

ADRI



Asbestos Diseases Research Institute

ANNUAL REPORT 2009

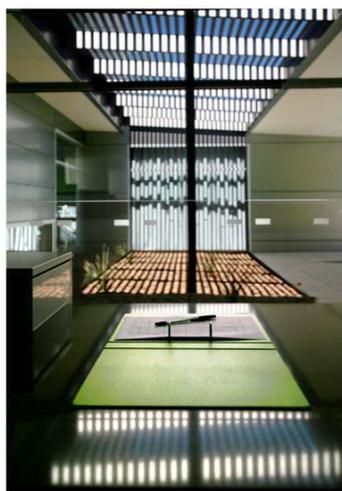
MISSION

The Asbestos Diseases Research Institute aims to improve the:

- ❖ diagnosis of, and
- ❖ treatment of, and
- ❖ find new preventative measures for asbestos-related diseases.



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CHAIR'S REPORT

Asbestos Diseases Research Foundation



I would like to thank all those who worked so very hard to achieve the building of this state-of-the-art Centre dedicated to research into asbestos-related diseases. The Bernie Banton Centre was officially opened by the Prime Minister, the Hon. Kevin Rudd, on the 21st January 2009. The Bernie Banton Centre integrates the research efforts of both the Asbestos Diseases Research Institute (ADRI) and the ANZAC Research Institute on the grounds of the Concord Hospital. I am pleased to report that the ADRI has had a highly successful first year of operations and continues to grow with an excellent record of research success in 2010, as measured by grants, publications and international presentations, and we are justly proud of our staff.

Several important strategic initiatives were consolidated during the year, including:

- ❖ Planning approval and funding for the new Asbestos Diseases Research Foundation (ADRF) Translational Research Facility by the Commonwealth Government.
- ❖ Australian Mesothelioma Registry - a consortium consisting of the ADRI, Cancer Institute NSW, Monash University and the WA Mesothelioma Register were effectuated and approved by Safe Work Australia. The Registry will be connected with the ADRI BioBank.
- ❖ National Guidelines for the Diagnosis and Treatment of Malignant Mesothelioma - development of guidelines for malignant mesothelioma have begun in line with NHMRC criteria and are expected to appear in 2012.
- ❖ Further elucidation of molecular pathways in malignant mesothelioma and their importance for diagnosis and treatment.

The ADRF's operating funds grew during 2009 with the success of peer-reviewed grants, an increase that is testament to the quality of ADRI research.

Philanthropic support essential for providing critical funds to facilitate new research projects and providing equipment continued in 2009.

ADRF Board

There were several Board changes during 2009, Ms Sylvia Kidziak Am, and Mr Brian Eichhorn, representing employers, Mr Dave Henry and Ms Rita Mallia, representing workers, were reappointed for another three years. Mr Peter Baker resigned in 2007 and was replaced in 2009 by Mr Dallas Booth, representing past and present manufacturers and suppliers of dust and dust-containing goods. As Chair of the ADRF Board I was honoured to serve on the Board from November 2007. Due to changes in regulations I had no option than to resign from the Board in December 2009.

2010

I would like to take this opportunity to thank the staff of the ADRI for their dedication and hard work in this first year of operations and look forward to hearing of future successes. Like other medical research institutes the staff of the ADRI will be dependent on their success in the NHMRC research grants scheme for their salaries. For every grant dollar a further 70c will be needed for the day-to-day running of the labs and the Institute in general. There is a need for additional funding from State Government for medical research institutes such as the ADRI. The ADRF is relying on past funds and current donations to continue research into asbestos-related diseases. I am, however confident that when the current hurdles are overcome research at the ADRI will continue to grow and to improve the diagnosis and treatment of malignant mesothelioma and to find new preventative measures for asbestos-related diseases. Once again my sincere thanks and admiration are extended to Professor Nico van Zandwijk, his management team and research staff.



The Hon. Bob Carr
Chairman

DIRECTOR'S REPORT

Asbestos Diseases Research Institute



Welcome to the first Annual Report for the Asbestos Diseases Research Institute (ADRI). This report outlines the progress achieved in the first year of operations since the hand over of the Bernie Banton Centre to the Asbestos Diseases Research Foundation on November 27th 2008.

The Centre was officially opened by the Prime Minister, the Hon. Kevin Rudd, on January 21st 2009 and was attended by other distinguished representatives from all over Australia. Before his death in 2007 Bernie Banton recommended "that we must join forces in our battle against asbestos-related disease". 'Join forces to remove the dark cloud hanging over Australia caused by asbestos' was immortalized and has become the motto for the Bernie Banton Centre and the ADRI in particular. Following the opening ceremony a scientific symposium was held to address the Australian and the international context of asbestos-related disease (ARD). The symposium was attended by eminent national and international speakers who highlighted the underlying large unmet need of individuals exposed to asbestos. As the inaugural Director of the ADRI, it has been a real pleasure settling into an intelligently designed, spacious research building with up-to-date dry and wet laboratories, offices and meeting facilities and it is a privilege to work in this stimulating environment.

Following an exchange of ideas with fellow researchers around Australia and overseas, a review of the latest scientific literature on asbestos-related diseases, research priorities for the ADRI were determined. The ADRI will investigate the standards of care in Australia and organize the preparation of guidelines for the diagnosis and treatment of malignant mesothelioma enabling uniform delivery of health care according to evidence-based criteria in the near future. The ADRI was awarded a grant by the Dust Diseases Board (DDB) to describe the current patterns of care for patients with malignant mesothelioma in NSW. The preparations of this project started

immediately after the opening of the Institute in January 2009.

