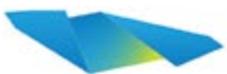


# Research Impact Report 2024

Inspiring Health. Transforming Care.



**Ingham Institute**  
Applied Medical Research

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## Our Partners



South Western Sydney  
Local Health District



UNSW  
SYDNEY



Ingham Institute is located on the territory of the Cabrogal clan of the Darug Nation, as well as the Dharawal and Gundungurra Nation.

We recognise the enduring knowledge, strength, and healing traditions of First Nations peoples. We are committed to listening, learning, and partnering with communities to advance health equity and ensure our research is inclusive, respectful, and impactful for all.



## Welcome from our Chair

It is with great pride and gratitude that I present this year's Annual Report for Ingham Institute. In this, our 17th year, we have again made remarkable strides in advancing medical research, translating discoveries into real-world impact. That "applied" part of our name is critical here; our mission extends beyond mere scientific discovery. Rather, it expresses a deep commitment to transforming the health and healthcare of our local community here in the South-West.

This region is one of the most diverse and rapidly growing in Australia, with complex healthcare needs shaped by its multicultural population, rising chronic disease burden, and evolving public health landscape. In response, our research focuses on translational research that delivers tangible, practical benefits, from improving access to obstetric care and tackling chronic diseases such as diabetes, to advancing precision medicine and advocating for health equity in cancer outcomes.

As we look ahead, we remain committed to pioneering research that strengthens our local health system and empowers the communities we serve. We will be even better placed to do this as our new centre – Ingham Institute Macarthur – is activated. Located on Campbelltown Hospital campus, the project broke ground this year and is scheduled for completion in 2025. This will be our second centre and a key component in our networked model.

On our Board, Margot Mains has joined as NSW Health's representative, replacing long-serving Director Teresa Anderson, who we thank for her service. Debbie Kepitis and Lyn Ingham rotated as Ingham family representatives, continuing the family's long legacy of commitment to our work.

Thank you to our dedicated researchers, clinicians, donors and partners who make our work possible. And to you, for your continued trust and support.

Together, we are inspiring health and transforming care for South Western Sydney and beyond.

### **Terry Goldacre**

Chair, Ingham Institute for Applied Medical Research



## Message from our Director

Ingham Institute had a great and inspired 2024.

- The **Australian Centre for Cancer Equity (AcCE)** was established as a founding partnership with South Western Sydney Local Health District (SWSLHD) and the NSW Cancer Institute. AcCE's mission is to address and eliminate disparity in cancer outcomes nationally and globally.
- Prof Kaz Negishi was appointed as the Chair of the new **Cardiovascular Research Hub** – a partnership with Victor Chang, UNSW Sydney and SWSLHD, to strengthen heart research nationally.
- Design commenced for the **Perich Centre for Robotics & Health Technology**. The Centre will be a multidisciplinary playground for assessing, accelerating and adopting innovation in healthcare technology. It will be located on the second floor of the Institute's Liverpool premises. We are so grateful to the Perich family for their support.
- A partnership with the International Medical Robotics Academy (IMRA) saw a **state-first surgical robotics training program** delivered in Liverpool, training the surgeons of the future right here in South Western Sydney.

We speak about these and other achievements in this report.

From pioneering research in disparities in healthcare outcomes to advancing inclusive clinical trials, we have worked this year to bridge the gap between medical breakthroughs and equitable access. Our teams have focused on social determinants of health, community-driven solutions, and policies that drive systemic change, reaffirming our mission to make healthcare accessible and effective for everyone.

This annual report highlights our efforts in expanding access to precision medicine, strengthening partnerships with underrepresented communities, and fostering a more diverse research community.

As we move forward, we remain committed to the belief that **imagination fuels innovation. But innovation must serve all people**, regardless of geography, background, or socioeconomic status. We would like to extend our gratitude to our researchers, partners, and supporters who share our vision for a healthier, more just future. Together, we are not just advancing medicine—we are ensuring that its benefits reach everyone.

**Prof Les Bokey**

Research Director, Ingham Institute for Applied Medical Research



## Pioneering translational research to achieve global health equity

Ingham Institute for Applied Medical Research was established with a vision of **inspiring health and transforming care**. Founded in 2008 to be the medical research institute in and for South Western Sydney, Ingham Institute's **research focus is informed by the specific health challenges of our unique population**. Our health district is not just big; it is typified by extraordinary diversity. Half our population speaks a language other than English at home. More than 40% were born overseas. We have almost two thirds of New South Wales' humanitarian entrants and refugees. Nearly half of our community is in the state's lowest socioeconomic quintile. These "social determinants of health" intersect; they mean increased risk factors for disease like endometriosis, as well as poorer health outcomes. They also mean our people are less likely to seek and receive the help they need when they need it. **That is why Ingham Institute exists – to promote and pioneer health equity.**

## One Institute Multiple Sites – each strategically placed to enable rapid research translation

Ensuring that applied medical research can inform clinical practice Ingham Institute operates under a network model, with sites co-located at the District's major tertiary teaching hospitals in Liverpool, Campbelltown (opening in 2025), and Bankstown (currently in the planning stage).

## About Us

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### VISION

**Inspiring health. Transforming care.**

We are committed to inspiring better health and transforming the treatment and care of people living with the most prevalent medical conditions and diseases.

---

### MISSION

**Local purpose. National significance. Global impact.**

We make and apply discoveries that translate to radical improvements in health and healthcare for all.

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### VALUES

**Imagination**

We boldly challenge each other to think differently.

**Inclusion**

We believe in and direct our efforts towards equity.

**Impact**

We maximise our success by being relevant, focused and responsive.

**Integrity**

We operate with honesty and transparency in everything we do.



# Our year in numbers



## People

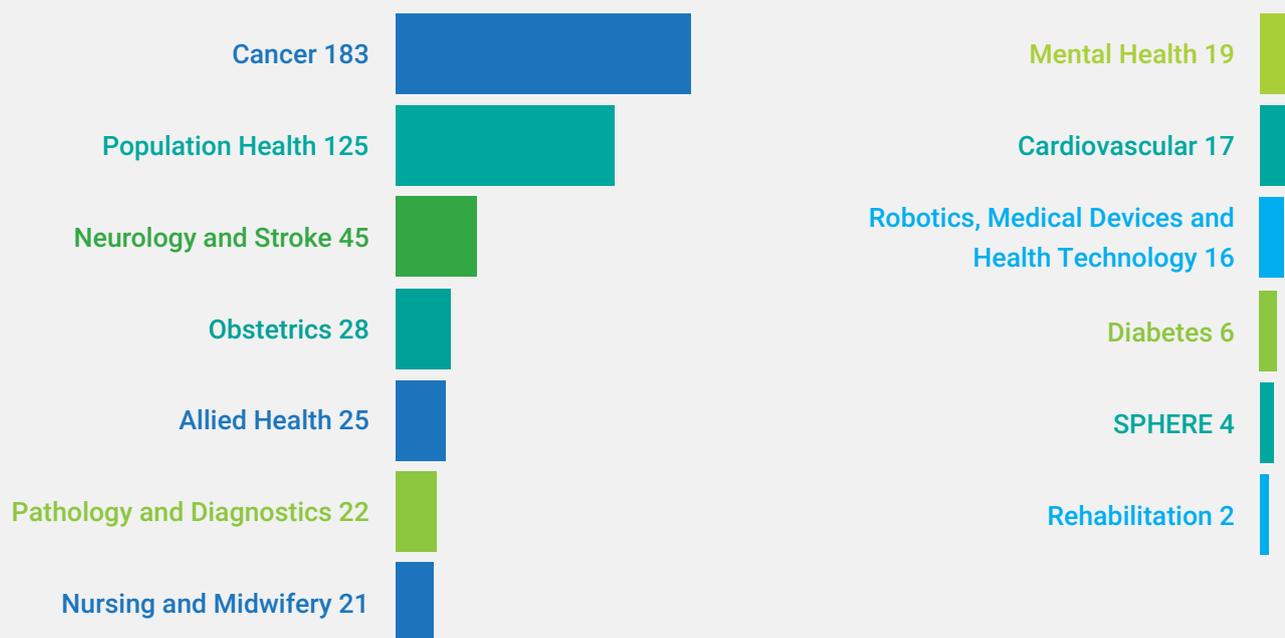
39  
Research groups

513  
Researchers

29  
Research support staff

55  
Clinical Trials Staff

## Research focus by researcher



## Impact measures



Total grants in 2024  
203



Active grants  
137



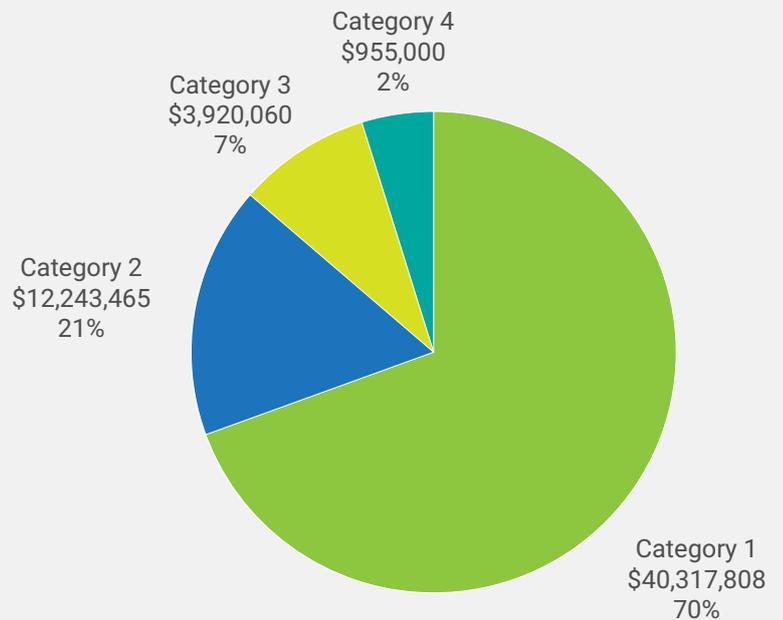
New grants  
66



# Publications  
562

## Grants commencing 2024

Cat 1 \$40,317,809 <b>21 Grants</b>	Cat 2 \$12,243,466 <b>15 Grants</b>
Cat 3 \$3,920,060 <b>27 Grants</b>	Cat 4 \$955,000 <b>3 Grants</b>
Total - \$57,436,335 <b>66 Grants</b>	



## Clinical Trials

Clinical Trials	<b>134</b>
Therapeutic Areas	<b>25</b>
Top 3 Therapeutic Areas by volume:	<b>Medical Oncology (25%)</b> <b>Haematology (11%)</b> <b>GI/IBD/Hep (8%)</b>

# Research centres

## Ingham Institute Liverpool

- Neurology & Stroke
  - Cancer
  - Obstetrics, Midwifery & Women's Health
  - Robotics & Health Technology
  - Cardiovascular
- 

## Ingham Institute Macarthur

- Diabetes & Obesity
- Mental Health
- Addiction Medicine
- Paediatrics & Child Wellbeing
- Indigenous Health

## Ingham Institute Bankstown

- Ageing Well
- Multi-Disciplinary Research

## Clinical Academic Units

Early Health | Child Psychiatry | Primary Health | Oral Health | Respiratory Medicine | Gastrointestinal | Liver & Bowel Disease | Women's Health | Limb Preservation | Brain Injury | Orthopaedics | Immune Tolerance | Emergency Medicine | Critical Care

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## Cross-Cutting Platforms

Nursing & Midwifery | Allied Health | Population Health | Clinical Trials | Correlative Microscopy Facility | Anatomical Pathology & Genomics | Cell-based Disease Intervention | Microbiology & Infectious Disease



## Health Equity through Health Technology

From the imagination of Ingham Institute comes the Perich Centre for Robotics and Health Technology.

The Perich Centre is an interdisciplinary playground dedicated to assessing, accelerating and adopting innovation through research, development, and collaboration.

In 2024, significant philanthropic funding was secured to transform the virtual Research Centre into a physical space within Ingham Institute's Liverpool premises.

The Perich Centre will support a thriving research hub in the areas of Medical AI, digital health, medical robotics, remote diagnosis and intervention, and assistive technology.

Facilitating free-flow of ideas between clinician scientists from major health facilities, co-located with multidisciplinary academics from leading universities, the Centre is designed to augment and accelerate cross-pollination of ideas to inspire health and transform care.

Construction of the Centre will commence in Q1 of 2025 and is due for completion by mid-year.



# TECH-QUNITY in the Perich Centre

## "Ambulance of the future"

Digital technologies and 5G to enable earlier, pre-hospital diagnosis and treatment in the "stroke golden hour".

## World first remote cardiac catheterisations trial

A world first randomised controlled trial of 148 cases to evaluate robotic cardiac technology.

## Robotic Exoskeleton devices

First international clinical trials for a Robotic Exoskeleton device for post-stroke upper limb rehabilitation.

## Medical AI Laboratory

Machine learning for brain imaging diagnosis, predictive models for time-critical disease outcomes from a 14mill-patient datalake, AI in oral health, cardiology and traumatic brain injury management.

## Remote sensing devices and wearables

Innovative models of digital healthcare using AI for vulnerable populations with long covid. Wearable devices to prevent adverse pregnancy outcomes.

## Desktop Electron Microscopy Initiative

1,000x the power of a light microscope, the electron microscope has been redesigned in-house at Ingham Institute to be desktop sized, with significant implications for access in rural and regional areas

## Implantables and medical devices

Injectable bioscaffold for structural spinal repair in interventional radiology; remote monitoring for heart failure using sensor-enabled implantable cardiac defibrillators

## Adolescent wellbeing

AI-supported diagnosis of autism at home for rural and regional families

## Cardiovascular

Sono-thrombolysis to save heart tissue pre-hospital in heart attack patients to optimise outcomes, irrespective of geography

## Genomics, AI & Digital Innovation for Cancer Equity

Machine learning and AI algorithms for analysing pathology images and genomic data

## Assistive Technology for acquired brain injury

Assessment and evaluation of new assistive technologies to improve functional independence, eg gamification of rehabilitation

## Nano technology

Deploying nano technology in biomedical research for diagnostics and cell-based drug delivery

## Virtual reality and Telementoring

Training programs for IR, surgical robotics and nursing using novel technology platforms and virtual theatres.

## A state first for robotic surgery training

In March 2024, Ingham Institute and South Western Sydney Local Health District (SWSLHD) partnered with the International Medical Robotics Academy (IMRA) to deliver a state-first surgical robotics training program in Liverpool.

The course is the only Royal Australasian College of Surgeons (RACS)-accredited robotic surgery education program in Australia. This was the first time it was delivered in NSW.

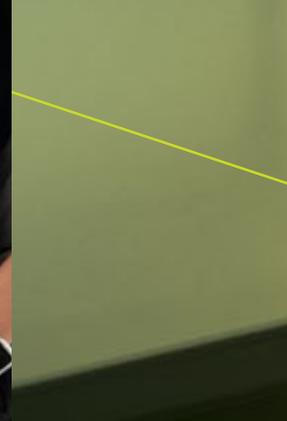
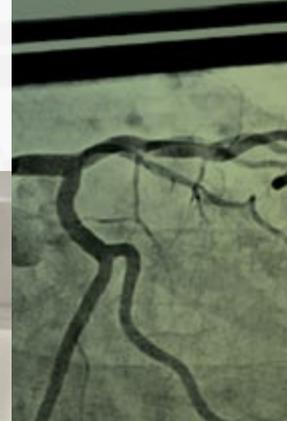
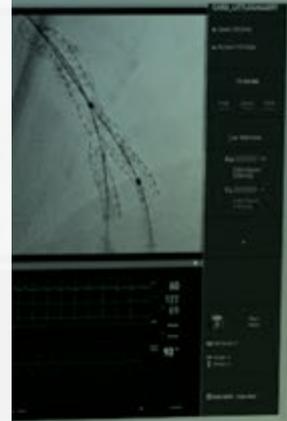
The five-day multi-disciplinary, cross-specialty pilot program was strongly subscribed, seeing over 45 surgical consultants, registrars and assistants trained in a range of robotic disciplines and procedures. Local trainees were able to access content in a hands-on, immersive approach designed and delivered by surgeons for surgeons, learning techniques required for safe, efficacious robotic surgery. The courses adopted a “train the trainer” approach for SWSLHD Faculty, promoting skills transfer and capacity building in the District.

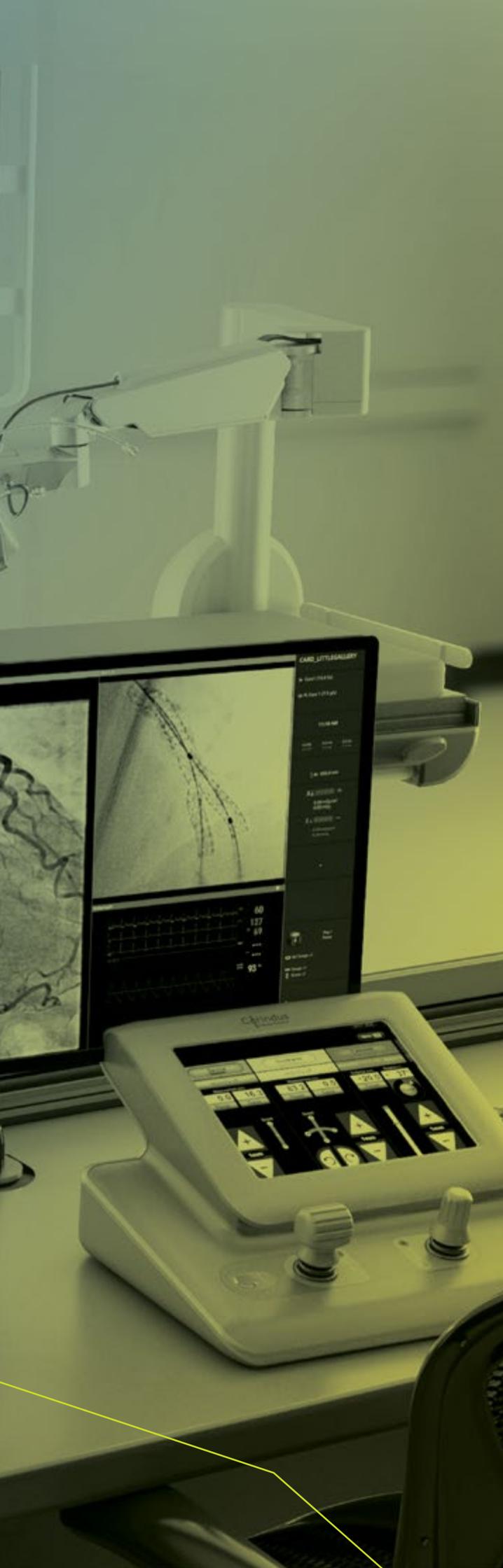
IMRA CEO Adam Clark said the offering would expand to include synthetic organ technology, 3D virtual reality surgery, hands-on training, eLearning and live surgery for all stages of a robotic career. It strongly contributes toward attraction and retention of staff, preparing them for the operating theatres of the future.

