

ANNUAL REPORT 2015



Research
Translation
Prevention

Uniquely positioned to address the changing health landscape

AN INDEPENDENT, AUSTRALIAN-BASED RESEARCH INSTITUTE, RECOGNISED INTERNATIONALLY FOR ITS CONTRIBUTIONS TO MEDICAL SCIENCE.

Australia faces an ageing population and rapidly growing rates of chronic disease that threaten to significantly impair quality of life for millions of Australians. Cardiovascular disease, diabetes and obesity are the biggest health challenges facing our society today. Cardiovascular disease remains the leading cause of death in Australia while type 2 diabetes is projected to become the leading cause of disease burden for men and the second leading cause for women by 2023, mainly due to the expected growth in the prevalence of obesity.

Baker IDI is well positioned to address these challenges, with multidisciplinary teams comprising medical specialists, scientists and public health experts all focused on translating laboratory findings into new approaches to prevention, treatment and care.

Our research makes a difference by:

- Identifying the genetic and environmental determinants of disease
- Contributing to prevention strategies by more accurately assessing and mitigating an individual's risk of diabetes and cardiovascular disease
- Developing effective treatments for chronic disease risk factors and complications, such as high blood pressure, kidney failure and stroke
- Developing programs to manage disease, particularly in high-risk groups such as remote, rural and Indigenous communities
- Informing policy, developing best-practice treatment guidelines and facilitating education programs for healthcare professionals
- Translating our research through commercialisation of scientific discoveries, including the development of new drugs and devices
- Providing credible and informed health information to the community, including the role of lifestyle in preventing and treating disease such as optimal diets and physical activity programs
- Forming partnerships with government and industry, and engaging in advocacy.

Doing more of the same has not and will not solve these diseases. Medical research is the only way to develop evidence-based strategies to protect Australians – today and tomorrow – from devastating deaths and life-limiting disabilities.

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“ Living with diabetes is hard enough, imagine having the burden of cancer as well. Our latest research is finding the links to help prevent diabetes patients from going on to also develop cancer. ”

Associate Professor Dianna Magliano



Antigone's fight against cancer and type 1 diabetes

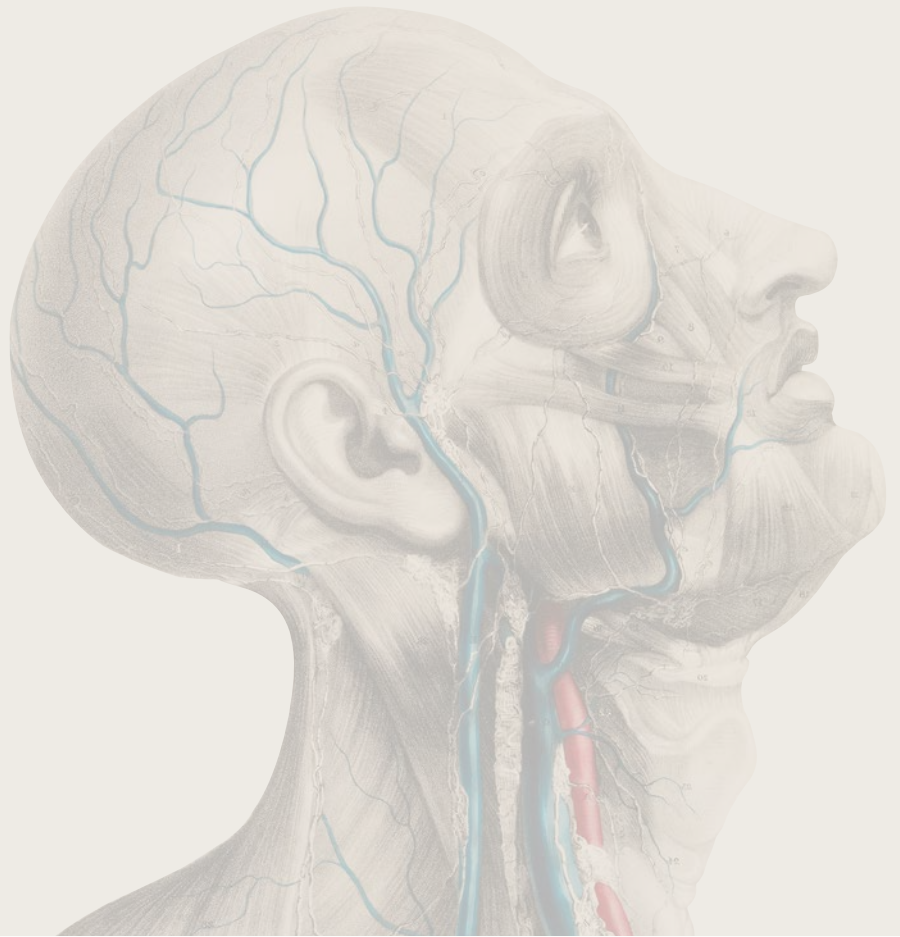
When Antigone was diagnosed with type 1 diabetes at 16 it came as a massive shock. With a Cypriot background, Antigone had always enjoyed a healthy lifestyle but adopted her diagnosis and new way of life despite her fear of needles.

10 years later Antigone started experiencing horrible bouts of nausea and vomiting. It was during a routine appointment with her diabetes specialist that he suggested an ultrasound. The scan revealed what was originally thought to be a cyst, but upon operating Antigone was found to have ovarian cancer.

Medical research has now found that those living with diabetes have a greater risk of developing some cancers.

‘I was absolutely terrified when I was told I had cancer. It's a scary diagnosis at any age, let alone being so young at 26. I was just so lucky that Dr Cohen, my diabetes specialist, was able to diagnose it or it may have taken my life,’ says Antigone, pictured here with her mum.

Snapshot of the Institute



An independent medical research institute with a long and distinguished history spanning 90 years



One of the few institutes in the world dedicated to tackling the deadly trio of cardiovascular disease, diabetes and obesity



Established flagship programs to answer big-picture scientific questions about heart disease, diabetes, metabolism and physical activity



Headquartered in Melbourne, with a research facility in Alice Springs



Operates a national program aimed at addressing the health disadvantage in Aboriginal communities



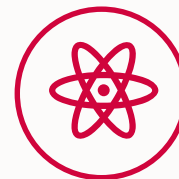
Provides a range of cardiovascular and diabetes clinical services for people looking for evidence-based care



A staff base of 470, including scientists, health professionals and students



Funded through a diverse range of sources, including competitive grants; Federal and State governments; service and clinical income; and philanthropic support



\$75.6 million turnover, including wholly owned subsidiary, Nucleus Network; an early-phase clinical trials facility

Australia's Greatest Health Challenges,

“For many with heart disease, sudden death is their first symptom. After my heart stopped beating nine times in 40 minutes, I realised how lucky I was to be alive and not just another statistic.”

Will Walker, heart patient and Baker IDI supporter

RIGHT: With heart disease still the biggest killer in Australia, it really, truly can strike any one of us – something former professional cyclist Will Walker knows all too well.



EVERY 12 MINUTES

Cardiovascular disease (heart, stroke and blood vessel disease) kills one Australian every 12 minutes¹

ONE IN SIX PEOPLE

One in six people will suffer a stroke in their lifetime²

THREE IN FIVE

Nearly three in five Australian adults (57%) do not exercise enough to meet the recommended guidelines³

TWO IN THREE ADULTS

Almost two in three Australian adults and more than one in four children are now overweight or obese⁴

269 PEOPLE A DAY

Every day, approximately 269 adults in Australia aged over 25 develop diabetes⁵

DOUBLE THE RISK

Living in the most socially disadvantaged areas of Australia doubles the risk of developing diabetes⁶

THREE MILLION AUSTRALIANS

If diabetes continues to rise at the current rate, up to three million Australians over the age of 25 will have diabetes by 2025⁷

\$14.6 BILLION

The total annual cost impact of diabetes in Australia is estimated at \$14.6 billion⁸

SECOND LEADING CAUSE OF DEATH

Dementia is the second leading cause of death in Australia.⁹ It is thought that half of the patients with dementia have vascular dementia and there is no cure. Dementia has links with other chronic diseases like cardiovascular disease and type 2 diabetes

60 PEOPLE A DAY

Every day, 60 Australians die from kidney-related disease¹⁰

EIGHT TIMES AS LIKELY

Indigenous people are eight times as likely to begin dialysis for kidney disease or to receive a kidney transplant¹¹

FIVE TIMES THE RATE

Indigenous Australians had higher death rates than non-Indigenous Australians across all age groups during 2007–2011. In the 35–44 age group, Indigenous people died at about five times the rate of non-Indigenous people¹²

¹ Heart Foundation – www.heartfoundation.org.au/information-for-professionals/data-and-statistics/. ² Stroke Foundation – <https://strokefoundation.com.au/about-stroke/facts-and-figures-about-stroke>. ³ Australian Institute of Health and Welfare 2014. Australia's health 2014: in brief. Cat. no. AUS 181. Canberra: AIHW, p. 16. ⁴ Australian Health Survey: First Results, 2011–12. Cat. no. 4364.0.55.001. ⁵ The Australian Diabetes, Obesity and Lifestyle Study (AusDiab 2012), Baker IDI Heart and Diabetes Institute. ⁶ Ibid. ⁷ Diabetes: The silent pandemic and its impact on Australia (2012), Baker IDI Heart and Diabetes Institute with input from Diabetes Australia and Juvenile Diabetes Research Foundation. ⁸ <https://www.diabetesaustralia.com.au/diabetes-in-australia>. ⁹ Australian Bureau of Statistics (2015) Causes of Death, Australia, 2013. Cat no. 3303. Canberra: ABS. ¹⁰ State of the Nation: Chronic Kidney Disease Hot Spots, Kidney Health Australia, <http://kidney.org.au/cms/uploads/docs/state-of-the-nation--kidney-health-week-2016--chronic-kidney-disease-hot-spots.pdf/>. ¹¹ Australian Institute of Health and Welfare 2012 Australia's health 2012: in brief. Cat. no. AUS 157. Canberra: AIHW. ¹² Australian Institute of Health and Welfare 2014. Australia's health 2014. Australia's health series no. 14. Cat. no. AUS 178. Canberra: AIHW, p. 315.

Chairman's Report



At the beginning of this year the renowned cardiovascular researcher and cardiologist, Professor Thomas Marwick, joined Baker IDI as the seventh Director in the Institute's 90 year history. Resilient and competent leadership has been a hallmark of this organisation and I'm pleased to welcome Professor Marwick, who will undoubtedly carry on this strong tradition.

Professor Marwick joins the Institute at an exciting time for medical research, with the passing of the Medical Research Future Fund (MRFF) Bill in August 2015. The MRFF was a huge win for the health and medical research sector, and the many people in the community who will benefit from the health advancements the fund will support. I was honoured to chair the MRFF Action Group, which spent considerable effort bringing together peak bodies and organisations across the research sector to advocate for this transformational fund. Another non-executive director of Baker IDI, Ian Smith, also played a major part in the Group. I would also like to acknowledge the important contributions of Mr Alastair Lucas, who instigated the MRFF Action Group and was a tireless advocate for medical research until his death in 2015.

Continued advocacy for the MRFF is critical

We will need to maintain these advocacy efforts in years to come to ensure the MRFF is fully capitalised at \$20 billion by 2020–21, as committed by the Federal Government. When fully implemented, the MRFF will deliver an additional \$1 billion per year to medical research and effectively double government investment in the sector. A new advisory board, chaired by eminent scientist Professor Ian Frazer, was recently appointed to advise the government on how distributions from the MRFF should be made.

In the meantime, and to keep the momentum going, the Association of Australian Medical Research Institutes has created a campaign called 'What's the Fuss?'. The campaign highlights the importance of medical research, not only to human health but also in building our knowledge economy, in generating export revenue and in developing our skilled workforce. The campaign features patients and researchers, including Baker IDI's Head of Aboriginal Health, Professor Sandra Eades, who outlines how her work is helping to address the significant health disadvantage in Aboriginal communities.

The 'What's the Fuss?' campaign is playing out against a backdrop of alarming disease statistics. In 2015, heart disease was again the leading cause of death in Australia despite significant advances in cardiovascular medicine. Recently, the World Health Organization released the first *Global Report on Diabetes*, highlighting that the number of adults living with diabetes had almost quadrupled since 1980 to over 400 million adults. The dramatic rise in chronic disease, driven partly by the increasing number of people who are overweight or obese, is reflected in Australian statistics. Against this backdrop, Baker IDI's unique multidisciplinary focus on heart disease, diabetes and obesity means the Institute is well placed to make a lasting impact on the health of our community.

Good science is built on collaboration

Collaboration is critical to our scientific endeavours. Baker IDI is continuing to work closely with its partners on the Alfred Medical Research and Education Precinct. In 2015, the Institute welcomed scientists from the Centre for Eye Research Australia (CERA) onto our premises. The work of Australia's leading eye research institute aligns closely with the research undertaken by Baker IDI scientists, particularly in areas such as diabetic complications.

A supportive organisation is essential in fostering scientific discovery

Having the right staff and infrastructure is also critical. As a legacy to the Institute our former Director, Professor Garry Jennings AO, initiated a perpetual Director's Fund. The Director's Fund will assist Professor Marwick and his successors in retaining and recruiting the best scientists, developing blue sky research projects and accessing the technology needed for the Institute to undertake world-class research.

Good governance is essential and I am grateful for the support of my fellow Board Directors for their commitment to the Institute's mission and to the sector more broadly. I thank Professor Jennings for his capable leadership of the Institute over many years. I also thank two Board members, Professor Paul Zimmet AO and Mr Justin Arter, who stepped down as Directors in February 2016 after nearly a decade of distinguished service to the Institute.

We are sincerely grateful for the support of our donors; in particular, I would like to acknowledge the work of The Baker Foundation, which has consistently supported the Institute since its establishment in 1926.

The important contributions of the Federal and Victorian governments in supporting the Institute's mission are also acknowledged. Funding provided by these governments is crucial to the feasibility of our work and we are very grateful for their support.

Finally, I commend the Baker IDI staff for their hard work and dedication. Science, more so than many other disciplines, requires extraordinary resilience, dedication and passion, and our team continues to do exceptional work.



Peter Scott
Chairman,
Baker IDI Heart
and Diabetes Institute

“ The dramatic rise in chronic disease, driven partly by the increasing number of people who are overweight or obese, is reflected in Australian statistics. Against this backdrop, Baker IDI's unique multidisciplinary focus on heart disease, diabetes and obesity means the Institute is well placed to make a lasting impact on the health of our community. ”

Director's Report



On the eve of my joining Baker IDI as its seventh Director, a feature on the Institute appeared in the *European Heart Journal* marking 90 years of medical innovation. In a highly competitive scientific arena, the article highlighted what makes Baker IDI unique.

The Institute is Australia's first multidisciplinary organisation dedicated to tackling cardiovascular disease, diabetes and obesity. In fact, it is one of the few scientific institutes globally that has such a multi-faceted approach to tackling the greatest health challenges facing our society.

