To conduct innovative, world-class medical research to improve human health and wellbeing.

Our ultimate goal is to cure or prevent disease and save lives.
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The past year has been one of significant achievements for the Menzies Research Institute Tasmania (Menzies). Of prime importance, our research efforts continue to provide findings that contribute to better health outcomes. We also continue to play a significant role supporting the strategic objectives of the University of Tasmania, of which we are an Institute.

Early in 2011, Menzies, in conjunction with the UTAS Foundation, launched a capital campaign to raise the outstanding $5 million required in philanthropic support to complete the $90 million Stage II building project, Medical Science 2 (MS2). We were delighted to receive a $2 million gift from philanthropist Mr Graeme Wood and a further $500,000 from the Tasmanian-based Select Foundation. MS2 is due for completion in late 2012 and will cater for Menzies’ planned growth over the next five years.

The Institute actively participated in the successful national “Discoveries Need Dollars” campaign against a possible 20 per cent per annum cut to the National Health and Medical Research Council (NHMRC) budget. Overwhelming community support for medical research was clearly evident in Tasmania.

In December, we were honoured by a visit from the Governor-General, Ms Quentin Bryce AC, CVO and Mr Michael Bryce AM AE. The Governor-General and Mr Bryce toured Menzies’ state-of-the-art research facilities and enjoyed an informal morning tea with staff, students and volunteers.

The end of 2011 marked the departure of Director, Professor Simon Foote, to take up the position of Dean of the Australian School of Advanced Medicine at Macquarie University. Professor Foote made an extraordinary contribution to the Institute over the past six and a half years, and through his leadership the Institute has flourished to become more nationally prominent and successful.

Menzies is pleased to announce that Professor Tom Marwick has recently been appointed as the new Director of Menzies. Professor Marwick has a distinguished history in cardiovascular research. He is currently the Section Head of Cardiovascular Imaging, Cleveland Clinic, in the United States.

Professor Marwick’s appointment will ensure strong leadership continues within the Tasmanian medical research community. We are delighted with his appointment and the impact Professor Marwick’s breadth of experience will bring to the Institute. Professor Marwick will commence his new appointment in late 2012.

Growth and Development

In 2011, Menzies annual turnover was $20.7 million. Grants and fundraising income give us the ability to undertake new research projects, employ the best researchers and form collaborations nationally and internationally. In turn, this gives us the best opportunity to tackle disease including cardiovascular disease, multiple sclerosis, dementia and cancer.

Fundraising, donation and bequest income grew from $2 million in 2010 to $2.7 million in 2011. Many of our research projects are initially established with donor funds which then enable us to lever larger grants from government and other competitive funding sources.

We would like to thank each and every donor for their generous contribution. In particular we acknowledge the contribution of those people who assist us by donating their time.

Staff and student numbers continued to increase in 2011 giving us a total team of 368 people. Research higher degree student numbers have grown in line with the Institute’s increased activity. Research higher degree students continued to play a key role in the Institute’s research endeavours in 2011, with enrolements reaching a record high of 60 students, and 11 students graduating during the year.
Research Success

In 2011, Menzies was successful in securing over $13.5 million in research funding, including competitive grant income of $11.5 million.

Of particular note was the funding of $2.5 million for the NHMRC Centre of Research Excellence for Chronic Respiratory Disease and Lung Ageing. The new centre brings together some of Australia’s top respiratory researchers who are committed to leading the way in respiratory health. The team’s primary focus is on better understanding and management of common chronic airway diseases such as asthma, chronic obstructive pulmonary disease (COPD) and cystic fibrosis.

Five national project grants were also awarded for new research projects commencing in 2012. Our researchers also had substantial individual success with six of them being awarded highly competitive national research fellowships. These recognise the researchers’ achievements and provide much needed salary security while they build their research programs.

A feature of modern medical research is that tough problems are increasingly being solved by teams of researchers coming together from around the world and pooling their data and resources. Several of our research groups were involved in international collaborative studies that have produced important, high-profile findings expected to contribute significantly to improving human health and wellbeing.

Major research highlights included Menzies’ involvement in a leading international collaborative study on multiple sclerosis (MS) published in Nature that confirmed the presence of up to 57 MS genes. The study makes it clear that MS is primarily an immunologic disease.

A finding from the Tasmanian Familial Haematological Malignancies Study published in Blood, found that for some families, where there is an increased incidence of blood cancer, diagnosis of a blood cancer appears to be occurring at a younger age for each successive generation.

Research conducted by Menzies in collaboration with a number of national and international institutes, showed that childhood obesity does not permanently increase cardiovascular risk if obesity in adulthood is avoided. The results of the study were published in The New England Journal of Medicine.

A further research highlight was Menzies’ involvement in a new genetic discovery for prostate cancer that was published in Nature Genetics. Our researchers worked closely with an international team of researchers to find seven new regions across the human genome that increase the chances of developing prostate cancer.

Building Developments

Menzies is now looking forward to the completion of the MS2 building in December 2012. Funding of $44.7 million was received from the Federal Government’s Health and Hospitals Fund for the construction of MS2, with additional funding from the University of Tasmania, the Tasmanian Government, and the US-based Atlantic Philanthropies.

The development of the new building is a major opportunity for Menzies to cement itself as a significant international centre for biomedical, epidemiological and clinical research. The new building will provide excellent facilities for our growing research teams and accelerate research pace.

