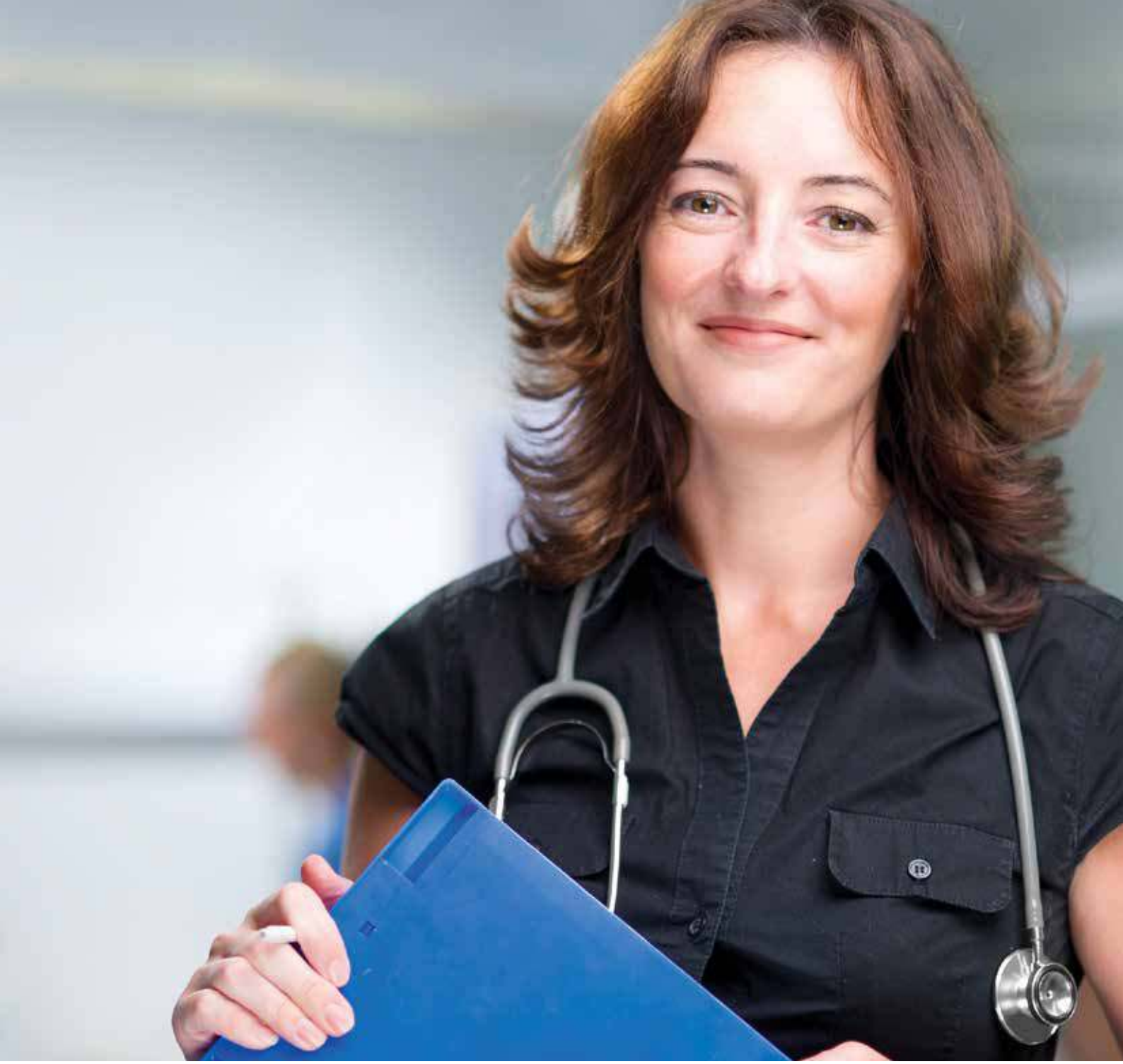


YOUR PARTNER OF CHOICE FOR CLINICAL TRIALS

2018 Annual Report

Cancer Trials Australia

Contents

Our most successful result on record

+5%
FEASIBILITIES RECEIVED

+10%
PATIENTS ACCRUED

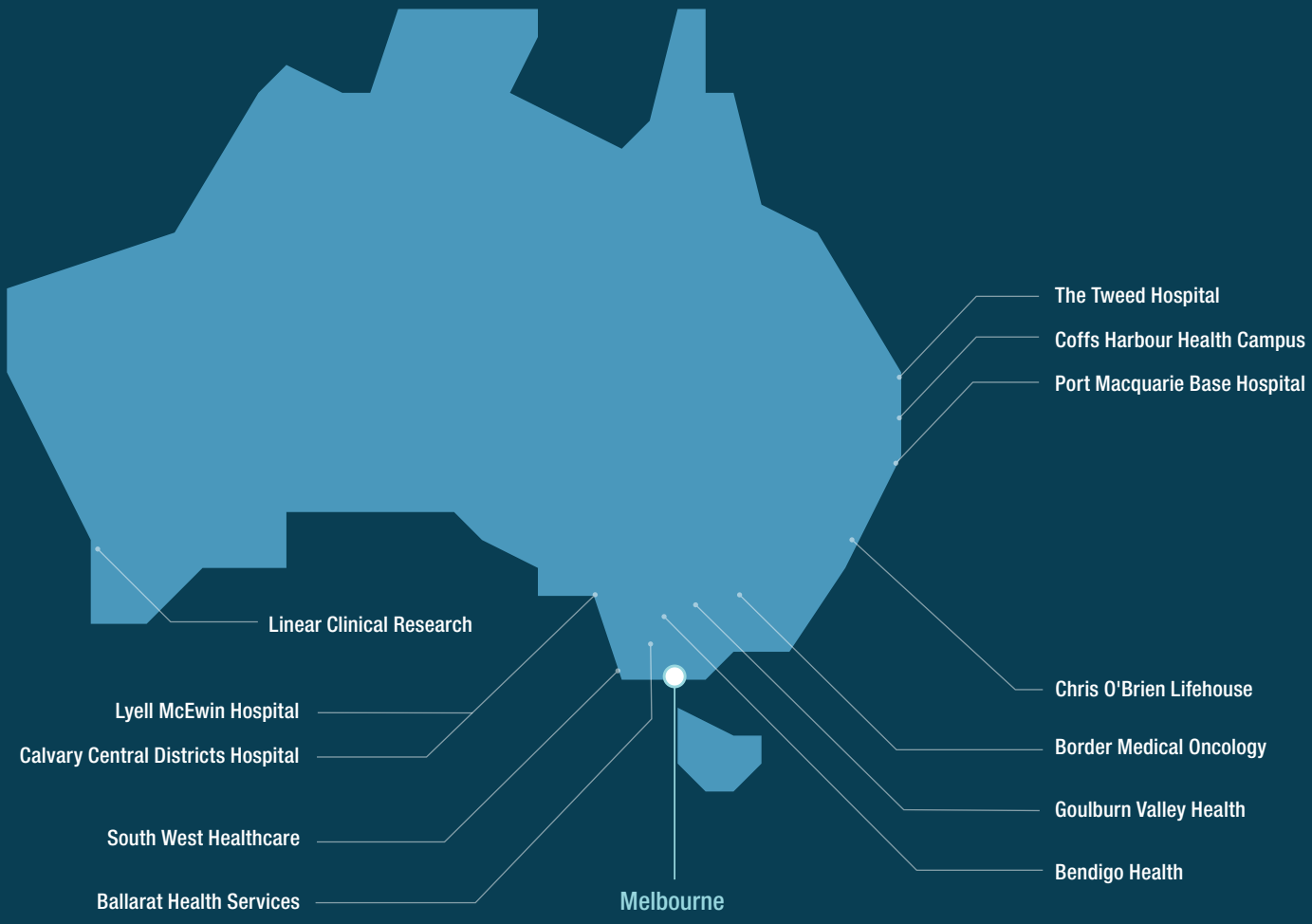
+16%
CLINICAL TRIAL ACTIVITY

+16%
INVOICES ISSUED ON BEHALF OF MEMBERS

+22%
FUNDS DISTRIBUTED TO MEMBERS

+150%
NON-ONCOLOGY ETHICS SUBMISSIONS

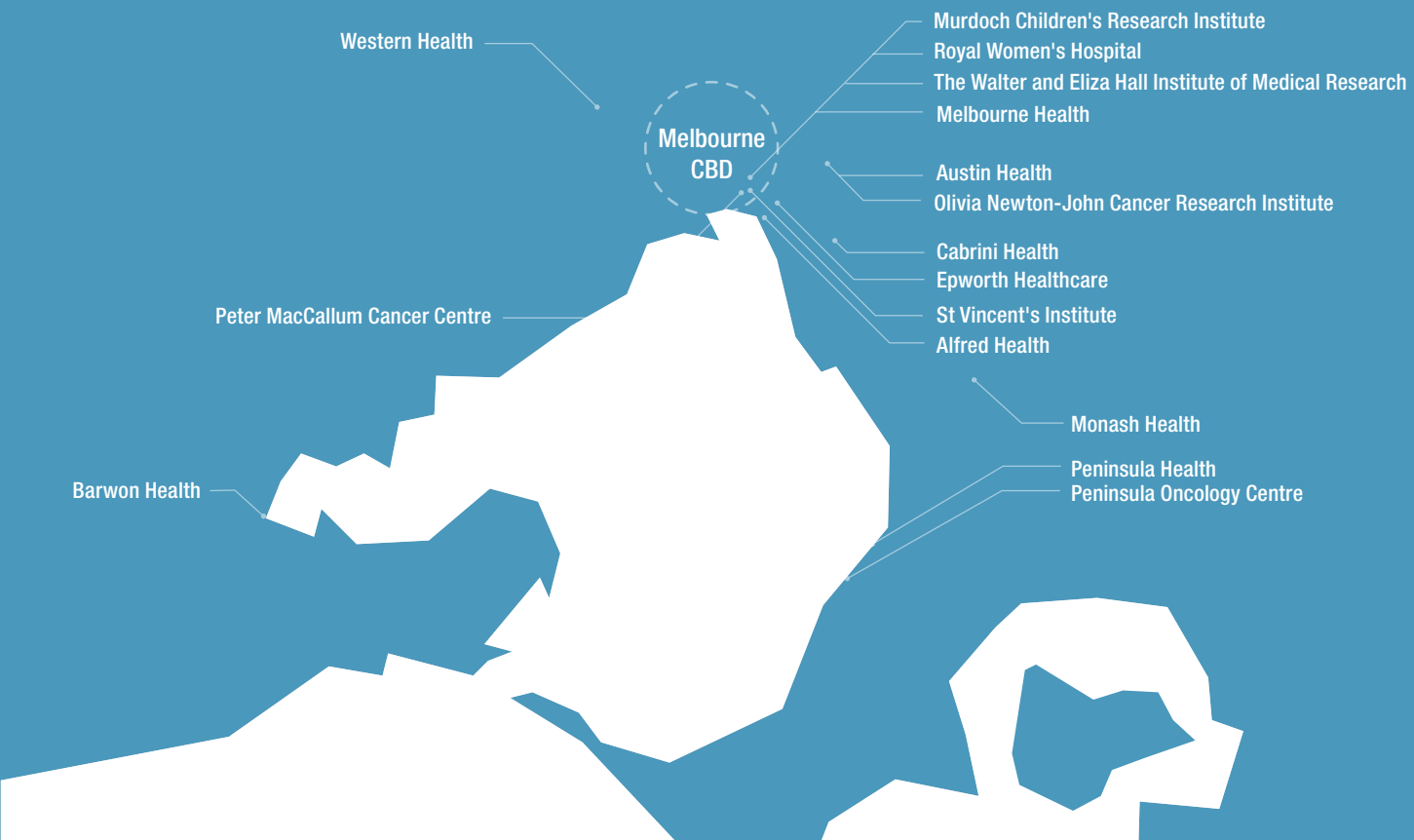
Our network members



MORE THAN

$23m

DISTRIBUTED TO CTA MEMBERS



Chairperson's Report

It is my pleasure to write my third Chairperson's report, to preface the 2018 Cancer Trials Australia Annual Report. I thank my fellow Directors for their important contributions throughout 2018; John Seymour, Peter Briggs, Julian Clark, Colin Nugent, Michelle Gallaher, Mark Shackleton and Craig Underhill, as well as our new Director Zee Wan Wong.

In 2018 CTA expanded membership with the addition of three new sites in Victoria and South Australia, and also experienced further growth in Service Agreements with our Members, the majority of which included application of the Velos eResearch Clinical Trial Management System. Building on the back of growth in 2016 and 2017, CTA service metrics grew further in 2018, delivering our best year ever.

Throughout 2018 CTA continued to ensure the smooth administration of an expanding trial portfolio within our Members. This is only possible by fostering strong links with both sponsors and CROs, and delivering significant value through our Tumour Group network. This network has now evolved to include additional Tumour Groups, as detailed further into this report.

CTA continued to take a prominent role at both national and international conferences, adding significant value to the sector as a whole. Our staff also represented Members' interest on a range of committees and advisory groups, including an Australian Clinical Trials Alliance reference group, CT:IQ, AusBiotech's Clinical Trials Advisory Group and the BioMelbourne Network's Clinical Trials Advisory Group.

CEO Kurt Lackovic and the CTA management team have impressed with their ability to continue to grow CTA, while simultaneously improving the organisations efficiency and importantly implementing enhanced information management systems. Cancer Trials Australia is better positioned than ever to continue to provide value for money services to support clinical trial activity across our growing membership. Our work helps ensure Australia is recognised as a destination of choice for clinical trials, securing earlier access to novel therapies for Australian patients.

