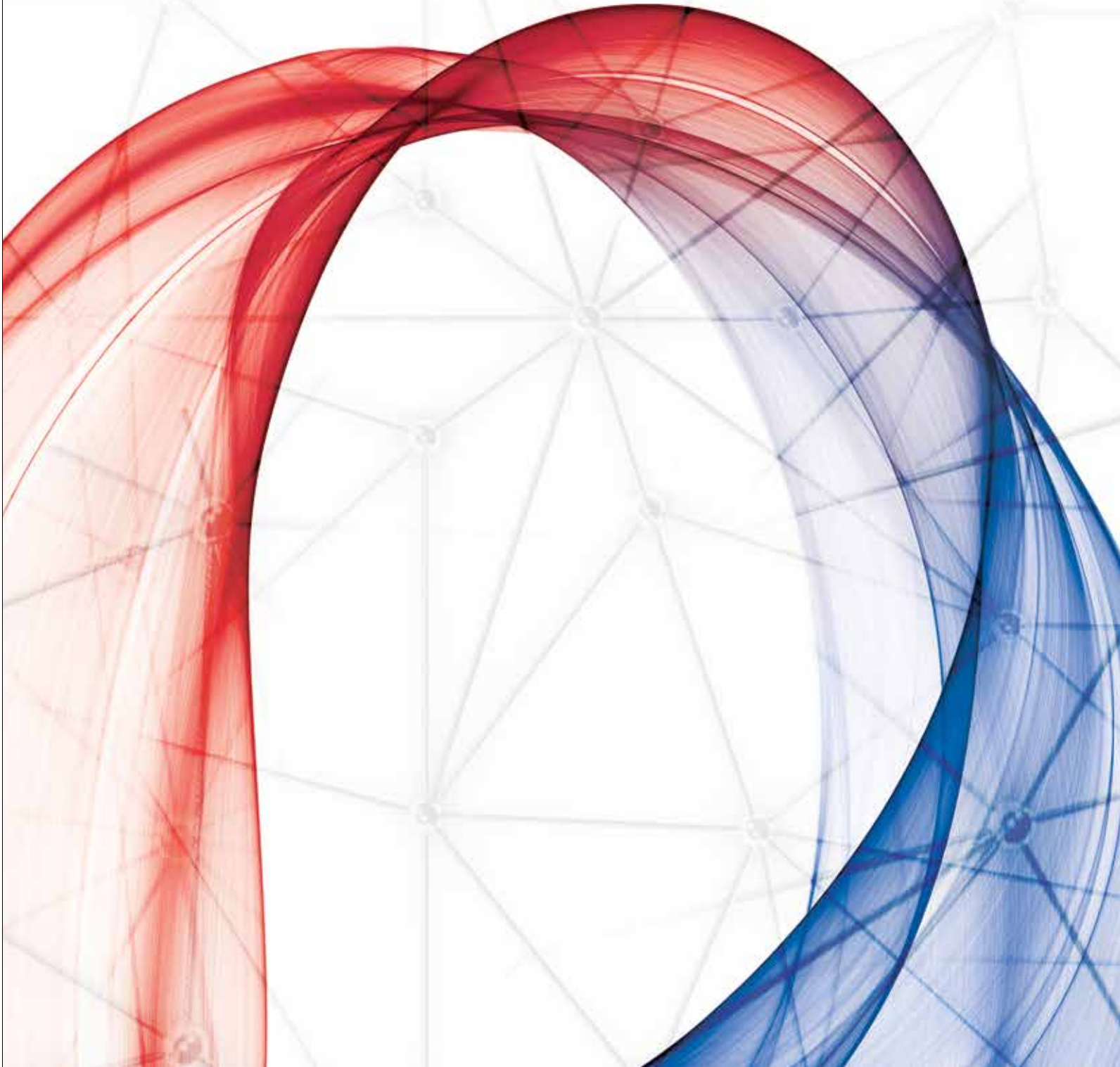


2011 ANNUAL REPORT

DISCOVERY AND INNOVATION



UNIQUELY POSITIONED TO ADDRESS THE CHANGING HEALTH LANDSCAPE

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

Baker IDI Heart and Diabetes Institute is an independent, internationally-renowned medical research facility, with a history spanning more than 85 years. The Institute's work extends from the laboratory to wide-scale community studies with a focus on diagnosis, prevention and treatment of diabetes and cardiovascular disease.

The comprehensive range of research undertaken to target these deadly diseases, combined with the flexibility and innovation to respond to changing health and community needs, is unique and sets Baker IDI apart from other health and research institutes.

The Institute's mission is to reduce death and disability from cardiovascular disease, diabetes and related disorders: two prevalent and complex diseases responsible for the most deaths and the highest health costs in the world.

With Australia facing an ageing population and rapidly growing rates of chronic disease, Baker IDI's work has never been more important to Australian communities, as well as the global communities in which it operates.

Baker IDI is well positioned to address these challenges. The Institute's highly diverse team includes cardiologists, diabetes physicians, bench-top scientists, epidemiologists, dietitians, psychologists, nurse educators, renal specialists and physical activity experts. Together, they are working to translate laboratory findings into new approaches to prevention, treatment and care.

The Institute's main laboratory facilities are located on the Alfred Medical Research and Education Precinct in Melbourne, Victoria. Baker IDI also has a research facility in Alice Springs in the Northern Territory dedicated to Indigenous health, as well as a preventative health research hub in South Australia and a growing research presence in Singapore. In keeping with a global research agenda, the Institute maintains international partnerships and collaborations in Europe, North America, the Middle East, South Africa and the Pacific.

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AUSTRALIA'S HEALTH CHALLENGE: TODAY AND BEYOND

EVERY 11 MINUTES

> Cardiovascular disease (heart, stroke and blood vessel disease) kills one Australian every 11 minutes and affects more than 3.4 million Australians¹

FIRST AND ONLY SIGN

> In a significant number of cases, sudden death can be the first and only sign of underlying heart disease

ONE IN SIX PEOPLE

> One in six people is likely to suffer a stroke in their lifetime²

1.5 MILLION AUSTRALIANS

> There are more than 1.5 million Australians with diabetes, including those who are undiagnosed³

30 PER CENT HIGHER

> Rates of cardiovascular disease are 30 per cent higher among Aboriginal and Torres Strait Islander peoples than non-Indigenous Australians⁴

EIGHT TIMES AS LIKELY

> Indigenous people are 8 times as likely to begin dialysis for kidney disease or to receive a kidney transplant⁵

2ND AND 5TH HIGHEST RATE

> Australia has the 2nd highest rate of obesity for males and the 5th highest for females when compared with other developed countries⁶

ONE IN SEVEN AUSTRALIANS

> Chronic kidney disease (CKD) is more common than is widely known, affecting 1 in 7 Australian adults to some degree⁷

THREE MILLION AUSTRALIANS

> If diabetes continues to rise at the current rate, up to 3 million Australians over the age of 25 will have diabetes by 2025⁸

TOP FOUR RISK FACTORS

> Australian data shows the top four risk factors for burden of disease are tobacco smoking, high blood pressure, overweight and obesity, and physical inactivity⁹

¹ Heart Foundation – Cardiovascular Disease Statistics, www.heartfoundation.org.au

² Stroke Foundation – www.strokefoundation.com.au. Article titled “Stroke – nothing has changed. Still the Nation’s second biggest cause of death, 25 June 2012

³ Diabetes: the silent pandemic and its impact on Australia, Baker IDI Heart and Diabetes Institute in partnership with Diabetes Australia and JDRF, 2012

⁴ Australian Institute of Health and Welfare. Cardiovascular disease and its associated risk factors in Aboriginal and Torres Strait Islander peoples 2005-2005. Cat. no. CVD 41. Canberra, AIHW, 2008

⁵ Australian Institute of Health and Welfare 2012. Australia’s health 2012: in brief. Cat.no. AUS 157. Canberra. AIHW

⁶ Ibid

⁷ Ibid

⁸ Diabetes: the silent pandemic and its impact on Australia, Baker IDI Heart and Diabetes Institute in partnership with Diabetes Australia and JDRF, 2012

⁹ Australian Institute of Health and Welfare 2012. Australia’s health 2012: in brief. Cat.no. AUS 157. Canberra. AIHW

A SNAPSHOT OF THE INSTITUTE

- > A medical research institute focused on cardiovascular disease (including stroke and hypertension), diabetes and their complications, such as kidney disease
- > A long and distinguished history, spanning more than 85 years
- > Research agenda spans birth to end-of-life health (including maternal health, indigenous and gestational health, subclinical organ damage, heart failure and terminal disease)
- > Headquartered in Melbourne, with research teams based in Alice Springs, Adelaide and Singapore
- > Key player in research, translation, education, advocacy and health promotion
- > A staff base of more than 650 (including students, honorary staff and visiting academics)
- > Senior staff on a broad range of government advisory boards: from health and wellbeing to science and innovation
- > Collaborations with many leading international research groups
- > Committed to a range of international projects that aim to assist vulnerable societies around the world
- > Funded through a diverse range of sources including competitive grants, Federal and State Governments, service and clinical income, and philanthropic support
- > The largest beneficiary of National Heart Foundation research funds in Australia
- > \$69 million turnover, including commercial subsidiaries
- > Commercial subsidiaries include early phase clinical trials facility, Nucleus Network

2011 HIGHLIGHTS

SCIENTISTS AWARDED EUREKA PRIZE FOR MEDICAL RESEARCH TRANSLATION

Baker IDI's Professor Murray Esler AM and Professor Markus Schlaich were awarded the prestigious 2011 Eureka Prize for Medical Research Translation for their pioneering research into renal denervation. The procedure involves the insertion of a catheter through the femoral artery and uses radio frequency to 'silence' sympathetic nerves in the artery that deliver blood supply to the kidneys. It is expected to revolutionise treatment options for people with high blood pressure.

This work adds to a volume of internationally recognised research carried out by Professor Esler over more than three decades in the areas of heart failure, stress and hypertension. Most recently, he was presented with several lifetime achievement awards in Australia and Europe acknowledging his contributions, including the Björn Folkow Award presented at the European Society of Hypertension meeting in London in April 2012.

QUICKER DIAGNOSIS OF HEART ATTACK

Timely diagnosis of a heart attack and early awareness of the severity of such an event are critical to a patient's management and prognosis. However, this requires multiple biomarker measures, that at present take up to 48 hours after patient admission; creating a delay that can have consequences for treatment and recovery. Head of Experimental Cardiology, Associate Professor Xiao-Jun Du, Director of The Alfred Heart Centre Professor Anthony Dart and their teams, along with international collaborators, demonstrated through a clinical study of more than 370 patients that blood levels of MIF (macrophage migration inhibitory factor), a small cell-signalling protein molecule, are elevated in two-thirds of patients upon arrival at hospital. This is particularly significant given that the level of this molecule can predict the size of a heart attack from a single blood sample at the time of hospital admission. The identification of this molecule as a novel and useful biomarker for early diagnosis of cardiac artery obstruction and evaluation of the severity of a heart attack has important implications for the clinical management of patients with coronary artery disease.

THOUSANDS OF AUSTRALIANS SCREENED IN THIRD ROUND OF AUSDIAB

The third round of Australia's largest study of diabetes, obesity and lifestyle commenced in August 2011, marking a milestone in the country's largest longitudinal study of diabetes which will deliver an important snapshot of the nation's health. The Australian Diabetes, Obesity and Lifestyle (AusDiab) Study is enabling researchers to track how many people have developed diabetes, obesity, kidney and heart disease and how many have stayed healthy over the past 12 years. Research teams have travelled the country over the past year to test more than 8300 people.