If I had to articulate what attracted me to Baker IDI, it is this. Right now, with an ageing population, spiralling health costs and rapidly escalating rates of chronic disease, the Institute's approach to preventing and treating disease is both distinctive and astute. The opportunity to have a significant impact on the health of our communities has never been greater, and that is why I am passionate about leading this organisation.

Ensuring our research is informed by clinical need

Such need to deliver better health, however, comes with significant responsibility. It is not enough to produce great science; we need to ensure that our work is driving better health in our community and that translation is at the heart of everything we do. The scientific leaders heading Baker IDI's five major areas of medical research are clinician researchers who work both in clinic and community settings and in the laboratory. As a cardiologist and a researcher, understanding the needs of my patients – the challenges and opportunities that they face as part of their ongoing health management – is invaluable in informing my research. Equally, our laboratory-based scientists are skilled at devising novel approaches to tackling these complex clinical problems. This bench to bedside approach to tackling disease ensures that we bring everything to bear on these challenging health issues that pervade our community.

Translation must be at the heart of everything we do

The work of Professor David Kaye provides a great example of translational research that is delivering significant improvements to the lives of people

living with heart disease, the leading cause of death in Australia. Professor Kaye heads up the Heart Failure laboratory and a broad program of research aimed at trying to reverse chronic heart disease, and prevent and repair structural damage to the heart from cardiovascular disease. Professor Kaye recently developed a slow-release oral form of a drug prescribed for people with advanced heart failure. The new form of this drug, patented by Baker IDI, is based on demand for better management options for patients. One of the major benefits of this breakthrough is that a patient can be treated at home by taking the drug orally, instead of spending days in hospital hooked up to an intravenous pump. For patients, this has a significant impact on quality of life, not to mention significant healthcare savings.

The impact on quality of life for people living with diabetes and its complications is another significant issue driving our research. If diabetes continues to rise at the current rate, up to three million Australians over the age of 25 will have diabetes by 2025. That's why the work of scientific leaders like Professor Karin Jandeleit-Dahm is critical. She heads the Diabetes and Kidney Disease laboratory and oversees teams of scientists who are working at a cellular and molecular level to deliver scientific breakthroughs to enhance the lives of people living with diabetes and its complications. Her team has been successful in the clinical development of novel NOX inhibitors for the treatment of diabetic nephropathy (damage to the kidneys). Professor Jandeleit-Dahm believes that NOX inhibitors will eventually become effective therapies for preventing, stopping or even reversing common diabetic complications.

Your support is critical

This groundbreaking work would not be possible without the significant support of individuals, philanthropic trusts and foundations who support us financially; our wonderful volunteers; the dedicated Friends of Baker IDI; the patients at our clinics; the trial participants engaged in our clinical research; and our talented staff.

Thanks to you, we can continue our most promising and innovative life-saving research. Because of you, we can fund state-of-the-art equipment and continue to develop our best and brightest minds into world-leading scientists. Together we can find new ways to understand, diagnose and treat cardiovascular disease, diabetes and associated conditions – helping to save millions of lives.

I also gratefully acknowledge the support we receive from the Victorian, Northern Territory and Federal governments. In particular, I would like to acknowledge the Federal Government for the allocation of National Health and Medical Research Council grants as well as the indirect costs of research through the IRIISS scheme. I would also like to highlight the important role of the Victorian Government in funding the indirect costs of our research through the Operational Infrastructure Support Program. This funding is vital in supporting our scientific program but unfortunately we need more to bring us into line with other States and to ensure that we can continue to cover the cost of running these programs and retaining the brightest scientists. These funding mechanisms are crucial in helping us tackle Australia's greatest health challenges.

Research into cardiovascular disease has provided a five-fold return on investment over the last few decades. However, the ageing of the population and the 'diabetes' epidemic have changed the face of the cardiovascular disease epidemic to chronic illnesses such as heart failure that are associated with impaired quality of life and high costs. The importance of ongoing research and innovation along the spectrum from obesity to diabetes and cardiovascular disease has never been greater.



Professor Thomas Marwick

Director,
Baker IDI Heart
and Diabetes Institute

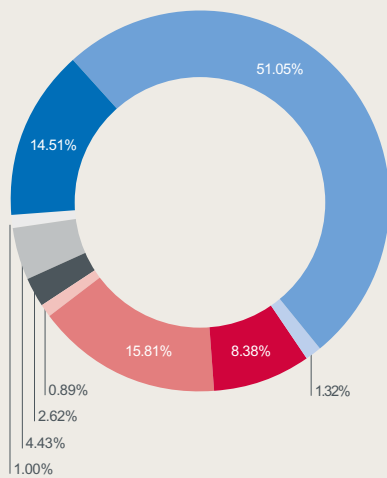
“ Thanks to you, we can continue our most promising and innovative life-saving research. Because of you, we can fund state-of-the-art equipment and continue to develop our best and brightest minds into world-leading scientists. Together we can find new ways to understand, diagnose and treat cardiovascular disease, diabetes and associated conditions – helping to save millions of lives. ”

Research Output: Grants and Publications

National Health & Medical Research Council funding received in 2015

\$18.0m
NHMRC FUNDING IN 2015

432
2015 PUBLICATIONS



Program Grants	\$2,615,169
Project Grants	\$9,199,611
EU Collaborative Research Grant	\$237,294
Centres of Research Excellence	\$1,509,749
Research Fellowships	\$2,848,897
Practitioner Fellowships	\$160,445
Career Development Fellowships	\$472,641
Early Career Fellowships	\$798,552
Postgraduate Scholarships	\$180,099
TOTAL	\$18,022,457

INTERNATIONAL FUNDING 2015

Juvenile Diabetes Research Foundation	\$465,170
Other	\$57,726
Total	\$522,896

Publication type	Quantity
Original research articles	297
Reviews	65
Editorials & comments	28
Letters & author replies	16
Books & book chapters	11
Other	15
Total	432

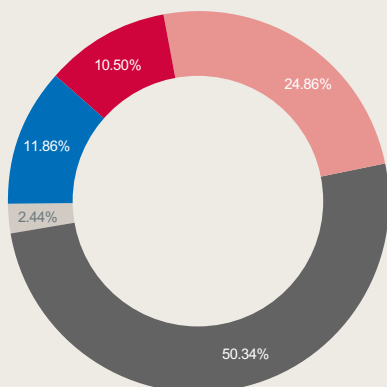
TOP 10 HIGHEST IMPACT FACTOR JOURNALS

In 2015, the original research of Baker IDI researchers was published in a range of international peer reviewed journals, including:

Publication name	2014 impact factor
The Lancet	45.217
JAMA – Journal of the American Medical Association	35.289
Cell	32.242
Cell Metabolism	17.565
Advanced Materials	17.493
Journal of the American College of Cardiology	16.503
European Heart Journal	15.203
Circulation	14.430
ACS Nano	12.881
Journal of Experimental Medicine	12.515

A full list of publications can be found on Baker IDI's website at: http://www.bakeridi.edu.au/publications/2015_published_research/

National Heart Foundation funding received in 2015



Grants-in-Aid	\$91,646
Career Development Fellowships	\$81,107
Future Leader Fellowships	\$192,000
Postdoctoral Fellowships (inc. Overseas Postdoctoral Fellowships)	\$388,844
Postgraduate Scholarships	\$18,864
TOTAL	\$772,461

Highlights: People

External Awards

- Dr Catherine Chamberlain was recognised as the top-ranked applicant by an Indigenous researcher in the National Health and Medical Research Council's Early Career Fellowship scheme.
- Elyse Di Marco was awarded the best research oral presentation by a young investigator at the Australian Vascular Biology Society's 2015 annual scientific conference.
- Head of Aboriginal Health, Professor Sandra Eades, was the recipient of the 2015 Lowitja Institute Research Leadership Award and University of Newcastle Indigenous Alumni Award.
- Jessica Harding was awarded the best PhD thesis presentation at the International Diabetes Epidemiology Group scientific meeting.
- Hamid Hosseini was the recipient of the Young Investigator's Award at the Australian Atherosclerosis Society's Annual Meeting.
- Sam Keating won the award for the best oral presentation at the 17th Diabetes and Cardiovascular Risk Factors – East Meets West Symposium in Hong Kong.
- Dr Helena Qin was awarded the British Pharmacology Society's Outstanding Young Investigator Prize at the international meet in December 2015.
- Diabetes researcher and clinician, Associate Professor Jonathan Shaw, was recognised with the inaugural Australian Diabetes Society's Jeff Flack Diabetes Data Award. The award recognises an Australian researcher who has made an outstanding contribution to diabetes data collection.
- Yow Keat Tham was the recipient of the ISHR Student Publication Prize for the best original research article from a PhD student in the last 12 months at the annual Cardiac Society of Australia and New Zealand/International Society for Heart Research conference in August 2015.

International Recognition

- The work of Dr Andrew Murphy and his group was cited in the top ten metabolism discoveries in the past decade by the highly prestigious journal, *Cell Metabolism*.
- Professor Paul Zimmet was named one of the world's most influential scientific minds and Professor Neville Owen a highly cited researcher by Thomson Reuters based on its analysis of data over the past 11 years.

Baker IDI Awards

- Blue Illusion generously supported the inaugural 'Women in Science Award' in 2014, which was awarded to Dr Anna Calkin.

“As a new mother, this award provided me with the support I needed to present at national conferences, sit on the NHMRC grant review panel in Canberra and build my track record in order to remain competitive against others who don't have children or are not primary care givers.”

Dr Anna Calkin

- The 2015 Sir Laurence Muir Medal was awarded to Dr Anna Calkin.
- A medal in the name of former Institute Director, Professor Paul Korner AO, was awarded to Jessica Harding, Clinical Diabetes and Epidemiology, for outstanding achievement in her final year of PhD studies. The award was sponsored by David and Lisa Thurin.
- The John Funder Prize in 2015, sponsored by David and Lisa Thurin, was awarded to Darren Henstridge in the Cellular and Molecular Metabolism laboratory.
- The Rod Andrew Prize in 2015, also sponsored by David and Lisa Thurin, was awarded to Shanzana Kahn, in the Vascular Pharmacology laboratory.

“The development of new therapeutics for hypertension treatment is crucial, given that 30 per cent of hypertensive patients are resistant to current therapies.”

Shanzana Kahn

Highlights: Discovery

Athletes' hearts should be tested during exercise, not at rest

Doctors underestimate the severity of irregular heartbeats in athletes because patients are tested while resting instead of when they are doing exercise, according to research by Associate Professor Andre La Gerche, Head of Sports Cardiology.

The study, published in the *European Heart Journal* in June 2015, built on previous research showing more strain is put on the right side of the heart during exercise. It concluded that doctors were missing signs of potentially fatal heart arrhythmias by conducting tests on the left side of the heart or while a patient was inactive.

The researchers tested heart performance in 17 athletes with right ventricular arrhythmias, eight of whom had an implantable cardiac defibrillator in place to control the rhythm of their hearts, ten healthy endurance athletes and seven non-athletes. Australian and Belgian researchers used a number of techniques, including echocardiography and cardiac magnetic resonance imaging, to monitor test subjects' heartbeat irregularities during physical activity.

Researchers found that in the athletes with arrhythmias the right side of the heart was weak during exercise, it could not handle the increase in workload and problems were detected that were not apparent at rest.

This study has important implications for patient management when it comes to the cardiovascular health of athletes.

RESEARCHERS TESTED HEART PERFORMANCE IN 17 ATHLETES WITH RIGHT VENTRICULAR ARRHYTHMIAS.

Study helps explain why some people are predisposed to depression and heart disease

A study published in *Molecular Psychiatry* in April 2016 helps explain why some people are predisposed to an increased risk of depression and heart disease and may help to better target treatment.

The study, led by Head of the Human Neurotransmitters laboratory, Professor Gavin Lambert, explains for the first time how a particular DNA sequence found in the noradrenaline transporter gene in some people with mood disorders, including major depressive disorder (MDD) and panic disorder, predisposes them to a possible increased risk of cardiovascular disease.

Similarly, this observation may explain why patients with high blood pressure are at an increased risk of developing depression and anxiety.

While there is strong evidence that patients with major depressive disorder are at increased risk of developing coronary heart disease, the mechanisms of increased risk have not been known.

This research paves the way for development of more targeted treatment for people to reduce their risk of developing cardiovascular disease or mood disorders.

A STUDY HELPS EXPLAIN WHY SOME PEOPLE ARE PREDISPOSED TO AN INCREASED RISK OF DEPRESSION AND HEART DISEASE AND MAY HELP TO BETTER TARGET TREATMENT.

'Sensor' protein could help fight against obesity and diabetes

A collaboration of Melbourne researchers, including scientists from Baker IDI, have identified an internal 'sensor' that helps fight obesity by instructing cells to burn their fat stores.

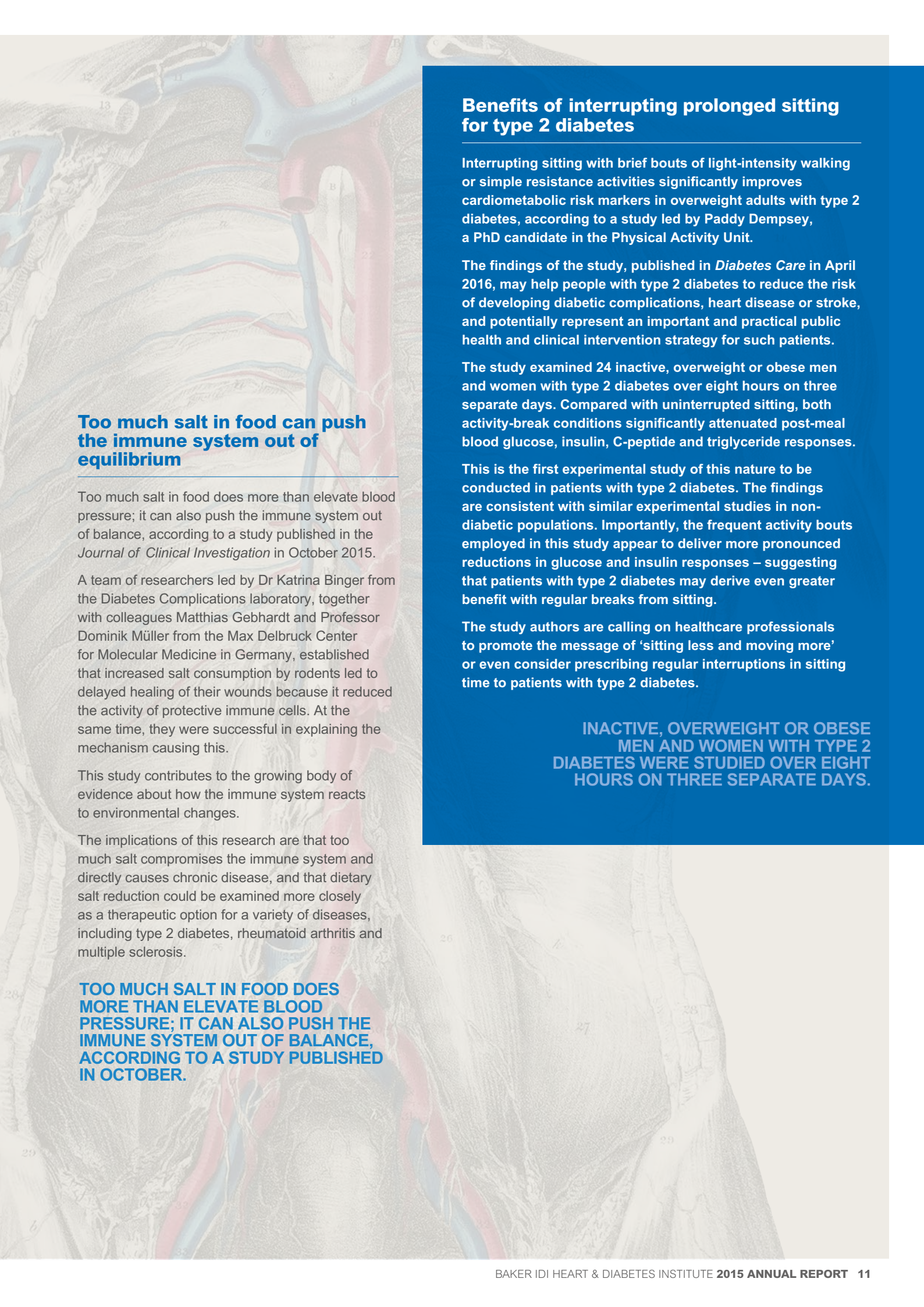
In the study, researchers showed a protein called NLRP1 is switched on when increased dietary energy (food) intake triggers the cell to become 'unstable'. Activating the protein sets off a chain of events that instructs cells to use up their energy or fat stores to prevent excess fat accumulating.

