Annual Review 2019

Better treatments...
Better lives.

AUSTRALASIAN LEUKAEMIA & LYMPHOMA GROUP

[Image of a doctor speaking to a patient]
## Contents

### Financial Report

47 Statement of Profit or Loss and Other Comprehensive Income  
48 Statement of Financial Position  
49 Statement of Changes in Equity  
50 Statement of Cash Flows  
51 Notes to the financial statements  
65 Director's Report  
70 ALLG Board of Directors  
72 SAC Members  
73 ALLG Business Management  
74 ALLG Operations Management  
77 ALLG Corporate Structure  
77 Operational Structure 2019

## Contents

<table>
<thead>
<tr>
<th>Page</th>
<th>Section</th>
</tr>
</thead>
<tbody>
<tr>
<td>04</td>
<td>Chairman's report</td>
</tr>
<tr>
<td>06</td>
<td>Chief Executive Officer's report</td>
</tr>
<tr>
<td>07</td>
<td>ALLG Highlights</td>
</tr>
<tr>
<td>11</td>
<td>Finance report</td>
</tr>
<tr>
<td>12</td>
<td>SAC Chair report</td>
</tr>
<tr>
<td>14</td>
<td>Marketing Committee report</td>
</tr>
<tr>
<td>16</td>
<td>Philanthropy Committee report</td>
</tr>
<tr>
<td>17</td>
<td>Collaborators, Partners and Supporters</td>
</tr>
<tr>
<td>34</td>
<td>National Blood Cancer Registry &amp; Biobank</td>
</tr>
<tr>
<td>36</td>
<td>Blood Cancer Forum Network</td>
</tr>
<tr>
<td>38</td>
<td>Government</td>
</tr>
<tr>
<td>40</td>
<td>Cancer and Clinical Trial Associations</td>
</tr>
<tr>
<td>41</td>
<td>Clinical Trial &amp; Research Support</td>
</tr>
<tr>
<td>42</td>
<td>Scholarship Awards</td>
</tr>
<tr>
<td>43</td>
<td>Industry Support</td>
</tr>
<tr>
<td>44</td>
<td>ALLG Focuses on Diversity</td>
</tr>
</tbody>
</table>
I would like to acknowledge and thank the members of the Scientific Advisory Committee (SAC) who generously contribute their time and expertise to oversee all ALLG research pursuits. Without their extraordinary contribution, the ALLG would not be able to achieve continued independence as a self-sustaining, member-based research organisation.

Based on the successful Board-commissioned pilot project launched in 2017, the programme of local hospital site visits from the CEO and the Chair of SAC continued in 2018-19. These visits are an important avenue for understanding the challenges facing members and encouraging ALLG member clinicians to continue supporting independent clinical trials. It helps identify ways that the ALLG can support its members to successfully deliver high quality clinical trials and correlative research.

The transition of leadership in the SAC Chair role has continued smoothly. Having taken the reins as Chair of the SAC in November 2017 AGM, Associate Professor Peter Mollee (Princess Alexandra Hospital, Queensland) has demonstrated strong leadership and fellowship amongst his member colleagues in driving the acceleration of the ALLG clinical trial portfolio.

This year, we welcomed Peter Browett (Auckland, New Zealand) to the ALLG Board and farewelled Peter Bardy with his retirement in March. I would like to thank my Board colleagues: Peter Mollee, Peter Bardy, Prue Deniz, Geraldine Gray, Tina Rankovic, Andrew Roberts, Malcolm McComas, and Philip Rowlings for their contributions to and interest in the work of the ALLG. In addition, I would like to thank the ALLG CEO, Delaine Smith, and the team for their individual and collective contributions.

**Increased Public Voice**

We have continued to improve our external image and have strengthened public engagement with the assistance of the ALLG Consumer Representative Panel. An ALLG Consumer Representative is an appointed committee member who has personal experience with blood cancer, as a patient or carer, voices the consumer perspective and takes part in the decision-making process for various organisational initiatives on behalf of consumers.

Key initiatives for the panel in 2018-19 were providing support for the development patient information documents in the protocol development phase, assisting grant applications and reports, and helping foster better links between the ALLG and community with appropriate consumer-focused language and communications.

We warmly thank the members of the ALLG Consumer Representative Panel, Anne Hodgson, Nathalie Cook, Pam Keirs, John Stubbs, and Steve Towell for helping us improve how the ALLG connects with the public, and more specifically, with individuals who have been affected by blood cancer, whether they be patients or family members or community members more broadly.
Government, Philanthropic and Industry Engagement

The ALLG is focused on further developing its relationships with the government, industry and philanthropic sectors. In 2018-19, we fostered key partnerships with organisations across the blood cancer communities in Australia, New Zealand and internationally. Our leadership in the development of the Blood Cancer Forum network is enabling various community and professional organisations to work together to exchange ideas and prioritise areas of critical need for the blood cancer community. The network includes HSANZ, Lymphoma Australia, Myeloma Australia, Snowdome, the Fight Cancer Foundation and the Leukaemia Foundation of Australia.

The ALLG has taken part in a record number of government consultations, with 15 completed submissions for the year. We look forward to further conversations with government, industry and foundation partners to advance blood cancer research and to ensure access to clinical trials is as quick as possible in the most cost-efficient way for the community.

Member Engagement

At the ALLG, our core business is the organisation and delivery of world-class clinical trials through ALLG membership. In the last year, we have focused on accelerating our clinical trials portfolio by strengthening our member relationships – with specialist haematologists; expert clinicians, researchers and scientists; local clinical trial site staff, including trial managers and coordinators. A key outcome for 2018-19 was the establishment of specific communications programs and dedicated member engagement strategy. Several new initiatives helped us achieve this including offering complimentary registration for trainee doctors, increasing the number of clinical research workshops prior to the ALLG Scientific Meetings and the introduction of 10, 20 and 30-year membership awards. We have endeavoured to build on the foundations of 2017–18 to continue our work enabling members to be innovative leaders in haematological clinical trial research. The success of each member is underpinned by the ALLG continuing as a well-resourced, self-sustaining member organisation, and we look forward to the group advancing in a unified manner. Each member plays an important part, whether large or small. For the ALLG to continue its important work, it needs its members to provide more trials and faster accruals.

We aim to drive participation even further so that our physician members can improve the standard of care and provide access to new therapies for their patients. Member involvement and support for the ALLG is essential to providing better outcomes for patients, hence our tag - “Better treatments...Better lives.”
Chief Executive Officer’s report

Delaine Smith

This year, the ALLG delivered a mid-term strategy review, increased the number of clinical trials, enhanced engagement with members and improved relationships with government and other organisations.

During the financial year, the ALLG prepared for and conducted a mid-term review of the groups Strategic Plan (2016-2021). The mid-term review identified new areas to develop and identified objectives in the current plan that need to be strengthened. Importantly, the mid-term review confirmed that the ALLG’s four strategic priorities and key objectives remain relevant and appropriate.

The ALLG strategic plan 2016 - 2021 has four priorities:

1. Deliver significant scientific outcomes
2. Enhance brand and reputation
3. Foster passionate membership
4. Long term sustainability

The summary of the mid-term review has been presented to and supported by the Board and the Scientific Advisory Committee. The key outcomes of the mid-term review will be integrated to the four Strategic Plan priority areas and an action plan for timely deliverables will be implemented.

In addition, the Board approved to move from a fixed term (2016-2021) strategic plan to a rolling strategic plan; therefore, the current plan will continue out to 2023 with another review planned for the end of 2021 / early 2022.

The revised plan that includes new outcomes and targets will better facilitate member services and strengthen capability for member lead research activities.

There has been continued work to align operational services that will ensure operational efficiency and quality clinical trial research services for members. In November 2018, Marina Mullins was appointed to the role of Operations Manager, and with her leadership the trial office has undergone a review of its structure, roles and responsibilities. The scientific working parties and standing committees of the Scientific Advisory Committee have been integral in providing feedback and support to the implementation of changes.

Throughout the year, the ALLG clinical trial program consisted of 66 trials in various stages of opening, recruitment, treatment, follow-up and analysis. Eight new clinical trials were added to the program that have subsequently been activated at member sites. The elevation of the ALLG clinical trial portfolio and the increase in number of trials is due in part to the formalisation of the trial protocol development pathway. This pathway sees regular and consistent direct engagement between the ALLG project manager and ALLG clinician-members to develop each scientific concept into a feasible and practical clinical trial proposal for the SAC to review. Importantly, this initiative has resulted in more efficient delivery of clinical trials in the ALLG portfolio.

The National Blood Cancer Registry (NBCR) and NBCR Biobank were also a major focus, with sponsor funding secured for registry maintenance and biobanking of samples. Efforts will continue in driving long-term engagement with industry partners to secure continued support for the NBCR as well as engagement with members to ensure a pipeline of clinical trials investigating the conditions (e.g. acute leukaemias and uncommon lymphomas) captured in the NBCR.

Membership to the ALLG reached 882 Members, a significant increase of 83 members compared to the previous financial year. Our membership consists of 425 full members, 400 associate members, 50 community members and seven life members. Importantly, membership increased year-on-year in all but one category (11 new full members, 65 new associate members, seven new community members; life members saw no change). The increase in associate memberships is especially vital as these represent the engagement and involvement of the local site teams, who are essential for maintaining the day-to-day operations and quality of data at each site for ALLG clinical trials.

6
The ALLG continued efforts with those that share our vision by joining with HSANZ to facilitate the National Blood Cancer Forum meetings. Chaired by Professor Andrew Roberts, the forum is an opportunity for the blood cancer foundations and organisations to share common areas for advancing blood cancer initiatives. The forum includes representatives from Leukaemia Foundation Australia, Lymphoma Australia, Myeloma Australia, the Fight Cancer Foundation, and Snowdome. Three priority areas were identified in 2017 and remained relevant for 2018-19:

1. Improving care for rural, regional and remote communities
2. Improving access to new medicines, and
3. Improving support for research.

Advocacy efforts have engendered remarkable awareness and support for patients with blood cancers including launch of new Government initiatives for research and support services. The ALLG has actively assisted with efforts toward the priority areas and will continue to explore ways to collaboratively achieve these common aims.

After much planning this financial year resulted in ALLG making its first business presence at the two leading haematology international conferences: The American Society Hematology (ASH) 2018 meeting in San Diego, USA and the European Haematology Society (EHA) 2019 meeting in Amsterdam, Netherlands. The key objectives to attend these meetings were to:

• Ensure that the ALLG is at the forefront of clinical trial research
• Affirm the role and service of the ALLG to the global community
• Engage and collaborate with cooperative groups, researchers, business partners, industry partners, and global foundations
• Support ALLG Members in their presentations, in their meetings, and at their poster presentations.

Attendance at ASH2018 and EHA2019 was highly successful with over 25 collaboration meetings conducted at each of the events. The attendance to EHA2019 provided a timely opportunity to meet with ALLG’s peer European cooperative trial group, Haemato-Oncology Foundation for Adults (HOVON). The visit to HOVON’s trial office in Rotterdam was extremely productive and has since resulted in ALLG formalising a partnership that will see two new international AML trials open in Australia. ALLG will continue its presence at international meetings and continue to build its partnership with peer international cooperative trial groups.

I extend a huge thank you to the ALLG board, members, staff, and volunteers who continue to support the vision and shape the culture of the ALLG. We look forward to taking the ALLG’s scientific endeavours to a new level of achievement and prominence in the coming years.
Both research and branding outcomes have been plentiful this financial year, with a record 17 ALLG presentations at the ASH and EHA meetings in December 2018 and June 2019, respectively. Our impact as an organisation has been enhanced with ALLG and related studies published in key scientific journals. The publication rate is increasing significantly year-on-year.

ALLG by the Numbers
The ALLG Team consisted of 20 staff roles focused on business and operations that ensure delivery of member-initiated research from concept stage through to publication. During the year, the ALLG has successfully achieved the following:

- 15 contributions to government consultations
- 16 publications in medical research journals positioning research breakthroughs
- 17 international conference presentations of ALLG-related research
- 8 new clinical trials that progressed through development approval processes
- 14 trials open to recruitment
- 66 trials in the active trial program including 92 hospital sites accredited for participation in clinical trials

Our Membership reached 882 individuals:
- 425 Full Members
- 335 Associate Members
- 50 Community Members
- 7 Life Members.

Key highlights that demonstrate how the ALLG has promoted its members, and partners resulting in increased awareness and engagement throughout the year:

- Leadership of and presentations at the Leukaemia Foundation of Australia (LFA) Patient Forum in September 2018
- ALLG booth presence at the Myeloma conference in Melbourne, September 2018
- ALLG booth presence at the Blood conference in Brisbane, October 2018
- First ALLG organisational presence at the American Society of Hematology (ASH) meeting in San Diego in December 2018. The ALLG had a significant number of trial results presented at ASH:
  - **Oral Presentations:**
    - BM06 – Matts Brune, Sweden (ALLG CI David Ritchie)
    - CML11 – David Yeung
    - AMLM20 – Robert Hill, UK (ALLG CI Andrew Wei)
  - **Posters:**
    - MM14 – Anna Kalf
    - CML9 – Tim Hughes
    - MM18 – Hang Quach
    - ALL6/CLL6 – Alec Morley
    - MM17 – Andrew Spencer
    - CLL5 – Stephen Mulligan
    - CLL7 – Stephen Mulligan
    - MM16 – Joy Ho.

- Revision and subsequent implementation of a new operations structure to improve the clinical trial operations of the ALLG. The revision was led by Marina Mullins, Operations Manager, and Sarah Baxter, QA Officer.

- Successful conduct of ALLG’s first AML Day in March 2019 with WEHI and VCCC partners which featured Prof Bob Löwenberg (Netherlands)

- Delivery of the mid-term strategic review in April 2019

- The ALLG’s first visit in June 2019 to the HOVON Trial Office, our European peer in international cooperative group blood cancer research in Rotterdam, Netherlands.
First ALLG organisational presence at the European Haematology Association (EHA) meeting in Amsterdam, June 2019. Our members presented numerous posters at EHA:

- ALL06/CLL06 – Alec Morley
- CLL06 – David Gottlieb
- MM17 – Andrew Spencer
- ALL06 – Matt Greenwood
- APML05 – Harry Iland
- NHL29 – Judith Trotman.

Key publications that related to ALLG work included:


ALLG HIGHLIGHTS

Figure 1. ALLG Peer-Reviewed Publications to June 30, 2019

Figure 2. ALLG Membership – FY11-19

- Full Members
- Members – All
- Associate Members
- Community Members
- Life Members
Finance report

Total revenue was $4.53m, compared to $4.26m in FY18. Total expenses were $4.47m compared to $4.37m in FY18.

The Balance Sheet shows total assets of $4.6m and net assets of $817k, a small increase over FY18. Cash at 30 June 2019 was $1.6m with a further $1.5m of liquid investments.

Total cash outflow from operations was $263k, compared to a cash outflow of $773k in FY18. This reduction in cash outflow was anticipated and is due to the payment of budgeted expenses for trials that had generated cash inflows in prior years. ALLG’s substantial cash reserves have been invested in term deposits and a range of listed and liquid securities provided a return of more than double the average term deposit rates over the year.

Budget for FY2020

The budget for FY20 provides for a surplus of approximately $160k, which pleasingly includes some funding support for the NBCR.

I thank the members who have served on the FAC during the year for their time and expertise including ongoing members Peter Kempen, Peter Mollee and Ian Lewis. We welcomed David Ritchie to the FAC and thanked Con Tam who retired after 6 years of service. The Committee also thanks our Business Manager, Kelly Hetherton, who has continued to provide outstanding and timely financial and administrative support to the Committee throughout the year.
The Scientific Advisory Committee of the ALLG has the prime responsibility of overseeing the scientific direction of the organisation. The SAC’s roles include: to enable the design, conduct and publication of clinical trial research in haematological malignancies and to facilitate the translation of such research into clinical practice; to ensure scientific rigour is applied to the ALLG’s research activities; to encourage and promote the membership and reputation of the ALLG; to co-ordinate the activities of the various Working Party Committees; and to advise the Board on matters pertaining to the scientific interest and strategic direction of the ALLG.

This year has been a busy one for the Scientific Advisory Committee. We have commenced significant restructuring of the disease group committee process to improve our members ability to design and carry out clinical trials for the benefit of our patients. This has included rebranding of each blood cancer area as Working Parties, and we now have eight Working Parties: Acute Leukaemia, CLL, CML and MPN, Laboratory Sciences, Lymphoma, Myeloma, Supportive Care, and Transplantation and Cellular Therapies. Aside from the new naming convention changes to these Working parties have involved the amalgamation of Low-grade, High-grade and Hodgkin lymphoma into one Working party, CLL remaining as its own group and the incorporation of Cellular Therapies (including CAR-T cell issues) into the Transplantation and Cellular Therapies Working party. To stimulate greater engagement and participation in the trial development process and, in particular, to encourage junior members, each Working Party has introduced a Scientific Workshop on the Wednesday of the ALLG’s Scientific Meeting. Successful and well-attended workshops were held for Acute Leukaemia and Lymphoma in the May meeting with Myeloma, CML & MPN and CLL group workshops scheduled for November 2019.

Greater scope of activity is being encouraged within each Working Party, which may include guideline development, retrospective or tissue-based research and greater involvement of those with scientific expertise. New positions within each Working Party will encourage greater involvement, expose members to different skills required for clinical trials and help build future leadership within the group. Finally, each Working Party is developing a specific Scientific Strategy for the Scientific Advisory Committee to provide focus and direction for the future.

As part of better engagement of our members and their sites the ALLG will continue to visit member sites in Australia and New Zealand over the coming years. Visiting members at their sites is always a highlight, and we hope to learn more about our members and ways to overcome barriers to the successful conduct of clinical trials.

The ALLG’s clinical trial portfolio remains strong with 14 trials open to accrual in FY19 and a very strong pipeline of future studies in development. Pleasingly 2019 saw the successful on-time completion of accrual to the NHL29 study of R-mini-CHOP plus ibrutinib in the very elderly with DLBCL, the CML12 study of dasatinib in CML and the Australian arm of the MM18 carfilzomib and thalidomide in myeloma study. This latter trial represents ALLG’s first collaboration with the Asian Myeloma Network.
which has progressed very well.
In addition, several studies supported through the Medical Research Future Fund have commenced: the BM12 CAST trial, NHL31, which is examining ibrutinib, rituximab and EBV-specific T cells for EBV-positive lymphomas in the immunsuppressed, the ALL09 study of the addition of blinatumomab to a BFM backbone for ALL in the AYA population, the AML M22 maintenance platform, and the MM22 study of frailty adapted dosing of lenalidomide and bortezomib in elderly patients with myeloma is due to open in late 2019.