I would like to take the opportunity to congratulate CTA management and staff, as well as acknowledge network Member personnel for working hard to ensure CTA's ongoing success.

ANDREW SCOTT
Board Chair

Building on the back of growth in 2016 and 2017, CTA service metrics grew further in 2018, delivering our best year ever.

In January 2018 I completed my first full year at Cancer Trials Australia (CTA), with an increased awareness of both the business and its processes, allowing me to appreciate the significant opportunities that are available to CTA within the Australian clinical trial ecosystem.

The 2018 calendar year saw growth in both CTA membership, as well as in delivery of CTA services to our Members. CTA developed important Member relationships with Epworth Healthcare, Calvary Central Districts Hospital and the Murdoch Children's Research Institute. Additional service agreements were executed, and the use of the Velos eResearch Clinical Trial Management System also increased throughout the year. I look forward to continuing strong relationships with both our new and established network Members.

There were changes at our Board level, with Julian Clark and Peter Briggs retiring from the Board in July 2018. Thank you both for your significant contribution to CTA over many years. Our new Board Member Zee Wan Wong was welcomed in July 2018.

Almost all CTA service metrics improved across 2018; Feasibilities grew 5%, clinical trial submissions increased 16%, non-oncology ethics submissions grew 150% and number of patients accrued to trials in 2018 increased by 10% over 2017. The CTA Finance team issued over 4,400 invoices on behalf of our Members, and greater than $23M was distributed, up 22% on the previous year (which was up 24% on the year prior).

In conjunction with International Clinical Trials day on 21st May 2018, CTA celebrated support of our 1000th commercially sponsored clinical trial, and the aggregate recruitment of over 8,000 patients. What an achievement by both CTA and our Members!

In July 2018, CTA was pleased to announce reaching an agreement with the Victorian Comprehensive Cancer Centre (VCCC) to provide Site Management Services for the VCCC's Investigator Initiated Trial Program. We are excited to be providing our services for this important program, ensuring a coordinated approach to the administration of Investigator Initiated trials across VCCC Members, which will help maximise benefits of clinician led research to Victorian cancer patients.

Toward the end of 2018, I was pleased to announce a new project, funded by the VCCC's Efficiency Program, providing Victorian sites with an exciting opportunity to implement the electronic document management system SiteDocs Portal for oncology clinical trials. We are excited to be partnering with both the VCCC and TrialDocs for this significant project. CTA has built strong relationships, particularly throughout Victoria's hospital network, and we are keen to support our Members with a product that reduces repetitive administration and provides sponsors with a consistent mechanism to obtain necessary documents to both open trials and maintain trial oversight.

Management at CTA have expanded on their respective areas of responsibility further in this report, covering Clinical Trial Start-Up activity, Clinical Trial Contracts, Finance, Information Systems and Human Resources.

Cancer Trials Australia's continued focus includes: (i) providing cost efficient and timely services to our expanding membership, (ii) strategic investment in information systems that support our Members, (iii) expansion of services offered, including for investigator initiated trials, (iv) strategic selection of additional Members, (v) enhancing linkages across metro and regional Members, as well as (vi) further enhancing our communication with Members, industry and government. Forming even tighter links with both State and Federal governments will allow CTA to add further value in the evolving Australian 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

Review of Operations 2018

Management Reports

CLINICAL TRIAL START-UP

MEMBER NETWORK ACTIVITIES

CTA successfully coordinated 30 Tumour Group meetings for the 8 tumour streams and the Phase 1 group. The Chairpersons remained largely the same throughout 2018, with the only change to the Melanoma Group; we sincerely thank Dr Shahneen Sandhu as the outgoing Melanoma Group Chair for her 4 years of service in the role, and welcome Dr George Au-Yeung as the new Chair. In late 2018 we formed a new Tumour Group for Head and Neck, with Professor Danny Rischin as the inaugural Chair. This new Tumour Group also includes radiotherapists. The diversity of trials within the Haematology portfolio has grown, and a division into two specialisations was considered appropriate, with Dr Michael Dickinson remaining as chairperson for Lymphoma/Myeloma and Dr Chun Fong accepting the role of chairperson for Myeloid/AML.

Thank you to all Tumour Group Chairs for supporting the CTA network throughout 2018.

There was a 5% increase in the number of feasibilities received from sponsors, with 39% of the overall feasibilities received attributed to Phase 1 studies. In particular, a growing number of sites expressed interest in Phase 1B studies. With 11 First-In-Human independent reviews coordinated by CTA in 2018, this positive trend is a clear indication of increased interest in Australia as a destination of choice for Phase 1 studies, particularly in Victoria.