The research, led by Dr Seth Masters from Walter and Eliza Hall Institute and Dr Andrew Murphy and Dr Michael Kraakman from Baker IDI, with obesity expert Professor Mark Febbraio from the Garvan Institute, was published in the January 2016 edition of *Cell Metabolism*.

This research, funded by the National Health and Medical Research Council, VESKI (Victorian Endowment for Science, Knowledge and Innovation) and the Diabetes Australia Research Trust, could play a major role in the fight against obesity and metabolic diseases, including type 2 diabetes.

NLRP1

RESEARCHERS SHOWED A PROTEIN CALLED NLRP1 IS SWITCHED ON WHEN INCREASED DIETARY ENERGY (FOOD) INTAKE TRIGGERS THE CELL TO BECOME 'UNSTABLE'.



Too much salt in food can push the immune system out of equilibrium

Too much salt in food does more than elevate blood pressure; it can also push the immune system out of balance, according to a study published in the *Journal of Clinical Investigation* in October 2015.

A team of researchers led by Dr Katrina Binger from the Diabetes Complications laboratory, together with colleagues Matthias Gebhardt and Professor Dominik Müller from the Max Delbrück Center for Molecular Medicine in Germany, established that increased salt consumption by rodents led to delayed healing of their wounds because it reduced the activity of protective immune cells. At the same time, they were successful in explaining the mechanism causing this.

This study contributes to the growing body of evidence about how the immune system reacts to environmental changes.

The implications of this research are that too much salt compromises the immune system and directly causes chronic disease, and that dietary salt reduction could be examined more closely as a therapeutic option for a variety of diseases, including type 2 diabetes, rheumatoid arthritis and multiple sclerosis.

TOO MUCH SALT IN FOOD DOES MORE THAN ELEVATE BLOOD PRESSURE; IT CAN ALSO PUSH THE IMMUNE SYSTEM OUT OF BALANCE, ACCORDING TO A STUDY PUBLISHED IN OCTOBER.

Benefits of interrupting prolonged sitting for type 2 diabetes

Interrupting sitting with brief bouts of light-intensity walking or simple resistance activities significantly improves cardiometabolic risk markers in overweight adults with type 2 diabetes, according to a study led by Paddy Dempsey, a PhD candidate in the Physical Activity Unit.

The findings of the study, published in *Diabetes Care* in April 2016, may help people with type 2 diabetes to reduce the risk of developing diabetic complications, heart disease or stroke, and potentially represent an important and practical public health and clinical intervention strategy for such patients.

The study examined 24 inactive, overweight or obese men and women with type 2 diabetes over eight hours on three separate days. Compared with uninterrupted sitting, both activity-break conditions significantly attenuated post-meal blood glucose, insulin, C-peptide and triglyceride responses.

This is the first experimental study of this nature to be conducted in patients with type 2 diabetes. The findings are consistent with similar experimental studies in non-diabetic populations. Importantly, the frequent activity bouts employed in this study appear to deliver more pronounced reductions in glucose and insulin responses – suggesting that patients with type 2 diabetes may derive even greater benefit with regular breaks from sitting.

The study authors are calling on healthcare professionals to promote the message of ‘sitting less and moving more’ or even consider prescribing regular interruptions in sitting time to patients with type 2 diabetes.

INACTIVE, OVERWEIGHT OR OBESE MEN AND WOMEN WITH TYPE 2 DIABETES WERE STUDIED OVER EIGHT HOURS ON THREE SEPARATE DAYS.

Celebrating 90 years: Imagine the next ten

“Imagine if we could achieve a decrease in the gap between the lifespan of people with diabetes and those without, which currently sits at a massive 12.2 years.”

PADDY DEMPSEY

The spirit of philanthropy and a shared passion for science, cutting-edge research and improving human health led to the establishment of The Baker Institute in 1926.

John Fullarton Mackeddie, a caring and competent doctor, dreamt of finding new and exciting ways to ensure the most advanced medical treatments were available to all Australians. While it was Mackeddie's passion, it was the vision of philanthropists Thomas Baker and his wife, Alice Baker and sister Eleanor Shaw, who generously donated a leadership gift of £20,000 that would establish the Baker Institute.

Under their Wills, a trust was set up in the name of The Baker Foundation to ensure their legacy of giving lived on and that the world-leading research continued. Thanks to their vision, the Institute is celebrating 90 years of research excellence.

The long-standing support of The Baker Foundation has been transformative to the Institute. Today, Baker IDI is home to hundreds of scientists, clinicians and students who are continuing that work. The Institute has a proud history of discovery, and it is with great optimism that we now look to the next ten years and what might be achieved by some of our early- to mid-career scientists.

Here, we celebrate some of our inspiring young scientists of today who will improve the health outcomes of tomorrow.

We all know exercise is good for us. For the past few decades, clinicians and health professionals have been encouraging people to exercise regularly for health. However, the reality for many is that this just doesn't happen or isn't sustainable long-term.

What then is the baseline level of movement that is needed to prevent or manage disease? How much activity is enough and what can we do to obtain optimum benefit? Regular walking or standing breaks? Resistance exercises? Reducing our sitting time? These are familiar questions to exercise physiologist turned researcher, Paddy Dempsey.

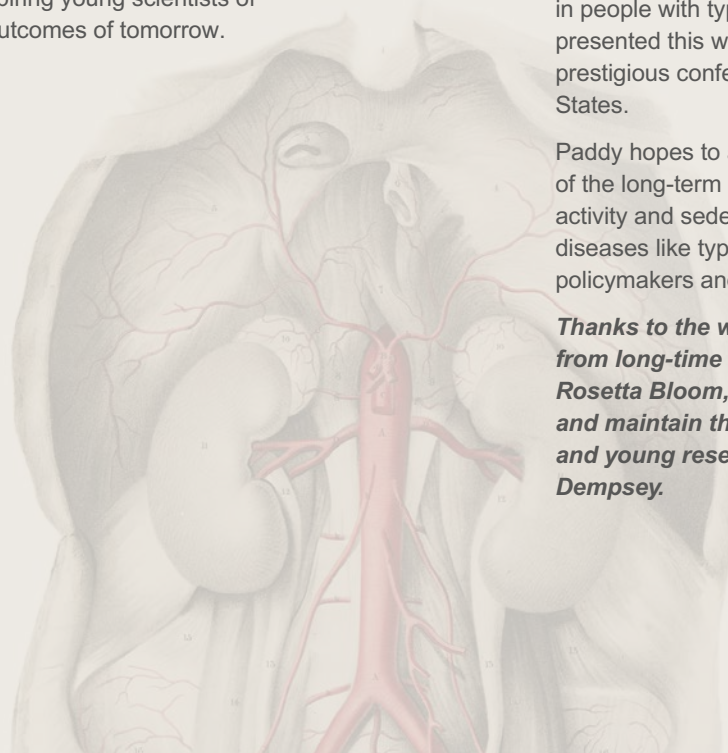
A PhD student in the Physical Activity laboratory, Paddy says it was these questions from patients that encouraged him to pursue a career in research, where he could try to provide definitive answers and make an impact in the public health arena.

Paddy has been looking at the role of practical interventions such as short, intermittent bursts of movement (sitting interruptions) on blood sugar levels in people with type 2 diabetes. He presented this work in 2015 at several prestigious conferences in the United States.

Paddy hopes to advance understanding of the long-term impact that physical activity and sedentary behaviour have on diseases like type 2 diabetes to influence policymakers and our daily lifestyles.

Thanks to the wonderful support from long-time donors Alan and Rosetta Bloom, we are able to attract and maintain the very best students and young researchers like Paddy Dempsey.

CELEBRATING **90** years of
RESEARCH
EXCELLENCE



“ Imagine if we could better preserve cardiac function following a heart attack. ”

DR HELENA QIN

A person experiences a heart attack when there is reduced blood supply to the heart, usually caused by blockage of a supplying blood vessel by blood clots. If nothing is done about it, heart muscle cells die. The clots can be dissolved clinically; however, the re-introduction of blood causes secondary damage called reperfusion injury.

To better preserve cardiac function following a heart attack, early-career scientist Dr Helena Qin and her colleagues in the Heart Failure Pharmacology laboratory are developing a new test to identify drug candidates to address this issue.

They are particularly interested in a naturally occurring anti-inflammatory protein called Annexin-1. While this protein is being studied by scientists for conditions such as arthritis and lupus, Helena's group is one of the few to examine its use in heart failure.

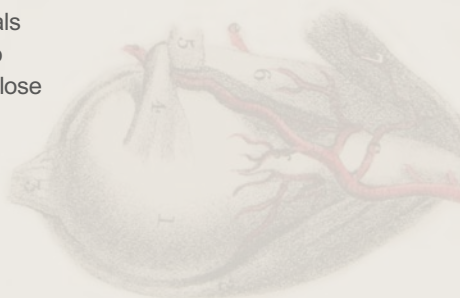
In an exciting discovery, they were the first to show in pre-clinical studies that this protein not only reduces inflammation but has a cardio-protective effect following a heart attack.

In 2016, Helena will travel to the UK to meet with other scientists studying Annexin-1, after receiving the British Pharmacology Society's Outstanding Young Investigator Prize.

Given the promising results to date, Helena and colleagues are now using this test, in collaboration with medicinal chemistry experts at Monash University, to discover new drugs that activate the receptor that Annexin-1 acts on for this important application. While human trials are still some time away, the hope is to restore a patient's cardiac function to close to what it was before the heart attack.



Helena Qin would like to thank the Rotary Club of Mount Waverley for supporting her research endeavours with a travel award in 2015.



“Imagine if we could develop a novel therapy to help prevent and treat obesity.”

DR ANDREW CAREY

The toll is shocking: two-thirds of adults and nearly one in four children struggle with obesity in Australia. Coupled with this, rates of overweight and obesity are continuing to rise, with obesity now a national health epidemic.

The solution to this epidemic sounds simple, but obesity is a complex disease, and the ability for some people to lose weight, particularly those genetically predisposed to weight gain, can simply be unachievable.

This is why the work of Senior Postdoctoral Research Officer in the Metabolic and Vascular Physiology laboratory, Dr Andrew Carey, is so important. His main research goal is to develop strategies to treat and prevent

obesity. For several years, Andrew has been studying brown adipose tissue, or brown fat, in humans to see if activation of this tissue in obese humans is possible and the therapeutic potential of this approach.

Brown adipose tissue is located mainly within the neck and shoulders and along the spine. Its primary function is to generate body heat by burning energy when exposed to cold temperatures. However, if we can learn how to switch it on under other circumstances, or to change the balance between white and brown fat, scientists believe it may help to reset energy balance and the treatment of obesity.



“There is nothing more satisfying than to be the enabler for our young future innovators. Times are changing in science and philanthropy. We’re seeing big, life-changing breakthroughs being made by this new generation of gifted researchers. We want our involvement and support to be used imaginatively, constructively and systematically, and investing in talent now is the perfect time.”

Andrew Miller, The Miller Foundation



LEFT: Andrew Miller (left) with Dr Andrew Carey. Scholarships created by generous donors like The Miller Foundation mean that talented young researchers like Dr Carey can play a leading role in addressing our immediate and future healthcare challenges.



Meet a dedicated volunteer

David Finn has been volunteering day in and day out at Baker IDI for almost ten years. David has become a valuable member of the Baker IDI family, volunteering his time as a way of contributing to the progress of medical research. David is also a passionate historian and in recent months has been researching and documenting the 90-year history of the Institute. Thank you David, and all the wonderful volunteers who commit their time and energy to better health and medical research.

“ Thomas Baker had a big dream for medical research 90 years ago. It is a dream that lives on in the work of Baker IDI. ”

David Finn, Baker IDI volunteer

Meet our Researchers

SPORTS CARDIOLOGY



Associate Professor
Andre La Gerche

Investigating athletes' hearts to advance prevention, diagnosis and treatment of heart disease

Associate Professor Andre La Gerche heads the Institute's Sports Cardiology laboratory. Andre is interested in the interaction between exercise and heart function and wants to develop more effective methods for studying the heart when it is being exerted during exercise as opposed to at rest. He has used novel exercise echocardiography and exercise MRI techniques to study the full spectrum of exercise capacity; from elite athletes to people with severe heart failure. He has a particular interest in the study of pulmonary circulation and the right side of the heart, and is investigating whether this 'forgotten' part of circulation may hold the key to exercise limitation. As well as exploring these areas of research supported through a National Health and Medical Research Council Career Development Fellowship and National Heart Foundation Future Leader Fellowship, Andre works as a cardiologist at The Alfred and St Vincent's hospitals in Melbourne. He is a keen athlete and is well known in the elite sporting community for his leading research in this field.

As a researcher, cardiologist and avid runner, I'm passionate about the benefits of exercise and good health but exercise doesn't make you immune to cardiovascular disease. That's why research is critical.

DIABETES AND DYSLIPIDAEMIA



Dr Anna Calkin

Examining the damage caused by excess cholesterol and triglycerides to prevent the onset of diabetes and cardiovascular disease

Dr Anna Calkin did her PhD studies at Baker IDI before undertaking postdoctoral training at the Australian Centre for Blood Diseases, where she defined an important role for HDL, the 'good cholesterol', in platelet function. Anna then spent four years at the University of California, Los Angeles (UCLA), where she worked on a novel pathway that regulates LDL, the 'bad' cholesterol. Her work identified the functional mechanism of this interaction and its importance in humans. She also developed a new pre-clinical model of atherosclerosis, which has been licensed to AstraZeneca. Anna returned to Baker IDI in 2013 as Group Leader of the Diabetes and Dyslipidaemia Group. A National Heart Foundation Future Leader Fellow, Anna was also recognised with the Institute's Sir Laurence Muir Medal for emerging leaders in 2015, and in 2016, she was promoted to laboratory head. Her work aims to prevent the damage caused by excess cholesterol and triglycerides that promotes the onset of diabetes and cardiovascular disease.