The molecular delineation of Malignant Mesothelioma was identified as another priority area. For this purpose a BioBank program for the collection of high quality frozen tissue samples matched with clinical data was developed. This program was enabled by close cooperation between the ADRI, major surgical groups in NSW and the Peter Wills Bioinformatics Centre at the Garvan Institute and is foreseen to evolve as a national project.

Many other research initiatives have been put in place including the preparation of a program investigating novel methods of prevention by accelerating asbestos fiber clearance from the lungs and the exploration of microRNA technology for the diagnosis and treatment of malignant mesothelioma.

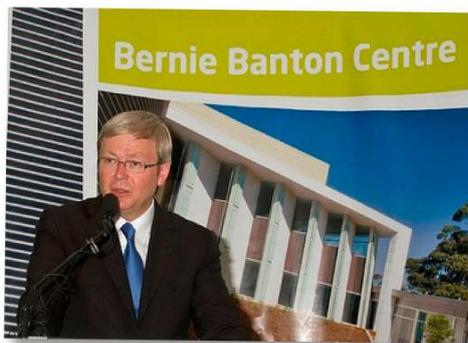
During the year researchers from ADRI presented at national, international forums and locally. The Concord Clinical Week at Concord Hospital concluded with a full day symposium dedicated to asbestos-related disease. It has been an exciting first year for the ADRI

I wish thank Dr Christopher Clarke, *éminence grise* on asbestos-related diseases, for his good advice and also to recognise the efforts and commitment of the Members of the Asbestos Diseases Research Foundation Board without which the ADRI would not be what it is today. I would also like to thank our out going Chair, the Hon. Bob Carr for his hard work and support.



Professor Nico van Zandwijk
Director

WHO WE ARE, WHAT WE DO



The Bernie Banton Centre was officially opened by the Prime Minister the Hon. Kevin Rudd on the 21st January 2009. Her Excellency, the NSW Governor, Professor Maria Bashir and her husband, Sir Nicholas Shehadie were as among the many honourable guest to attend the opening.

The Asbestos Diseases Research Institute (ADRI)/Bernie Banton Centre is affiliated with The University of Sydney and Concord Hospital. The ADRI was established by the Asbestos Diseases Research Foundation (ADRF), a charitable, not-for-profit organisation dedicated to assist and support the research efforts of the ADRI. The ADRI/Bernie Banton Centre is the first stand-alone research institute for Asbestos-Related Diseases (ARD) in the world.

Bernie Banton, who died in 2007 from ARD, campaigned vigorously for the rights of those who suffered from ARD and he was one of a visionary group behind the establishment of an independent research institute for ARD in New South Wales. On the 21 January 2009 the Prime Minister, the Hon. Kevin Rudd, officially opened the ADRI/Bernie Banton Centre.

Australia has the highest national incidence of malignant mesothelioma in the world due to the intensive production and consumption of asbestos and its products between 1940 and 1980. Over 3000 different products were manufactured containing asbestos and many Australians do not know what to look for or are not prepared for what could possibly contain asbestos. Therefore this incidence is projected to continue rising over the next 15 years. In addition, asbestos is not only present in much of the Australian built environment but it is also present in natural rock formation.

This state-of-the-art institute is dedicated to a very important mission:

The ADRI is dedicated to eradicate the life-ending and vicious consequences of Asbestos-Related Diseases (ARD). The ADRI strives to provide a better future for every Australian exposed to asbestos by exploring novel preventive measures and improving diagnosis and treatment of ARD and malignant mesothelioma in particular. The ADRI will assist in raising awareness of malignant mesothelioma and advocate that the public and private sectors partner in the effort to stop this Australian tragedy.

RESEARCH PROGRAM

Malignant mesothelioma was a rare disease until the 1960's. With approximately 700-800 cases per year in a population of 21.7 million Australia now has the world's highest incidence of malignant mesothelioma. This is due to the widespread use of the known main carcinogen, asbestos. It is estimated that incidence will continue to increase for the next five to ten years, with peak incidence between 2015 and 2018. Over the next 30 years malignant mesothelioma is predicted to cause over 1 million deaths world-wide. Young adults, who were incidentally exposed to asbestos as children are also victims. Alarmingly, approximately half of older Australian houses are estimated to be significantly contaminated with asbestos because of the common historical use of asbestos as a building material. Besides the direct human and medical cost, malignant mesothelioma is predicted to cost the Australian economy ~\$8.4 billion and the global economy over \$300 billion over the next 30 years. Thus this tumour has major health as well as economic impacts.

The prognosis of patients with malignant mesothelioma is poor and a majority of them will be confronted with complex, debilitating symptoms. Malignant mesothelioma has proven to be largely resistant to most forms of therapy and there is currently no established curative treatment for this disease. New treatments are desperately needed. It is therefore critical that we find better means of understanding the biology of the disease in order to try to achieve better clinical outcomes.



Research Overview

Molecular characterisation of malignant mesothelioma

We are characterising a large collection of archival tumour samples using the latest molecular techniques. The aim of this work is to identify genes that may be used to predict survival of patients with malignant mesothelioma and to predict their response to chemotherapy. The gene expression profiles of these tumours will be analysed using microarrays and real-time PCR approaches to identify genes that are important in the progression of malignant mesothelioma. Tumour microarrays, consisting of hundreds of tumour samples on the same microscope slide, are being constructed to explore the expression of proteins involved in chemotherapy response.