The future of haematological research in Australia and New Zealand depends on bringing young scientists and clinicians together to set the research agenda to ensure we continue to improve outcomes. The ALLG continues to provide an ideal platform in which we can discuss the latest updates in blood cancer diagnosis and treatment and, develop and answer the next generation of clinical trial research questions.

As Scientific Advisory Committee Chair, I am, of course, indebted to my fellow colleagues on the SAC. They represent some of New Zealand and Australia’s finest trialists and have been a pleasure to work with and have been a great support to me. I would like to acknowledge the contributions of Prof David Ritchie and Prof Judith Trotman who are stepping down from the SAC in 2019. Both have worked hard in their respective areas of Transplantation and Lymphoma leading important initiatives, taking on extra responsibilities when asked and providing valuable advice. I wish them all the best in their future endeavours and look forward to their ongoing involvement with the ALLG.

The ALLG is also very fortunate to be overseen by a Board comprised of dedicated directors invested in the success of the ALLG and to have a CEO as talented as Delaine Smith to put our vision for the ALLG into practice. I’d particularly like to welcome Marina Mullins into the Operations Manager role and Suzanne Cake who has taken the step up to the Project Manager – Development role. Both have worked fantastically with our members to improve the delivery of our clinical trial portfolio. We have a wonderful team in the trial office to help us deliver the trial program that is so important for our patients. They have taught me much in the last year.

Ultimately, however, the ALLG is our organisation and the future success of the ALLG hinges on the enthusiasm and engagement of the entire membership. I look forward to working with all of you.
Marketing Committee report

This financial year saw the ALLG further build its brand, with continued, focused efforts toward member engagement, promotion of research activities, and extension of ALLG meetings with members through the site visit program.

The marketing and communications key priorities include:

1. Commitment to strengthening the ALLG brand
2. Developing stakeholder content with clear, succinct messages
3. Supporting our members in everything we do
4. Celebrating our clinician-lead research successes
5. Collaborating with those that share our vision.

The ALLG once again maximised efforts in running its bi-annual Scientific Meetings in November 2018 and May 2019. With the addition of the Communications & Marketing Manager, we were able to enhance activities for member engagement, such as the introduction of fundraising and donation campaigns and the poster viewing area; continuing with the members welcome card and the distribution of a members survey that offered valuable insight into the way we engage with our members. We launched the 2018 Research Report at the May 2019 Scientific Meeting, which was received well.

On March 21, 2019, the ALLG co-hosted with VCCC and WEHI its first-ever AML directed research day ‘Current Research, Future Directions’ in Melbourne. The research day focused on bringing leukaemia leaders to present current research results, consider new research ideas, and explore ways to implement high impact research to improve treatments for patients. The day was Chaired by Professor Andrew Roberts and Associate Professor Andrew Wei, and featured prominent global AML leader Professor Bob Löwenberg from the Netherlands. Importantly, Anne Hodgson, Chair of the ALLG Consumer Representative Panel, opened the event with a presentation about her personal experience of an AML diagnosis and treatment, and she emphasised the need to work together to help advance treatments and hope for cures.

The ALLG and its members have expanded their presence at key local and international scientific meetings such as BLOOD2018, ASH2018, and EHA2019. The aim of investing in these meetings is to raise the profile of the ALLG and strengthen strategic partnerships across Asia-Pacific and globally.

Expanding industry partnerships was a key objective, and in FY19 core marketing effort was directed to strategies to engage and secure National Blood Cancer Registry (NBCR) partners. Ongoing funding for the NBCR and Biobank are of critical importance to the ALLG maintaining and growing its position as Australia’s largest holdings of real-world data. More importantly the NBCR and Biobank enable key translational research to be conducted and provides a pathway for future clinical trial inclusion. The ALLG marketing committee is proud to report that it has grown and maintained excellent relationships with our industry partners as important stakeholders that help contribute to the success of research in Australia and globally.

The ALLG completed the redevelopment of the corporate website and its launch in 2018 has driven more engagement with members and external audiences than ever before. Analytics show a diverse audience and increasing use of the website year-on-year. We intend to enhance the website in 2020 to continue positive engagement with our growing member base, our donors, industry partners and the general public – is critical to driving brand awareness and ensuring its success.
partners, philanthropic organisations as well as the general public. Our goal is for the users of our website to have an easy and meaningful experience with the ALLG, likewise within social media.

Social media are also playing a more important role in our engagement with our target audiences. This year, our social media presence on Facebook increased significantly, and we had a growing follower base with 688 followers of the ALLG page at the end of FY19. Expanding the ALLG social media presence in a strategic and measured way will continue to be a focus within the marketing and communications portfolio in the coming years.

As we move toward 2020, we remain highly motivated by the opportunities ahead and how focus on marketing and communications can help drive the ALLG to a larger role in cancer research across Australasia. We greatly appreciate the time and expertise of our marketing committee, who are integral to building a more robust and sustainable marketing function within the ALLG.
In FY19, we built on our partnerships with external fundraising platforms such as GoFundraise, MyCause and PayPal, with 10 fundraising events held for ALLG that raised $8,223. These websites make it easy for anyone – individuals, teams, schools – to fundraise for the ALLG with their easy-to-use supporter pages. They also enable supporters taking part in existing events, such as Run Melbourne, Sydney Running Festival, City2Surf or Brisbane Marathon, to set up a fundraising page and support the ALLG in this way. I would encourage all our members and supporters to consider having fun and fundraising for the ALLG in this way.

Our investment in the customised member and donor management system, eTapestry, allowed us to enhance engagement with donors this year. We have been able to formalise and monitor non-financial philanthropy and fundraising metrics around donor such as numbers, stewardship, communications and experience.

In recognition of its profile in the for-purpose sector, the ALLG was invited to make a submission to the Federal Government’s Senate Inquiry into Fundraising in the 21st Century and subsequently presented to the Senate Panel in October 2018.

Once again, the ALLG has had success with three members securing competitive grants from the Australian Government’s Medical Research Future Fund (MRFF) - Professor Judith Trotman (NHL30), Professor Maher Gandhi (NHL34) and Professor Andrew Wei (AML25). Overall, we submitted nine funding applications in FY19 and were successful in obtaining five grants for research.

During 2019, the ALLG took the opportunity to strategically review its philanthropy and fundraising efforts over the last few years. Analysis of the ALLG’s resources, successes, strengths and opportunities has led to the decision to realign the area’s focus to Partnerships and Fundraising. This will see ALLG place more emphasis on managing our well-developed relationships with long-standing partners such as Lymphoma Australia (LA), Leukaemia Foundation Australia (LFA) and others, as well as growing our representation and funding from industry and non-industry corporate and philanthropic partners.

A new Partnerships and Fundraising Manager, Kate Halford, was recruited in mid-2019. Kate has significant for-purpose sector experience in managing corporate partnerships, fundraising campaigns and philanthropic grants and will contribute to the refocus and maturation of the philanthropic activities of the ALLG.

The ALLG is fortunate to work with many incredible organisations in order to advance its objectives. We would like to thank and acknowledge all our supporters who donated to the ALLG in FY19. Your generosity has a real impact on ALLG’s members and our ability to provide Australians with blood cancers the best possible treatments and better lives. We couldn’t do it without you.

We offer a heartfelt thanks to all our supporters who donated to the ALLG this year. Because of these generous gifts, the ALLG is able to consistently deliver successful research outcomes for patients with blood cancer.

The ALLG team has continued to build the philanthropy and fundraising strength of the organisation in line with our strategic plan. Over the last financial year, we have deepened our engagement with key supporters and streamlined our donor database and communications. Our heartfelt thanks go out to all those who have donated and supported ALLG during the year to help us to achieve our fundraising goals.

Two fundraising appeals were produced in FY19, a Christmas campaign and a tax-time donation campaign. Both campaigns utilised engaging new marketing collateral and featured tangible and impactful donation levels to engage supporters. Good results were achieved, and the key learnings will help us to continue to improve and grow these campaigns over the coming year.

Philanthropy Committee report

Tina Rankovic
Collaborators, Partners and Supporters

Increasing awareness of ALLG clinical trials is essential so that patients with blood cancer can participate in critical research and access new therapies.

Trial Participants
Individuals with blood cancers who make an informed decision to participate in a clinical trial provide an essential gift of information for clinicians, researchers and the broader community. These research participants are helping the ALLG and its members find cures for a range of blood conditions and deliver better treatments that will help other patients in future.

Over the last 46 years, the ALLG has enrolled more than 10,000 participants in over 150 clinical trials. The ALLG extends a warm thank you to all the participants in ALLG clinical trials and research studies throughout the year. Their contribution to blood cancer research is invaluable.

Consumer Representative Committee
Consumers play a vital role in research decision-making and engagement with the public. To ensure the ALLG maintains a consumer focus, the Consumer Representative Committee (CRC) is a key group to help the ALLG ensure it maintains the quality of care and appropriate communication style for clinical trial patients and the public. The purpose of this group is to provide a consumer perspective for the ALLG and to help implement the strategic objectives of the ALLG by becoming involved in different activities.

This year, we continued to build on the strength of the CRC through the implementation of new marketing and communication initiatives and grant review and reporting assistance. The CRC met three times during the 2018–19 financial year with a number of unofficial meetings taking place to discuss different elements of new fundraising campaigns.

The ALLG is extremely thankful and appreciative of the time and effort provided by the CRC members, who each offer their unique perspective:

• Anne Hodgson (Chair)
• John Stubbs
• Nathalie Cook
• Pam Keirs
• Steve Towell.

Collaboration Partners
The ALLG has several partners that offer their services to help the ALLG achieve its aims. We would like to thank the collaborative partners that assisted throughout the year, at times in gratis:

• Brian Ward and Partners
• Dax Centre for the loan of artworks on display at the ALLG Office
• Grant Thornton
• Gosh Creative
• Synapse IT Consultants.

Supporter Profile
Thank you to our top GoFundraise supporter Dylan D’Souza. By competing in the Stadium Stomp MCG 2019, Dylan fundraised $1,719 for the ALLG. A huge thank you and congratulations to Dylan on an amazing result!
Acute Leukaemia & Myelodysplasia (ALL, AML & MDS)

Name of Disease Group
Acute Leukaemia/ MDS Working Party

Chair
A/Prof Andrew Wei
Prof David Ritchie

Committee Members
Asma Ashraf
Ashish Baje
Dominik Beck
Ashanka Beligaswatte
Ken Bradstock
Lynette Chee
David Curtis
Luciano Dalla-Pozza
Michael Dickinson
Anoop K Enjeti
Chun Yew Fong
James Gray
Matthew Greenwood
Carolyn Grove
Uwe Hahn
Nada Hamad
Devendra Hiwase
Harry Iland
Akash Kalro
David Kipp
Paula Marlton
Nalini Pati
Sushrut Patil
Travis Perera
John Pimanda
John Seymour

Important research is continuing across a range of leukaemic conditions. Underpinning this work is the ALLG’s National Blood Cancer Registry.

Current Trials
ALL06
ALL08
ALL09
AMLM16
AMLM21
APML05
MDS04

Trials in the pipeline
AMLM22
AMLM24
AMLM23
This year, the Acute Leukaemia / MDS Disease Group has enhanced the work that started over 20 years ago, now exploring chemotherapy dose escalation to optimise remission and survival rates in patients diagnosed with acute myeloid leukaemia (AML), acute lymphoblastic leukaemia (ALL), acute promyelocytic leukaemia (APL) and myelodysplastic syndromes (MDS).

This group’s focus on driving well-designed collaborative research and thereby improving patient outcomes has provided significant results in 2018-19. In the ALL portfolio, the ALLG ALL08 study of Blinatumomab in combination with a modified hyper- CVAD backbone continued throughout this financial year after opening in April 2018. The ALLG ALL09 study of a modified BFM backbone with Blinatumomab was in the final throes of preparation in June 2019 and will follow on from the ALL08 study. The ALL09 study includes adolescents and younger adults, which is an important collaboration with our paediatric colleagues. Finally, ongoing development for ALL clinical trials continue to follow on from the success of ALLG ALL05, which completed accrual in the last year and is set to be published in 2019.

This year, the AML portfolio has continued the shift from dose escalation trials to new studying new therapies that are designed to target specific changes in the leukaemia cell that drive uncontrolled growth. The current ALLG AMLM16 trial has examined the utility of the addition of sorafenib to standard chemotherapy to target a common mutation in AML involving the FLT3 gene. This trial is now close to completing accrual and is anticipated to provide important data regarding the role of FLT3 inhibition in AML. The ALLG’s National Blood Cancer Registry (NBCR) and Biobank have played a critical role in underpinning leukaemia clinical trials, with several planned trials in the pipeline for 2019 (AMLM22, AMLM23 and AMLM24).

In August 2018, Dr Ing Soo Tiong’s work on AMLM07 and AMLM12 resulted in the publication, “Dissecting causes for improved survival among patients with acute myeloid leukemia in two different eras receiving identical regimens in sequential randomized studies,” in the Blood Cancer Journal.

In the MDS stream, Dr Melita Kenealy’s leadership on two ALLG trials investigating the addition of immunomodulatory therapy to standard azacitadine continues. The results of the first of these studies, the ALLG MDS04, was published in the renowned journal Haematologic in April 2019, entitled: “Azacitidine with or without lenalidomide in higher risk myelodysplastic syndrome & low blast acute myeloid leukemia.”

Extensive work in AML, APL, ALL and MDS is planned in 2019-20.
Chronic Lymphocytic Leukaemia (CLL)

Name of Disease Group
CLL Working Party

Chair
Prof Stephen Mulligan

Committee Members
Tasman Armytage
Asma Ashraf
Ian Bilmon
Syed Bokhari
Duncan Carradice
Chan Cheah
Shane Gangatharan
Uwe Hahn
Nada Hamad
Rosemary Harrup
Eliza Hawkes
Amanda Johnston
Anna Johnston
Matthew Ku
Bryone Kuss
Maya Latimer
Hui-Peng Lee
Kylie Mason
Stephen Opat
Gurdeep Parmar
Mark Polizzotto
John Seymour
Dipti Talaulikar
Con Tam
Campbell Tiley
Judith Trotman
Robert Weinkove

Chronic Lymphocytic Leukaemia (CLL) continued as an active area of clinical investigation for the ALLG in 2018–19.
This year, the ALLG diverged the Low Grade Non Hodgkin Lymphoma and CLL into separate stand-alone groups. Hence, the CLL Working Party is now independent from the low-grade lymphoma group, which has shifted to the new Lymphoma Working Party. This has been done to allow for greater transparency, to reduce duplication and to improve efficiency in CLL and lymphoma research and recognising divergence of therapies between CLL and NHL. Professor Stephen Mulligan remains the CLL Working Party Chair.

Chronic Lymphocytic Leukaemia (CLL) continued as an active area of clinical investigation for the ALLG in 2018–19. The ALLG CLL05 trial, led by Prof Mulligan, is currently being prepared for publication with long-term follow-up data. The trial demonstrated that different three different FCR schedules and dosages could be administered safely to the typical elderly patient with CLL and were well tolerated and resulted in almost identical outcome after more than 7 years of follow-up. The trial recruited 120 patients over a period of four years and has paved the way for better treatments for older patients with CLL.

The ALLG CLL06 trial, led by Prof David Gottlieb, is continuing the follow-up phase of maintenance therapy in CLL following the standard treatment induction therapy. The trial randomised lenolidamide maintenance for two years versus the standard watch-and-wait approach. The trial became an international collaboration with the French ‘FILO’ CLL group when they joined the study and they have substantially boosted recruitment. The research team behind CLL06 is targeted for finalisation in late 2019, with the aim to produce results that will improve the understanding of the biology and treatment of CLL.

The ALLG CLL07 is a Phase II, multicentre, randomised, study investigating efficacy and safety for dose reduced fludarabine with obinutuzumab versus chlorambucil with obinutuzumab in previously untreated, elderly patients with comorbidities. The Principal Investigators are Prof Stephen Mulligan, A/Prof Constantine Tam, Dr Xavier Badoux and A/Prof Bryone Kuss. Recruitment for this trial commenced in 2017 and was the first ALLG trial to function fully with the new electronic case report form system. This trial addresses the important question of how to best treat the older CLL patient with comorbidities – the answer to this question will be highly relevant as the era of novel therapies continues to emerge.
Chronic Myeloid Leukaemia & Myeloproliferative Neoplasms (CML & MPN)

Name of Disease Group
Chronic Myeloid Leukaemia & Myeloproliferative Neoplasms (CML & MPN) Working Party

Chair
A/Prof David Ross
Dr David Yeung

Committee Members
Ashish Bajel
Dominik Beck
Cecily Forsyth
Andrew Grigg
Carolyn Grove
Nada Hamad
Simon He
Devendra Hiwase
Tim Hughes
Matthew Ku
Steven Lane
Maya Latimer
Kate Melville
Anthony Mills
Michael Osborn
Nalini Pati
Lucy Pemberton
Andrew Perkins
Philip Rowlings
Anthony Schwarer
Mohamed Shanavas
Con Tam
Courtney Tate
Stephen Ting
Agnes Yong

Current Trials
CML12
MPN01

Trials in the pipeline
ASCiminib Evaluation in Newly Diagnosed CML – the ASCEND-CML study
MPN registry and NGS mutation testing

This year, significant progress has been made with the ALLG’s CML and MPN research.

Despite significant improvements in the life span of chronic myeloid leukaemia (CML) patients brought about by the introduction of targeted therapy (also called tyrosine kinase inhibitors or TKIs) such as imatinib, nilotinib and dasatinib, a number of important research questions remain. As CML patients’ life expectancy approaches that of the general population, minimising side effect and their impact on quality of life and function is becoming increasingly important.

The ALLG CML12 DIRECT study (PIs Dr David Yeung, Prof Andrew Grigg and Prof Tim Hughes) was designed with this aim in mind. Starting newly diagnosed patients on the highly potent anti-CML drug called dasatinib; patients are regularly monitored for drug levels in the blood, and their dose adjusted accordingly. Although dasatinib is a highly effective CML therapy, a significant number of patients will encounter side effects such as pleural effusion (or fluid around the lungs). Existing evidence suggest that patients with high drug levels are at higher the risk of developing such side effects, and that reducing the dasatinib dose in these patients...
may be safe and effective. This study completed its accrual mid-2019. Early results have been accepted for presentation at the December 2019 American Society of Haematology (ASH) Annual Scientific Meeting. Full results for the entire cohort are expected in 2020.