I've had some amazing career opportunities in the US and Australia. A supportive organisation that can provide the right infrastructure is essential for fostering scientific discovery.

LIPOPROTEINS AND ATHEROTHROMBOSIS



Professor
Dmitri Sviridov

Developing therapeutics to treat atherosclerosis and reduce the incidence of cardiovascular diseases

Professor Dmitri Sviridov aims to understand and address the problem of what happens when there is too much cholesterol in the blood, which can potentially lead to the development of many cardiovascular diseases. Dmitri is investigating the metabolism of cholesterol and the mechanisms responsible for its accumulation, including the build-up of fatty deposits on the vessel wall known as atherosclerosis. In the last 25 years, statins, together with maintaining a healthy lifestyle, have been the most effective therapy in treating atherosclerosis. This therapy has been effective in decreasing the incidence of heart disease by as much as 30 per cent. For the remaining 70 per cent, the research by Dmitri and his team is crucial. His laboratory is investigating the body's natural protective mechanism that removes excess cholesterol from the vessel wall. Understanding how this works and how to supplement this mechanism if its activity is impaired will assist in the development of therapeutics to enhance treatment of atherosclerosis for more people.

Most people are familiar with cholesterol. For me, my work on cholesterol has taken me from the National Cardiology Research Centre in Moscow to a life in Australia working at Baker IDI, where I continue to live and breathe this topic.

DIABETES AND POPULATION HEALTH



Associate Professor
Dianna Magliano

Advancing the understanding of novel risks for diabetes, obesity and cardiovascular disease

Associate Professor Dianna Magliano heads the Diabetes and Population Health unit. She aims to build the evidence base around the novel risk factors of diabetes, obesity and cardiovascular disease, with a particular focus on environmental toxicants such as bisphenol A and persistent organic pollutants. Dianna is also interested in examining the more non-traditional associations of diabetes and other outcomes, such as the relationship between diabetes and cancer, or diabetes and Alzheimer's disease. She is undertaking this work using the Australian diabetes register, which is linked to other large administrative datasets in Australia. Her epidemiology and public health work, though largely focused in Australia, also involves international projects, including a diabetes intervention trial in Mauritius. Dianna leads the Institute's Gender Equity Committee, which she helped establish in 2014 to support scientists to address the issue of female under-representation at senior levels at the Institute. She was also recently elected as the President of the International Diabetes Epidemiology Group.

Diabetes is at epidemic levels globally. Analysing patterns, causes and effects of chronic disease is vital in informing prevention and treatment strategies and it is exciting to be at the forefront of that work.

INFECTION AND CHRONIC DISEASE (ABORIGINAL HEALTH)



Dr Lloyd Einsiedel

Working to protect at-risk remote communities from infectious and chronic disease

Dr Lloyd Einsiedel is an infectious diseases/general physician who has worked in Central Australia for more than ten years. He joined the Institute as the Associate Director of Research in the Aboriginal Health unit in 2015. Lloyd's research interests relate to interactions between the social determinants of health, infectious diseases and non-communicable diseases. His current work includes clarifying the impact of chronic and repeated infections on non-communicable diseases like type 2 diabetes and heart disease, all of which adversely affect health and wellbeing in Indigenous communities. One such example is the Human T Lymphotropic Virus type 1 (HTLV-1), which chronically infects as many as 20 million people worldwide and was first found to be hyper-endemic in Australia's remote communities in 1988. Lloyd's research has helped put this cancer-causing virus on the map by demonstrating that infection with this virus is also closely linked to chronic lung disease in Indigenous Australians. Currently, Lloyd is collaborating with international groups to develop strategies to prevent HTLV-1 transmission in vulnerable communities.

Every day, in the hospital and remote communities, I meet Aboriginal Australians who are battling diseases that most Australians have never heard of, and are unlikely to ever be exposed to. It is a powerful motivating force.

HEART FAILURE PHARMACOLOGY



Associate Professor
Rebecca Ritchie

Identifying new therapeutic strategies to prevent, delay or arrest the progression of heart failure

Associate Professor Rebecca Ritchie, a National Health and Medical Research Council Senior Research Fellow and Head of Heart Failure Pharmacology at Baker IDI, has established a national and international reputation for her contributions to cardiac pharmacology. Her research focuses on new therapeutic strategies to preserve cardiac function in people with diabetes, hypertension or those who have had a heart attack. These disorders are key precursors of heart failure if not well managed and the aim of her laboratory's work is to prevent heart failure in people, and to delay or arrest its progression. Delaying the onset and progression of heart failure will enrich the quality and length of life for more than three million Australians at risk of, or already affected by, this debilitating disorder. As well as her contributions to cardiology and pharmacology, Rebecca has contributed significantly to the scientific discipline and policy through service to the Australasian Society of Clinical and Experimental Pharmacologists and Toxicologists, and to Science & Technology Australia.

To restore people's heart health to what it was before a life-changing event like a heart attack or heart failure would be incredible. We're making exciting inroads but more research is required to help us get there.

Diabetes Clinics: Delivering evidence-based care

Baker IDI's specialist diabetes clinics, which provide diabetes services in Melbourne's inner south east and west, have more than 5000 patients and together form one of the largest dedicated facilities of its kind. In addition, diabetes services are provided to communities in and around Alice Springs in Central Australia, and via a telehealth service in collaboration with the Royal Flying Doctor Service in Mildura.

1.7m

APPROXIMATE NUMBER OF AUSTRALIANS WHO HAVE DIABETES, BOTH DIAGNOSED AND UNDIAGNOSED

14.6b

ESTIMATED TOTAL ANNUAL COST IMPACT OF DIABETES IN AUSTRALIA

The Clinic team combines specialist diabetes physicians; endocrinologists; dietitians; ophthalmologists; renal and respiratory specialists; and diabetes nurse educators. The Prahran Clinic, which is complemented by facilities including on-site pathology, also offers other specialist clinics such as a weight assessment and management clinic; respiratory clinic and ophthalmology clinic. The clinics are located close to high-end imaging equipment to facilitate pioneering research involving diabetes, cardiac and metabolic imaging. The close collaborative link with the Institute's researchers ensures that health professionals offer evidence-based care and the most progressive therapies.

A diabetes education service, comprising diabetes nurse educators and dietitians, provides individual and group education programs for people with diabetes. The service also delivers programs specifically targeted at health professionals assisting people who have type 1 or type 2 diabetes.

2015 Highlights

Seeing the light: Co-location of Centre for Eye Research Australia

The Institute welcomed the Centre for Eye Research Australia (CERA), with the Centre moving a number of laboratory and non-laboratory staff to the Baker IDI tower in 2015. The move gives researchers access to shared platform technologies and research facilities as well as co-locating them

with an extensive network of existing and potential collaborators at Baker IDI. The move also benefits patients, with healthcare informed by the latest research in eye health.

“ Together we can fight diabetic eye disease – a leading cause of irreversible blindness in Australian adults. ”

Professor Jonathan Crowston, Head of Glaucoma Research and Managing Director, CERA

Pilot study of needle-free device

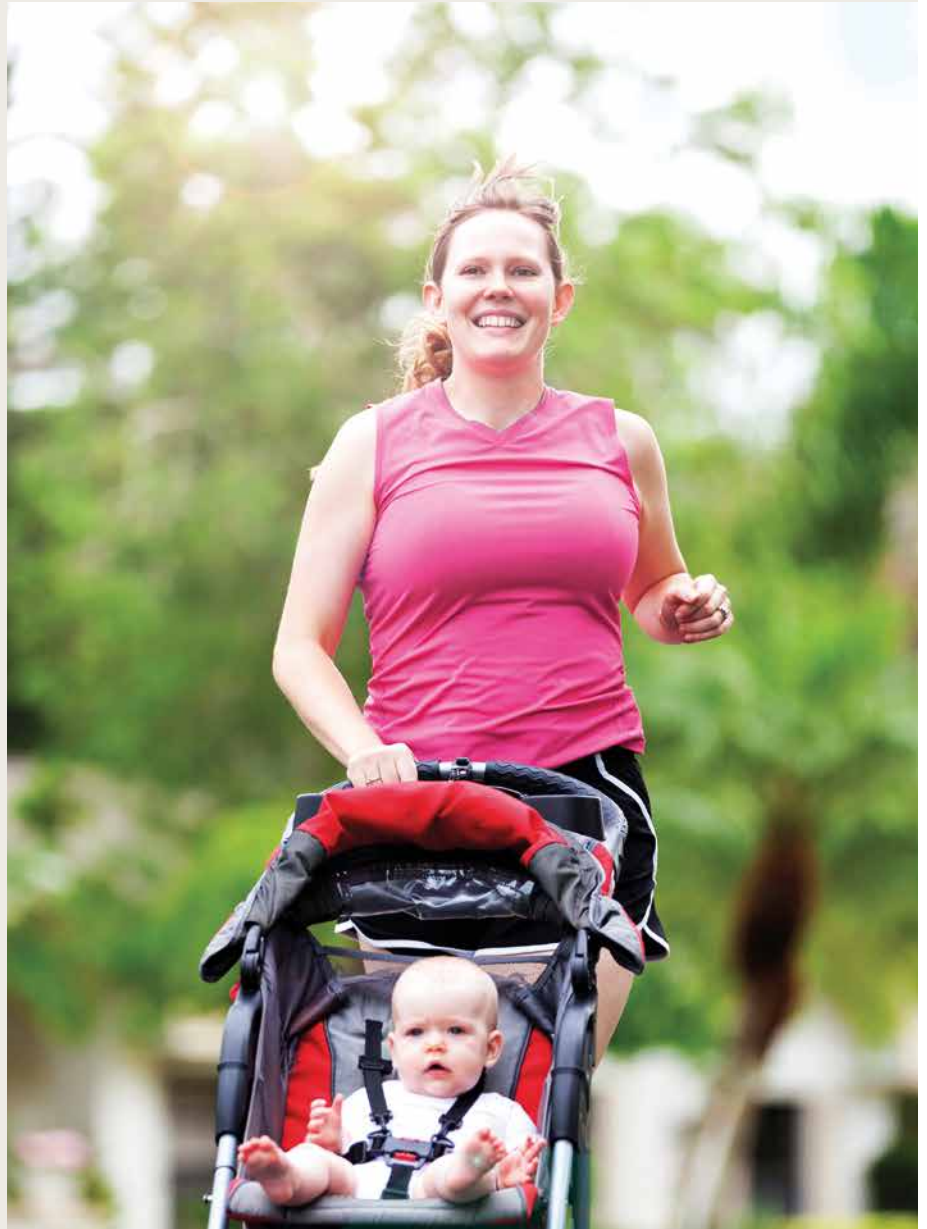
A pilot study led by Head of the Diabetes Clinics, Associate Professor Neale Cohen, into InsuJet™, a needle-free insulin delivery device, showed it had the same efficacy and tolerability as insulin pen injections. The study was published in *Diabetes Technology Therapy* and funded by Pharmaco. Associate Professor Cohen said needle-free technology was a welcome solution for those living with diabetes who struggle to start injecting insulin because of their fear or strong dislike of needles. For a number of Australians living with diabetes, the fear of needles can inhibit or seriously delay the management of the condition, when insulin injections are their only treatment option. Associate Professor Cohen said people who did not manage their insulin-dependent diabetes adequately were at much higher risk of heart attack, stroke and eyesight problems as well as peripheral vascular disease – a major cause of amputation.

“If we don't manage gestational diabetes better now we will see even greater rates of type 2 diabetes. This program will ensure mothers have the right knowledge on nutrition and physical activity to reduce their risk.”

Sonia Middleton, Advanced Accredited Practising Dietitian, Baker IDI

Diabetes prevention program for mothers and babies

A unique diabetes prevention pilot program for women diagnosed with gestational diabetes, run by the Institute's Diabetes Education team, was established in August 2015. The pilot program targets women post-birth, with the program delivered via maternal and child health centres in Melbourne's inner south east. Women with gestational diabetes have a 50 per cent increased risk of developing type 2 diabetes within five to ten years after delivery. The pilot will finish in June 2016 but already indicative results are promising, with the program set to expand into other Melbourne metropolitan areas in the near future.



A unique diabetes prevention pilot program for women diagnosed with gestational diabetes in Melbourne's inner south east is already showing great promise, and likely to be expanded.

Cardiovascular Clinics: Delivering evidence-based care

The Institute's specialist cardiovascular clinics are run by health professionals who are at the leading edge of research and can ensure the latest therapies are available to patients. The clinics are vital in helping clinicians and researchers understand the needs of patients, which helps inform the Institute's research into the prevention, diagnosis, education and treatment of cardiovascular disease.

3.7m
AUSTRALIANS AFFECTED
BY CARDIOVASCULAR
DISEASE

12mins
ONE AUSTRALIAN
DIES AS A RESULT OF
CARDIOVASCULAR
DISEASE

The Institute provides specialist cardiovascular clinics from its Melbourne facilities; this includes clinics run by cardiologists as well as a free, nurse-led risk screening clinic called the Healthy Hearts Clinic. The clinics are located in a purpose-built facility, which includes access to cardiac diagnostic services that provide a variety of cardiovascular investigations. These include electrocardiography, echocardiography, 24-hour Holter monitoring and 24-hour ambulatory blood pressure monitoring.

Complementary to the clinical service, cardiologists in this area conduct research into a variety of cardiovascular conditions, including hypertrophic cardiomyopathy (HCM), cardiac fibrosis and coronary artery disease. Through the use of new cardiac imaging equipment, researchers hope to improve the management of people with these conditions.

The cardiovascular clinics are co-located with a range of other speciality clinics, including diabetes clinics, a weight assessment and management clinic, a respiratory clinic and an ophthalmology clinic.

“Heart screening is critical for families like mine where heart disease spans three generations. My younger brother, Adam, tragically passed away at age 47. If only he had his heart checked earlier at a clinic like Baker IDI's, he may still be here with us.”

Tracie Centorino, Baker IDI supporter

2015 Highlights

Opening of Clinical Research Centre

The Clinical Research Centre, which occupies a dedicated research suite, was opened in 2015 and builds on Baker IDI's long-standing contributions to the diagnosis, prevention and treatment of cardiovascular disease, diabetes and their complications. The centrepiece of the Centre is a Siemens Prisma 3 Tesla MRI scanner, with the Centre providing infrastructure, radiology and clinical support to facilitate research and educational activities using magnetic resonance imaging technology.

New Sports Cardiology laboratory

Cardiologist and researcher, Associate Professor Andre La Gerche, joined Baker IDI in 2015 to head up a new laboratory, Sports Cardiology. Andre is interested in the interaction between exercise and heart function and wants to develop more effective methods for studying the heart when it is being exerted during exercise. He has used novel exercise echocardiography and MRI techniques to study the spectrum of exercise capacity, including in elite athletes and people with severe heart failure.