Molecular therapeutics for Malignant Mesothelioma

As patients with malignant mesothelioma often present with un-resectable disease chemotherapy is the often the only therapeutic option, but typically response rates are poor. The limited efficacy of current treatments has led to much research on novel drug treatment. The development of nucleic acid-based therapeutic agents is one such approach. In conjunction with our molecular characterisation program, we are investigating the ability of RNAi- and antisense-based molecules to inhibit growth of malignant mesothelioma cells. This work focuses on target identification through rational screens as well as the development of silencing-RNAs that can be used in subsequent in vivo studies.

Tissue (Bio)Banking

Currently more than 700 Australians are diagnosed with malignant mesothelioma each year. Most of these people will undergo surgical biopsy as part of the diagnostic process. This is an opportunity to catalogue the molecular characteristics of malignant mesothelioma. A multi-disciplinary team of molecular biologists, pathologists, biostatisticians and bio-informatics from ADRI and physicians and surgeons from across NSW are committed to developing ways of investigating the determinants of malignant mesothelioma and exploring ways to utilise genomic information to better diagnosis, treat and prevent malignant mesothelioma. The ADRI will use the BioBank to create a repository of high quality clinically annotated tissue and other bio-specimens from mesothelioma patients.

National Mesothelioma Register

The revival of the Australian Mesothelioma Register, an initiative of the Cancer Institute NSW and the ADRI, will collect and store national data on new cases of malignant mesothelioma. The Australian Mesothelioma Register will be launched in April 2010 at the Bernie Banton Centre.

National Guidelines for the Diagnosis and Treatment of Malignant Mesothelioma

The guidelines will help to reduce variations in practice, increase the quality of care, provide decision support and help ensure that providers are delivering evidence-based care.

The process of developing evidence-based guidelines is underway and experts from around Australia have been invited to participate and the first meetings have taken place.

Prevention through Education

Malignant Mesothelioma is largely a preventable disease. Education and advocacy campaigns are needed to prevent future asbestos exposure and illness. In Australia the incidence of mesothelioma is still on the rise and is expected to peak in the next decade. With on-going

education campaigns at the national and international level, the disease can be prevented. The ADRI has embarked on a 'Prevention through Education' campaign with presentations on the dangers of asbestos to community groups and developing countries. The 'Prevention through Education' campaign has been reinforced by a number of media interviews to broader community.



PEOPLE & ORGANISATIONAL DEVELOPMENT



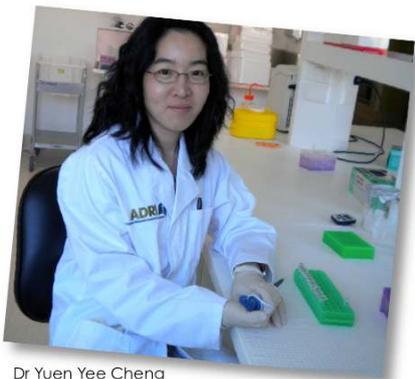
Dr Glen Reid



Dr Lyn Schedlich



Dr Michaela Kirschner



Dr Yuen Yee Cheng

Research Development

Research priorities cannot be determined without research staff. The ADRI has been able to attract Dr Glen Reid, a molecular biologist from New Zealand. Glen has a strong focus on tumor biology with special emphasis on microRNA and new drug development. Within five months he has transformed the new laboratories into a busy research environment. He has also been awarded a grant from Slater & Gordon's Asbestos Research Fund to investigate the profile the microRNA gene expression in malignant mesothelioma.

We have also been fortunate to recruit Dr Lyn Schedlich, an experienced cell biologist who has been active at the Kolling Institute at Royal North Shore Hospital for many years and Dr Michaela Kirschner, a Postdoctoral Fellow from the University of Heidelberg in Germany. Lyn and Michaela have started a project to screen the activity of new medications in cell cultures. Recently Dr Yuen Yee Cheng, a molecular biologist from Hong Kong has joined the ADRI and she will focus on microRNAs.



Dr Steven Kao

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



Discussing research project, collaborators: Dr Glen Reid (ADRI) and Professor Bill Musk (Department of Respiratory Medicine, Sir Charles Gairdner Hospital, WA)

Collaboration

For a new research institution it is especially important to assure the presence of critical mass and to seek collaboration of established research institutions. Collaboration with the School of Public Health at The University of Sydney through Professor Bruce Armstrong has been established and the Cancer Epidemiology Network has joined the ADRI in a consortium that will oversee the revival of the Australian Mesothelioma Register in 2010. The feasibility of accelerated clearance of asbestos from the lung will be studied in collaboration with Melbourne University with Professor Frank Caruso and Dr John Provis. A joint grant application for a preclinical project has been made and this project is expected to start before the end of 2010. As part of our molecular characterisation of malignant mesothelioma, we are collaborating with Professor Bill Musk from University of Western Australia on a project to identify early markers of malignant mesothelioma. Our molecular therapeutics project will form the basis of collaboration with the group of Associate Professor Kwun Fong at the Royal Prince Charles Hospital in Brisbane.

With the development of specific IT infrastructure through the Peter Wills Bioinformatics Centre at the Garvan Institute

for the BioBank along with the other collaborations locally, nationally and internationally it reinforces Bernie Banton's motto of joining forces to combat asbestos-related diseases.

At the end of 2009 we were joined in the institute by Professor Stephen Clarke's Cancer Pharmacology Unit. With a strong background in biomarker identification as well as the inflammatory response to cancer and cancer cachexia, two important aspects associated with mesothelioma, we look forward to fruitful collaboration in 2010.