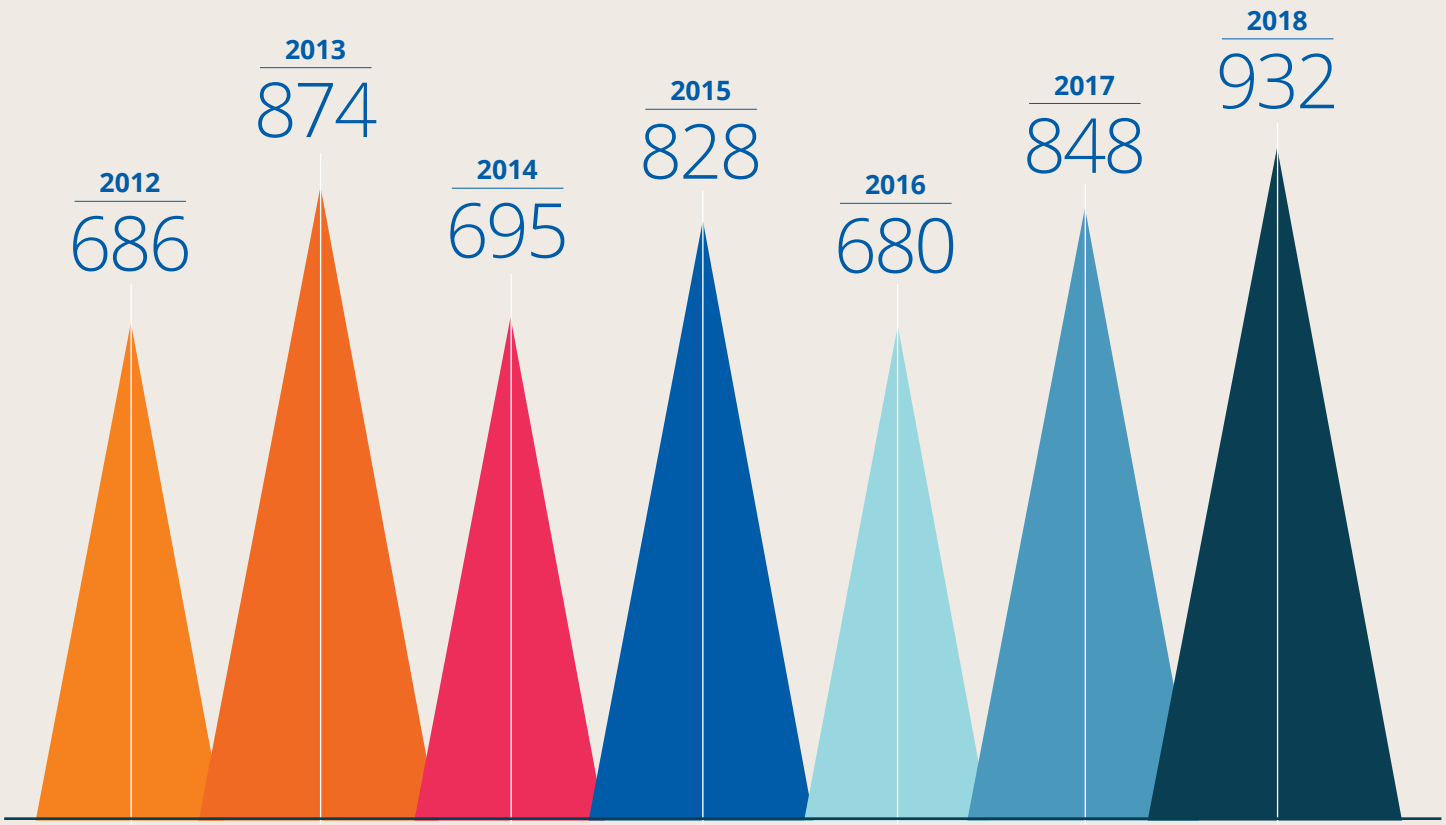
Hosted at NAB Docklands, the Annual CTA Research Managers meeting attracted representation from over 90% of our Members, demonstrating the relevance of this networking forum, where colleagues share their site-specific experiences and learn from one another. A key focus of the meeting was the availability of Clinical Trial Unit metrics to support decision making.

CTA now produces Trial Unit specific dashboards in a Business Intelligence tool, Power BI. These dashboards incorporate trial metrics such as patient accrual, open/active studies, ethics and governance timelines, and revenue received. The dashboards can be segmented by tumour stream, phase and commercial/non-commercial sponsor, supporting Trial Unit decision making. The dashboards will continue to evolve during 2019 as more information is collated and customized according to site requirements. Quality of the data captured is of course crucial in order to accurately report trial activity.

ETHICS AND GOVERNANCE ACTIVITIES

There was a 16% increase in new trial activity supported by CTA, which can be partly attributed to the expansion of our ethics services in 2018 to include Alfred Health Oncology, Bendigo Health Oncology and Epworth Healthcare. We saw an even mix of single site and

PATIENTS ACCRUED TO CTA SUPPORTED CANCER TRIALS PER ANNUM



Overall, 932 patients were accrued on studies within the CTA network, this is a 10% increase in patient accruals compared to the previous year.

lead site submissions from our full service sites and a 20% increase in CTA support of non-commercially sponsored studies compared to projections; our increased involvement in this sub-set of submissions helps ensure appropriate support for these important studies at Member sites. Non-oncology ethics submissions increased by 150% when compared to the previous year, demonstrating a successful relationship with Departments such as Dermatology, Cardiology, Immunology and Respiratory. Additional resources were added to the team to accommodate this rapid growth. There was a monthly average of 71 amendments submitted by CTA during 2018, which represented a significant increase over the 41 per month seen during 2017. Our data demonstrates that in 2018, one in four studies required an amendment prior to the study starting, or an amendment immediately after the study opened, which is a noticeable change and may well reflect a new norm for start-up. This trend is being investigated further with trial sponsors and CROs.

Across the network, there was a 13% increase in the number of open studies compared to 2017 and out of the 205 studies open to recruitment, 26% were Phase I, 25% were Phase II and 28% were Phase III. Overall, 932 patients were accrued on studies within the CTA network, this is a 10% increase in patient accruals compared to the previous year.

Ethics Review Manager (ERM), a new online ethics system, went live mid-2018 with a short transition period from Online Forms. We worked with the HREC offices at Member sites to transfer relevant projects and notify sponsors

of the changeover period. Thank you to all involved in making this transition as seamless as possible.

I would like to thank my team for their continued commitment and focus in supporting clinical trials, within the evolving ethics landscape.

JEN HAN
Clinical Trials Start-Up & Sponsor Relations Manager

CLINICAL TRIAL CONTRACTS

In the 2018 calendar year, the CTA budget and contracts team facilitated budget negotiations and subsequent execution of almost 150 clinical trial agreements for new studies and 240 contract addendums for existing studies across our Member sites.

We continue to face increasing pressure to improve turnaround times for clinical trial contract negotiations, and in 2018 we made progress in reducing our timelines. Our average time to approval achieved in 2018 was 78 days, down from 89 days in 2017. We have found that the implementation of more robust escalation strategies with both sites and sponsors has contributed to this positive result.

We also began working with some of our Member sites to commence service level agreement negotiations with hospital departments and third-party providers. Due to the increased complexity of clinical trial requirements, it has become apparent that formal arrangements are required, to not only define the service but also ensure consistency in pricing.

Contract negotiations will always be time-intensive, however there are still many areas that present opportunities to make the negotiation process more efficient. CTA will continue to play an important role in helping to remove the barriers in study start-up, by working with our Member sites to strengthen relationships with hospital departments, sponsors and CROs. With a concerted effort to ensure transparency, efficiencies can be improved and burdens reduced.