ABOVE: Tracie Centorino, with her husband and two children, was devastated when a sudden heart attack claimed the life of her brother, Adam, at just 47 years of age.



Raising awareness of heart health in the community

The Institute's free service that helps people identify and address their risk of cardiovascular disease is continuing its community outreach. As well as providing a daily service from Baker IDI's Melbourne site, clinic staff have been attending community events such as the Corporate Triathlon Series to raise awareness of heart health and to test for cardiovascular risk factors such as high blood pressure.

By working side by side, researchers and clinicians have created an environment in which clinical challenges can drive laboratory research, and research findings can be applied to clinical care.

Reducing the risk of hereditary heart disease in families

A Mornington Peninsula man in his 40s hospitalised earlier this year following a heart attack says heart disease has always been top of mind because his mother, father and grandfather all suffered cardiovascular events. Despite being conscious of diet and exercise, a mild compression on his chest and subsequent hospital visit revealed a 90 per cent blockage in one of his coronary arteries.

This scenario is all too common and highlights the serious health risks for people with a family history of heart disease. In response, Baker IDI Director and cardiologist, Professor Tom Marwick, is investigating the use of coronary scanning to identify people in high-risk groups before they develop serious symptoms. He is leading a national, multicentre study of over 700 people aged 40–70 years who are not on statins and who haven't experienced a cardiovascular event themselves, but have immediate family members or relatives who have experienced a heart attack, stent or surgery. Baker IDI aims to recruit 200 of these patients.

Professor Marwick says the study will show for the first time whether the process of coronary scanning is a catalyst for treatment that might change the natural history of heart disease.

For information about the study, visit: http://www.bakeridi.edu.au/health_services/clinical-trials/CAD/

“ The study will show for the first time whether the process of coronary scanning is a catalyst for treatment that might change the natural history of heart disease. ”

Professor Tom Marwick, Baker IDI Director and cardiologist

Aboriginal Health: Addressing the health disadvantage in Aboriginal communities

Diabetes rates in Australia are high but its prevalence in the Indigenous population is between three and four times higher than that of the rest of the population. The numbers of Indigenous people at risk or suffering from the complications of diabetes are equally dire. Alice Springs is already home to the largest dialysis unit in the Southern Hemisphere, and the healthcare system is struggling with an overwhelming number of cases of kidney failure. This is further compounded by the many Indigenous people who show early signs of eye and heart disease.

Baker IDI Aboriginal Health program

Baker IDI Aboriginal Health, headed by Professor Sandra Eades, is a national program that aims to address the profound disadvantage of Aboriginal Australians through evidence-based research, clinical services and education. The program has a dedicated campus in Alice Springs.

Research

The research undertaken by Baker IDI is based on community needs, with a strong focus on working with local providers to build knowledge and provide practical contributions to Aboriginal and Torres Strait Islander people's health. In addition, Baker IDI has international collaborations that address global Indigenous health.

Research highlights avenue to improve front-line diabetes management

Professor Sandra Eades conducted a national research project, Achieving Diabetes Action and Collaborative Change, aimed at improving adherence to best-practice guidelines for the screening and management of type 2 diabetes in Indigenous Australians.

The project involved 18 Aboriginal Community Controlled Health Organisations across metropolitan, rural and remote areas. In one of her findings, Professor Eades identified that clinical staff only had capacity to treat acute health problems. She proposes that existing Aboriginal Health Practitioners within the centres could be up-skilled to help patients manage and control their diabetes.

Clinical services

Baker IDI runs a Central Australia Diabetes Outreach Service that is government funded through the Primary Health Network. The service provides specialist medical care to people with diabetes in 11 remote communities surrounding Alice Springs.

Evaluation of Diabetes Outreach Service

A retrospective evaluation of the Diabetes Outreach Service from 2011 to 2014 by Baker IDI and the Northern Territory Department of Health found that the service was associated with a significant improvement in diabetes management within Indigenous communities in these remote settings.



LEFT: Max Frieder, an Israeli-US artist, visited Alice Springs in 2015 to facilitate an inspiring community project. Baker IDI introduced Max to the team at Purple House – the largest dialysis unit in the Southern Hemisphere. Most clients are Indigenous and suffer renal failure due to poor control of type 2 diabetes. Under Max's guidance, a group of children and Elders worked on a mural to honour the patients and their stories.

“ In my travels to remote settlements, I have seen children as young as seven with type 2 diabetes. More worrying is the age of patients developing early kidney complications. I know of one young man aged 16 who already has signs of significant kidney disease and will no doubt head towards dialysis and death in the next 10 to 15 years. ”

Head of Diabetes Clinics, Associate Professor Neale Cohen

The review found the service was also associated with improvements in markers of control related to primary and secondary prevention of heart and kidney disease, such as blood pressure and lipid control. For example, of 124 clients followed for more than 12 months, 63 per cent showed a significant improvement in blood sugar levels and 59 per cent had a significant reduction in total cholesterol.

Education

Since 2009, Baker IDI has run an annual health symposium in the Northern Territory to up-skill and foster collaboration between local health professionals, educators, researchers and policy makers who deal with chronic disease in Indigenous communities.

Annual symposium aimed at knowledge sharing

The 2015 symposium, ‘Challenges in managing heart disease and diabetes in primary health care’, attracted 206 delegates. Experts presented on best-practice clinical care and explored the social, cultural and psychological factors that influence chronic disease.

Strong focus on capacity development

The Aboriginal Health program continues to have a strong focus on building capacity with the appointment of Dr Lloyd Einsiedel, an infectious diseases physician. Dr Einsiedel, who joined the Institute as the Associate Director of Research in the Aboriginal Health unit in 2015, has worked in Central Australia for the past ten years. His research looks at the interactions between the social determinants of health, infectious diseases and non-communicable diseases.



NHMRC Postdoctoral Researcher, Dr Catherine Chamberlain, also joined Baker IDI in 2015. Her research aims to improve the cardio-metabolic health of Indigenous Australian women during pregnancy and after birth.

Aboriginal Health Practitioner, researcher and member of the Kurnai people, Ricky Mentha, who works as a Capacity Development Co-ordinator, received his Master of Public Health.

Strategic partnerships

Baker IDI is a partner in the proposed Central Australia Advanced Health Research and Translation Centre, with a governance committee chaired by Mr John Paterson, Chief Executive Officer of AMSANT. While this Centre has not been formally recognised by the National Health and Medical Research Council, the partners are progressing the partnership in the pursuit of improved health outcomes in Central Australia.

Head of Aboriginal Health, Professor Sandra Eades (left), with Baker IDI Supporter and Life Governor, Mrs Margaret Ross AM. In addition to supporting Aboriginal Health research, Margaret also has a strong interest in up-skilling Indigenous researchers.

From Discovery to Development

The commercialisation of medical research is an important pathway for translating the discovery of drugs and devices into products that benefit patients. Baker IDI's commercialisation team provides support to clinical and research staff in collaboration with academic, industry and government partners for the purpose of taking discoveries from benchtop to bedside.

Technology transfer and entrepreneurship training

The Institute's Commercialisation Office has established a training program designed to give early-career researchers the skills to identify and translate commercial opportunities for research. The curriculum has been developed in partnership with BioMentoring Australia and is based on a similar Victorian Government initiative called Molecules to Medicine. The course curriculum provides an overview of the commercialisation process and IP management as well as giving researchers the confidence to engage industry and potential investors in their projects. The course will commence in 2016 with approximately 50 researchers enrolled in the program.

Drug development progresses to FDA engagement

Heart failure (HF) is the most disabling form of chronic cardiovascular disease, affecting 500,000 Australians. To meet a growing need to treat patients with severe HF, Professor David Kaye and his team have developed CRD-102, a novel extended-release oral formulation of Milrinone. Milrinone currently exists only as an intravenous medication for short-term use in hospital. However, CRD-102 will enable patients with advanced HF to receive long-term outpatient treatment, instead of requiring frequent hospital admissions for in-hospital care.

In 2015, CRD-102 entered Phase 1b clinical trials and has since been administered to 26 patients. To date, the compound has proven to be safe

and effective in treating patients with advanced HF, as well as demonstrating an excellent safety profile and improvement in functional outcomes.

With the support of up to \$4.15 million in venture capital funding from the Medical Research Commercialisation Fund, Baker IDI spin-out company Cardiora has now engaged with the US Food and Drug Administration to establish a clinical development path, with a view to entering later phase trials, and progressing towards securing approval and market registration for CRD-102.

Oils show promise as a therapeutic treatment

Atherosclerosis is a type of plaque that can cause arterial blockages and is one of the leading causes of death in Australia and worldwide. The current treatment for atherosclerosis is to reduce the level of low-density lipoprotein cholesterol found in the blood; however, this reduces the disease by only up to 30 per cent.

In response, Professor Peter Meikle and his team have identified a type of lipid called plasmalogen (known colloquially as a 'good fat') that has been shown to reduce atherosclerosis in mice by as much as 70 per cent. Researchers in the Metabolomics laboratory are currently conducting a clinical trial to evaluate plasmalogen modulation in humans using naturally occurring lipids found in specific types of fish oils. If the trials are successful, the team intends to develop a sustainable, synthetic form of the oil that can be commercialised as a therapeutic treatment in the fight against heart disease.

Contributing to Australia's Emerging Biotechnology Sector

Nucleus Network is a not-for-profit clinical research company wholly owned by Baker IDI Heart and Diabetes Institute. The organisation is one of Australia's leading early-phase clinical research facilities. The not-for-profit status enables the company to re-invest earnings into developing the clinical research industry and biotechnology sector in Australia, and to foster collaboration between Australian academic and research institutions, government and industry.

“ We are proud of our achievements in building a sustainable business model that helps support the important research carried out by Baker IDI. ”

Nucleus Network Managing Director, Cameron Johnson

The Centre for Clinical Studies, located in the Alfred Medical Research and Education Precinct (AMREP) in Melbourne's inner south east, is a purpose-built facility for conducting clinical trials and is core to the business of Nucleus Network. Phase 1 clinical trials, which involve a new drug therapy being tested in healthy volunteers or in patients with specific medical conditions, are integral to the development of new therapies. Nucleus Network relies on community involvement in this process, and is grateful for the time and effort volunteered by participants, without whom new medicines would not reach the people who need them most.

2015 Highlights

Significant export revenue generation

Approximately \$24 million in direct export revenue was generated on behalf of the Australian biopharmaceutical industry in addition to flow-on benefits for the industry and other economic sectors. In addition to Australian clients, the company worked with pharmaceutical and biotechnology companies from the US, France, New Zealand, China, India and the UK, with more than 40 clinical trials conducted at this facility in the past year.

Expansion of clinical facilities

The AMREP clinical trials facility was recently expanded from 41 to 50 beds, including the addition of a four-bed infusion suite for patient studies and four single-patient rooms. Besides the clinical facilities, the unit has two recreation rooms, a fully-equipped laboratory, pharmacy access with dedicated clinical trial pharmacists and proximity to 24-hour emergency care.

Development of education and training opportunities

During 2015, there were three direct student placements. In addition, support was provided to external researchers, including PhD students. With early-phase trials conducted across a range of therapeutic areas, including cardiovascular disease, dermatology, respiratory disease, endocrinology, oncology and infectious diseases, the result is a dynamic and varied learning environment.



At the cutting edge of technology

Consultant medical oncologist, Dr Jason Lickliter (above), has worked in hospitals and research facilities for more than ten years. He's also no stranger to early-phase clinical trials, having established the Phase 1 Clinical Trials Program at Monash Medical Centre. But it is his role as Medical Director at Nucleus Network that places him in an enviable position of being at the cutting edge of healthcare technology. 'I see things that you just don't see in clinical practice. It is technology which is really pushing the barriers: completely new ways of treating disease that could have significant benefits for patients,' he says.

He's also enthusiastic about working in a diverse team that includes project managers, pharmacists, nurses and doctors. 'We have over 70 staff at Nucleus Network and we work together to run more than 40 clinical trials a year for international biotechnology companies and some of the biggest pharmaceutical companies in the world,' he says.

The exposure to industry is also a really interesting part of the job, Dr Lickliter says. While a lot of the pre-clinical work is done in research facilities and academia, it is the pharmaceutical and biotechnology companies that have to traverse the 'valley of death', ensuring safety and efficacy to get these new therapeutics to market. 'That's a really difficult path and there's some really clever stuff going on here and it is fascinating to have an insight into that.'

Corporate Partnerships

Vodafone Foundation Australia

In 2015, we marked the second year of a three-year flagship charity partnership with Vodafone Foundation Australia. One of the key objectives of the partnership is to leverage mobile technology in ways that enable people to change their behaviour and form healthier lifestyle habits.

In response to this challenge, a Baker IDI project team developed the Institute's first smart phone app, called Rise & Recharge (www.riserecharge.com). Based on our world-leading science, the app uses new technology on both the iPhone and Android platforms, to encourage a healthier balance between sitting and being active. In the development phase, the app and a complementary advocacy campaign were trialled by Vodafone staff and employees from three Victorian-based organisations, including the Department of Health and Human Services, Yarra Valley Water and i2C.

Income from the partnership has supported the work of early-career scientists Dr Anna Calkin and Dr Brian Drew. Research conducted by Anna and Brian could provide the basis for a new class of medications that will slow the progression of, or prevent, the onset of diseases caused by excess cholesterol.

On Your Feet Australia

Prior to the launch of Rise & Recharge, Baker IDI ran a national public health advocacy and fundraising campaign in June 2015, encouraging Australians to 'quit the sit' under the banner 'On Your Feet Australia'. More than 500 individuals participated in the challenge, which was sponsored by Schiavello, Humanscale, Fitbit, Art Series Hotel Group and Anytime Fitness. The campaign reached thousands of people through radio advertising and social media, and raised more than \$12,000 in funding for the Institute's research.

The Baker IDI Healthy Cholesterol Diet and Lifestyle Plan

Extending the Institute's successful publishing partnership with Penguin Random House Australia, *The Baker IDI Healthy Cholesterol Diet and Lifestyle Plan* was released in July 2015. The book is designed to be a consumer-friendly guide to managing cholesterol and explains in plain language why cholesterol is a major risk factor for cardiovascular disease. Authored by the Institute's nutrition and physical activity experts, the lifestyle plan draws on evidence-based science to help Australians diagnosed with abnormal cholesterol levels to take control of their health. It includes strategies for reducing high cholesterol through diet, exercise and medication. *The Baker IDI Healthy Cholesterol Diet and Lifestyle Plan* is available for sale at all good book stores and online.

Circulation socks contribute to vital research

Wearing the right socks is an important consideration in maintaining foot health, especially for people with diabetes and compromised circulation. The Institute has enjoyed a long-term association with Pacific Brands Underwear Group, which markets circulation socks under the Bonds and Jockey brands. A percentage of sales from these products helps support important heart and diabetes research at Baker IDI. Over an 18-year period, Pac Brands has contributed more than \$1.5 million towards the Institute's research agenda.