The first two rounds of this study have already had a major impact on health care planning in Australia, alerting governments to the scale and impact of diabetes and obesity, with the results translated into national programs for diabetes screening and prevention. In 2010, the AusDiab research team was awarded \$2.5 million by Australia's National Health and Medical Research Council to conduct the third round of AusDiab, which is one of the largest studies of its kind in the world.

LARGE-SCALE STUDIES TARGET PREVENTION AND MANAGEMENT OF CHOLESTEROL AND BLOOD PRESSURE

Researchers from our Preventative Health group led two major studies aimed at informing the community and health professionals about better management of chronic disease risk factors, as well as advancing national prevention strategies. The Cholesterol Crossroads report, based on an analysis of nearly 200,000 GP patient cholesterol records from 2004 to 2009, found that average cholesterol levels amongst GP patients remained sub-optimal despite modest improvements over the study period. The Baker IDI-led VIPER-BP study, which involved more than 2300 Australians with high blood pressure, examined different management approaches and found more frequent GP visits and higher treatment doses could more effectively control an individual's blood pressure.

NEW TEST FOR CARDIOVASCULAR DISEASE RISK

While current risk assessment can identify people at either very low or high risk of a heart attack or stroke, the majority of the population belongs to an intermediate-risk group in which the predictive power of risk factors is less effective. Unfortunately, most heart attacks occur in this group. To improve identification and treatment of this vulnerable group, Associate Professor Peter Meikle and his colleagues are working to translate their research in plasma lipid profiling into a new risk assessment tool that can be routinely used in clinical testing laboratories. It is anticipated this will lead to more accurate identification and treatment of people at risk of cardiovascular events, with the potential for an assessment tool to be used in population-based screening programs in the future.

DRUG SHOWS PROMISE FOR MUSCLE DISEASE

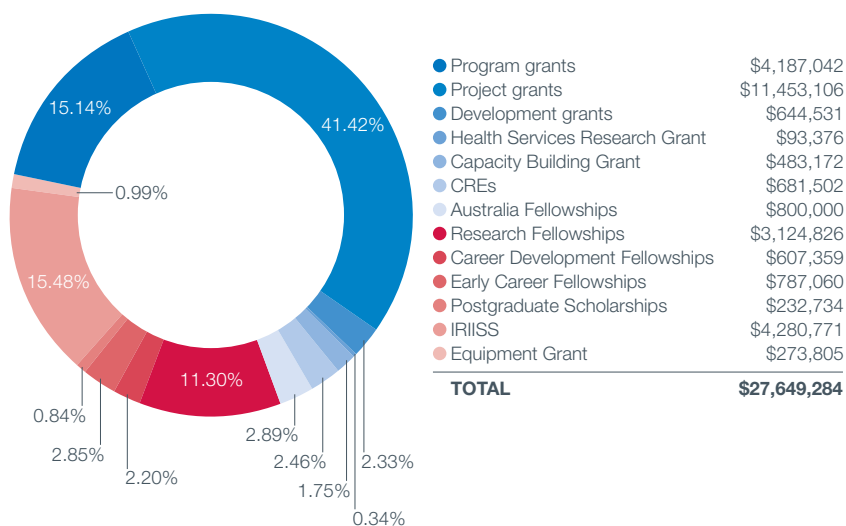
A new drug tested by Baker IDI scientists could help treat Duchenne Muscular Dystrophy (DMD), a severe and progressive muscle wasting disease that affects young boys, according to a study published in *Nature* in April 2012. An international team led by University of Melbourne researchers, and conducted in collaboration with Professor Mark Febbraio and his team at Baker IDI, has found that by increasing levels of 'heat shock protein 72' (Hsp72) in the muscles of animal models of DMD, muscle strength improved, disease progression slowed and lifespan increased. Approximately one in every 3500 boys worldwide is afflicted with DMD. There is no cure for the disease which causes muscle fragility, spinal curvature and premature death. Professor Mark Febbraio's team has been working on Hsp72 for many years, with the drug BGP-15 currently in human clinical trials as a treatment for type 2 diabetes. This work is an example of the diverse translation opportunities arising from the Institute's research agenda.

NOVEL DRUG TREATMENT FOR KIDNEY DAMAGE

A novel approach to prevent and treat chronic diabetic complications associated with scarring of the kidneys is being investigated by Professor Mark Cooper's group. This follows the discovery that a signalling pathway which leads to impaired tissue repair and scarring of the kidneys can be effectively targeted through pharmacological treatment. The group is collaborating with commercial organisations to develop a drug to block the pathway which leads to this scarring. With the drug showing promise in the area of kidney failure, researchers will also examine its use in the treatment of cardiovascular disease.

RESEARCH OUTPUT: GRANTS & PUBLICATIONS

NATIONAL HEALTH & MEDICAL RESEARCH COUNCIL FUNDING RECEIVED IN 2011



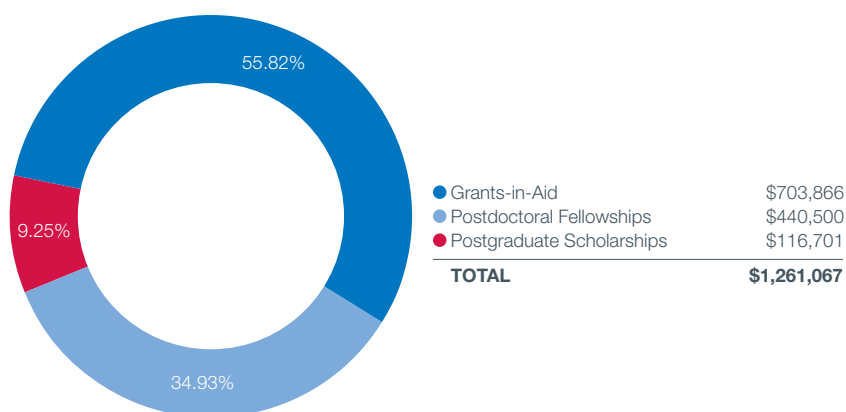
INTERNATIONAL FUNDING

National Institutes of Health	\$346,699
Juvenile Diabetes Research Foundation	\$1,412,507
Total	\$1,759,206

2011 PUBLICATIONS

PUBLICATION TYPE	QUANTITY
Original research articles	250
Reviews	75
Editorials & comments	29
Letters	8
Author replies	2
Statements	4
Video research articles	2
Book chapters	15
Total	385

HEART FOUNDATION FUNDING RECEIVED IN 2011



TOP 10 HIGHEST IMPACT FACTOR JOURNALS

In 2011, the work of Baker IDI researchers was published in a range of international peer reviewed journals, including:

PUBLICATION NAME	IMPACT FACTOR*
Nature Genetics	36.377
Lancet	33.633
Nature Methods	20.717
Molecular Psychiatry	15.470
Circulation	14.429
Journal of the American College of Cardiology	14.292
Genome Research	13.588
British Medical Journal	13.471
European Heart Journal	10.046
Proceedings of the National Academy of Sciences of the United States of America	9.771

* 2010 impact factor used for 2011 publications

CHAIRMAN'S REPORT

SINCE JOINING THE BOARD OF THE 'BAKER INSTITUTE' IN 2001, I HAVE WITNESSED A DECADE OF EXTRAORDINARY GROWTH AND DEVELOPMENT SET AGAINST A BACKDROP OF AN EVER-CHANGING HEALTH LANDSCAPE.

REFLECTIONS ON A DECADE IN OFFICE

In 2002, the Institute had one NHMRC Program Grant and seven Project Grants, with total NHMRC funding of \$5 million. Today, the Institute has three Program Grants, more than seventy Project Grants and total NHMRC funding of over \$22 million. The organisation has grown from 250 people to over 650 staff and students, while revenue has grown from \$28 million in 2001 to over \$72 million in 2010. This was nearly double the average rate of growth in the sector for the period.

Not long after I joined the Board, the organisation relocated to a new, purpose-built facility on the AMREP campus and Garry Jennings succeeded John Funder as the Institute's Director. By the time The Baker merged with the International Diabetes Institute in 2008, the importance of diabetes and obesity had become very clear – in no small part due to the work of Paul Zimmet and his team at the International Diabetes Institute. On reflection, it is interesting to note that the human genome project was still very much a work in progress in 2003: in stark contrast to the current environment in which computer-based technology platforms are absolutely integral to medical research.

Another exciting development in the past decade was the establishment of a clinical trials unit. Initially called Clinical Trials Victoria, the initiative morphed into Nucleus Network, which has established an excellent international reputation for undertaking high quality, first-in-man clinical trials. Nucleus Network is one of Australia's leading clinical trials facilities, generating approximately \$11 million in direct export revenue for the Australian biopharmaceutical industry plus unquantifiable flow-on benefits for the industry and other economic sectors.

The development of commercial partnerships to effect clinical translation has always been a keen focus of the Board and it has been very satisfying to see the recent successful IPO on the Australian Stock Exchange of Osprey Medical, which had its foundations in the Institute's research.

INSPIRED BY SCIENCE

One of the greatest pleasures of serving on the Board has been the insights into the extraordinary scientific work being undertaken by staff at Baker IDI.

Whether it be the work of Murray Esler and Markus Schlaich in treating high blood pressure; the team in Alice Springs working with Indigenous communities; Peter Clifton talking about co-authoring books on healthy diets and lifestyle; the success of Mark Cooper and Mark Febbraio in having papers accepted in the high impact journal, *Nature*; David Kaye with his groundbreaking work in helping develop a catheter system for the prevention of contrast-induced nephropathy; David Dunstan with his research into the effects of sedentary behaviour; or scientist and cardiologist James Shaw talking about his research into the importance of immediate CPR in preventing deaths from heart attacks.

It has been a real privilege to meet these researchers and to support their work.

FUNDING AND REFORM

Although many things have changed since 2001, there are some issues that remain today. The indirect costs of science remain a key challenge for all medical researchers and research organisations. In recent years, this



challenge has been exacerbated by greater platform technology requirements while funding for the indirect costs of research has remained static.

In 2012, the Institute developed a comprehensive submission to Simon McKeon's Strategic Review of Health and Medical Research in Australia, proposing a range of structural and funding reform initiatives that would ensure the long term sustainability of the sector. In many ways, the review is a once-in-a-generation opportunity to address some of the fundamental drivers of research success. If we are to avoid a repetition of funding shortfalls in future years, the response will need to include a mechanism to fully fund the indirect as well as the direct costs of the current research effort.

CLOSING THE GAP

The health disadvantage of Indigenous Australians represents one of Australia's most enduring social and health divides. As an integral part of Baker IDI's mission, the Institute remains highly committed to this cause and the long term objective of 'Closing the Gap' in Indigenous life expectancy with a specific focus on communities in and around Central Australia.

To this end, I would like to thank Alex Brown for the significant contribution he has made to the Institute's work in Central Australia. Alex joined Baker IDI in 2006, gained his PhD in 2010, and leaves as an established researcher. We are delighted to have been able to support the development of his career.

CHAIRMAN'S REPORT (CONTINUED)

As the Institute enters a new phase in its Indigenous research program, it is well positioned to consolidate and expand its commitments. Baker IDI's research in Central Australia is supported by a local team of 25 staff who intersect with researchers across the organisation. The Institute is proud of the relationships it has established with local Indigenous health groups and remains committed to working with these organisations to identify appropriate solutions to the unique challenges of Indigenous health.

VOTE OF THANKS:

During my eleven years on the Board of the Institute there have been so many people who have contributed in a variety of ways to continuing to build a medical research institute of international renown with a significant stake in the health and wellbeing of the community.