The 'Concord Hub'

Key features of the ADRI are the close relationships with the ANZAC Research Institute and Concord Hospital. Professor David Handelsman, Director of the ANZAC Research Institute has been a major cooperative stimulus. Efficient use of laboratory equipment, education in specific techniques and joint research meetings must be considered a benefit of the co-location of the research institutions on the Concord campus. Concord Hospital is essential for the necessary translation from bench-to bedside and it is anticipated that the Sydney Medical School will increasingly profit from the joint forces at Concord.

Administrative Force

The ADRI owes many thanks to the important work of the executive staff for their administration of the Institute.



PUBLICATIONS

Journal Articles

2008

1. Gallegos Ruiz MI, Floor K, Roepman P, Rodriguez JA, Meijer GA, Mooi WJ, Jassem E, Niklinski J, Muley T, **van Zandwijk N**, Smit EF, Beebe K, Neckers L, Ylstra B, Giaccone G. Integration of gene dosage and gene expression in non-small cell lung cancer; identification of HSP90 as potential target. *PLoS ONE*. 2008 Mar 5;3(3):e0001722. PMID: 18320023 [PubMed - in process]
2. van den Berg RM, Teertstra HJ, **van Zandwijk N**, van Tinteren H, Visser C, Pasic A, Sutedja TG, Baas P, Golding RP, Postmus PE, Smit EF. CT detected indeterminate pulmonary nodules in a chemoprevention trial of fluticasone. *Lung Cancer*. 2008 Apr;60(1):57-61. Epub 2007 Nov 5. PMID: 17983686 [PubMed - in process]
3. Kappers I, Belderbos JS, Burgers JA, **van Zandwijk N**, Groen HJ, Klomp HM. Non-small cell lung carcinoma of the superior sulcus: favourable outcomes of combined modality treatment in carefully selected patients. *Lung Cancer*. 2008 Mar; 59(3):385-390. Epub 2007 Oct 25. PMID: 17913281 [PubMed - in process]
4. Kappers I, Klomp HM, Burgers JA, **van Zandwijk N**, Haas RL, van Pel R.. Neoadjuvant (induction) erlotinib response in stage IIIA non-small-cell lung cancer. *Journal of Clinical Oncology*. 2008 Sept 26(25):4205-7.

2009

5. Roepman P, Jassem J, Smit EF, Muley T, Niklinski J, van de Velde T, et al., **van Zandwijk N**. An immune response enriched 72-gene prognostic profile for early-stage non-small-cell lung cancer. *Clinical Cancer Research*. 2009 Jan 1;15(1): 284-90.
6. Geurts TW, Balm AJM, van Velthuysen M-LF, van Tinteren H, Burgers JA, **van Zandwijk N**, et al. Survival after surgical resection of pulmonary metastases and second primary squamous cell lung carcinomas in head and neck cancer. *Head & Neck*. 2009 Feb;31(2):220-6.
7. Geurts TW, van Velthuysen MLF, Broekman F, van Huysduynen TH, van den Brekel MWM, **van Zandwijk N**, et al. Differential diagnosis of pulmonary carcinoma following head and neck cancer by genetic analysis. *Clinical Cancer Research*. 2009 Feb 1;15(3):980-5.
8. **van Zandwijk N**. Individualization of treatment in non-small cell lung cancer. *Medicine Reports*. [Report]. 2009 24 March(1):1-2.
9. Smit EF, Burgers SA, Biesma B, Smit HJM, Eppinga P, Dingemans AMC, et al, **van Zandwijk N**, Groen HJM. Randomised phase II and pharmacogenetic study of Pemetrexed compared with Pemetrexed plus carboplatin in pretreated patients with advanced non-small-cell lung cancer. *Journal of Clinical Oncology*. 2009 Apr 20;27(12):2038-45. Epub 2009 Mar 23.
10. Van den Heuvel MM, Burgers SA, **van Zandwijk N**. Immunotherapy in non-small-cell lung carcinoma: from inflammation to vaccination. *Clinical Lung Cancer*. 2009 Mar;10(2):99-105.
11. Kappers I, van Sandick JW, Burgers JA, Belderbos JSA, Wouters MW, **van Zandwijk N**, et al. Results of combined modality treatment in patients with non-small-cell lung cancer of the superior sulcus and the rationale for surgical resection. *European Journal of Cardio-Thoracic Surgery*. 2009 Oct;36(4):741-6.
12. Smit EF, Groen HJ, **van Zandwijk N**. Reply to L. de Lima Aroujo et al. *J Clin Oncol* 2009 Nov 23 [Epub ahead of print]
13. Patel R, Coppieters t Wallant N, Herbert MH, White D, Murison JG, **Reid G**. The Potency of siRNA-Medicated Growth

Inhibition Following Silencing of Essential Genes is Dependent on siRNA Design and Varies with Target Sequence. *Oligonucleotides*; 2009: 19:317-328.

14. **Reid G**, Coppieters 't Wallant N, Patel R, Antonic A, Saxon-Aliifaalogo F, Cao H, Webster G, Watson JD. Potent subunit-specific effects on cell growth and drug sensitivity from optimised siRNA-mediated silencing of ribonucleotide reductase. *J RNAi Gene Silencing*. 2009: 5:321-330.