Liverpool Hospital is one of the only public tertiary referral hospitals in Australia to have a multi-specialty surgical robotics program. The Program adopts an academic and research approach, leveraging partnerships with Ingham Institute and across its broad university network to ensure a unique combination of academic rigour, clinical excellence and direct translation into improved patient outcomes.

The initiative is a significant step forward in securing teaching, training and research in robotics and health technology as a fundamental centre of Ingham Institute. It positions South Western Sydney as an early adopter and ongoing leader in the field, as this technology becomes the standard of care throughout the developed world.

Importantly, the course is an important advancement in equity of access in the District, said Prof Les Bokey. It is a step forward in meeting the unique needs of the south west. It provides patients with access to highly skilled and trained surgeons in cutting edge technology.





“Robotic surgery and automation in healthcare will inevitably take hold in Australia,” he said, “as it has in UK, Europe, Asia Pacific, the United States and North America.

“If we are to remain competitive and attractive to future workforces, we need to be able to accredit our trainees at the highest level, right at the beginning of their careers. Only then are we supporting the surgeons of tomorrow.”

Following the success of this pilot, Ingham Institute, SWSLHD and IMRA are exploring future programs in the District. The timing is prudent; the imminent construction of Ingham Institute’s Perich Centre for Robotics and Health Technology creates opportunity to bring the course literally “in-house” into purpose-built, dedicated space.

The three organisations are positive about the collaboration, not only in surgical training but in development of complementary research programs. The opening of Western Sydney International Airport creates additional opportunity not only for a state flagship, but for a training centre for the Asia Pacific.

## Expanding, Co-locating, Translating

*One Institute Multiple Sites – Each strategically placed to enable rapid research translation*

Ingham Institute Macarthur broke ground in February this year, with the first sod turned on the Lang Walker AO Medical Research Building in Campbelltown.

This second Ingham Institute site will enhance community access to clinical trials and house research of national significance in areas that matter to our population. In line with the Institute's mission, research focus in the Centre will target conditions of greatest prevalence for the Macarthur community – diabetes, mental health, indigenous health, paediatrics and child wellbeing and addiction medicine.

Ingham Institute Macarthur is located adjacent to WSU's Macarthur Clinical School on the site of Campbelltown Hospital and linked to both via footbridge. It couples academic rigour with an avenue for its rapid translation. It promotes an integrated model for clinical, research and teaching practice, as a way of systematising research as part of everyday clinical care.

The project is a collaboration between Ingham Institute and its closest partners: SWSLHD, Western Sydney University and University of NSW Sydney.

Practical Completion is estimated for Q3 2025, with Ingham Institute Macarthur operational in early 2026.



### **NSW Premier Chris Minns:**

"I am proud that medical research done in NSW can help improve people's lives... This will not only translate into improved patient outcomes in NSW, but also across Australia and globally."

### **Health Minister Ryan Park:**

"NSW has some of the brightest minds and it is facilities like these that ensure we retain and develop the skills of our highly trained clinicians."

"This facility will create fantastic opportunities to develop new treatments, therapies and look for innovative methods for treating patients in our healthcare system."

## Global health equity, starting in the South West

The Australian Centre for Cancer Equity (AcCE) targets disparity in cancer outcomes.

- Indigenous communities are twice as likely to die from cancer
- People living in social housing with a diagnosis of lung cancer have 5 X mortality rates
- Rural and remote communities have higher incidence and 3X lower survival rates
- Migrant communities face more than double the risk of infection-related cancers
- Individuals facing socioeconomic disadvantage have a 40% higher mortality rate

Starting with our own community, AcCE targets inequity by considering all determinants of health not in isolation, but as a whole.

AcCE is a foundational partnership between Ingham Institute for Applied Medical Research, South Western Sydney Local Health District, and NSW Cancer Institute. Borne out of South Western Sydney, whose population has some of the poorest cancer outcomes in Australia, the Centre's vision is that every person – regardless of their sociodemographic circumstance – has access to high-quality cancer care and equitable health outcomes.

AcCE works with collaborators across the community, academic and research institutes, and health districts. In 2024, several notable NSW partners have already been secured. CanRevive, The Sandai Foundation (Arab Council of Australia) and Pink Sari for example, which represent some of the most vulnerable populations in Australia. The intention is to expand the partnership and research footprint nationally and globally.

AcCE combines three priority focus areas:

- Population Health: Prevention & Early Detection
- Responsive & Accessible Health Systems
- Genomics and Precision Medicine

Each focus area places the consumer and community at the core, embedding engagement in all research.

A dedicated First Nations Cancer Equity research stream called AcCE Indigenous is an independent, self-governing entity, led by First Nations leaders to address the unique needs and challenges faced by Aboriginal populations.

AcCE operates within a framework that advocates for justice.

**Australian  
Centre for  
Cancer  
Equity** 



(L-R) **Dr Bernadette Brady**, 2024 NSW's 2024, Allied Health Professional of the Year; **Prof Wei Chua**, Staff Specialist, Medical Oncology and Cancer Care; and **A/Prof Tara Roberts**, Associate Dean, Higher Degree Research and Associate Professor Oncology, School of Medicine, Western Sydney University

## Case studies

Ingham Institute's research is diverse, distilled and direct – informed by the health needs of our population. Stroke, Cardiovascular, Cancer, Obstetrics, Diabetes: Our research targets the areas our community need most, in conditions where we may have the greatest impact.

The following case studies are just a sample of our work. Each shows how our research is informed by our population and directed to improving their barriers to access and levelling their disparity of outcomes.

With the majority of our affiliates being clinicians in a major tertiary hospital right across the road, these case studies also show how we are set up to rapidly translate our research into real life impact.

**And because South Western Sydney is, demographically speaking, a microcosm of the world, the impact we create is ready-made for global application.**

## Allied Health – Speech Pathology

**Research Lead:** Elise Baker  
and Kate Short

### Research

**Project Team:**

- Elise Baker
- Kate Short
- Georgina Hawling
- Brooke Butt
- Caroline Jones



The findings have exciting implications for how speech pathology services for young children and their families across NSW Health might reach more toddlers during the all-important toddler years.

### Name of Project:

The DECI Study: Dynamic Early Communication Intervention for toddlers referred to speech pathology services

### What was the health problem that led you to carry out your research?

One in five toddlers in Australia are late to talk. Without help in the early years of life, late talking toddlers have an increased risk of persistent communication, academic, and psychosocial difficulties.

Across a group of toddlers who are late to talk, no two toddlers are the same. Speech pathologists need to carefully assess and distinguish toddlers who may be just “late bloomers” from those who present with more significant difficulties. Speech pathologists also need to provide intervention tailored to diverse toddler and family needs while balancing service delivery and resource constraints. One solution is to simply provide one-to-one services for all toddlers referred. However, this can result in extensive waiting periods. Another solution is to triage all families into group-based parent-coaching assessment and intervention. This can be ineffective and waste resources, especially for families who need more nuanced support.

Speech Pathologists at Liverpool Hospital have been pioneering ways to solve the problem and ensure value-based care for all toddlers. Their alternate flexible model of care is called “Dynamic Early Communication Intervention” (DECI) and was designed to meet local needs, including families from culturally and linguistically diverse communities. Under a grant from Speech Pathology Australia, they are currently evaluating the feasibility, acceptability, reach, and cost of the DECI service for late talking toddlers and their families.



### How was the work unique or pioneering?

DECI not only helps toddlers overcome the frustrations of learning to talk but has the potential to reduce wait times for speech pathology services—a service where demand currently far exceeds supply.

### Describe the research achievement and its impact.

The pilot study determined:

- The DECI model of care is feasible.
- It reached a diverse community with > 50% of families speaking a language other than English at home, and > 50% coming from suburbs in the Liverpool LGA in the bottom two socio-economic deciles.
- Toddlers waited on average 11 weeks for service (compared to over 12 months in other areas of NSW).
- Toddlers received on average of 6 appointments and gained 5 words a week — a gain comparable to previous international research.
- A Translational Research Grant (TRG) application proposed a trial expansion of DECI across other NSW Local Health Districts.

# Cardiovascular

Research Lead: Kaz Negishi

## Research

- Project Team:
- Kaz Negishi
  - Koya Ozawa
  - Yosuke Kayayama
  - Tomoko Negishi
  - Prakash Dhopte



Thanks to this trial, applying sonothrombolysis (therapeutic ultrasound) after a heart attack could save heart muscle when you most need it.

## Name of Project:

The REDUCE Trial – Revolutionising Heart attack pathways with ultrasound and contrast agent

## What was the health problem that led you to carry out your research?

- Heart disease is the leading cause of death in NSW.
- While 87% of people survive heart attack, current treatments only save 50% of the damaged heart muscle.
- Stenting – the current standard-of-care for heart attack in Australia – does not prevent the persistent blocking of micro-vessels and to date, no alternative intervention has done so.
- Sufferers have an increased risk of rehospitalisation, with a 30 day readmission rate of 11-14% – resulting in burden on the healthcare system and higher costs for rehospitalisation.
- They have an increased dependence on daily medications and a decrease in quality of life.
- There is also an equity of access issue. Heart attack patients in rural and remote areas face longer waits for stenting – which leads to poorer outcomes given the time criticality of heart attack treatment.



## How was the work unique or pioneering?

The REDUCE (Restoring microvascular circulation with diagnostic ultrasound and contrast agent) trial tested if an innovative intervention called sonothrombolysis could save heart muscle when you most need it. Sonothrombolysis is a therapeutic use of ultrasound with contrast enhancement that may improve microcirculation and reduce tissue death.

The multi- in-hospital pilot study was conducted in four hospitals in NSW, including Liverpool Hospital. It found that ultrasound treatment salvages 30% more heart muscle (from 50% to 80%). It also means that treatment in the future can be administered earlier (from an ambulance) and in remote and regional areas, as well as resulting in less chest pain and overall improved quality of life post heart attack.

## Academic Unit of Child Psychiatry (AUCS)

**Research Lead:** Valsamma Eapen

### Research

**Project Team:**

- James John
- Christa Lam- Cassettari
- Ewan Shao-Jin Mok



Our findings support the need to transition from traditional paper-based methods to more accessible and flexible digital tools across healthcare and education systems.



### Name of Project:

“Watch Me Grow” goes to school: A digital developmental assessment tool addressing inequity of access for kids with intersecting social determinants of health

### What was the health problem that led you to carry out your research?

Developmental vulnerabilities can significantly impact a child’s life trajectory, leading to health inequities and poorer physical, mental, and psychosocial outcomes. In Australia, approximately 22% of children start school with developmental vulnerabilities and the rate is much higher for some communities (up to a third among multicultural communities and up to half in Aboriginal communities in South West Sydney). Early intervention plays a crucial role in supporting developmental outcomes but timing is critical.

Developmental surveillance is a continuous, flexible process in which skilled professionals observe children during healthcare interactions. Despite its benefits, uptake in Australia remains limited, particularly among priority populations such as Indigenous and culturally and linguistically diverse (CALD) children.

School-based hubs, as a form of place-based approach, offer a unique opportunity for collaboration between families, educators, healthcare professionals, and community members to support children’s development. Since preschools are often the first setting that identify developmental concerns, they are well-positioned to aid in developmental screening. While research has explored the feasibility of digital developmental screening and ongoing monitoring (surveillance) tools in community and healthcare settings, their use in school-based hubs remains underexplored. To bridge this evidence gap, we aimed to evaluate the use of Watch Me Grow-Electronic (WMG-E), a digital developmental screening tool that our team developed, in a preschool-based hub Mirrung in Ashcroft, one of the most socioeconomically disadvantaged areas. We sought to examine the implementation process and outcomes with a view to identifying barriers to accessing child and family services, service provision, and the uptake of the tool.

### How was the work unique or pioneering?

To our knowledge, this is the first study of its kind to provide evidence on the implementation of a digital developmental screening tool in an alternative community-based setting, such as preschools, to support early identification of developmental concerns. Our findings highlight the feasibility and acceptability of the program.

### Describe the research achievement and its impact.

Findings revealed a high uptake of the digital developmental surveillance tool, with 61 out of 73 families completing child developmental checks. Additionally, it was observed that lower parent/carer education was significantly associated with a three-fold higher risk of child developmental concerns.

### What is the broader implication of the research?

Our state and national work suggests a significant increase in the developmental and mental health burden in children and the increased inequity in service access and consequent parental stress. It also underscores critical social determinants affecting child development, including health literacy, parent education, and linguistic diversity. The strong association between lower parent/carer education and an increased likelihood of developmental concerns suggests an urgent need for targeted health awareness programs and early intervention strategies. Addressing these disparities could help mitigate the intergenerational transmission of disadvantage and improve long-term health and developmental outcomes.

Late intervention for child developmental issues is estimated to cost the Australian economy an estimated \$15.2 billion annually. Utilising opportunistic contacts such as preschool attendance will help address the barriers to service engagement and thereby provide a systematic approach to reaching all children, regardless of their socioeconomic, cultural and linguistic, or geographical background. This will ensure that no child is left behind.

## Correlative Microscopy

**Research Lead:** Tzipi Cohen Hyams  
Murray Killingsworth



With cross-sectoral application (from geology to engineering to pathology) and collaborative industry partnership, this project encapsulates the spirit of Ingham Institute's Perich Centre – a multidisciplinary playground; a marketplace for accelerating health innovation and imagining the future of health.

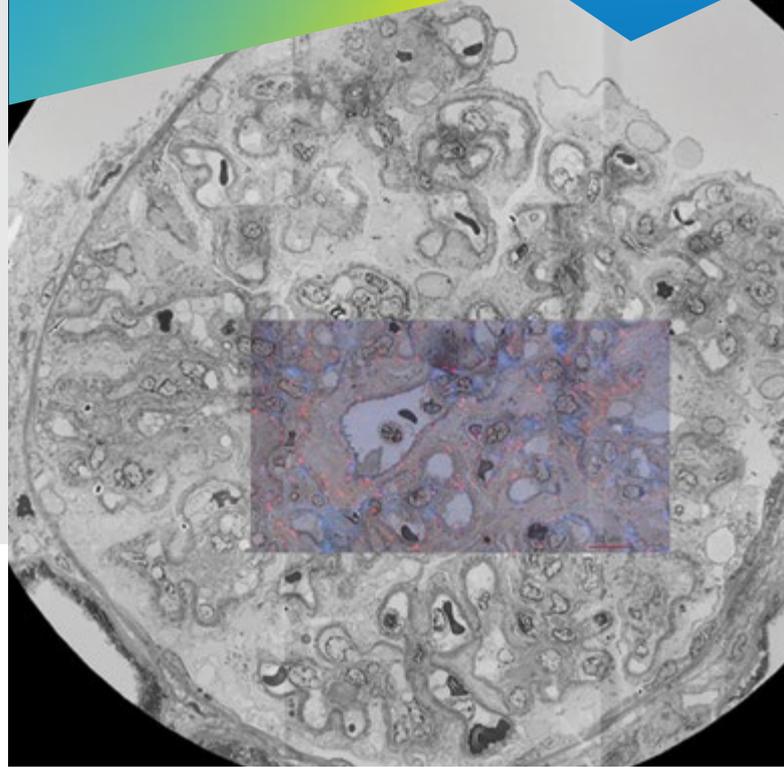
### **Name of Project:**

#### **The Desktop Electron Microscope Initiative (DEMI)**

The team at Ingham Institute have designed a low-cost, resilient, drastically size-reduced benchtop electron microscope that will overcome barriers to access for rural, remote and Indigenous communities.

### **What was the health problem that led you to carry out your research?**

Electron microscopy (EM) plays a major role in the diagnosis of renal, skin, complex and rare diseases, but the increasing cost of the technology restricts its availability to only a handful of metropolitan locations. This can add time to critical disease diagnosis for patients and clinicians in rural and remote NSW and indigenous communities. The increasing cost and complexity of deploying electron microscopes (EM) and their associated infrastructure means only a handful of instruments are available for use by NSW Health Pathology (NSWHP) – and none west of the Blue Mountains. Similarly, traditional EMs require reinforced flooring and a finely controlled temperature and humidity environment that limits their application in a teaching hospital environment.



### **Describe the research achievement and its impact.**

In 2015, the team began assessing other types of EM platforms to see if they could be modified to do the job at a lower cost and with a higher-degree of automation. If so, this could save labour costs, improve sample turnaround time and provide pathology staff with unprecedented access to high-power microscopy.

The team then re-imagined the Electron microscope. They redesigned one previously used for engineering and geology for application in pathology. A collaboration with ATA Scientific and Thermo Fisher Scientific International, it is a new class of EM capable of resolving single proteins, viruses and key cellular changes in renal disease, cancer and rare diseases, promising wide-ranging health and economic benefits for patients and the health system.

In a world-first trial, a prototype instrument was produced and assessed in NSWHP Liverpool, with results presented at the 20th International Microscopy Congress (IMC-20) in Korea in 2023. Based on these results, a second prototype is now being developed by Thermo Fisher in the UK to provide the enhancements essential to replace existing EM technology currently in use.

### **What is the broader implication of the research?**

The project creates the possibility of a new diagnostic and research laboratory model that leverages revolutionary digital imaging technology and nanotechnology. It builds relationships with key industrial stakeholders with the technical and engineering skills to translate pathology's vision for the instrument and the powerful microscopic resolution required.

## Diabetes, obesity and metabolism translational research unit (DOMTRU)

**Research Lead:** David Simmons

### Research

**Project Team:**

- David Simmons
- Vincent Wong
- Jeff Flack
- Tang Wong
- Karen Mathews



This is Ingham Institute's mission in action – medical research that directly and rapidly translates into improved health outcomes for all. Our work in Diabetes is borne of local focus, with national significance and global impact.