“ Pacific Brands know that it is important to take good care of your feet, particularly for people with diabetes. We've been working with Baker IDI since 1998 and are extremely proud that a percentage of sales from our circulation socks goes towards prevention, management and treatment of chronic diseases such as diabetes. ”

Pacific Brands Marketing Team

“ homyped® is proud to have worked with Baker IDI since 2006 to create a range of footwear specially designed for people with diabetes. With a health and wellbeing heritage, it is important to homyped to support the vital medical research into diabetes and heart disease by contributing a percentage of sales from every shoe from the diabetes range back to Baker IDI. ”

Derek Muirhead, Managing Director

Diabetes footcare steps out in style

Since 2006, the Institute’s clinicians have been working with homyped® to develop reliable footcare solutions for people with diabetes. homyped is an Australian household name, renowned for developing shoes that offer style, comfort and support. Footcare is particularly important for people with diabetes who are susceptible to friction-related foot ailments such as ulcers, due to peripheral neuropathy in the lower limbs. The homyped Diabetes Footcare range was developed in collaboration with a specialist team from Baker IDI who helped design and test a custom sole. homyped promote this partnership through the placement of the Baker IDI trademark on their Diabetes Footcare range of shoes. In return, Baker IDI receives a percentage of sales from these products in support of important heart and diabetes research. Over \$500,000 has been raised in support of heart and diabetes research since homyped and Baker IDI began working together.

Fashion funds female scientists

Over the past three years, Australian fashion retailer Blue Illusion has hosted a national in-store styling workshop and fashion parade, with ten per cent of the day’s proceeds being donated to Baker IDI. In total, Blue Illusion has supported Baker IDI with over \$110,000 in donations, including \$40,000 donated in 2015. Funds raised through the Blue Illusion Community Day contribute to a Baker IDI Gender Equity Award. The objective of the award is to support promising female scientists, and provide them with assistance to progress their research at different stages of their personal life such as maternity leave and child rearing.



Australian fashion retailer, Blue Illusion, has been a great supporter of the Institute’s work. For the past three years, the retailer has hosted a national in-store styling workshop and fashion parade, with a percentage of the day’s proceeds donated to Baker IDI.

BELOW: Senior Epidemiologist at Baker IDI, Associate Professor Dianna Magliano, addressing a Melbourne workshop.

Baker IDI in the Community

Baker IDI welcomes men's health promotion group

Foundation 49 is a long-running health promotion and fundraising group focused on men's health. In 2015, Baker IDI welcomed the organisation from its former home at Cabrini Health. The Foundation's goal is to help Australian men live longer and healthier lives by raising public awareness, providing information and resources and encouraging men to have a regular health check. The move to Baker IDI means the Foundation will have a greater focus on cardiovascular disease and diabetes. Visit www.49.com.au

Discussions on topical public health issues

Given the strong links between chronic disease and dementia, the Institute hosted a free forum in April on how to reduce the risk of dementia, by Professor Sharon Naismith, a Clinical Neuropsychologist from the Brain and Mind Institute in Sydney. The forum followed the release of a Baker IDI publication exploring the links between chronic disease and dementia.

In 2015, Head of Obesity and Population Health, Associate Professor Anna Peeters, met with experts in the UK, US, France and the Netherlands to identify obesity prevention policies likely to improve social inequalities in obesity. She presented her findings at a public forum in August.

In December, the Institute released a publication on *Women in Science* that explores gender inequality in the science sector and examines how individuals and organisations are taking steps to effect change. This publication, along with other issues of *Perspectives*, is available at www.bakeridi.edu.au/Perspectivespublications

Driving better health through partnerships

Baker IDI has been involved in several major state and national sporting events, including the Gatorade Triathlon Series, the Australian Super Corporate Triathlon Series, and the RACV Great Ocean & Otway Ride. These partnerships provide a valuable platform to promote the Institute, and importantly, raise awareness of optimum approaches to the prevention and management of disease.

“As someone who hadn't run a single kilometre before 2015, having a triathlon to train for gave me enough motivation to overhaul my health and start training five times a week, as well as raise funds for heart and diabetes research.”

Claire Westerland, medical student and passionate Baker IDI supporter

“The bike ride is over, but I haven't finished. More money must go towards helping children with diabetes and to further research. This is probably just the start of it, to be honest.”

James Coatsworth

Riding 'Top to Tip' for diabetes

James Coatsworth was diagnosed with type 1 diabetes 18 months ago when he was 30 years old. Instead of letting this hinder his lifestyle, the Wycheproof farmer and footballer decided to cycle solo, riding an amazing 3700km from the top of Mount Wycheproof, Victoria, to Cape York, Queensland.

Thanks to James and his dedicated family and friends, over \$35,000 was raised to further research into new treatments and preventative measures for type 1 diabetes. Well done and thank you James!



ABOVE: Pedalling to cure diabetes: Wycheproof farmer and footballer, James Coatsworth, is not letting a diagnosis of type 1 diabetes stop him from achieving great feats.



BELOW: Former AFL player, Mick Gayfer, is thankful he can still enjoy time with his family following a near fatal heart scare.



Thanks to medical research, fit and healthy former AFL player Mick Gayfer survived a devastating heart condition that almost took his life.

When Mick went to bed one night in May 2014 he never imagined that it might be the night his life ended.

Feeling well, Mick set his alarm for 6am, planning on fitting in a gym session before work. But the gym session never happened and it was almost the night his life ended.

It is hard to believe that an otherwise fit and healthy former professional athlete could almost go into cardiac arrest with no prior symptoms.

But heart disease does not discriminate – striking young and old, men and women, fit and unfit.

Mick was one of the lucky ones. Fortunately, he survived that fateful night, but his life has changed forever.

‘I know that the best way to save lives and protect families from heart disease and diabetes is through research,’ Mick says.

‘It’s because of medical research and innovation that my defibrillator keeps track of my heart rate and will save my life if I go into cardiac arrest.’

“ By investing in medical research, you can help us to do everything we can to protect people like Mick from heart disease and diabetes, by improving diagnosis, treatment and prevention.”

Our Science Strategy

Baker IDI is one of the few institutes in the world where the work of staff spans benchtop to bedside and where research is dedicated to tackling the deadly trio of diseases: cardiovascular disease, diabetes and obesity. The Institute's science strategy reflects the breadth of the areas that we work across in order to enhance the diagnosis, prevention and treatment of chronic disease. In order to ensure that our work is relevant to the communities in which we operate, the strategy reflects a strong focus on collaboration and translation, tackling big-picture health questions and working with investors, industry and government to drive better health.

38

LABORATORIES

5

STRATEGIC THEMES

The breadth of our work

There are 38 laboratories comprising more than 360 scientists, support staff and students arranged into five core areas of research, called domains, that reflect the breadth of the Institute's chronic disease remit.

Basic Research, which encompasses most of the Institute's laboratory-based cellular and molecular biology and pre-clinical research. Scientists aim to understand the cellular mechanisms of disease, biomarkers in the progression of disease and the pathways of gene expression. This domain, which incorporates 14 laboratories, is led by Professor Karin Jandeleit-Dahm, an experienced nephrologist and scientist who also heads the Diabetes and Kidney Disease laboratory.

Translational Research is focused on pre-clinical studies and the clinical translation of research findings into health and community settings. Researchers from eight of the Institute's laboratories are working to improve the diagnosis and therapy for patients with heart failure, coronary artery disease, vascular disease, atherosclerosis, metabolic disease and those who have suffered a heart attack. This domain is led by cardiologist and cardiovascular researcher, Professor David Kaye, Head of the Hypertension and Cardiac Disease Program and the Heart Failure Research laboratory.

Clinical Research concentrates on human or clinical research. It has a particular focus on using imaging and other diagnostic tools to better understand disease development and treatment, clinical trials to evaluate new treatments and health services research

to inform how healthcare can be best delivered. It also incorporates the Institute's clinical service activities, which include specialised heart, diabetes, lung, eye and weight-reduction clinics, and allied health and education services. This domain, comprising nine research and clinical units, is led by Professor Graeme Maguire, a medical specialist who also leads the Health Services unit.

Population Health, which spans five research units and covers the Institute's epidemiological and public health groups, is led by Associate Professor Jonathan Shaw, a diabetes researcher, consultant physician and Head of the Diabetes Epidemiology Group. Researchers are examining the trends in diabetes and obesity prevalence and incidence, novel risk factors at a population level, and new therapeutic approaches to preventing and treating diabetes, heart disease and obesity. This group is helping to inform policy guidelines, to influence chronic disease management and to inform government and health authorities about the scale of these health problems.

Aboriginal Health encompasses the Institute's work in Aboriginal health across Australia, the activities of the Baker IDI campus in Alice Springs and the Institute's interests in international Indigenous health. Baker IDI's work in research, education and clinical services is helping to address the profound health disadvantage experienced by Aboriginal people. This domain, which comprises two research units, is led by Professor Sandra Eades, a Noongar woman from Mount Barker, Western Australia, whose research is focused on the epidemiology of Indigenous child health and factors associated with Aboriginal heart disease and diabetes.

Baker IDI is extremely grateful to the Ernest Heine Family Foundation for an innovation grant to fast-track the development of our five programs. The programs focus on specific areas of research in which we think the most significant breakthroughs will be made in the near future. The creation of these programs aims to enhance the Institute's performance with respect to knowledge creation, to improve health practices, and to increase our ability to patent discoveries, collaborate and consult with industry and government. We are grateful that the Ernest Heine Family Foundation supports our vision for innovation.

What we want to achieve

The work of our 38 laboratories is linked to five strategic themes that are the cornerstones of our science strategy. These key areas of strength enable scientists to channel their talents and energy into answering big-picture questions such as how to reverse chronic heart disease and what impact exercise has on cardiovascular disease management. We seek to facilitate these linkages through an internal program grant process, each led by a senior Institute scientist.

Physical Activity

The Physical Activity program, co-led by Associate Professor Andre La Gerche, Head of the Sports Cardiology laboratory, and Professor Bronwyn Kingwell, Head of the Metabolic and Vascular laboratory, is exploring the impact of exercise at all levels of cardiovascular disease management from prevention through to treatment of advanced disease. Key performance indicators include the application of physical activity as a tool to identify molecular targets for therapeutic development; the development of approaches to tailor therapeutic applications of physical activity interventions in established disease, including dementia; and the conduct of intervention and epidemiological research to inform recommendations on reducing sitting, light-intensity exercise and interrelationships with purposeful exercise and diet.

Metabolism

The Metabolism program, led by Professor Peter Meikle, is examining lipid metabolism in relation to the initiation and progression of heart disease, diabetes, chronic kidney disease and heart failure. Key performance indicators include identification of sympathetic activity and/or circulating factors that contribute to brown adipose tissue in pre-clinical models; the conduct of a pilot trial with a TGA-approved anti-inflammatory drug on obese patients with diabetes; and commercialisation of new therapeutics.

Diabetic Complications

Led by Professor Merlin Thomas, Head of the Biochemistry of Diabetic Complications laboratory, the Diabetic Complications program is examining the progression of diabetes to complications affecting arteries, the heart, the kidneys and the eyes. Key performance indicators include validation of new targets in mitochondrial dysfunction; the conduct of a large observational cohort study on patients with type 2 diabetes; and the establishment of a database of pre-clinical models of diabetic complications.

Atherothrombosis

Led by Professor Karlheinz Peter, Head of the Atherothrombosis & Vascular laboratory, the Atherothrombosis program is examining how to identify and treat vulnerable, rupture-prone plaque. Key performance indicators include establishing collaboration and focus groups around specific pathophysiologic models; discovery of biomarkers for inflammatory reactions and plaque instability; and the communication of knowledge and potential for translation to national and international scientific groups.

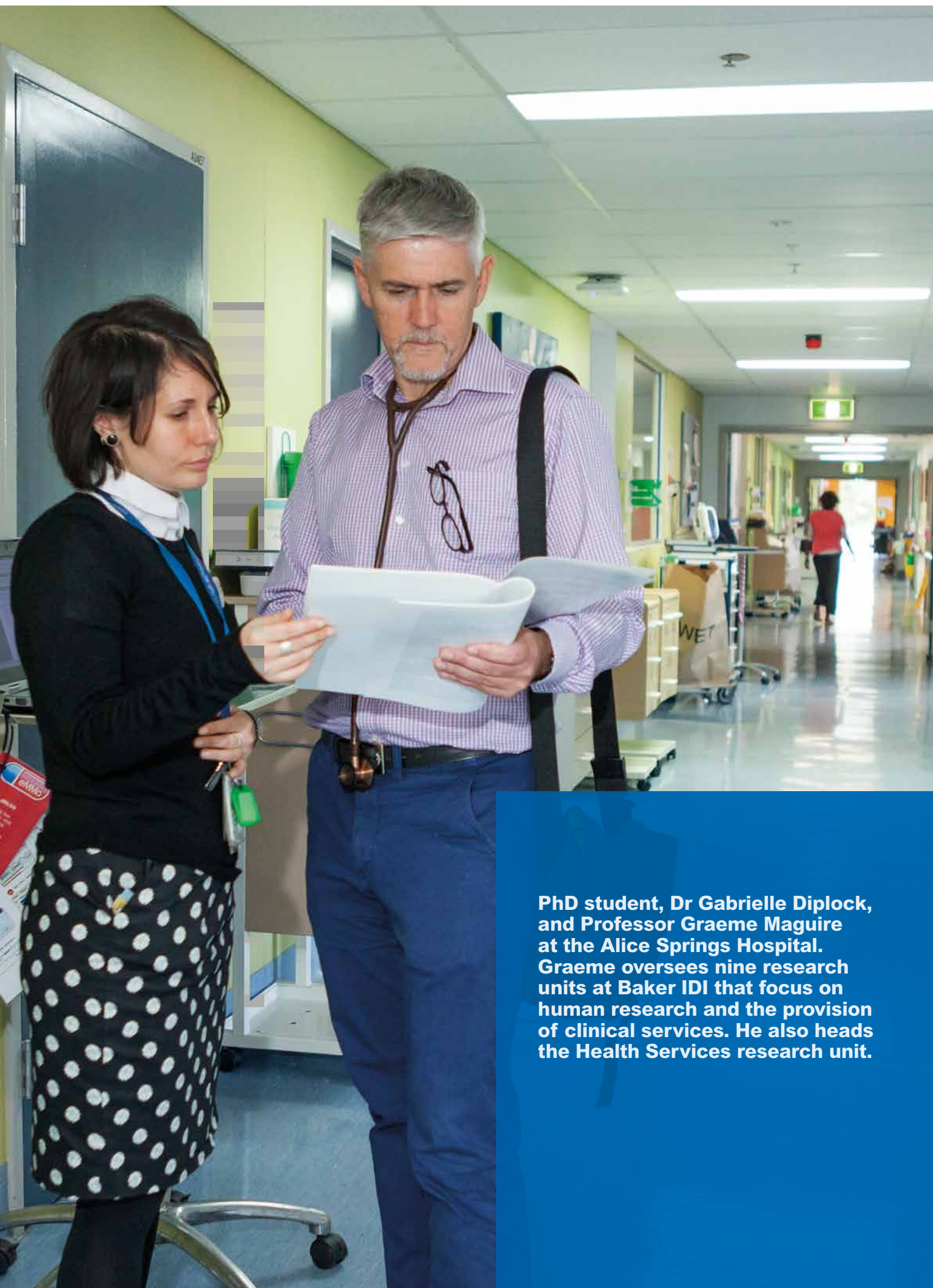
Hypertension and Cardiac Disease

The Hypertension and Cardiac Disease program is led by Professor David Kaye, Head of the Translational Research Domain and the Heart Failure Research laboratory. The program is considering how to reverse chronic heart disease, prevent and repair structural damage to the heart from hypertension, heart disease and associated rhythm disturbances. Key performance indicators include establishing collaboration with relevant parties involved in regenerative medicine and medical engineering; identification of specific biomarkers for cardiac fibrosis and potential for drug development; and commercialisation of new treatments for heart failure and high blood pressure.