Key Partners

We acknowledge the strong support we continue to receive from the University Council, the Vice Chancellor and our UTAS colleagues. Our collaborative working relationship with the Faculty of Health Science has strengthened even further now that we are co-tenants in the MS complex.
Board and Senior Management Team

Board Directors as at 31 December 2011
Dr Dan Norton (Chairman)
Dr David Boadle
Professor Simon Foote
The Hon Sir Guy Green AC KBE CVO
Professor Jonathan West
Professor Judith Whitworth AC
Professor Bob Williamson AO
Profiles available at www.menzies.utas.edu.au/board-directors

Senior Management Team as at 31 December 2011
Professor Simon Foote
Ms Kate Brown
Professor Stephen Rattigan
Dr Ingrid van der Mei
Professor Alison Venn
Professor Adrian West
Professor Matthew Jose
Professor Heinrich Korner
Dr Jane Zochling
Profiles available at www.menzies.utas.edu.au/senior-management-team

We also wish to acknowledge a number of major organisations that support our work including: the University of Tasmania, the UTAS Foundation, Atlantic Philanthropies, the Menzies Foundation, the Federal Government, the Tasmanian Government, the Royal Hobart Hospital, Cancer Council Tasmania, the Heart Foundation, MS Australia and the Tasmanian Community Fund. A full list of our supporters can be found on our website www.menzies.utas.edu.au.

Looking to 2012 & Beyond
We look forward to the challenges and opportunities ahead of us in 2012. In particular, we look forward with much anticipation and enthusiasm to Professor Tom Marwick taking up his appointment as Director later in the year. The official opening of the MS2 building will also be a highlight. Our capital campaign will continue in 2012, to raise the $1.9 million still required to complete MS2 from our donors and the community. In 2013, Menzies will celebrate 25 years and will mark this memorable milestone by holding a number of events throughout the year.

We thank our Board members for their ongoing expertise and dedication. We would also like to thank our staff for their passion and commitment to research and once again our donors for helping us to build healthier and happier lives.

Dr Dan Norton
Chairman

Professor Alison Venn
Acting Director

Menzies Research Institute Tasmania Annual Report 2011
Research Highlights

Neuroscience
Multiple Sclerosis (MS)

Menzies was involved in one of the largest human genetic studies ever undertaken in 2011. The results published in Nature represented years of work by the International Multiple Sclerosis Genetics Consortium (IMSGC) involving more than 250 researchers in 15 countries. Menzies researchers played a significant role in the discovery and more than 100 Tasmanians with MS contributed DNA samples.

The study confirmed the presence of up to 57 MS genes with a remarkable pattern that shows that the reason some people get MS and others don’t is largely due to subtle, inherited differences in the immune function. It points to a pivotal role for T cells – the ‘orchestra leaders’ of the immune system and makes it clear that MS is primarily an immunologic disease.

Previous Australian research has suggested a link between vitamin D deficiency and an increased risk of multiple sclerosis, and identified a vitamin D gene. The international study has now identified a second vitamin D gene and provides insight into a link between genetic and environmental risk factors. The new findings highlight the key role of the immune system in causing the damage and help to explain the nature of the immune attack on the brain and spinal cord.

Cancer
Prostate Cancer

Menzies researchers were involved in a new genetic discovery for prostate cancer. Our researchers worked closely with an international team of researchers to find seven new regions across the human genome that increase the chances of developing prostate cancer. We now have one more piece of the genetic puzzle that will help us to identify men at a greater risk of developing prostate cancer.

This research takes the total number of regions of the human genome associated with an increased prostate cancer risk to over 40. Together these regions account for almost 25 per cent of the inherited risk. This means that the one per cent of men who carry most of these variants are almost four times more likely than an average man to have prostate cancer, giving them a nearly one in two chance of developing the disease.

These findings greatly improve our understanding of prostate cancer and could potentially lead to improved diagnosis by allowing us to tailor our screening and treatment of men at risk of this disease. The paper was published in Nature Genetics.

Blood Cancer

A finding from the Tasmanian Familial Haematological Malignancies Study found that for some families, where there is an increased incidence of blood cancer, diagnosis appears to be occurring at a younger age for each successive generation. Nine of these 13 families with at least two successive generations of people affected showed “anticipation”. That is, the age at diagnosis of the affected person in each subsequent generation is statistically significantly younger. The finding and its publication in the prestigious journal Blood generated world-wide interest in this research, and stimulated researchers in Italy to investigate “anticipation” in some of the families that they had been studying to confirm this finding further.
In 2011 the cancer genetics team were involved in a number of important prostate and blood cancer discoveries.
Devil Facial Tumour Disease (DFTD)

Menzies researchers working with other scientists from the Save the Devil Program have revealed that the spread of DFTD is not simply due to a lack of genetic diversity within the species. DFTD is a transmissible cancer that is spread from animal to animal through biting. Previously, it was thought that the transmitted tumour cells weren’t rejected because of a lack of genetic variation within the Tasmanian devil population. But the latest research suggests that this is not the explanation. Something is missing from the tumour cells and the spread of DFTD is due to the nature of the tumour rather than a lack of genetic diversity within the devil population. The challenge for the team is to understand more about the tumour itself – particularly its ability to hide from the devil’s immune system. The research was published in the journal *PLoS ONE*.