### Name of Project:

Diabetes, obesity and metabolism translational research

### What was the health problem that led you to carry out your research?

Over the last 10 years, diabetes, obesity and metabolism research at Ingham Institute's Campbelltown Centre has been built into a multimillion award winning operation reaching from South Western Sydney to wider Sydney, New South Wales and Australia, with international collaboration through coordinating trials and studies in Europe, India, China, USA and New Zealand.

Ingham Institute's last annual report included details of an NHMRC funded trial – TOBOGM (Treatment of Booking Gestational Diabetes Mellitus) – the first large multicentre international trial to test early GDM diagnostic criteria and treatment in pregnant women with diabetes risk factor.

### Describe the research achievement and its impact.

The TOBOGM trial demonstrated for the first time in a large enough study globally that gestational diabetes should be treated when identified, as it reduces babies' breathing problems at birth, length of stay in the neonatal intensive care unit, and leads to cost savings and higher initiation of breastfeeding.



### What is the broader implication of the research?

Conducted across 17 hospitals internationally, this significant project has informed screening guidelines globally and was the focus of a dedicated international summit in Sydney in November ([www.iadpsg-adips2022.org/](http://www.iadpsg-adips2022.org/)).

Similarly, work from integrated diabetes care work straddling District general practices and hospital diabetes services has informed the NSW Health Statewide Diabetes Initiative.

Countries around the world are using the TOBOGM data to change GDM guidelines from Belgium and Scotland to Australia (to be released in 2025).

In November 2024, TOBOGM was part of a published special supplement to the globally leading diabetes journal *Diabetes Care* – a very rare honour.

Ingham Institute Macarthur is due for construction completion in mid-2025; Prof Simmons and his team will be one of its first occupants.

## Neurology and Stroke

**Research Lead:** Mark Parsons

### Research

**Project Team:**

- Daniel Green
- Melissa Leung
- Dennis Cordato
- Longting Lin
- Chris Blair
- Timmy Pham



It is hoped that our findings can help in pioneering a new era of acute cardiac assessment in people experiencing stroke.

### Name of Project:

The clinical utility of cardiac CT performed during hyperacute stroke imaging

### What was the health problem that led you to carry out your research?

Stroke is a disabling medical condition, most often caused by poor blood flow to the brain (ischaemic stroke). The global age-standardised incidence of ischaemic stroke is expected to increase into the future. Unfortunately, in approximately 25% of cases of ischaemic stroke, no clear cause is identified. Recognition of an underlying cause is critical to ensuring appropriate treatment to prevent a recurrent stroke.

Cardiac CT imaging undertaken at the time of emergency stroke assessment is an emerging tool that has recently been demonstrated to identify high risk sources of embolism (clotting) from the heart. This technique has become incorporated as part of the imaging protocol for select patients with acute stroke syndromes at Liverpool Hospital. The aim of our research was to further characterise the utility of this imaging modality and to assess clinical profiles of patients with high-risk sources of embolism found on cardiac CT imaging.



### How was the work unique or pioneering?

This project has many “firsts”. Our research group is one of the first in the world to further analyse the benefits of cardiac CT imaging undertaken as protocol in acute stroke assessment. The protocol in use at Liverpool Hospital is the first in Australia to include synchronisation with an electrocardiogram (ECG-gating), which allows for optimisation of imaging quality. Analysis in conjunction with other advanced brain imaging modalities, such as CT perfusion, has allowed us to better understand the burden of stroke amongst patients with intra-cardiac clotting in the acute setting. It is hoped that our findings can help in pioneer a new era of acute cardiac assessment in people experiencing stroke.

We have been fortunate to have a strong collaboration with the Neurology, Cardiology, and Radiology departments at Liverpool Hospital. Prof Mark Parsons, Associate Prof Melissa Leung and Dr Chris Blair were also privileged to receive a grant by the Ingham Institute’s supporters through the Narellan Rotary Club for cardiac imaging in stroke in 2022.

### What is the broader implication of the research?

This research contributes to growing evidence around the importance of cardiac assessment at the time of acute stroke imaging. With the availability of high-quality cardiac imaging undertaken at the time of acute stroke, there is now an unprecedented ability to understand potential cardiac causes of stroke. It is hoped, ultimately, that this may allow for optimised treatment strategies to help prevent stroke recurrence.

# SWS Nursing and Midwifery Research Alliance

Research Lead: Josephine Chow

## Research

Project Team:

- Josephine Chow
- Annamarie D'Souza
- Megan Ford
- Sonia Marshall
- Susana San Miguel
- Ahilan Parameswaran
- Mark Parsons
- Jacqueline Ramirez
- Rumbidzai Teramayi
- Nutan Maurya



There are no validated models or clear guidelines for remotely monitoring the cardiac health of COVID-19 survivors.

## Name of Project:

The TeleCOVID Study

## What was the health problem that led you to carry out your research?

There is increasing evidence that COVID-19 survivors are at increased risk of experiencing a wide range of cardiovascular complications post infection. However, there are no validated models or clear guidelines for remotely monitoring the cardiac health of COVID-19 survivors.

This study tested a virtual, in-home healthcare monitoring model of care for detection of clinical symptoms and impacts on COVID-19 survivors using novel wearable sensors.

## How was the work unique or pioneering?

The study involved South Western Sydney patients admitted to hospital with a COVID diagnosis across a 6-month period. Each was given a pulse oximeter (to measure oxygen saturation) and an S-Patch EX to monitor their electrocardiogram (ECG). Data was transmitted in real-time to a mobile phone via Bluetooth and results were sent to the study team via a cloud-based platform. All the data was reviewed by the investigator team for post COVID-19 related symptoms, such as reduction in oxygen saturation and arrhythmia.

Sixteen patients with 81 (73.6%) valid tests were included in the analysis. Amongst them, seven patients were detected by artificial intelligence to have cardiac arrhythmias despite being clinically asymptomatic. This has allowed early escalation to their treating doctors for further investigations and early interventions.



## What is the broader implication of the research?

Most people with COVID-19 do not require admission to hospital as they are able to recover at home. With a disease as infectious as COVID-19, remaining in isolation plays a key role in preventing transmission however it is also necessary to ensure patients are receiving the care they need.

Virtual, in-home digital healthcare programs for confirmed COVID-19 cases have been implemented globally and in Australia in response to the pandemic, however, more evidence is needed on their adaptation and implementation. There are no validated models or clear guidelines for remotely monitoring the cardiac health of COVID-19 survivors.

Despite reasonably effective vaccines, COVID-19 continues to be a serious public health problem. The significant negative economic impact has driven government policy decisions to remove mask mandates and lift most COVID-19 restrictions. However, with the emergence of new variants and increasing surges in case numbers, the ultimate health impact is huge.

Furthermore, there is no definite understanding of the chronic impacts of COVID-19 on heart, lungs, organs and brain. This warrants the development of innovative and alternate approaches to designing collaborative models of care. A validated model for digital health solution that detects cardiac health deterioration early and reduces the burden on hospital-based clinical care will benefit patients, primary and secondary health carers, and acute care hospitals. Therefore, early screening of convalescing patients via a virtual, in-home healthcare program may reduce the population burden of long-term CVD from COVID.

# Obstetrics and Women's Health

Research Lead: Jon Hyett

## Research

- Project Team:
- Yafeng Ma
  - Jane Tooher
  - Jessica Ramos
  - Sumedha Buwa
  - Valeria Ristovski
  - Duncan Villanueva
  - Kate Pendlebury
  - Andrea Vincente
  - Branka Nenic



Our vision is that we will be able to 'meld' international and local research advances to better predict and prevent preterm birth, avoiding tragedies affecting Australian women and their

## Name of Project:

Prediction and prevention of preterm birth through novel screening program

## What was the health problem that led you to carry out your research?

Extreme preterm birth affects about 1% of babies born in Australia. This means approximately eight babies each day are born before 28 weeks. At the margins of viability (22 to 24 weeks), each additional day in utero equates to a 2-3% improvement in survival and rates of neurodevelopmental complications such as cerebral palsy fall dramatically after 28 to 30 weeks. Preventing extreme preterm birth is a priority.

## Describe the research achievement and its impact.

The obstetric research group is working to improve prediction – allowing prevention – of preterm birth, through a screening program that will identify women who have significant risk at 12 weeks' gestation.

The project involves:

- Collaborating with epidemiologists in Victoria and Queensland to validate UK risk prediction models to establish whether they can be used in the South Western Sydney local population;
- Working with international partners to establish whether changes in the vaginal environment (microbiome) can be used both to predict risk but also to predict protective factors that naturally mitigate risk of preterm birth; and
- Participating in a NSW based NHMRC-funded collaboration to look at the underlying genomics of preterm birth.

Our vision is that we will be able to 'meld' these research advances to better predict and prevent preterm birth; preventing tragedies affecting women and their families.



# Whitlam Orthopaedic Research Centre

**Research Lead:** Justine Naylor and Danielle Ni Chroinin

## Research

### Project Team:

- Thuy Anh Bui
- Lynette McEvoy
- Steve Frost
- Bernadette Brady
- Seema Radhakrishnan
- Elise Tcharkhedian
- David Lim
- Ian Harris
- David Lieu
- Lara Kimmel
- Nathan Johns
- Balwinder Sidhu
- Hugh Dickson
- Anthony Hecimovic
- Mickael Gieules
- Carlos El-Haddad
- Tai Tak Wan
- Jessica Angus
- Serena Hong
- Robert Devereux
- Jan Myooran
- Marie March
- Joseph Descallar
- Shu-Hsuan (Elim) Chen
- Johnathan Penm
- Odom Demontiero



The impact of an allied health led multidisciplinary Hospital in the Home program has never been documented in the Australian context nor in the context of a region such as ours, with vast cultural and linguistic diversity.

### Name of Project:

HITH4Hips: a feasibility trial of hospital in the home after hip fracture

### What was the health problem that led you to carry out your research?

Approximately 250 people annually are admitted to Liverpool Hospital following low-trauma (osteoporotic) hip fracture (LTHF). Most of those affected are elderly, frail, and have complex medical histories. These features, along with lack of access to adequate allied health services, are problematic. Together they create protracted lengths of stay and a high need for ongoing hospital-based rehabilitation, as well as contributing more generally to 'bed block' and ambulance ramping.

Early supported discharge programs are used to help address these problems. However, these programs have been poorly researched for vulnerable or complex patients in South West Sydney.



The provision of a fit-for-purpose early supported discharge program, on the other hand, has the potential to ease bed pressure at Liverpool and downstream rehabilitation/subacute facilities, improve length of stay, and improve the quality of care for these patients leading to better health outcomes.

This project explored the feasibility of an allied health led, multidisciplinary hospital in the home (HITH) program following surgical management of low-trauma hip fracture.

### Describe the research achievement and its impact.

Outcomes:

- Safety - 95% successfully transferred to HITH
- Acceptability – 95% of patients reported the quality of the treatment and care during HITH as 'very good' or 'good' with carer burden also low
- Patient/carer costs – 42% bought medications during HITH with an average cost (to those buying medication) of \$20.60; 37% visited the GP under Medicare, with an average of 1.1 times
- Service outcomes – the HITH Group had a shorter total length of stay and daily opioid consumption was lower in the HITH group.

### Donors

- Liverpool Catholic Club
- Whitlam Orthopaedic Research Centre
- SPHERE MSK Clinical Theme



## Awards Night

The Ingham Institute Research Excellence Annual Awards celebrate excellence in research, teaching, education and research support. In its 12th year, the 2024 Awards were hosted at the Liverpool Catholic Club and attended by the Institute's employees, affiliates, partners, members of parliament and generous supporters and donors.

The 2024 winners were:

**Lady (Mary) Fairfax AC, OBE Distinguished Researcher Award:**

Associate Prof Tara Roberts

*Award Sponsored by the Lady (Mary) Fairfax Trust*

**Early Career Researcher Award:**

Dr Abhi Pal

*Award Sponsored by Ingham Institute*

**Higher Degree Student Award:**

Nevenka Francis

*Award Sponsored by the Liverpool Catholic Club*

**Excellence in Teaching Award:**

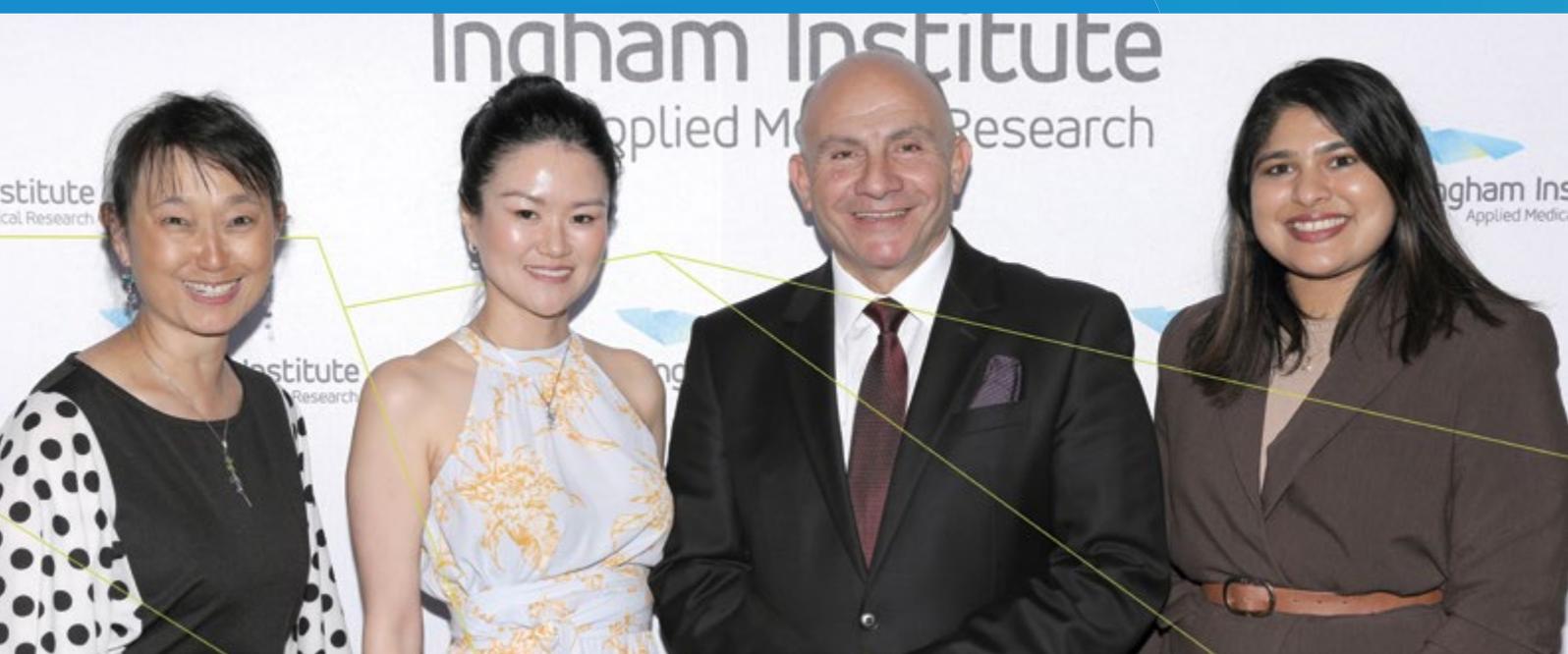
Gracie Micali & Shivani Mani

*Award Sponsored by the SWSLHD*

**Best Administration & Research Support Award:**

Ashley Ford

*Award Sponsored by the Perich Group*





### **Lady (Mary) Fairfax AC, OBE Distinguished Researcher Award – TARA ROBERTS**

Associate Professor Roberts is not only an excellent researcher but also a valued member of the Ingham Institute research community. She is a generous collaborator and readily lends her time and expertise to advance the careers of younger researchers. She is a key opinion leader in the immunotherapy and cell signalling research communities.

Tara has been a named chief investigator in excess of \$11 million in competitive research and infrastructure funding. This includes two current prestigious current NHMRC Ideas Grants, which develop cutting edge technology poised to revolutionise the utility of liquid biopsies in the clinics. She is currently the Associate Dean Higher Degree Research for the School of Medicine at Western Sydney University.



### **Early Career Researcher of the Year – Dr ABHI PAL**

Abhi Pal is an emerging medical oncologist working at Liverpool and Bankstown Hospitals, specialising in early phase clinical trials and lung cancer.

He completed his core years of his medical oncology training at SWSLHD. He has over 30 peer-reviewed publications.

Abhi's current area of research interest is in improving equity and diversity in clinical research and cancer care. He was responsible for developing the Early Phase Clinical Trials Unit at Liverpool Hospital and is a founding part of Australian Centre for Cancer Equity (AcCE).



Jo Chow accepting on behalf of Nevanka

### **Higher Degree Student of the Year – NEVENKA FRANCIS**

Nevanka Francis is a PhD candidate and was recently awarded as Chief Investigator (and only nurse on the grant) for a 2024 NHMRC Medical Research Future Fund (MRFF) Clinical Investigator Scheme. She has published as a first author in Injury as one of the top-ranked journals in trauma.

Nevanka has transitioned into a new role as the District Injury Prevention Clinical Nurse Consultant. She is also an AUSMAT-trained, a qualified EMERGO instructor and she is also the regional EMST coordinator.



### **Excellence in Teaching Award – GRACIE MICALI AND SHIVANI MANI**

This pair are passionate about inspiring young people across south western Sydney to pursue a career in the health sector. In 2023/2024 they joined forces to formalise their work and develop the inaugural SWS student Internship Strategy, sponsored by the SWS Nursing & Midwifery Research Alliance.



### **Research Support Award – ASHLEY FORD**

Ashley is a technical officer in the Biological Resource Unit, providing a range of support to researchers, as well as leading programs and fundraising activities. She supervises the comprehensive training programme for the BRU, upholding the highest standards and utmost ethical care of research involving animals.



## Meet a researcher

### Joseph Pipicella

Senior Lecturer, Pancreatic Research Group

#### So, Joseph, what got you interested in science and research?

This goes back to high school days! I was born across the road in Liverpool Hospital and went to school in Hinchinbrook in Liverpool (and still live 20 minutes down the road!) I was the guy in high school who sat in the library reading, and even though I had a lot of friends, my science teacher Mrs Martin was my really good pal. She was passionate and infectious (not literally!) and her energy made me love science. She helped me apply for a scholarship to study advanced medical science at WSU.

#### And what happened when you graduated?

I couldn't get a job! No one was hiring graduates. I couldn't believe I had finished my degree and ended up packing boxes in a warehouse, so I packed up my bags and went overseas.