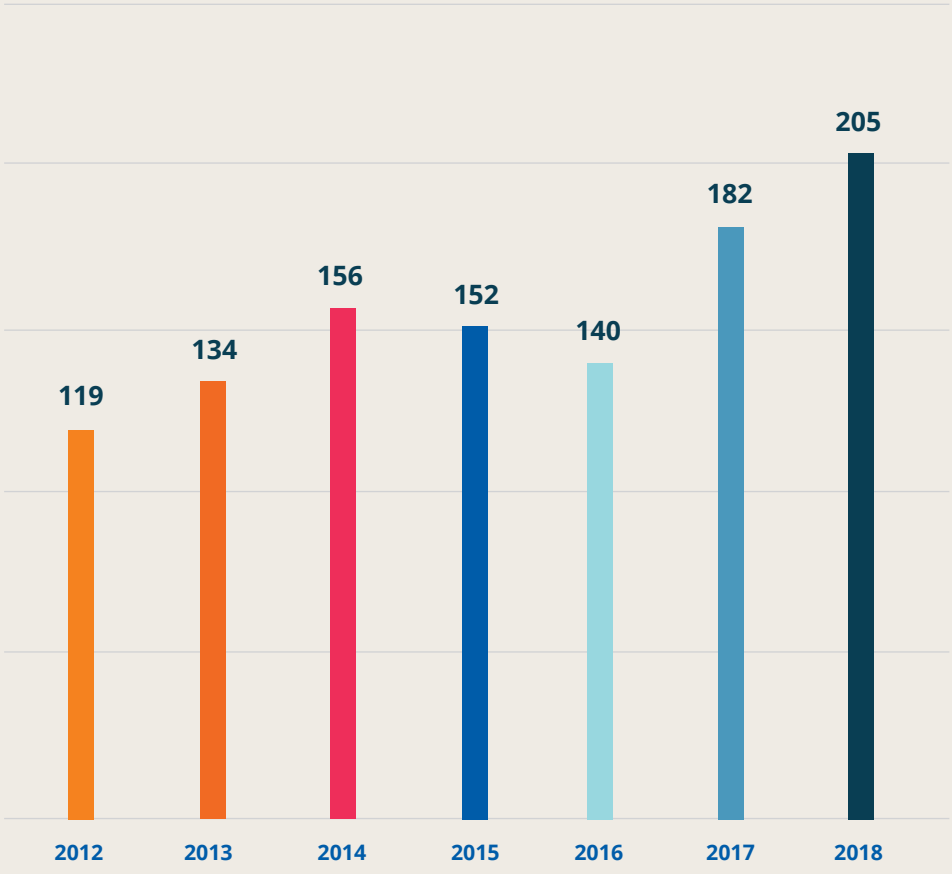
In addition to our core budget and contract negotiation services, the budget and contracts team is also responsible for the preparation of patient schedules and budgets in the Velos eResearch Clinical Trial Management System. Patient schedules are used by our service sites to manage and track patient activity per procedure, per study. This information is then utilised by our Finance team to ensure accurate billing of activities performed. CTA is committed to ensuring the highest level of data integrity possible and will dedicate more time and resources to track and manage the quality of our increasing volume of data more effectively in 2019.

This year the contracts team was also a key contributor to the development and testing of our new internal project management software, Atlassian's Jira. This product has consolidated all data regarding our work in progress into one system, to not only improve efficiency of workflow management but transparency of information shared across the CTA teams.

I would like to take the opportunity to thank my entire team for their hard work and dedication throughout the year.

MARIE LUCI
Clinical Trials Contracts Manager

OPEN TO ACCRUAL CANCER TRIALS SUPPORTED BY CTA



FINANCE

The Finance team has again achieved an unqualified audit report through management of excellent record-keeping systems and reconciliations to meet audit standards.

Throughout the year, CTA finance managed the invoicing process for approximately 500 sponsored trials and approximately 160 non-commercially sponsored trials, across 18 of our Member sites. Our largest trial volumes arose from our full service sites, Peter McCallum Cancer Centre, The Royal Women's Hospital and The Royal Melbourne Hospital (PCCTU), Western Health, Cabrini Health, Monash Health and Linear Clinical Research.

Workload in the CTA Finance team increased during 2018 with cash transfers to sites increasing by 22% and the number of invoices issued increasing by 16%. To service this growth, resources in the Finance team were expanded once again, with three full-time staff now providing the financial service for all our Member sites along with a number of casual positions that were newly created throughout the year. This structure promotes customer service with each Management Accountant providing financial expertise and services to a consistent 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 Member sites, CTA has continued to use its cash to invest in sites by transferring funds to Members on a bi-monthly basis, irrespective of whether the invoice has been paid to CTA by the Sponsor. 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, significantly reducing their cash flow risk.

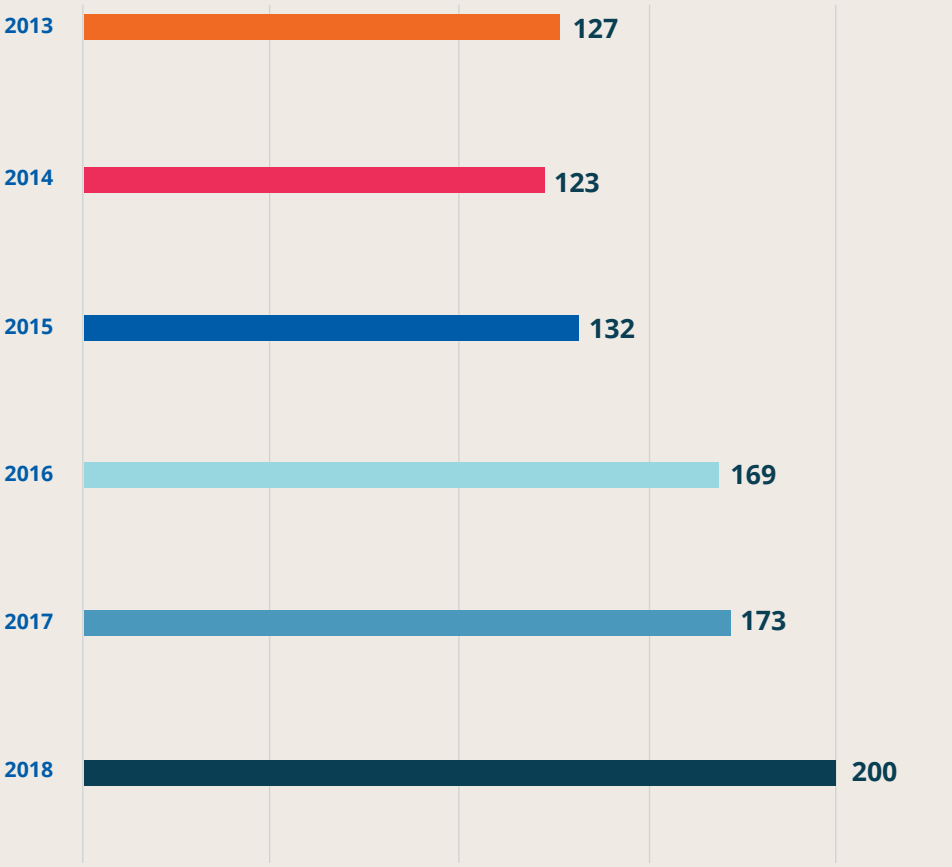
In addition, the CTA Finance team are responsible for the CTA payroll service and manage the salary packaging arrangement with Remunerator. The Finance team are also responsible for preparation of the annual CTA budget and 6+6 forecast, undertaking an annual CTA pricing and cost analysis and supporting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

Our main workload and core function however, continues to be the finance and associated debtor collection services for trials. We aim to ensure maximum revenue and timely invoicing on behalf of our Member sites, in accordance with contractual terms. Contractual agreements with sponsors continue to be complex, with many different items to be tracked for invoicing, and our continuing focus is to work with our Member sites to ensure accurate and timely data entry. Each year we continue to finesse and improve on these processes.