Population Health & Epidemiology

Childhood Obesity and Cardiovascular Risk

Research conducted by Menzies in collaboration with a number of national and international institutes has shown that childhood obesity does not permanently increase cardiovascular risk, if obesity in adulthood is avoided.

The study looked at long-term follow-up data of 6,328 participants in three countries. It combined data from four large studies: the Bogalusa Heart Study (US), the Muscatine Study (US), the Childhood Determinants of Adult Health (CDAH) study (Australia) and the Cardiovascular Risk in Young Finns Study (Finland), with relevant data collected in childhood and adulthood including height and weight, and markers of heart disease and diabetes risk.

The key finding of the study is that overweight and obese children, who avoided obesity as adults, had a similar heart disease and diabetes risk as those who were normal weight children. In other words, there was no lasting harmful effect from these childhood conditions on adult cardiovascular health.

The findings reinforce the concept that it is worthwhile helping overweight children to reach a healthy weight as they become adults. However, because excess weight is often hard to lose, researchers believe that prevention remains better than cure. A healthy diet and physical activity are the keys to achieving and maintaining a healthy weight at all ages. The study results were published in the international journal, *The New England Journal of Medicine*.

Childhood Obesity and Depression

A Menzies study has shown a direct link between overweight and obesity in children and diagnosed depression in later life. There are many known long-term health and social side effects of childhood obesity, but very little is known about whether overweight and obese children have long term risk for mental health problems. The study published in the *Australian and New Zealand Journal of Psychiatry* has shed some light on this matter and shown a direct link between overweight and obesity in children and diagnosed depression in later life.

The study examined the association between overweight and obesity in childhood and mental disorders in young adulthood. Data was collected from 1135 girls and 1108 boys in 1985, and again 20 years later. Researchers found that overweight children may have an increased risk for mood disorder in adulthood. However, overweight and obese girls were found to have an even higher risk than boys for developing mood disorders when the obesity continued on into adulthood. Why women but not men were vulnerable to mental health effects of persistent weight problems is still unclear, but may be due to psychological reactions to weight such as negative self-image and low self-esteem.
Immunologists Associate Professor Greg Woods and Dr Alex Kreiss are working on finding a vaccine for the devil facial tumour disease (DFTD).
Jockey Injury and Prevention

A world-first study conducted by Menzies identified the risk factors for falls by licensed thoroughbred jumps racing jockeys in Australia. The study investigated factors associated with falls by licensed thoroughbred racing jockeys participating in either steeplechase or hurdle racing conducted from August 2002 until July 2009. The findings were published in the international journal Accident Analysis and Prevention.

Previous studies of falls in jumps races have focused on factors that contribute to falls by the horses, but these results have for the first time identified jockey-related factors that make important contributions. Important predictors of falls identified in hurdle racing were higher club level, larger field size, greater prize money, provisionally licensed jockeys and older jockeys. In steeplechase racing, important predictors were type of jump (with lowest fall rates in races over Mark III jumps compared to standard fences), provisionally licensed jockeys, jockeys having had previous rides at a meeting, and larger field size.

It is hoped these results will lead to the development of targeted strategies to improve occupational health and safety standards in racing. The findings point to the need for better preparation of horses to compete in high pressure racing, and better training and conditioning of jockeys with specific focus on skills required when riding inexperienced or less accomplished horses.

Mental Health in the Workplace

Menzies researcher Dr Kristy Sanderson and her team found that people with depression may benefit more from participating in work rather than calling in sick. This is the first analysis of its type in the world for a chronic disease in the workplace. The study gives people with depression guidance that ‘working through it’ may be advisable.

They found that not only can a person benefit economically by continuing to work when they are unwell, in terms of earning an income and keeping their job, but they also derive mental health benefits from continuing with the routine and social support that working provides. This is the first time such an evidence based recommendation has been made. The study also found that ‘presenteeism’ would be less costly for employers than ‘absenteeism’, but that each case has to be assessed individually.

Dr Sanderson’s team is now seeking to supplement these findings by investigating the balance between what is best for the employee and for the employer.

Publications

The number of original peer-reviewed research articles published in 2011 by Menzies increased by 21 per cent up from 137 in 2010 to 166 publications in 2011. The number of high impact factor publications continued to be consistently high. Eight publications in journals with an impact factor greater than 10 were published in 2011, two of which were in journals with an impact factor greater than 30.

Grant and Fellowship Successes

Menzies continued its success in attracting competitive grant income over the last 12 months. Competitive grant income for 2011 was $11.5 million.

Menzies was awarded $1.4 million in project grants and $2 million in research fellowships through the National Health and Medical Research Council (NHMRC) for new research projects commencing in 2012. Menzies received a further $1.3 million from the Australian Research Council (ARC) for a new future fellowship grant and two projects grants. This outcome reflects the quality of research performed by the Institute. Applications undergo a rigorous selection process based on scientific quality and significance and applicant track record.