Book Chapters

2009

1. **van Zandwijk N**. Lung cancer: oncogenesis and prevention. In: *Thoracic Malignancies*. Spiro SG, Huber RM, Janes SM, editors. The European Respiratory Monograph, Plymouth, UK: European Respiratory Society Journals; 2009: 1-14
2. **van Zandwijk N**. Chemoprevention. In: Pass H, editor. *Textbook of Thoracic Oncology*; 2009. p.:In press.



GRANTS

During 2009 the Research Program of the ADRI began in earnest with the success of attracting both peer and non peer-reviewed grants. The outcome of several other grant applications submitted in 2009 will be reported in 2010s Annual Report.

A quantitative analysis of the Dust Diseases Board data set of applicants with a diagnosis of Malignant Mesothelioma (MM).

Malignant Mesothelioma (MM) is a significant health problem in NSW. This is directly related to the widespread use of asbestos in the past and a steady increase in incidence of this treatment resistant disease is expected until the 2030s. There are a limited number of publications on the unmet needs of mesothelioma patients; however the anecdotal evidence is significant. Before making recommendations to reform health care for MM patients a quantitative analysis is needed. To obtain a more complete picture of the way MM patients are currently treated within NSW we will conduct a systematic review of 150 recent cases in the DDB dataset. This retrospective picture will allow for evaluation against current practice standards. The outcomes are expected to give direction to plan for a restructure of health care for these patients.

Supported by: Dust Diseases Board NSW

Molecular manipulation of malignant mesothelioma

Malignant mesothelioma (MM) is a devastating disease with limited treatment options. Despite the promise of gene silencing using RNAi or microRNA manipulation in treating disease and the rapid progress of the technology to the clinic for a number of indications, such a strategy has yet to be applied to MM. With extensive experience in the use of RNAi and other gene silencing approaches in the identification and validation of therapeutic targets for cancer, as well as their further characterisation in pre-clinical models, the

Senior Research Staff at the ADRI are well placed to carry out such a project. This work will begin in 2010

Supported by: Dust Diseases Board NSW

Slater & Gordon's Asbestos Research Fund

The ADRI, Bernie Banton Centre, was awarded \$100,000 over two years from Slater & Gordon's Asbestos Research Fund which provides financial support for research into asbestos related disease such as mesothelioma. This funding will support research into the analysis of the gene expression profiles in mesothelioma and it is anticipated this research will lead to a better understanding of this disease as well as providing potential diagnostic markers and therapeutic targets.

Supported by: Slater & Gordon



Dr Glen Reid, ADRI, accepting the award from Ms Joanne Wade, Slater & Gordon

PRESENTATIONS

2008

Date	Conference	Presentation Title	Place
September	The 9th International Conference of International Mesothelioma Interest Group	International Scientific Committee	Amsterdam, The Netherlands
October	International Thoracic Oncology Congress: Advances through Molecular Biology in Thoracic Cancer	1. Opening remarks 2. Chair: Merck Serono Satellite Symposium. Pioneering New Treatment Approaches for NSCLC: Combination is Key 3. Accurate prediction of disease recurrence in early-stage NSCLC by molecular profiling. 4. Panel: Round Table Discussion 5. The past and future of Cytotoxic treatment – current standards.	Dresden, Germany

2009

January	E.Lilly Symposium on New Avenues for Non-Small Cell Lung Cancer Treatment	Individualization of Treatment for Non-Small Cell Lung Cancer patients	Sydney
April	Thoracic Society of Australia & New Zealand (TSANZ) Annual Scientific Meeting	Lung Cancer/OELD SIGs Symposium: Asbestos & Lung cancer – the other side of the coin: oncogenesis of asbestos-related diseases	Darwin
May	Community Awareness	Asbestos Disease -Update of mesothelioma	Brisbane
May	2009 Physicians Week – Royal Australian College of Physicians	Malignant Mesothelioma: an Update	Sydney
May – June	ASCO American Society of Clinical Oncology Annual Meeting 09	Combination with concurrent chemoradiotherapy in locally advanced non-small cell lung. A feasibility study. Van den Heuvel MM, Belderbos J, Dalesio O, van der Pol M, Uitterhoever L, van de Vaart P, Verheij M, van Zandwijk N.	Orlando, USA
July	Lilly Oncology Symposium: Emerging Evidence The Role of Histology in the Treatment of in the First Line Advanced NSCLC Patients	Current Management of Mesothelioma	Surfers Paradise
July- August	WCLC 2009 13th World Conference on Lung Cancer	1. Expression of Thymidylate Synthase and Insulin Growth Factor in completely-resected NSCLC patients: associations with histological subtype and prognosis. PD7.3.4 2. Chair: Risk stratified approaches to prevention of lung cancer. 3. Chemoprevention of high risk patient population. M37.1 4. Merck Serono Satellite Symposium: Chair. Taking the next step to improve the treatment of NSCLC	San Francisco, USA
September	ASIA Pacific Lung Cancer Summit 2009	Chair: Striving for better treatment outcomes in NSCLC: Putting Asian clinical data into practice. Optimizing treatment for pre-treated NSCLC patients	Seoul, Republic of Korea
September	ECCO 15 and 34th ESMO multidisciplinary Congress	Taking the next step to improve the treatment of NSCLC. Chair: Integrating targeted agents into 1st-line therapy of NSCLC	Berlin, Germany
October	Canada Bay Council's Economic Development team	Public Education Seminar	Concord Hospital
November	Asbestos-Related Diseases Symposium	Concord Clinical Week 2009 Annual Symposium	Concord Clinical School, Concord Hospital
November	Danger Asbestos	Free asbestos information seminar ADFA / Turner Freeman	Penrith
November	NCARD Scientific Meeting	Reid G: Molecular pathways activated in Malignant Mesothelioma and novel approaches to targeted therapy	Coogee
December	1 st Chinese-German Lung Cancer Forum	1. Chair ; Lung cancer Treatment in China 2. New avenues in asbestos-related thoracic cancers	Shanghai, Republic of China

VISITORS

Bernie Banton Centre

During the year we received many visitors to the Bernie Banton Centre including a number of victim support groups and community groups such as the Burwood RSL Club. Consumer participation in research is regarded as an important role of ADRI and we look forward to conducting public open days in the future.