#### Then how did you come across Ingham Institute?

I knew a few people who worked here. I applied for a clinical technical officer role and got invited to interview.

#### Were you back in Sydney by then?

No! I was in Rome and it was 1 or 2am with a dodgy internet connection in the hotel lobby when Prof Miriam Levy interviewed me for the role. I later confessed that I was wearing a business shirt... with pyjama pants. I couldn't believe I got the job!

#### And what was your role back then?

I started out with the Gastroenterology research group – one of the clinical academic units established in SWSLHD. I did investigator led research and clinical trials work with Prof Miriam Levy. We set up SEARCH – a program screening people in the emergency department for viral hepatitis (which is not done routinely). We were able to link positive patients with appropriate care and prevent potential adverse outcomes from undiagnosed hepatitis.

I later moved into the Inflammatory Bowel Disease (IBD) research field and ended up working as Head of Operations for a charity called Crohn's Colitis Cure operating out of Ingham Institute. It is a start-up dedicated to improving care for people with IBD. Prof Susie Connor (Head of the IBD service at Liverpool Hospital) is on the Board.

Last year I came full circle back to Ingham Institute – but I never left the building! I'm now exploring how to extend the SEARCH screening program into rural and regional areas.

#### Why rural and regional?

Rural and regional communities don't have the same resources and access to care. We are expecting higher prevalence of viral hepatitis for this reason.

#### And what will you do with those findings?

This will allow us to advocate for better resourcing in those areas which will create improved health outcomes.

#### Have you considered a change of career path?

I originally wanted to be a doctor, but when I realised I could still help patients in a research role – I knew I wanted to continue. But who knows what the future holds!

From Mrs Martin – the passionate high school teacher who got him interested in science – to a job interview from Rome at 2am in his pyjama pants, Joseph Pipicella recounts his journey at Ingham Institute so far...

#### What are your biggest career milestones far?

My first publication was a big one – it was so exciting that I was an author! And the newest milestone is that this week I'm submitting my thesis for my Master of Science (Research). I will be the only one in family who has completed a higher degree.

#### This is an incredible achievement! SO finally, what are you most proud of?

South Western Sydney often has a stigma but when you look at the Ingham Institute and what we're achieving and at this beautiful building and the impact we create, I am proud to be a part of it. I feel very honoured to have been employed here all these years and as my first job. I like telling people how Ingham isn't just about chickens!



## Meet a Post-Doc

### Chamini Perera

Senior Lecturer, Pancreatic Research Group

#### How did you get into medical research Chamini?

I always wanted to be a doctor to treat human patients, but I had to study to be a vet. One reason, back then I didn't want to leave my boyfriend (now husband) and be far away from the family to study Medicine, so I determined to go down the academic path instead, with a PhD at UNSW in Neuroscience (neuropathic pain). I started working as a Research Officer for the Hearing and Stroke Lab while completing my PhD..

#### And when did you come to Ingham Institute?

Two years after my PhD, in late 2018, I responded to a SEEK ad for a position with Prof Minoti Apte and the Pancreatic Research Group. I joined the Pancreatic Research Group as an Associate Lecturer at that time. It is such a competitive space but I was lucky enough to secure a five-year contract so, I wanted to make the most of that time and do as much as I could to secure future positions. So, in addition to my research work I also did teaching at UNSW in my free time, which helped me getting promoted to a Level B and then C Senior Lecturer a few years later.

#### Tell me a bit about your research

My focus is on pancreatic cancer, in particular on early detection of pancreatic cancer. Survival rate for pancreatic cancer is very low; only 12 out of 100 people will survive 5 years.

#### Why is that?

It is diagnosed very late as it has no specific symptoms. They are all vague – weight loss, abdominal pain. And these symptoms only develop once the cancer is far advanced.

My research is investigating biomarkers for earlier detection of pancreatic cancer, which will help to increase survival rate from 12% to 30-40%. We are identifying high risk groups who might develop the disease in the next 2-3 years based on development of pancreatic cancer related diabetes. If we identify specific biomarkers, we can also apply it to the unique population groups within South Western Sydney.

#### And when did you start the Ingham Institute Postdoc Association?

In 2020, while I was practising a talk for a conference with Minoti, I introduced the idea of launching a Public Speaking Club at the Ingham Institute. I had experienced Toastmasters during my PhD and wanted to start a club, a less formal one to help our students and researchers to practise and enhance their presentation skills in a friendly environment. Around the same time, Dr Vicky Batumalai and I started a group for postdocs and PhD students. Both are still going on five years later. We have around 80 postdocs from WSU, UNSW, SWSLHD and University of Wollongong. Last year, we started our lunch and learn seminar series to know more about each other's extraordinary work in the Southwest.

There are so many challenges facing PhDs and post docs. Short term contracts, juggling work and young family life, the sense of isolation and lack of support... I wanted to change this.

#### Fantastic. And what is your hope for the future?

I want to attract funding and students/post-docs and make our research group distinct and impactful. I also want to offer and develop support pathways for postdocs to bring more bright minds to the south west and keep them here.

A Bachelor of Veterinary Medicine, a migration to Australia in her 20s, and a PhD in neuropathic pain while juggling a toddler and a newborn and a research job. The tenacity and dedication of Dr Chamini Perera from our Pancreatic Research Group makes her the ideal mentor for other early career researchers and students at Ingham Institute.

# Community events and engagement

Our Strategic Plan espouses a commitment to building awareness of the importance and impact of our research. Throughout the year a number of key fundraising and outreach events allow us to proactively engage with the community for which we were established.

## FUNDRAISING EVENTS



### **11th Annual Ingham Institute International Women's Day Luncheon (1 March 2024)**

This year, the Ingham Institute's International Women's Day Luncheon celebrated women in medical research with a Parisian theme. The baguettes, berets and blue-red flourishes belied the more serious underlying intention of the day, to raise funds for essential medical research. As always we are grateful to the event's patron, Lyn Ingham, and her heroic organising committee - most of whom have supported the event from its inception. (Tracey Roberts, Natalie Herd, Adriana Care, Victoria Nasso, Talia Kepitis and Emma Macfarlane)



### **Women Against Heart Disease (8 August 2024)**

A joyful event for a serious cause. Heart disease is a leading cause of death for women. The outcomes in South West Sydney are particularly grave. Ingham Institute co-hosted the "Women Against Heart Disease" luncheon with Victor Chang Cardiac Research Institute in August to raise awareness while raising critical funds. The event celebrated the appointment of a Lead for the new cardiovascular research hub in south western Sydney, Prof Kazuaki Negishi. The appointment is a partnership between the two medical research institutes, with SWSLHD and UNSW Sydney.



### **"The Ingham" Charity Race Day (14 December 2024)**

A world class day in racing for a world class cause. THE INGHAM is a charity race day at Royal Randwick. This year the event theme was RACE FOR AcCE – the Australian Centre for Cancer Equity.

THE INGHAM has become a much-anticipated event in the life of the Institute, raising our profile outside south western Sydney and generating crucial funds in a way that honours the vision, generosity and philanthropy of Bob and Jack Ingham as well as the family's deep and ongoing connection to racing.



### **Narellan Rotary Club Ball (10 August 2024)**

Like Ingham Institute, the Rotary Club of Narellan has a mission of improving the quality of life for its patrons and community. The Institute's founding donors as well as past and current Board Directors are members of the Club, whose annual Ball generously raises funds for our research.



## RESEARCH EVENTS

### **Harnessing our Diversity: Health Beyond Research & Innovation Showcase (25-26 September 2024)**

Health Beyond is a multidisciplinary showcase hosted by South Western Sydney Local Health District in partnership with Ingham Institute, bringing the region's allied health professionals, nurses, doctors and researchers together to present their research impact alongside industry partners. This year the theme centred around the extraordinary diversity of our community and the rich opportunities – and challenges – presented.



### **Franklin Women Mentoring Program**

Ingham Institute is proud to be a partner organisation of the Franklin Women Mentoring Program, which pairs senior researchers established in their careers with early-career female researchers from different organisations for a 6-month professionally facilitated program.

Franklin Women is Australia's only professional community dedicated to supporting the careers of women working across the health and medical research sector.



### **Ingham Institute Postdoctoral Association "Lunch and Learn" Series**

The Ingham Institute Postdoctoral Association represents early and mid-career researchers. The Association supports a culture of enhanced professional growth by facilitating connections and raising awareness. The group envisions an inclusive community where all researchers are empowered, valued, recognised and supported in their current and future endeavours.

## OUTREACH EVENTS

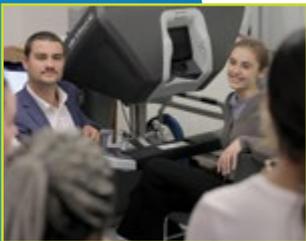


### **Animal Research Education and Awareness Program (AREA)**

Ingham Institute's Scientific Services Unit is staffed by a passionate, creative and committed team. Our Technicians seek impact not only through their contribution to quality medical research, but to their industry more broadly.

The AREA Program is one significant way we conduct student outreach. Ingham Institute hosted Australia's first Animal Research Education and Awareness (AREA) Program in 2023, in partnership with Australian and New Zealand Laboratory Animal Association (ANZLAA).

Since then, the event has become a highlight for local year 9 and 10 students interested in science, technology, engineering and mathematics. They learn about the crucial work done at the Institute and gain exposure to career pathways supporting biomedical research they may not otherwise have known about. Ingham Institute hosted seven AREA programs in 2024 with more than 120 students. Participating schools demonstrated the immense diversity of our region and included: Ambervale High School, Hurlstone Agricultural High School, Bankstown Senior College, Broughton Anglican College, Elderslie High School, Mount Annan High School, Liverpool Boys and Liverpool Girls High, All Saints Catholic College, Robert Townsend High School, and Montgrove College. The AREA program work is complemented by a regular intake of work experience students. The program is a cornerstone of our commitment to openness around research and teaching with animals – work that at Ingham Institute is typified by compliance and compassion.



### **Ingham Institute's YEAH Program (Youth Engaged in Active Health) - STEM**

"If you can't see it you can't be it." Ingham Institute is dedicated to making Liverpool a place where people, live, work, play and – importantly – stay. We regularly host student delegations from our partner universities to showcase careers in our industry, right here on students' doorsteps.

This year, one group of STEM students from WSU coincided with a visit by the Federal Minister for Science and Industry. Students met Minister Ed Husic MP, heard from our researchers on a range of health technology research, and had a chance to showcase their robotic surgery skills on our simulators. Presentations included:

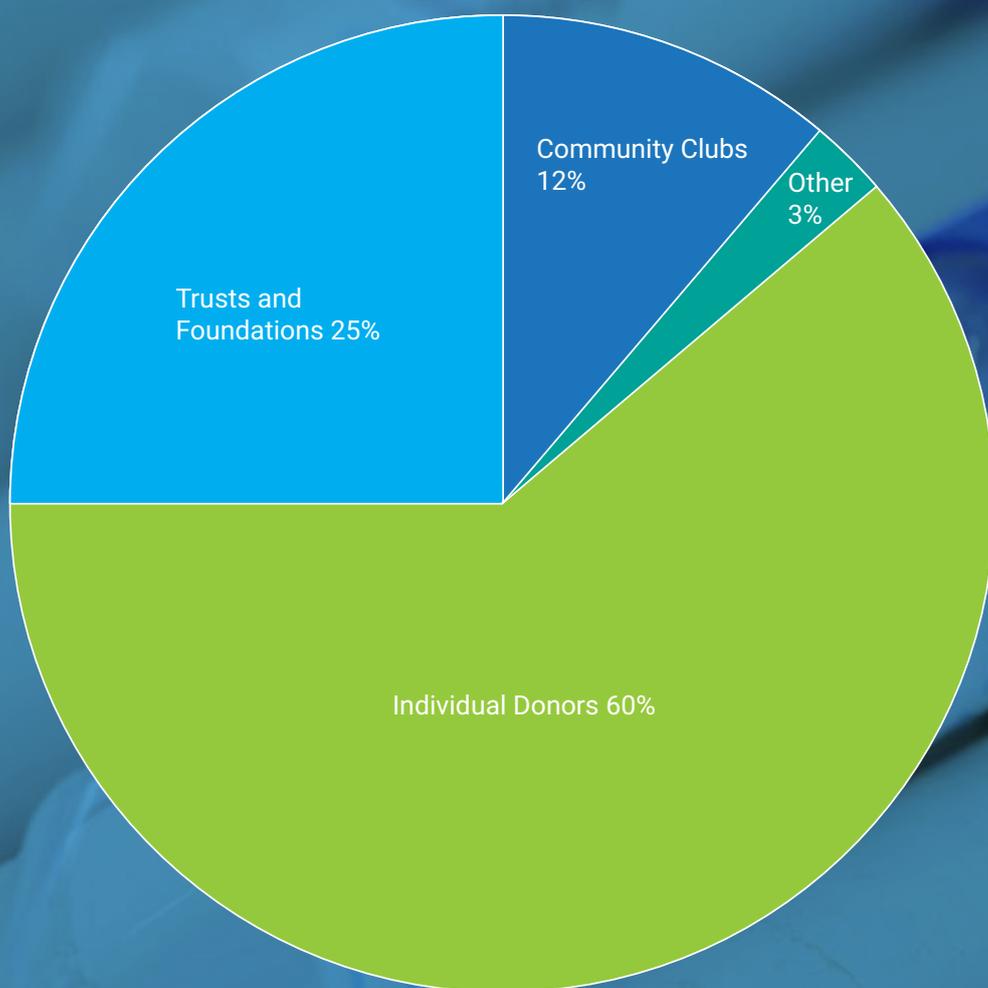
- Data and machine learning for improving cancer patient care, equity and health services (A/Prof Lois Holloway – Medical Physics Research Centre)
- Employing Assistive Technology to better support people with cognitive impairment (A/Prof Grahame Simpson and Mr Brendan Worne – Assistive Technology Hub)
- Human-computer interface Robotic Exoskeleton device for upper limb rehabilitation (Prof Mark Parsons – Neurology/Stroke Research Centre with Dr Lauren Christie and Dr Neha Singh (IIT Delhi))
- Robotic surgery, research and training including use of telementoring (Dr Cherynne Johannsen & Dr Amit, SWSLHD)
- Cancer survivorship research centre: supporting long-term outcomes (Prof Geoff Delaney – Cancer Research Centre)



### **Research Dinner series (August 2024)**

Partnering with Board Director Mr Arthur Inglis and Research Director Prof Les Bokey, our Head of Philanthropy Ms Renee Burton hosted the inaugural event of an exclusive dinner series, hosting members of our community to learn more about our research. Prof Kaz Negishi the Head of our Cardiovascular Research Centre shared the astonishing breadth and depth of his work as one of the Institute's newest Research leads.

## Your impact





## A legacy of support — The Perich Family

The enduring relationship between Ingham Institute and the Perich Family is an example of how philanthropic partnership can “inspire health and transform care”, making tangible, direct impact on the health and healthcare of our communities.

The Perich family was instrumental in introducing and advancing the concept of robotics and automation in healthcare in South Western Sydney. They understood earlier than most that, whereas automation and robotics had made a significant impact in most industries, global uptake in health was lagging.

In 2017, Liverpool Hospital commenced a rigorous research, teaching and training program in surgical robotics. This was enabled by the Perich Family’s donation of a SIM robot, and sponsorship of a “Perich Fellow” in Robotic Surgery. Liverpool Hospital is now one of only four public hospitals in NSW to have a clinical robotics program.

Ingham Institute’s Centre for Robotics, Health Technology and Medical Devices was launched in December 2020 by the NSW Chief Scientist & Engineer - a thriving virtual research hub of some 60+ clinician scientists.

2015

Perich Family donate a Da Vinci MIMIC robotic surgery simulator

2016

Liverpool Hospital purchases a surgical robot; one of the first public hospitals in NSW

2017

Robotic program (clinical + teaching + research) is launched including Perich Robotic Fellowship

2018

Momentum grows; Industry MOUs signed with Siemens, J&J, Hitachi and Samsung

2018

First Perich Fellow completes study and works in the District, demonstrating immediate ongoing local impact

2021

Perichs donate Cardiac Robot; Liverpool Hospital now the only public hospital to have two robots

2023

Cardiac Robot clinical trial - 100 cases complete in an Australian first by Craig Juergens

2023

Institute signs MOU with international Medical Robotics Academy to become a College accredited NSW training centre

2024

Device Tech (Da Vinci) sponsors a trial to introduce additional robotic specialties, with Ministry support

2024

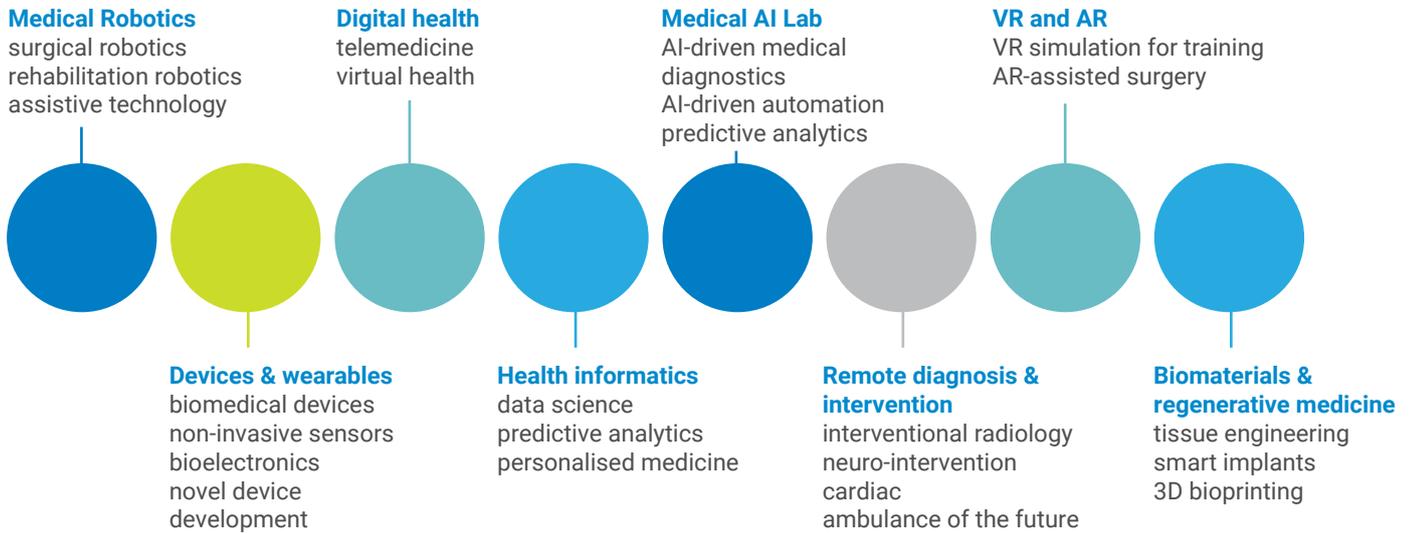
Inaugural College accredited robotic training delivered in a sold out course in the Simulation Centre

### A partnership for the future

This year, significant philanthropic funding was secured to renovate the second floor of Ingham Institute to create a dedicated facility for this work. The Perich Centre has thus been named to recognise the family's significant and ongoing contribution to this work.