The new funding will enable our researchers to further their work into diseases such as osteoarthritis, cardiovascular disease, MS, renal disease, Alzheimer’s disease and osteoporosis.
Dr Kristy Sanderson and PhD student Fiona Cocker have found that people with depression may benefit more from participating in work rather than calling in sick.
Research Highlights

NHMRC Project Grants Awarded in 2011

The role of store-operated calcium entry in neuronal development
Dr Lisa Foa, Professor David Small and Dr David Gell, $341,175

New projection neurons are added to the brain through life – identifying their source and function
Dr Kaylene Young, $488,542

To search for genetic causes of renal disease in the Tiwi Island Aboriginal population
Dr Russell Thomson, Professor Wendy Hoy (UQ), Dr Brendan McMorran, Dr Matthew Jose, Professor Emily Hilder, and Dr Jac Charlesworth, $613,169

NHMRC Fellowships Awarded in 2011

Prevention of musculoskeletal disorders and cardiovascular disease – improving the evidence-base for primary health care
Dr Tania Winzenberg, $391,076

Building research capacity in epidemiological studies of chronic disease and injury
Professor Leigh Blizzard, $432,568

Practitioner Fellowship (respiratory disease)
Professor Haydn Walters, $523,725

Practitioner Fellowship (musculoskeletal disease)
Professor Graeme Jones, $311,850

An effective cardiovascular risk stratification system for children
Dr Costan Magnussen, $294,892

Australian Research Council (ARC) Grants Awarded in 2011

ARC Future Fellowships Award
Associate Professor Changhai Ding was awarded an ARC Future Fellowship for $765,216 over a four year period. The project will look at translational research in osteoarthritis, from epidemiological studies to clinical interventions.

ARC Discovery Grants

The ARC Discovery Projects grant recipients included two senior research fellows at Menzies, Dr Roger Chung and Dr Brendan McMorran.

Dr Roger Chung was awarded $270,000 for a project that will investigate some of the brain’s own mechanisms for protecting itself against Alzheimer’s disease.

Dr Brendan McMorran will study how platelets kill the malaria parasite, by investigating the role of host molecules and their potential as novel antimalarial agents. He is the recipient of a $280,000 grant.

ARC Linkage Infrastructure and Equipment Grant

Professor Simon Foote received $630,000 to purchase a high-resolution Nuclear Magnetic Resonance spectrometer and liquids separation module.

The NMR equipment will support Tasmanian research of international significance across the biological and medical sciences, chemistry and Tasmanian industries, including profiling studies in human health, plant biology, the molecular basis of disease and complex mixture analysis.
Associate Professor Changhai Ding was awarded an ARC Future Fellowship for his research in osteoarthritis.
Research Highlights

Other Research Highlights and Awards in 2011

- Dr Kristy Sanderson’s research was selected to appear in the NHMRC’s Ten of the Best Research Projects 2011
- Associate Professor Greg Woods and Dr Menna Jones (School of Zoology) won the 2011 Sherman Eureka Prize for Environmental Research for their work on the Tasmanian Devil Facial Tumour Disease (DFTD)
- Dr Verity Cleland was selected as one of three finalists for the Young Tall Poppy of the Year (Tasmania) Award
- Menzies hosted world-leading biomedical experts from China and Australia to share their research findings and exchange new ideas as part of the third Australia-China Biomedical Research Conference
- Associate Professor Greg Woods was admitted as a Fellow of the Royal Australasian College of Pathologists
- Dr Tania Winzenberg was selected to undertake the International Primary Care Research Leadership Programme at Oxford University, United Kingdom
- Dr Kristy Sanderson was appointed as a member of the beyondblue National Workplace Mental Health Expert Advisory Group
- Dr Kristy Sanderson was appointed as editor of the international peer-reviewed journal Social Psychiatry & Psychiatric Epidemiology
- Associate Professor Jo Dickinson was appointed as a member of the National Breast Cancer Foundation Research Advisory Committee
- Dr James Sharan was appointed to the editorial board of the American Journal of Hypertension
- Menzies continued to play an important role in the development of non-communicable disease risk factor surveillance and research through a four-year project funded by Atlantic Philanthropies and the supervision of Vietnamese public health professionals enrolled in research high degrees through Menzies
- Menzies unveiled Tasmania’s first biobus. A biobus is a novel concept involving a bus that has been equipped as a self-contained mobile science laboratory. The Tasmanian Biobus, proudly supported by the Tasmanian Community Fund, will be used to connect medical research with the community. It will provide people across the State, with the opportunity to participate in clinical research trials undertaken by Menzies.
Menzies hosted world-leading biomedical experts from China and Australia as part of the third Australia-China Biomedical Research Conference in 2011.
Menzies has an outstanding reputation, both within Australia and internationally, for excellence in postgraduate research training and for producing renowned researchers. The Institute offers a unique and stimulating scientific environment where scientists, clinicians and geneticists share ideas and knowledge to facilitate faster and more effective research results. Students are given the opportunity to contribute strongly to the Institute’s research success. Menzies seeks out the brightest science and medical graduates and provides them with world-class training and facilities, strong mentorship and cutting-edge postgraduate research projects.

Undergraduate Research Training
Five UTAS undergraduate students, Minnie Au, Foong Yi Chao, Macarena Pavez, Dean Picone and Erica Darian-Smith were awarded an Undergraduate Research Opportunity Program (UROP) Scholarship. The UROP program provides undergraduate students with the opportunity to participate in research at Menzies during their final year at university.

Honours Students
In 2011 there were 25 Honours students at Menzies. Undertaking Honours at Menzies gives students the opportunity to draw together their previous science, biomedical or health science studies, and focus their knowledge, skills and intellect on an exciting piece of original research.

Postgraduate Students
Menzies achieved a record high in the number of research higher degree students, with 60 students undertaking their studies in 2011 compared to 53 students in 2010. There were 19 new PhD enrolments, six of whom had completed an Honours year at Menzies prior to commencing their PhD. Eleven students graduated in 2011 and three students submitted their thesis for examination.