The Baker Foundation has been a supporter of the organisation since the Institute's genesis in 1926. The funding that the Institute receives every year from the Foundation is absolutely core to the Institute's ability to provide the level of support that its scientists need to produce world-class outcomes. We are extremely grateful for their contribution.

I would also like to thank my fellow Board directors, past and present. Since 2001, I have had the pleasure to serve on the board with more than 30 other directors. Their commitment, professionalism and expertise has been second to none. I would particularly like to acknowledge the current Board including Paula Dwyer, our Deputy Chair and, for a long time, also Chair of the Investment Committee; Peter Scott, Chair of the Commercialisation Committee, and my successor as Board Chair; and Lindsay Maxsted, our Treasurer and Chair of the Audit and Risk Management Committee.

Finally, I would like to thank the Director of Baker IDI, Professor Garry Jennings, as well as the committed and inspiring staff of the Institute who play such an important role in guiding and informing the nation's future health. Under Garry's leadership Baker IDI has expanded to meet the changing needs of the community, including the visionary establishment of an Indigenous health research program. Professor Jennings is a committed mentor to Australia's next generation of researchers and a key player in the development of national health strategies, as well as an influential public health advocate. It has been an honour to work with Garry and his team over the past decade and I look forward to more inspiring stories of discovery and innovation from Baker IDI.



Rob Stewart AM

Chairman

Baker IDI Heart and Diabetes Institute

INCOMING CHAIR

Peter Scott

In June 2012, Peter Scott was appointed Chairman of Baker IDI Heart and Diabetes Institute, following the retirement of Rob Stewart AM.

Vice Chairman of the Investment Banking team at UBS Australia and a member of the Australian Takeovers Panel since 2002, Peter brings considerable experience to the Chair, with more than 25 years experience in providing financial advice to large Australian companies and governments.

Mr Scott has extensive experience in mergers and acquisitions, corporate financial restructuring, joint ventures, asset sales and purchases, public floats, equity and debt issues and privatisations. He has worked across a range of sectors and industries including health care, manufacturing, transport, financial services and media and telecommunications.

Peter has been a member of the Board since 2004 and has served on the Audit and Risk Management Committee and as Chair of the Commercialisation Committee.



DIRECTOR'S REPORT

INNOVATION ARISING FROM MEDICAL RESEARCH WILL BE THE KEY TO STEMMING THE DRAMATIC INCREASE IN CARDIOVASCULAR DISEASE, TYPE 2 DIABETES AND OBESITY THAT WE ARE CURRENTLY WITNESSING. BUT DISCOVERY, AND BY EXTENSION, INNOVATION, DO NOT HAPPEN BY CHANCE.

FOSTERING INNOVATION

In a media opinion piece last year, I argued that government investment – both direct and indirect – is a critical ingredient in fostering innovation and creating a vibrant biomedical research and biotech industry.

Over and above financial support, governments provide the kind of ambient environmental framework within which creativity and innovation flourish. This includes a world-class education system, health facilities, access to modern infrastructure, passionate philanthropists and a supportive regulatory and legislative environment.

Earlier this year, the medical research community and associated stakeholders were invited to submit comments to the Strategic Review of Health and Medical Research in Australia chaired by Simon McKeon. This review is an important opportunity to examine our current operating practices and identify dynamic new strategies for creating an environment in which we manage, evaluate and disseminate innovation more effectively.

After 35 years in research, it was heartening to see the level of interest in the review and the breadth and depth of ideas canvassed by so many enthusiastic stakeholders. A key theme emerging from the submissions was the importance of embedding research into every level of the health system – from prevention to primary care and tertiary services.

Another important point of discussion was reform of the mechanisms for funding medical research and the need to foster a more diverse range of 'partners in translation', including private and philanthropic capital. Amongst other things, Baker IDI's submission argued the case for a new, combined single-investigator-based grant structure, fully funding the direct and indirect costs of the current research

effort and creating more effective pathways to facilitate commercial sponsorship of translation.

SUPPORTING DYNAMIC AND SUSTAINABLE CAREERS IN SCIENCE

Of course, any reform of the funding mechanisms will necessarily require a review of the way we nurture and support scientific careers. As well as building greater stability and sustainability into research career paths, we need to create an environment that ensures we have a research workforce with the skills to work confidently in the post-genomic era.

We must also invest in the future generation of scientists. I recently attended the Institute's annual retreat for Early Career Scientists and I was buoyed by the vibrancy and optimism of our young researchers. They will inherit a very different environment to the current system and this will require a dynamic mix of skills and training – including specialities that may not yet be conceived.

For institutes like ours to continue to attract the next generation of health researchers, we need to be able to offer a rewarding and dynamic career vision, supported by ongoing professional development and stable funding. In the past year, Australia's Chief Scientist, Professor Ian Chubb has highlighted declining enrolments in science courses and the need to make science a more attractive study path for our best and brightest. These challenges require multi-faceted reform including more diverse career options for scientific staff, innovative approaches to education, investment in technology platforms and stable employment supported by diverse funding sources.



Just as the 1999 Wills report set the sector on a course of reform, so too, the McKeon review is an opportunity to take stock and ensure Australia is well-placed to respond to future health challenges. We look forward to seeing these reforms take shape and welcome the opportunity to participate in an ongoing dialogue about the future of our national health and medical research efforts.

A PROUD HISTORY OF DISCOVERY

Our optimism and confidence about the future has its origins in a long and proud history. And while we continue to take our work into innovative new settings, our foundations remain in fundamental biology. In 2011 the Institute celebrated 85 years since the Baker Medical Research Institute was established. This milestone was a wonderful opportunity for the organisation to take stock of its achievements and reflect on past successes.

Over the years, our researchers have been responsible for many groundbreaking discoveries such as defining the differences between type 1 and 2 diabetes, establishing open heart surgery in Australia in collaboration with The Alfred hospital, and developing a method to repair heart valves without surgery, to name a few.

The Institute has built its reputation on discoveries in basic science, fostering research pioneers such as Paul Fantl who identified key factors involved in blood clotting. Continuing this tradition, Peter Mickle, Xiao-Jun Du and Mark Febbraio, amongst others, have broken new ground in the past year with laboratory findings that pave the way for better diagnosis of cardiovascular risk and more effective treatment of diabetes complications.

DIRECTOR'S REPORT (CONTINUED)

As a medical research institute, our focus remains firmly on prevention and translation but we need new knowledge from discoveries to inform these strategies and provide a clear evidence base for innovation.

RESPONDING TO THE HEALTH DISADVANTAGE OF INDIGENOUS AUSTRALIANS

Prevention and translation hold their own unique challenges in Indigenous health. Baker IDI Heart and Diabetes Institute is committed to supporting excellence in health education, research and advocacy for Aboriginal and Torres Strait Islander peoples and residents of regional and remote Australia. As part of our commitment to fostering Indigenous health research, we have expanded our team in Alice Springs with the appointment of several highly experienced researchers who are well-placed to take our program into its next phase.

We are delighted to welcome to the Institute Professor Jeff Reading from the Centre for Aboriginal Health Research at the University of Victoria, Canada. As founding director of the prestigious Canadian Institutes of Health Research – Institute of Aboriginal Peoples' Health, Jeff is well-recognised as an international expert in Indigenous health research and brings a wealth of experience to our programs and the team in Alice Springs. His approach emphasises community partnership, capacity building, strategic thinking and international linkages to develop and apply new knowledge to improve Indigenous health. With a brief to lead us into the emerging discipline of Global Indigenous Health, Jeff draws on a global perspective combined with a commitment to community-based solutions.

Our Indigenous program will also benefit from the appointment of Associate Professor Graeme Maguire to the position of Executive Director, Baker IDI Central Australia. Graeme is a specialist physician, trained in respiratory medicine with research interests in Indigenous health and rheumatic fever, and extensive experience in remote clinical service delivery. He is highly regarded in the field of Indigenous health and had a number of

pre-existing collaborations with the Institute's researchers before joining the Institute.

Joining Graeme and the team, we are pleased to welcome James Ward as the Group Head of Preventative Health in Central Australia and Deputy Director, Baker IDI Central Australia. James is an Indigenous health researcher with more than 15 years experience working within Aboriginal health communities. He has a strong background in community-based research in urban, regional and rural Australia and has extensive experience managing public health programs.

PRESTIGIOUS APPOINTMENTS AND AWARDS FOR INSTITUTE LEADERS

I would like to take this opportunity to acknowledge a number of prestigious appointments and awards presented to my colleagues over the past year. In January 2012, the Institute's Chairman, Mr Rob Stewart, was recognised with an Order of Australia for his distinguished service to the community as well as health and technology organisations. In December 2011, Baker IDI's Director Emeritus and Director of International Research, Professor Paul Zimmet AO, was elected Honorary President of the International Diabetes Federation "in recognition of service to the International Diabetes Federation and the diabetes cause with distinction and sustained commitment". Professor Murray Esler AM and Professor Markus Schlaich were awarded the esteemed 2011 Eureka Prize for Medical Research Translation for their pioneering research into renal denervation.

This commitment to serve with honour and distinction is evident in the important roles that many of our staff hold as office bearers for specialist societies and associations. While it is difficult to acknowledge all of them, I would like to congratulate the Institute's Executive Director of Science Strategy and Core Facilities, Professor Jaye Chin-Dusting who was elected President of the High Blood Pressure Research Council of Australia in 2011 and Professor Karin Jandeleit-Dahm, Head of Diabetes and

Kidney Disease research, who was appointed President of the Australian Atherosclerosis Society. We are fortunate that so many of our scientists hold such prestigious roles and offer our vote of thanks for the valuable work they do in service to science.

THANK YOU TO ALL WHO SUPPORT OUR MISSION

The breadth of our programs requires significant resources and we are extremely grateful for the commitment and support we receive from so many people.

I would particularly like to thank our passionate donors. Adequate funding is critical to our research and we are very grateful for the generous assistance we receive from individual members of the community as well as philanthropic trusts and foundations. I would also like to thank our volunteers, Friends of Baker IDI, patients at our clinics, trial participants engaged in our clinical research and our highly talented and committed staff – all of whom are essential in providing the support we need to do our work.

I would also like to acknowledge the tireless work of our board and the support of the Victorian and Federal Governments for our research.

We gratefully acknowledge the important role of the Victorian Department of Business and Innovation in funding the indirect costs of our research, as well as the Federal Government through the allocation of National Health and Medical Research Council grants. These funding mechanisms are crucial to our success and ensure we are well placed to prevent, treat and manage Australia's burden of chronic disease.



Professor Garry Jennings AM
Director
Baker IDI Heart and Diabetes Institute

TRANSLATION AND PREVENTION

RESEARCH OFFICER, DR RAELENE PICKERING WITH THE HEAD, BIOCHEMISTRY OF DIABETIC COMPLICATIONS LABORATORY, PROFESSOR MERLIN THOMAS.

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RESEARCH FRAMEWORK

MATERNAL HEALTH, PREGNANCY, EARLY CHILDHOOD AND ADOLESCENCE (PRENATAL TO 18)

Experiences during pregnancy and infancy may be a determinant of an individual's risk of developing diabetes, metabolic syndrome and subsequent cardiovascular disease in middle age. Of particular concern, is the increasing incidence in childhood obesity and type 1 diabetes in conjunction with widespread lifestyle and nutrition changes.

Baker IDI aims to inform policy and to help develop novel ways of altering the balance in an individual between energy expenditure, food intake and nutrient density, as well as providing better information on optimal diets and physical activity programs.



ADULTS WITH RISK FACTORS (18-30)

It is important that cardiac and metabolic risk in young adults – particularly in relation to diabetes, hypertension and abnormalities of blood fats – are identified, assessed and managed. Ninety per cent of Australian adults have at least one cardiovascular disease risk factor, 25 per cent have at least three, while 54 per cent of adults are overweight.