In a similar theme, a proposal by New Zealand investigators Dr Lucy Pemberton and Prof Peter Browett will see newly diagnosed CML patients treated upfront with the more potent agent dasatinib. Patients who respond will de-escalate treatment and be treated with imatinib. This study called KISS is currently under consideration by Australian sites.

Careful patient management in the initial period after CML diagnosis is important in establishing disease control to enable achievement of long-term treatment goals. One such target is called deep molecular response (DMR) - achieved when CML is undetectable even with highly sensitive tests. The ALLG CML11 Pinnacle study (Pis Dr David Yeung, Prof Andrew Grigg and Prof Tim Hughes) looked to combination therapy to improve the rates of DMR. Pairing pegylated interferon – commonly used in the pre-TKI era – with the highly potent TKI nilotinib, the combination has demonstrated excellent efficacy. The final results of this study will be presented at ASH this year ahead of publication.

Perhaps the ultimate strategy to avoid long term toxicity associated with anti-CML therapy is to stop the medications. When TKIs were originally introduced into clinical practice, it was thought that stopping treatment would inevitably lead to rapid disease relapse. Scientific data at the time showed that even with effective disease control, CML stem cells may still be protected against damage from TKIs, lie dormant for years, and reactivate with treatment is stopped. We now know, thanks to pioneering research from the ALLG, that this is not universally the case. The ALLG CML08 TWISTER study, led by A/Prof David Ross and Prof Tim Hughes, showed that in 40 patients who achieved and maintained DMR for more than two years, 43% can stop TKIs without the disease coming back. For patients who did not experience CML relapse within the first year, late relapses were rare. An update of the CML08 trial of imatinib discontinuation (TWISTER) was accepted for publication in Leukemia in 2019.

The results of TWISTER and other TKI stopping studies demonstrated that stopping TKI without relapse is possible in approximately half of the patients who have achieved DMR, allowing patients to achieve treatment free remissions (TFRs). Significant work lies ahead in identifying patients who are ready to stop, versus those too early to stop and are destined to relapse. The ALLG CML10 RESIST study (PI Prof Tim Hughes) is an Australasian wide CML patient registry that captured outcomes of an expanded cohort of patients who had TFR attempts. A number of scientific studies are currently on going to better understand the preconditions necessary for successful TFR.

The themes of minimising treatment related toxicity, maximising DMR, and improving the rates of TFR in CML patients, as well as improving access to treatment in MPN patients remain the focus of our disease group. We continue to work with industry partners to design the next generation of studies, including incorporation of the first in class drug called asciminib for CML. In early clinical studies, the results of which are about to be published in the New England Journal of Medicine this year, asciminib showed significant activity against CML, and has relatively tolerable side effects, even in high doses. This drug is yet to be tested in newly diagnosed CML patients, where combination with traditional TKIs may be of benefit to those with resistant disease. The ASCEND-CML study, (ASCiminib Evaluation in Newly Diagnosed CML), an investigator-initiated study to be sponsored by the ALLG, will be one of the first to test this agent in treatment naive patients; this trial is undergoing the final stages of preparation.

In MPN, a proposal for an MPN registry to assess the mutational landscape through the use of next generation sequencing is progressing well (PI Prof Andrew Perkins). Disease group members continue to assess opportunities to incorporate new small molecule inhibitors into MPN clinical studies. The disease group would like to thank all investigators, co-ordinators, and patients for their continued support of our studies in Australasia.
Laboratory Science

Name of Disease Group
Laboratory Science Working Party

Chair
Prof Jake Shortt

Committee Members
Asma Ashraf
Dominik Beck
Piers Blombery
Stefan Bohlander
Peter Browett
Alberto Catalano
Greg Corboy
David Curtis
Mark Dawson
Richard D’Andrea
Anoop Enjeti
Wendy Erber
Maher Gandhi
James Gray
Carolyn Grove
Yasmin Harvey
Joy Ho
Samar Issa
Colm Keane
Bryone Kuss
Steven Lane
Silvia Ling
David Ma
Paula Marlton
Daniel Owens
Andrew Perkins
John Pimanda
David Ritchie
Andrew Roberts
Andrew Spencer
Dipti Talaulikar
David Westerman
Deborah White
David Yeung
Agnes Yong

Current Trials

LS17
“Studies to delineate the molecular and genomic basis of high-risk ALL in adults – Registry of Acute Lymphoblastic Leukaemia in Australasia and Associated Correlative Studies (REGALLIA)” PI: Dr David Yeung.

LS18
“Mapping the fate of IDH patients in Australia” PI: A/Prof Andrew Wei.

LS19
“Molecular harmonisation in AML” PI: A/Prof Will Stevenson.

LS21
“BGB3111 Biomarker studies in marginal zone lymphoma” PI: Dr Gareth Gregory.

Trials in the pipeline

LS20
“Minimal residual disease harmonisation in AML” PI: Dr Ing Soo Tiong

LS22
“Impact of chemoimmunotherapy in cellular compartments in Waldenstrom Macroglobulinaemia” PI: A/Prof Dipti Talaulikar

LS23
“Molecular minimal residual disease monitoring in acute lymphoblastic leukaemia” PI: Dr Chun Fong

We are fortunate to be witnessing the emergence of multiple new and effective blood cancer treatments that work in completely different ways from conventional chemotherapy. At the same time, new scientific technologies are emerging that allow interrogation of biology of blood cancers in great detail.
We are fortunate to be witnessing the emergence of multiple new and effective blood cancer treatments that work in completely different ways from conventional chemotherapy. At the same time, new scientific technologies are emerging that allow interrogation of biology of blood cancers in great detail. The clinical trials performed by the ALLG help accelerate access to new treatments and technologies for patients in Australia and New Zealand. The Laboratory Sciences Working Party combines key laboratory scientists and clinicians with both clinical and basic scientific research expertise in blood cancers. We are ideally positioned to combine sophisticated laboratory technologies to help learn more about investigational treatments and how they can be best deployed for patient benefit.

The Laboratory Sciences Working Party provides input and oversight to correlative science that is being performed alongside clinical trial and registry-based research across all other working party streams. When patients are enrolled in a clinical trial, samples collected during their treatment can provide important insight into how a drug may be working and help predict those most likely to benefit from the trial drug in future interventions. Our working party helps plan these biomarker studies and ensures that the most scientific benefit is gained from such precious samples. In addition to clinical trial research, the ALLG coordinates the collection, processing and storage of biological samples from patients with particular diseases of interest who are participating in the National Blood Cancer Registry (NBCR). These samples are ‘Biobanked’ and provide a further valuable resource of clinically annotated tissue samples that are available for scientific research.

An example of this is LS17, the “REGALLIA study”, an NBCR-linked project seeking to elucidate the biology underpinning poor risk in adult ALL. The Laboratory Sciences Working Party assists the ALLG with managing technical aspects of Biobank. We also help assess requests for tissue banked samples in order to ensure they are utilised appropriately for important research questions.

Over the last year, the ALLG has made significant advances in laboratory studies. Using the NBCR as a research tool, LS18 has now collected data on the isocitrate dehydrogenase (IDH) mutation status of 245 subjects with AML across 13 ALLG sites. Once the recruitment target of 425 subjects is reached, we will have a much greater understanding of the characteristics of IDH-mutant AML in the Australasian context. This is timely from a clinical perspective, as we move to an era where targeted IDH inhibition will likely be established as a new standard of care in AML therapy.

The LS19 project has circulated reference DNA sourced from the AMLM16 trial to eight molecular laboratories across Australia and New Zealand. Each lab has interrogated the samples using next generation sequencing to detect mutations of clinical significance. The results from participating laboratories are now being collated, compared and prepared for publication. This data will also provide the starting point for an ongoing quality assurance program for AML mutation detection in collaboration with the Royal College of Pathologists of Australasia.

LS21 is now accruing samples associated with the MAGNOLIA study, investigating the activity of Bruton Tyrosine Kinase inhibition with Zanubrutinib in relapsed marginal zone lymphoma. LS21 will cross-reference the baseline mutational profile of lymphomas against clinical responses using both tissue samples and cell-free plasma ‘liquid biopsies’.

Several new laboratory science studies are in developments. The LS22 study, led by A/Prof Dipti Talaulikar, will provide deeper insight into the differential biology of lymphoma cells versus plasma cells in Waldenstrom Macroglobulinaemia. This is important as although both populations represent clonal manifestations of the same disease, they are differentially sensitive to commonly utilised and emerging therapeutics. A better understanding of this differential response will facilitate the rational development of combinatorial therapeutic strategies to target both cellular elements.

Dr Chun Fong is the PI for LS23, which seeks to develop a new platform for the measurement of minimal residual disease (MRD) monitoring in acute lymphoblastic leukaemia. His team will utilise next generation sequencing technology to measure MRD from trial samples collected during ALL08 and ALL09 and compare results to established technologies.

Science in medicine continues to accelerate rapidly. Technological advances provide new opportunities for researchers to leverage scientific discovery from clinical trial specimens. With platforms like next-generation sequencing, we can look into the blueprints of an individual’s blood cancer cells and start to work out where its vulnerabilities lie. This has led to the notion of “Precision Medicine”, and haematology sits at its forefront. At the same time, paradigm shifts in cancer immunology have resulted in the deployment of new immune-engaging therapies such as checkpoint inhibitors and CAR-T cells. Our understanding of the mechanisms of responses to these agents remains limited and requires deeper scientific insight into the interactions between cancer and host. Our Laboratory Sciences protocols seek to use cutting-edge technologies in order to better understand how therapeutic advances can best be delivered to those who are most likely to respond.

Congratulations to Dr Colm Keane et al for publishing “The tumour microenvironment is immuno-tolerogenic and a principal determinant of patient outcome in EBV-positive diffuse large B-cell lymphoma” in the European Journal of Haematology (2019; 103: 200-7). This research utilised ALLG samples as part of an extension cohort for result validation.
Lymphoma

Name of Disease Group
Lymphoma Working Party

Chair
Dr Eliza Hawkes
Dr Tara Cochrane

Committee Members
Tasman Armytage
Asma Ashraf
Ali Bazargan
Leanne Berkahn
Ian Bilmon
Piers Blombery
Syed Bokhari
Duncan Carradice
Chan Cheah
Geoff Chong
Michael Dickinson
Lindsay Dunlop
Maher Gandhi
Shane Gangatharan
Gareth Gregory
Uwe Hahn
Nada Hamad
Rosemary Harrup
Mark Hertzberg
Amanda Johnston
Anna Johnston
Matthew Ku
Bryone Kuss
Maya Latimer
Hui-Peng Lee
David Ma
Kylie Mason
Kate Melville

The high grade Non Hodgkin lymphoma and the Hodgkin lymphoma group have now merged together with the low grade lymphoma group (formerly with the CLL group) and will be renamed the Lymphoma Working Party (LWP).

Current Trials
HD10
NHL26
NHL29
NHL31

Trials in the Pipeline
NHL32
NHL33
NHL34
The high grade Non Hodgkin lymphoma and the Hodgkin lymphoma group have now merged together with the low grade lymphoma group and will be renamed the Lymphoma Working Party (LWP). This has been done to allow for greater transparency, to reduce duplication and to improve efficiency in lymphoma research. In the future it is planned that there will be disease leads within the LWP for each subtype of lymphoma. The LWP is led by Dr Eliza Hawkes, and Dr Tara Cochrane has joined the leadership as of June 2019. Dr Cochrane brings with her a wealth of clinical, trial and transplant experience.

The ALLG HD10 trial has accrued faster than expected, and we have been authorised to increase our allocated allowance from 90 patients to 110 (international target accrual is 1500). Currently, there are 61 Australian patients enrolled on this front line trial in advanced Hodgkin lymphoma which randomises patients to escalated BEACOPP or BreCADD (a regimen which incorporates Brentuximab Vedotin). This is a highly successful partnership with the German Hodgkin Study Group and hopefully will pave the way for further research with this prominent trial group.

The ALLG NHL29 trial which examines the role of ibrutinib in combination with R-mini-CHOP in elderly diffuse large B cell lymphoma has completed accrual and data has already been presented at ICML 2019, EHA 2019 and has been accepted for presentation at BLOOD 2019. An abstract has also been submitted to ASH 2019. This trial, which accrued ahead of schedule, has demonstrated the feasibility of conducting research in this older frail group of patients which is an area of great need.

The front-line follicular lymphoma trial (ALLG NHL30 - PETRea), spearheaded by Dr Judith Trotman and Dr Anna Johnston in collaboration with the UK trial group, is now open and has already started to recruit patients. This trial is testing the role of a PET scan following chemo-immunotherapy to determine maintenance therapy; patients in complete remission after chemoimmunotherapy will be randomised to maintenance rituximab or observation and those in partial remission will be randomised to maintenance lenalidomide and rituximab in patients with relapsed follicular lymphoma who are PET positive patients following chemoimmunotherapy. Recruitment is almost complete for the ALLG NHL26 trial.

Prof Maher Gandhi has opened an exciting new trial (ALLG NHL31 TREBL-1) which aims to explore the role of third-party T cells engineered to target the Epstein Barr virus (EBV) in patients who developed lymphoma in the context of immunosuppressive therapy. Lymphoma which has developed in patients who have a compromised immune system is often driven by EBV and this therapeutic strategy which is being combined with novel agents is certainly ground-breaking research.

Regarding further news: an exciting treatment approach developed by Dr Eliza Hawkes in untreated mantle cell lymphoma is currently in the final stages of development; a novel strategy using immunotherapy is being explored in primary CNS lymphoma; work is underway to open two trials in relapsed T cell lymphoma, a disease not tackled previously by the ALLG. Chimeric Antigen T cell therapy is an exciting and rapidly expanding area of development and the ALLG are considering a research study using Australian generated CART cells in the management of high risk diffuse large B cell lymphoma.

Finally, congratulations to Dr Michael MacManus and Prof John Seymour for their heroic efforts on the completion and publication of NHLLOW5. This phase 3 trial, which was a collaboration between the ALLG and the Trans Tasman Radiation Oncology Group, investigated the addition of systemic therapy to radiation therapy in early stage follicular lymphoma, was published in the Journal of Clinical Oncology in October 2018.
The aim of the ALLG Myeloma Disease Group is to support its members to produce high quality clinical research which will improve the outcomes of patients with myeloma.
The MM16 trial, which is a Phase II study assessing the effect of carfilzomib treatment on early free light chain kinetics in myeloma patients with renal impairment, continues to accrue and has almost reached its target. Professor Joy Ho, principal investigator of this study, presented the results of an interim analysis at ASH in 2018 and in the Presidential Symposium at the Blood 2019 Meeting in Perth. This interim analysis demonstrated not only the safety of carfilzomib in patients with renal impairment, but also that a reduction in serum free light chains as early as 48 hours post commencement of therapy is highly predictive of renal response.

In the upfront transplant-eligible population, Professor Andrew Spencer ran the MM17 trial which examined combining carfilzomib, thalidomide and dexamethasone treatments for transplant-eligible myeloma patients with a suboptimal response to initial bortezomib-based induction therapy. This study accrued ahead of schedule and an interim analysis was presented as a poster at ASH in 2018 with one of the translational studies describing the mutational pattern in liquid biopsies being selected for oral presentation at the IMW 2019 in Boston.

Also accruing well after a protocol amendment is Professor Spencer’s MM20 study. This is now a single arm phase II study of Elotuzumab-Cyclophosphamide-Thalidomide-Dexamethasone for the Treatment of Relapsed and/or Refractory Multiple Myeloma.

Finally, following on from the MM17 study, the MM21 trial is also attempting to improve the outcome of younger patients failing bortezomib-based induction therapy. In this multicentre, single arm trial, this population will be rescued with daratumumab-lenalidomide-dexamethasone therapy. Multiple translational studies have been built into this study to better understand this population with “functional” high-risk disease.
Supportive Care

**Name of Disease Group**
Supportive Care Working Party

**Chair**
Dr Zoe McQuilten

**Committee Members**
- Asma Ashraf
- Sharon Avery
- Xavier Badoux
- Peter Bardy
- Ashanka Beligaswatte
- Anoop K Enjeti
- Robin Filshie
- Kathryn Forwood
- Shane Gangatharan
- Nada Hamad
- Anna Johnston
- Maya Latimer
- Allison Mo
- David Routledge
- Ruth Spearing
- Ferenc Szabo
- Constantine Tam
- Benjamin Teh
- Patricia Walker
- Robert Weinkove
- Erica Wood

Our Supportive Care studies aim to reduce the impact of blood cancers and their treatments on complications, such as infection and bleeding, and to improve the quality of life for patients.
The Supportive Care group aims to design and conduct clinical trials of interventions that reduce the impact of blood cancers, and their treatments, on patients’ lives. In 2018/19, the group has focused on three areas: red cell transfusion practice, prevention of bleeding and prevention of infections.

The ALLG-endorsed Role of Antibiotic Therapy or IVIg on Infections in Haematology (RATIONAL) trial, funded by the Australian National Blood Authority, is a pilot trial comparing daily antibiotics with immunoglobulin replacement in patients with low immunoglobulin levels due to blood cancers. The RATIONAL trial, which is being conducted by the Transfusion Research Unit at Monash University in affiliation with the ALLG, completed recruitment of 62 patients at seven hospital across Australia and New Zealand in 2019. Final follow-up of study participants will be conducted in early 2020. This trial is the first worldwide to compare antibiotics with immunoglobulin infusions to prevent infections in patients with blood cancers and low immunoglobulin levels.

The Supportive Care Disease Group also performed a survey of Australian and New Zealand haematologists and trainees of their clinical practice relating to infection prevention in patients with blood cancers and low immunoglobulin levels. The survey results were published in the Internal Medical Journal in 2019. A systematic review of trials evaluating the effectiveness of different interventions to prevent infections in this patient group is also being undertaken by the Supportive Care Group. This work, together with the RATIONAL trial results, will be used to inform design of a larger clinical trial to compare antibiotics with immunoglobulin replacement to prevent infection in patients with blood cancers.

Patients with blood cancers often develop low platelet counts due to their disease or treatment. This can lead to bleeding, which is a distressing symptom for patients and their families, and can be life-threatening. The ALLG Supportive Care Group in collaboration with the Palliative Care Clinical Studies Collaborative (PaCCSC) have commenced a new national, multicentre study on the use of tranexamic acid and other interventions to prevent or treat bleeding in patients with low platelet counts due to cancer. This study commenced data collection in 2019. The results of this study will be used to inform design of a trial to investigate different interventions to prevent bleeding in patients with low platelet counts.