Notable Student Achievements in 2011
- PhD student Clare Smith was selected out of 20,000 worldwide applicants to attend the 61st Nobel Laureate Meeting in Lindau, Germany. Clare also received the Bede Morris Fellowship and OzEMalar funding to work at the Pasteur Institute in Paris for three months.
- PhD students Jerome Staal and Catherine Blizzard were selected as finalists in the Southern Cross Young Achiever Awards – TEMCO Science and Technology Award Category and Clare Smith was selected as a finalist for the Spirit of Tasmania Award Category.
- Dr Jerome Staal was awarded a NHMRC early career fellowship in biomedical research, the CJ Martin Fellowship.
- Dr Michele Callisaya was awarded a NHMRC early training fellowship for her research into stroke and ageing.
- Dr Dawn Doré was awarded a competitive Osteoarthritis Research International Scholarship to support a three month visit to the University of California, San Francisco.
- PhD student Steve Simpson won the Young Investigator Award from MS Research Australia at the 2011 MSRA Conference and the Menzies Postgraduate Student Prize. Steve also received funding for his CIPRIS trial of vitamin D as an intervention against respiratory tract infections from the Royal Hobart Hospital Research Foundation ($24,481), as well as funding for his TasGANS study of HPV-mediated anal neoplasia among women with a history of an HPV-mediated gynaecological neoplasia from Cancer Council Tasmania ($12,000) and the Clifford Craig Medical Research Trust ($37,038).
- In September, PhD student, Lila Lanowski was a finalist in the 2011 GlaxoSmithKline Australian Biotechnology Awards.
- PhD student Catherine Blizzard was awarded an international brain research organisation travel fellowship to attend the 8th International Brain Research Organisation Conference in Florence, Italy in July.
In December, PhD student Sonja Nikolic received a travel grant to present a talk titled “Waiting a few extra minutes before measuring central blood pressure has potentially important clinical and research ramifications” at the High Blood Pressure Research Council of Australia Annual Scientific meeting in Perth. Sonja also presented the above talk as a poster at the ARTERY Conference in Paris in October, for which she received a second travel grant.

Postdoctoral Appointments
Menzies has seen substantial growth in the number of postdoctoral appointments in recent years. There were 26 postdoctoral fellows on individual fellowships in 2011.
Global Collaborations

Collaboration plays a large part in the Institute’s innovative research. Menzies works closely with the UTAS Faculty of Health Science, in particular the School of Medicine and Tasmania’s major hospital, the Royal Hobart Hospital. Close collaboration with the resources of the Royal Hobart Hospital enables Menzies to increase the impact of its research by translation from ‘bench to bedside’.

Nationally, Menzies collaborates with a number of key scientists and leading medical research institutes including the Walter and Eliza Hall Institute, Monash University, Queensland Institute of Medical Research, Australian National University, Murdoch Childrens Research Institute, Menzies School of Health Research, the University of Melbourne and the University of Sydney.

We have a number of international collaborations with other medical institutes around the world including; University of Virginia (USA), National Institutes of Health (USA), University of Texas (USA), University of California (USA), University of Pennsylvania (USA), University of Turku (Finland), Wellcome Trust Sanger Institute (UK), August Krogh Institute (Denmark), the VU University (Netherlands), Vietnam Health Department (Vietnam) and the Anhui Medical University (China).
Menzies collaborates with a number of leading medical research institutes around the world.
Research Centres

ACRF Tasmanian Inherited Cancer Centre

The Australian Cancer Research Foundation (ACRF) Tasmanian Inherited Cancer Centre has permitted the development of a cancer research facility which houses several cancer research programs within Menzies including the familial cancer genetics program led by Associate Professor Jo Dickinson; the cancer epigenetics and gene regulation program led by Dr Adele Holloway; and the skin cancer immunology and Tasmanian devil research program led by Associate Professor Greg Woods.

2011 highlights include Associate Professor Dickinson and her team’s collaborative publications in the high profile journals Nature Genetics and Blood. Associate Professor Dickinson’s research group participated in an international consortium investigating the genetics of prostate cancer and her work contributed to the identification of new genes for prostate cancer in 2011. Additionally, ongoing research into the genetic causes underlying blood cancers revealed insights into the likely contributors to these cancers in families.

Centre of Research Excellence for Respiratory Health

The newly-opened NHMRC Centre of Research Excellence for Chronic Respiratory Disease and Lung Ageing, headed-up by Professor Haydn Walters and Clinical Professor Richard Wood-Baker, is committed to leading the way in respiratory health in Australia. Researchers at the Centre are investigating how to maintain optimal respiratory health, through innovative approaches to early detection, improved therapy and adherence.

The team’s primary focus is on better understanding and management of common chronic airway diseases such as asthma, chronic obstructive pulmonary disease (COPD) and cystic fibrosis. They are also interested generally in preserving respiratory health in the community from youth to old age, including a new initiative investigating lung fibrosis in elderly people.

The Centre will enable our researchers to fast track their crucial research into preventing or finding better treatments for those suffering from respiratory disease. The Centre is a collaboration between Menzies, UTAS School of Pharmacy, UTAS School of Nursing, the Royal Hobart Hospital, Queensland Institute of Medical Research, and the University of Melbourne’s Department of Public Health.