Baker IDI is working to develop effective assessments of cardiac and metabolic risk and early interventions focusing on diabetes, hypertension and abnormalities of blood fats.



SUBCLINICAL ORGAN DAMAGE (30-45)

Early stage diabetic complications and development of unstable coronary artery disease are often hard to identify until the damage is done and the pathway to acute disease is established.

Baker IDI aims to identify when asymptomatic risk factors have caused measurable changes in vascular health and associated organ complications in the heart, brain, kidneys and eyes, in order to develop interventions which prevent progression to acute complications.



Baker IDI's **RESEARCH** agenda is based on the notion of a disease continuum from birth to death, with the aim of treating, managing and preventing the progression of disease at any stage. Our work ranges from cellular and molecular biology research in the laboratory to clinical treatment services for patients through to lifestyle and behavioural research that aims to inform **PREVENTION** strategies. By working across a broad spectrum of disciplines, with a strong focus on **TRANSLATION**, our researchers are dedicated to reducing ill health and mortality caused by the effects of cardiovascular disease and diabetes, two prevalent and complex diseases wreaking havoc in our community.

ACUTE COMPLICATIONS (45-60)

Heart attack, stroke and sudden death is more prevalent in this age group, with demand for interventions as a result of acute coronary syndromes continuing to increase.

Baker IDI aims to characterise and identify unstable coronary artery disease in order to prevent sudden blockages which cause heart attack and stroke.



CHRONIC CLINICAL COMPLICATIONS (60-70)

With older age, complications such as angina, kidney failure and dementia can strike. Increasingly, this requires costly and resource intensive intervention for heart failure and arrhythmias of the heart, where the heart does not beat normally.

Baker IDI aims to inform disease management strategies for people with chronic complications, with a focus on high-risk communities such as the Australian Indigenous community.



HEART FAILURE AND TERMINAL DISEASE (70+)

Uncontrolled diabetes leading to end-stage kidney disease, chronic cardiovascular complications and hypertension are among the threats facing this group of the population.

Baker IDI aims to discover ways to enhance and maintain viability of heart cells in the context of advanced disease, prevent complications such as arrhythmia and explore stem cell technologies to regenerate damaged heart muscle and heal damaged arteries.



MEET OUR RESEARCHERS

THE INSTITUTE OVERSEES SIX BROAD AREAS OF RESEARCH, EACH OF WHICH SUPPORTS GROUPS OF SCIENTISTS WHO WORK IN THE COMMUNITY, AS WELL AS LABORATORY-BASED RESEARCHERS.

This combination of basic scientists with clinicians and population health researchers is central to Baker IDI's approach, and a unique feature that sets it apart from many other research organisations. This structure ensures research is directly informed by community needs, and that research developments and discoveries can be translated into new clinical services and medical devices that benefit the community.

Here we profile six researchers working across the Institute's focus areas:

RESEARCH STREAM: POPULATION STUDIES AND PROFILING

The Population Studies and Profiling team works to understand the prevalence of disease and disease risk in the population. The focus is on prevention, education and the development of better profiling tools.

Researcher in Focus



Professor Simon Stewart

Developing community models of care to enhance prevention and management of heart disease

In his role as Head of Preventative Health at Baker IDI, Professor Simon Stewart is focused on developing community models of multi-disciplinary care to optimise the prevention and management of chronic cardiac disease. Simon leads a range of large, population-based research programs to monitor the evolving epidemic of heart disease in Australia, including in Indigenous populations. He is also involved in landmark collaborative studies in South Africa, where he is documenting the emergence of heart disease in Africa's largest urban concentration of black Africans through the Heart of Soweto program, which is helping to shape health policy in South Africa and the wider Heart of Africa.

RESEARCH STREAM: HUMAN PHYSIOLOGY AND BEHAVIOURAL SCIENCE

The focus of the Human Physiology and Behavioural Science group is on metabolism and blood vessel function including behavioural and environmental influences such as physical activity and nutrition. This work is directed toward prevention, risk prediction and novel intervention strategies for obesity, diabetes, coronary and peripheral blood vessel disease.

Researcher in Focus



Professor Bronwyn Kingwell

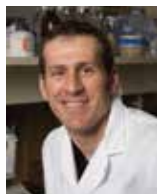
Bringing strong strategic and scientific leadership to the prevention and treatment of disease

As the Institute's Director of Research Policy and a scientific leader in the research field of metabolism, diabetes and vascular disease, Professor Bronwyn Kingwell plays a key role in guiding the strategic direction of the Institute at both a management and research level. Bronwyn has published extensively and is well known for her work on vascular biomechanical properties as well as pioneering studies in exercise research that have influenced public health guidelines. Bronwyn is guiding her research team to identify novel molecular mechanisms which can be applied in clinical practice, with a particular focus on HDL raising therapies for diabetes, novel treatment strategies for peripheral artery disease and predictors of acute coronary syndromes. Her achievements have been recognised with appointments to leadership and advocacy positions within the Australian scientific community.

RESEARCH STREAM: METABOLISM

This team works at understanding the complex relationship between physical activity, weight regulation and the genetic and environmental underpinnings of metabolism to address the many complications of metabolic disorders and obesity.

Researcher in Focus



Dr Paul Gregorevic

Advancing understanding of inactivity, ageing and muscle-related diseases

Dr Paul Gregorevic is a muscle biologist, who aims to unravel

the mysteries related to physical frailty caused by muscle-related diseases such as muscular dystrophy. In 2008, Paul relocated his research program from The University of Washington in Seattle to Baker IDI to combine his expertise with the advanced approaches being developed by eminent scientists in Australia. The pioneering work of Paul and his team is also shedding new light on the potential use of gene therapy to treat the complications of inactivity and advancing age.

RESEARCH STREAM: DIABETIC COMPLICATIONS

Diabetes is a chronic disease and is currently the fastest growing disorder in Australia. Among its many debilitating complications are heart and vascular disease, kidney disease and eye disease. Understanding who is most at risk of the complications of diabetes, and discovering ways to mitigate the effects of the disease, is the focus of the Diabetic Complications group.

Researcher in Focus



Professor Karin Jandeleit-Dahm

Investigating novel approaches to enhance treatment and prevent diabetes-related kidney disease and vascular complications

Working both as a renal physician in the Institute's medical clinic and as a scientific researcher in the laboratory, Professor Karin Jandeleit-Dahm is uniquely

positioned to identify the needs of patients with diabetes-related complications and to try and address those needs through medical research. Diabetes is the biggest risk factor for kidney damage in the western world, and patients with diabetes have a much higher risk of suffering a heart attack or stroke. Although some treatments are currently available, it is still not possible to completely prevent kidney and blood vessel injury in diabetes. Karin's laboratory investigates novel mechanisms involved in the development and progression of kidney and blood vessel injury in diabetes, with the aim of enhancing treatments to prevent, reverse or better manage kidney and blood vessel disease.

VASCULAR BIOLOGY AND HYPERTENSION

This group brings together studies on high blood pressure, kidney disease, the neurobiology of the relationship between depression and heart disease as well as research into the damage to arteries caused by atherosclerosis, and the damage caused by heart attack.

Researcher in Focus



Professor Gavin Lambert

Investigating links between brain activity and chronic disease

For more than 20 years, Professor Gavin Lambert has helped to enhance understanding of brain function in a variety of clinical conditions including hypertension, obesity and psychological stress. A neurochemist and clinical research scientist, Gavin has previously worked in Sweden and France, and now heads a team at the Institute which, in recent years, has uncovered important links between depression and heart disease. His team continues to focus its attention on the role of the sympathetic nervous system in health and disease, with current research examining the way that sympathetic activation leads to both the genesis of obesity, and the cardiovascular and metabolic complications associated with obesity.

CARDIOLOGY AND THERAPEUTICS

Heart failure – a devastating complication of heart attack survival – and better treatment options for atrial fibrillation (where the chambers of the heart beat out of sync) are among the key research areas being investigated by the Cardiology and Therapeutics group. The focus is on taking laboratory findings and translating them into better surgical and therapeutic devices for people suffering from heart disease.

Researcher in Focus



Associate Professor Peter Kistler

Developing novel treatments for heart arrhythmia

Associate Professor Peter Kistler is Head of Clinical

Electrophysiology Research at Baker IDI and a consultant cardiologist/ electrophysiologist at The Alfred hospital. Peter is one of several scientific researchers at the Institute who also work in a clinical capacity. Peter is well known for his work in atrial fibrillation and his team have found they can successfully treat patients with focal atrial tachycardia. By passing wires up from the leg into the heart, the abnormal focus for the arrhythmia is ablated and the patient's heart function returns to normal within a few months.

SPECIALIST DIABETES CLINIC:

DELIVERING WORLD-CLASS CLINICAL CARE

DIABETES CONTINUES TO INCREASE IN NUMBERS AND SIGNIFICANCE AS CHANGING LIFESTYLES LEAD TO REDUCED PHYSICAL ACTIVITY AND INCREASED OBESITY. BY 2023, TYPE 2 DIABETES IS EXPECTED TO BECOME THE LEADING CAUSE OF DISEASE BURDEN IN AUSTRALIAN COMMUNITIES.

In response, Baker IDI's Specialist Diabetes Clinic has developed a model of care designed to tackle diabetes on a range of fronts, from preventative programs and expert education through to evidence-based clinical treatment. The Clinic, which provides specialists with consulting suites in Melbourne's inner south east and west, has more than 8000 patients and is one of the largest dedicated facilities of its kind.

Baker IDI's Specialist Diabetes Clinic provides highly advanced treatment and services for people with diabetes. To deliver this requires a team of dedicated health professionals, with the Institute bringing together a team of highly qualified diabetes specialists who are leaders in their field. The team combines Specialist Diabetes Physicians, Endocrinologists, Dietitians, Ophthalmologists and Diabetes Nurse Educators. The close collaborative link with the Institute's researchers on site ensures that health professionals offer evidence-based care and the most progressive therapies available.

The Institute's specialist diabetes physicians are leaders in their field with expertise across a range of areas including gestational diabetes, kidney and vascular complications, insulin pump

therapy and novel therapies for managing diabetes. The Clinic provides a Paediatric clinic service, an Adolescent Transition Clinic for young people with diabetes transitioning to adult care, and a Weight Assessment and Management Clinic providing patients with the opportunity to discuss a full range of weight management treatments, including the use of specialised diets, drugs, devices and surgical procedures.

The Clinic also offers a Diabetes Education Service comprising diabetes nurse educators, dietitians and a counsellor who provide individual and group education programs. The programs offered through this service include supermarket tours for people with type 2 diabetes, flexible insulin therapy for people with type 1 diabetes and introductory courses for people commencing insulin pump therapy.

Baker IDI delivers a range of programs that are specifically targeted to health professionals assisting people who have type 1 or type 2 diabetes. These programs are aimed at Practice Nurses, General Practitioners, Community Health Nurses, Diabetes Nurse Educators and Allied Health Professionals.



The Diabetes Education Service, which aims to educate and empower patients to best manage their diabetes, forms part of the comprehensive range of services offered by the Clinic.

CLOSING THE GAP IN INDIGENOUS HEALTH

BAKER IDI'S INDIGENOUS HEALTH RESEARCH PROGRAM AIMS TO HARNESS THE INSTITUTE'S RESOURCES TO ADDRESS THE PROFOUND HEALTH DISADVANTAGE EXPERIENCED BY ABORIGINAL AUSTRALIANS AND TORRES STRAIT ISLANDERS.

Cardiovascular disease, diabetes and chronic renal disease are major contributors to the gap in life expectancy between Indigenous and non-Indigenous Australians.