**The Perich Centre is an interdisciplinary playground for assessing, accelerating and adopting innovations in health technologies.**

Research focuses in the Centre include:



The Centre will be designed by Hassell Architects, Project managed by ACUITY and delivered by Richard Crookes, who built the original Ingham Institute building and are currently delivering Ingham Institute Macarthur in Campbelltown. Work is expected to commence in Q1 2025 and finish mid-year.

The inaugural event in the Centre will be IMRA X Ingham: RACS-accredited surgical robotics training delivered in partnership with the International Medical Robotics Academy.

**We thank the Perich Family for their ongoing support and the positive impact it creates on health and healthcare for all.**



# A unique solution for a complex problem

Around 1,500 people die of cardiovascular disease in South Western Sydney every year. For women in particular, this rate is higher than the NSW average. Coronary heart disease, heart failure and peripheral vascular disease are also more common in this District than any other.

Higher levels of disease risk factors and lower use of preventative health services, compounded by language, cultural and financial barriers to healthcare access, only aggravate this issue. Not only is the population more likely to experience cardiovascular disease, but they are less likely to access the help they need when they need it.

**Complex problems require innovative solutions; in an unprecedented collaboration, Ingham Institute has partnered with Victor Chang Cardiac Research Institute, the University of New South Wales and SWSLHD to strengthen heart research nationally, with a focus on south western Sydney.**

Launched by the NSW Minister for Health in 2023, this year the partnership appointed a lead for the Research Centre, Prof Kazuaki (Kaz) Negishi.

Kaz is a Board-Certified Cardiologist in Japan and Australia and has spent time at Cleveland Clinic, the Menzies Institute, University of Tasmania, Royal Hobart Hospital and most recently, Sydney University and the Nepean.

Kaz holds the dual roles of clinical Academic Cardiologist within the Department of Cardiology at Liverpool Hospital and Prof and Chair of Cardiovascular Research at University of New South Wales. He specialises in cardiovascular disease among high-risk populations and the real time treatment of heart attacks. His key research focuses are:

- Cardio-Oncology and advanced cardiac imaging
- The impact of climate and air pollution on cardiovascular disease
- Space medicine.

Kaz will lead, foster and grow excellence in cardiovascular research, health policy dialogue and education in South Western Sydney and beyond.

“Establishing this body of research in the south west will enhance our local heart research, which will ultimately translate into more lives saved,” said Ms Sonia Marshall, Chief Executive South Western Sydney Local Health District.

Director of Ingham Institute, Prof Les Bokey, says Kaz’s expertise complements the Institute’s existing strengths in neurology, stroke, obstetrics, robotics, and cancer. Supported by a strong investment in clinical trials, the creation of this new Cardiovascular Research Hub will help achieve the Institute’s mission of local purpose, national significance and global impact.

**“This is the start of a partnership that will lead to major improvements in cardiovascular health, which will have significant and unprecedented influence. Partnerships such as these are essential in addressing the needs of our population,” Prof Bokey said.**

Kaz joins Ingham Institute with his team Tomoko Negishi, Koya Ozawa, Yosuke Katayama and Prakash Dhopte.





## Animals in research

Research involving animals is highly regulated in Australia. It is allowed only under a strict set of criteria and subject to rigorous and regular review. A project must show, for example, that there are no viable alternatives, that there is sound potential scientific benefit, and that the proposed methods are humane, ethical and defensible.

At Ingham Institute, we conduct applied medical research that transforms the treatment and care of people living with the most prevalent medical conditions and diseases. We reduce the involvement of animals wherever possible. For example, replicating organs using our 3D Bioprinter, conducting invitro (cell culture) studies, and using computer simulation.

Some research, however, still requires animal involvement. For example, our work in pancreatic disease; which was the first in the world to develop a method for isolating pancreatic stellate cells, and to show that treatments targeting these cells have the potential to improve outcomes in chronic pancreatitis and pancreatic cancer.

Some of the most significant global medical breakthroughs throughout history have been achieved with animal models. While we appreciate the need for them and believe in their benefits, we are constantly mindful to conduct this work humanely, ethically, and compliantly.

No research involving animals can be conducted without the approval of an animal ethics committee. All projects at Ingham Institute are compliant with relevant guidelines, principles and recommendations such as the The Australian Code for the Care and Use of Animals for Scientific Purposes and its adoption in state legislation. Our research is conducted by highly specialised and experienced team members who are each personally passionate about animal welfare. Our team conduct their work carefully and compassionately, in compliance with all regulations.

Ingham Institute is committed to being open, transparent and accountable about our work with animals, which is why we are also a signatory to the ANZCCART Openness Agreement on Animal Research and Teaching in Australia.

We are dedicated to providing clear and accessible information about the necessity, purpose, and outcomes of our research involving animals. We communicate openly about the methods, ethical considerations, and benefits of the research we conduct. We believe this is essential for building trust with the public and scientific community as we advance medical knowledge for the betterment of human and animal health.

For any questions, please contact us via [research@inghaminstitute.org.au](mailto:research@inghaminstitute.org.au) and we will respond to you as soon as practicable.

## Board of Directors



Mr Terry Goldacre (Chairman)



Mr Tim Bryan



Prof Martin Gallagher



Ms Debbie Kepitis



Prof Rod McClure



Mr Grant Isedale



Mr John Ingham



Ms Lyn Ingham



Mr Arthur Inglis



Ms Margot Mains



Mr Jim Marsden OAM



Ms Sonia Marshall



Mr Mark Perich



Mr Arnold Vitocco



Prof Les Bokey AM



When you support Ingham Institute, you support innovation for radical health improvements and new models of care; locally, nationally and around the world.

For more information or should you wish to discuss your giving priorities, please contact [giving@inghaminstitute.org.au](mailto:giving@inghaminstitute.org.au)

## Human resources

### Human resources:

Full time employees: 71  
Part time employees: 54  
Casual employees: 6  
Full-time equivalent staff (FTE): 99.00  
Estimated number of volunteers: 0

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## Financial Reporting

Charity's 2024 reporting period: 1 July 2023 to 30 June 2024  
Type of financial statement: General purpose financial statements  
Financial report consolidated with more than one entity?: No  
Reportable related party transactions in the 2024 reporting period?: Yes  
Types of reportable related party transactions: Fees paid to a related party for providing goods or services to the charity  
Additional details about reportable related party transactions: Page 33 - Fees paid to related party's business under ordinary commercial terms only.  
More than one remunerated key management personnel member: Yes  
Number of remunerated key management personnel: 3  
Total amount paid to key management personnel: \$1,095,457

# Income and Expenses

## Comprehensive Income Statement summary

### Gross income

Revenue from government including grants	\$3,711,845
Donations and bequests	\$1,273,467
Revenue from providing goods or services	\$2,983,974
Revenue from investments	\$1,645,819
All other revenue	\$7,521,888
<b>Total revenue</b>	<b>\$17,136,993</b>
Other income (for example, gains)	\$1,970,811
<b>Total gross income</b>	<b>\$19,107,804</b>

### Expenses

Employee expenses	\$12,375,181
Interest expenses	\$0
Grants and donations made for use in Australia	\$1,393,023
Grants and donations made for use outside Australia	\$0
All other expenses	\$6,437,921
<b>Total expenses</b>	<b>\$20,206,125</b>

### Net income

Net surplus/(deficit)	-\$1,098,321
Other comprehensive income	\$0
<b>Total comprehensive income</b>	<b>-\$1,098,321</b>

## Balance Sheet extract

### Assets

Total current assets	\$10,421,896
Non-current loans receivable	\$0
Other non-current assets	\$69,498,092
Total non-current assets	\$69,498,092
<b>Total assets</b>	<b>\$79,919,988</b>

### Liabilities

Total current liabilities	\$15,857,645
Non-current loans payable	\$0
Other non-current liabilities	\$198,500
Total non-current liabilities	\$198,500
<b>Total liabilities</b>	<b>\$16,056,145</b>

### Net assets/liabilities

Net assets/liabilities	\$63,863,843
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# Ingham Institute for Applied Medical Research

ACN: 077 543 849

## Financial Statements

For the year ended 30 June 2024

# Ingham Institute for Applied Medical Research

ACN: 077 543 849

For the year ended 30 June 2024

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# Ingham Institute for Applied Medical Research

ACN: 077 543 849

## Directors' Report

30 June 2024

The Board of Directors has pleasure in submitting the financial report of Ingham Institute for Applied Medical Research ("the Institute") in respect of the financial year ended 30 June 2024.

### 1. General information

#### Directors

The names of directors in office during the financial year and until the date of this report (unless otherwise stated) are as follows:

<b>Names</b>	<b>Position</b>	<b>Appointed/Resigned</b>
Terence Goldacre	Chair	
Teresa Anderson	Director	Resigned June 2024
Tim Bryan	Director	
Martin Gallagher	Director	
Annemarie Hennessy	Director	Resigned October 2023
The Hon. Morris Iemma	Director	Resigned October 2023
John Ingham	Director	
Lyn Ingham	Alternate Director	Appointed October 2023
Arthur Inglis	Director	
Grant Isedale	Director	Appointed October 2023
Debra Kepitis	Alternate Director	Resigned October 2023
Amanda Larkin	Director	Resigned September 2023
Margot Mains	Director	Appointed June 2024
Jim Marsden	Director	
Sonia Marshall	Director	Appointed September 2023
Rod McClure	Director	Appointed October 2023
Karen McMenemy	Director	Resigned September 2023
Mark Perich	Director	
Vlado Perkovic	Director	Resigned October 2023
Arnold Vitocco	Director	

Directors have been in office since the start of the financial year to the date of this report unless otherwise stated.

#### Principal Activities

The Institute's research teams are focused on exploring new medical approaches for a range of critical diseases including cancer, cardiovascular, obstetrics, neurology and stroke, robotics and health technology, and are at the forefront of the most advanced medical breakthroughs and clinical outcomes.

The Institute is limited by guarantee and under its Memorandum of Association is prohibited from distributing Institute assets to its members.

#### Short and long term objectives

The Institute's objectives are to improve the health status and health outcomes for the population of South Western Sydney. Ingham Institute is committed to inspiring health and transforming the treatment and care of people living with the most prevalent medical conditions and diseases.

# Ingham Institute for Applied Medical Research

ACN: 077 543 849

Directors' Report

30 June 2024

## 1. General information continued

### Strategy for achieving the objectives

To achieve these objectives, the Institute has adopted the following strategies:

#### Focus

- Focus on our research: Deliver research that is relevant, impactful and distinctive, amplified through the support of our affiliate universities.
- Resource at scale: Prioritise large-scale, team-based schemes to increase our attraction for grant and philanthropy income.
- Attract the best: Employ 'magnet' researchers as a catalyst for securing top-tier funding and maximising research outcomes.

#### Align

- Prioritise SWSLHD needs: Align research with local clinical service plans, targeted to large, distinctive, patient populations.
- Inspire our community: Facilitate synergies across health, education, and research to be a trusted ally for the South Western Sydney community.
- Take a precinct view: Become the 'gateway to health research' for our innovation precincts and the Aerotropolis.

#### Connect

- Advance our network model: Establish 'One Institute Multiple Sites' via world-class facilities at Liverpool, Campbelltown and Bankstown, promoting collaboration and cross-pollination.
- Build our brand: Build awareness of the importance and impact of our work through strong communication and proactive engagement.
- Be the best place to work: Nurture loyalty with our researchers and create a culture of belonging and purpose across all our teams.

#### Compete

- Be open for business: Partner with innovators from concept to commercialisation and embrace seamless business engagement with key sector leaders.
- Lead in clinical trials: Leverage our unique demographics and clinical trials capability to be a global partner-of-choice in bringing new medicines and medical devices to market.
- Streamline functions: Ensure operational efficiency to drive value and minimise administrative workload on researchers.

### Performance measures

The Institute measures its performance in both the amount of funds raised and the number of research projects undertaken. The key performance measures are funds raised compared to funds distributed for research activities and the number of research projects completed.

### Operating Results

The deficit of the Institute for the year ended 30 June 2024 amounted to \$(1,098,323) (2023: surplus \$191,352).

## 2. Other items

### Significant changes in state of affairs

There have been no significant changes in the state of affairs of the Institute during the year.

### Significant events after the balance date

No matters or circumstances have arisen since the end of the financial year which significantly affected or could significantly affect the operations of the Institute, the results of those operations or the state of affairs of the Institute in future financial years.

# Ingham Institute for Applied Medical Research

ACN: 077 543 849

## Directors' Report

30 June 2024

### 2. Other items continued

#### Future developments

Likely developments in the operations of the Institute and the expected results of those operations in future financial years have not been included in this report as the inclusion of such information is likely to result in unreasonable prejudice to the Institute.

#### Organisational structure

The Institute is based on the campus of Liverpool Hospital. The Ingham Institute is the research partner for South Western Sydney Local Health District and is working with health and university partners to create a strategic network of medical research centres of excellence, producing world-class insights and discoveries for application to health care services and systems, transforming community wellbeing locally and globally.

Four sub-committees have been convened which report to the Board. These are:

1. Finance & Audit Committee
2. Scientific Advisory Committee
3. Risk Management and Compliance Governance Committee
4. Marketing/Fundraising and Communications Committee

Each of the sub-committees is chaired by a Director of the Board. Terms of Reference for sub-committees have been adopted by the Board and are reviewed biannually.

The Institute has five broad foci of activity consistent with its existing strengths and the needs of the local population: cancer, cardiovascular, stroke and neurology, obstetrics, robotics medical devices and health technology.

### 3. Information on directors

Terence Goldacre	Chair
Appointed	February 2008
Qualifications	B App. Sci (Surv) BE
Experience	Mr. Goldacre is the Managing Director of Harrington Estates (NSW) Pty Ltd which since 1993 has been responsible for the development of the leading residential estate Harrington Park. Prior to this, he held executive positions in the civil engineering and land development industries. He is a Trustee of the Lady (Mary) Fairfax Trust, Life Member and past President of the Urban Development Institute of Australia (NSW Division) and a Founding Trustee of the Harrington Park Foundation.
Special Responsibilities	Member of Finance and Audit; Marketing/Fundraising and Communications; and Risk Management and Compliance Governance Committees

# Ingham Institute for Applied Medical Research

ACN: 077 543 849

## Directors' Report

30 June 2024

### Information on directors continued

Tim Bryan	Director
Appointed	April 2009
Qualifications	B.Com., CA, GAICD
Experience	Mr Bryan is the Chief Executive Officer of the Perich Group. Tim is a Director of publicly listed entity Noumi Ltd, where he is also Chair of the Risk Committee and a member of the Finance & Audit and People & Culture Committees. He is a non-executive director for Kids of Macarthur Health Foundation and has a special interest in research into childhood diseases.
Special Responsibilities	Chair of Finance and Audit; and Member of Risk Management and Compliance Governance Committees
Martin Gallagher	Director
Appointed	June 2021 (previously Alternate Director June 2021 - October 2023)
Qualifications	MBBS, FRACP, MPH (Hons), PhD
Experience	Professor Martin Gallagher is Head of the South Western Sydney Clinical Campus, University of New South Wales, Sydney, and a Clinical Academic in Renal Medicine at Liverpool Hospital. Prior to taking up his current role, he was a Clinical Academic at Concord Hospital and the University of Sydney. He completed a Harkness Fellowship at Yale University in 2009-10 and his research interests encompass acute kidney injury, clinical trials and renal epidemiology. He's led a team of clinical renal researchers at the George Institute for Global Health, along with international collaborators. Martin has also made important policy contributions to healthcare, including leading national evidence implementation projects, leading elements of the Australian Governments National Chronic Disease Strategy and projecting the future burden of kidney disease. He has been Departmental Head at two renal units, held senior committee roles within the Australia and New Zealand Society of Nephrology and led major clinical trials.
Special Responsibilities	Nil

# Ingham Institute for Applied Medical Research

ACN: 077 543 849

## Directors' Report

30 June 2024

### Information on directors continued

John Ingham	Director
Appointed	October 2013 (previously Alternate Director; October 2013-October 2018)
Qualifications	Bachelor Business Administration (BBA) and a Graduate of the Australian Institute of Company Directors (GAICD)
Experience	Director and Part Owner of Ingham Property Group, John's background is Marketing. John is a founding investor/ Director in AgriWebb a farm& livestock management software company. He is a Director of Rockingham Thoroughbreds, a commercial Racing and Breeding company. John was Vice Chairman of the Australian Jockey Club, Chairman of the Australian Stud Book, a director of Racingcorp Pty Ltd and Australian Genetics Testing Pty Ltd.
Special Responsibilities	Chair of Marketing/Fundraising and Communications Committee
Lyn Ingham	Alternate Director
Appointed	October 2023
Qualifications	
Experience	Lyn is a Director and Co-owner of Ingham Property Group owning and developing property in New South Wales, Queensland and Western Australia. Lyn is a Director and Shareholder of Ingham Racing with thoroughbred horse racing being a significant part of her life. Lyn sits on the Ingham Institute Annual Luncheon Committee raising funds for the Ingham Institute.
Special Responsibilities	Nil
Arthur Inglis	Director
Appointed	December 2022
Qualifications	B Comm (UNSW) MBA (AGSM) AGIA ACG QPIB JP Licenced Real Est, Stock and Station, Auctioneer and Business Broker
Experience	Arthur Inglis is the Deputy Chair and Executive Director of William Inglis & Son Ltd. He is also the joint Founder and Director of Pixevety, providing privacy compliance and data storage security to education industries in 8 countries. Arthur is a member of the ACG Chartered Institute of Secretaries, AGIA Governance Institute of Aust and is a QPIB Qualified Practicing Insurance Broker. Previously, Arthur held membership with CPA for almost 40 years.
Special Responsibilities	Nil

