int J Obes. 2007;[Epub ahead of print].


Li M, Dibley M, Sibbitt D, Hong Y. Factors associated with adolescents’ overweight and obesity at community, school, and household levels in Xian City, China – results of hierarchical analysis. Eur J Clin Nutr. 2007[Epub ahead of print].


Publications and Presentations


Publications and Presentations


Managing blood pressure: messages from recent trials. St Mary's Hospital, Imperial College. London, UK, March 2007.


Clara Chow

Metabolic abnormalities amongst 4,535 Indians from a developing region of rural Andhra Pradesh. 55th Annual Scientific Meeting of the Cardiac Society of Australia and New Zealand. Christchurch, New Zealand, August 2007.

Leonie Crampton

The good, the bad and the NICE. Australasian College of Road Safety Seminar: HIPAID. Annual Scientific Meeting of the Cardiac Society of Australia and New Zealand. Cairns, Australia, September 2007.

Lailt Dandona


Liz de Rome


Simon Finfer


Fluid resuscitation practices: The SAFE study and others. Annual Scientific Meeting in Anaesthesiology. Hong Kong SAR, November 2007.

Intensive insulin therapy in the ICU: the jury is still out. Annual Scientific Meeting in Anaesthesiology. Hong Kong SAR, November 2007.

Nick Glozier


Michael Fitzharris


Marlene Fransen


Martin Gallagher

Evaluation of patients starting dialysis without a permanent access in a single unit: scope for improvement. 43rd Annual Scientific Meeting of the Australian and New Zealand Society of Nephrology. Gold Coast, Australia, September 2007.

Emma Heeley


Blood pressure and lipid management in Australian General Practice – are guidelines being implemented? 55th Annual Scientific Meeting of the Cardiac Society of Australia and New Zealand. Christchurch, New Zealand, August 2007.


Stephanie Heritier


Reece Hinchliff


Stephanie Hollis


Rachel Huxley


Andre Pascal Kenenge

Does total cholesterol have a similar relationship with coronary heart disease, and ischaemic and haemorrhagic strokes in people with and without diabetes? European Society of Cardiology (ESC) Congress 2007. Vienna, Austria, September 2007.

The relationship between total cholesterol and the risk of major cardiovascular diseases is similar among individuals with and without diabetes across populations in the Asia Pacific region. 55th Annual Scientific Meeting of the Cardiac Society of Australia and New Zealand. Christchurch, New Zealand, August 2007.


Crystal Lee


Nicole Li

Consumer awareness and behavior related to salt consumption in Australia: more needs to be done. Joint Scientific Meeting of the Australasian Epidemiological Association (AEa) and the International Epidemiological Association (IEA) Western Pacific Region. Hobart, Australia, August 2007.

The role of parents in driver education and training. Infants, Children, Young People and Road Safety Conference. Sydney, Australia, August 2007.