Baker IDI's Indigenous health research program aims to harness the Institute's resources to address the profound health disadvantage experienced by Aboriginal Australians and Torres Strait Islanders, and to build a long-term, strategic platform for health and medical research in these communities.

The Institute's Indigenous health research program focuses on working with existing community services. It is conducted in close consultation with local communities in and around Alice Springs (where Baker IDI has a research base), in the remote communities of Central Australia and the Barkly Region, and in collaboration with partners across northern Australia and internationally.

The research program is based on a whole-of-life approach to understanding and responding to chronic disease in Indigenous Australians. This means identifying and addressing the drivers of disease development from the earliest stages of pregnancy through to major causes of disease development and progression, including tobacco use, obesity and poor nutrition.

THE RESEARCH PROGRAM INCORPORATES:

Clinical Epidemiology

The identification and explanation of unexpected levels of disease, gaps in service delivery and the exploration of potential treatments.

Prevention

The development, implementation and evaluation of the most effective methods of preventing chronic disease in Aboriginal and Torres Strait Islander people.

Early detection

The identification and management of early markers of disease in Aboriginal people to prevent complications of cardiovascular and other chronic diseases (for example, heart attack, stroke and rheumatic heart disease). This includes the evaluation of screening programs, and support for health care systems to effectively respond to chronic disease.

Health services and clinical care

The evaluation of chronic disease care provided by existing Aboriginal and Torres Strait Islander health services and, where necessary, the development of alternate, evidence-based, sustainable care models. Baker IDI Central Australia is located on the Alice Springs Hospital campus and is ideally situated to work with local clinicians to evaluate and develop more effective interventions and models of care for people with established heart, kidney and other chronic disease.

Global Indigenous health

We have a commitment to knowledge sharing, both within Australia and with international partners who are faced with similar issues. Baker IDI Central Australia has links with partners in New Zealand and Canada, and is committed to playing a leadership role in global Indigenous health.

Capacity building

The development of research skills and leadership – particularly for local Aboriginal people and health care providers.

BUILDING CAPACITY, KNOWLEDGE AND STRATEGIC COLLABORATIONS

BAKER IDI IS COMMITTED TO BRINGING THE INSTITUTE'S SCIENTIFIC RESEARCH TO BEAR ON CHRONIC DISEASE IN THE COMMUNITY AT ALL LEVELS INCLUDING TREATMENT, CURE, PREVENTION AND BETTER MANAGEMENT OF DISEASE. IT DOES THIS BY FORMING PARTNERSHIPS WITH GOVERNMENT, INDUSTRY AND SUPPORT GROUPS, AND THROUGH COMMERCIALISATION OF SCIENTIFIC DISCOVERIES.

DIABETES, DIET AND LIFESTYLE PLAN – AN AUSTRALIAN GUIDE TO SELF-MANAGEMENT

The Institute's internationally-recognised diabetes and nutrition experts teamed with specialists at the CSIRO to produce a powerful tool for people living with diabetes, as well as those at risk of developing diabetes. *The CSIRO and Baker IDI Diabetes Diet and Lifestyle Plan*, published by Penguin, became a bestseller in Australia within weeks of its release in May 2011 and is an example of how the translation of scientific information can have a far reaching impact on the community. The guide contains practical diets for weight and glucose control, exercise programs for all fitness levels, checklists for diabetes prevention and control, as well as a range of diabetes-friendly recipes.

GP TRAINING

Baker IDI's diabetes experts developed the structure and content for eight online General Practitioner (GP) education modules for the Diabetes Connect program. The Diabetes Connect program is an initiative funded by Queensland Health and run by General Practice Queensland – the peak body for primary health care in Queensland. The aim of the Diabetes Connect initiative is to create an educational course, for both Allied Health Professionals and GPs, that supports collaborative diabetes care models for patients with type 2 diabetes.

IMPROVING PATIENT OUTCOMES WITH A MEDICAL DEVICE

Professor David Kaye and colleagues have been instrumental in the development of a new device designed to reduce kidney injury from X-ray dyes used during common heart procedures such as stenting and angioplasty. The dye is toxic and can reduce the blood flow in kidneys, which can lead to kidney cell death and serious patient complications. This is called Contrast Induced Nephropathy (CIN) and patients who have pre-existing chronic kidney disease have the highest risk of developing this complication. The prevention of CIN in these high risk patients may lead to shorter hospital stays and improved patient outcomes.

The device – known as the CINCOR™ system – has now been commercialised by a Baker IDI spin-off company, Osprey Medical. The company successfully listed on the Australian Stock Exchange in May 2012 and plans to further develop the CINCOR™ platform technologies for additional applications.

FROM DISCOVERY TO DEVELOPMENT

An important step in the translation of scientific discovery into a product that will provide benefit to patients is the point at which a product is defined and ready for development. From then onwards, the focus of research turns to building a portfolio of knowledge that will support the translation of the product out of the laboratory and into the marketplace. This knowledge includes the ability to manufacture to a required quality standard and clinical trials to show safety and effect.

NHMRC Development Grants are designed to provide funding for this translation of products as they leave the discovery phase and progress through development. In 2011 the Institute secured three Development Grants for products that are in the early stage of development. The following discoveries were the basis of these grants:



Professor David Kaye's work led to the development of a new device designed to reduce kidney injury from X-ray dyes.

- > **Lipid biomarkers for cardiovascular disease risk** – Associate Professor Peter Meikle and his colleagues have developed lipid profiling technology that can identify patients who are at increased risk of heart attack. The development work involves the translation of this technology into a convenient format for use in clinical testing laboratories.
- > **A platform technology to improve biological drugs** – Professor Karlheinz Peter and Dr Christoph Hagemeyer have a long running interest in the development of new imaging agents for cardiovascular disease. In the course of this research, Dr Hagemeyer has developed a technology for modifying protein-based drugs in a highly defined way. This technology uses a recently discovered bacterial enzyme, 'Sortase', that can be applied to protein-based drugs and imaging agents to increase their efficacy and safety. A pilot program will be undertaken in which the effectiveness of the technology will be demonstrated through the production of an Antibody Directed drug Conjugate (ADC). ADCs represent a new paradigm in drug treatment, combining the specific targeting of biological drugs with the high potency of small molecule drugs.
- > **Advancement toward clinical trials of a new drug for type 2 diabetes** – Researchers at Baker IDI are developing a drug called IC7 that is designed to act as an anti-diabetic agent. In early, pre-clinical studies, IC7 has shown promising properties. Further development of IC7 will involve the manufacture of the drug to the scale required, followed by studies in a pivotal non-human primate model of diabetes. This will be an important step in advancing the product towards clinical trials.



The Institute's research expertise translated into a bestselling book within weeks of its release.

CONTRIBUTING TO GLOBAL UNDERSTANDING OF HEALTH AND DISEASE

INTERNATIONAL ENGAGEMENT IS AN IMPORTANT ASPECT OF THE INSTITUTE'S CHARTER. BY EXTENDING ITS WORK INTO DISADVANTAGED SOCIETIES AROUND THE WORLD, BAKER IDI AIMS TO CONTRIBUTE TO GLOBAL UNDERSTANDING OF HEALTH AND DISEASE.

A SELECTION OF CURRENT PROJECTS INCLUDE:

UNITED ARAB EMIRATES

A two-year national survey of diabetes is under way that will determine the prevalence of diabetes and its risk factors in the United Arab Emirates.

SOUTH AFRICA

A program to document emerging heart disease in Soweto, South Africa in collaboration with the University of the Witwatersrand. The Heart of Soweto program, which is informing national health policy in South Africa, is now being extended to involve other African countries.

MAURITIUS

The Institute has a long-standing relationship with Mauritius and in 2009, signed a Memorandum of Understanding with the Mauritian Government to extend research into non-communicable diseases, in particular type 2 diabetes. Baker IDI is currently working to better define genetic susceptibility to type 2 diabetes in these communities.

LINKS TO SINGAPORE

BAKER IDI HAS BEEN INVOLVED IN A PARTNERSHIP WITH THE NATIONAL HEART CENTRE AT SINGAPORE GENERAL HOSPITAL SINCE 2002. MORE RECENTLY, THE INSTITUTE HAS MOVED TO EXPAND ITS PRESENCE IN SINGAPORE THROUGH COLLABORATIVE PARTNERSHIPS.

Under a Memorandum of Understanding (MOU) with Duke University and the National University of Singapore Graduate School of Medicine, Baker IDI researchers will extend their work into the Singaporean population.

The benefits of this partnership to Australia will be far-reaching. The Singapore Government has shown great vision in creating an environment – supported by

local grants, infrastructure and research policy – that encourages and fosters health and medical research. The MOU will give Baker IDI scientists access to this environment, thus widening the Institute's reach into new populations, while diversifying Baker IDI's funding base.

COMMUNITY AND GOVERNANCE

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BAKER IDI IN THE COMMUNITY

BAKER IDI IS ACTIVELY ENGAGED IN HEALTH PROMOTION, ADVOCACY AND EDUCATION. THE INSTITUTE IS COMMITTED TO DEVELOPING SUSTAINABLE AND COLLABORATIVE RELATIONSHIPS TO ENHANCE THE COMMUNITY'S UNDERSTANDING OF CARDIOVASCULAR DISEASE, DIABETES AND RELATED DISORDERS, AND TO EMPOWER PEOPLE TO MAKE BETTER HEALTH AND LIFESTYLE CHOICES.

APPOINTMENT OF INAUGURAL LIFE GOVERNORS

Baker IDI has appointed three inaugural Life Governors; Mrs Margaret Ross AM, Mr Neville Bertalli and Mr Philip Munz. The Life Governorships aim to honour and recognise individuals whose contribution to Baker IDI has directly and substantially enhanced the organisation's achievement of its mission. The three individuals who now hold this title have demonstrated their personal commitment to the Institute over many years, as well as a generous capacity to influence other people to support Baker IDI through their extended networks.

DAME ELISABETH MURDOCH AC OPENS HISTORIC CRUDEN FARM

Once again this year, Dame Elisabeth Murdoch graciously opened her beautiful gardens at Cruden Farm to raise funds for the Institute. Hundreds of people took the opportunity to wander through the gardens, purchase fine wine and produce, and picnic on the lawns. 3AW radio producer and commentator, Justin Smith kept the audience informed and entertained, with a range of insightful interviews. The event raised funds to support the Institute's research program, and provided an opportunity for our supporters to learn more about diabetes and heart disease. The Open Day is run by the Friends of Baker IDI, a group which has given its time generously to support the Institute for many years.

EXPLORING TOPICAL HEALTH ISSUES IN THE COMMUNITY

Baker IDI has canvassed a wide range of issues during the past year as part of the Perspectives public lecture series, in keeping with the Institute's commitment to facilitating discussions about topical public health issues.

In March 2011, the Institute hosted the first Australian address by Professor Gökhan Hotamisligil, Professor of Genetics and Metabolism at the Harvard School of Public Health, outlining his insights into the genetic bases of chronic metabolic diseases. In August, the Institute hosted a panel discussion exploring responsibility for reversing the current trends in overweight and obesity. The panel included speakers from the Obesity Policy Coalition, and the Institute of Public Affairs.

In early 2012, a Perspectives forum examined the unique challenges facing the Australian medicines industry including an unprecedented wave of patent expiries, the unfolding impact of the Global Financial

Crisis and the effect of emerging new global markets. The forum included keynote addresses from Dr Brendan Shaw, Chief Executive of Medicines Australia and Professor Lloyd Sansom AO, former Chair of the Pharmaceutical Benefits Advisory Committee. These events were complemented by Perspectives publications which examined issues around food and health, obesity and chronic disease, and ageing.

PLACING MELBOURNE ON THE WORLD STAGE

Baker IDI was named a finalist in the 2011 City of Melbourne awards for its contributions to the city's social health, economic success and global reputation. The accolade recognised the Institute's contribution to human health during the past 85 years, which has helped to place Melbourne on the world stage in medical research. The Institute began with a team of five in a small laboratory in a back lane in the heart of Melbourne and is now home to more than 650 scientists, students and support staff with a research presence in Melbourne, Alice Springs, Adelaide and Singapore. Professor Murray Esler and Dr Amanda Sampson represented the Institute during the judging process, providing personal insights into what drives our scientists and why they are proud to work at Baker IDI.



Left to right: Prof. Garry Jennings, Dr Fiona Nelms, Prof. Lloyd Sansom AO and Dr Brendan Shaw.

CYCLING TO RAISE AWARENESS OF THE WORLD'S MOST COMMON HEART RHYTHM DISORDER

In November 2011, two Baker IDI staff participated in the gruelling 1200km Paceline ride from Canberra to Melbourne to raise awareness and funds for atrial fibrillation – the world's most common heart rhythm disorder. The ride is the brainchild of Melbourne cyclist, father of two and team captain, Steve Quinn, who was 35 when he was diagnosed with atrial fibrillation. Frustrated at the lack of information and support for this condition, Steve established the Paceline ride in 2009. Each year, a growing band of cyclists tackle a different course across the country, with the annual event raising more than \$160,000 to-date for medical research and increasing awareness of this debilitating and potentially deadly condition. Funds raised from the Paceline events are donated toward research into atrial fibrillation by scientists at Baker IDI and the Victor Chang Cardiac Research Institute.

BAKER IDI LAUNCHES ALUMNI PROGRAM

In 2011 Baker IDI launched an alumni program to foster connections between the Institute and former staff and students. Baker IDI is enormously proud of its people including former staff, many of whom have gone on to become notable individuals in the international health and medical research sectors, the academic and higher education arenas, as well as those who have used science as a platform to build creative and inspiring careers in a variety of other professions. The Institute hopes that this program will enable former staff to re-establish contact with their colleagues and for existing staff to remain connected to Baker IDI Heart and Diabetes Institute in the future.



Staff joined local walking groups as part of the Global Diabetes Walk to highlight the benefits of regular exercise and healthy eating in reducing type 2 diabetes.

WALKING FOR DIABETES

To mark World Diabetes Day on 14 November 2011, staff from Baker IDI's Diabetes Education Services joined local walking groups at major Melbourne shopping centres to champion the benefits of exercise as part of the Global Diabetes Walk. Diabetes educators and dietitians provided information on how healthy eating and regular exercise can reduce the risk of type 2 diabetes. Education material was also sent to local GPs and health professionals to support their work with patients in preventing and managing type 2 diabetes through better lifestyle choices.

EDUCATIONAL SYMPOSIUMS IN THE NORTHERN TERRITORY AND SINGAPORE

The Institute is committed to knowledge sharing and education, demonstrated through its leadership role in the establishment and provision of key health and research symposiums.

In February 2011, Baker IDI jointly presented the Asia-Pacific Workshop on Metabolic Surgery for Diabetes in Singapore, along with A*STAR Singapore Institute for Clinical Sciences. The workshop attracted leading experts in type 2 diabetes to address specific challenges and opportunities of bariatric and metabolic surgery for Asian patients and health care systems.

In June 2011, Baker IDI held a symposium in Alice Springs titled "Diabetes Care at the Centre: Delivery at the Frontline" which attracted health professionals from across Central Australia. The symposium, which forms part of a series of educational events being delivered by the Institute in the Northern Territory, aimed to promote engagement between local health care providers and educators, as well as the provision of practical and sustainable care options for local health care workers in remote settings.

ACKNOWLEDGEMENTS

1 July 2011 – 30 June 2012

With thanks to all our generous supporters, including;

MAJOR INSTITUTIONAL SUPPORT

Australian Diabetes Society
Australian National Preventive Health Agency
Australian and New Zealand Society of Nephrology
Australian Research Council
Australian Primary Health Care Research Institute
The Baker Foundation
Cardiac Society of Australia & New Zealand
The CASS Foundation
Dairy Innovation Australia Ltd
Diabetes Australia Research Trust
Federal Government of Australia
- Department of Health & Ageing
- National Health & Medical Research Council
The Fred Hollows Foundation
HeartKids Australia
Juvenile Diabetes Research Foundation
Multiple Sclerosis Research Australia
National Institutes of Health (USA)
National Heart Foundation
Pfizer Australia
Victoria State Government
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Casella Wines Pty Ltd
In memory of Jeffrey Clifton
Mr Stephen Cook
The Marian & E.H. Flack Trust
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The Harbig Family Foundation
Ernest Heine Family Foundation
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St Jude Medical Australia Pty Ltd
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SPECIAL GIFTS

Australian Lions Foundation
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Mr Dennis & Mrs Fairlie Nassau
Mr Nigel H Peck AM & Mrs Patricia Peck
Mr Gordon Rae & Mrs Joy Rae
The Clive and Vera Ramaciotti Foundations
Mrs Lesley Roche
Mr Behnam Roohizadegan
George Victor Rumbold
Mr Peter Scott
Mr Rob Stewart AM
Ms Jenny Tatchell
Mr Peter Twomey

PERPETUAL SCHOLARSHIPS & TRAVEL BURSARIES

Ethel Mary Baillieu Memorial Trust
Bertalli Family Scholarship Fund
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Mr Tony & Mrs Kitty Stewart
Bayview Travel
Rotary Club of Mount Waverley
Alan Williams Trust Fund
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BEQUESTS

Estate Nancy Mavis Ainsworth
Estate Jean Mavis Coleman
Estate Isabel Louise Deravin
Estate Helen Delamain Glascodine
Estate Polly Harris Godfrey
Estate Clarice Jones
Estate Kelvin Mitchell
Estate Donald James Riddiford
Estate Kenneth Alwyn Robertson
Estate Moya Alberta Robinson
Estate Elizabeth May Runnalls
Estate Charles Thompson
Estate Enid Wandin

BEQUESTS IN PERPETUITY

Hazel & Pip Appel Fund
Estate Lindsay J Baldy
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William Buckland (Research Fund)
Lesley Dickson Charitable Endowment
Joanna & Lyonel Middows
Research Foundation
M A & V L Perry Foundation
Estate E E E Stewart

FRIENDS OF BAKER IDI COMMITTEE

Mr Stephen Cook
Mr Richard & Mrs Bernadette Brodribb
Mr Robert & Mrs Jan Lyng
Mrs Vivienne Ritchie
Mr Richard & Mrs Jan Santo

BOARD OF DIRECTORS

BAKER IDI HAS A PASSIONATE BOARD COMPRISING TEN UNPAID NON-EXECUTIVE DIRECTORS, AN EXECUTIVE DIRECTOR AND A DIRECTOR EMERITUS. THIS GROUP HAS A VARIETY OF SKILLS, AND CARRIES RESPONSIBILITY FOR THE CORPORATE GOVERNANCE AND FINANCIAL SUSTAINABILITY OF THE ORGANISATION.



Left to right: Mr Lindsay Maxsted (Treasurer), Dr David Thurin, Mr Ian Smith, Mr Justin Arter, Mr Rob Stewart AM (Outgoing Chairman), Professor Steve Wesselingh (Resigned), Ms Paula Dwyer (Deputy Chair), Mr Andrew Way, Professor Garry Jennings AM, Mr David Gilmour, Ms Kate Metcalf, Mr Peter Scott (Chairman), Professor Paul Zimmet AO and Mr Robert Nicholson. Professor Christina Mitchell, who joined the Board in December 2011, is not pictured.

PETER SCOTT

Incoming Chairman

Appointed June 2012

Peter Scott is Vice Chairman of the Investment Banking team at UBS Australia and has more than 25 years experience in providing financial advice to large Australian companies and governments. He has been a member of the Takeovers Panel since 2002 and is also a director of UWC Limited.

ROBERT STEWART AM

Outgoing Chairman

Resigned June 2012

Rob Stewart is an experienced company director and management consultant. He is the Chairman of C E Bartlett Pty Ltd and Jobsjobsjobs Pty Ltd, and a director of Melbourne IT Limited, QSR International Pty Ltd, RMIT Training Pty Ltd and the Australasian Cardiac Surgery Research Institution Limited.

PAULA DWYER

Deputy Chairman

Paula Dwyer's background is in investment management and investment banking. She is Chairman of Tabcorp Holdings Ltd and a director of Leighton Holdings Ltd, Australia and New Zealand Banking Group Ltd and Lion Pty Ltd. She is also a member of the Takeovers Panel.

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 AM

Executive Director

Garry Jennings is the Director and Chief Executive of the Institute. He is a cardiologist and was previously the Director of Cardiology and Chair of the Division of Medicine at The Alfred hospital, Melbourne. Professor Jennings is Adjunct Professor of Medicine at Monash University and a director the National Heart Foundation of Australia, AMREP AS Pty Ltd, Research Australia and the Association of Australian Medical Research Institutes.

JUSTIN ARTER

Non Executive Director

Justin Arter joined BlackRock Investment Management Australia in September 2012 after three years as Chief Executive Officer of Victorian Funds Management Corporation (VFMC) and an 18-year career with Goldman Sachs JBWere. He also serves on the council of Geelong Grammar School.

DAVID GILMOUR

Non Executive Director

David Gilmour is a former Director and Vice President of the Boston Consulting Group's Melbourne office. Until its recent sale, he was a director and owner of Ansett Aviation Training, the largest airline pilot training centre in the Southern Hemisphere. Now he is a private investor and is director and owner of Untapped Fine Wines, which imports and distributes fine wine from South America and Spain.

KATE METCALF

Non Executive Director

Kate Metcalf is a Senior Solicitor at Monash University and is a Trustee of the Baker Foundation. She has previously held positions as the Legal Director Asia, General Counsel Australia and New Zealand, director and Company Secretary of Carestream Health Australia Pty Ltd and Senior Counsel and Company Secretary Kodak (Australasia) Pty Ltd.

PROFESSOR CHRISTINA MITCHELL

Non Executive Director

Appointed December 2011

Christina Mitchell is the Dean of the Faculty of Medicine, Nursing and Health Sciences, Monash University. She is also a member of the NHMRC Research Fellowships Peer Review Panel and the scientific advisory panels of the Garvan Institute and Peter MacCallum Cancer Centre. 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.

ROBERT NICHOLSON

Non Executive Director

Robert Nicholson is a senior partner of Freehills practicing in a wide range of corporate transactions, including mergers and acquisitions, equity capital markets, corporate and government enterprise reconstructions and privatisations. Robert has been a member of the Freehills Board since 2000 and was Chairman between 2008 and 2011. He is also chairman of the Nucleus Network Board.

IAN SMITH

Non Executive Director

Ian Smith is a partner of Bespoke Approach, a corporate and political advisory firm established in July 2008. He is Chairman of Jirrawun Arts, an East Kimberley Indigenous arts organisation, and on the advisory board of NAB Private Wealth.

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 and has an investment arm involved in both listed and unlisted securities. David was previously the joint Managing Director of the Gandel Group of companies and previously the Chairman of the International Diabetes Institute. He is currently a director of the Melbourne Football Club.

ANDREW WAY

Non Executive Director

Andrew Way commenced as CEO of Alfred Health on 1 July 2009. Prior to his relocation to Melbourne, Andrew had an extensive career in the NHS in the UK, most recently as CEO of Royal Free Hampstead NHS Trust, a major London teaching hospital associated with University College London. Whilst there, he helped support the creation of one of the UK's Academic Health Science Centres, UCLPartners, a joint venture between UCL, UCL Hospitals, Great Ormond Street Hospital, Moorfields Hospital and the Royal Free.

PROFESSOR STEVE WESSELINGH

Non Executive Director

Resigned June 2011

Steve Wesselingh, now the Executive Director of the South Australian Health and Medical Research Institute, is a former Dean of the Faculty of Medicine, Nursing and Health Services at Monash University. Professor Wesselingh's past appointments include Director of the Burnet Institute and a director of AMREP AS Pty Ltd.

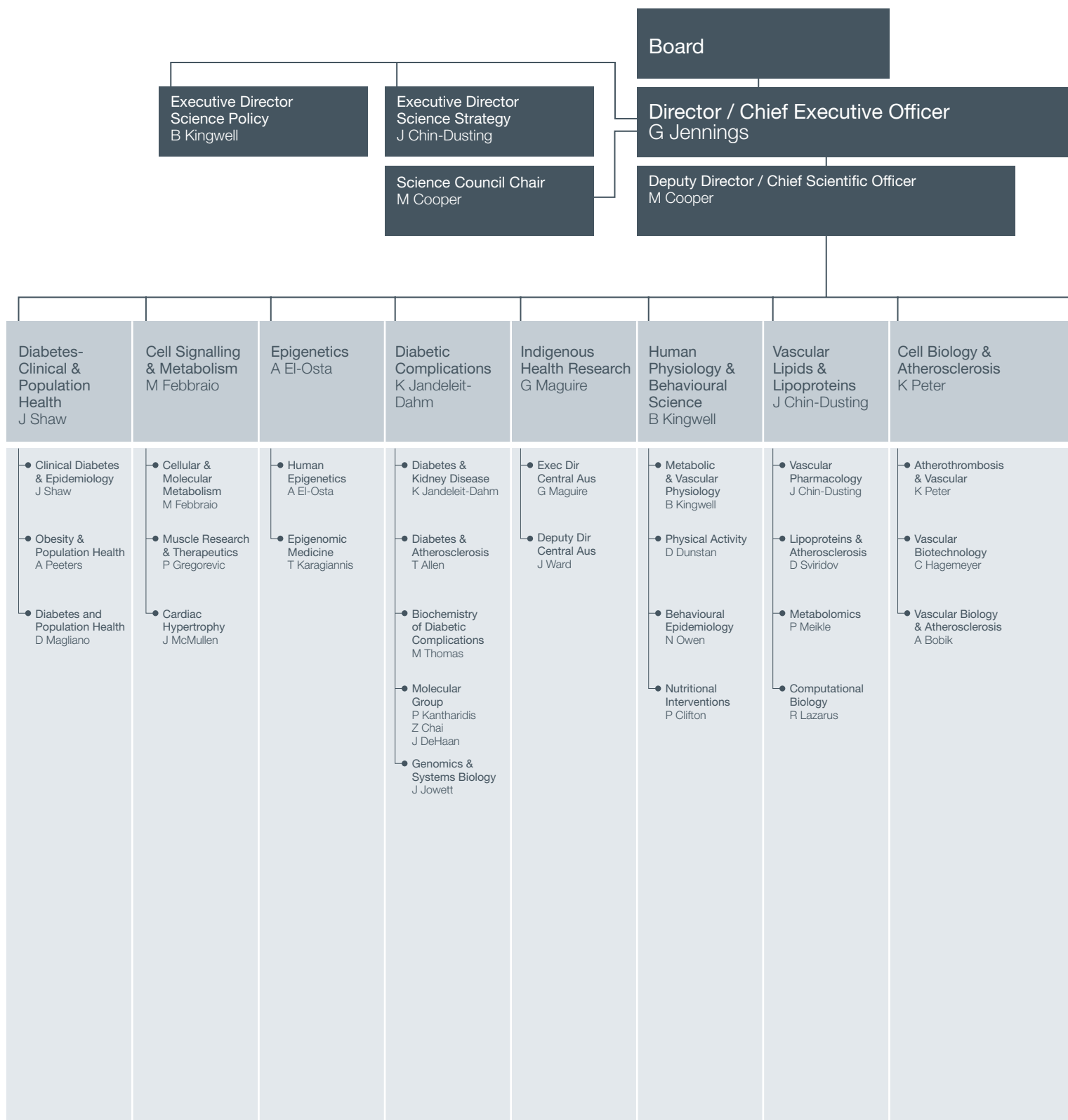
PROFESSOR PAUL ZIMMET AO

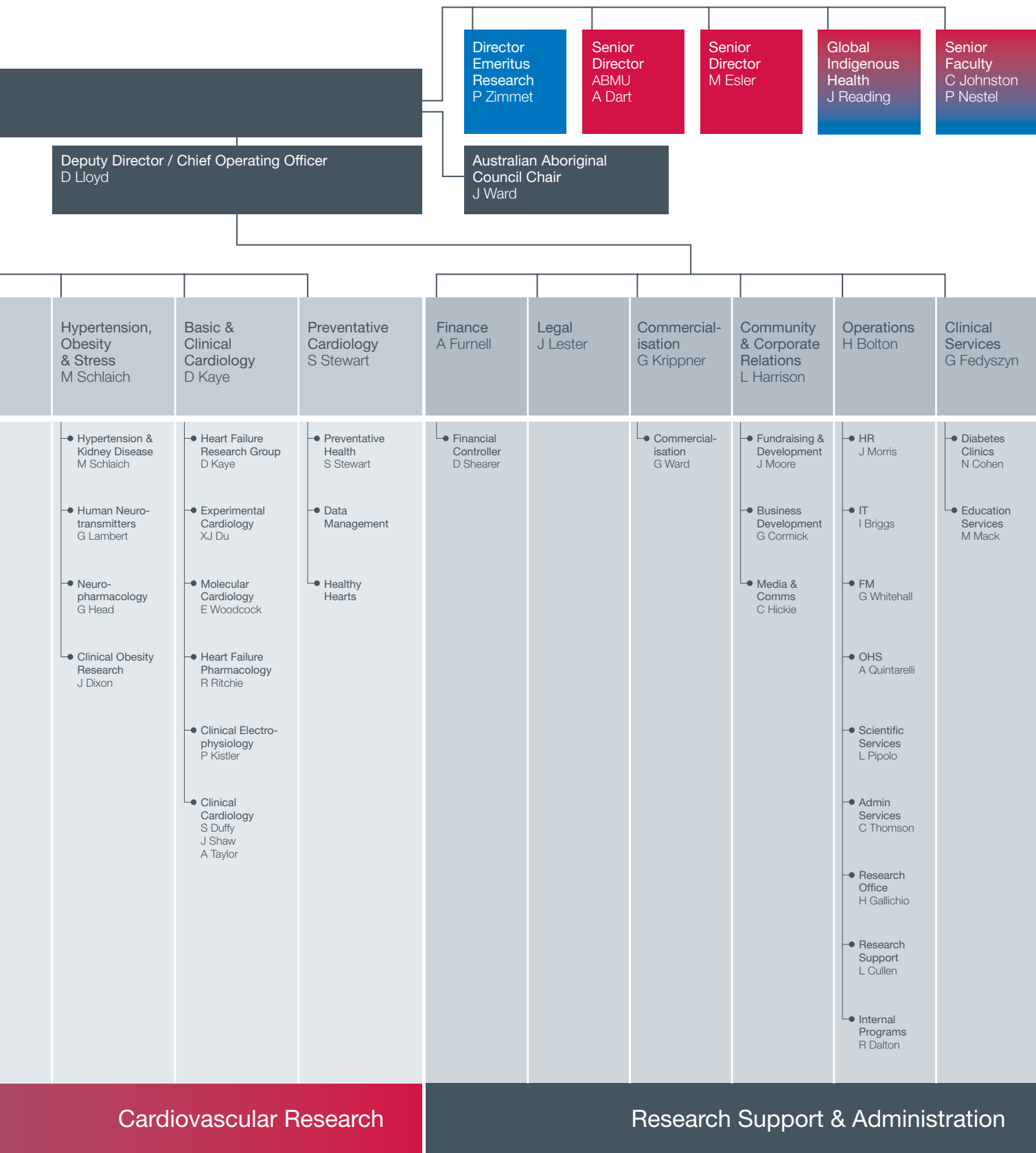
Non Executive Director

Paul Zimmet was founder and director of the International Diabetes Institute (IDI), Australia's first institute dedicated exclusively to diabetes. He is an Adjunct Professor at Monash University, a member of the Institute of Pharmaceutical Discovery and is a Patron of Obesity Australia and Honorary President of the International Diabetes Federation. He is on the International Advisory Board of the National University of Singapore Initiative to Improve Health in Asia (NIHA) and also a member of diabetes advisory boards for Novo Nordisk, and Haptocure (Israel).

Baker IDI's Company Secretaries are: David Lloyd (Deputy Director and Chief Operating Officer) and Jennie Lester (General Counsel). Anita Furnell serves as the Chief Financial Officer.

ORGANISATIONAL CHART







POST DOCTORAL FELLOW, DR NGA CAO WITH HEAD OF THE HEART FAILURE PHARMACOLOGY LABORATORY, ASSOCIATE PROFESSOR REBECCA RITCHIE.

FINANCIAL SUMMARY

Consolidated revenue in 2011 declined by four per cent from 2010 for Baker IDI, its subsidiaries and associated entities. This was predominantly driven by a decline in revenue experienced by the clinical trials subsidiary Nucleus Network as a result of a number of factors including the strength of the Australian dollar.

While there was a corresponding reduction in variable project costs, the resulting deficit affected the group result. The start of 2012 has seen a solid performance by the clinical trials subsidiary.

OPERATIONAL INFRASTRUCTURE SUPPORT FROM THE VICTORIAN GOVERNMENT INCREASED DURING 2011 BY 10 PER CENT. THE INSTITUTE WOULD LIKE TO ACKNOWLEDGE THE VICTORIAN GOVERNMENT AND ITS COMMITMENT TO MEDICAL RESEARCH.

The Operational Infrastructure Support program provides essential funding towards indirect research costs that are not provided for by competitive grants. It contributes to meeting costs associated with infrastructure, overheads, support services, commercialisation and clinical exploitation of the Institute's research endeavours and equipment maintenance essential to grant-funded research.

The Baker Foundation generously provided \$1.93 million in support for the Institute in 2011. The Baker Foundation has been a major sponsor of the Institute's work since the establishment of the former Baker Institute in 1926. The Foundation provides invaluable support to our scientific community.

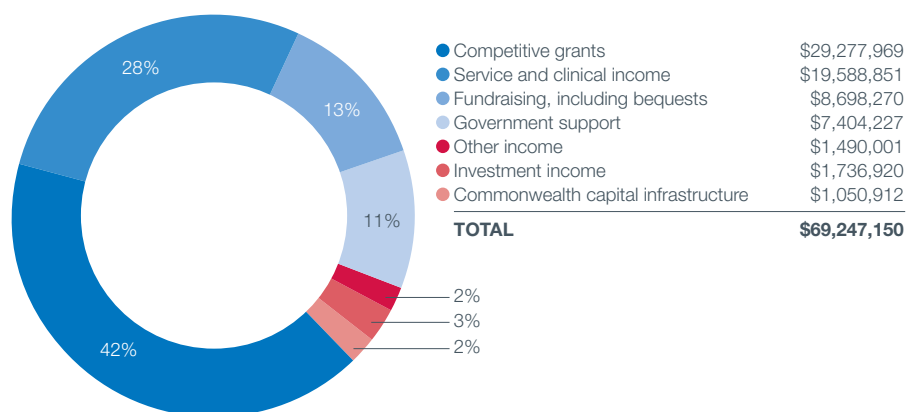
THE INSTITUTE WAS AWARDED \$25.16 MILLION IN THE 2011 ROUND OF NATIONAL HEALTH AND MEDICAL RESEARCH COUNCIL GRANTS FOR 36 RESEARCH GRANTS SCHEDULED TO COMMENCE IN 2012.

Baker IDI welcomes the priority given to health and medical research funding by the Federal Government and the infrastructure support it provides.

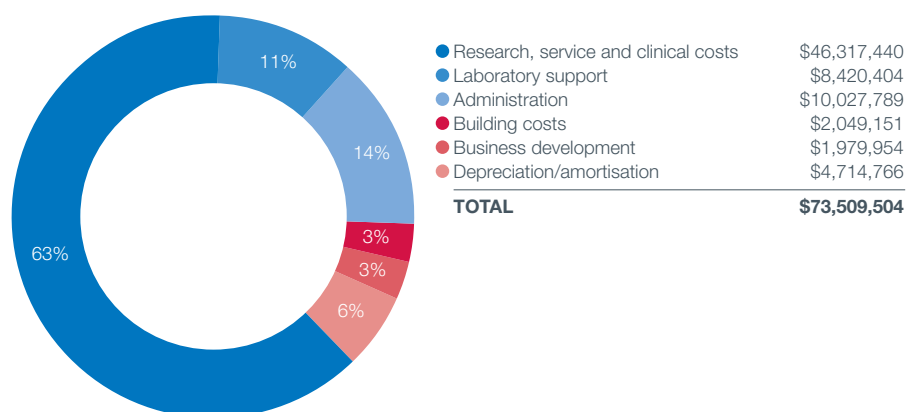
Other significant sources of competitive grant funding include the Juvenile Diabetes Research Foundation, the National Heart Foundation and Diabetes Australia Research Trust grants. The Institute gratefully acknowledges the support of these grant programs and the critical role they play in supporting our research endeavours.

FINANCIAL PERFORMANCE AT A GLANCE

CONSOLIDATED REVENUE



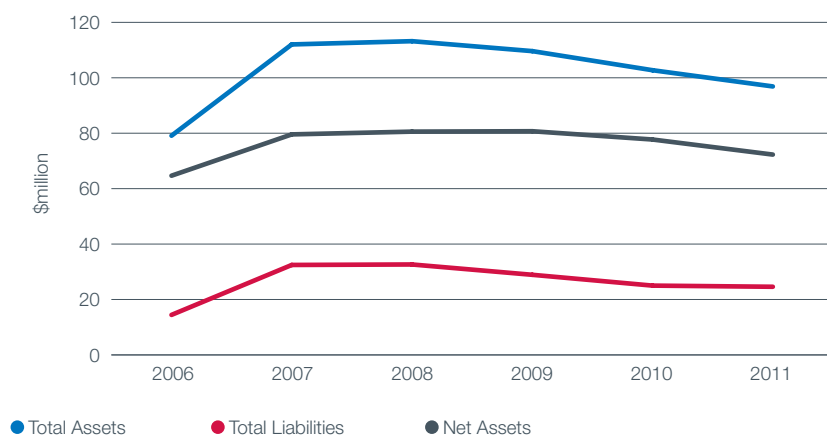
CONSOLIDATED EXPENDITURE



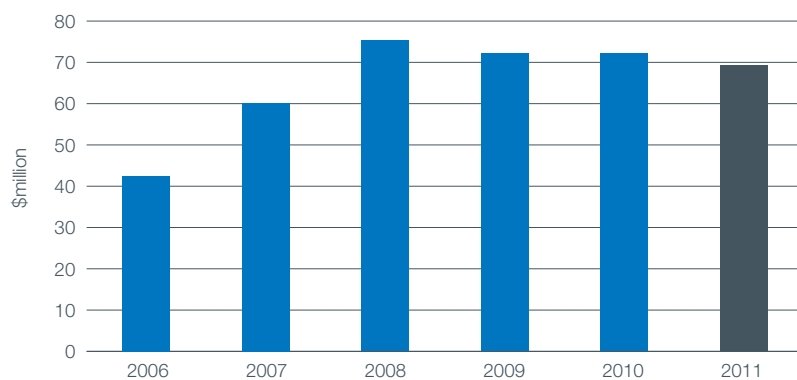
NOTABLE FINANCIAL INFORMATION

	2011	2010
Income for research and clinical trials	\$69,247,150	\$72,144,831
Expenditure on research and clinical trials	\$68,794,738	\$68,766,665
Net surplus from operations before depreciation & amortisation	\$452,412	\$3,378,166
Capital expenditure	\$1,555,077	\$1,833,722
Operational Infrastructure Support included in income	\$3,123,456	\$2,825,932
Number of staff and visiting scientists	421	453
Number of students	83	63
Scientific papers published	385	404

CONSOLIDATED BALANCE SHEET



CONSOLIDATED REVENUE



FINANCIAL STATEMENTS

STATEMENT OF FINANCIAL POSITION AS AT 31 DECEMBER 2011

	CONSOLIDATED		PARENT	
	2011 \$	2010 \$	2011 \$	2010 \$
ASSETS				
Current assets				
Cash and short term deposits	13,180,424	11,332,123	13,134,741	10,666,260
Trade and other receivables	5,065,016	6,530,166	2,238,715	2,798,726
Right to occupy	507,619	507,619	507,619	507,619
Prepayments	280,597	215,920	205,840	146,184
Total current assets	19,033,656	18,585,828	16,086,915	14,118,789
Non-current assets				
Property, plant and equipment	50,594,197	53,512,098	49,271,380	52,031,952
Right to occupy	9,225,840	9,733,459	9,225,840	9,733,459
Intangible assets	157,786	147,850	157,786	147,850
Investment in subsidiary	-	-	15,488	35,623
Investment in an associate	3,531,002	3,634,911	2,265,001	2,265,001
Available-for-sale financial assets	14,335,577	17,115,421	14,283,496	17,063,340
Total non-current assets	77,844,402	84,143,739	75,218,991	81,277,225
TOTAL ASSETS	96,878,058	102,729,567	91,305,906	95,396,014
LIABILITIES				
Current liabilities				
Trade and other payables	6,431,003	5,952,488	5,267,231	4,139,422
Interest bearing loans and borrowings	861,627	528,099	177,816	168,099
Unearned income	8,089,947	9,633,507	7,862,717	9,577,178
Provisions	6,934,643	6,682,261	6,364,693	6,143,280
Total current liabilities	22,317,220	22,796,355	19,672,457	20,027,979
Non-current liabilities				
Interest bearing loans and borrowings	220,484	578,300	220,484	398,300
Lease incentive liability	303,050	279,789	-	-
Provisions	1,751,357	1,350,973	1,503,585	1,129,779
Total non-current liabilities	2,274,891	2,209,062	1,724,069	1,528,079
TOTAL LIABILITIES	24,592,111	25,005,417	21,396,526	21,556,058
NET ASSETS	72,285,947	77,724,150	69,909,380	73,839,956

STATEMENT OF FINANCIAL POSITION AS AT 31 DECEMBER 2011

	CONSOLIDATED		PARENT	
	2011 \$	2010 \$	2011 \$	2010 \$
EQUITY				
Equity attributable to equity holders of the parent				
Restructure reserve	-	-	5,578,233	5,578,233
Retained earnings	72,083,322	76,336,292	64,351,541	67,106,268
Available-for-sale reserve	(20,394)	1,155,455	(20,394)	1,155,455
Parent interests	72,062,928	77,491,747	69,909,380	73,839,956
Non-controlling interests	223,019	232,403	-	-
TOTAL EQUITY	72,285,947	77,724,150	69,909,380	73,839,956

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 set of financial statements. A full set of audited general purpose financial statements can be obtained upon request to the Chief Financial Officer.

The statutory financial statements (from which the summary financial information has been extracted) have been prepared in accordance with the requirements of the Corporations Act 2001, Australian Accounting Standards and other authoritative pronouncements of the Australian Accounting Standards Board. The statutory financial statements were unqualified by the auditors Ernst & Young.

INCOME STATEMENT FOR THE YEAR ENDED 31 DECEMBER 2011

	CONSOLIDATED		PARENT	
	2011 \$	2010 \$	2011 \$	2010 \$
Continuing operations				
Grants supporting research activities	29,277,969	24,158,334	29,277,969	24,158,334
Commonwealth and state government capital infrastructure grants	1,050,912	1,830,000	1,050,912	1,830,000
Infrastructure funding	7,404,227	6,259,269	7,404,227	6,259,269
Fundraising, corporate and private support	8,698,270	8,370,102	8,698,270	8,370,102
Service and clinical income	19,588,851	27,189,246	8,128,959	10,378,113
Investment income	1,736,920	2,047,135	1,728,086	2,046,579
Other revenue	1,490,001	2,290,745	2,160,488	2,893,177
Revenue	69,247,150	72,144,831	58,448,911	55,935,574
Employee benefits expense	(43,239,397)	(42,975,854)	(35,750,279)	(33,886,792)
Research and clinical expense	(12,081,965)	(12,799,150)	(11,235,913)	(11,129,209)
Depreciation and amortisation expense	(4,714,766)	(5,000,535)	(4,413,364)	(4,473,577)
Share of profit/(loss) in associate	(103,910)	28,033	-	-
Impairment of assets	(986,034)	-	(1,006,170)	(34,882)
Profit on sale of plant and equipment	7,200	7,200	7,200	7,200
Share based payment expense	-	(1,397)	-	-
Loss on decommissioning of asset	(255,895)	-	(255,895)	-
Building overheads	(1,375,722)	(1,620,858)	(1,184,640)	(1,372,715)
Borrowing costs expense	(63,400)	(94,923)	(27,609)	(36,857)
Laboratory support expense	(4,798,305)	(6,749,841)	(1,979,216)	(2,931,277)
Raffle expense	(1,929,683)	(1,669,356)	(1,929,683)	(1,669,356)
Other expenses from ordinary activities	(3,967,627)	(2,906,796)	(3,428,069)	(2,264,928)
Surplus/(deficit) before tax	(4,262,354)	(1,638,646)	(2,754,727)	(1,856,819)
Income tax expense	-	-	-	-
Surplus/(deficit) for the year	(4,262,354)	(1,638,646)	(2,754,727)	(1,856,819)
Surplus/(deficit) attributable to:				
Non-controlling interest	(9,384)	(16,277)	-	-
Owners of the parent	(4,252,970)	(1,622,369)	(2,754,727)	(1,856,819)
	(4,262,354)	(1,638,646)	(2,754,727)	(1,856,819)



THE HEALTHY HEARTS CLINIC

Baker IDI's Healthy Hearts Clinic is a free community service that helps people identify and address their risk of developing cardiovascular disease.

A cardiovascular risk assessment is essentially a health check conducted by trained nurses. As part of the assessment, our nurses ask a series of questions to assess lifestyle factors and medical history, measure blood pressure, height and weight as well as checking cholesterol and blood sugar levels.

Based on the results of these measurements, a person's cardiovascular risk score is established, including a comparative risk to other Australians of the same age and gender. Having identified a patient's risk, the clinic's nurses provide expert dietary and physical activity advice to help reduce that risk.

The information collected during a visit to the Healthy Hearts Clinic can also help researchers potentially identify new links between risk factors and the chances of developing cardiovascular disease and diabetes. In 2012, the clinic will celebrate 25 years' service to the community.

Location: Heart Centre, 3rd Floor WS Philip Block, Alfred Hospital, Commercial Road, Melbourne VIC 3004 Australia

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