I take the opportunity to thank my staff for their contribution throughout the 2018 financial year.

MICHELLE BUTTON
Finance Manager

CTA SUPPORTED START-UP ACTIVITY FOR CANCER TRIALS

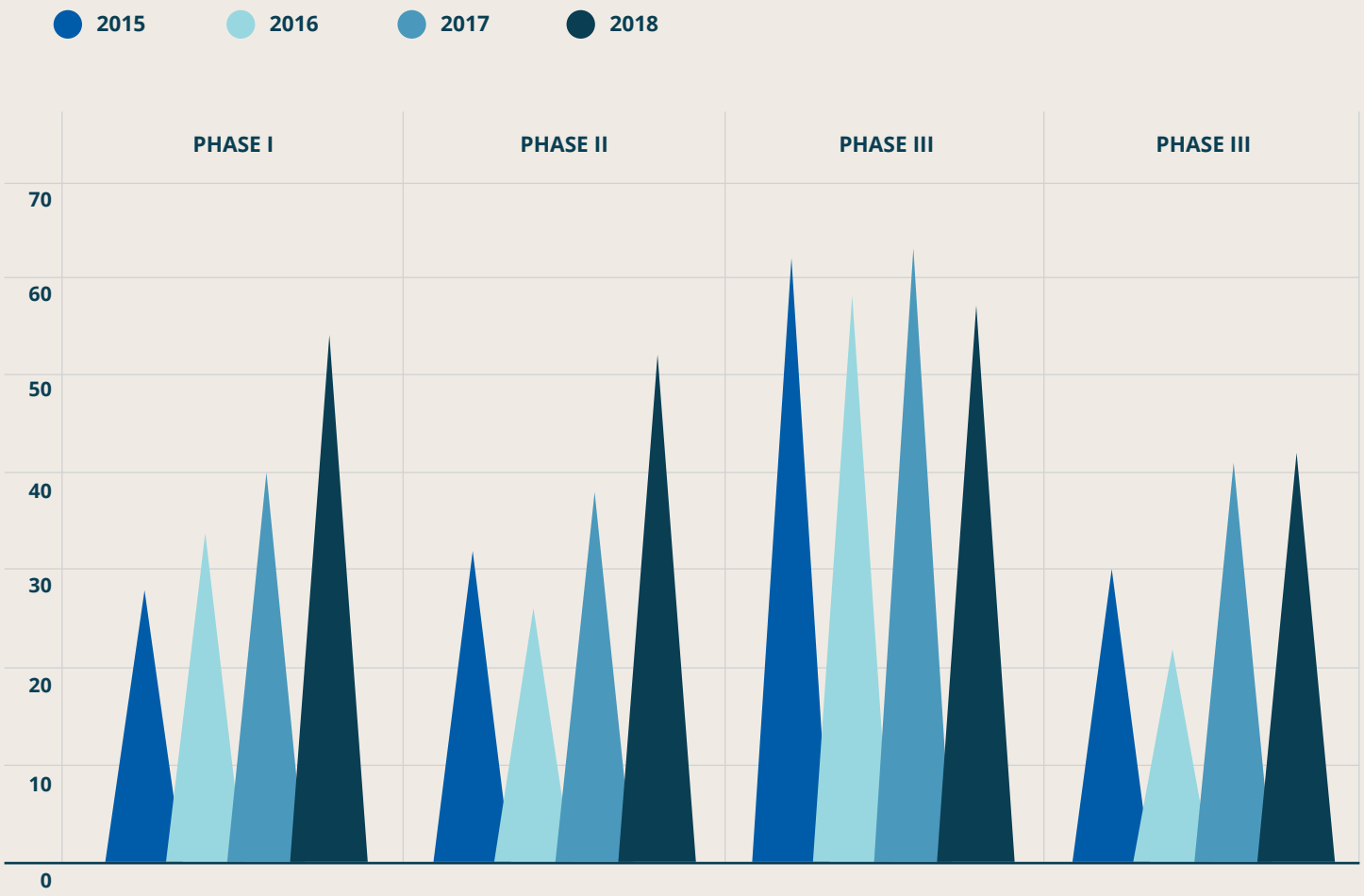


INFORMATION SYSTEMS

CTA invested significant effort in developing our strategic information capability during 2018. Additional staff with experience in database management were recruited and existing staff were provided with increased responsibility.

An important milestone was the launch of an internal project management

OPEN TO ACCRUAL CANCER TRIALS SUPPORTED BY CTA – BY PHASE



This has unlocked the opportunity for trend analysis by year, team and disease indication over finance, timeline, patient accrual and study status data, and identification of under-performing studies and data collection gaps.

platform, Atlassian's Jira, initially in the Budgets and Contracts team, then extending to the Ethics team and the Regional Trials Network. This platform allows greater visibility and sophisticated coordination of study initiation activities, extensive reporting and improved cross-departmental information flow. 2019 will see the project extend into managing amendments and triggering of annual Finance team activities. This granular understanding of our work product cycle informs future resource planning and trial portfolio discussion with sites, as well as a greater ability to analyse bottlenecks and improve performance against strategic goals.

CTA Member dashboard reporting has evolved significantly since early 2018. Monthly dashboards are now provided via a Business Intelligence tool, Microsoft's Power BI. Power BI is able to draw together separate datasets arising from Jira, Velos eResearch, financial and site-supplied datasets. This has unlocked the opportunity for trend analysis by year, team and disease indication over finance, timeline, patient accrual and study status data, and identification of under-performing studies and data collection gaps.

CTA increased our social media presence with the launch of Member newsletters issued via MailChimp, with visitor traffic from varied stakeholder groups directed through to our redesigned website. This marked an important addition to our

communications strategy and improves sector awareness of CTA and our Member's achievements.

In November 2018, CTA partnered with the Victorian Comprehensive Cancer Centre's Efficiency Program, to provide Victorian sites with resources to implement the electronic document management system SiteDocs Portal for oncology clinical trials, which allows streamlined management of key regulatory documents between sponsor pharmaceutical companies and clinical trial teams. Victorian regional and metropolitan hospitals and institutes with cancer clinical trial units will benefit from the project. Investment has been committed for product licensing and, critically, for dedicated project staff. Project staff, employed by CTA, will work with each site to enable and support the roll out of the product. The project promotes a consistent and harmonised approach to regulatory clinical trial documentation and ease of use to internal stakeholders and external sponsors.

MYOB Advanced was selected by the Finance team as a new financial management platform to effectively deal with the growing volume of transactions required. Planning for transition to MYOB Advanced commenced in 2018 and transition will be completed by mid-2019.

Velos eResearch use continued to grow, with an additional 2 Member sites now serviced through this application. A number of application processes were rationalised, providing users with better performance. A thorough review of Velos eResearch version 10 was conducted, with a decision to hold off upgrading until version 11 is released in 2019.