Two Vietnamese delegations visited the ADRI for educational seminars on asbestos and the diseases related to asbestos exposure. These seminars were organised with the assistance of the AMWU and hopefully will assist in raising awareness in South East Asia of the dangers of asbestos

WEB SITE

www.adri.org.au

During the year we also launched the ADRI's website (www.adri.org.au) which serves as a means of communicating our research outcomes to the general public and raising awareness of the dangers of asbestos. The website also contains an overview of the Bernie Banton Centre, a state-of-the-art research Institute and of Bernie Banton himself. There are also links to the various support and community groups here in Australia and overseas. The web site is constantly changing with updates in research publications and advertising events.



ADRI SUPPORTERS

We would like to thank all of you who have given so generously in memory of loved ones or through bequests. We greatly appreciate your support and often at very difficult time in your life. This year your donation has co-sponsored a post-doctoral fellow to enable her to carry out initial studies into the identification of potential novel therapeutic targets. We anticipate these therapeutic targets will lead to improved treatment options for malignant mesothelioma. Your continued support assist our commitment toward the prevention and amelioration of this insidious disease.

Mr & Mrs Thomas Alcock
Anonymous donations
Mr Elias Bader & Family
Mrs BD & KE Banton
Mr Mike & Mrs Kate Belfield
Mr Kevin & Mrs Sally Birchill
Miss Jean Black
Mr Frank Blade
Ms Margerita Blazic
Mrs Lyn Bosworth
Mr Richard Cavallaro
Mrs Helen Clark
Mr & Mrs P R Clarke
Veneranda Condello
Mrs Frances Cooke
Mr Russell & Mrs Rosemary Coster
Mr Philip Day
Mrs Sheila D Devlin
Dover Probus Club
Mrs Barbara Dumbrell
Dunn Kean & Staff
Mr Mathew Dupille
Mr Stuart A. Edwards
A&G Fallace
Ms Giovanna Fedele
Mrs Lorraine Flynn
Game Farm Pty Limited
Mrs Helen Games
Mrs Pauline Garland
Geeveston Community Centre Inc.
Gemglow Jewellers
Mr Toni George
Mrs Shirley Gifford
Ms Lucinda Gleeson
Graham Family
Mr Russell Green
Stan Griffin
Mr Ronald Hegarty
Alan Boyce & Helen Cunliffe

I Hickson
Mrs Alma Homer
Mrs Mary & Mr Hugh Howell
Hunter Douglas Limited
Huon Valley Garden Club
Joan Jagot
Mr David & Mrs Pat Jeffreys
Mr Greg & Mrs Anne Jones
Paul, Rita & Darren Kennedy
Mr Howard & Mrs Anne Langham
Mrs Laurie E Leonard
Ms Margaret Lewis
Jenny & Phillip Lewis
Mrs Edna Lichina
Mr Colin & Mrs Gráinne Macintyre
Mrs Marie Maloney
Mr Stephen Martyn
Mr Florian Mauric
Ms Naomi Mitchell
A&G Montagnese
Ms Elaine Mooney
Mr Chirs Mooney
Mr Trent Murphy
Frances Musico
Ms Annemarie Nelson
Ms Debbie Nicholls
Mr & Mrs Steven Oreolt
Mr Kevin & Mrs Bette O'Sullivan
Mrs Cynthia Palmer
Mrs Jan Parslow
Patioland Parramatta Pty Ltd
Mrs Lesley Pearce
Ms Jennifer Piper
Mrs R.L. Price
Linda Rollins
Mr Sean Ronning
Nita Sagar
Mr Michael Sarkis
Mr Barre & Mrs Kay Schweitzer

Mr Milad Semaan & Family
Mrs Lesley Sheppard
Simcic Family
Mr David & Mrs Melissa Smith
Mr & Mrs Vincenzo Stabile
The Ryan's & Osborne's
Mr James Tindall
Mrs Nancy Vartuli
Mr Brian & Mrs Pat Wade
Mrs Violet Waller
M.P. Watkins
B Watson
EA & YL Whalan
Mrs Jo Wickens
Mr Patrick Williams
Mr Glen & Mrs Joyce Wood
Woolooware High School

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



Objectives

The objects for which the Foundation is established are:

- (a) to promote, sponsor and facilitate research and healthcare delivery among those individuals and communities exposed to asbestos or other dusts or suffering from asbestos-related or other dust-related diseases;
- (b) to provide leadership and excellence in asbestos-related and dust-related diseases research activities;
- (c) to promote awareness of the special circumstances experienced by those exposed to asbestos or other dusts which can lead to potential or actual asbestos-related or other dust-related diseases;
- (d) to promote, sponsor and facilitate asbestos-related and dust-related diseases education and training in relevant health disciplines;
- (e) to further knowledge of medicine and science by promoting the conduct of research in the field of asbestos-related and other dust-related diseases;
- (f) to achieve a better understanding of the nature and causes of asbestos-related and Dust-related human diseases and afflictions;
- (g) to improve methods of preventing, diagnosing and treating those diseases and afflictions; and
- (h) where possible, to apply its research and other activities, either directly or indirectly, to the development of relevant products and treatments; preventative strategies and practices; and educational programs and materials for asbestos-related and other dust-related diseases.