Organisational Chart

**DIRECTOR /
CHIEF EXECUTIVE
OFFICER**
Tom Marwick

PROGRAMS	DOMAINS					ADMIN
PROGRAMS CSO/Deputy Director Mark Cooper	BASIC Domain Head Karin Jandeleit-Dahm	TRANSLATIONAL Domain Head David Kaye	CLINICAL Domain Head Graeme Maguire	POP HEALTH Domain Head Jonathan Shaw	ABORIGINAL HEALTH Domain Head Sandra Eades	ADMINISTRATION COO/Deputy Director David Lloyd
Diabetic Complications M Thomas	Diabetes & Kidney Disease K Jandeleit-Dahm	Heart Failure Research D Kaye	Health Services G Maguire	Clinical Diabetes J Shaw	Aboriginal Health S Eades	Operations H Bolton
Hypertension & Cardiac Disease D Kaye	Diabetes & Atherosclerosis T Allen	Vascular Biology & Atherothrombosis A Bobik	Diabetes Clinics N Cohen	Clinical Obesity J Dixon	Infection & Chronic Disease L Einsiedel	Finance A Furnell
Atherothrombosis K Peter	Diabetes & Dyslipidaemia A Calkin	Neuropharmacology G Head	Heart Clinics A Ellims	Physical Activity D Dunstan		General Counsel J Goodall
Metabolism P Meikle	Molecular Group M Cooper	Metabolic & Vascular Physiology B Kingwell	Healthy Hearts G Maguire	Diabetes & Population Health D Magliano		Public Affairs C Hickie
Physical Activity A La Gerche	Glycation, Nutrition & Metabolism M Coughlan	Human Neurotransmitters G Lambert	Clinical Electrophysiology P Kistler	Behavioural Epidemiology N Owen		Commercialisation & Research Contracts G Krippner
	Experimental Cardiology X Du	Metabolomics P Meikle	Sports Cardiology A La Gerche			Community & Corporate Relations J Moore
	Human Epigenetics A El-Osta	Atherothrombosis & Vascular K Peter	Imaging Research T Marwick			Research Strategy & Operations N den Elzen
	Muscle Research & Therapeutics P Gregorevic	Lipoproteins & Atherothrombosis D Sviridov	Allied Health & Education Services S Middleton			
	Epigenomic Medicine T Karagiannis		Heart Imaging A Taylor			
	Cardiac Hypertrophy J McMullen					
	Haematopoiesis & Leukocyte Biology A Murphy					
	Heart Failure Pharmacology R Ritchie					
	Biochemistry of Diabetic Complications M Thomas					
	Genomics & Systems Biology K Bozaoglu					



PhD student, Dr Gabrielle Diplock, and Professor Graeme Maguire at the Alice Springs Hospital. Graeme oversees nine research units at Baker IDI that focus on human research and the provision of clinical services. He also heads the Health Services research unit.

Board of Directors

Our Board members provided more than good governance to the Institute in 2015. Their support included participation in fundraising events such as a 204km cycle along the Great Ocean Road and advocacy for the Medical Research Future Fund. There was also generous support for events from Untapped Fine Wines as well as the provision of funding through the Research Training and Education Committee to help our young scientists thrive and significant donations from Board members to the Director's Fund Endowment to future-proof the Institute. We are grateful to the Directors for advocating Baker IDI's cause to philanthropic trusts and foundations.



ABOVE: Board of Directors from left to right: David Gilmour, Rob Nicholson, Kate Metcalf, Peter Scott, Professor Andrew Way, Lindsay Maxsted, Christine O'Reilly, Professor Tom Marwick and Dr David Thurin. Pictured separately are: Professor Christina Mitchell and Ian Smith.

PETER SCOTT

Chairman

Peter Scott is Deputy Chairman at Gresham Advisory Partners and has more than 30 years' experience in providing financial advice to large Australian companies and governments. He was a member of the Australian Takeovers Panel from 2002 to 2014 and the New Zealand Takeovers Panel from 2008 to 2014. He is a director of the Association of Australian Medical Research Institutes (AAMRI), and is Chairman of the Medical Research Future Fund Action Group.

LINDSAY MAXSTED

Treasurer

Lindsay Maxsted is the Chairman of Westpac Banking Corporation and Transurban Group, a director of BHP Billiton Limited and BHP Billiton plc and is the Managing Director of Align Capital Pty Ltd. He was the CEO of KPMG from 2001 to 2007.

PROFESSOR GARRY JENNINGS AO

Executive Director

(resigned 31 December 2015)

Garry Jennings was the Director and Chief Executive Officer of the Institute until his resignation on 31 December 2015. He is a practising cardiologist and was previously the Director of Cardiology and Chair of the Division of Medicine at The Alfred Hospital, Melbourne. Garry is Adjunct Professor of Medicine at Monash University, a director of Nucleus Network Limited, an Advisor for the National Heart Foundation and a Trustee of the Baker Foundation.

PROFESSOR TOM MARWICK

Executive Director

(appointed 4 January 2016)

Tom Marwick is the Director and Chief Executive Officer of the Institute and a Founding Fellow of the Australian Academy of Health and Medical Sciences. He is a practising cardiologist, and prior to joining Baker IDI was the Director at Menzies Institute for Medical Research, University of Tasmania, and continues to hold an Adjunct Professorship there. He has also worked as the Head of Cardiovascular Imaging at Cleveland Clinic, USA.

JUSTIN ARTER

Non-Executive Director

(resigned 25 February 2016)

Justin Arter joined BlackRock Investment Management Australia as Country Head in September 2012 after three years as Chief Executive Officer at Victorian Funds Management Corporation (VFMC) and an 18-year career with Goldman Sachs JBWere. He was formerly a member of the Geelong Grammar School Council.

DAVID GILMOUR

Non-Executive Director

David Gilmour is a private investor and is Managing Director and owner of Untapped Fine Wines, Australia's largest importer of fine wines from South America and Spain. Prior to this, he was a Director and owner of Ansett Aviation Training, the largest airline pilot training centre in the southern hemisphere. In his early career, he was a management consultant for 15 years, initially with McKinsey & Company and then for five years as a partner with the Boston Consulting Group.

KATE METCALF

Non-Executive Director

Kate Metcalf is The Principal of K.A. Metcalf Solicitors and a sessional Member at the Victorian Civil and Administrative Tribunal. She is a Trustee of the Baker Foundation and a Director of Boroondara Aged Services Society. She has previously held positions as Senior Solicitor, Monash University; Legal Director Asia, Carestream Health Australia Pty Ltd; and Senior Counsel and Company Secretary, Kodak (Australasia) Pty Ltd.

PROFESSOR CHRISTINA MITCHELL

Non-Executive Director

Christina Mitchell is the Academic Vice-President and Dean of the Faculty of Medicine, Nursing and Health Sciences, Monash University. She has previously been a director of Victorian Endowment for Science, Knowledge and Innovation (VESKI) and a member of the scientific advisory panels of Cancer Council Victoria and the FSHD Global Research Foundation. Christina is a Fellow of the Australian Academy of Health and Medical Sciences and Chair of the Council of Monash Partners Academic Health Science Centre.

ROBERT NICHOLSON

Non-Executive Director

Robert Nicholson is an experienced corporate advisor providing commercial legal advice, particularly in connection with strategic transactions and projects in a range of industries. Robert has also assisted governments in policy development and delivery and has been actively involved in strategy development and implementation in the professional services field. He is a senior partner of Herbert Smith Freehills and was a member of the Freehills board between 2000 and 2011 and Chairman between 2008 and 2011. He is also Chairman of Nucleus Network Limited and a director of Landcare Australia Limited.

CHRISTINE O'REILLY

Non-Executive Director

Christine O'Reilly is a director of CSL Limited, Transurban Group, Medibank, Energy Australia, the Deputy Chair of CARE Australia and a member of the Loreto Mandeville Hall Finance Committee. She was formerly Co-head of Unlisted Infrastructure at Colonial First State Global Asset Management from 2007 to 2012 and, prior to that, Chief Executive Officer of the GasNet Australia Group between 2001 and 2006.

IAN SMITH

Non-Executive Director

Ian Smith is a partner of Bespoke Approach, a corporate and political advisory firm. Ian is Honorary British Consul in Adelaide, a Director of the East Arnhem Regional Economic Development Corporation and a member of the NAB PrivateWealth Advisory Council. He co-founded Barefoot To Boots, which works with the UNHCR to provide support for refugees in camps overseas. He is an Ambassador for ENUF (a campaign to reduce stigma and support people living with HIV/AIDS) and an Ambassador for The Orangutan Project.

DR DAVID THURIN

Non-Executive Director

David Thurin is the Managing Director and owner of Tigcorp Pty Ltd, a company that owns, develops and manages retirement communities, has a land subdivision section as well as an investment arm involved in listed and unlisted securities. He is a director of Vicinity Centres as well as the Melbourne Football Club. David was previously the joint Managing Director of the Gandel Group of companies and previously the Chairman of the International Diabetes Institute.

PROFESSOR ANDREW WAY

Non-Executive Director

Andrew Way has been the CEO of Alfred Health since 2009. Andrew led the development of Victoria's first Academic Health Science Centre – Monash Partners, now an accredited NHMRC Advanced Health and Research Translation Centre. Andrew was appointed as an Adjunct Clinical Professor in the School of Public Health and Preventative Medicine, Faculty of Medicine, Nursing and Health Sciences, Monash University in 2015. Andrew is also a Director of other health-related organisations and is a member of several government and other advisory groups. Prior to his relocation to Melbourne in 2009, Andrew had an extensive career in the NHS in the UK, latterly as CEO of the Royal Free Hampstead NHS Trust.

PROFESSOR PAUL ZIMMET AO

Non-Executive Director

(resigned 25 February 2016)

Paul Zimmet was founder and Director of the International Diabetes Institute, Australia's first institute dedicated exclusively to diabetes. He is an Adjunct Professor at Monash University and University of Pittsburgh and Honorary President of the International Diabetes Federation. He was Co-Chair of the Australian Government National Diabetes Strategy Advisory Group until December 2015. Paul is also a member of diabetes advisory boards for Novo Nordisk, Takeda and Metacure.

Baker IDI's Company Secretaries

David Lloyd (Deputy Director and Chief Operating Officer) and Jacqueline Goodall (General Counsel).



Visiting Research Fellow from Turkey, Duygu Batu, and Professor Merlin Thomas. Merlin heads a broad program of research aimed at addressing key questions around the prevention and treatment of diabetic complications, including those affecting the arteries, the heart, the kidneys and the eyes.

Financial Highlights

In an environment of constrained funding, support from donors is critical to Baker IDI's success. In 2015, the Institute raised \$12 million through a combination of appeals, regular giving, community events, major gifts, trusts and foundations, and bequests.

Our donors support us in a range of ways and are drawn from all walks of life. In 2015, more of our donors went online to support us, some rode their bikes vast distances while others joined us at community open days. We are grateful to all our donors for their generosity and ongoing commitment to our research.

We would particularly like to acknowledge the support of the Ernest Heine Family Foundation for a \$5 million grant over five years in support of our research programs. The impact of this important donation on our research program is detailed on pages 30–31 of this report.

The Baker Foundation has been a major supporter of the Institute's work since the establishment of the Baker Institute in 1926. In 2015, the Foundation donated \$2.1 million towards our research programs and we are extremely grateful for this critical support of our scientific community.

The Institute also received a significant donation of \$4 million from Nucleus Network – a wholly owned subsidiary of Baker IDI. We would like to acknowledge the Board, management team and all Nucleus Network staff for their outstanding results in 2015.

The contribution of Nucleus Network was all the more important in light of a decline in government funding for the indirect costs of research. In 2015, the Institute received \$6.9 million towards indirect research costs, a 15.9 per cent decrease on the \$8.2 million we received in 2014.

Operational Infrastructure Support (OIS) from the Victorian Government remained constant at \$3.4 million. The OIS program provides essential funding towards indirect costs that are not provided for by competitive grants. The fund contributes to meeting costs associated with infrastructure, commercialisation and clinical exploitation of the Institute's research endeavours, as well as equipment maintenance essential to grant-funded research. The Institute would like to acknowledge the Victorian Government and its commitment to medical research.

The Institute was also awarded \$3.4 million through the Federal Government's Independent Research Institute Infrastructure Support Scheme (IRIISS), a decrease of 29.2 per cent from the previous year. The Institute is grateful for the support of the Federal Government for the indirect costs of grant-funded research activities.

Baker IDI's researchers were awarded \$18 million in the 2015 round of National Health and Medical Research Council Grants. Funding is scheduled to commence in 2016 and covers the life of the grants, which range from three to five years. Baker IDI welcomes government support for health and medical research funding, which is critical both to the Institute and to the medical research sector as a whole in maintaining a strong international profile.

\$18m

AWARDED IN THE 2015 ROUND OF NATIONAL HEALTH AND MEDICAL RESEARCH COUNCIL GRANTS

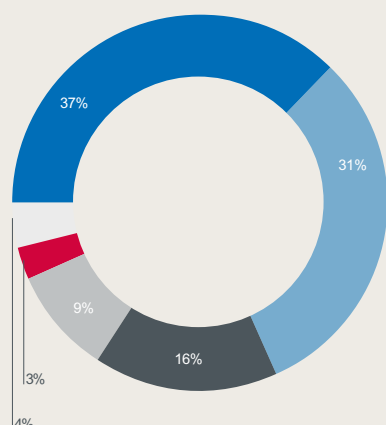
Funding is scheduled to commence in 2016 and covers the life of the grants, which range from three to five years.



Professor David Kaye and NHMRC and National Heart Foundation Early Career Fellow, Dr Francine Marques. David heads a broad program of research aimed at answering big-picture questions about hypertension and cardiac disease, such as how to reverse chronic heart disease.