# Ingham Institute for Applied Medical Research

ACN: 077 543 849

## Directors' Report

30 June 2024

### Information on directors continued

Grant Isedale	Director
Appointed	October 2023
Qualifications	MHSM, B. Nursing, Grad Dip Midwifery, Grad Cert Emerg Nurs.
Experience	<p>Grant Isedale brings over 25 years of experience in nursing and health management to his role as General Manager of Campbelltown and Camden Hospitals. Beginning his career as a graduate nurse at Liverpool Hospital, Grant has advanced through a series of clinical and corporate management positions within the South Western Sydney Local Health District (SWSLHD).</p> <p>Grant holds a Master's degree in Health Service Management, a Graduate Diploma in Midwifery, and a Graduate Certificate in Emergency Nursing. His extensive education and experience equip him to lead a dedicated team of clinical and corporate professionals in delivering evidence-based, high-quality, and safe clinical care to the residents of Macarthur, one of the fastest-growing regions in New South Wales, as well as the broader SWSLHD community. In addition to his responsibilities at the hospitals, Grant serves as a board member for the Ingham Institute of Applied Medical Research and the Kids of Macarthur Health Foundation, contributing his expertise to advance medical research and support community health initiatives.</p>
Special Responsibilities	Nil
Debra Kepitis	Alternate Director
Appointed	October 2022- Resigned October 2023
Qualifications	Bookkeeper
Experience	<p>Debbie is a Director and Co-owner of Ingham Property Group owning and developing property in NSW, Queensland, and WA. Debbie is a Director &amp; Shareholder of Ingham Racing, a family thoroughbred racing operation, and Director &amp; Manager of Woppitt Bloodstock a commercial Racing and Breeding operation that includes the champion racehorse Winx. She founded &amp; sits on the board of Pamarma Private Ancillary Fund with a focus on grass roots charities.</p>
Special Responsibilities	Nil

# Ingham Institute for Applied Medical Research

ACN: 077 543 849

## Directors' Report

30 June 2024

### Information on directors continued

Margot Mains	Director
Appointed	June 2024
Qualifications	Registered General and Obstetric Nurse, Graduate Diploma of Nursing, Bachelor of laws LLB
Experience	Margot Mains is the Chief Executive of the Illawarra Shoalhaven Local Health District and has extensive health executive leadership and management experience both at hospital and Local Health District Level. Her previous roles include Chief Executive Officer, Northern Adelaide Local Health Network, and prior to that she held senior leadership roles in the New Zealand Health system, as Chief Executive Officer, Capital and Coast District Health Board and Chief Executive Officer, Mid Central Health. Ms Mains is a registered nurse, and holds the following qualifications: Certificate in Community Health (Christchurch Polytechnic); Graduate Diploma of Nursing (Massey University); Bachelor of Laws (University of Otago). Ms Mains has completed the New Zealand Institute of Company Directors' course. Margot was admitted as a Fellow of the University of Wollongong in October 2021 for her significant and continued contribution to the health and wellbeing of the Illawarra and Shoalhaven community.
Special Responsibilities	Nil
Jim Marsden OAM	Director
Appointed	April 2009
Qualifications	B. of Laws
Experience	Jim Marsden is the Senior Partner at Marsdens Law Group. His firm is based primarily at Campbelltown with offices at Liverpool, Camden, Oran Park and the City of Sydney. Jim has a history in a number of areas of community involvement. His past involvements include Chairman of West Magpie Rugby League, Wests Tigers, the Chamber of Commerce, Board membership of NSW Rugby League, Odyssey House, Mater Dei Special School, Honorary Fellow of Western Sydney University and Ambassador of Campbelltown City.
Special Responsibilities	Chair of Risk Management and Compliance Governance; and Member of Marketing/Fundraising and Communications Committee

# Ingham Institute for Applied Medical Research

ACN: 077 543 849

Directors' Report

30 June 2024

## Information on directors continued

Sonia Marshall PSM	Director
Appointed	September 2023
Qualifications	BSc. (Nursing), GCert ICU, GDip Public Service Admin, MBA
Experience	Sonia Marshall is the Chief Executive of South Western Sydney Local Health District. Sonia has over 30 years nursing and midwifery experience, with 17 of these being in senior management positions at both a site and district level. Sonia's extensive experience in health management and commitment to safe, high-quality care, as well as her passion for innovation and continuous improvement across all aspects of health, places the region at the forefront of world class healthcare. Sonia serves as a board member of the Ingham Institute of Applied Medical Research, the South Western Sydney Primary Health Network, is an Adjunct Associate Professor at Western Sydney University and Honorary Fellow at University of Wollongong.
Special Responsibilities	Member of Finance and Audit; and Risk Management and Compliance Governance Committees

Rod McClure	Director
Appointed	October 2023
Qualifications	MBBS, BA, PHD, FAFPHM, FAICD
Experience	Professor Rod McClure is Professor of Public Health Medicine, and Dean, School of Medicine at Western Sydney University. Since being awarded his PhD in Epidemiology and Population Health in 1995, he has had comprehensive international career with clinical, administrative, education and research contributions across the public, private and government sectors. Rod is a fellow of the Australian Institute of Company Directors and the Australasian Faculty of Public Health Medicine. He is the current Board Chair of the nib foundation, and is a Council Member of the Australian Faculty of Public Health Medicine. Rod brings extensive experience in research grant management having lead research centres/institutes, having sat on national competitive grant review panels in Australia and the United States, and having being successful as primary investigator on grant applications totalling more than \$60 million.
Special Responsibilities	Chair of Scientific Advisory Committee

# Ingham Institute for Applied Medical Research

ACN: 077 543 849

## Directors' Report

30 June 2024

### Information on directors continued

Mark Perich	Director
Appointed	December 2022
Qualifications	Bachelor of Agricultural Economics (Hons), Graduate of the Australian Institute of Company Directors (GAICD)
Experience	<p>Mark Perich is a Director of Greenfields Development Company, a family-owned development company responsible for the delivery of Oran Park, a vibrant new community along with other major development projects in South Western Sydney.</p> <p>It is in this role, that Mark began to work in partnership with the South Western Sydney Local Health District which strengthened his interest in Health and wellbeing. Drawing on his diverse experience in successfully collaborating with various stakeholders and the Perich family's long-standing support of charities and research foundations in the Macarthur region, Mark hopes to help guide the Ingham Institute to achieve their vision to transform lives in the local community.</p>
Special Responsibilities	Nil.

Arnold Vitocco	Director
Appointed	February 2008
Qualifications	Licensed Builder
Experience	<p>Arnold Vitocco is a local Macarthur resident and Licensed Builder. His family's development companies, Vitocco Enterprises and Vaste Developments Pty Ltd have been building and developing in the Liverpool and Macarthur region since the late 1950s. He is also a Director of Dart West Developments Pty Ltd and Macarthur Developments Pty Ltd, developing land mainly in South West Sydney. He owns the food &amp; beverage operations of Max Brenner chocolate shops Australia wide and Asia Pacific. Arnold is a member of Narellan Chamber of Commerce, U.D.I.A and H.I.A. He was a former Board Director of the South Western Sydney Area Health Service 1997-2003 and a committee member of the Health Research Foundation Sydney South West which successfully helped raise \$8 million. Arnold is a Paul Harris Fellow recipient from Rotary and supports many charities.</p> <p>The Vitocco Charitable Foundation is a proud patron of the Powerhouse Museum, Parramatta and has forged a 30-year relationship and the commitment to invest \$5M across two programs that Powerhouse, Parramatta will operate.</p>
Special Responsibilities	Member of Marketing/Fundraising and Communications Committee

# Ingham Institute for Applied Medical Research

ACN: 077 543 849

## Directors' Report

30 June 2024

### Information on directors continued

The lead auditors independence declaration for the year ended 30 June 2024 has been received and can be found on page 12 of the financial report.

### Meetings of directors

During the financial year, six general meetings of directors (excluding committees of directors) were held. Attendances by each director during the year were as follows:

	Directors' Meetings	
	Number eligible to attend	Number attended
Terence Goldacre	6	6
Teresa Anderson	6	1
Tim Bryan	6	2
Martin Gallagher	6	5
Annemarie Hennessy	2	2
The Hon. Morris Iemma	2	-
John Ingham	6	5
Lyn Ingham (alternate to John Ingham)	5	4
Arthur Inglis	6	5
Grant Isedale	5	5
Debra Kepitis (alternate to John Ingham)	1	-
Amanda Larkin	1	1
Margot Mains	-	-
Jim Marsden	6	2
Sonia Marshall	5	4
Rod McClure	5	5
Karen McMenamin	1	-
Mark Perich	6	3
Vlado Perkovic	1	-
Arnold Vitocco	6	2

# Ingham Institute for Applied Medical Research

ACN: 077 543 849

## Directors' Report

30 June 2024

### Indemnifying Officers or Auditors

No indemnities have been given or insurance premiums paid, during or since the end of the financial year, for any person who is or has been an auditor of the Institute

### Proceedings on Behalf of Institute

No person has applied for leave of Court to bring proceedings on behalf of the Institute or intervene in any proceedings to which the Institute is a party for the purpose of taking responsibility on behalf of the Institute for all or any part of those proceedings.

The Institute was not a party to any such proceedings during the year.

### Contributions on winding up

In the event of the Institute being wound up, ordinary members are required to contribute a maximum of \$10 each. Honorary members are not required to contribute.

The total amount that members of the institute are liable to contribute if the institute is wound up is \$140, based on 14 current members.

### Auditor's Independence Declaration

A copy of the auditor's independence declaration as required under section 307C of the *Corporations Act 2001* is set out at page 12.

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



Director: .....

Terence Goldacre



Director: .....

Timothy Bryan

Dated as at Sydney: 10 October 2024



**AUDITORS INDEPENDENCE DECLARATION UNDER SECTION 307C OF THE CORPORATIONS ACT 2001  
TO THE DIRECTORS OF INGHAM INSTITUTE FOR APPLIED MEDICAL RESEARCH**

I declare that, to the best of my knowledge and belief, during the year ended 30 June 2024 there has been:

- (i) no contraventions of the auditor independence requirements as set out in the *Corporations Act 2001* in relation to the audit; and
- (ii) no contraventions of any applicable code of professional conduct in relation to the audit.

Dated at Sydney on the 10<sup>th</sup> October 2024

A handwritten signature in black ink that reads 'T. Burns'.

**ESV Business Advice and Accounting**

A handwritten signature in black ink that reads 'T. Burns'.

**Travas Burns  
Partner**

# Ingham Institute for Applied Medical Research

ACN: 077 543 849

## Statement of Profit or Loss and Other Comprehensive Income

For the year ended 30 June 2024

	Note	2024 \$	2023 \$
<b>Income</b>			
Grants and donations	3	13,502,869	14,216,693
Distributions received		942,872	1,087,890
Franking credit refund		103,312	42,285
Fundraising income		911,544	1,280,194
Interest received		599,635	250,805
Movement in market value of investment		1,970,811	2,043,261
Other income		1,076,761	390,132
<b>Total income</b>		<b>19,107,804</b>	<b>19,311,260</b>
<b>Expenses</b>			
Grants paid		(1,393,023)	(2,052,540)
Depreciation and amortisation		(1,620,907)	(1,988,364)
Audit and accounting		(17,721)	(42,899)
Cost of personnel services		(12,375,181)	(11,127,807)
Insurance		(234,154)	(221,637)
Advertising and marketing expense		(125,471)	(211,582)
Fundraising costs		(1,432,095)	(1,096,337)
Other expenses	4	(3,004,982)	(2,376,380)
Foreign currency translation loss		(2,591)	(2,362)
<b>Total expenses</b>		<b>(20,206,125)</b>	<b>(19,119,908)</b>
<b>Surplus/(Deficit) before income taxes</b>		<b>(1,098,321)</b>	<b>191,352</b>
Income tax expense		-	-
<b>Surplus/(Deficit) for the year after income taxes</b>		<b>(1,098,321)</b>	<b>191,352</b>
Other comprehensive income		-	-
<b>Total comprehensive income/(loss)</b>		<b>(1,098,321)</b>	<b>191,352</b>

The accompanying notes form part of these financial statements.

# Ingham Institute for Applied Medical Research

ACN: 077 543 849

## Statement of Financial Position

As at 30 June 2024

	Note	2024 \$	2023 \$
<b>ASSETS</b>			
<b>Current assets</b>			
Cash and cash equivalents	5	1,939,685	8,065,641
Receivables	6	2,201,002	2,268,476
Financial assets	10	6,281,209	8,784,965
<b>Total current assets</b>		<b>10,421,896</b>	<b>19,119,082</b>
<b>Non-current assets</b>			
Financial assets	10	29,683,735	26,928,415
Property, plant and equipment	8	34,201,007	35,939,126
Intangible assets	9	63,350	35,140
Right of use asset	7	5,550,000	-
<b>Total non-current assets</b>		<b>69,498,092</b>	<b>62,902,681</b>
<b>TOTAL ASSETS</b>		<b>79,919,988</b>	<b>82,021,763</b>
<b>LIABILITIES</b>			
<b>Current liabilities</b>			
Trade and other payables	11	758,631	1,705,686
Employee benefits	12	900,504	834,850
Contract liabilities	13	14,198,510	14,350,522
<b>Total current liabilities</b>		<b>15,857,645</b>	<b>16,891,058</b>
<b>Non-current liabilities</b>			
Employee benefits	12	198,500	168,541
<b>Total non-current liabilities</b>		<b>198,500</b>	<b>168,541</b>
<b>TOTAL LIABILITIES</b>		<b>16,056,145</b>	<b>17,059,599</b>
<b>NET ASSETS</b>		<b>63,863,843</b>	<b>64,962,164</b>
<b>EQUITY</b>			
Accumulated funds		63,863,843	64,962,164
<b>TOTAL EQUITY</b>		<b>63,863,843</b>	<b>64,962,164</b>

The accompanying notes form part of these financial statements.

# Ingham Institute for Applied Medical Research

ACN: 077 543 849

## Statement of Changes in Equity

For the year ended 30 June 2024

### 2024

	<b>Accumulated Funds</b>	<b>Total</b>
	<b>\$</b>	<b>\$</b>
<b>Balance at 1 July 2023</b>	64,962,164	64,962,164
Deficit after income tax for the year	(1,098,321)	(1,098,321)
Other comprehensive income for the year	-	-
<b>Balance at 30 June 2024</b>	<u>63,863,843</u>	<u>63,863,843</u>

### 2023

	<b>Accumulated Funds</b>	<b>Total</b>
	<b>\$</b>	<b>\$</b>
<b>Balance at 1 July 2022</b>	64,770,812	64,770,812
Surplus after income tax for the year	191,352	191,352
Other comprehensive income for the year	-	-
<b>Balance at 30 June 2023</b>	<u>64,962,164</u>	<u>64,962,164</u>

The accompanying notes form part of these financial statements.

# Ingham Institute for Applied Medical Research

ACN: 077 543 849

## Statement of Cash Flows

For the year ended 30 June 2024

	2024	2023
Note	\$	\$
<b>CASH FROM OPERATING ACTIVITIES:</b>		
Receipt from grants, contributions & fundraising (inc. GST)	11,941,137	13,910,663
Donations received	3,482,563	2,322,196
Interest received	599,635	250,805
Distributions and other income received	1,065,047	1,142,357
Franking credits received	103,312	42,285
Payments to suppliers and employees (inc. GST)	<u>(17,422,698)</u>	<u>(17,643,224)</u>
Net cash (used in) / provided by operating activities	<u>(231,004)</u>	<u>25,082</u>
<b>CASH FLOWS FROM INVESTING ACTIVITIES:</b>		
Purchase of property, plant and equipment	(344,952)	(491,203)
Investment in right of use asset	(5,550,000)	-
Proceeds from disposal of investments	-	4,129,361
Net cash (used in) / provided by investing activities	<u>(5,894,952)</u>	<u>3,638,158</u>
<b>CASH FLOWS FROM FINANCING ACTIVITIES:</b>		
Net cash used by financing activities	-	-
Net cash increase (decreases) in cash and cash equivalents	(6,125,956)	3,663,240
Cash and cash equivalents at beginning of year	<u>8,065,641</u>	<u>4,402,401</u>
Cash and cash equivalents at end of financial year	5 <u>1,939,685</u>	<u>8,065,641</u>

The accompanying notes form part of these financial statements.

# Ingham Institute for Applied Medical Research

ACN: 077 543 849

## Notes to the Financial Statements

For the year ended 30 June 2024

### General Information

The financial report covers the Ingham Institute for Applied Medical Research ("the Institute") as an individual entity. The Institute is a company limited by guarantee, that was incorporated on 18 February 1997 and is domiciled in Australia. As of 1st June 2010 the company became independent of Sydney South West Area Health Service, its previous parent entity.

The principal objectives of the Institute are:

- to raise and administer funding for the promotion, examination and evaluation of research that will improve the health status and health outcomes for the population of South Western Sydney;
- to make grants to funds, authority or institution that will improve the health status and health outcomes for the population of South Western Sydney;
- to undertake and engage in health research;
- to disseminate information concerning the work of the company;
- to encourage the making of gifts and testamentary dispositions to the company to enable it to achieve its objectives; and
- to perform acts that are incidental and conducive to the furtherance of the above.

In June 2016 the Institute signed various agreements with South Western Sydney Local Health District ("SWSLHD"). The Agreements underpin a strong mutually beneficial relationship between the parties and provides the Institute with ongoing operational and financial support.

Under the terms of the Service Level Agreement ("Agreement") and the Deed of Grant, SWSLHD covers a share of the outgoings and maintenance costs based on their level of occupancy and with a cap based on the value of rent and outgoings.

A deed of licence and agreement for lease has been entered into with the Health Administration Corporation ("HAC") whereby the land is leased to the Institute for a period of 40 years. The rent and the related outgoings payable by the Institute for the lease will be provided as a rental assistance grant from SWSLHD to the Institute under the Deed of Grant.

On termination by a mutual agreement or by default provision, the Agreement gives SWSLHD the right of first and last refusal on acquisition of the assets of the Institute. The terms of acquisition of the assets are outlined in the Agreement. To protect its interests, SWSLHD has registered a fixed and floating charge over the assets of the Institute.