The Foundation must pursue its objectives principally in Australia.

BOARD OF DIRECTORS

The Hon. Bob Carr

Independent Chair

Bob Carr is NSW's longest continuously serving Premier. He was elected as Member for Maroubra in 1983 and became the Minister for Planning and Environment and Minister for Heritage in the Wran and Unsworth Governments. He served as Leader of the Opposition from 1988 until his election as Premier in March 1995. He was re-elected in 1999 and again in March 2003 securing an historic third four-year term. He retired from politics in 2005 after over 10 years as Premier. Bob Carr has received the Fulbright Distinguished Fellow Award Scholarship and World Conservation Union International Parks Merit Award. He has served as Honorary Scholar of the Australian American Leadership Dialogue. He is also a member of the Board of the Dymocks Group of Companies, a member of the advisory board of the Centre for Australian Studies at Georgetown University, Washington and a member of the India Council for Sustainable Development.

Appointed: 27 November 2007

Resigned: 7 December 2009

Mr Paul Bastian

Unions NSW

Paul Bastian has been the State Secretary of the Australian Manufacturing Workers Union (NSW Branch) since 1997. He is a shipwright by trade and completed a Law Degree while studying part time at the University of Technology, Sydney. Paul has been a trade union official with the AMWU since 1981. He has worked throughout the manufacturing industry, in the construction, shipbuilding and metals industries, in

both metropolitan and regional areas of the state. He is a member of the NSW Manufacturing Council, the NSW Workers Compensation Advisory Council and an executive board member of APHEDA. He has a long history of involvement with community and union campaigns against asbestos and in August 2008 he represented the AMWU and International Metalworkers Federation (IMF) at an International Conference on Asbestos, convened by the Vietnam Institute for Labour Protection.

Appointed: 27 November 2007

Mr Dallas Booth

Manufacturers and Suppliers

Dallas Booth was admitted as a Barrister at Law in NSW in 1980 and holds a Diploma in Law (BAB). For the following 9 years, he gained experience as a legal policy adviser in the NSW Attorney General's Department. From 1989 to 1998 Mr Booth was Deputy General Manager and then General Manager of the Motor Accidents Authority of NSW. This involved the regulatory oversight of the compulsory third party insurance scheme in NSW. He was also involved in the implementation and funding of programs for accident prevention and medical research projects aimed at improving the care and rehabilitation of victims of motor vehicle trauma. In 2001 Dallas helped design, implement and manage the HIIH Claims Support Scheme, and arrangements between the Australian Government and the general insurance industry for the provision of assistance to HIIH policyholders suffering hardship as a result of the failure of that insurer. He was then the Deputy Chief Executive of the Insurance Council of Australia

representing the general insurance industry in submissions to governments on a wide range of matters. During this period he was also a member of the WorkCover Board of Tasmania. In December 2006 Dallas was appointed Chief Executive Office of Asbestos Injuries Compensation Fund Limited to implement and administer the agreed arrangements between James Hardie Industries NV and the NSW Government for the funding of compensation claims against former James Hardie companies.

Appointed: 21st April 2009

Associate Professor David

Bryant

Workers Compensation (Dust Diseases) NSW Medical Authority

Professor David Bryant has been Senior Staff Thoracic Physician at St. Vincent's Hospital, Sydney, for 33 years and Associate Professor of Medicine at the University of New South Wales for 19 years. He has over 70 publications on various aspects of chest disease and is a member of the Australian, American and European Thoracic Societies, as well as the Australian and British Societies for Allergy and Clinical Immunology. David has also been the Chair of the Medical Authority of the Workers' Compensation (Dust Diseases) of New South Wales for the past 12 years.

Appointed: 27 November 2007

Mr Brian Eichhorn

Workers Compensation Dust Diseases Board NSW

Mr Eichhorn has worked in manufacturing industries all his working life. For the past thirty (30)

years he has held senior positions in Human Resources Management and has qualifications in Human Resources and Occupational Health and Safety. He is a trustee of his company's superannuation fund.

Appointed: 17 August 2006

Professor Ben Freedman

The University of Sydney

Professor Ben Freedman is Professor of Cardiology and Pro-Dean of the Faculty of Medicine at The University of Sydney. He was previously Head of Department of Cardiology at Concord Repatriation General Hospital and is now Head of the Vascular Biology Laboratory of the ANZAC Research Institute. Professor Freedman's research interests include ischaemia, acute coronary syndromes, the laboratory diagnosis of heart failure and gene therapy for angiogenesis. He is the author of over 100 papers, articles and book chapters, is on the editorial board of a number of cardiology journals and was Scientific Chairman of the World Congress of Cardiology in 2002.

Appointed: 27 November 2007

Professor David Handelsman

ANZAC Health and Medical Research Foundation

Professor Handelsman has been Director of the ANZAC Research Institute since its inception in 1998. He is an international expert in Andrology, the study of male reproductive health, medicine and biology. While studying for his PhD, he established the first clinical Andrology centre in Australia, which has now become the first Australian hospital Andrology Department. David has served as adviser to the WHO Human Reproduction Programme,

Secretary of the International Society of Andrology and President of the Endocrine Society of Australia. He was awarded the Susman Prize from the Royal Australasian College of Physicians in 1994 and the inaugural AMA Men's Health Award in 2003. He was promoted to a Personal Chair at the University of Sydney in 1996 to become the first Professor in Andrology in Australia. He is a director on the ANZAC Health and Medical Research Foundation.