Wicking Dementia Research and Education Centre

The Wicking Dementia Research and Education Centre, established in 2008, conducts a translational research program developing new models of aged care, novel population-based intervention studies, effective programs to build carer resilience, and new therapeutics to prevent brain degeneration.

The Wicking Centre’s key outcomes to date include:

- Establishment of new palliative models of dementia care
- Developing a research program to translate evidence-based design into the construction of residential aged care facilities
- Building carer resilience through integrated information and decision aids (Gold Book and Carers’ Care DVD)
- Establishing a program of research to develop evidence-based approaches to care for people with dementia in the acute care sector
- Identifying key neuropsychological factors associated with ageing-related memory decline that predict risk for developing dementia
• Establishing a cohort study on the potential for later-life education to mitigate risk of ageing-related cognitive decline and dementia (the Tasmanian Healthy Brain Project)

• Developing a program examining modifications of drugs approved for use in humans for other indications for use against dementia-related brain pathology

• Establishment of the Teaching Aged Care Facilities program supporting workforce training and enhancing capacity for quality dementia care

• Establishing a model for a Nurse-Led Memory Clinic

• Establishment of the Wicking Dementia Research Network.

The core activities of the Wicking Centre are supported by the JO and JR Wicking Trust (ANZ Trustees), UTAS School of Nursing and Midwifery and School of Medicine, and the Tasmanian Department of Health and Human Services. The Wicking Centre has obtained further substantial project funding from the National Health and Medical Research Council, Australian Research Council, the Australian Government Department of Health and Ageing and the Tasmanian Department of Health and Human Services.
Stage Two Building Project – Medical Science 2

To support the dynamic growth of Menzies Research Institute Tasmania, a complementary Medical Science 2 (MS2) facility is being constructed adjacent to Medical Science 1 (MS1). The new 10,000m² MS2 facility will be conjoined to MS1 to cater for Menzies’ planned growth to 500 staff and students over the next five years, and to provide expanded clinical research facilities.

The new facility continues the co-location of medical science professionals at what is now known as the UTAS Medical Science Precinct. The co-location on this site with the UTAS School of Medicine will also encourage more training of future medical research scientists.

The UTAS Foundation continues to be actively engaged in fundraising activities to raise $5 million philanthropically within Australia over the building construction period. Major project funding contributor, The Atlantic Philanthropies, is assisting UTAS with these fundraising activities. To date, $3.1 million has been raised from philanthropic donations and a further $1.9 million is still needed.

UTAS will lodge the MS2 project details with the Green Building Council of Australia in mid-2012 for the Green Star assessment process. Green Star evaluates the environmental design and construction of the building.

Work has commenced to purchase the equipment identified as part of the project. A flow cytometer machine was approved, and purchased for $650,000 during 2011 and commissioned for December 2012. Discussions are underway in relation to the purchase and operation of a magnetic resonance imaging (MRI) machine.
The new Medical Science 2 (MS2) building will ensure that Menzies continues to directly contribute to better health outcomes for all Tasmanians and globally for decades to come.
### Income Statement for the period 1 January to 31 December 2011

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<td>657,377</td>
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<td>222,152</td>
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<td>Bequests</td>
<td>1,992,948</td>
<td>1,593,932</td>
<td>1,731,558</td>
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<tr>
<td>Interest from Bequest Investments</td>
<td>151,041</td>
<td>255,437</td>
<td>284,756</td>
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<tr>
<td>Interest from Research Grants</td>
<td>150,994</td>
<td>97,851</td>
<td>35,787</td>
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<tr>
<td>Interest from Contingency Reserve</td>
<td>19,245</td>
<td>17,519</td>
<td>15,115</td>
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<tr>
<td>Sales</td>
<td>62,495</td>
<td>71,989</td>
<td>31,342</td>
</tr>
<tr>
<td>Miscellaneous Income</td>
<td>110,269</td>
<td>350,356</td>
<td>785,776</td>
</tr>
<tr>
<td>Reimbursement of Expenses</td>
<td>128,351</td>
<td>107,131</td>
<td>105,766</td>
</tr>
<tr>
<td>Transfer of Assets from Major Projects</td>
<td>–</td>
<td>603,073</td>
<td>–</td>
</tr>
<tr>
<td><strong>Total Revenue</strong></td>
<td><strong>20,740,352</strong></td>
<td><strong>22,831,159</strong></td>
<td><strong>20,440,870</strong></td>
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<tr>
<td><strong>Expenses</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Salaries and On-Costs</td>
<td>13,448,939</td>
<td>12,044,954</td>
<td>10,338,163</td>
</tr>
<tr>
<td>Specific Activities</td>
<td></td>
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<tr>
<td>General Consultancy Services</td>
<td>2,144,390</td>
<td>2,488,494</td>
<td>2,770,433</td>
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<tr>
<td>Prizes and Scholarships</td>
<td>177,473</td>
<td>452,193</td>
<td>625,594</td>
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<tr>
<td>Travel and Staff Development</td>
<td>599,662</td>
<td>710,381</td>
<td>684,180</td>
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<tr>
<td>Public Relations and Marketing</td>
<td>68,062</td>
<td>21,537</td>
<td>138,038</td>
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<td>Patent Related Costs</td>
<td>55,887</td>
<td>37,847</td>
<td>8,649</td>
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<tr>
<td>Audit Fees</td>
<td>4,700</td>
<td>6,135</td>
<td>2,559</td>
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<tr>
<td>Running and Administration</td>
<td>2,397,152</td>
<td>1,894,370</td>
<td>1,902,917</td>
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<tr>
<td>Infrastructure</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Asset Purchases</td>
<td>327,291</td>
<td>546,695</td>
<td>301,197</td>
</tr>
<tr>
<td>Hire of Equipment</td>
<td>–</td>
<td>7,775</td>
<td>8,957</td>
</tr>
<tr>
<td>Hire of Facilities</td>
<td>2,169</td>
<td>1,236</td>
<td>9,242</td>
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<tr>
<td>Repairs and Maintenance</td>
<td>42,003</td>
<td>29,135</td>
<td>61,502</td>
</tr>
<tr>
<td>Depreciation</td>
<td>436,502</td>
<td>395,927</td>
<td>266,270</td>
</tr>
<tr>
<td><strong>Total Expenses</strong></td>
<td><strong>19,704,231</strong></td>
<td><strong>18,635,679</strong></td>
<td><strong>17,137,692</strong></td>
</tr>
<tr>
<td><strong>Operating Surplus/(Deficit)</strong></td>
<td><strong>1,036,120</strong></td>
<td><strong>4,195,480</strong></td>
<td><strong>3,303,178</strong></td>
</tr>
</tbody>
</table>
## Balance Sheet as at 31 December 2011

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td><strong>Assets</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Current Assets</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Funds Held by University of Tasmania</td>
<td>14,239,916</td>
<td>13,752,345</td>
<td>10,420,216</td>
</tr>
<tr>
<td>Receivables</td>
<td>739,432</td>
<td>–</td>
<td>82,167</td>
</tr>
<tr>
<td><strong>Total Current Assets</strong></td>
<td>14,979,348</td>
<td>13,752,345</td>
<td>10,502,383</td>
</tr>
<tr>
<td><strong>Non-Current Assets</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Plant and Equipment</td>
<td>4,497,573</td>
<td>4,092,604</td>
<td>2,843,932</td>
</tr>
<tr>
<td>Less Accumulated Depreciation</td>
<td>-1,697,617</td>
<td>-1,285,358</td>
<td>-954,248</td>
</tr>
<tr>
<td>Plant and Equipment</td>
<td>119,693</td>
<td>119,693</td>
<td>–</td>
</tr>
<tr>
<td>Less Accumulated Depreciation</td>
<td>-89,060</td>
<td>-64,816</td>
<td>–</td>
</tr>
<tr>
<td><strong>Total Non-Current Assets</strong></td>
<td>2,830,589</td>
<td>2,862,123</td>
<td>1,889,684</td>
</tr>
<tr>
<td><strong>Total Assets</strong></td>
<td>17,809,937</td>
<td>16,614,467</td>
<td>12,392,067</td>
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<tr>
<td><strong>Liabilities</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Current Liabilities</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Creditors and Accruals</td>
<td>–</td>
<td>–</td>
<td>133,481</td>
</tr>
<tr>
<td>Provision for Annual Leave</td>
<td>494,424</td>
<td>335,074</td>
<td>174,674</td>
</tr>
<tr>
<td><strong>Total Current Liabilities</strong></td>
<td>494,424</td>
<td>335,074</td>
<td>308,155</td>
</tr>
<tr>
<td><strong>Total Liabilities</strong></td>
<td>494,424</td>
<td>335,074</td>
<td>308,155</td>
</tr>
<tr>
<td><strong>Net Assets</strong></td>
<td>17,315,513</td>
<td>16,279,393</td>
<td>12,083,912</td>
</tr>
<tr>
<td><strong>Equity</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Opening Retained Surplus</td>
<td>16,279,393</td>
<td>12,083,912</td>
<td>8,780,734</td>
</tr>
<tr>
<td>Add: Profit/(Loss) for the Period</td>
<td>1,036,120</td>
<td>4,195,481</td>
<td>3,303,178</td>
</tr>
<tr>
<td><strong>Total Equity</strong></td>
<td>17,315,513</td>
<td>16,279,393</td>
<td>12,083,912</td>
</tr>
</tbody>
</table>
Summary of Significant Policies

The University of Tasmania prepares general purpose financial statements which are audited by the Tasmanian Auditor-General. A copy of the latest audited statements is available, upon request, from Financial Services.

These financial statements represent those transactions and balances specifically pertaining to the Menzies Research Institute Tasmania. The statements do not include all disclosures required by Australian equivalents to International Financial Reporting Standards.

Relevant accounting policies which have been adopted in the preparation of the attached Income Statement and Balance Sheet of the Menzies Research Institute Tasmania are:

a) Basis of Accounting

The financial statements have been prepared on the accrual basis of accounting using the historic cost convention unless otherwise stated.

b) Trust Funds

The University of Tasmania Foundation Inc. holds trust fund accounts on behalf of the Menzies Research Institute Tasmania.

In addition, the Menzies Research Institute Tasmania holds a number of trust accounts. The balance of the accounts, totalling $7,265,539 at 31 December 2011, is reflected in the Balance Sheet.

c) Plant and Equipment

Plant and equipment is brought to account, and carried at cost, where the value is greater than ten thousand dollars.

Plant and equipment is depreciated on a straight line basis over its useful life commencing from the time the asset is held ready for use. Depreciation rates for plant and equipment applicable during 2011 are 10% – 33%, and this is consistent with the prior year.

Gains and losses on disposals are determined by comparing proceeds with carrying amount. These are included in the income statement.

d) Creditors and Accruals

These amounts represent liabilities for goods and services provided to the Menzies Research Institute Tasmania prior to the end of the year which are unpaid. The amounts are unsecured and are normally settled within 30 days.

No allowance was made for accruals as at 31 December 2011.

e) Revenue Recognition

Commonwealth Government operating grants received under the Higher Education Funding Act 1988, and revenues received from other Government sources, are recognised as revenue at the time of receipt. A liability is recognised where unspent monies are required to be refunded to the funding body.

Interest revenue is recognised on a proportional basis taking into account the interest rates applicable to the financial assets.

Dividend revenue is recognised when the right to receive a dividend has been established.

Donations and bequests are recognised when the right to receive the funds has been established.

Revenue from the sale of goods is recognised upon the delivery of goods to customers.

Revenue from the rendering of a service is recognised upon the delivery of the service to the customers.

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

Wages and Salaries

Liabilities for wages and salaries are recognised as payables in respect of employees’ services up to the reporting date.

Sick Leave

Sick leave entitlements provided to the employees of the University are non-vesting and are based on a cumulative sick leave system. Liabilities for non-accumulating sick leave are recognised when the leave is taken.

Annual Leave

Liabilities for annual leave are recognised and measured as the amount unpaid at the reporting date at current pay rates in respect of employees’ service up to that date. Related on-costs are included in the provision. With the commencement of the National Employment Standards (contained in the Fair Work Act 2009) from 1 January 2010, annual leave for academic staff could no longer be deemed to be taken in the year in which it was accrued, hence there is now a provision being made in respect of these employees.

Long Service Leave

The University charges a levy on the salaries of certain staff and has assumed the liability for long service leave.

Statement of Certification

We certify that the financial statements reflect an accurate record of income and expenditure recorded through the University of Tasmania’s financial system, together with assets and liabilities specific to the Menzies Research Institute Tasmania.

Frank Martinovich
Finance Manager
Menzies Research Institute Tasmania

Garry Hennessy
Director of Financial Services
University of Tasmania

13 April 2012
About Us

Who We Are
Menzies Research Institute Tasmania, an Institute of the University of Tasmania, is one of Australia’s leading health and medical research institutes. Menzies is first and foremost about improving human health and saving lives.

Our Work
Menzies is renowned internationally for its innovative research that utilises the unique competitive advantages Tasmania offers, including our island geography, stable population and our extensive genealogical records.

We are at the forefront in the fight against disease and intensely committed to this global call for action through ongoing advances in research excellence.

We focus on a range of common diseases within the community including Alzheimer’s disease, arthritis, dementia, diabetes, cancer, cardiovascular disease, cystic fibrosis, mental health, multiple sclerosis (MS), osteoporosis, motor neurone disease, Parkinson’s disease, stroke and renal disease.

Menzies is tackling these diseases head on, bringing us one step closer to the vision of a healthier future.

Menzies’ impressive record of research discoveries includes:
- The link between babies’ sleeping position and sudden infant death syndrome (SIDS)
- Platelets found in the blood kill the malaria parasite during the early stages of a malarial infection
- Higher vitamin D levels are associated with a lower relapse risk in multiple sclerosis
- Nerve cells in undamaged parts of the brain can remodel themselves in response to acquired brain injury.

Our History
The Menzies Research Institute Tasmania, formerly known as the Menzies Centre for Population Research, was founded in 1988 by the Sir Robert Menzies Memorial Foundation, with support from the Tasmanian Government and the University of Tasmania. Menzies quickly gained a reputation for innovative work into the link between babies’ sleeping position and sudden infant death syndrome (SIDS). From this work our research expanded and epidemiological research programs were developed. In 2006, we expanded our focus on both clinical and basic science, to ensure that the depth and quality of our research was enhanced and strengthened.

Menzies is designated as a “Tasmanian Icon” by the Tasmanian Government in recognition of our scientific achievements, status and place in the Tasmanian community.

The Institute will enter another exciting phase of growth in late 2012 with the opening of our Stage II facility, Medical Science 2 (MS2). MS2 will enable us to further expand our highly innovative research program, make more discoveries, and intensify the pace of turning our discoveries into better treatments and health practices for the community.

How We Spend Donor Funds
Menzies relies on the generosity of donors to seed fund priority research projects. Every donation received by Menzies, no matter how big or small, goes towards research undertaken in Tasmania. Many of our research projects that receive government funding were initially established with funding from our supporters. Without donor support, some of our important research would not get off the ground as government and competitive funding bodies tend to support established research.

Gifts to Menzies Research Institute Tasmania are an investment in a healthier future – your future, and the future of all those who will come after you.
More Information
If you would like more information about our research programs, collaborations or education opportunities please contact us.

Menzies Research Institute Tasmania
Medical Science 1
17 Liverpool Street
(Private Bag 23)
HOBART TAS 7000

Phone: +61 (0)3 6226 7700
Email: info@menzies.utas.edu.au
www.menzies.utas.edu.au

ABN 30 784 374 782 – University of Tasmania

The Menzies Research Institute Tasmania is proudly supported by:

Call 1800 638 124 or visit menzies.utas.edu.au