# Ingham Institute for Applied Medical Research

ACN: 077 543 849

## Notes to the Financial Statements

For the year ended 30 June 2024

### 1 New or amended Accounting Standards and Interpretations adopted

The Institute has adopted all of the new or amended Accounting Standards and interpretations issued by the Australian Accounting Standards Board ('AASB') that are mandatory for the current reporting period.

Any new or amended Accounting Standards or Interpretations that are not yet mandatory have not been early adopted.

### 2 Summary of Material Accounting Policies

#### (a) Basis of Preparation

These general purpose financial statements have been prepared in accordance with the Australian Accounting Standards - Simplified Disclosures issued by the Australian Accounting Standards Board ('AASB'), the Australian Charities and Not-for-profits Commission Act 2012 and Victorian legislation the Fundraising Act 1998 and associated regulations and the Corporations Act 2001, as appropriate for not-for profit oriented entities. These financial statements also comply with International Financial Reporting Standards as issued by the International Accounting Standards Board ('IASB').

#### *Historical cost convention*

The financial statements have been prepared under the historical cost convention.

#### *Critical accounting estimates*

The preparation of the financial statements requires the use of certain critical accounting estimates. It also requires management to exercise its judgement in the process of applying the company's accounting policies. The areas involving a higher degree of judgement or complexity, or areas where assumptions and estimates are significant to the financial statements, are disclosed in note 2 (o).

Australian Accounting Standards set out accounting policies that the AASB has concluded would result in financial statements containing relevant and reliable information about transactions, events and conditions. Material accounting policies adopted in the preparation of these financial statements are presented below and have been consistently applied unless otherwise stated.

#### (b) Comparative Figures

When required by Accounting Standards, comparative figures have been adjusted to conform to changes in presentation for the current financial year. Any change of presentation has been made in order to make the financial statements more relevant and useful to the user.

Where the Institute has retrospectively applied an accounting policy, made a retrospective restatement or reclassifies items in its financial statements, an additional statement of financial position as at the beginning of the earliest comparative period will be disclosed.

#### (c) Property, Plant and Equipment

Each class of property, plant and equipment is carried at cost or fair value less, where applicable, any accumulated depreciation and impairment.

#### **Property**

Buildings are shown at historical cost less any depreciation and any accumulated impairment losses. Cost includes expenditure that is directly attributable to the asset.

# Ingham Institute for Applied Medical Research

ACN: 077 543 849

## Notes to the Financial Statements

For the year ended 30 June 2024

### 2 Summary of Material Accounting Policies continued

#### (c) Property, Plant and Equipment continued

##### Plant and equipment

Plant and equipment are measured on the cost basis less depreciation and impairment losses. Cost includes expenditure that is directly attributable to the asset.

The carrying amount of plant and equipment is reviewed annually by directors to ensure it is not in excess of the recoverable amount from these assets. The recoverable amount is assessed on the basis of the expected net cash flows that will be received from the asset's employment and subsequent disposal. The expected net cash flows have been discounted to their present values in determining recoverable amounts.

Subsequent costs are included in the asset's carrying amount or recognised as a separate asset, as appropriate, only when it is probable that future economic benefits associated with the item will flow to the Institute, and the cost of the item can be measured reliably. All other repairs and maintenance are charged to the statement of profit or loss and other comprehensive income during the financial period in which they are incurred.

##### Depreciation

Property, plant and equipment, excluding freehold land, is depreciated on a straight-line basis over the assets useful life to the Institute, commencing when the asset is ready for use. Leasehold improvements are depreciated over the shorter of either the unexpired period of the lease or the estimated useful lives of the improvements.

# Ingham Institute for Applied Medical Research

ACN: 077 543 849

## Notes to the Financial Statements

For the year ended 30 June 2024

### 2 Summary of Material Accounting Policies continued

#### (c) Property, Plant and Equipment continued

The depreciation rates for property, plant and equipment are as follows:

<b>Class of Fixed Asset</b>	<b>Depreciation Rate</b>
Buildings	2.5%
Plant and equipment	10.0% to 20.0%
Office equipment	6.7% to 33.3%
Laboratory equipment	5.0% to 20.0%
Computer equipment	10.0% to 25.0%
MRI Linac machine	14.0% to 20.4%

The assets' residual values, depreciation methods and useful lives are reviewed and adjusted if appropriate, at the end of each reporting period.

An asset's carrying amount is written down immediately to its recoverable amount if the asset's carrying amount is greater than its estimated recoverable amount.

Gains and losses on disposals are determined by comparing proceeds with the carrying amount. These gains and losses are included in the statement of profit or loss and other comprehensive income. When revalued assets are sold, amounts included in the revaluation surplus relating to that asset are transferred to accumulated funds.

#### (d) Impairment of non-financial assets

Non-financial assets are reviewed for impairment whenever events or changes in circumstances indicate that the carrying amount may not be recoverable. An impairment loss is recognised for the amount by which the asset's carrying amount exceeds its recoverable amount.

The recoverable amount is the higher of an asset's fair value less costs of disposal and value-in-use. The value-in-use is the present value of the estimated future cash flows relating to the asset using pre-tax discount rate specific to the asset or cash-generating unit to which the asset belongs. Assets that do not have independent cash flows are grouped together to form a cash-generating unit.

Where it is not possible to estimate the recoverable amount of an individual asset, the Institute estimates the recoverable amount of the cash-generating unit to which the asset belongs.

#### (e) Acquisition of Assets

The cost methodology of accounting is used for the initial recording of all acquisitions of assets controlled by the entity. Cost is the amount of cash or cash equivalents paid, or the fair value of the other consideration given to acquire the asset at the time of its acquisition or construction or, where applicable, the amount attributed to that asset when initially recognised in accordance with the specific requirements of other Australian Accounting Standards.

Assets acquired at no cost, or for nominal consideration, are initially recognised as assets and revenues at their fair value at the date of acquisition, except for assets transferred as a result of an administrative restructure.

Fair value means the amount for which an asset could be exchanged between knowledgeable, willing parties in an arm's length transaction.

# Ingham Institute for Applied Medical Research

ACN: 077 543 849

## Notes to the Financial Statements

For the year ended 30 June 2024

### 2 Summary of Material Accounting Policies continued

#### (e) Acquisition of Assets continued

Where settlement of any part of cash consideration is deferred beyond normal credit terms, its cost is the cash price equivalent; i.e. the deferred payment amount is effectively discounted at an asset-specific rate.

#### (f) Cash and Cash Equivalents

Cash and cash equivalents include cash on hand, deposits held at call with banks, other short-term highly liquid investments with original maturities of three months or less, and bank overdrafts. Bank overdrafts are shown within short-term borrowings in current liabilities in the statement of financial position.

For purposes of the statement of cash flows, cash and cash equivalents include cash on hand and in banks, and money market investments readily convertible to cash within two working days.

Cash includes funds received that are restricted and must be spent in accordance with funding agreement/s, refer to note 12.

#### (g) Right-of-use asset

A right-of-use asset is recognised at the commencement date of a lease. The right-of-use asset is measured at cost, which comprises the initial amount of the lease liability, adjusted for, as applicable, any lease payments made at or before the commencement date net of any lease incentives received, any initial direct costs incurred, and, except where included in the cost of inventories, an estimate of costs expected to be incurred for dismantling and removing the underlying asset, and restoring the site or asset

Right-of-use assets are depreciated on a straight-line basis over the unexpired period of the lease or the estimated useful life of the asset, whichever is the shorter. Where the Institution expects to obtain ownership of the leased asset at the end of the lease term, the depreciation is over its estimated useful life. Right-of use assets are subject to impairment or adjusted for any remeasurement of lease liabilities.

#### (h) Financial assets

##### Recognition

Financial assets are initially measured at fair value. Transaction costs are included as part of the initial measurement, except for financial assets at fair value through profit or loss. Such assets are subsequently measured at either amortised cost or fair value depending on their classification. Classification is determined based on both the business model within which such assets are held and the contractual cash flow characteristics of the financial asset unless, an accounting mismatch is being avoided.

Financial assets are derecognised when the rights to receive cash flows have expired or have been transferred and the entity has transferred substantially all the risks and rewards of ownership. When there is no reasonable expectation of recovering part or all of a financial asset, its carrying value is written off.

##### Fair value

Financial assets not measured at amortised cost or at fair value through other comprehensive income are classified as financial assets at fair value through profit or loss. Typically, such financial assets will be either: i) held for trading, where they are acquired for the purpose of selling in the short-term with an intention of making a profit; or ii) designated as such upon initial recognition where permitted. Fair value movements are recognised in profit or loss.

# Ingham Institute for Applied Medical Research

ACN: 077 543 849

## Notes to the Financial Statements

For the year ended 30 June 2024

### 2 Summary of Material Accounting Policies continued

#### (h) Financial assets continued

##### Term deposits

Term deposits are non-derivative financial assets with fixed or determinable payments that the Institute intends and is able to hold to maturity, and that do not meet the definition of loans and receivables and are not designated on initial recognition as assets at fair value through profit or loss, or as available for sale.

#### (i) Trade and other payables

Trade and other payables represent the liability outstanding at the end of the reporting period for goods and services received by the Institute during the reporting period which remain unpaid. The balance is recognised as a current liability, with the amounts normally paid within 30 days of recognition of the liability.

#### (j) Employee benefits

Provision is made for the Institute's liability for employee benefits arising from services rendered by employees to the end of the reporting period. Employee benefits that are expected to be settled within one year have been measured at the amounts expected to be paid when the liability is settled.

Employee benefits payable later than one year have been measured at the present value of the estimated future cash outflows to be made for those benefits. In determining the liability, consideration is given to employee wage increases and the probability that the employee may satisfy vesting requirements. Those cash flows are discounted using market yields on national government bonds, with terms to maturity that match the expected timing of cash flows.

#### (k) Income Tax

The Institute is not subject to income tax.

#### (l) Revenue and Other Income

Revenue is recognised when it is probable that the economic benefit will flow to the Institute and the revenue can be reliably measured. Revenue is measured at the fair value of the consideration received or receivable.

*Sales Revenue:* Events, fundraising and raffles are recognised when received or receivable.

*Donations:* Donations are recognised as income in the statement of profit or loss and other comprehensive income as and when received, unless they are for specific purpose, in which case they will be recognised when the conditions are fulfilled.

##### Grants

Grant revenue is recognised in profit or loss when the incorporated association satisfies the performance obligations stated within the funding agreements. If conditions are attached to the grant which must be satisfied before the incorporated association is eligible to retain the contribution, the grant will be recognised in the statement of financial position as a liability until those conditions are satisfied.

Distributions from investments are recognised when the right to receive the payment is established.

Interest revenue is recognised using the effective interest rate method, which for floating rate financial assets is the

# Ingham Institute for Applied Medical Research

ACN: 077 543 849

## Notes to the Financial Statements

For the year ended 30 June 2024

### 2 Summary of Material Accounting Policies continued

#### (l) Revenue and Other Income continued

rate inherent in the instrument. Distributions and dividend revenue is recognised when the right to receive a dividend has been established.

All revenue is stated net of the amount of goods and services tax (GST).

#### (m) Goods and Services Tax (GST)

Revenues, expenses and assets are recognised net of the amount of GST, except where the amount of GST incurred is not recoverable from the Tax Office. In these circumstances the GST is recognised as part of the cost of acquisition of the asset or as part of an item of the expense. Receivables and payables in the statement of financial position are shown inclusive of GST.

Cash flows are presented in the statement of cash flows on a gross basis, except for the GST component of investing and financing activities, which are disclosed as operating cash flows.

#### (n) Contract Liabilities

Contract liabilities are recorded where grants and cash held in trust for specific purposes have not been fully expended at period end and where milestones have not been met.

#### (o) Segment Reporting

The Institute currently operates in one business segment being essentially to raise and administer funding to promote, examine and evaluate research that will improve the health status and health outcomes for the population of South Western Sydney.

#### (p) Critical accounting judgements, estimates and assumptions

The preparation of the financial statements requires management to make judgements, estimates and assumptions that affect the reported amounts in the financial statements. Management continually evaluates its judgements and estimates in relation to assets, liabilities, contingent liabilities, revenue and expenses. Management bases its judgements, estimates and assumptions on historical experience and on other various factors, including expectations of future events, that management believes to be reasonable under the circumstances. The resulting accounting judgements and estimates will seldom equal the related actual results. The judgements, estimates and assumptions that have a significant risk of causing a material adjustment to the carrying amounts of assets and liabilities (refer to the respective notes) within the next financial year are discussed below.

##### *Estimation of useful lives of assets*

The incorporated association determines the estimated useful lives and related depreciation and amortisation charges for its property, plant and equipment and finite life intangible assets. The useful lives may change significantly as a result of technical innovations or other events. The depreciation and amortisation charge will increase where the useful lives are less than previously estimated lives, or technically obsolete or non-strategic assets that have been abandoned or sold will be written off or written down.

##### *Impairment of non-financial assets other than goodwill and other indefinite life intangible assets*

The incorporated association assesses impairment of non-financial assets other than goodwill and other indefinite life intangible assets at each reporting date by evaluating conditions specific to the incorporated association and to the particular asset that may lead to impairment. If an impairment trigger exists, the recoverable amount of the asset is

# Ingham Institute for Applied Medical Research

ACN: 077 543 849

## Notes to the Financial Statements

For the year ended 30 June 2024

### 2 Summary of Material Accounting Policies continued

**(p) Critical accounting judgements, estimates and assumptions continued**

determined. This involves fair value less costs of disposal or value-in-use calculations, which incorporate a number of key estimates and assumptions.

*Employee benefits provision*

As discussed in note 2 (i), the liability for employee benefits expected to be settled more than 12 months from the reporting date are recognised and measured at the present value of the estimated future cash flows to be made in respect of all employees at the reporting date. In determining the present value of the liability, estimates of attrition rates and pay increases through promotion and inflation have been taken into account.

# Ingham Institute for Applied Medical Research

ACN: 077 543 849

## Notes to the Financial Statements

For the year ended 30 June 2024

### 3 Revenue

#### Grants and donations

	<b>2024</b>	<b>2023</b>
	<b>\$</b>	<b>\$</b>
MRSP grant income	2,815,554	2,815,554
Donations - untied (fundraising)	361,923	649,288
Revenue from contracts with customers	10,325,392	10,751,851
Total grant income and donations	<u>13,502,869</u>	<u>14,216,693</u>

(a) Revenue from contracts with customers has been disaggregated as follows:

	<b>2024</b>	<b>2023</b>
	<b>\$</b>	<b>\$</b>
Revenue from contracts with customers		
- Research grant income	10,325,392	10,751,851
<b>Revenue from contracts with customers</b>	<u>10,325,392</u>	<u>10,751,851</u>
Country		
- Australia	10,325,392	10,751,851

### 4 Other expenses

Other expenses includes the following specific expense:

	<b>2024</b>	<b>2023</b>
	<b>\$</b>	<b>\$</b>
Repairs and maintenance	152,984	137,277
Laboratory consumables and equipment	178,358	158,155
Research consultant	350,004	274,783
Management fees	162,403	135,934

# Ingham Institute for Applied Medical Research

ACN: 077 543 849

## Notes to the Financial Statements

For the year ended 30 June 2024

### 5 Cash and Cash Equivalents

	2024	2023
	\$	\$
Cash on hand	-	1,040
Cash at bank	1,939,685	8,064,601
Total cash and cash equivalents	<u>1,939,685</u>	<u>8,065,641</u>

### 6 Trade and Other Receivables

	2024	2023
	\$	\$
CURRENT		
Trade receivables	2,057,910	2,098,208
GST paid	119,778	159,686
Other debtors	23,314	10,582
Total current trade and other receivables	<u>2,201,002</u>	<u>2,268,476</u>

### 7 Right-of-use assets

Ingham Institute has contributed \$5.55m cash towards the building of the Lang Walker AO Medical Research Building - Macarthur which is a state of the art research facility in South Western Sydney. This is in partnership with Western Sydney University, South West Sydney Local Health District, University of New South Wales, and the Health Administration Corporation. Once complete Ingham Institute will have right of use of 40% of the floor space.

It is a right-of-use asset to be amortised over 40 years from when access is granted.

### 8 Property, Plant and Equipment

	2024	2023
	\$	\$
Building		
At cost	46,273,650	46,160,490
Accumulated depreciation	(13,624,257)	(12,464,911)
Total buildings	<u>32,649,393</u>	<u>33,695,579</u>
Plant and equipment		
At cost	1,578,790	1,578,790
Accumulated depreciation	(1,574,367)	(1,571,974)
Total plant and equipment	<u>4,423</u>	<u>6,816</u>
Office equipment		
At cost	949,755	945,667
Accumulated depreciation	(600,452)	(470,296)
Total office equipment	<u>349,303</u>	<u>475,371</u>

# Ingham Institute for Applied Medical Research

ACN: 077 543 849

## Notes to the Financial Statements

For the year ended 30 June 2024

### 8 Property, Plant and Equipment continued

	2024	2023
	\$	\$
Computer equipment		
At cost	379,752	336,637
Accumulated depreciation	(289,098)	(254,277)
Total computer equipment	<u>90,654</u>	<u>82,360</u>
WIP Construction		
At cost	-	435,367
WIP Construction	-	435,367
MRI Linac machine		
At cost	7,030,911	7,030,911
Accumulated depreciation	(6,357,983)	(6,224,803)
Total MRI Linac machine	<u>672,928</u>	<u>806,108</u>
Laboratory equipment		
At Cost	2,452,433	2,299,641
Accumulated depreciation	(2,018,127)	(1,862,116)
Total laboratory equipment	<u>434,306</u>	<u>437,525</u>
Total property, plant and equipment	<u><u>34,201,007</u></u>	<u><u>35,939,126</u></u>

# Ingham Institute for Applied Medical Research

ACN: 077 543 849

Notes to the Financial Statements

For the year ended 30 June 2024

## 8 Property, Plant and Equipment continued

### (a) Movements in Carrying Amounts

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

	WIP Construction \$	Buildings \$	Plant and Equipment \$	Office Equipment \$	Computer equipment \$	MRI Linac Machine \$	Laboratory Equipment \$	Total \$
<b>2024</b>								
Balance at the beginning of the year	435,367	33,695,579	6,816	475,371	82,360	806,108	437,525	35,939,126
Additions	-	113,160	-	4,088	46,945	-	152,793	316,986
Depreciation expense	(435,367)	(1,159,346)	(2,393)	(130,156)	(38,651)	(133,180)	(156,012)	(2,055,105)
<b>Balance at 30 June 2024</b>	-	32,649,393	4,423	349,303	90,654	672,928	434,306	34,201,007
<b>2023</b>								
Balance at the beginning of the year	415,881	34,677,096	21,330	338,214	22,136	1,443,640	496,888	37,415,185
Additions	19,943	78,965	-	232,413	79,924	2,325	67,165	480,735
Depreciation expense	(457)	(1,060,482)	(14,514)	(95,256)	(19,700)	(639,857)	(126,528)	(1,956,794)
<b>Balance at 30 June 2023</b>	435,367	33,695,579	6,816	475,371	82,360	806,108	437,525	35,939,126

# Ingham Institute for Applied Medical Research

ACN: 077 543 849

## Notes to the Financial Statements

For the year ended 30 June 2024

### 9 Intangible Assets

	2024	2023
	\$	\$
Patents and trademarks		
Cost	39,632	32,002
Total patents and trademarks	<u>39,632</u>	<u>32,002</u>
Computer software		
Cost	284,237	260,070
Accumulated amortisation	(260,519)	(256,932)
Total computer software	<u>23,718</u>	<u>3,138</u>
Total Intangibles	<u><u>63,350</u></u>	<u><u>35,140</u></u>

#### (a) Movements in carrying amounts of intangible assets

	Patents and trademarks	Computer software	Total
	\$	\$	\$
Year ended 30 June 2024			
Balance at the beginning of the year	32,002	3,138	35,140
Additions	7,630	24,167	31,797
Amortisation	-	(3,587)	(3,587)
<b>Closing value at 30 June 2024</b>	<u><u>39,632</u></u>	<u><u>23,718</u></u>	<u><u>63,350</u></u>

	Patents and trademarks	Computer software	Total
	\$	\$	\$
Year ended 30 June 2023			
Balance at the beginning of the year	21,533	34,708	56,241
Additions	10,469	-	10,469
Amortisation	-	(31,570)	(31,570)
<b>Closing value at 30 June 2023</b>	<u><u>32,002</u></u>	<u><u>3,138</u></u>	<u><u>35,140</u></u>

# Ingham Institute for Applied Medical Research

ACN: 077 543 849

## Notes to the Financial Statements

For the year ended 30 June 2024

### 10 Financial assets

	<b>2024</b>	<b>2023</b>
	<b>\$</b>	<b>\$</b>
CURRENT		
Term deposits	6,281,209	8,784,965
Total current financial assets	<u>6,281,209</u>	<u>8,784,965</u>
	<b>2024</b>	<b>2023</b>
	<b>\$</b>	<b>\$</b>
NON-CURRENT		
Other financial assets	29,683,735	26,928,415
Total non-current financial assets	<u>29,683,735</u>	<u>26,928,415</u>

Other financial assets relates to an investments, managed by Crestone Wealth Management in order to achieve a long term income stream, as well as capital growth. The investments are carried at fair value based on the fair value of underlying assets per the fund manager reports, movements in fair value of the financial assets are recorded through profit & loss.

### 11 Trade and Other Payables

	<b>2024</b>	<b>2023</b>
	<b>\$</b>	<b>\$</b>
CURRENT		
Trade payables	451,150	456,036
GST payable	260,981	479,595
Other payables	46,500	770,055
Current trade and other payables	<u>758,631</u>	<u>1,705,686</u>

# Ingham Institute for Applied Medical Research

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## Notes to the Financial Statements

For the year ended 30 June 2024

### 12 Employee Benefits

	<b>2024</b>	<b>2023</b>
	<b>\$</b>	<b>\$</b>
CURRENT		
Employee benefits	900,504	834,850
Total current employee benefits	<u>900,504</u>	<u>834,850</u>
	<b>2024</b>	<b>2023</b>
	<b>\$</b>	<b>\$</b>
NON-CURRENT		
Employee benefits	198,500	168,541
Total non-current employee benefits	<u>198,500</u>	<u>168,541</u>

### 13 Contract Liabilities

Cash held in trust refers to grant monies received by the Institute in its capacity as an administering institution. These grant monies are to be expended for specific projects as set out in each agreement between the grantor and the Institute. Any grant monies not committed or expended by the end of the grant period shall be returned to the grantor.

### 14 Financial Risk Management

#### Specific Financial Risk Exposures and Management

The main risks the Institute is exposed to through its financial instruments are credit risk, liquidity risk and market risk consisting of interest rate risk, foreign currency risk and price risk.

#### (a) Credit risk

Credit risk arises where there is a possibility of the Institute's counter parties defaulting on their contractual obligation, resulting in a financial loss to the Institute. The maximum exposure to credit risk is generally represented by the carrying amount of the financial assets (net of any allowance for impairment).

Credit risk arises from the financial assets of the Institute. No collateral is held by the Institute nor has it granted any financial guarantees.

# Ingham Institute for Applied Medical Research

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## Notes to the Financial Statements

For the year ended 30 June 2024

### 14 Financial Risk Management continued

#### *Receivables - Trade Debtors*

The Institute has no significant concentration of credit risk with any single counterparty or group of counterparties. Based on past experience, debtors and other receivables that are not past due and not more than 3 months past due (2024: \$1,663,238, 2023: \$2,012,485) are not considered impaired of the total trade debtors. There are \$394,672 in debtors more than 3 months past due (2023: \$85,617) however management has not deemed any of these debtors to be impaired.

#### *Term Deposits - Other Financial Assets*

The Institute placed funds in a fixed term deposit with the Commonwealth Bank of Australia (CBA). Interest earned on the deposits ranged from 3.95% to 5.38% (2022: 3.95% to 5.38%) over the period.

#### *Financial Assets at Fair Value Through Profit or Loss*

In 2011 the Institute invested funds in the Charitable Australian Screened Equities Common Fund 102, an unlisted unit trust. Upon initial recognition the investment has been designated as carried at fair value through profit or loss upon initial recognition.

### **(b) Liquidity risk**

Liquidity risk arises from the possibility that the Institute might encounter difficulty in settling its debts or otherwise meeting its obligations related to financial liabilities. The Institute manages risk through monitoring future cash flows and maturities planning to ensure adequate holdings of high quality liquid assets. The objective is to maintain a balance between continuity of funding and flexibility through effective management of cash, investments and liquid assets and liabilities.

During the current and prior year, there were no defaults or breaches on any payables. No assets have been pledged as collateral. The Institute's exposure to liquidity risk is deemed insignificant based on prior periods' data and current assessment of risk.

The liabilities are recognised for amounts due to be paid in the future for goods or services received, whether or not invoiced. If trade terms are not specified, payment is made no later than the end of the month following the month in which an invoice or a statement is received.

### **(c) Market risk**

#### *Interest rate risk*

The Institute does not have any interest-bearing liabilities.

# Ingham Institute for Applied Medical Research

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## Notes to the Financial Statements

For the year ended 30 June 2024

### 14 Financial Risk Management continued

#### (c) Market risk continued

For financial instruments a reasonably possible change of +/-1% is consistent with trends in interest. The Institute's exposure to interest rate risk is set out below.

	Carrying Amount	Surplus +1%	Equity +1%	Surplus -1%	Equity -1%
	\$	\$	\$	\$	\$
<b>2024 Financial Assets</b>					
Cash and cash equivalents	1,939,685	19,397	19,397	(19,397)	(19,397)
Term deposits	6,281,209	62,812	62,812	(62,812)	(62,812)
Total financial assets	<u>8,220,894</u>	<u>82,209</u>	<u>82,209</u>	<u>(82,209)</u>	<u>(82,209)</u>
<b>2023 Financial Assets</b>					
Cash and cash equivalents	8,065,641	80,656	80,656	(80,656)	(80,656)
Term deposits	8,784,965	87,850	87,850	(87,850)	(87,850)
Total financial assets	<u>16,850,606</u>	<u>168,506</u>	<u>168,506</u>	<u>(168,506)</u>	<u>(168,506)</u>

#### *Price risk*

The Institute is exposed to price risk in relation to its investment in the Charitable Australian Screened Equities Common Fund. There is a risk that the fair value of future cash flows of a financial instrument will fluctuate because of changes in market prices. The investment amounted to \$29,683,735 as at 30 June 2024 (2023: \$26,928,415). For the investments a reasonably possible change of +/-10% is consistent with trends in equity markets. As such, exposure to price risk would result in a potential increase or decrease in annual surplus and equity for 2024 of +/--\$2,692,842] (2023: +/--\$2,692,842).

### 15 Related Party Disclosures

The Institute is supported by South West Sydney Local Health District through the provision of administrative support and the use of equipment at no charge. The value of this support has not been assessed.

The Institute was supported by Marsdens Law Group, a director of whom is on the Institute's Board of Directors, through advice generally relating to legal matters. The total value of services billed by Marsdens Law Group in relation to the 2024 financial year was \$71,267 (2023: \$149,740).

No other benefits have been received or are due and receivable by directors, other than those already disclosed in the notes to the accounts.

### 16 Interests of Key Management Personnel

The totals of remuneration paid to the key management personnel of Ingham Institute for Applied Medical Research during the year are as follows:

# Ingham Institute for Applied Medical Research

ACN: 077 543 849

## Notes to the Financial Statements

For the year ended 30 June 2024

### 16 Interests of Key Management Personnel continued

	<b>2024</b>	<b>2023</b>
	<b>\$</b>	<b>\$</b>
Remuneration	1,095,457	978,309
Total remuneration paid to key management	<u>1,095,457</u>	<u>978,309</u>

The Remuneration Report contained in the Directors' Report contains details of the remuneration paid or payable to each member of Ingham Institute for Applied Medical Research's key management personnel for the year ended 30 June 2024.

### 17 Auditor's Remuneration

	<b>2024</b>	<b>2023</b>
	<b>\$</b>	<b>\$</b>
Remuneration of the auditor of the Institute for:		
ESV Business Advice and Accounting		
- Audit of financial report	34,500	33,500
- Other	2,000	2,000
Total auditor remuneration	<u>36,500</u>	<u>35,500</u>

### 18 Events After the End of the Reporting Period

No matters or circumstances have arisen since the end of the financial year which significantly affected or may significantly affect the operations of the Institute, the results of those operations or the state of affairs of the Institute in future financial years.

### 19 Capital Commitments

There are no capital commitments present as at year end (2023: Nil).

# Ingham Institute for Applied Medical Research

ACN: 077 543 849

## Notes to the Financial Statements

For the year ended 30 June 2024

### 20 Income and expenditure - Fundraising Appeals

This disclosure is made under the NSW Charitable Fundraising Act (1991).

(i) Fundraising Appeals conducted during the financial period:

	<b>2024</b>	<b>2023</b>
	<b>\$</b>	<b>\$</b>
Individual donations and sponsorships	<b>329,371</b>	574,875
Corporate donations	<b>964,887</b>	1,389,856
Events	<b>911,545</b>	1,280,194
	<b>2,205,803</b>	3,244,925
Cost of Fundraising Appeals	<b>(979,785)</b>	(1,036,284)
<b>Net surplus obtained from Fundraising Appeals</b>	<b>1,226,018</b>	2,208,641

(ii) Statement showing how funds and goods received were applied to charitable purposes:

	<b>2024</b>	<b>2023</b>
	<b>\$</b>	<b>\$</b>
Net surplus obtained from Fundraising Appeals	<b>1,226,017</b>	2,208,641
This was applied to the charitable purposes in the following manner:	-	-
Donations redirected to research groups	<b>1,172,224</b>	1,755,956
Research scholarships and awards	<b>207,956</b>	210,000
Research incentive payments	<b>17,608</b>	71,685
	<b>1,397,788</b>	2,037,641

Total expenditure on Research activities was \$1,397,788 (2023: \$2,037,641). The difference between this amount and the surplus available from Fundraising Appeals (as defined in the Act) of \$1,226,017 (2023: \$2,208,641) was a deficit of \$(171,770) (2023: \$171,000).

### 21 Institute Details

The registered office and principal place of the Institute is:

Ingham Institute for Applied Medical Research  
1 Campbell Street  
Liverpool NSW 2170 Australia

# Ingham Institute for Applied Medical Research

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## Responsible Persons' Declaration

The directors of the Institute declare that:

1. The financial statements and notes, as set out on pages 13 to 35 are in accordance with the *Corporations Act 2001*, the Corporations Regulations 2001, the Australian Charities and Not-for-profits Commission Act 2012, New South Wales Charitable Fundraising Act 1991 and other mandatory professional reporting requirements; and
  - (a) comply with Australian Accounting Standards - Simplified Disclosures Standard; and
  - (b) give a true and fair view of the financial position as at 30 June 2024 and of the performance for the year ended on that date of the Institute.
2. In the directors' opinion, there are reasonable grounds to believe that the Institute will be able to pay its debts as and when they become due and payable.
3. The financial report and associated records of the Institute have been properly kept during the year ended 30 June 2024 in accordance with the provisions of the *Charitable Fundraising Act 1991*, the regulations under the Act and the conditions attached to organisation's authority; and;
4. The internal controls exercised by the organisation are appropriate and effective in accounting for all income received and applied by the organisation from any of its fundraising appeals.

This declaration is made in accordance with a resolution of the Board of Directors.



Director: .....

Terence Goldacre



Director: .....

Timothy Bryan

Dated as at Sydney: 10 October 2024



## INDEPENDENT AUDITOR'S REPORT TO MEMBERS OF INGHAM INSTITUTE FOR APPLIED MEDICAL RESEARCH

### **Opinion**

We have audited the financial report, being a general-purpose financial report (simplified disclosures), of Ingham Institute for Applied Medical Research (the 'Institute'), which comprises the statement of financial position as at 30 June 2024, and the statement of profit or loss and other comprehensive income, statement of changes in equity and statement of cash flows for the year then ended, summary of material accounting policies, and the directors' declaration.

In our opinion, the accompanying financial report of Ingham Institute for Applied Medical Research is in accordance with the *Corporations Act 2001* and the *Australian Charities and Not-for-Profit Commission Act 2012*, including:

- a) giving a true and fair view of the Institute's financial position as at 30 June 2024 and of its financial performance for the year then ended; and
- b) complying with Australian Accounting Standards – General Purpose (Simplified Disclosures) Requirements and the *Corporations Regulations 2001* and the *Australian Charities and Not-for-profits Commission Regulation 2013*.

### **Basis for opinion**

We conducted our audit in accordance with Australian Auditing Standards. Our responsibilities under those standards are further described in the *Auditor's Responsibilities for the Audit of the Financial Report* section of our report. We are independent of the Institute in accordance with the auditor independence requirements of the *Corporations Act 2001* and the ethical requirements of the Accounting Professional and Ethical Standards Board's APES 110 *Code of Ethics for Professional Accountants (including Independence Standards)* (the Code) that are relevant to our audit of the financial report in Australia. We have also fulfilled our other ethical responsibilities in accordance with the Code.

We confirm that the independence declaration required by the *Corporations Act 2001*, which has been given to the directors of the Company, would be in the same terms if given to the directors as at the time of this auditor's report.

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

### **Responsibilities of the directors for the financial report**

The directors of the Institute are responsible for the preparation of the financial report that gives a true and fair view in accordance with Australian Accounting Standards and the *Corporations Act 2001* and for such internal control as the directors determine is necessary to enable the preparation of the financial report that gives a true and fair view and is free from material misstatement, whether due to fraud or error.

## **INDEPENDENT AUDITOR'S REPORT TO MEMBERS OF INGHAM INSTITUTE FOR APPLIED MEDICAL RESEARCH**

In preparing the financial report, the directors are responsible for assessing the Institute's ability to continue as a going concern, disclosing, as applicable, matters relating to going concern and using the going concern basis of accounting unless the directors either intend to liquidate the Institute or to cease operations, or have no realistic alternative but to do so.

### ***Auditor's responsibilities for the audit of the financial report***

Our objectives are to obtain reasonable assurance about whether the financial report as a whole is free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not a guarantee that an audit conducted in accordance with the Australian Auditing Standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of this financial report.

A further description of our responsibilities for the audit of the financial report is located at the Auditing and Assurance Standards Board website at: [http://www.auasb.gov.au/auditors\\_responsibilities/ar4.pdf](http://www.auasb.gov.au/auditors_responsibilities/ar4.pdf). This description forms part of our auditor's report.

### ***Report on the requirements of the NSW Charitable Fundraising Act 1991 and the NSW Charitable Fundraising Regulations 2021***

We have audited the financial report as required by the Section 24(2) of the NSW Charitable Fundraising Act 1991. Our procedures included obtaining an understanding of the internal control structure for fundraising appeal activities and examination, on a test basis, of evidence supporting compliance with the accounting and associated record keeping requirements for fundraising appeal activities pursuant to the NSW Charitable Fundraising Act 1991 and the NSW Charitable Fundraising Regulations 2021.

Because of the inherent limitations of any assurance engagement, it is possible that fraud, error or non-compliance may occur and not be detected. An audit is not designed to detect all instances of non-compliance with the requirements described in the above-mentioned Acts and Regulations as an audit is not performed continuously throughout the period and the audit procedures performed in respect of compliance with these requirements are undertaken on a test basis. The audit opinion expressed in this report has been formed on the above basis.

**INDEPENDENT AUDITOR'S REPORT TO MEMBERS OF INGHAM INSTITUTE FOR APPLIED MEDICAL RESEARCH**

***Opinion***

In our opinion:

- a) the financial report of Ingham Institute for Applied Medical Research has been properly drawn up and associated records have been properly kept during the financial year ended 30 June 2024, in all material respects in accordance with:
  - i) sections 20(1), 22(1-2), 24(1-3) of the NSW Charitable Fundraising Act 1991; and
  - ii) sections 10(6) and 11 of the NSW Charitable Fundraising Regulations 2021.
- b) the money received as a result of fundraising appeals conducted by the Institute during the financial year ended 30 June 2024 has been properly accounted for and applied, in all material respects, in accordance with the above-mentioned Act and Regulations.

Dated at Sydney on the 10<sup>th</sup> October 2024.

*ESV*

**ESV Business Advice and Accounting**

*T. Burns*

**Travas Burns  
Partner**

IIAMR Publications  
2024

Abasseri M; Hoque S; Caldwell K; Sheahan L; Kochovska S; **Agar M**; Zekry A, (2024). "Exploring Misconceptions of Palliative Care Among Patients With Hepatocellular Carcinoma: A Pilot Study." *Am J Hosp Palliat Care* 467-476. DOI: 10.1177/10499091241268423

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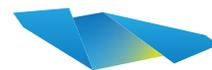
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