Rohina Joshi


Andrew MacMahon

Balance Sheet as at 30 June 2007

<table>
<thead>
<tr>
<th></th>
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<tr>
<td><strong>CURRENT ASSETS</strong></td>
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<tr>
<td>Cash and cash equivalents</td>
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<tr>
<td>Trade and other receivables</td>
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<tr>
<td>Other current 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>Trade and other receivables</td>
<td>20,398,877</td>
<td>20,766,343</td>
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<tr>
<td>Financial assets</td>
<td>748,531</td>
<td>748,531</td>
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<td>Property, plant and equipment</td>
<td>867,421</td>
<td>847,611</td>
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<tr>
<td>Other financial assets</td>
<td>8,021,497</td>
<td>6,913,270</td>
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<tr>
<td><strong>TOTAL NON-CURRENT ASSETS</strong></td>
<td><strong>30,036,326</strong></td>
<td><strong>29,275,755</strong></td>
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<tr>
<td><strong>TOTAL ASSETS</strong></td>
<td><strong>74,286,529</strong></td>
<td><strong>84,341,457</strong></td>
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<tr>
<td><strong>CURRENT LIABILITIES</strong></td>
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<tr>
<td>Trade and other payables</td>
<td>8,094,153</td>
<td>7,748,890</td>
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<td>Short-term provisions</td>
<td>14,209,329</td>
<td>27,439,702</td>
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<td><strong>TOTAL CURRENT LIABILITIES</strong></td>
<td><strong>22,303,482</strong></td>
<td><strong>35,188,592</strong></td>
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<tr>
<td><strong>NON-CURRENT LIABILITIES</strong></td>
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<td></td>
</tr>
<tr>
<td>Long-term provisions</td>
<td>44,522,815</td>
<td>42,436,289</td>
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<tr>
<td><strong>TOTAL NON-CURRENT LIABILITIES</strong></td>
<td><strong>44,522,815</strong></td>
<td><strong>42,436,289</strong></td>
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<tr>
<td><strong>TOTAL LIABILITIES</strong></td>
<td><strong>66,826,297</strong></td>
<td><strong>77,624,881</strong></td>
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<tr>
<td><strong>NET ASSETS</strong></td>
<td><strong>7,460,232</strong></td>
<td><strong>6,716,576</strong></td>
</tr>
<tr>
<td><strong>EQUITY</strong></td>
<td></td>
<td></td>
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<tr>
<td>Retained profits</td>
<td>7,460,232</td>
<td>6,716,576</td>
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<tr>
<td><strong>TOTAL EQUITY</strong></td>
<td><strong>7,460,232</strong></td>
<td><strong>6,716,576</strong></td>
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Income Statement for the Year Ended 30 June 2007

<table>
<thead>
<tr>
<th></th>
<th>2007</th>
<th>2006</th>
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</thead>
<tbody>
<tr>
<td><strong>INCOME</strong></td>
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</tr>
<tr>
<td>Peer-Reviewed Grants:</td>
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<td>NHMRC</td>
<td>4,579,059</td>
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<td>Other Peer-Reviewed Grants</td>
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<td>1,219,493</td>
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<td>Total Peer-Reviewed Revenue</td>
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<tr>
<td>Other Project Funding</td>
<td>29,785,160</td>
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<tr>
<td>Infrastructure Grants</td>
<td>2,452,774</td>
<td>2,730,370</td>
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<tr>
<td>Other Revenue</td>
<td>2,204,337</td>
<td>3,964,119</td>
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<td>Total Revenue</td>
<td><strong>40,392,769</strong></td>
<td><strong>31,382,551</strong></td>
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<tr>
<td><strong>EXPENDITURE</strong></td>
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<tr>
<td>Projects</td>
<td>30,750,931</td>
<td>23,933,624</td>
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<tr>
<td>Infrastructure</td>
<td>8,898,182</td>
<td>7,413,196</td>
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<tr>
<td>Total Expenditure</td>
<td><strong>39,649,113</strong></td>
<td><strong>31,346,820</strong></td>
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<tr>
<td><strong>OPERATING SURPLUS</strong></td>
<td><strong>743,656</strong></td>
<td><strong>35,731</strong></td>
</tr>
</tbody>
</table>
Glossary

Acute cerebral haemorrhage – Bleeding from a blood vessel in the brain.

Acute coronary syndromes (ACS) – Severe heart conditions.

Albumin – A protein in the blood.

Aliskiren – Rennin inhibitor used in the treatment of hypertension.

Anaemia – Reduction in the quantity of oxygen-carrying pigment, haemoglobin, in the blood.

Biostatistics – Statistical information and techniques used with reference to health studies and social problems.

Biotechnology – Development of techniques for the application of biological processes to the production of materials used in medicine and industry.

Body mass index (BMI) – Weight of a person (in kilograms) divided by the square of the height of that person (in metres): used as an indicator of whether the individual is over or underweight.

Cardiovascular disease – Conditions of the circulatory system, particularly the heart, brain and kidneys.