In December 2018, CTA entered into a MOU with ShareRoot Limited (ASX: SRO) to explore the application of ShareRoot's MediaConsent platform as a tool to improve the dynamics of clinical trial recruitment, patient engagement, and understanding of patients' health-related behaviour through the use of social media and the proper accompanying consent processes. The shared goal with the MediaConsent clinical collaboration is to demonstrate how ShareRoot's technology protects patient data and privacy whilst supporting the advancement of clinical research within a secure and compliant platform that ethically draws data from multiple sources including wearables and social media.

We are now less than 12 months away from Electronic Medical Records being rolled out in some of our Parkville-based Member sites. This will be an important consideration for future development in the information management space.

I would like to thank my team and our external partners for their foresight and dedication to improving CTA capability in this area.

EMILY ENGLAND
Information Systems Manager

HUMAN RESOURCES

The Cancer Trials Australia team expanded by 5 FTE in 2018, on the back of over 3 FTE growth the previous year. CTA now employs a mix of full-time, part-time and casual employees to meet its growing business needs. In 2018, we saw growth in our Finance, Ethics, Budget & Contracts, and Information Systems teams.

In addition to investing in professional development for its staff, CTA strives to provide its employees with opportunities for internal career advancement where possible. This was evident in 2018, with a number of internal transfers taking place and supported by management. These internal moves demonstrate CTA as an employer of choice and underscore our staff's dedication to advancing clinical trial activity for our Members.

Towards the end of 2018, an improved Performance & Development Assessment policy and accompanying template was released, aiming to simplify the process by which employee's objectives are agreed and measured, as well as how their professional development goals are identified and implemented.

In addition to investing in professional development for its staff, CTA prides itself on providing its employees with opportunities for internal career advancement where possible. This was evident in 2018, with a number of internal transfers taking place and supported by management.

As in previous years, remuneration reviews and external benchmarking activities were undertaken for a number of positions, to ensure that CTA retains and attracts appropriately skilled staff.

The 2018 year ended with planning in place to support both further growth and consolidation, including investment in system and process improvements, underpinned by the right mix of employees and employment arrangements.

SUSY MONTAGNER
HR Manager

Board Sub-Committee Reports

FINANCE AND AUDIT SUB COMMITTEE REPORT

The Finance and Audit Sub-Committee (FASC) had four formal meetings throughout the year as well as regular ongoing interaction with management. The FASC 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 CTA Board.

The CEO, Kurt Lackovic, and the Finance Manager, Michelle Button attended all the FASC meetings during the year and provided an excellent standard of accurate financial information and reports.

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 FASC also assisted management in the preparation and presentation of forecasts and the annual budget, particularly with respect to business assumptions and potential risks.

CTA management realised net clinical trials revenue of $3.4 million (2017 $2.6 million), an increase of 31% (2017 18%). Total Gross Clinical Trial Revenues administered by CTA rose by $5.5 million or 24% over 2018. The surplus for the year was $616,820 (2017: $80,914).

The quality of administration of clinical trials by CTA will continue to be the focus to underpin success into the future. To achieve this, investment in financial and other reporting systems are in place to ensure greater efficiencies and continuous improvement in reporting accuracy and relevance to stakeholders. Strategic alliances and continuing the focus on Government advocacy will ensure CTA is well positioned to add value to its Members. Increasing CTA's media presence during the year both internally and externally will greatly assist in this.

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 $6.23m in cash reserves. Total equity of $3.74m was an increase over 2017, 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 1.66 (2017: 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.

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

Management is congratulated on yet another unqualified audit report, delivered by Deloitte; and the FASC 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 its most successful result on record in 2018, enters 2019 with confidence. This in turn provides the platform under the management of the CEO, Kurt Lackovic, to explore and secure future opportunities for CTA and all of its Members.

COLIN NUGENT
Chair, Finance and Audit Sub Committee

PERFORMANCE AND REMUNERATION SUB COMMITTEE REPORT

The Performance and Remuneration Sub Committee (PRSC) met twice in 2018, to review the CEO's performance against KPIs as well as policies associated with CTA staff remuneration. The committee approved a revised CEO position description toward the end of 2018, reflecting significant growth and increased influence of CTA since Kurt Lackovic began in the role in January 2017. The PRSC commended Dr Lackovic for graduating from an MBA on the Dean's list at the number one business school in the country in 2018.

The Committee was also pleased to receive updates regarding professional development for all CTA staff throughout 2018.

ANDREW SCOTT
Chairman

The Committee was pleased to advise the Board and to now report that Cancer Trials Australia Ltd, based on its most successful result on record in 2018, enters 2019 with confidence.

PROFESSOR ANDREW SCOTT (CHAIR)
AM, MBBS, MD, FRACP, FAHMS, FAANMS, FAICD, DDU

APPOINTED AS DIRECTOR: 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. Past-President, World Federation of Nuclear Medicine and Biology

MEETINGS ATTENDED:
Directors 4 of 4; PRSC 2 of 2

DR JULIAN CLARK
PhD, Member – AICD, Fellow of AATSC

APPOINTED AS DIRECTOR: March 2009. Retired from the Board in July 2018.

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 0 of 2

DR PETER BRIGGS
MBBS, FRACP

APPOINTED AS DIRECTOR: April 2014. Retired from the Board in July 2018.

EXPERIENCE: Dr Peter Briggs has broad experience in Medical Oncology and Clinical Haematology, with particular interests in lung cancer, breast cancer and haematoncology. 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 1 of 2

Board of Directors

PROFESSOR JOHN SEYMOUR
MBBS, FRACP, PhD

APPOINTED AS DIRECTOR: June 2014

EXPERIENCE: Professor John Seymour AM is a clinical haematologist and Associate Director of Clinical Research at the Peter MacCallum Centre, and the Director of the integrated Haematology Department of the Peter MacCallum Cancer Centre & the Royal Melbourne Hospital in Melbourne, Australia.
After receiving his MB and BS degrees from the University of Melbourne in 1987, Professor Seymour completed a translational research fellowship at the MD Anderson Cancer Center in Houston, and subsequently received their Distinguished Alumnus award in 2011.
He also completed PhD studies in the pathobiology of haematopoietic growth factors at the Ludwig Institute for Cancer Research.
Professor Seymour is a member of several national and international scientific committees including, Cancer Australia Advisory Groups, the Scientific Advisory Committee for the International Conference on Malignant Lymphoma, Medical Advisory Board of the Lymphoma Coalition, and the Board of Directors of the International Extranodal Lymphoma Study Group. He served for more than a decade as Executive member and Chairman of the major national clinical trials co-operative group in haematologic malignancies, the Australasian Leukaemia & Lymphoma Group. He is a frequent invited speaker nationally and internationally, is a member of numerous professional societies, an Editor-in-Chief of Leukemia & Lymphoma, and currently on the editorial boards of Blood and the British Journal of Haematology.
He has authored 18 book chapters, >500 peer reviewed publications (with >24,000 literature citations), and >700 conference abstracts.Actively involved in a broad range of collaborative research, Professor Seymour has been the principal investigator on >85 clinical trials and chief investigator on competitive grants awarded >AUD$18 million funding in the last 10 years. In 2015 he was awarded Membership of the Order of Australia, and elected to the Australian Academy of Health and Medical Sciences for his contributions to the field.

MEETINGS ATTENDED:
Directors 3 of 4

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

APPOINTED AS DIRECTOR: 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 4; FASC 4 of 4;
PRSC 2 of 2

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

APPOINTED AS DIRECTOR:
September 2015

EXPERIENCE: Michelle is CEO of ShareRoot, an ASX listed technology development company. With over 25 years of experience in the biopharmaceuticals and healthcare sector and deep professional global networks, Michelle is a recognised, award-winning leader in the Australian innovation industries. Establishing The Social Science in 2014, selling to ShareRoot in April 2018 and guiding a specialist application of ShareRoot's key platform technology, Media Consent, in the medical sector, Michelle has a proven track record of business building, creative disruption and commercialisation of technologies. Michelle is co-founder of the NFP company Women in Science, Technology, Engineering, Mathematics & Medicine (STEMM) Australia and is a recognised advocate for gender equality and diversity in STEMM industries. Previously CEO of the Victorian biotechnology industry association, Director of external relations at the Australian Stem Cell Centre, Michelle is a non-executive Director on a number of NFP and for profit organisations in the biotech, medical and health sector. Michelle holds an allied health qualification in Applied Science from La Trobe University as well as postgraduate qualifications in Business from RMIT University and Executive Leadership and GEMBA from Monash University. Michelle is also Telstra Victorian Business Woman of the Year and Entrepreneur of the Year in 2017 and was inducted into the Victorian Honour Roll for Women in 2018.

MEETINGS ATTENDED:
Directors 3 of 4; FASC 3 of 4

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 Melanoma and Skin Cancer Trials (the national co-operative trials group in cutaneous malignanacy), 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 3 of 4

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 1990's Dr Underhill worked as the Senior Clinical Research Registrar at Guy's Hospital, London as well as the Peter MacCallum Cancer Centre.

MEETINGS ATTENDED:
Directors 3 of 4

ASSOCIATE PROFESSOR ZEE WAN WONG

MBBS MRCP FAMS GDA FRCP FRACP

APPOINTED AS DIRECTOR: July 2018

EXPERIENCE: Dr Zee Wan Wong commenced her current role as Head of the Oncology Unit at Peninsula Health in August 2017. She also holds a joint appointment as Adjunct Clinical Associate Professor with Monash University. Dr Wong is a member of the Monash Comprehensive Cancer Consortium Governance committee, as well as the Cancer and Blood Disease Executive Committee. Dr Wong is also Joint Clinical Director of Southern Melbourne Integrated Cancer Services (SMICS), a Clinical Advisor for Cancer Council Victoria Clinical Network and Senior Lecturer at the Department of Rural Health, University of Melbourne Medical School. She obtained her postgraduate medical qualifications at the Royal College of Physicians in the United Kingdom (Edinburgh) before completing her Medical Oncology fellowship in the USA in 2003. Thereafter, she was a Senior Consultant Medical Oncologist at the National Cancer Centre, Singapore. She obtained her Medical Oncology Fellowship with the Royal Australasian College of Physicians in 2013. More recently, she completed a Specialist Certificate in Clinical Leadership at The University of Melbourne in 2017. Previously, Zee Wan was the founding Clinical Director of Oncology Unit at Goulburn Valley Health in Shepparton (2012-17) as well as the Clinical Director of West Hume Regional Integrated Cancer Services. She is a member of the AGITG Lower GI Working Party as well as the Prostate Cancer Subcommittee of ANZUP. Dr Wong also holds memberships with ASCO, ESMO, MOGA, COSA, BCT, ALTG and ANZGOG. She has numerous peer-reviewed publications and presented at national as well as international oncology conferences.

MEETINGS ATTENDED:
Directors 2 of 2

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 4 of 4; FASC 4 of 4; PRSC 2 of 2

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 up to eight members. Five Board members are nominated by the Member institutions and the Board appoints up to three independent Directors. 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, delivering the objectives within the constraints of a budget approved by the Board, and are assisted in the process by the Finance and Audit sub-committee.

Corporate Governance

CTA CURRENT MEMBER DIRECTORY

CANCER TRIALS AUSTRALIA MEMBER SITES

Alfred Health
Prof Mark Shackleton

Austin Health
Dr Niall Tebbutt

Ballarat Health Services
Dr Stephen Brown

Barwon Health
Dr Philip Campbell

Bendigo Health
Dr Rob Blum

Border Medical Oncology
Dr Craig Underhill

Cabrini Health
Prof Gary Richardson

Calvary Central Districts Hospital
Dr Rohit Joshi

Chris O'Brien Lifehouse
Assoc Prof Lisa Horvath

Coffs Harbour Health Campus
Dr Karen Briscoe

Epworth Foundation
Dr Nikolajs Zeps

Goulburn Valley Health
Dr Babak Tamjid

Linear Clinical Research
Dr Michael Winlo

Lyell McEwin Hospital
Dr Rohit Joshi

Melbourne Health
Dr Angela Watt

Monash Health
Dr Eva Segelov

Murdoch Children's Research Institute
Carolyn Stewart

Olivia Newton-John Cancer Research Institute
Prof Andrew Scott

Peninsula Health
Dr Zee Wan Wong

Peninsula Oncology Centre
Dr Vinod Ganju

Peter MacCallum Cancer Centre
Prof Danny Rischin

Port Macquarie Hospital
Dr Stephen Begbie

St Vincent's Institute
Dr Sue Anne McLachlan

South West Healthcare
Dr Ian Collins

The Women's
Ms Orla McNally

The Tweed Hospital
Prof Ehtesham Abdi

Walter and Eliza Hall Institute of Medical Research
Dr Anne-Laure Puaux

Western Health
Dr Dishan Herath

CURRENT TUMOUR GROUP CHAIRPERSONS

A/Prof Hui Gan
Brain Cancer

Dr Belinda Yeo
Breast Cancer

Dr Sumitra Ananda
Gastro-Intestinal Cancer

A/Prof Linda Mileshkin
Gynaecological Cancer

Dr Michael Dickinson
Haematology – Lymphoma/Myeloma

Dr Chun Fong
Haematology – Myeloid/AML

Prof Danny Rischin
Head and Neck Cancer

Dr Muhammad Alamgeer
Lung Cancer

Dr George Au-Yeung
Melanoma

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 effi*ciencies in clinical trial management.

P: 61 3 8559 7244
General enquiries: info@ctaust.org
www.cancertrialsaustralia.com

Cancer Trials
Australia