Patients with myelodysplastic syndromes (MDS) often require regular red blood cell transfusions, which are given to prevent complications of anaemia and improve quality of life. There have been no trials in patients with MDS that have compared the effect of different transfusion policies (e.g. transfusing to maintain a lower or higher haemoglobin concentration) on patient outcomes. The ALLG Supportive Care Group collaborated with the UK NHS Blood and Transplant (NHSBT) Clinical Trials Unit on the Red Cell Transfusion in Outpatients with MDS feasibility Study (REDDS). This trial enrolled 38 patients with MDS who required regular red cell transfusion support and randomly allocated them to transfusion to a liberal transfusion strategy or a restrictive transfusion strategy. The trial results support the feasibility and rationale of progressing to a larger, definitive trial of different transfusion protocols on patient-centred outcomes. This trial was presented at the American Society of Hematology in 2018, Australian and New Zealand Society of Blood Transfusion in 2019 and has been accepted for publication. Australian and New Zealand participation was supported by a grant from the Australian and New Zealand Society of Blood Transfusion.

In parallel with the REDDS trial, the Supportive Care Group also performed an analysis of data collected within the ALLG MDS3 and ALLG MDS4 trial, which showed the impact of anaemia on quality of life in patients with MDS undergoing treatment. These results were slated to be presented at the Haematology Society of Australia and New Zealand Annual Meeting in late 2019.
The renamed Transplantation and Cellular Therapy Working Party is eager to study new cellular therapies and continue delivering studies on one of the best treatments available for all blood cancers - transplantation.

### Name of Disease Group
Transplantation and Cell Therapies Working Party

### Chair
Prof David Ritchie

### Committee Members
- Sharon Avery
- Ashish Bajel
- Leanne Berkahn
- Syed Bokhari
- Ken Bradstock
- Andrew Butler
- Lynette Chee
- Julian Cooney
- David Curtis
- Nada Hamad
- Simon Harrison
- Devendra Hiwase
- Glen Kennedy
- Amit Khot
- John Kwan
- Stephen Larsen
- Ian Lewis
- Andrew Lim
- Kenneth Micklethwaite
- John Moore
- Nalini Pati
- Sushrut Patil
- Travis Perera
- Ashvind Prabahran
- Duncan Purtill
- Anthony Schwarer
- Jeff Szer
- Patricia Walker
- Agnes Yong

### Current Trials
BM12

### Trials in the Pipeline
- Haplo-identical transplant studies
- Post-transplant immunotherapy studies
The future composition of Bone Marrow Transplantation (BMT) group in the light of newly emerging cellular therapies was widely discussed in 2019, with significant input from the SAC. Following those discussions the BMT Working Party has officially changed its name to Transplantation and Cellular Therapy Working Party. We look forward to welcoming new cellular therapies into the transplant family.

The ALLG BM06 trial final analysis was completed in late 2018 and presented in an oral abstract at ASH 2018. Overall the first final analysis of 163 patients showed that the application of a FluBu reduced intensity sibling donor transplant was not beneficial in the treatment of myelodysplasia or AML in those over 50 years of age although there was a trend to improved relapse free survival in transplant recipients. The matched unrelated donor cohort (n=166) analysis is ongoing, and the main manuscript will be completed in 2020. It is anticipated that other sub-study papers including risk stratification and quality of life will follow.

The BMT group has successfully launched the ALLG BM12 CAST (Cyclophosphamide after Sibling Transplant) study with the aid of the Medical Research Future Fund. The CAST study is a randomised trial comparing post-transplant cyclophosphamide against standard of graft-versus-host disease (GVHD) prophylaxis in adult recipients undergoing sibling allogeneic transplantation for acute leukaemia and will be a major multicentre interventional study driven by the ALLG membership. Extensive biomarker, immune reconstitution, GVHD, infection and QOL data is being collected ensuring that this study serves as a rich repository for future projects. Currently, three of an anticipated eight trial sites are activated, with active pursuit of funding to ensure New Zealand sites can also participate.

The successful completion of studies and launching of new trials is a mark of a successful group. Incorporation of new cellular therapies and new drugs, particularly in the setting of GVHD treatment and prophylaxis, offer new opportunities for investigator initiated studies. We have a few new proposals in haplo-identical transplant and post-transplant immunotherapy in Acute Lymphoblastic Leukaemia in the pipeline and we look forward to receiving new proposals for consideration and development.
The NBCR has had a significant year in 2018-19. Promotional work continued which resulted in support for the NBCR and Biobank. This is a significant achievement and is the direct result of intense preparation and communications campaigns.

About the NBCR & Biobank
The National Blood Cancer Registry (NBCR) was established by the ALLG in 2012 to collect information on acute myeloid leukaemia (AML) clinical practice and as a pathway for registration to ALLG investigator-initiated clinical trials. Initially, the NBCR collected clinical data of participants diagnosed with AML and four types of uncommon lymphoma (UL). Since the beginning of 2017, the NBCR has been open to enrolment for those diagnosed with acute lymphoblastic leukaemia (ALL).

The NBCR offers real-world data linking demographic, cancer cytogenetic, clinical and treatment outcome information, and offers a longitudinal clinical pathway for each participating patient.

As a registry, the NBCR fills current gaps in knowledge and research capacity to form a collaborative model framework. The framework is equipped to develop evidenced-based policy and improve the diagnosis, treatment and outcomes for patients with AML, primarily, as well as for those with ALL and several ULs.

The selection of the HCB as the NBCR Biobank is important because of its operation in accordance with all national and international guidelines and the timely delivery of high-quality biobanking services. The ALLG NBCR Biobank offers the same operating procedure for all “open specimen” samples and a barcoding system for easy recording, tracking and retrieval.

In accordance with guidance for the conduct of clinical trials by the International Conference on Harmonisation (ICH), the principles of Good Clinical Practice (GCP) are adhered to throughout all stages of the NBCR, and all NBCR investigators from approved institutions with human research ethics committee (HREC) approval are trained and qualified as per ICH-GCP requirements. The ALLG NBCR is registered on a WHO platform, which is the ANZCTR. The corresponding registration number is ACTRN12612000337875.

The NBCR & Biobank work is led by the ALLG Ambassadors, A/Prof Andrew Wei, A/Prof Dipti Talaulikar and Dr David Yeung with the support of cytogeneticist, Dr Meaghan Wall, and Medical Monitors: Dr Ashish Bajel, Dr Akash Kalro and Dr Ing Soo Tiong.

Under the governance of the ALLG Scientific Advisory Committee, the ALLG engages a Registry Operations Committee (ROC), which is chaired by Professor David Ritchie and consists of A/Prof Jake Shortt, A/Prof Peter Mollee, Delaine Smith, Kelly Hetherton, Marina Mullins, Eva Pesce, Adele Lee-Wriede and Mannu Walia.
Industry Support

Industry and organisational support and investment in the NBCR & Biobank is an asset to the entire blood cancer community and the patients who desperately need new treatment pathways to live better and longer lives. We look forward to new partnerships in the coming years to deliver ground-breaking clinical trials, made possible through real-world data analysis.

A Maturing Data Set

In six years, the NBCR has captured data from over 1,700 patients across 37 participating hospitals, becoming the principal source of longitudinal leukaemia and clinical pathway data for Australian and global researchers.

Since the inception of the NBCR Biobank, over 1,020 patients have opted to biobank over 24,451 blood and tissue samples. By leveraging data from the NBCR and linking to corresponding NBCR Biobank samples, clinicians and researchers have an incredible resource to identify treatment responses, develop better therapies and predict disease progression.

Recruiting sites and participant demographics to June 30, 2019, are described in the figures, inset.
Blood Cancer Forum Network

1. **Fight Cancer Foundation**
   
   Fight Cancer Foundation is a national charity dedicated to providing care, treatment and support for cancer patients and their families and funding vital research into cancer treatment and cures.
   
   Founded in 1989 as the Bone Marrow Donor Institute to establish Australia’s first bone marrow donor registry and find a cure for leukaemia, the organisation’s broader scope now provides support services for patients with blood and other cancers.
   
   The ALLG and Fight Cancer Foundation work in collaboration via the Blood Cancer Forum network, advocating on behalf of patients and their families and working to find answers and treatments to some of cancer’s most difficult questions.

2. **HSANZ**
   
   The Haematology Society of Australia and New Zealand (HSANZ) was created in 1998 after the amalgamation of the Haematology Society of Australia and the New Zealand Society for Haematology. With the aim of promoting, fostering and developing the discipline of haematology in all its aspects, HSANZ provides support and advocacy for research in haematology. They aim to inform their members of the most recent developments in haematology worldwide and to advance knowledge and inspire professional development for haematologists. HSANZ also provides education and opportunities to meet and promote scientific communication among haematologists, scientists, nurses, students and other interested parties.
   
   Over the last year, ALLG and HSANZ have collaborated on an increased number of submissions to key Australian government committees, such as TGA, PBAC and MSAC. In addition, we developed two joint submissions to New Zealand Government consultations. Another success from the last year was a joint survey that was delivered to members of both organisations across ANZ regarding high-cost medicines.
   
   At BLOOD 2018, there was an increase in ALLG members presenting at the conference. As an organisation dedicated to the professional advancement of haematologists, the HSANZ continues to support many opportunities, including scholarships and fellowships, to advance career development and national research objectives.

3. **Leukaemia Foundation**
   
   The Leukaemia Foundation helps patients and families dealing with leukaemia and other blood cancers. They provide critical support to the 100,000 Australians current living with a blood cancer, including accommodation for regional and rural families, transport services for patients to enable them to attend critical medical appointments, counselling services, comprehensive information, education and support programs and financial assistance.
   
   The Leukaemia Foundation is also committed to supporting and advocating for initiatives to improve health outcomes for blood cancer patients, including improved access to new drugs and treatments that may be more effective than those currently available.
   
   In 2019, the Leukaemia Foundation launched the “State of the Nation: Blood Cancer in Australia” report to provide evidence and ideas to support the goal of “Zero Lives Lost.”
to Blood Cancer by 2035”. The report was a first of its kind analysis, with the aim of identifying challenges and opportunities that influence survival and quality of life for people with blood cancer.

The ALLG and Leukaemia Foundation have continued our partnership to support member collaboration and clinical trial work to ensure better treatments for those with blood cancer. The Leukaemia Foundation supports various ALLG clinical trials and has provided funding to help initiate several international trials in Australia through its Trials Enabling Program. These trials – HD10, and NHL30 – will help Australian patients access promising new treatments that are currently only available overseas. The Leukaemia Foundation is also considering supporting ALLG to bring two HOVON AML trials to Australia in late 2019.

4. Lymphoma Australia

Since 2003, Lymphoma Australia has worked to support Australians touched by lymphoma, raise awareness of lymphoma, advocate for rapid access to new treatments and support research for a cure. Lymphoma Australia has many volunteers supporting the lymphoma community across Australia. They provide informative, easy to understand resources to patients and carers and funding for Lymphoma Care Nurses across Australia.

A critical component for the organisation is to address the Lymphoma knowledge gap at the community level and to advocate to key decision makers to prioritise Lymphoma as a significant health concern in our society based on current data.

Over the last few years, Lymphoma Australia has collaborated with the ALLG on projects involving Lymphoma clinical trials. The ALLG has also had the benefit of being involved with the Lymphoma Australia education days for patients and their supporters. This enables the ALLG to educate people on the importance of clinical trials and the process required for participation. Lymphoma Australia has also provided support to the ALLG with endorsements to assist with research funding and grant applications for Lymphoma research projects.

This year, the ALLG and Lymphoma Australia collaborated to develop and deliver a joint patient forum at the May 2019 Scientific Meeting. This was a great success and one that we plan to replicate at future meetings.

5. Myeloma Australia

Myeloma Australia is the only myeloma specific organisation in Australia supporting patients and carers living with myeloma. Myeloma Australia provides support and information to those living with Myeloma, an educational service to raise community awareness, and works to improve patient access to the latest treatments at affordable prices.

Myeloma Australia actively encourages and facilitates myeloma research in Australia through a Medical and Scientific Advisory group (MSAG). As the peak body for clinical issues relating to the treatment of myeloma, the group facilitates investigator collaboration through advocacy and establishing national clinical practice guidelines.

Through the Blood Cancer Forum network, the ALLG and Myeloma Australia have established shared, common views on better treatments for Myeloma patients. Together we will look at different ways to foster improvements for patients, carers and their families. In 2018, the ALLG presented at the Myeloma Australia Meeting for the first time and we look to collaborating on future events.

6. Snowdome

Snowdome’s mission is to accelerate access to next-generation treatments for Australian blood cancer patients. This is achieved by channelling private philanthropic investments into innovative translational research, clinical trials and personalised therapies. Snowdome has directed significant funding into the emerging fields of genomics and T-cell therapy, helping to establish the Christine and Bruce Wilson Centre for Lymphoma Genomics at the Peter MacCallum Cancer Centre, and Blood Cancer Research WA.

The ALLG and Snowdome collaborate to advance blood cancer research through clinical trials. This partnership will support the Australian arm of an important international clinical trial designed to measure the benefits of different treatment options for people with advanced follicular lymphoma. This clinical trial, NHL30 PETReA, is a clinical trial from the United Kingdom that is working to fill a critical knowledge gap by addressing one of the biggest unmet needs in follicular lymphoma research. Snowdome’s support is helping the ALLG to bring next-generation, improved treatments to Australian patients faster.
1. Cancer Australia

Established by the Australian Government in 2006, Cancer Australia benefits all Australians affected by cancer, including their families and carers. Cancer Australia aims to reduce the impact of cancer, address disparities and improve outcomes for people affected by cancer by leading and coordinating national, evidence-based interventions across the continuum of care. As the lead national cancer control agency, Cancer Australia focuses on ways to reduce the impact of cancer and improve people’s wellbeing by working collaboratively with a wide range of groups, key stakeholders and service providers with an interest in cancer control.

Since 2007, the ALLG has partnered with Cancer Australia through a national clinical trial infrastructure funding stream. Along with 13 other Australian cancer clinical trial groups, the ALLG has had the opportunity to develop more well designed clinical trials and help thousands of blood cancer patients.

Cancer Australia’s ongoing infrastructure support enables the ALLG to maintain the employment of adequate staff to continue our work for our membership and the blood cancer community. In 2018-19, the ALLG received a one-year funding extension with a new funding application successfully submitted in May 2018. Special thanks to Cancer Australia for supporting the ALLG over the next two years.

2. MRFF

The Medical Research Future Fund (MRFF) provides grants of financial assistance to support health and medical research and innovation, with the objective of improving the health and wellbeing of Australians. The MRFF provides a major injection in health and medical research funding.

In November 2017, the ALLG welcomed the release of the Select Committee report into Funding for Research into Cancers with Low Survival Rates, calling on the Federal Government to make research into low-survival cancers a national health priority. ALLG featured strongly in the report and were instrumental in a number of the 25 recommendations the committee presented to government. As a result, the Federal Government announced the release of an additional $78 million for research projects via the MRFF.

The ALLG continued its success in receiving funding for new clinical trials through the MRFF grant program in 2018-19. Three members secured competitive grants from the MRFF – Professor Judith Trotman (NHL30), Professor Maher Gandhi (NHL34) and Professor Andrew Wei (AML25). Overall, the ALLG submitted nine funding applications to the MRFF in FY19 and were successful in obtaining five grants for research.

We are excited that Clinical Trials will continue to be a top priority for MRFF during 2019-2020.

3. NHMRC

The National Health and Medical Research Council (NHMRC) is Australia’s leading expert body promoting the development and maintenance of public and individual health standards. NHMRC brings together within a single national organisation the functions of research funding and development of advice. One of its strengths is that it draws upon the resources of all components of the health system, including governments, medical practitioners, nurses and allied health professionals, researchers, teaching and research institutions, public and private program managers, service administrators, community health organisations, social health researchers and consumers.

Following on from the NHMRC’s release of new guidance documents relating to the conduct of clinical trials in Australia in 2017, the ALLG – in all its clinical trials – has continued to to ensure compliance with the NHMRC guidance in participant care and the reliability of a quality research program with an emphasis on data safety.
Consultations & Submissions 2018-19

The ALLG considers involvement in various government and advocacy consultations as a top priority to advance our Members’ views and to shape policy and decision-making. In this way, our clinician members are directly involved in the policy and decision-making that directly affect them in their work in caring for patients with blood cancers.

<table>
<thead>
<tr>
<th>Title</th>
<th>Organisation(s)</th>
<th>Date submitted</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical Research Future Fund</td>
<td>MRFF review</td>
<td>31/08/2018</td>
</tr>
<tr>
<td>Fundraising Submission: Current framework of fundraising regulation for charities and options for reform</td>
<td>Federal Government</td>
<td>6/08/2018</td>
</tr>
<tr>
<td>Letter and Survey Completion</td>
<td>ACTA AHRA</td>
<td>1/11/2018</td>
</tr>
<tr>
<td>Survey response: Update to the Guideline on the Regulation of Therapeutic Products – Part 11: Clinical trials</td>
<td>Medsafe New Zealand</td>
<td>10/08/2018</td>
</tr>
<tr>
<td>Australian Consensus Framework for Ethical Collaboration in the Healthcare Sector</td>
<td>Health Care Sector</td>
<td>22/01/2019</td>
</tr>
<tr>
<td>Proposed new standard for informed financial consent COSA</td>
<td>Cancer Council Australia, Breast Cancer Network Australia, CanTeen and Prostate Cancer Foundation of Australia</td>
<td>15/02/2019</td>
</tr>
<tr>
<td>Targeted Consultation Survey on MSAC Ig Referral 1565</td>
<td>Australian Government</td>
<td>5/02/2019</td>
</tr>
<tr>
<td>Clinical relevance letter for Blinatumomab in ALL</td>
<td>PBAC</td>
<td>13/02/2019</td>
</tr>
<tr>
<td>Feedback for planned reshaping on online services and material</td>
<td>Fair Work Ombudsman</td>
<td>4/03/2019</td>
</tr>
<tr>
<td>Implementability of Trial Results</td>
<td>ACTA</td>
<td>14/03/2019</td>
</tr>
<tr>
<td>Clinical Relevance letter for CAR T-cells ‘axicabtagene cilolleucel’ in DLBCL</td>
<td>Health Technology Assessment (HTA) Team Medical Services Advisory Committee (MSAC)</td>
<td>19/03/2019</td>
</tr>
<tr>
<td>Clinical Trials Framework</td>
<td>Australian Commission on Safety and Quality in Health Care</td>
<td>20/06/2019</td>
</tr>
<tr>
<td>Therapeutic Products Bill</td>
<td>Ministry of Health NZ</td>
<td>18/04/2019</td>
</tr>
<tr>
<td>Health Research Council</td>
<td>Ministry of Health NZ</td>
<td>18/04/2019</td>
</tr>
<tr>
<td>Clinical Relevance letter regarding IDH-2 testing in AML</td>
<td>PBAC</td>
<td>28/06/2019</td>
</tr>
</tbody>
</table>
Cancer and Clinical Trial Associations

1. COSA
The Clinical Oncology Society of Australia (COSA) is the peak national body representing health professionals from all disciplines whose work involves the care of cancer patients. COSA ensures all Australians receive quality multidisciplinary cancer care from supported and informed health professionals who work in a multidisciplinary manner. COSA supports the professional and educational needs of cancer health professionals and advocates on behalf of its members to improve cancer care and control within Australia.

The ALLG is a cooperative trial group member of COSA and have lead roles in the network including the Tele Trials Pilot Program.

2. ACTA
The Australian Clinical Trials Alliance (ACTA) is a national peak body supporting and representing the networks of clinician researchers that conduct investigator-initiated or “public-good” clinical trials within the Australian health system. Officially launched in 2012, ACTA membership includes 50 clinical trials networks, trial coordinating centres and clinical quality registries. These groups cover a broad range of disease groups and clinical disciplines and represent a large proportion of the public-good clinical research conducted in Australia each year. By developing, implementing and supporting a national framework, ACTA will be able to expand the capacity, capability, efficiency and effectiveness of Clinical Trials Networks (CTNs) in Australia. Through the coordination of a strategic program of work, ACTA will facilitate the development of a dynamic and responsive roadmap for the future that builds on the sector’s significant strengths and expertise.

Released in August 2017, by the Australian Commission on Safety and Quality in Health Care and the Australian Clinical Trials Alliance (ACTA), the welcomed report analysed 25 Australian clinical trials initiated by clinicians. One of the most significant findings was the 5.8:1 benefit-to-cost ratio of clinical trials - meaning that for each $1 invested in clinician-driven clinical trials in Australia, benefits of $5.80 can be realised.

Acting as the national alliance partner, ACTA has helped to strengthen sector capability, maximise collaboration, embed clinical trial best practice, and offer professional support, including the ability to foster leadership and a knowledge exchange across disciplines and health service sites. Through our membership with ACTA, the ALLG has benefited from this scheme through the identification of network priorities and the implementation of a national capability-building framework. ACTA has also supported cross-sector collaboration to advance novel methodologies and technologies that support the conduct of well designed, high impact investigator-initiated clinical trials.
Clinical Trial & Research Support

The ALLG receives no ongoing funding for our work and relies on support from a broad range of partners and organisations to conduct our important clinical trial research. Over the last year, we submitted nine funding applications for our member trials, and were successful in obtaining five grants for research. Our sincerest thanks go out to all those who have supported ALLG during the year to help us continue our mission to achieve better treatments and better lives for blood cancer patients.

1. Barr Family Foundation

In 2011, the Barr Family Foundation kindly committed to funding ALL06, a clinical trial investigating the treatment of Victorian Teenagers with Acute Lymphoblastic Leukaemia (ALL). In 2018, the ALL06 clinical trial closed to recruitment, after recruiting 86 patients for the study. The ALL06 trial has since shown promising results when using the treatment protocol for children and moving it to an adolescent and young adult cohort (AYA). The results show that the paediatric-inspired treatment protocol is equally deliverable in the adolescent and young adult population as it is for children with this type of leukaemia. These findings will help achieve better treatments and better lives for these young patients.

An ALL06 study poster outlining the interim trial findings was accepted for publication at the 2019 European Hematology Association (EHA) Conference. Dr Matthew Greenwood has also been selected to present these results at Australia’s premier haematology conference, ‘BLOOD2019’ in October. The ALL06 trial has been significant in establishing leukaemia research and we want to thank the Barr Family Foundation for their generous support of this trial and the ALLG.

2. CanTeen

CanTeen is a national support organisation for young people (aged 12-25) living with cancer. This includes not only all cancer patients, but also their brothers and sisters, as well as young people with parents or primary carers with cancer. Young cancer patients created the organisation in 1985, and young people living with cancer continue to guide its policies. Operating in both Australia and New Zealand, CanTeen offers leading edge research into the emotional and social impacts of cancer, and to truly understand how cancer is different in a young person’s world.

The ALLG has partnered with CanTeen to run a new clinical trial to improve the treatment of young Australians with Acute Lymphoblastic Leukaemia (ALL). Supported by the Medical Research Future Fund (MRFF), via CanTeen, the ALLG aims to open the ALL9 trial in 2019. The trial builds on the interim results of the ALL6 trial and aims to improve patient outcomes in Adolescents and Young Adults with ALL by incorporating a novel immune-based therapy into the current standard treatment schedule. The immune therapy drug specifically targets the cells in immune response and had good success in other cancer trials.

The new clinical trial is one of the first trials in the world incorporating this level of treatment for young Australians suffering leukaemia and will lead to a better understanding of how to successfully incorporate immune-based therapy into standard treatment protocols international for adolescents and young people.

3. William Angliss Charitable Fund

The William Angliss Charitable Fund, located in Victoria, provides grants for services within the health and welfare sectors. For the second year, the ALLG has been successful in applying for a small equipment grant from the Foundation. These grants have enabled us to fund critical trial and non-trial related equipment to allow us to deliver our research.

This year, the William Angliss Charitable Fund provided funding for essential computer equipment. This has enabled the ALLG team to conduct remote site initiation visits with hospitals to provide more Australians living with blood cancer greater access to ALLG clinical trials.

Sir William Angliss was one Australia’s most prominent early businessmen, and made a significant contribution to politics, education and the economy. Upon his passing in 1957, he established two Charitable Funds in his name.

Matthew Greenwood, Ashlee Burt, Amanda Jager
Scholarship Awards

2018 Scholarship Recipient
Lorraine King
Acting Manager, Haematology Clinical Research Unit, St George Hospital, Kogarah, NSW

Past Recipients
2017 Michele Gambrill
2016 Admir Huseuncehajic
2015 Andy Phay

Anne Lenton Memorial Scholarship
The Anne Lenton Memorial Scholarship is an annual award established by the Lenton Family to honour Anne Lenton in recognition of her commitment to the ideal that all professional people should aim for the highest possible academic and research achievements.

In 2018, the Anne Lenton Award was presented to Lorraine King at St George Hospital NSW for her project, entitled “Point of Care Use of Mobile Device in Clinical Trial Conduct”.

This project aimed to enhance trial coordinator and patient interactions by minimising administration and travel time between departments through use of point of care technology.

Thank you to all the applicants for the 2019 ALLG Anne Lenton Memorial Scholarship. We received several expressions of interest, and the announcements will be made at the November 2019 ALLG Scientific Meeting.

The 2020 ALLG Scholarships & Awards program will be launched early in 2020.

Janey Stone Perpetual Award
The Janey Stone Perpetual Award is annually awarded to honour Janey Stone for her strong and tireless promotion of professional development for site personnel.

In 2018, the Janey Stone Perpetual Award was presented to the team at Sir Charles Gairdner Hospital in WA – Louise Hay and Aparna Chauhan. The team worked on a “Site Development Project” at the Haematology Trials Unit at Sir Charles Gairdner Hospital, with the objective of bringing consistency across all site files and developing guidelines for the future.

Thank you to all the applicants for the 2019 ALLG Janey Stone Perpetual Award. We received several expressions of interest, and the announcements will be made at the November 2019 ALLG Scientific Meeting.

The 2020 ALLG Scholarships & Awards program will be launched early in 2020.

2018 Scholarship Recipient
Louise Hay & Aparna Chauhan
Haematology Trials Unit, Sir Charles Gairdner Hospital, Perth, WA

Past Recipients
2017 Aparna Chauhan
2016 Sonja Gauci
2015 Angela Neville
2014 Naomi Sprigg

DISEASE GROUP REPORTS

Delaine Smith, Aparna Chauhan, Louise Hay
Industry Support

Thank you for your ongoing support and contribution. We gratefully acknowledge your sponsorship and look forward to working with you over the coming year.
ALLG Focuses on Diversity

The ALLG seeks to ensure broad diversity across the organisation. In recognising the need for gender balance across all ALLG activities, the ALLG conducted an initial organisational review of gender balance in 2017. This review highlighted that the ALLG has a strong female membership and good participation in the scientific committees. Several gaps were identified in what would be considered routine co-investigator or co-chair arrangements and historically low engagement at SAC level with an average of 7% of SAC membership being female over the prior five years.

During the 2018-19 financial year, the ALLG has continued work to increase the gender balance across all aspects of the ALLG’s business. To do this, the ALLG released a report that aimed to establish a baseline to assess its future performance and progress toward gender balance. Commitment to monitoring metrics is key part of the ALLG quality framework.

Report on Gender Diversity

The ALLG’s report on gender diversity was delivered in 2019. Firstly, a review was conducted of all committees and activities to assess current and recent gender balance. It was found that the clear majority of ALLG activities were imbalanced, with male representation dominating the groups committee representation.

In response to this finding the following was initiated:

- Regular formal discussion at both SAC and Board level
- Active encouragement of female members to volunteer for positions on the Scientific Advisory Committee
- Encouragement by the Chair of the SAC for women to join working parties
- Assignment of a co-Principal investigator to every trial, to encourage diversity and attention to promotion of gender balance to the lead investigator roles
- Focus to ensure any newly formed committee, working group or steering committee is diverse and gender balanced
- Encouragement of existing female and male PIs to mentor
- Direction for the ALLG biannual scientific meeting facilitator panels and session leadership to be diverse and gender balanced
- Guest speakers to the ALLG are approached on a gender balanced cycle.

The ALLG will monitor closely the uptake and nomination process for gender balance to help achieve and sustain optimal gender inclusion in group activities.

In addition to gender balance, the ALLG is committed to addressing all diversity, particularly representation of New Zealand members at committee level. Inclusion of NZ and all Australian states and territories in working parties and clinical trials will be prioritised in future plans. Through fostering and mentoring of junior trialists, the ALLG seeks to close the gaps between senior and junior engagement in clinical trials. Rural and regional matters are an immediate priority, and the ALLG will seek to formalise a way in which rural and regional representation is balanced with metropolitan representation at a trial participation level.
Table 1: ALLG Membership data (27 May 2019):

<table>
<thead>
<tr>
<th>ALLG</th>
<th>Numbers Female/Male</th>
<th>Percentage Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>Membership total</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Full Members (medical) total 414</td>
<td>146/268</td>
<td>35%</td>
</tr>
<tr>
<td>Associate Members</td>
<td>349/42</td>
<td>89%</td>
</tr>
<tr>
<td>Community Members</td>
<td>20/19</td>
<td>51%</td>
</tr>
<tr>
<td>Life Members</td>
<td>2/5</td>
<td>28%</td>
</tr>
</tbody>
</table>

Committees of ALLG Governance

<table>
<thead>
<tr>
<th>Board</th>
<th>3/5</th>
<th>33%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scientific Advisory Committee</td>
<td>3/7</td>
<td>30%</td>
</tr>
<tr>
<td>Finance and Audit Committee</td>
<td>0/5</td>
<td>0%</td>
</tr>
<tr>
<td>Marketing Committee*</td>
<td>3/0</td>
<td>100%</td>
</tr>
<tr>
<td>Philanthropy Fundraising Committee*</td>
<td>3/0</td>
<td>100%</td>
</tr>
</tbody>
</table>

SAC Standing Committees

| Safety and Data Monitoring Committee* | 3/7  | 30%  |
| Member Relations Working Group*      | 4/4  | 50%  |
| Registry Operations Committee*       | 4/3  | 57%  |

SAC Scientific Committees

| Acute Leukaemia Working Party | 6/25 | 19% |
| Transplantation ad CT Working Party | 7/20 | 26% |
| HG NHL & HL Working Party     | 12/19 | 39% |
| CML/MPN & Working Party       | 7/18  | 28% |
| Laboratory Science Working Party | 12/26 | 31% |
| LG NHL & CLL Working Party    | 13/16 | 45% |
| Myeloma Working Party         | 8/15  | 35% |
| Supportive Care Working Party | 11/7  | 61% |

ALLG Employed Staff

| ALLG management           | 3/0  | 100% |
| ALLG business and operations staff | 18/1 | 99%  |

* Includes ALLG staff.
Financial Report
# Statement of Profit or Loss and Other Comprehensive Income

For the year ended 30 June 2019

<table>
<thead>
<tr>
<th>Note</th>
<th>2019 $</th>
<th>2018 $</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Revenue and other income</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Revenue</td>
<td>2(a)</td>
<td>4,376,684</td>
</tr>
<tr>
<td>Other Income</td>
<td>2(b)</td>
<td>149,248</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td><strong>4,525,932</strong></td>
</tr>
<tr>
<td><strong>Expenses</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trial Expenses</td>
<td>2(c)</td>
<td>2,963,453</td>
</tr>
<tr>
<td>Meeting expenses</td>
<td></td>
<td>274,673</td>
</tr>
<tr>
<td>Operational expenses</td>
<td>2(d)</td>
<td>980,929</td>
</tr>
<tr>
<td>Other Expenses</td>
<td>2(e)</td>
<td>250,652</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td><strong>4,469,707</strong></td>
</tr>
<tr>
<td><strong>Surplus/(Deficit) for the financial year</strong></td>
<td></td>
<td>56,225</td>
</tr>
<tr>
<td><strong>Other comprehensive income</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Debt Securities Fair-valued through OCI:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Current year gains/(losses)</td>
<td></td>
<td>40,719</td>
</tr>
<tr>
<td>Reclassification to profit or loss</td>
<td></td>
<td>-</td>
</tr>
<tr>
<td><strong>Total other comprehensive income for the financial year</strong></td>
<td></td>
<td>40,719</td>
</tr>
</tbody>
</table>

The accompanying notes form part of these financial statements.
## Statement of Financial Position

**As at 30 June 2019**

<table>
<thead>
<tr>
<th></th>
<th>2019</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Current Assets</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash and cash equivalents</td>
<td>1,631,299</td>
<td>1,920,417</td>
</tr>
<tr>
<td>Trade and other receivables</td>
<td>737,402</td>
<td>275,184</td>
</tr>
<tr>
<td>Work-in-progress</td>
<td>356,230</td>
<td>229,025</td>
</tr>
<tr>
<td>Other current assets</td>
<td>105,956</td>
<td>40,883</td>
</tr>
<tr>
<td><strong>Total Current Assets</strong></td>
<td>2,830,887</td>
<td>2,465,509</td>
</tr>
<tr>
<td><strong>Non-Current Assets</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Property, plant and equipment</td>
<td>191,726</td>
<td>204,531</td>
</tr>
<tr>
<td>Debt Securities Fair-valued through OCI</td>
<td>1,512,737</td>
<td>1,472,017</td>
</tr>
<tr>
<td>Trade and other receivables</td>
<td>80,552</td>
<td>78,396</td>
</tr>
<tr>
<td><strong>Total Non-Current Assets</strong></td>
<td>1,785,015</td>
<td>1,754,944</td>
</tr>
<tr>
<td><strong>Total Assets</strong></td>
<td>4,615,902</td>
<td>4,220,453</td>
</tr>
<tr>
<td><strong>Current Liabilities</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trade and other payables</td>
<td>884,041</td>
<td>931,048</td>
</tr>
<tr>
<td>Provisions</td>
<td>290,572</td>
<td>323,780</td>
</tr>
<tr>
<td>Other current liabilities</td>
<td>1,784,966</td>
<td>1,406,866</td>
</tr>
<tr>
<td><strong>Total Current Liabilities</strong></td>
<td>2,959,579</td>
<td>2,661,694</td>
</tr>
<tr>
<td><strong>Non-Current Liabilities</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Provisions</td>
<td>74,368</td>
<td>78,167</td>
</tr>
<tr>
<td>Other non-current liabilities</td>
<td>765,107</td>
<td>760,688</td>
</tr>
<tr>
<td><strong>Total Non-Current Liabilities</strong></td>
<td>839,475</td>
<td>838,855</td>
</tr>
<tr>
<td><strong>Total Liabilities</strong></td>
<td>3,799,054</td>
<td>3,500,549</td>
</tr>
<tr>
<td><strong>Net Assets</strong></td>
<td>816,848</td>
<td>719,904</td>
</tr>
<tr>
<td><strong>Equity</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Retained surplus</td>
<td>775,071</td>
<td>718,846</td>
</tr>
<tr>
<td>Reserve</td>
<td>41,777</td>
<td>1,058</td>
</tr>
<tr>
<td><strong>Total Equity</strong></td>
<td>816,848</td>
<td>719,904</td>
</tr>
</tbody>
</table>
## Statement of Changes in Equity

For the year ended 30 June 2019

<table>
<thead>
<tr>
<th>Note</th>
<th>Retained Surplus $</th>
<th>Revaluation Reserve $</th>
<th>Total $</th>
</tr>
</thead>
<tbody>
<tr>
<td>Balance at 30 June 2017</td>
<td>834,834</td>
<td>24,506</td>
<td>859,340</td>
</tr>
<tr>
<td>Deficit for the year to 30 June 2018</td>
<td>(115,988)</td>
<td></td>
<td>(115,988)</td>
</tr>
<tr>
<td>Other comprehensive income</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Current year gains/(losses)</td>
<td>–</td>
<td>(21,140)</td>
<td>(21,140)</td>
</tr>
<tr>
<td>Reclassification to profit or loss</td>
<td>–</td>
<td>(2,308)</td>
<td>(2,308)</td>
</tr>
<tr>
<td>Total comprehensive loss for the year</td>
<td>(115,988)</td>
<td>(23,448)</td>
<td>(139,436)</td>
</tr>
<tr>
<td>Balance at 30 June 2018</td>
<td>718,846</td>
<td>1,058</td>
<td>719,904</td>
</tr>
<tr>
<td>Surplus for the year to 30 June 2019</td>
<td>56,225</td>
<td></td>
<td>56,226</td>
</tr>
<tr>
<td>Other comprehensive income</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Current year gains</td>
<td></td>
<td>40,719</td>
<td>40,719</td>
</tr>
<tr>
<td>Reclassification to profit or loss</td>
<td></td>
<td></td>
<td>–</td>
</tr>
<tr>
<td>Total comprehensive gain for the year</td>
<td>56,225</td>
<td>40,719</td>
<td>96,946</td>
</tr>
<tr>
<td>Balance at 30 June 2019</td>
<td>775,071</td>
<td>41,777</td>
<td>816,848</td>
</tr>
</tbody>
</table>

The accompanying notes form part of these financial statements.
## Statement of Cash Flows
For the year ended 30 June 2019

<table>
<thead>
<tr>
<th>Note</th>
<th>Cash Flows From Operating Activities</th>
<th>2019 $</th>
<th>2018 $</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Receipts from customers</td>
<td>4,753,900</td>
<td>4,128,909</td>
</tr>
<tr>
<td></td>
<td>Payments to suppliers and employees</td>
<td>(5,144,873)</td>
<td>(5,033,901)</td>
</tr>
<tr>
<td></td>
<td>Interest received</td>
<td>127,938</td>
<td>131,725</td>
</tr>
<tr>
<td></td>
<td>Net cash provided by/(used in) operating activities</td>
<td>15</td>
<td>(263,035)</td>
</tr>
<tr>
<td></td>
<td>Cash Flows From Investing Activities</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Payment for furniture and fittings</td>
<td>(26,083)</td>
<td>(63,878)</td>
</tr>
<tr>
<td></td>
<td>Investment in available-for-sale financial assets</td>
<td>-</td>
<td>(129,906)</td>
</tr>
<tr>
<td></td>
<td>Proceeds from sale of available-for-sale financial assets</td>
<td>-</td>
<td>129,000</td>
</tr>
<tr>
<td></td>
<td>Net cash used in investing activities</td>
<td>(26,083)</td>
<td>(64,784)</td>
</tr>
<tr>
<td></td>
<td>Net decrease in cash held</td>
<td>(289,118)</td>
<td>(838,051)</td>
</tr>
<tr>
<td></td>
<td>Cash at beginning of financial year</td>
<td>1,920,417</td>
<td>2,758,468</td>
</tr>
<tr>
<td></td>
<td>Cash at end of financial year</td>
<td>1,631,299</td>
<td>1,920,417</td>
</tr>
</tbody>
</table>

The accompanying notes form part of these financial statements.
Notes to the financial statements
For the year ended 30 June 2019

Note 1: Summary of Significant Accounting Policies

The material accounting policies that have been adopted in the preparation of these statements are presented below. Unless otherwise stated, the accounting policies adopted are consistent with those of the previous year.

Corporate Information

Australasian Leukaemia & Lymphoma Group Limited is a no-for-profit Company limited by guarantee, incorporated and domiciled in Australia. The entity’s functional and presentation currency is Australian dollars (A$).

The registered office and principal place of business is: Ground Floor, 35 Elizabeth Street Richmond, VIC 3121

Financial Reporting Framework

The Company is not a reporting entity because in the opinion of the directors there are unlikely to exist users of the financial statements who are unable to command the preparation of reports tailored so as to satisfy specifically all of their information needs. Accordingly, this special purpose financial report has been prepared to satisfy the directors’ financial reporting requirements under the Australian Charities and Not-for-profits Commission Act 2012. The financial statements were authorised for issue on 4 October 2019 by the directors of the Company.

Basis of Preparation

These are special purpose financial statements that have been prepared for the sole purpose of complying with the Australian Charities and Not-for-profits Commission Act 2012 requirements to prepare and distribute financial statements to the members and must not be used for any other purpose. The directors have determined that the accounting policies adopted are appropriate to meet the needs of the members.

The financial statements have been prepared in accordance with AASB 101 Presentation of Financial Statements, AASB 107 Cash Flow Statements, AASB 108 Accounting Policies, Changes in Accounting Estimates and Errors, AASB 1048 Interpretation and Application of Standards and AASB 1054 Australian Additional Disclosures which apply to all entities required to prepare financial statements under the Australian Charities and Not-for-profits Commission Act 2012.

The financial statements have been prepared on an accruals basis and are based on historical costs unless otherwise stated in the notes.

Statement of profit or loss and other comprehensive income presentation

The presentation of expenses within the statement of profit or loss reflects the function of the expenses incurred rather than the nature to which the incurred expenses relate. This presentation has been undertaken on the basis that it will provide more relevant and reliable information to users of the financial statements.

New and amended standards adopted by the Company

In the current year, the Company has adopted all of the new and revised Standards issues by the Australian Accounting Standards Board that are relevant to its operations and effective for the current reporting period.

AASB 9 Financial Instruments

AASB 9 Financial Instruments replaces AASB 139 Financial Instruments: Recognition and Measurement. It makes major changes to the previous guidance on the classification and measurement of financial assets and introduces an ‘expected credit loss’ model for impairment of financial assets. When adopting AASB 9, no changes have been applied to the current treatment of financial instruments as they are debt securities. Refer to further information in ‘Note o’.

Accounting Policies

a. Cash and cash equivalents

Cash and cash equivalents comprise cash on hand and on demand deposits, and other short term highly liquid investments that are readily convertible to a known amount of cash and are subject to an insignificant risk of changes in value.
b. Trade and other receivables
Trade receivables are recognised initially at fair value and subsequently measured at amortised cost, less allowance for expected credit losses on trade receivables. The amount of expected credit losses is updated at each reporting date to reflect changes in credit risk since initial recognition of the respective financial instrument. Trade receivables are generally due for settlement no more than 30 days from the date of recognition.

c. Work-in-progress
Work in progress represents costs incurred and profit recognised on projects that are in progress and have not been invoiced at reporting date. Work in progress is valued at net realisable value after providing for foreseeable losses.

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

The carrying amount of each property, plant and class is reviewed annually by the directors for indications of impairment. This is done by ensuring that the carrying amount is not in excess of the recoverable amount from those assets. The recoverable amount is assessed on the basis of the remaining service potential to the company and is measured using the depreciated replacement cost method. If any such indications exist, an impairment test is carried out, and any impairment losses on the assets recognised.

Depreciation
The depreciable amount of all fixed assets is depreciated on a straight-line basis over the asset’s useful life to the Company commencing from the time the asset is held ready for use.

The depreciation rates used for each class of depreciable assets are:

<table>
<thead>
<tr>
<th>Class of Fixed Asset</th>
<th>Depreciation Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Office Equipment</td>
<td>20-25%</td>
</tr>
<tr>
<td>Furniture and Fittings</td>
<td>10%</td>
</tr>
<tr>
<td>Biobanking Equipment</td>
<td>10%</td>
</tr>
</tbody>
</table>

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

Gains and losses on disposals are determined by comparing proceeds with the carrying amount. These gains or losses are recognised immediately in profit or loss.

e. Impairment of non-financial assets
At each reporting date, the Company reviews the carrying values of its assets to determine whether there is any indication that those assets have been impaired. If such an indication exists, the recoverable amount of the asset, being the higher of the asset’s fair value less costs to sell and value in use, is compared to the asset’s carrying value. Any excess of the asset’s carrying value over its recoverable amount is expensed to profit or loss, unless the relevant asset is carried at a revalued amount, in which case the impairment loss is treated as a revaluation decrease to the extent that the revaluation reserve relates to that asset. In assessing value in use, the estimated future cash flows are discounted to their present value using a suitable discount rate that reflects current market assessments of the time value of money and the risks specific to the asset for which the estimates of future cash flows have not been adjusted.

f. Trade and other payables
Trade payables and other accounts payable are recognised when the Company becomes obliged to make future payments resulting from the purchase of goods or services.
Notes to the financial statements
For the year ended 30 June 2019

g. Provisions
Provisions are recognised when the Company has a present obligation (legal or constructive) as a result of a past event, if it is probable that an outflow of resources embodying economic benefits will be required to settle the obligation and a reliable estimate can be made of the amount of the obligation. When it is probable that total contract costs will exceed total contract revenue, a provision is recognised immediately. Provisions are not recognised for general future operating losses. Non-current provisions are determined by discounting the expected future cash flows that reflects current market assessments of the time value of money, and where appropriate, the risks specific to the liability.

h. Employee Benefits
Provision is made for the Company’s liability for employee benefits arising from services rendered by employees to the end of the reporting period. Employee benefits that are expected to be settled within one year have been measured at the amounts expected to be paid when the liability is settled, plus related on-costs. Employee benefits payable later than one year have been measured at the present value of the estimated future cash outflows to be made for those benefits. These cash flows are discounted using market yields on high quality corporate bonds with terms to maturity that match the expected timing of cash flows.

i. Revenue recognition
Revenue is measured at the fair value of the consideration received or receivable in relation to that activity.

Trial income:
When the outcome of a contract can be assessed reliably, contract revenue and associated costs are recognised by reference to the stage of completion of the contract activity at the reporting date.

When the Company cannot measure the outcome of a contract reliably, revenue is recognised only to the extent of contract costs that have been incurred and are recoverable. Contract costs are recognised in the period in which they are incurred. When contract costs have yet to be incurred for income already received, the income is shown in the Statement of Financial Position as a liability.

When it is probable that total contract costs will exceed total contract revenue, the expected loss is recognised immediately in profit or loss.

A contract’s stage of completion is determined by comparing costs incurred to date with the total estimated costs.

Grants income:
Grants received subject to conditions that specified services are delivered are considered reciprocal and revenue recognised when the services have been performed. Grant monies received for services not yet performed are shown in the Statement of Financial Position as a liability. Donations and grants received which are not subject to any conditions are recognised when received and/or when control is obtained over the assets.

Other income:
Interest revenue and other revenue is recognised on a receivable basis.

Amounts disclosed as revenue are net of duties and taxes paid. All revenue is stated net of the amount of goods and service tax (GST).

j. Goods & services tax (GST)
Revenues, expenses and assets are recognised net of the amount of GST, except where the amount of GST incurred is not recoverable from the Australian Taxation Office. In these circumstances, the GST is recognised as part of the cost of acquisition of the asset or as part of an item of expense. Receivables and payables in the statement of financial position are shown inclusive of GST. Cash flows are included in the statement of cash flows on a gross basis. The GST component of cash flows arising from investing and financing activities which is recoverable from, or payable to, the taxation authority is classified as operating cash flows.
Notes to the financial statements  
For the year ended 30 June 2019

k.  Income Tax

No provision has been made for taxation in the financial statements as the Company is exempt from income tax under Division 50 of the Australian Income Tax Assessment Act 1997.

l.  Comparative figures

When required by Accounting Standards, comparative figures have been adjusted to confirm the changes in presentation for the current financial year.

m.  Critical Accounting Estimates and Judgments

The preparation of financial statements requires the directors of the Company to make judgments, estimates and assumptions that affect the application of accounting policies and the reported amounts of assets, liabilities, income and expenses. Actual results may differ from these estimates.

n.  Clinical study support

While there is no present obligation under the existing clinical trial agreements, the directors are committed to providing ongoing funding to these trials in accordance with their original budgets.

o.  Debt Securities Fair-valued through OCI

Debt Securities fair-valued through OCI financial assets are non-derivative financial assets that are either designated to this category or do not qualify for inclusion in any of the other categories of financial assets. The Company’s Debt Securities fair-valued through financial assets include listed securities.

All Debt Securities financial assets are measured at fair value. Gains and losses are recognised in other comprehensive income and reported within the revaluation reserve within equity, except for impairment losses, which are recognised in profit or loss. When the asset is disposed of or is determined to be impaired the cumulative gain or loss recognised in other comprehensive income is reclassified from the equity reserve to profit or loss and presented as a reclassification adjustment within other comprehensive income. Interest and dividends are recognised in profit or loss within ‘revenue’.

For Debt Securities equity investments impairment reversals are not recognised in profit or loss and any subsequent increase in fair value is recognised in other comprehensive income.

p.  Accounting standards issued but not yet effective and not been adopted early by the Company

At the date of authorization of the financial statements, Australian Accounting Standards/Accounting Interpretations have been issued or amended and are applicable to the Company but are not yet effective and have not been adopted in preparation of the financial statements. Management anticipate that all such pronouncements will be adopted in the Company’s financial statements for the first period beginning after the effective date of pronouncement.

(i) AASB 15 Revenue from Contracts with Customers, effective for annual reporting periods beginning on or after 1 January 2019. AASB 15 replaces AASB 118 Revenue, AASB 111 Construction Contacts and some revenue-related Interpretations by establishing a new revenue recognition model, changing the basis for deciding whether revenue is to be recognised over time or at a point in time, providing new and more detailed guidance on specific topics (e.g. multiple element arrangements, variable pricing, rights of return, warranties and licensing), and expanding and improving disclosures about revenue. The Company is yet to undertake a detailed assessment of the impact of AASB 15. However, based on the Company’s preliminary assessment, the Standard is not expected to have a material impact on the transactions and balances recognised in the financial statements when it is first adopted for the year ending 30 June 2020;
Notes to the financial statements
For the year ended 30 June 2019

(ii) AASB 1058 Income of Not-for-Profits Entities, effective for annual reporting periods beginning on or after 1 January 2019. AASB 1058 clarifies and simplifies the income recognition requirements that apply to NFP entities, in conjunction with AASB 15 Revenue from Contracts with Customers. These Standards supersede all the income recognition requirements relating to private sector NFP entities, and the majority of income recognition requirements relating to public sector NFP entities, previously in AASB 1004 Contributions.

Under AASB 1058, the timing of income recognition depends on whether a NFP transaction gives rise to a liability or other performance obligation (a promise to transfer a good or service), or a contribution by owners, related to an asset (such as cash or another asset) received by an entity.

This standard applies when a NFP entity enters into transactions where the consideration to acquire an asset is significantly less than the fair value of the asset principally to enable the entity to further its objectives. In the latter case, the entity will recognize and measure the asset at fair value in accordance with the applicable Australian Accounting Standard.

Upon initial recognition of the asset, AASB 1058 requires the entity to consider whether any other financial statement elements (called ‘related amounts’) should be recognised, such as contributions by owners, revenue or a contract liability with a customer, a lease liability, a financial instrument or a provision. These related amounts will be accounted for in accordance with the applicable Australian Accounting Standard.

The Company is yet to undertake a detailed assessment of the impact of AASB 1058. However, based on the Company’s preliminary assessment, the Standard is not expected to have a material impact on the transactions and balances recognised in the financial statements when it is first adopted for the year ending 30 June 2020; and

(iii) Effective 1 July 2019 the Company will adopt AASB 16 Leases, replacing AASB 117 Leases. The adoption of this new Standard in the 2020 financial year will result in the Company recognising a right-of-use asset and related lease liability in connection with its sole operating lease. The new standard will be applied using the modified retrospective approach. At initial application the Company elected to retrospectively measure the right-of-use asset. The cumulative effect of adopting AASB 16 will be recognised in equity as an adjustment. Prior periods will not be restated.

On July 1 the company will recognise a right-of-use asset of $306,706, a lease liability of $574,167 and cease to recognise the previous lease incentive liability of $215,193. This will result in an adjustment (reduction) to equity of $52,268.
Notes to the financial statements
For the year ended 30 June 2019

Note 2: Surplus for the Financial Year

<table>
<thead>
<tr>
<th></th>
<th>2019</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>a. Revenue and Other Income</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trial income</td>
<td>$3,226,036</td>
<td>$3,049,216</td>
</tr>
<tr>
<td>Grant income</td>
<td>$581,437</td>
<td>$527,275</td>
</tr>
<tr>
<td>Meeting income</td>
<td>$506,010</td>
<td>$475,100</td>
</tr>
<tr>
<td>Donations – non-trial-specific</td>
<td>$63,201</td>
<td>$40,928</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>$4,376,684</td>
<td>$4,092,519</td>
</tr>
<tr>
<td><strong>b. Other Income</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Interest from financial institutions</td>
<td>$120,911</td>
<td>$141,475</td>
</tr>
<tr>
<td>Membership subscriptions</td>
<td>$27,356</td>
<td>$24,528</td>
</tr>
<tr>
<td>Gain/(Loss) on sale of investment</td>
<td>-</td>
<td>$(402)</td>
</tr>
<tr>
<td>Other</td>
<td>$981</td>
<td>$609</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>$149,248</td>
<td>$166,210</td>
</tr>
<tr>
<td><strong>c. Trial Expenses</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employee benefits</td>
<td>$1,026,072</td>
<td>$1,064,014</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>$1,026,072</td>
<td>$1,064,014</td>
</tr>
<tr>
<td><strong>d. Operational Expenses</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employee benefits</td>
<td>$666,159</td>
<td>$635,171</td>
</tr>
<tr>
<td>Audit services</td>
<td>$25,000</td>
<td>$24,200</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>$691,159</td>
<td>$659,371</td>
</tr>
<tr>
<td><strong>e. Other Expenses</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Depreciation</td>
<td>$38,886</td>
<td>$28,793</td>
</tr>
</tbody>
</table>

Note 3: Members Guarantee

The Company is limited by guarantee. If the company is wound up, the Constitution states that each full member is required to contribute a maximum of $100 (2018: $100) each towards meeting any outstanding obligations of the Company. At 30 June 2019 the number of full members was 425 (2018: 414).
### Notes to the financial statements
For the year ended 30 June 2019

<table>
<thead>
<tr>
<th>Note 4: Cash and Cash Equivalents</th>
<th>2019</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash at bank</td>
<td>631,299</td>
<td>670,417</td>
</tr>
<tr>
<td>Term deposits</td>
<td>1,000,000</td>
<td>1,250,000</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>1,631,299</strong></td>
<td><strong>1,920,417</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Note 5: Debt Securities Fair-Valued through OCI</th>
<th>2019</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Investment in listed securities</td>
<td>1,512,737</td>
<td>1,472,017</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>1,512,737</strong></td>
<td><strong>1,472,017</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Note 6: Trade and other Receivables</th>
<th>2019</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CURRENT</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trade receivables</td>
<td>702,113</td>
<td>208,343</td>
</tr>
<tr>
<td>Interest receivable</td>
<td>34,790</td>
<td>43,974</td>
</tr>
<tr>
<td>Sundry debtors</td>
<td>499</td>
<td>166</td>
</tr>
<tr>
<td>GST Receivable</td>
<td>-</td>
<td>22,701</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>737,402</td>
<td>275,184</td>
</tr>
<tr>
<td><strong>NON-CURRENT</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trade and other receivable</td>
<td>80,552</td>
<td>78,396</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>80,552</strong></td>
<td><strong>78,396</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Note 7: Work in Progress</th>
<th>2019</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Work-in-progress</td>
<td>356,230</td>
<td>229,025</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>356,230</strong></td>
<td><strong>229,025</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Note 8: Other Current Assets</th>
<th>2019</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prepayments</td>
<td>105,956</td>
<td>40,883</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>105,956</strong></td>
<td><strong>40,883</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Note 9: Property, Plant and Equipment</th>
<th>2019</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Office Equipment</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Office equipment at cost</td>
<td>147,620</td>
<td>122,834</td>
</tr>
<tr>
<td>Less accumulated depreciation</td>
<td>(69,334)</td>
<td>(48,886)</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>78,286</td>
<td>73,948</td>
</tr>
</tbody>
</table>
Notes to the financial statements
For the year ended 30 June 2019

<table>
<thead>
<tr>
<th></th>
<th>2019 $</th>
<th>2018 $</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Furniture and Fittings</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Furniture and Fittings at cost</td>
<td>103,386</td>
<td>102,090</td>
</tr>
<tr>
<td>Less accumulated depreciation</td>
<td>(48,727)</td>
<td>(38,489)</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>54,659</td>
<td>63,601</td>
</tr>
<tr>
<td><strong>Biobanking Equipment</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Furniture and Fittings at cost</td>
<td>82,016</td>
<td>82,016</td>
</tr>
<tr>
<td>Less accumulated depreciation</td>
<td>(23,233)</td>
<td>(15,034)</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>58,782</td>
<td>66,982</td>
</tr>
<tr>
<td><strong>Total Property, Plant and Equipment</strong></td>
<td>191,726</td>
<td>204,531</td>
</tr>
</tbody>
</table>

**Note 10: Trade and other Payables**

<table>
<thead>
<tr>
<th></th>
<th>2019 $</th>
<th>2018 $</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trade payables</td>
<td>235,585</td>
<td>149,214</td>
</tr>
<tr>
<td>Sundry payables and accrued expenses</td>
<td>612,792</td>
<td>781,834</td>
</tr>
<tr>
<td>GST Payable</td>
<td>35,664</td>
<td>-</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>884,041</td>
<td>931,048</td>
</tr>
</tbody>
</table>

**Note 11: Provisions**

**CURRENT**

<table>
<thead>
<tr>
<th></th>
<th>2019 $</th>
<th>2018 $</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee benefits</td>
<td>241,949</td>
<td>255,745</td>
</tr>
<tr>
<td>Provision for contract losses</td>
<td>48,623</td>
<td>68,035</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>290,572</td>
<td>323,780</td>
</tr>
</tbody>
</table>

**NON-CURRENT**

<table>
<thead>
<tr>
<th></th>
<th>2019 $</th>
<th>2018 $</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee benefits</td>
<td>20,774</td>
<td>10,460</td>
</tr>
<tr>
<td>Provision for contract losses</td>
<td>53,594</td>
<td>67,707</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>74,368</td>
<td>78,167</td>
</tr>
</tbody>
</table>

**Note 12: Other Liabilities**

**CURRENT**

<table>
<thead>
<tr>
<th></th>
<th>2019 $</th>
<th>2018 $</th>
</tr>
</thead>
<tbody>
<tr>
<td>Income received in advance</td>
<td>1,752,774</td>
<td>1,378,910</td>
</tr>
<tr>
<td>Lease incentive liability</td>
<td>32,192</td>
<td>27,956</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>1,784,966</td>
<td>1,406,866</td>
</tr>
</tbody>
</table>

**NON-CURRENT**

<table>
<thead>
<tr>
<th></th>
<th>2019 $</th>
<th>2018 $</th>
</tr>
</thead>
<tbody>
<tr>
<td>Income received in advance</td>
<td>582,106</td>
<td>545,495</td>
</tr>
<tr>
<td>Lease incentive liability</td>
<td>183,001</td>
<td>215,193</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>765,107</td>
<td>760,688</td>
</tr>
</tbody>
</table>
### Note 13: Contingent Liabilities

There are no contingent liabilities at the end of the year.

### Note 14: Events Subsequent to Balance Date

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

### Note 15: Cash Flow Information

<table>
<thead>
<tr>
<th>Reconciliation of Cash Flow from Operations with Deficit for the year</th>
<th>2019</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Surplus/(Deficit) for the financial year</td>
<td>$56,226</td>
<td>$(115,988)</td>
</tr>
<tr>
<td>Non-cash flows in operating surplus/(deficit):</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Depreciation</td>
<td>$38,886</td>
<td>$28,793</td>
</tr>
<tr>
<td>- (Gain)/loss on sale of investment</td>
<td>-</td>
<td>402</td>
</tr>
<tr>
<td>Changes in assets and liabilities:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Decrease in trade and other receivables</td>
<td>$(552,148)</td>
<td>647,252</td>
</tr>
<tr>
<td>- Decrease in inventories</td>
<td>$(127,205)</td>
<td>(135,037)</td>
</tr>
<tr>
<td>- Decrease in trade and other payables</td>
<td>$(24,307)</td>
<td>(80,245)</td>
</tr>
<tr>
<td>- Decrease in provisions</td>
<td>$(37,008)</td>
<td>(102,782)</td>
</tr>
<tr>
<td>- Increase in other liabilities</td>
<td>$382,521</td>
<td>(1,015,659)</td>
</tr>
<tr>
<td>Net cash provided by/(used in) operating activities</td>
<td>$(263,035)</td>
<td>$(773,267)</td>
</tr>
</tbody>
</table>
Directors’ Declaration

The Directors have determined that the Company is not a reporting entity and that this special purpose financial report should be prepared in accordance with the accounting policies described in Note 1 to the financial statements.

The directors of the Company declare that:

1. The financial statements comprising the statement of profit or loss and other comprehensive income, statement of financial position, statement of cash flows, statement of changes in equity, and accompanying notes as set out on pages 6 to 16 are in accordance with the Australian Charities and Not-for-profits Commission Act 2012, and:
   a. comply with Accounting Standards described in Note 1 to the financial statements and the Australian Charities and Not-for-profits Commission Regulation 2013; and
   b. give a true and fair view of the Company’s financial position as at 30 June 2019 and of its performance for the year ended on that date in accordance with the accounting policies described in Note 1 to the financial statements.

2. In the directors’ opinion there are reasonable grounds to believe that the Company will be able to pay its debts as and when they become due and payable.

This declaration is made in accordance with a resolution of the Board of Directors and is signed for and on behalf of the directors by:

Peter T Kempen AM
Chairman
Dated this 4th day of October 2019
Auditor’s Independence Declaration

To the Directors of Australasian Leukaemia & Lymphoma Group Limited

In accordance with the requirements of section 60-40 of the Australian Charities and Not-for-profits Commission Act 2012, as lead auditor of Australasian Leukaemia & Lymphoma Group Limited for the year ended 30 June 2019, I declare that, to the best of my knowledge and belief, there have been no contraventions of any applicable code of professional conduct in relation to the audit.

Grant Thornton Audit Pty Ltd
Chartered Accountants

T S Jackman
Partner – Audit & Assurance

Melbourne, 4 October 2019
Independent Auditor’s Report

To the Members of Australasian Leukaemia & Lymphoma Group Limited

Report on the audit of the financial report

Opinion

We have audited the financial report of Australasian Leukaemia & Lymphoma Group Limited (the “Company”), which comprises the statement of financial position as at 30 June 2019, the statement of profit or loss and other comprehensive income, statement of changes in equity and statement of cash flows for the year then ended, and notes to the financial statements, including a summary of significant accounting policies, and the Directors’ declaration.

In our opinion, the accompanying financial report of the Australasian Leukaemia & Lymphoma Group Limited has been prepared in accordance with Division 60 of the Australian Charities and Not-for-profits Commission Act 2012, including:

a presents fairly, in all material respects, the Company’s financial position as at 30 June 2019 and of its performance and cash flows for the year then ended in accordance with the accounting policies described in Note 1; and

b complies with Australian Accounting Standards to the extent described in Note 1 and Division 60 of the Australian Charities and Not-for-profits Commission Regulation 2013.

Basis for opinion

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

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

Emphasis of matter – basis of accounting

We draw attention to Note 1 of the financial report, which describes the basis of accounting. The financial report has been prepared for the purpose of fulfilling the Company’s financial reporting responsibilities under the ACNC Act. As a result, the financial report may not be suitable for another purpose. Our opinion is not modified in respect of this matter.
Information other than the financial report and auditor’s report thereon

The Directors are responsible for the other information. The other information comprises the information included in the Company’s annual report for the year ended 30 June 2019, but does not include the financial report and our auditor’s report thereon.

Our opinion on the financial report does not cover the other information and accordingly we do not express any form of assurance conclusion thereon.

In connection with our audit of the financial report, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial report or our knowledge obtained in the audit or otherwise appears to be materially misstated.

If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact. We have nothing to report in this regard.

Responsibilities of the directors for the financial report

The Directors of the Company are responsible for the preparation and fair presentation of the financial report and have determined that the accounting policies used and described in Note 1 to the financial report are appropriate to meet the requirements of the ACNC Act.

The Directors’ responsibility also includes such internal control as management determines is necessary to enable the preparation of the financial report that is free from material misstatement, whether due to fraud or error.

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

The Directors are responsible for overseeing the Company’s financial reporting process.

Auditor’s responsibilities for the audit of the financial report

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

As part of an audit in accordance with the Australian Auditing Standards, we exercise professional judgement and maintain professional scepticism throughout the audit. We also:

- Identify and assess the risks of material misstatement of the financial report, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Company’s internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the Directors.
• Conclude on the appropriateness of the Directors’ use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Company’s ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor’s report to the related disclosures in the financial report or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor’s report. However, future events or conditions may cause the Company to cease to continue as a going concern.

• Evaluate the overall presentation, structure and content of the financial report, including the disclosures, and whether the financial report represents the underlying transactions and events in a manner that achieves fair presentation.

We communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

Grant Thornton Audit Pty Ltd
Chartered Accountants

T S Jackman
Partner – Audit & Assurance

Melbourne, 4 October 2019
Your directors present their report on the Australasian Leukaemia & Lymphoma Group Limited ("the Company") for the financial year ended 30 June 2019.

Directors

The names of the directors in office at any time during or since the end of year are:

- Peter Bardy (retired 8 March 2019)
- Prue Deniz
- Geraldine Gray
- Peter T Kempen AM (Chairman)
- Malcolm McComas
- Tina Rankovic
- Andrew Roberts
- Philip Rowlings
- Peter Mollee
- Peter Browett
  (appointed 21 June 2019)

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

Principal Activities

The principal activity of the Company during the year was to promote basic and applied clinical research in the field of leukaemia, Hodgkin disease, non-Hodgkin lymphoma and related disease. The aim of the Company is specifically to attract and generate funds and donations for the application of research projects including clinical trials.

There have been no significant changes in the nature of these activities during the year.

ALLG Vision

To be a global leader with a global impact by delivering robust services and innovative outcomes to improve the treatments and lives of blood cancer patients.

ALLG Mission

To improve the treatment and the lives of patients with leukaemia, lymphoma and other haematological malignancies by advancing ‘leading edge’ clinical trials in Australasia, and to be regarded by the local and international community as the peak research body for these diseases within our geographical areas of operation and influence.

ALLG Values

ALLG values encapsulate our operating philosophies to guide our internal conduct as well as our relationship with members, partners, and shareholders.

- Integrity: we are honest, open, ethical, and fair. People trust and respect the work we do.
- Quality: we maintain rigorous standards for all of our work, no matter how big or small the project.
- Collaboration: we work as a team to solve problems and achieve goals.
- Innovation: we constantly strive to redefine the standard of excellence so we can constantly improve.
ALLG Strategy

This strategic plan reflects the nature of the business and operations, and of the emerging scientific and research aspirations of the members of the Scientific Advisory Committee.

The Strategic Plan 2016 -2021 has the following four priority areas:

- **Deliver Significant scientific outcomes**: Under the leadership of the Scientific Advisory Committee we will pursue novel, scientifically valid and clinically relevant research and maximise opportunities for translational & correlative research. In order to achieve this, the ALLG will assist investigators with clinical trial design, and also ensure that internal procedures facilitate optimal trials conduct.

- **Enhance Brand and Reputation**: Work to improve the presentation of the ALLG and foster partnerships to enhance the trial program. Promote and celebrate the impact of ALLG clinical trial outcomes with key stakeholders through targeted marketing and communication activities.

- **Foster Passionate Managership Base**: Create a culture that supports innovation and co-operation with a highly engaged membership. Ensure clarity around the structure of the ALLG and the role of the organisation in supporting members.

- **Long Term Sustainability**: The ALLG can only continue to carry out its activities in the future if it has a sustainable base. The long term strategic plan documents a fiscal plan of action that includes processes to monitor, adapt and maintain growth, and diversify revenue to build long term financial independence.

During the year the organisation undertook a mid-term strategic review in order to assess the progress made to date with the four key priorities of the strategic plan. Materials considered included the financials, membership statistics, clinical trial program performance, governance, committees and structures, case studies, suggestions for growth and business diversity.

The mid-term review was undertaken in the form of a facilitated strategy day:

- 24 member and directors were invited to participate
- 12 attended the day
- of the 12 apologies, 8 provided preliminary detailed feedback (verbal or written)
- 4 ALLG staff members attended (CEO, Business Manager, Operations Manager, Event and Website Manager)

A thorough review of ALLG’s activity and performance was undertaken, as well consideration to steps that may need to be taken to strengthen ALLG’s strategic goals. Key outcomes of the day included:

- continue focus on membership engagement and site engagement
- consider new ways to refresh and empower the disease groups of the SAC
- explore mechanisms to increase recruitment rates
- review philanthropy efforts and improve partnerships with foundations
- explore further a business case for service delivery expansion
- consider opportunities to expand our market share
- explore concept of an employed medical role (fellow, research director, medical director)
- strengthen international partnerships (cooperative groups, academic societies, industry)
- develop stronger alignment with and amongst the members and members interests

The ALLG Board and management will continue to develop these plans into the strategic plan over the coming FY20.
**Director Qualifications**

The following table sets out details of qualifications of Directors of the Company who held office throughout the financial year:

<table>
<thead>
<tr>
<th>Board Member</th>
<th>Professional Qualifications</th>
<th>Experience</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>A/Prof Peter Gabor Bardy</strong></td>
<td>MBBS – University of Adelaide 1982</td>
<td>Fellow since 1990, ALLG Executive member since 2005, Currently Director of two not-for-profit companies.</td>
</tr>
<tr>
<td></td>
<td>Fellow of the Royal Australian College of Physicians 1990</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Fellow of the Royal College of Pathologists of Australasia 1991</td>
<td></td>
</tr>
<tr>
<td><strong>Prof Peter Browett</strong></td>
<td>MBChB – University of Otago 1980</td>
<td>Haematologist, Professor of Pathology (Specialising in lymphoma, malignant haematology and bone marrow transplant), ALLG SDMC member since 2005, Chairman of ALLG Safety and Data Monitoring Committee since 2009.</td>
</tr>
<tr>
<td></td>
<td>BMedSci – University of Otago</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Fellow of the Royal Australian College of Physicians 1987</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Fellow of the Royal College of Pathologists of Australasia 1988</td>
<td></td>
</tr>
<tr>
<td><strong>Prue Deniz</strong></td>
<td>Grad AICD Course</td>
<td>Experienced executive manager in corporate and public affairs at a number of listed companies, Extensive marketing and public relations expertise, Chair of the Marketing Committee</td>
</tr>
<tr>
<td></td>
<td>Cert Int Bus (Monash)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>BBus Marketing (Swinburne)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>BA Korean (Swinburne)</td>
<td></td>
</tr>
<tr>
<td><strong>Geraldine Gray</strong></td>
<td>BA LLB (University of New South Wales)</td>
<td>Practicing lawyer for over 20 years, Chair of Board, VicTrack</td>
</tr>
<tr>
<td></td>
<td>LLM (Melbourne)</td>
<td></td>
</tr>
<tr>
<td><strong>Peter T Kempen AM</strong></td>
<td>Fellow of the Institute of Chartered Accountants</td>
<td>Chairman of the Board since 2010, Professional public practice experience in excess of 40 years, Board management experience 20 years</td>
</tr>
<tr>
<td></td>
<td>Australia and New Zealand</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Fellow of the Australian Institute of Company Directors</td>
<td></td>
</tr>
<tr>
<td><strong>Malcolm McComas</strong></td>
<td>BEc, LLB (Monash), SF Fin</td>
<td>Chairman of ALLG Finance and Audit Committee, Investment banking experience of 25 years, Board management experience over 20 years.</td>
</tr>
<tr>
<td></td>
<td>Fellow of the Australian Institute of Company Directors</td>
<td></td>
</tr>
<tr>
<td><strong>A/Prof Peter Mollee</strong></td>
<td>MBBS – University of Queensland, 1990</td>
<td>Chairman of ALLG Scientific Advisory Committee, Consultant haematologist in clinical and laboratory haematology at the PrincessAlexandra Hospital, Associate Professor with the University of Queensland Medical School.</td>
</tr>
<tr>
<td></td>
<td>MMedSc (Clinical Epidemiology), University of Newcastle, 2002</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Fellow of the Royal Australian College of Physicians, 2000</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Fellow of the Royal College of Pathologists of Australasia, 2000</td>
<td></td>
</tr>
<tr>
<td><strong>Tina Rankovic</strong></td>
<td>Dip Diag Rad (Sturt CAE), GradDip Man (RMIT), MBus (Swinburne)</td>
<td>Experienced CEO with a strong business management and technical background in the healthcare, life sciences, engineering, biotechnology, ‘cleantech’ and tertiary education and research sectors.</td>
</tr>
<tr>
<td><strong>Prof Andrew Roberts</strong></td>
<td>MBBS – University of Queensland 1984</td>
<td>Clinical haematologist, laboratory researcher and experienced clinical trialist, who has 16 years Board management experience. Currently Director of one not-for-profit company.</td>
</tr>
<tr>
<td></td>
<td>Fellow of the Royal Australian College of Physicians 1993</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Fellow of the Royal College of Pathologists of Australasia 1993</td>
<td></td>
</tr>
<tr>
<td></td>
<td>PhD University of Melbourne 1997</td>
<td></td>
</tr>
<tr>
<td><strong>Prof Philip Rowlings</strong></td>
<td>MBBS – University of New South Wales 1982</td>
<td>Director of Haematology, Conjoint Professor, Discipline Lead Haematology, School of Medicine &amp; Public Health, University of Newcastle, Former ALLG Safety Data, Monitoring Committee Chair</td>
</tr>
<tr>
<td></td>
<td>Fellow of the Royal Australian College of Physicians 1992</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Fellow of the Royal College of Pathologists of Australasia 1992</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Master of Science (Biostatistics), Medical College of Wisconsin, USA</td>
<td></td>
</tr>
</tbody>
</table>
Meetings of Directors and Committee meetings

The following table sets out attendance by Directors at Board meetings, and committees of the Board, of the Company for the financial year:

<table>
<thead>
<tr>
<th>Board Member</th>
<th>Directors Meetings</th>
<th>Scientific Advisory Committee*</th>
<th>Finance &amp; Audit Committee*</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No. eligible to attend</td>
<td>No. attended</td>
<td>No. eligible to attend</td>
</tr>
<tr>
<td>Peter Bardy</td>
<td>5</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>Peter Browett</td>
<td>1</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Prue Deniz</td>
<td>7</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>Geraldine Gray</td>
<td>7</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>Peter Kempen AM (Chairman)</td>
<td>7</td>
<td>7</td>
<td></td>
</tr>
<tr>
<td>Peter Mollee</td>
<td>7</td>
<td>7</td>
<td>8</td>
</tr>
<tr>
<td>Malcolm McComas</td>
<td>7</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>Tina Rankovic</td>
<td>7</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>Philip Rowlings</td>
<td>7</td>
<td>7</td>
<td></td>
</tr>
<tr>
<td>Andrew Roberts</td>
<td>7</td>
<td>6</td>
<td></td>
</tr>
</tbody>
</table>

* These committees have other honorary members who are not directors of the Company

Committees of the Board

Scientific Advisory Committee (SAC):
The SAC is composed of at least 7 and up to 10 elected members from the financial membership of the company. The chief responsibility of the SAC is oversight of the ALLG clinical trial program and linked translational research studies. Each member on the SAC may serve for terms of 3 years, with the option to renominate in line with the Constitution, Section 15.