Cerebrovascular disease – A disorder of the blood vessels of the brain, usually stroke.

Chondroitin – Important constituent of cartilage, bone and other connective tissues.

Chronic disease – Disease of a long duration.

Diamicron MR – Glucose lowering treatment for people with diabetes.

Dyslipidemia – Abnormal concentrations of lipids in the blood.

Ectopic – Occurrence of something in an unnatural location.

Electronic decision support (EDS) – Electronic tool designed to provide consistent advice and standardised treatment based on evidence.

Epidemiology – Study of the distribution and determinants of disease in populations.

Erythropoietin – Hormone secreted by cells in the kidney in response to a reduction in the amount of oxygen reaching the tissues.

Intracranial aneurysm – Abnormal swelling in the wall of an artery within the skull.

Glucosamine – Dietary supplement thought to relieve joint pain caused by arthritis.

Glucose – Simple sugar containing six carbon atoms; an important source of energy.

Haemorrhage – Bleeding.

Homocysteine – An amino acid that is recognised as a risk factor for vascular disease.

Hypertension – High blood pressure.

Ischaemia – Inadequate flow of blood to a part of the body, caused by constriction or blockage of the blood vessels supplying it.

Lipids – Fats.

Microfinance – Provision of financial services to the poor.

Neglected diseases – Infectious diseases that thrive in impoverished settings.

Neurological – Disorders that affect the central nervous system.

Normoglycaemia – Normal blood glucose concentration.

Obstructive pulmonary disease – Lung disease, in which the lungs are damaged, making it hard to breathe.

Obstructive sleep apnea – Condition in which airflow from the nose and mouth to the lungs is restricted during sleep.

Perindopril – Drug used in treating raised blood pressure and heart failure.

Preterax – Blood pressure lowering drug.

Prophylaxis – Any means taken to prevent disease, such as immunisation.

Ramipril – Drug used in treating raised blood pressure and heart failure.

Randomised controlled trial – Random allocation of different interventions or treatments to subjects in a study, to ensure that known and unknown confounding factors are evenly distributed between treatment groups.

Renal replacement therapy – Life-supporting treatments for renal failure.

Resuscitation fluids – Fluids used in the treatment of patients with low blood pressure.

Saline – Solution containing 0.9% sodium chloride used to replace fluid by intravenous infusion.

Sleeping sickness – Disease of tropical Africa caused by the presence of parasitic protozoans in the blood.

Telmisartan – Drug useful in treating hypertension.

Vascular – Relating to or supplied with blood vessels.
IN 2030

The leading causes of death across the world are projected to be:

- Heart disease
- Stroke
- HIV/AIDS
- Chronic obstructive lung disease

Deaths due to tobacco are estimated to escalate to 8.3 million.

Non-communicable diseases will contribute to almost 70% of all deaths.

There will be an estimated 40% increase in deaths due to injury in 2030.


This annual report is printed on recycled paper.
Did you know....?

Chronic kidney disease is up to thirty times more common among Indigenous Australians than the Australian average.

One-quarter of all fatal road injuries and hospitalisations are in the age group 17 to 25 years.

With more than 100,000 road deaths per year, China accounts for around 15% of the world’s annual fatalities from traffic crashes.

Low- and middle-income countries suffer more than 80% of the global burden of cardiovascular disease.

Obese individuals have a 20% greater risk of developing colorectal cancer compared with those of normal weight.

Elevated blood pressure levels claim more than 7 million lives each year.

Giving up smoking can reduce the risk of dying from lung cancer by up to 70%.

Intracerebral haemorrhage is one of the most serious forms of stroke, affecting 2-3 million people worldwide each year.

Over 100,000 patients are treated in Australian and New Zealand ICUs every year.

2.5 million people are living with HIV/AIDS in India.

Improved malaria vaccine research coordination and investment decisions could save more than $500 million over 5 years and prevent up to 3,000 unnecessary test vaccinations in African children.
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References:


