



Cancer Trials
Australia

2017 ANNUAL REPORT

PROVIDING EXCELLENCE IN ONCOLOGY CLINICAL TRIALS



STRONG RESULTS IN 2017

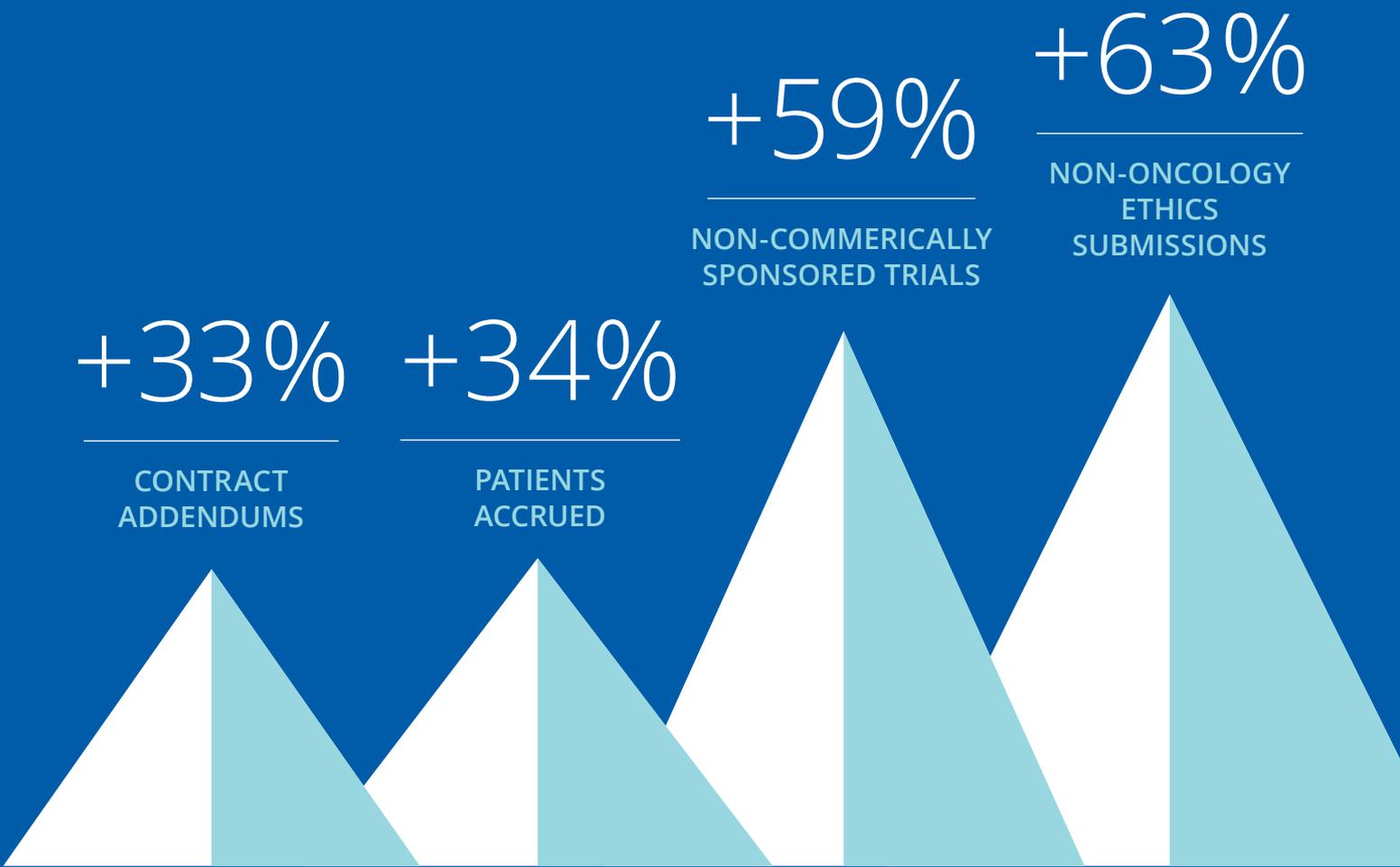
+15%

FEASIBILITIES
RESULTING IN STUDIES

+24%

FUNDS DISTRIBUTED
TO MEMBERS

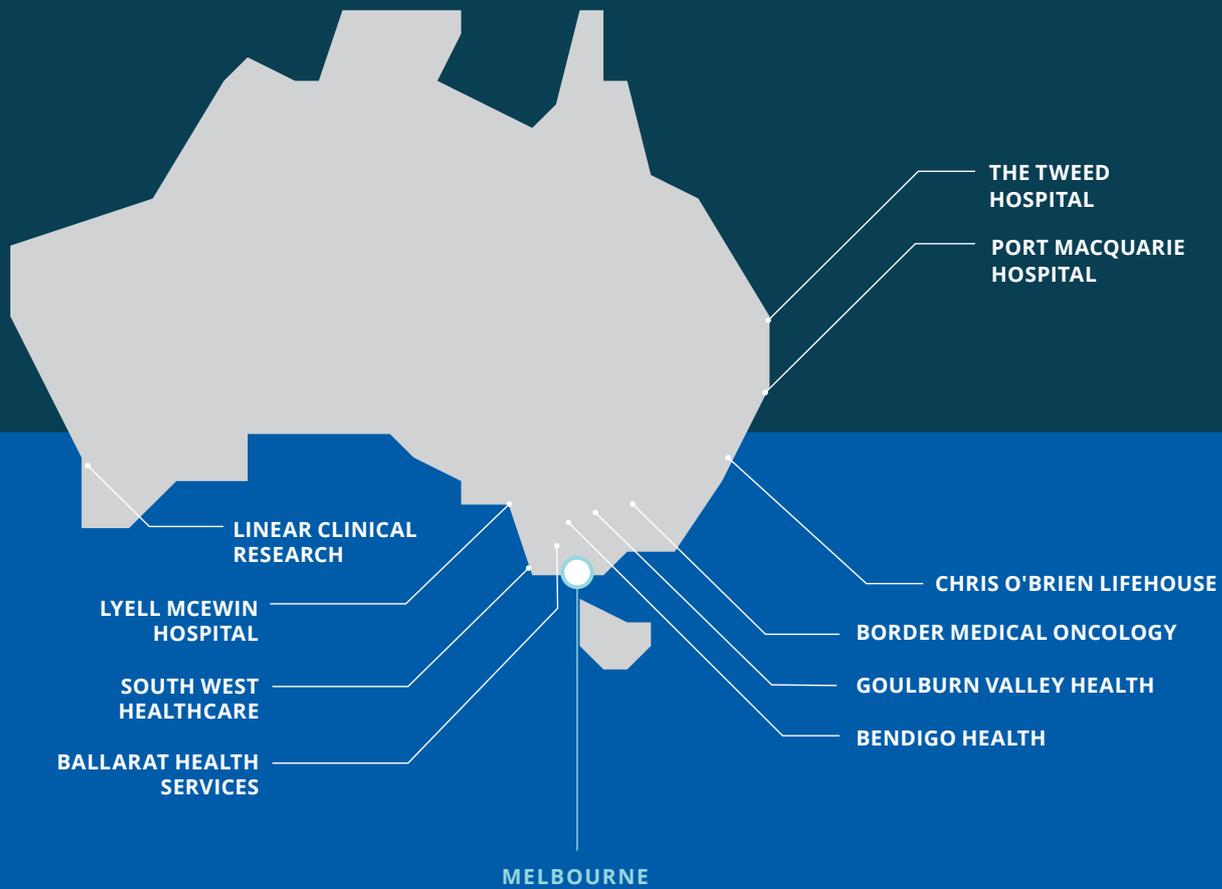




MORE THAN

\$19m

DISTRIBUTED TO CTA MEMBERS



Contents

6	Chair's Report
7	Review of Operations 2017
8	Manager's Reports
14	Board Sub-Committee Reports
16	Board of Directors
18	Corporate Governance
19	CTA Member Directory

AN INTERNATIONAL LEADER IN CLINICAL TRIALS, PLAYING A PIVOTAL ROLE IN DEVELOPING NEW THERAPIES AND THE ADVANCEMENT OF PATIENT CARE



Chair's Report

IT IS MY PLEASURE TO WRITE my second Chair's report, to preface the 2017 Cancer Trials Australia annual report. I thank my fellow Directors for their important contributions throughout 2017; John Seymour, Peter Briggs, David Ashley, Julian Clark, Colin Nugent, Michelle Gallaher, as well as our new Directors Mark Shackleton and Craig Underhill. David Ashley resigned from the Board in May to pursue his passion for clinical and applied brain tumour research at Duke University (USA). The Board thanks David for his two years of valued contributions, and wishes him success with his future endeavours.

In 2017 CTA welcomed a new CEO, Dr Kurt Lackovic and expanded membership to a fourth Australian state with the addition of Linear Clinical Research based in Perth. CTA also experienced significant growth in Service Agreements with our Members, the majority of which included application of the Velos eResearch clinical trial management system. As detailed in other sections of this annual report, building on the back of growth in 2016 CTA service metrics grew in 2017.

Throughout 2017 CTA has ensured the smooth administration of significant and growing member clinical trial activity, nurturing strong links with both Sponsors and CROs, and delivering significant value through our Tumour Group Network.

CTA took a more prominent role at both national and international conferences. Our staff also represented Members' interest on a range of committees and advisory groups, including an Australian Clinical Trials Alliance reference group, AusBiotech's Clinical Trials Advisory Group and the BioMelbourne Network's Clinical Trials Advisory Group.

As detailed in other sections of this annual report, building on the back of growth in 2016 CTA service metrics grew in 2017.

CTA's growing advocacy voice extended to the Victorian Regional Trials Network as well as through engagement with the Victorian Comprehensive Cancer Centre.

I am pleased to report Kurt found his feet fast, and both he and the CTA management team have impressed with their ability to grow CTA, while improving the organisations efficiency. Cancer Trials Australia is well positioned to continue to provide value for money services to support clinical trial activity across our membership. Moreover, we are working hard to leverage many other initiatives in the clinical trial space, maximising value to our Members.

Finally, I would like to congratulate CTA management and staff, as well as acknowledge network member personnel for working hard to ensure the success of the CTA network.

ANDREW SCOTT

Board Chair

Review of Operations 2017

I BEGAN AS CEO OF CANCER TRIALS AUSTRALIA on 30 January 2017, post Marcus Clark's retirement after 10 successful years in that role. I thank Marcus for his assistance during my transition, as well as all CTA staff, particularly the management team, for welcoming me and ensuring I was able to grasp the business rapidly. The CTA Board was also instrumental in my on-boarding, and I would particularly like to thank Colin Nugent for acting as our interim-CEO prior to my start.

2017 saw growth in CTA membership and significant growth in our services for Members. CTA developed an important relationship in Western Australia, by welcoming Linear Clinical Research in August 2017. All full-service Members renewed their service agreements, and numerous non-service Members became service Members. Velos eResearch clinical trial management system use increased from 9 to 12 hospitals throughout 2017. I look forward to continuing strong relationships with both our new and established Network Members.

There were changes at our Board level also, with David Ashley resigning in May. Congratulations on your new appointment at Duke University and thank you for your contribution to CTA over many years. New Board members Craig Underhill and Mark Shackleton were welcomed mid-year, representing the interests of regional and metro hospital Members respectively.

The CTA Finance team issued close to 4,000 invoices on behalf of our members, and greater than \$19M was distributed to CTA Members, up 24% on the previous year.

Almost all CTA service metrics improved in 2017; Feasibilities resulting in studies grew 15% , clinical trial submissions increased to 173, contracts grew 14% to 157, and 161 clinical trials opened (up 11%). The CTA Finance team issued close to 4,000 invoices on behalf of our Members, and greater than \$19M was distributed to CTA Members, up 24% on the previous year.

Key programs in 2017 included (i) expansion of services provided to Members, (ii) enhanced customised reporting for service Members, (iii) conduct of 30 Tumour Network meetings, (iv) hosting of both Tumour Group chairs and research managers forums, (v) participation in numerous national and international meetings, and (vi) redesign of the CTA website.

CTA also continued to support the Victorian Regional Cancer Clinical Trial Network (VRCCTN), co-ordinated by Craig Underhill at Border Medical Oncology. This important project supported by Cancer Council Victoria aims to create efficiencies, facilitate capacity building and pilot telehealth models for screening and recruitment of cancer patients at regional trial centres.

The managers and senior staff at CTA have expanded on their respective areas of responsibility further in this report, covering finance, clinical trial contracts, clinical trial start up activity, human resources and information management.

Cancer Trials Australia's growth will continue in 2018, where the focus will include: (i) continuing to provide cost efficient and timely services to Members, (ii) expansion of services offered, (iii) expanding support for investigator initiated trials, (iv) strategic selection of new Members, (v) enhancing linkages across metro and regional Members, as well as (vi) enhancing communication with Members, industry and government. Forming tighter links with both state and federal governments will allow CTA to add further value in the evolving clinical trial landscape.

Finally, I would like to thank all CTA staff as well as Network Member personnel for all the hard work they undertake that is essential to enable the CTA Network to flourish.

KURT LACKOVIC
Chief Executive Officer

Manager's reports

Finance

THE FINANCE TEAM HAS AGAIN ACHIEVED an unqualified audit report through management of excellent record systems and reconciliations to meet audit standards.

Throughout the year, CTA finance managed the invoicing process for more than 500 sponsored trials (across 17 Member hospital sites) and 158 non-commercially sponsored trials. Our largest trial volumes and revenue arise from our full service sites, PCCTU (Peter McCallum Cancer Centre, Royal Women's Hospital and Royal Melbourne Hospital), Western Health, Cabrini Health and Monash Health. During 2017 we also welcomed new full service sites, Linear Clinical Research based in Perth and Goulburn Valley Health based in Shepparton.

Workload in the CTA finance team increased substantially during 2017 with cash transfers to sites increasing by 24% and the number of invoices issued increasing by 13%. To service this growth, resources in the finance team were increased, with 3 full time Finance Assistants now providing the financial billing and debtor management services across 17 Member sites. Our structure promotes customer service, with each Finance Assistant dedicating services to a group of Member sites, working closely with each site to manage the invoicing for the life of their clinical trials.

As an additional benefit to our full service Member sites, CTA has continued to use its cash reserves to transfer funds to

Bi-monthly transfers, irrespective of whether the invoice has been paid to CTA are provided interest free to all of our full service Member sites, reducing their cash flow risk significantly.

Members on a bi-monthly basis, irrespective of whether the invoice has been paid to CTA. In many cases this means that the site has been paid before CTA. This service is provided interest free to all of our full service Member sites, reducing their cash flow risk significantly.

In addition, the CTA finance team is responsible for the CTA payroll service and manages the salary packaging arrangement with Remunerator. The finance team is responsible for preparation of the annual CTA budget and 6+6 forecast, undertaking an annual CTA pricing and cost analysis and supporting the Finance and Audit Sub Committee through the preparation of agendas and minutes.

Our main workload and core function, however, continues to be finance and associated debtor services for our Members' clinical trials. We aim to ensure maximum revenue and timely invoicing on behalf of our Member sites, in accordance with contractual terms. Contracts with sponsors continue to be complex, with many different items to be tracked for invoicing. The majority of trial activity is now tracked via eResearch (Velos) data entry; however, there are still a number of items tracked through manual systems. Each year we continue to finesse and improve on these processes.

I would like to take the opportunity to thank my staff for their contribution throughout the 2017 financial year.

MICHELLE BUTTON

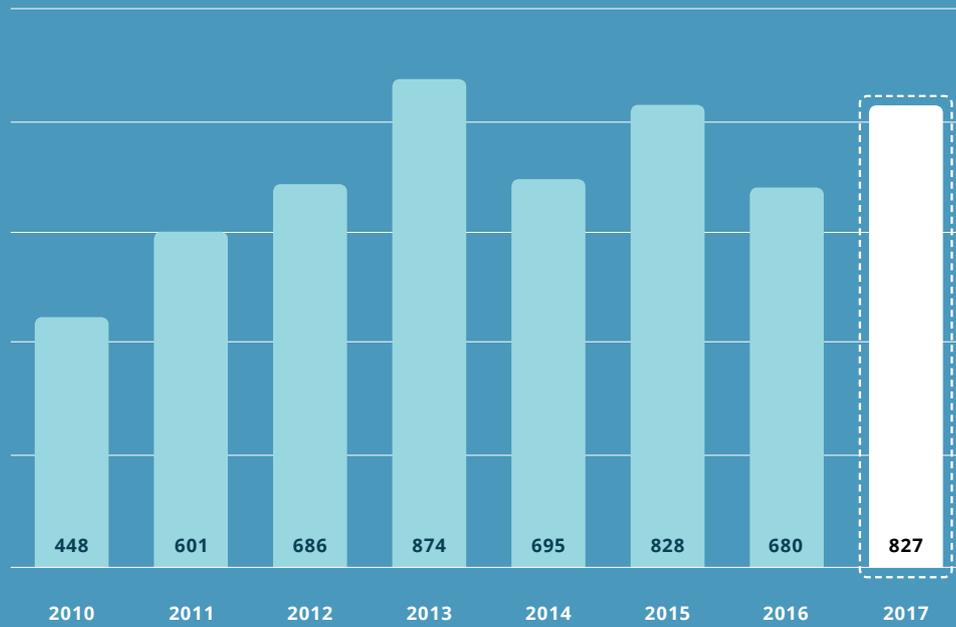
Finance Manager

Clinical Trial Contracts

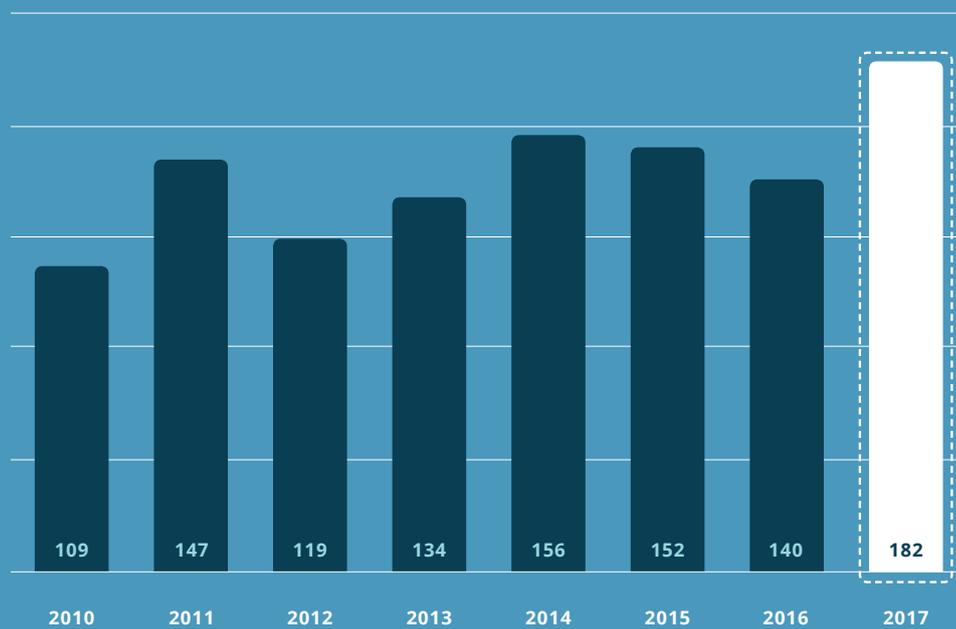
IN 2017, WE CONTINUED TO ACHIEVE significant growth in the number of budgets and contracts negotiated across our Member sites. We executed 157 contracts compared to 138 in 2016 (14% increase). The number of contract amendment requests also remained high with 272 addendums executed in 2017 compared to 205 addendums in 2016 (33% increase).

We also made considerable progress in reducing our overall budget and contract timelines. Our average time to approval achieved in 2017 was 89 days, down from 100+ days in 2016.

NUMBER OF PATIENTS ACCRUED



NUMBER OF OPEN TRIALS



MANAGER'S REPORTS CONTINUED

One of the advantages for our Members in utilising CTA for our administrative services is to gain access to highly skilled and dedicated resources. Each of our Budget and Contract Specialists manages a site portfolio to ensure that our Members experience a high quality of service in management of their budgets and contracts. This model ensures that we have resources in place who have the time and expertise to manage these administratively burdensome activities. Moreover, this model also ensures that we can develop and maintain strong working relationships with Sponsors and CROs on behalf of our member sites. Only through mutual understanding and collaboration are we able to achieve efficient and effective negotiation outcomes.

Despite our positive results this year, there are still improvements that can be made. Higher transparency in relation to clinical trial costs is required from both the sites and sponsors to optimise budget negotiation timelines. Increased government interaction is also required to assist in standardising clinical trial costs in Australia. Despite attempts in 2015 by the NHMRC/IHPA, this has not been successful to date.

I would like to thank each of my staff for their dedication throughout 2017.

MARIE LUCI

Clinical Trials Contracts Manager

Clinical Trial Start Up Activity

CTA SUCCESSFULLY COORDINATED 30 Tumour Group meetings for the 8 tumour streams and Phase 1 Group. Many thanks to the Tumour Group Chairpersons for their continued support and guidance. The only chairperson change was in the Breast Group. We sincerely thank Dr Catherine Oakman as the chair of this Group (in the role for over 2.5 years) and welcome Dr Belinda Yeo to take over, starting 2018. In Q3, Linear Clinical Research in Western Australia joined the Phase 1 Group as a new Member and this has strengthened the awareness of Phase 1 clinical trials being undertaken in Australia. Feasibilities resulting in studies increased 15% in 2017.

CTA, together with the Phase 1 Group assisted a China based biotech company during their visit to Melbourne looking

Non-Oncology ethics submissions increased by 63%, with CTA assisting Melbourne Health Departments such as Immunology/Allergy, Respiratory and Dermatology.

to place their First In Human study, with three of the CTA Phase 1 centres going forward to participate in the study. We coordinated four First In Human independent reviews, three of which led to successful submissions.

We finished the year with 173 clinical trial submissions and it was noted that sites were undertaking significantly more non-commercially sponsored/collaborative studies. Non-Oncology ethics submissions increased by 63%, with CTA assisting Melbourne Health Departments such as Immunology/Allergy, Respiratory and Dermatology.

On average, the Post Approval Ethics Submission Specialists were submitting 49 amendments per month, this level of activity demonstrates the frequency of changes occurring in clinical trials.

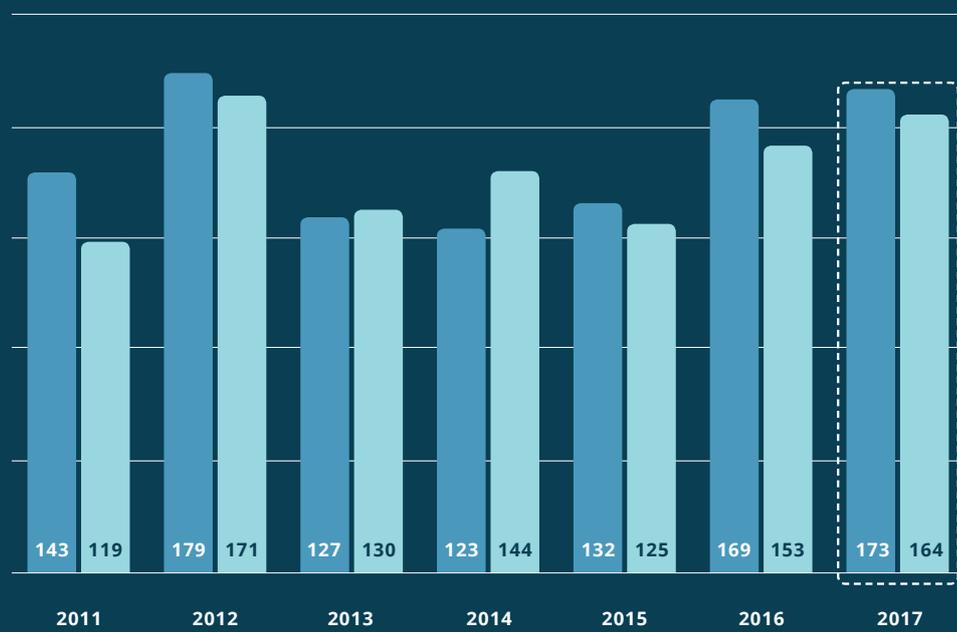
Within the network, there was a 17% increase in the number of open studies compared to 2016 and out of the 182 studies open to recruitment in 2017, 35% were Phase III, 21% were Phase II and 22% were Phase 1, thus showing a diversity of studies for the Members.

Special thanks and appreciation to the entire team for their dedicated work and support.

JEN HAN

Clinical Trials Startup & Sponsor Relations Manager

TRIAL ACTIVITY



■ Submissions
■ Approvals



MANAGER'S REPORTS CONTINUED

Human Resources

DURING 2017 STAFF NUMBERS INCREASED by 3 FTE, driven by expansion of CTA services at both existing and new Member sites, as well as an increase in the volume of trials run by our current service Members. The average length of service for CTA employees remained steady during 2017, at just over 3 and a half years.

2017 also saw an increase in staff professional development investment by CTA, through attendance at formal external training courses. There was also greater focus on improved inter-team communication and collaboration, achieved through regular staff meetings, and team-building activities conducted outside the office environment. Both initiatives were further strengthened by encouraging staff to build their professional networks via either face to face activities or appropriate digital platforms.

In addition, a number of HR-related policies were either reviewed or introduced, to meet legislative requirements and/or achieve improved productivity and staff engagement, e.g., a new professional development policy issued in July 2017.

2018 promises to be another exciting year of staff development and improved efficiency and service delivery to our Members, underpinned by a growing investment in information systems.

SUSY MONTAGNER

HR Manager

Information Management

AFTER THE SUCCESSFUL LAUNCH of customised dashboards for service Member sites in 2016, which bring together finance, timeline, patient accrual and study status data, sites grew more confident in utilising this tool. We saw an uptake in requests for added trend analysis, identification of under-performing studies and data collection gaps, placing greater focus on determining the most informative KPIs to track and report.

CTA's project management needs are evolving as we surpass the ability of basic tracking tools to effectively

coordinate internal study initiation activities. In late 2017 we commenced implementation of a sophisticated internal project management tool to transform tracking of initial study activation across CTA's administrative teams. The first phase of roll out began with the Contracts Team. The project aims to increase visibility of study initiation status across our teams, contributing to tighter coordination and allowing a big-picture view and greater insight into work-in-progress.

Both of these development projects underpin our evolving data strategy, to move beyond data collection to deeper data analysis for generating useful trial intelligence.

In mid-2017 we designed and launched a new website, which also allowed an increased social media presence via regular posts on LinkedIn. Key staff undertook training in MailChimp as a mechanism for future Member communication.

EMILY ENGLAND

IT Project Analyst

Clinical Trials Management Systems

OUR VELOS eRESEARCH SERVER was upgraded during the first half of 2017, providing users with better performance and reliability and a stable platform to test and conduct future Velos eResearch version upgrades. Review of Velos eResearch version 10 was rescheduled for early 2018.

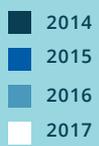
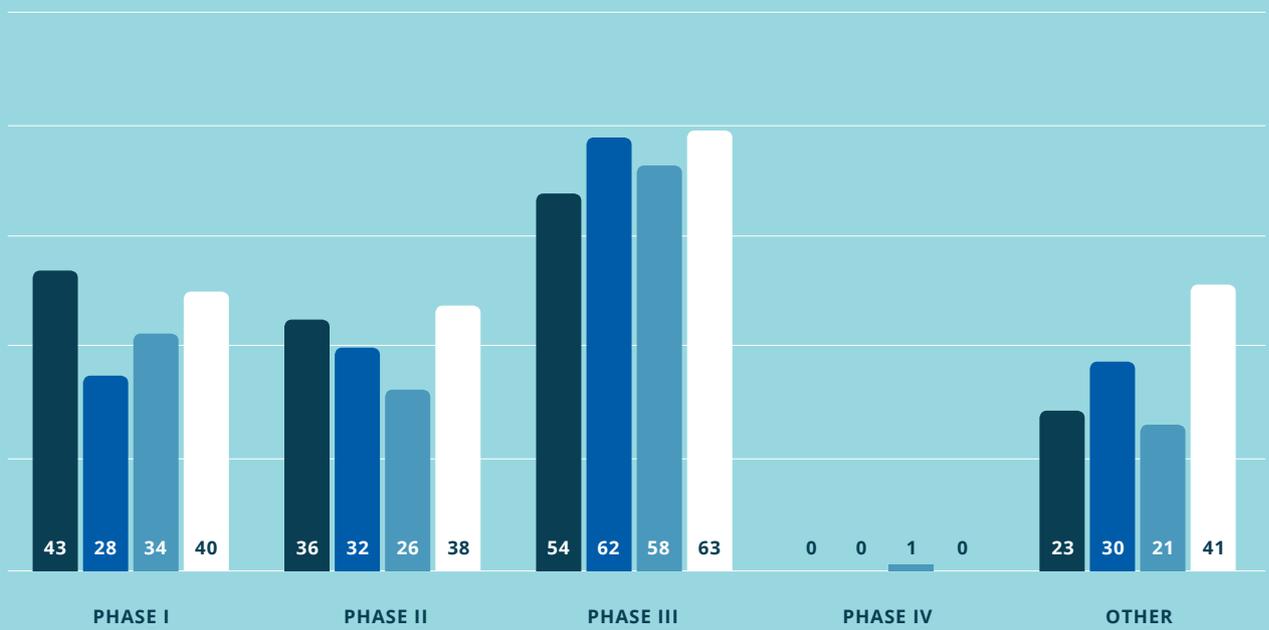
2017 saw a total of 81 staff trained in eResearch, a three-fold increase over 2016. This was mainly due to the introduction of new sites (Linear Clinical Research and Bendigo Health) as well as the expansion of PCCTU and introduction of new processes to assist in the amalgamation of trials from RMH, PMCC and RWH under one team.

Much has changed in the CTMS landscape since CTA adopted Velos eResearch in 2010. CTA continues to scan the marketplace in this area to ensure we remain abreast of developments and new product offerings, particularly as Australia progresses towards implementation of Electronic Medical Records at additional hospitals.

ANDREW CHONG

Information Analyst

OPEN TRIALS BY PHASE



Board Sub-Committee Reports

Finance and Audit Sub Committee Report

THE FINANCE AND AUDIT SUB-COMMITTEE (FASC) had five formal meetings throughout the year and had regular ongoing interaction with Management. The Committee assessed the financial performance of the Company including cash flow, profit and loss, balance sheet performance and all capital investment propositions. In addition the FASC considered potential internal and external risks to the business and assisted Management in maintaining a current Risk Register. The Committee's advice and recommendations were provided to Management and the Company Board.

The CEO, Kurt Lackovic, and the Finance Manager, Michelle Button attended all the Committee meetings during the year and provided excellent, accurate financial information and reports. Colin Nugent assumed the role of Chairperson of the Committee during the year, in the absence of Julian Clark who was unable to attend due to ill health. The FASC appointed Michelle Gallaher during the year to fill the vacancy left by Julian Clark. Michelle brings excellent experience to the FASC, ensuring the high standard of the review process is not only maintained but enhanced.

The FASC meeting agendas always included a rigorous review of operating performance compared to budget, the financial position, cash flow, debtors management and potential capital investment requirements. The Committee also assisted Management in the preparation and presentation

of the annual budget, particularly with respect to business assumptions and potential risks.

The consolidation of three of CTA's major sites under one operational unit presented operational issues which CTA has successfully resolved throughout the year. The FASC recognises Kurt Lackovic's leadership in successfully tackling these issues, and producing outcomes favourable to both CTA and CTA's strategic partners.

CTA Management realised net clinical trials revenue of \$2.6 million (2016 \$2.2 million), an increase of 18.2%. Total Gross Clinical Trial Revenues administered by CTA rose by \$3.7 million or 19.8% over 2016. The surplus for the year was \$80,914 (2016: deficit of \$47,767).

The quality of administration of clinical trials by CTA will continue to underpin success into the future. Strategic alliances and an increased focus on Government advocacy will ensure CTA is well positioned to add value to its Members. Exchange rate uncertainties are mitigated by contracts being written in local currency together with a continued focus on cost management.

The Company finished the year with a very sound financial position, having \$4,423,691 in cash reserves. Total equity of \$3,126,425 was an increase over 2016 driven by the impact of an increase in net assets.

The cash reserve continued to act as a buffer for timing of a cash flow that remained unpredictable and to enable financing, for the benefit of Members, of payment before sponsor payments were received. This continues to be a significant financial benefit to Members.

The ratio of current assets to current liabilities was 1.78, well above the planned threshold of 1.25. Management continued to maintain strong control over debtors, which remains a challenge in a cost competitive environment.

The overall financial risk profile remained sound and at no time during the year did the Committee have any significant concerns with respect to cash management and business risk. The Company continues to be income tax exempt, as a charity under the requirements of the recently established Australian Charities and Not-for-profit Commission.

Total Gross Clinical Trial Revenues administered by CTA rose by \$3.7 million or 19.8% over 2016. The surplus for the year was \$80,914.

Management is congratulated on yet another unqualified audit report, delivered by Deloitte; and the Committee wishes to again acknowledge the high accounting and financial management standards set by Michelle Button, Finance Manager, and Kurt Lackovic, CEO.

The Committee was pleased to advise the Board and to now report that Cancer Trials Australia Ltd based on a very successful 2017 under the Management of the CEO, Kurt Lackovic, enters 2018 with confidence and a very strong financial platform from which to secure future opportunities for the Company and all of its Members.

COLIN NUGENT B COM, CA (SA), ACA
Chair, Finance and Audit Sub Committee

Management is congratulated on yet another unqualified audit report.



Performance and Remuneration Sub Committee Report

TERMS OF REFERENCE FOR THE PRSC were updated and approved by the Board in 2017.

The PRSC met twice in 2017 to review the CEO's performance against KPIs and policies associated with CTA staff remuneration. The committee was supportive of the CEO's decision to cease CTA's Work Life Balance Leave policy in favour of remuneration increases to all staff. It was noted for both the CEO and CTA staff that remuneration was considered in line with an entity of this size, conducting business in the health care sector as a not-for-profit.

The PRSC was also supportive of the CEO's decision to implement a formal Professional Development policy for all staff.

ANDREW SCOTT
Chairman

BOARD OF DIRECTORS

PROFESSOR ANDREW SCOTT (CHAIR)

AM, MBBS, MD, FRACP, FAHMS, FAANMS, FAICD, DDU

APPOINTED AS DIRECTOR: 1 August 2015

EXPERIENCE: Head, Tumour Targeting Laboratory, Olivia Newton-John Cancer Research Institute, 2015 to present. Medical Director, Department of Molecular Imaging and Therapy, Austin Health, 2015 to present. Professor, Faculty of Medicine, University of Melbourne, 2007 to present. Professor, School of Cancer Medicine, La Trobe University, 2015 to present. Director, Australian Nuclear Science and Technology Organisation, 2008 to present. President, World Federation of Nuclear Medicine and Biology

MEETINGS ATTENDED:

Directors 5 of 5; PRSC 2 of 2

DR JULIAN CLARK

PhD, Member – AICD, Fellow of AATSC

APPOINTED AS DIRECTOR: 26 March 2009

EXPERIENCE: Head Business Development, Walter and Eliza Hall Institute of Medical Research, Parkville, March 2003 – present. Director Cancer Trials Australia Pty Ltd, 2009 – present. Director BACE Therapeutics Pty Ltd, 2009 – present. Director BioGrid Australia Pty Ltd, 2009 – present. Director Julian Clark Consulting Pty Ltd, 1999 – present. Chief Executive Officer, Cancer Therapeutics CRC Pty Ltd, 2007-2008. Director Alchemia Limited, 2006 – 2008. Director, Meditech Research Limited, 2004 – 2006. Director, Genera Biosystems Pty Ltd, 2004 – 2007. Chairman/Member, Sansom Institute Advisory Committee, University of South Australia, 2006 – present.

MEETINGS ATTENDED:

Directors 1 of 5; FASC 1 of 5; PRSC 0 of 2

DR PETER BRIGGS

MBBS, FRACP

APPOINTED AS DIRECTOR: April 2014

EXPERIENCE: Dr Peter Briggs has broad experience in Medical Oncology and Clinical Haematology, with particular interests in lung cancer, breast cancer and haematology. Dr Briggs is Head of the Medical Oncology department at Southern Health. He has a long clinical career in general clinical oncology in private & public practice. Over recent years he has focused particularly on lung cancer management and clinical research in this field. In addition to his duties at the Monash Cancer Centre, Dr Briggs conducts a private medical oncology practice at Moorabbin Specialist Centre.

MEETINGS ATTENDED:

Directors 3 of 5

PROFESSOR JOHN SEYMOUR

MBBS, FRACP, PhD

APPOINTED AS DIRECTOR: June 2014

EXPERIENCE: Professor Seymour is the Director of Cancer Medicine at the Peter MacCallum Cancer Centre and a member of many scientific committees including the Victorian Government Consultative Council on Human Research Ethics, Scientific Advisory Committees for the International Workshop on NHL, International Conference on Malignant Lymphoma, and Board of Directors of the International Extranodal Lymphoma Study Group. He is a past Chairman of the Australasian Leukaemia and Lymphoma Group and is a frequently invited speaker nationally and internationally. He is the Editor-in-Chief of Leukemia and Lymphoma and on the editorial boards of the Journal of Clinical Oncology, British Journal of Haematology, and Leukemia Research. He has also authored 13 book chapters, more than 300 peer-reviewed publications (which have been cited more than 8,000 times), and 500 conference abstracts. Heavily committed to clinical and translational research, Professor Seymour is national study chairman for 12 ongoing national or international clinical trials.

MEETINGS ATTENDED:

Directors 4 of 5

COLIN NUGENT

B.Com, Member of Institute of Chartered Accountants in Australia (CA)

APPOINTED AS DIRECTOR: 10 June 2015

EXPERIENCE: Colin is a current member of the Australia & New Zealand Institute of Chartered Accountants and owns a consulting practice offering strategic and financial services to the healthcare sector. Colin is a "Big 4" trained Chartered Accountant, graduated from the University of Cape Town and gaining his CA (SA) membership. He obtained his Australian ACA accreditation in 1983. Colin has extensive commercial and technical experience across a broad range of national and global companies. The last 25 years have been spent in the Healthcare space with companies such as Ipsen, Kendle (now INC Research), Medisence (Abbott Labs), holding financial, director and board positions in these and other organisations.

MEETINGS ATTENDED:

Directors 4 of 5; FASC 5 of 5; PRSC 2 of 2

PROFESSOR DAVID ASHLEY

MBBS, FRACP, PhD

APPOINTED AS DIRECTOR: 25 August 2015

EXPERIENCE: Professor Ashley has had an extensive research career in cancer clinical care and research over two decades. He has in excess of 130 peer reviewed publications and numerous reviews, abstracts and invited

scientific presentations across a variety of domains including laboratory based Cancer Research, clinical trials, public health and Psycho-Oncology research. In recent years his focus has been in particular neurologic tumours and the epigenetics of cancer. His achievements in research have led to change in practice in the care of children and adults with malignancies including the introduction of new standards of practice for the delivery of systemic chemotherapy. Professor Ashley is highly regarded for his work as evidenced by numerous invitations to plenary sessions and symposia of international standing. He has been the principal investigator of number of national and international studies.

MEETINGS ATTENDED:

Directors 1 of 2

MICHELLE GALLAHER

Dip App Sci (Orth), Grad Dip Bus, MBA, GAICD, Fellow AIM

APPOINTED AS DIRECTOR: 12 September 2015

EXPERIENCE: Creative Director of The Social Science. Healthcare and biotechnology are her fields of expertise having worked in biotech start-ups, major teaching hospitals, research organisations and pharmaceutical companies throughout her 20+ year career. As former CEO of the BioMelbourne Network, the peak body for biotech and med-tech in Melbourne, Michelle developed a contact network that spans far more than Melbourne's innovations sector, reaching as far as Beijing, Manchester, San Diego and Boston. Michelle is a recognised super tweeter in the international biotech space, recently listed as a top 20 tweeter at BIO 2013 and holding the number 1 spot on the BIO top tweets list. She has a passion for Twitter, Instagram, LinkedIn and Pinterest and is a regular blogger on a number of local and international biotech and med-tech sites.

MEETINGS ATTENDED:

Directors 2 of 5; FASC 0 of 1

PROFESSOR MARK SHACKLETON

MBBS, PhD, FRACP

APPOINTED AS DIRECTOR: July 2017

EXPERIENCE: Prof Mark Shackleton is the Director of Oncology at Alfred Health, a Professor of Oncology at Monash University, a Victorian Cancer Agency Clinical Research Fellow, Chair of the Australian and New Zealand Melanoma Trials Group and Head of the Cancer Development and Treatment Laboratory at the Monash Central Clinical School at Alfred. After training in medical oncology and at the Ludwig Institute in Melbourne, Dr. Shackleton undertook PhD studies at the Walter and Eliza Hall Institute of Medical Research and post-doctoral work at the University of Michigan, USA. He was awarded the 2006 Victorian Premier's Award for Medical

Research, a 2010 NHMRC Achievement Award, a 2011 Pfizer Australia Fellowship, and in 2012 was awarded the Australian Science Minister's Prize for Life Scientist of the Year. His laboratory focuses on understanding mechanisms of cancer initiation and propagation.

MEETINGS ATTENDED:

Directors 2 of 3

DR. CRAIG UNDERHILL

MBBS, FRACP

APPOINTED AS DIRECTOR: July 2017

EXPERIENCE: Dr Craig Underhill is the Clinical Director of Cancer Services at Albury Wodonga Health and Hume Regional Cancer Service Border East, has a conjoint appointment as a Senior Lecturer with the University of NSW Rural Clinical School Albury, Honorary appointment at Royal Melbourne Hospital as Associate Medical Oncologist, is Chair and Cancer Advisor Cancer Executive Committee, Murrumbidgee Local Health Network, and the Regional Oncology Lead with the Victorian Comprehensive Cancer Centre. Dr Underhill completed his Bachelor of Medicine and Surgery in 1987 at Melbourne University. He became a Fellow of the Royal Australasian College of Physicians in 1997, in the mid 90's Dr Underhill worked as the Senior Clinical Research Registrar at Guy's Hospital, London and the the Peter MacCallum Cancer Centre.

MEETINGS ATTENDED:

Directors 3 of 3

DR KURT LACKOVIC

PhD, MBA, GAICD

APPOINTED: Company Secretary, appointed 30 January 2017

EXPERIENCE: Dr Kurt Lackovic has been CEO of Cancer Trials Australia since January 2017. He has spent his entire career in medical research. His education includes a PhD in chemistry, international post-doctoral experience in medical genomics and early stage drug discovery, graduating from the Australia Institute of Company Directors in 2014, and in March 2018 completed his MBA at Melbourne Business School. Dr Lackovic has published 20+ articles across multiple research areas, possesses extensive expertise in leading complex academic and clinical programs, strong connections to industry, and strategic linkages to senior executives in Government and major teaching Hospitals. He is a member of the Licensing Executives Society of Australia and New Zealand, American Society of Clinical Oncology, Society for Clinical Research Sites and AusBiotech's Clinical Trial Advisory Group.

MEETINGS ATTENDED:

Directors 5 of 5; FASC 5 of 5; PRSC 2 of 2

CORPORATE GOVERNANCE

THE BOARD FOCUSES ON THE objectives and values for which CTA was created and remain important to its Members and stakeholders and thus ensures that Member value is protected and enhanced. The Board supports the principles of the ASX Corporate Governance Councils Principles of Good Corporate Governance and Best Practice Recommendations.

CTA is not a listed company and as such is not required to report on these principles; however the Board has applied the principles where relevant to a Not-For-Profit company limited by guarantee.

The Board ensures that CTA management and staff maintain regular reporting practices and comply to the highest level of corporate ethics. The Board is comprised of Member and Independent Directors with extensive commercial and member organisation experience. The Directors ensure they bring an independent judgment to bear in decision-making. Management provides the Board and its subcommittees with information in a form, timeframe and quality that enables them to effectively discharge their duties.

In particular the Board:

- Appoints and manages the CEO
- Approves corporate strategy
- Approves the business plan and budget
- Approves significant corporate policies

The CEO is responsible for the day-to-day management of CTA with all powers and delegations authorised by the Board.

Board Structure and Standards

The Board comprises of eight members. Five Board members are nominated by the Member institutions and the Board independently appoints three. The profiles and qualifications of the Directors are detailed in this report. All Directors are required to disclose to the Board any areas where they may have a Material Personal Interest. If issues arise at Board meetings they are dealt with according to The Corporations Act Cth (2001).

The CEO is responsible for implementing the corporate strategy approved by the Board, execution of all operations and the management of staff. They are responsible for delivering the objectives within the constraints of a budget approved by the Board, and is assisted in the process by the Finance and Audit sub committee.

CTA MEMBER DIRECTORY

CANCER TRIALS AUSTRALIA MEMBER SITE DIRECTORS

Prof Mark Shackleton

Alfred Health

Dr Niall Tebbutt

Austin Health

Dr Stephen Brown

Ballarat Health Services

Dr Philip Campbell

Barwon Health

Dr Rob Blum

Bendigo Health

Dr Craig Underhill

Border Medical Oncology

Prof Gary Richardson

Cabrini Health

Assoc Prof Lisa Horvath

Chris O'Brien Lifehouse

Dr Nikolajs Zeps

Epworth Foundation

Dr Babak Tamjid

Goulburn Valley Health

Dr Michael Winlo

Linear Clinical Research

Dr Rohit Joshi

Lyell McEwin Hospital

Dr Ingrid Winship

Melbourne Health

Dr Eva Segelov

Monash Health

Prof Andrew Scott

Olivia Newton-John Cancer
Research Institute

Dr Zee Wan Wong

Peninsula Health

Dr Vinod Ganju

Peninsula Oncology Centre

Prof Danny Rischin

Peter MacCallum Cancer Centre

Dr Stephen Begbie

Port Macquarie Hospital

Dr Sue Anne McLachlan

St Vincent's Institute

Dr Ian Collins

South West Healthcare

Ms Orla McNally

The Women's

Prof Ehtesham Abdi

The Tweed Hospital

Dr Julian Clark

Walter and Eliza Hall Institute
of Medical Research

Dr Dishan Herath

Western Health

TUMOUR GROUP CHAIRPERSONS

A/Prof Hui Gan

Brain Cancer

Dr Catherine Oakman

Breast Cancer

Dr Sumitra Ananda

Gastro-Intestinal Cancer

A/Prof Linda Mileskin

Gynaecological Cancer

Dr Michael Dickinson

Haematology

Dr Dishan Herath

Lung Cancer

Dr Shahneen Sandhu

Melanoma Cancer

A/Prof Jayesh Desai

Phase I Trials

Dr Ben Tran

Uro-Oncology Cancer

VISION

To be an international leader in clinical trials, playing a pivotal role in developing new therapies and the advancement of patient care.

MISSION

Cancer Trials Australia is the clinical partner of choice, for its Members, industry, research organisations and patients, to provide excellence in clinical trials thereby contributing to Australia's developing knowledge and innovation economy.

This will be achieved by:

1. Creating a *quality clinical trial framework* that delivers competitive advantage to Members and sponsors.
2. Attracting and *advocating for clinical trials to be hosted in Australia*, specifically within Member organisations.
3. Ensuring that every trial has the potential to *improve patient care and to build clinical knowledge*.
4. Striving to ensure every clinical trial is conducted to the *highest ethical and clinical standard*.
5. Advancing the acquisition and *sharing of knowledge* in clinical trial management, design and implementation across the Member Network.
6. *Improving the value-chain to deliver excellence* in clinical trials management and implementation in Australia.
7. Identifying and securing *operational efficiencies* in clinical trial management.



Cancer Trials
Australia

P: 61 3 8559 7244

General enquires: info@ctaust.org

www.cancertrialsaustralia.com