Appointed: 27 November 2007

Mr Dave Henry

Workers Compensation Dust Diseases Board NSW

Mr Henry has been the Occupational Health and Safety Officer for the NSW Branch of the Australian Manufacturing Workers Union (AMWU) since 2003. He represents workers in relation to both OH&S and workers' compensation matters and is responsible for developing and implementing AMWU policy and representing the union at all levels of industry and government. Prior to this he was an industrial organiser with the union from 2001. Mr Henry is a member of the WorkCover Manufacturing Industry Reference Group and has worked on many of the Minister's Workers' Compensation and Occupational Health & Safety Advisory Council working parties. He currently sits on the NSW Workplace Health & Safety Strategy Review Committee and heads the Manufacturing Industry Action Plan Working Group. He has sat on a number of Australian Standards committees in the development of health and safety policy and standards throughout industry both in this forum and others. Mr Henry has co-ordinated a

number of WorkCover grants since 2003 and is a WorkCover accredited trainer.

Appointed: 17 August 2006

Ms Sylvia Kidziak AM

Workers Compensation Dust Diseases Board NSW

Ms Kidziak is Managing Director of SL Engineering and has been the Principal Consultant, Occupational Health, Safety and Environment Policy at Australian Business Ltd for 24 years. She is Chair of the ARPANSA Radiation Health and Safety Advisory Council, Commissioner of the Australian Safety and Compensation Council, Member of the NSW Workers Compensation and Workplace Occupational Health and Safety Advisory Council and Member of the NICNAS Industry, Government Consultative Committee. She was Chair of the Occupational Health, Safety and Rehabilitation Council of NSW for 8 years and Chair of various other Councils and Committees concerned with occupational health and safety. Ms Kidziak has received several awards for her work which has included extensive advice on policy and technical issues relating to workplace health, safety and specifically asbestos. Previously her work was on power stations and construction sites in Australia and overseas. Her qualifications are in management, engineering and occupational health and safety.

Appointed: 17 August 2006

Ms Rita Mallia

Workers Compensation Dust Diseases Board NSW

Ms Mallia has been the Senior Legal Officer for the Construction, Forestry, Mining and Energy Union

NSW, Construction and General Division, since February 2000. From 1996 to February 2000 Ms Mallia was the Union's Workers' Compensation Officer. In her role Ms Mallia provides legal assistance to the union, its officials and members of CFMEU in many matters including workers compensation and industrial issues. Ms Mallia also represents the CFMEU on the Construction Industry Reference Group and the Vocational Training Appeal Panel.

Appointed: 17 August 2006

Mr Danny O'Connor

Sydney South West Area Health Service

Danny O'Connor is the Chief Executive of the Greater Western Area Health Service in Dubbo and previously the General Manager of Concord Repatriation General Hospital. His also worked as a clinician with the Community Drug Advisory Service in Surry Hills, Sydney, a research officer with the New South Wales Drug and Alcohol Authority and then State Coordinator for methadone treatment in NSW. He worked in the public health division of the NSW Health Department as a senior policy analyst before becoming Director of Drug Health Services in Central Sydney Area Health Service. Danny later moved into hospital management with Central Sydney Area Health Service as General Manager, Sydney Dental Hospital and Oral Health Services. He is a director and deputy Chair of the ANZAC Health and Medical Research Foundation, a member of the Ministerial Asbestos Diseases Research Advisory Committee and sits on the Sydney Institutes of Health and Medical Research Board.

Appointed: 27 November 2007

Mr Barry Robson

Asbestos Diseases Foundation of Australia Inc

Barry Robson is the President of the Asbestos Diseases Foundation of Australia (ADFA) and President of the Blacktown and Mt Druitt Cardiac Support Group.

Appointed: 27 November 2007

Professor Nico van Zandwijk

Board Nominee

Nico van Zandwijk earned his medical degree at the University of Amsterdam, The Netherlands, in 1973 and wrote his thesis on "Pulmonary injury elicited by blood" in 1976. He was editor of the haematology section of *Excerpta Medica* until 1980, and received licences in internal medicine and pulmonary medicine in 1979 and 1981, respectively. In the same year he was appointed Assistant Professor of the Academic Medical Centre, Amsterdam and became Consultant Physician at the Netherlands Cancer Institute, Amsterdam. From 1985 to 2008 he was Head of the Department of Thoracic Oncology at that Institute. Professor van Zandwijk has served as Secretary (1982–1988) and Chair (1988–1994) of the European Organisation for Research and Treatment of Cancer Lung Cancer Group. He has chaired a number of boards and committees including: the Scientific Board of the clinical section of the Netherlands Cancer Institute; a National Advisory Board for new lung cancer medications, and a state Council on asbestos related disease. He has also been a member of the Advisory Board of the Thoracic Section of the French National Cancer Institute. Professor van Zandwijk is currently a Board

Director of the International Association for the Study of Lung Cancer (2005–2009). He was a Study Coordinator in several international studies, and has authored or co-authored more than 190 peer-reviewed international papers and chapters. In 2007 the Asbestos Diseases Research Foundation, Bernie Banton and the University of Sydney recruited Nico van Zandwijk to the position of ADRI Director and Professor, Sydney Medical School.

Appointed: 29 July 2008

Mr Colin Goldrick

Company Secretary

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

Appointed: 10th August 2006

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