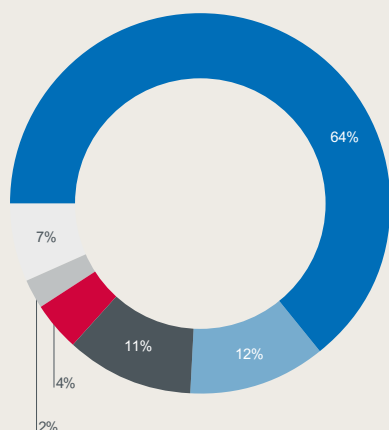
Financial Performance at a Glance

Consolidated Revenue



Service and clinical income	\$28,238,396
Competitive grants	\$23,455,279
Fundraising, including bequests	\$12,043,034
Government support	\$6,876,789
Other income	\$2,092,518
Investment income	\$2,873,226
TOTAL	\$75,579,242

Consolidated Expenditure



Research costs	\$45,674,766
Laboratory support	\$8,220,600
Administration	\$7,736,404
Building costs	\$2,914,581
Business development	\$1,750,975
Depreciation/amortisation	\$4,611,322
TOTAL	\$70,908,648

Notable financial information

	2015 (\$)	2014 (\$)
Income for research and clinical trials	75,579,242	70,722,910
Expenditure on research and clinical trials	66,297,326	64,453,709
Net surplus from operations before depreciation and amortisation	9,281,916	6,269,201
Capital expenditure	2,538,775	5,402,761
Operational Infrastructure Support included in income	3,431,798	3,487,171
Number of full-time equivalent staff and visiting scientists	404	414
Number of students	73	82
Scientific papers published	432	411

Financial Statements

Statement of Financial Position as at 31 December 2015

	CONSOLIDATED		PARENT	
	2015 (\$)	2014 (\$)	2015 (\$)	2014 (\$)
ASSETS				
Current assets				
Cash and short-term deposits	17,975,608	17,198,516	15,765,930	15,698,048
Trade and other receivables	8,585,111	5,702,450	2,459,283	2,182,369
Right to occupy	507,619	507,619	507,619	507,619
Prepayments	327,780	215,084	247,905	127,121
Other current financial assets	4,197	6,838	4,197	6,838
Total current assets	27,400,315	23,630,507	18,984,934	18,521,995
Non-current assets				
Property, plant and equipment	47,644,923	49,181,354	46,792,723	48,500,845
Right to occupy	7,195,364	7,702,983	7,195,364	7,702,983
Intangible assets	91,648	165,840	91,648	165,840
Investment in an associate	3,678,986	3,557,402	2,265,001	2,265,001
Available-for-sale financial assets	23,341,819	22,498,597	23,289,738	22,446,516
Other non-current financial assets	–	4,197	–	4,197
Total non-current assets	81,952,740	83,110,373	79,634,474	81,085,382
TOTAL ASSETS	109,353,055	106,740,880	98,619,408	99,607,377
LIABILITIES				
Current liabilities				
Trade and other payables	8,192,255	8,770,680	5,442,922	6,849,213
Interest-bearing loans and borrowings	–	25,000	–	–
Lease incentive liability	–	29,218	–	–
Unearned income	9,074,834	7,856,197	8,796,318	7,736,943
Provisions	6,945,279	8,405,380	6,300,725	7,760,066
Total current liabilities	24,212,368	25,086,475	20,539,965	22,346,222
Non-current liabilities				
Lease incentive liability	–	–	–	–
Provisions	1,537,436	1,814,135	1,444,349	1,653,220
Total non-current liabilities	1,537,436	1,814,135	1,444,349	1,653,220
TOTAL LIABILITIES	25,749,804	26,900,610	21,984,314	23,999,442
NET ASSETS	83,603,251	79,840,270	76,635,094	75,607,935

\$83.6m

TOTAL NET ASSETS

STATEMENT OF FINANCIAL POSITION
AS AT 31 DECEMBER 2015

Statement of Financial Position as at 31 December 2015 (continued)

	CONSOLIDATED		PARENT	
	2015 (\$)	2014 (\$)	2015 (\$)	2014 (\$)
Equity				
Equity attributable to equity holders of the parent				
Restructure reserve	–	–	5,578,233	5,578,233
Retained earnings	81,323,390	76,652,796	68,777,000	66,842,228
Available-for-sale reserve	2,279,861	3,187,474	2,279,861	3,187,474
TOTAL EQUITY	83,603,251	79,840,270	76,635,094	75,607,935

The Statement of Financial Position provided above, together with the attached Income Statement, have been extracted from the audited general purpose financial statements of Baker IDI Heart and Diabetes Institute Holdings Limited and its controlled entities. The summary financial information does not include all the information and notes normally included in a statutory financial report.

The statutory financial report (from which the summary financial information has been extracted) has been prepared in accordance with the *Australian Charities and Not-for-profits Commission Act 2012* and *Regulations 2013*, Australian Accounting Standards and other authoritative pronouncements of the Australian Accounting Standards Board.

Income Statement for the year ended 31 December 2015

	CONSOLIDATED		PARENT	
	2015 (\$)	2014 (\$)	2015 (\$)	2014 (\$)
Continuing operations				
Grants supporting research activities	23,455,279	29,713,602	23,455,279	29,713,602
Infrastructure funding	6,876,789	8,362,196	6,876,789	8,362,196
Fundraising, corporate and private support	12,043,034	11,054,026	16,043,034	11,054,026
Service and clinical income	28,238,396	17,573,952	4,758,222	5,728,000
Investment income	2,873,226	2,165,520	2,783,092	2,130,308
Other revenue	2,092,518	1,853,614	2,924,367	2,457,201
Revenue	75,579,242	70,722,910	56,840,783	59,445,333
Employee benefits expense	42,458,450	41,133,386	34,057,800	36,031,304
Research, service and clinical expense	14,043,224	15,183,470	8,392,806	11,714,103
Depreciation and amortisation expense	4,611,322	4,642,967	4,279,771	4,032,500
Share of (profit)/loss in associate	(121,584)	(29,562)	–	–
Impairment of available for sale financial assets	836,157	–	836,157	–
Loss/(gain) on disposal of assets	45,195	7,658	–	7,658
Building overheads	1,398,565	991,704	1,227,130	894,262
Borrowing costs expense	56	2,062	–	278
Laboratory support expense	1,899,502	2,174,565	1,899,502	2,174,565
Donor acquisition expense	1,242,469	1,224,143	1,242,469	1,224,143
Other expenses from ordinary activities	4,495,292	3,766,283	2,970,376	3,268,231
Expenditure	70,908,648	69,096,676	54,906,011	59,347,044
Surplus before tax	4,670,594	1,626,234	1,934,772	98,289
Income tax expense	–	–	–	–
Surplus for the year	4,670,594	1,626,234	1,934,772	98,289



Associate Professor Andre La Gerche and Research Nurse, Kristel Janssens. Andre heads up a broad program of research aimed at exploring the impact of exercise at all levels of cardiovascular disease management from prevention through to treatment of advanced disease.

Supporters and Acknowledgements

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The Baker Foundation
Cancer Council Victoria
CASS Foundation
Diabetes Australia Research Trust
Federal Government of Australia
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– National Health & Medical Research Council
FSHD Global Research Foundation
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Juvenile Diabetes Research Foundation International
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National Heart Foundation
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Cheryl and Max Ould
Mr Nigel Peck AM & Mrs Patricia Peck
Dr Ian Ross
Peter & Anna Scott
Mr Rob Stewart AM

Bright Sparks program

William Angliss (Vic.) Charitable Fund
Pierce Armstrong Foundation
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Di & Neville Bertalli
Mrs Rosetta & Mr Alan Bloom
The Cybec Foundation
Ms Elizabeth Foster
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The Isabel & John Gilbertson Charitable Trust
GRAS Foundation
P & M Harbig Holdings Pty Ltd
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Mrs Anne King & Mr Beresford King OAM
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The Marian & E.H. Flack Trust
Ernest Heine Family Foundation
Joe White Bequest

The breadth of our programs requires significant resources and we are extremely grateful for the commitment and support we receive from individual members of the community as well as philanthropic trusts and foundations, industry and government. Thank you to all who support our mission.

Community support

Baker IDI Ambassadors

Matt Keenan (Community Cycling Initiative)

Mike McKay (Community Rowing Initiative)

Community Fundraisers

Blue Illusion

James Coatsworth (Top to Tip Ride)

Run for a Reason

Friends of Baker IDI Committee (Cruden Farm Open Day)

Mr Richard & Mrs Bernadette Brodribb

Mr Stephen Cook

Mr Robert & Mrs Jan Lyng

Mrs Vivienne Ritchie

Mr Richard & Mrs Jan Santo

Foundation 49: Men's Health

Baker IDI LifeRide

Cabrini

GSK

Matched Giving Programs

BHP Billiton

UBS Australia

Peru Hike For Health

Ms Mokina Alston

Ms Michelle Cinel

Mr Stephen Cook

Mr Zoltan Maklary

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Estate Richard Charlupski

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Estate Wilma Keir

Estate Emily Elizabeth Lamburd

Estate Doris Annie Layton

Estate Pamela Anne McCarthy

Estate Sheila Eileen Ott

Estate Raymond George Reynolds

Estate Anne Dallas Salvado

Estate Peggy Smart

Estate Sheila Jessie Thompson

Estate George Warren Thornton

Estate John Knox Trezise

Estate Jenny Suze Troost

Estate Olga G Webb

Estate Brian Thomas Henry Wilkins

Perpetual scholarships and travel bursaries

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Bertalli Family Scholarship Fund

Noel Dickson Scholarship Fund

Robbie Eisner Scholarship Fund

Lang Research Fund

Edgar Rouse Memorial Fund

Ruby Wallace Travel Bursary

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Northern Territory PHN

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Sanofi

Spotlight on Philanthropy

With your help, we're changing the future health of Australians.

Every day, you help us achieve our vision of a healthier future for all Australians.

Your energy drives us and your commitment inspires us. You come from all walks of life and support us as individuals, families, volunteers, corporations, workplaces and community organisations. Thank you.

A lasting legacy for generations to come

For Mrs Olga Webb, learning about Baker IDI's research almost 30 years ago inspired her to open her heart to Baker IDI and leave a lasting gift to medical research. Mrs Webb's substantial contribution to the Institute in 2015 was instrumental in helping to fund the state-of-the-art Magnetic Resonance Imaging (MRI) technology for the Baker IDI Clinical Research Centre. Olga's nephew and Executor of her Will, Mark Seller, was proud of his aunt's philanthropic spirit and delighted to know that her passion for helping people would continue, providing enormous potential for breakthrough research in the early intervention of heart disease and diabetes.

“With people like Olga Webb supporting our work, we know we can succeed in the fight against heart disease and diabetes.”

Viv Talbot, Manager, Gift in Wills

A family giving supporting a brighter future

It's the success of bright young researchers driven by their passion for science that has inspired Neville Bertalli and his wife, Diana, to support Baker IDI for 32 years.

“Maintaining and improving the health and wellbeing of every Australian relies on attracting our best and brightest to become medical researchers and it's a very satisfying and rewarding experience knowing that our family is part of the solution.”

Thanks to the Bertalli Family Scholarship Fund, young early-career scientists have had the opportunity to pursue their dreams and carry out research that will benefit our community.



ABOVE: Baker IDI supporters, Diana and Neville Bertalli (left and middle), with Baker IDI Community Relations Manager, Bobbie Renard.



Ride for diabetes

Greg Couper tragically lost his father to diabetes in 2011. In memory of his father, Greg took on the challenge of riding the spectacular Great Ocean & Otway Classic Ride in support of medical research. Congratulations on your achievement Greg!

“ Amazed. Inspired. Grateful. That’s how the generosity of people like Greg makes me feel. ”

Dejana Bosevski, Community Fundraising Co-ordinator, Baker IDI

LEFT: Baker IDI has been involved in several major state and national sporting events during 2015, with these partnerships helping to raise awareness of optimum approaches to the prevention and management of disease.

B-United for a healthier future

In 2015, over 5000 Australians supported Baker IDI through our B-United monthly giving program, raising over \$1 million for groundbreaking research. Thank you for believing that we will find the answers that will save lives and ease suffering for those with heart disease and diabetes.

“ So many people from all walks of life continue to support us with a regular monthly gift, and our thanks go to each and every one of you. ”

Professor Tom Marwick, Director, Baker IDI

RIGHT: The Susan Alberti Medical Research Foundation Ball, which raises money for type 1 diabetes research, celebrated its 30th anniversary in 2015. Baker IDI is a grateful recipient of funds raised from this esteemed event. Pictured: Tina Arena, Colin North and Dr Susan Alberti AC.

A lifetime mission in memory of a beloved daughter

In 2015, the Susan Alberti Medical Research Foundation (SAMRF) celebrated its 30th Annual Signature Ball. Thanks to the charity gala ball and its success, SAMRF raised a significant amount of money to support the important research undertaken by Professor Mark Cooper to improve the prevention, diagnosis and treatment for type 1 diabetes, and ultimately, find a cure. Susan Alberti AC developed a passion for medical research when her only child, Danielle, who was diagnosed with type 1 diabetes, tragically died from the complications of the disease in the 1980s.

“ When the gala ball began in the 1980s, none of us could have dreamed of the advances made by medical research in the treatment of diabetes. I am so proud of the role Baker IDI has played in contributing to a better future for Australia. ”

Susan Alberti AC, Susan Alberti Medical Research Foundation



How You Can Support Us

You can be part of a better future – find out more and get involved.

This report is just a glimpse into the incredible work that people like you are helping to make possible.

If you would like to hear more about the exciting projects or funding opportunities in this report please contact Jaclyn Moore, Executive General Manager, Community & Corporate Relations (03) 8532 1529.

Make a donation

We depend on generous supporters to ensure that we can continue in our efforts to improve our understanding, diagnosis and treatment of cardiovascular disease, diabetes and associated conditions. Gifts can be made in a number of ways:

- Make a direct donation or regular monthly gift.
- Remember the life of a loved one by making a special in-memoriam gift or commemorate a special celebration.
- Complete a challenge event by running a marathon, competing in an ironman or climbing a mountain.
- A corporate partnership with Baker IDI shows consumers and employees that you have an ongoing commitment to supporting the wider community, and ensuring a healthier future for all Australians.
- Attend one of our events or host your own, in aid of Baker IDI.

For further information or to make your gift today, please call 1800 827 040 or visit www.bakeridi.edu.au/donate

A lasting gift for a healthier future

Leave a gift in your Will and help make a difference to the lives of your loved ones and future generations.

Choosing to support Baker IDI with a gift in your Will is a special way to enable our scientists to deepen their understanding of heart disease and diabetes and develop treatments and solutions that could improve the health of the community.

If you would like to discuss how you can make a gift that will benefit future generations, please contact Viv Talbot on (03) 8532 1513.

Share your story

You can help us raise awareness of heart disease, diabetes and their associated conditions by sharing your story with us. If you or a loved one has been touched by these conditions and would like to make a positive contribution to research in this area, you can do so by putting a human face to the burden of disease. We are always interested in speaking with people who are willing to share their story with our community. If you would like to discuss how you can raise awareness around chronic disease and the work conducted at Baker IDI, please contact Essie Bohan, Direct Marketing Coordinator (03) 8532 1587.



Baker IDI is here for the community. And the support of the community has never been more important to us. Thank you for supporting a healthier future for all Australians.



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