Finance Audit Committee (FAC):
The FAC is composed of 5 members, including 2 Board members and 3 financial members of the company. FAC is responsible for ensuring that the ALLG finances are reported in accordance with Australian Accounting Standards and that ALLG resources are managed in such a way as to ensure financial sustainability and achieve value for money on costs.

Contribution in winding up
The Company is incorporated under the Corporations Act 2001 and is a company limited by guarantee. If the Company is wound up, the Constitution states that each full member is required to contribute a maximum of $100 (2018: $100) each towards meeting any outstanding obligations of the Company. At 30 June 2019, the number of full members was 425, therefore maximum contributions would total $42,500 in the event of winding up (2018: 414 members and $41,400 on winding up)
Auditor’s Independence Declaration

A copy of the auditor’s independence declaration as required under s 60-40 of the Australian Charities and Not-for-profits Commission Act 2012 is set out on page 20 of this report.

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

[Signature]

Peter T Kempen AM
Chairman

4 October 2019
Appointed in early 2010, he is a member of the Finance and Audit Committee of the Board and was recently awarded an honorary Member (AM) in the general division of the Order of Australia honours. Peter was a senior partner of Ernst and Young up to 2003 and Managing Partner of the Australian firm’s Corporate Finance practice. Since leaving professional practice Peter has been a professional non-executive company director serving on the Board of three publicly listed companies (all as Chairman) as well as a number of private companies and not for profit organisations.

Ms Geraldine Gray
Director
ALLG Board, appointed in 2010

Geraldine is a barrister practising at the Victorian bar with a particular experience of and interest in health law. Her legal experience covers more than 20 years in Melbourne, Sydney and Hong Kong. Geraldine is a member of the Society of Construction Law, the Building Dispute Practitioners’ Society, the National Association of Women in Construction and the Australian Insurance Law Association.

Geraldine is a barrister practising at the Victorian bar with a particular experience of and interest in health law. Her legal experience covers more than 20 years in Melbourne, Sydney and Hong Kong. Geraldine is a member of the Society of Construction Law, the Building Dispute Practitioners’ Society, the National Association of Women in Construction and the Australian Insurance Law Association.

Appointed to the ALLG Board in 2019, Peter has a long relationship with the ALLG and currently chairs the Safety and Data Monitoring Committee (SDMC) and was a member of the foundation Scientific Advisory Board of the ALLG, holding the role of secretary. He is co-director of the Leukaemia and Blood Cancer Research Unit with the University of Auckland; Clinical Director of the Auckland Regional Tissue Bank and Grafton Clinical Genomics, a collaboration between the University and Auckland City Hospital to support research and clinical genomics; and lead pathologist for the Molecular Haematology Laboratory, Department of Pathology and Laboratory Medicine, Auckland City Hospital.

Ms Prue Deniz
Director
ALLG Board

She was appointed to the Board in May 2014 and performs the role of the Chairperson of the Marketing Committee of the Board. With a background in business, marketing and corporate affairs Prue has 20 years’ experience working within not-for-profit, strategic advisory and corporate environments. Prue is a graduate of the Australian Institute of Company Directors and holds a Double Degree in Business/Arts (Marketing/Korean) and a Graduate Diploma in International Business.

Mr Malcolm McComas
Director
ALLG Board

He was appointed to the Board in 2010 and is the Chairman of the Finance and Audit Committee of the Board. He has over 25 years’ experience in investment banking with leadership roles at several global financial institutions. Over the last 10 years, Malcolm has focused on various board roles with public and private companies and not-for-profit entities. He is currently a director or chairman of several other entities in the resources, healthcare, finance and industrial sectors.
Peter has been an active member of the SAC since 2012 and was appointed as the Chairman of the SAC in November 2017. Practicing as a consultant haematologist in clinical and laboratory haematology at the Princess Alexandra Hospital, Peter is also an Associate Professor with the University of Queensland Medical School.

Ms Tina Rankovic
Director
ALLG Board

She was appointed to the Board in 2013 with aims to embed fundraising as a core operational activity utilising her skills, experience and networks. She is currently working in a strategic advisory capacity with the College of Science, Engineering & Health, RMIT University. Tina has a Diploma of Diagnostic Radiography and her post-graduate qualifications include a Graduate Diploma of Management (Royal Melbourne Institute of Technology) and a Masters of Business degree majoring in innovation and marketing management (Swinburne University of Technology). Additionally, she is a member of the Australian Institute of Company Directors (AICD) and has completed the AICD Company Directors course.

Professor Andrew Roberts
Director
ALLG Board

He was appointed to the Board in 2010, and has served on several other not-for-profit boards. As the Head of Clinical Translation at the Walter & Eliza Hall Institute, Andrew is a clinical haematologist at the Royal Melbourne Hospital and Peter MacCallum Cancer Centre, Haematology Research and Education Lead for the Victorian Comprehensive Cancer Centre (VCCC), and the Metcalf Chair of Leukaemia Research at the University of Melbourne. His major research interests are the development of new treatments for leukaemia, lymphoma and myeloma through translational and clinical research.
The following SAC committee members proudly represented the ALLG membership:

<table>
<thead>
<tr>
<th>Role</th>
<th>Member Name</th>
<th>Institution</th>
<th>Term</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chair</td>
<td>A/Prof Peter Mollee</td>
<td>Princess Alexandra Hospital, QLD</td>
<td>November 2017–Current</td>
</tr>
<tr>
<td>Vice Chair</td>
<td>Prof David Ritchie</td>
<td>Royal Melbourne Hospital, VIC</td>
<td></td>
</tr>
<tr>
<td>Committee</td>
<td>Dr Tara Cochrane</td>
<td>Gold Coast Health, QLD</td>
<td>(Co-opted May 2019)</td>
</tr>
<tr>
<td>Members</td>
<td>Dr Eliza Hawkes</td>
<td>Austin and Eastern Health, VIC</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Prof Judith Trotman</td>
<td>Concord Repatriation General Hospital, NSW</td>
<td>(ret. May 2019)</td>
</tr>
<tr>
<td></td>
<td>Dr Zoe McQuilten</td>
<td>Monash Health, VIC</td>
<td>(Elected November 2018)</td>
</tr>
<tr>
<td></td>
<td>Dr David Yeung</td>
<td>SA Health, SA</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Prof Stephen Mulligan</td>
<td>Royal North Shore Hospital, NSW</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Dr David Ross</td>
<td>Royal Adelaide Hospital, SA</td>
<td></td>
</tr>
<tr>
<td></td>
<td>A/Prof Andrew Wei</td>
<td>Alfred Hospital, VIC</td>
<td></td>
</tr>
</tbody>
</table>
ALLG Business Management

Delaine Smith
Chief Executive Officer

Having commenced with the ALLG in 2008, Delaine has been instrumental in modernising the ALLG into the high-calibre research organisation it is today. She has helped the ALLG transition from an investigator-led to a board-led corporate structure and delivered significant initiatives, including grant funding, industry partnerships and governmental relations. She is currently a member of the Clinical Oncology Society of Australia (COSA) Executive Officer Network, leader of the Enabling Access Working Group of the Australian Blood Cancer Taskforce, and a member of the Australian Clinical Trial Alliance and Australian Ethical Health Alliance.

Kelly Hetherton
Business Manager and Company Secretary

With over 15 years of accounting and finance experience, Kelly is a qualified CPA accountant. Kelly has extensive experience in stakeholder reporting, system implementations and business process improvement.

Bebe Beckerman
Philanthropy and Fundraising Manager

Bebe offers extensive experience in fundraising, communications and event management. Bebe has a diverse fundraising knowledge and is adept in applying this knowledge to differing fundraising contexts and cultures. Bebe has a Bachelor’s degree in Media & Communication and a Master’s degree in International Development from RMIT.

Bernadette Marr
Communications and Marketing Manager

Bernadette’s unique skill set includes policy development, public relations, graphic design, stakeholder engagement and media management. Her qualifications include BA Psychology, BA Law, A/Degree Communications and A/Degree Graphic Design; she is currently studying a Masters of Research and Evaluation at the University of Melbourne.

Dilu Uduwela
Events and Website Manager

Joining the ALLG in 2009, Dilu has over 10 years of experience in event management, website development and maintenance, project management and office administration having worked across many other industry areas overseas.
ALLG Operations

Marina Mullins
Operations Manager
(Appointed November 2018)

Marina manages both the programme of ALLG clinical trials and the staff of the ALLG Trial Centre. She commenced her role at the ALLG in November 2018 having previously been the Head of the Pharmacy Department at a prominent CRO. Marina is a qualified and registered pharmacist graduating from Monash University with honours. She has extensive clinical trial experience and brings a strong comprehensive knowledge of GCP and GMP.

Sarah Baxter
Quality Assurance Officer

Sarah focuses on improving our trial management timelines, further developing our SOP system and ensuring compliance with GCP and other regulatory requirements. Bringing over eight years of clinical trial management experience, Sarah was instrumental at two of the UK’s largest academic trials units.

Julia Carlson
Quality Assurance Officer/CRA

Julia is an experienced Clinical Research Associate who commenced with the ALLG in November 2018. She is currently serving as the Quality Assurance Officer in a caretaker capacity and assists with the BM12, NHL29, NHL25, NHL21 and NHL16 trials. She has over 10 years of experience in Oncology Clinical Research, having worked as Team Leader of the Oncology Research Department at Cabrini Hospital. Julia has a B.Sc. in Pharmacology and Physiology.

Suzanne Cake
Project Manager – Development

Suzanne was recently promoted to Project Manager – Development for all ALLG clinical trials. Having taken on the Protocol Development Coordinator role in 2018, the revised role will now focus on proactively assisting ALLG Members to develop research initiatives and new clinical trials. She has over 14 years’ experience in Clinical Research working in both Australia and the UK including extensive knowledge in the clinic setting and project management. Suzanne has an MSc in Clinical Research and is ARCP CCRC accredited.

Tracey Gerber
Project Manager – Clinical Trials

Tracey was recently promoted to Project Manager – Clinical Trials. In this role, she manages a team of five staff members and oversees a portfolio of clinical trials, including AMLM22 and APML05. She has previous experience in clinical trial management at the Baker IDI Heart and Diabetes Institute. Tracey has a PhD in Biomedical Science focusing on skeletal muscle metabolism.

Amanda Jager
Project Manager – Clinical Trials

Amanda has recently been promoted to the role of Project Manager – Clinical Trials. In this role, she manages a small team of CRAs and oversees several clinical trials, such as HD10 and ALL08 trials. Previously, she worked in clinical research for over five years in the Department of Haematology and Oncology at the Queen Elizabeth Hospital in Adelaide.
Ashlee Burt
Clinical Research Associate

Ashlee has managed the ALL09, ALL06 and CML12 clinical trials. Following completion of her degree, Ashlee undertook research roles at the Burnet Institute and Monash University focusing on vaccine development, and then transitioned to a clinical trial career as a Technical Officer at Nucleus Network, a Phase I clinical trial unit. She holds a BBiomedSci with honours from Monash University.

Faye Shelton
Clinical Research Associate

Faye commenced her role at the ALLG in January 2019, focusing on the CML12, NHL31 and AMLM22 trials. She has over four years of experience in clinical research, having previously worked in the UK as a Study Coordinator in the Division of Clinical Neurosciences and later transitioning into a research role within the Institute of Mental Health, based at the University of Nottingham. Faye holds a B.Sc. in Psychology from the University of Leeds.

Chrissie Risteski
Clinical Research Associate

Chrissie joined the ALLG in July 2018 and is responsible for the MM18, APML5 and AMLM22 clinical trials. She has over 15 years of experience in clinical research, having previously worked as a Study Coordinator in the Department of Haematology and Oncology at the Northern Hospital (Melbourne).

Uyen Nguyen
Clinical Research Associate

Having joined the ALLG in 2018 as the first RMIT Honours Student in the collaborative vocational program, Uyen has been promoted to Clinical Research Associate. She works on the ALL08, AMLM16, and CLL06 clinical trials. With an MBA and a Pharmaceutical Sciences Honours Degree, Uyen brings significant experience in leadership and business management.

Giulia Quattrocchi
Clinical Research Associate

Giulia supports the AMLM16 and ALL08 trials. Giulia spent 6 years in leading CROs, Quintiles and PPD, managing a number of phase I-III clinical trials activities for different sponsors across multiple therapeutic areas. Giulia has a B.Sc. in Biology and a M.Sc. in Cellular and Molecular Biology from the University of Turin, Italy.

Francisca Ferreira de Almeida
Clinical Trial Assistant

Francisca joined the ALLG in February 2019 and is responsible for the CLL05, CLL07, MM16, NHL24, NHL25, NHL26 and NHL27 clinical trials. She has a decade of experience in clinical research, having previously completed a PhD in Immunology at the University of Lisbon (Portugal) and A*STAR Singapore Immunology Network and a Postdoctoral Research Fellowship at the Walter and Eliza Hall Institute of Medical Research in Melbourne.
Having joined the ALLG in 2018, Adele manages the operations and logistics of the NBCR Biobank. She serves as the main point of contact for ALLG members, NBCR trial centre staff and committees, and facilitates workflow between the ALLG and Hunter Cancer Biobank (HCB). Adele also assists with research requests for clinical data samples and provides scientific & technical guidance with the NBCR.

Joining the ALLG in September 2017, Eva is responsible for managing all aspects of the NBCR, which is the largest blood cancer registry in Australia and New Zealand for AML data. Additionally, she manages several ALLG laboratory science studies related to the NBCR. Eva holds a MSc from the University of Genoa (Italy) and a PhD from the University of Bern (Switzerland) in Biochemistry and Molecular Biology and has spent over a decade as a postdoctoral research fellow in Australia and South Africa.

Mannu joined the ALLG in May 2019 as the NBCR Biobank Coordinator in a caretaker capacity. He is responsible for the management of the NBCR Biobank workflow. Previously, he was a researcher-scientist in new drug discovery systems in industry and academia. He obtained his PhD from University de Strasbourg (France), has worked for the EPITRON (Epigenetic treatment of neoplastic diseases) consortium and was a active member of the ASSG Australasian Sarcoma Study Group.

Renata joined the ALLG in February 2019 as part of the ALLG/RMIT collaborative vocational program as she completed her Pharmaceutical Sciences Honours degree, holding her BSc degree double major in Cellular and Human Biology at Deakin University. She is currently working on MDS4, CLL5, CML6, BM06, BM07, AMLM15, AMLM17, AMLM20, HDNH04 and MM13 closures and archiving, in addition to other trial related activities for NHL14, MM18 and HD08.
ALLG Corporate Structure

**ALLG Board**

- ALLG Chief Executive Officer
  - Chair

- ALLG Business and Clinical Trial Operations
  - Chair

- Scientific Advisory Committee
  - Chair

- Finance & Audit Committee
  - Chair

- Communications & Marketing Committee
  - Chair

- Philanthropy & Fundraising Committee
  - Chair

- Safety & Data Monitoring Committee
  - Chair

- Registry Operations Committee
  - Chair

- Member Relations Working Group
  - Chair

**Member Committees & Working Parties**

- Acute Leukaemia Working Party
  - Chair

- Transplant & Cell Therapies Working Party
  - Chair

- CML & MPN Working Party
  - Chair

- Myeloma Working Party
  - Chair

- Lymphoma Working Party
  - Chair

- CLL Working Party
  - Chair

- Supportive Care Working Party
  - Chair

- Laboratory Sciences Working Party
  - Chair

**Operational Structure 2019**

- ALLG Chief Executive Officer
  - Chair

- Project Manager – CT
  - CRA

- Project Manager – CT
  - CRA

- Project Manager – Development
  - CRA

- Quality Assurance Officer – Trials
  - CRA

- NBCR Project Coordinator
  - CRA

- Biobank Coordinators
  - CRA

*Figure 5. Organisational Structure of the ALLG*
Australasian Leukaemia & Lymphoma Group (ALLG)

Vision, Mission & Values

Our 2021 vision is

Global leaders...

Global impact

Achieving our vision will ensure that:

- ALLG is seen as an invaluable partner enabling the efforts of blood cancer specialists.
- ALLG delivers sustainable services and innovative outcomes... the first choice for high quality clinical trial management.
- The innovations of Australasia’s blood cancer specialists improve the lives of more and more blood cancer patients all over the world.

Summary of the 2016–2021 Strategic Plan

Vision

Global leader, having a global impact by delivering robust services and innovative outcomes to improve the treatments and lives of blood cancer patients.

Mission

To improve the treatment and the lives of patients with leukaemia, lymphoma and other haematological malignancies by advancing ‘leading edge’ clinical trials in Australasia, and to be regarded by the local and international community as the peak research body for these diseases within our geographical areas of operation and influence.

Values

Integrity: we are trustworthy, open, ethical, and fair.

Quality: we maintain rigorous standards for all of our work.

Collaboration: we work as a team to solve problems and achieve goals.

Innovation: we continually improve our standard of excellence.

Strategic Goals

Goal 1: Deliver significant scientific outcomes

Goal 2: Enhance brand and reputations

Goal 3: Foster passionate membership base

Goal 4: Long term sustainability