

# 2019 Annual Report



YOUR PARTNER OF CHOICE FOR CLINICAL TRIALS

17

Years operating

30

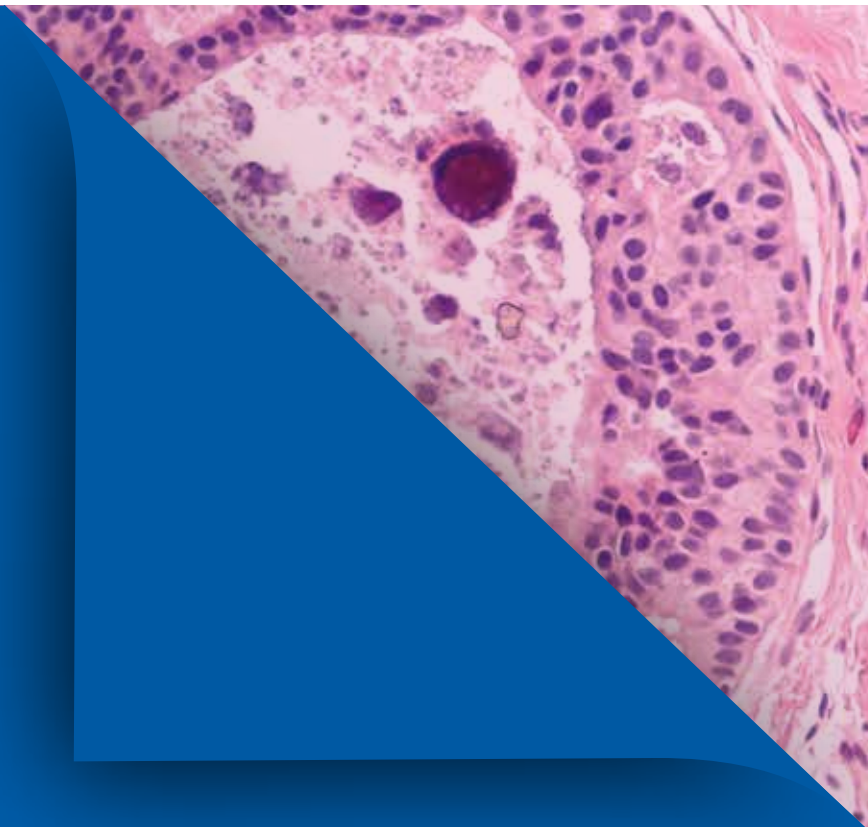
Network members

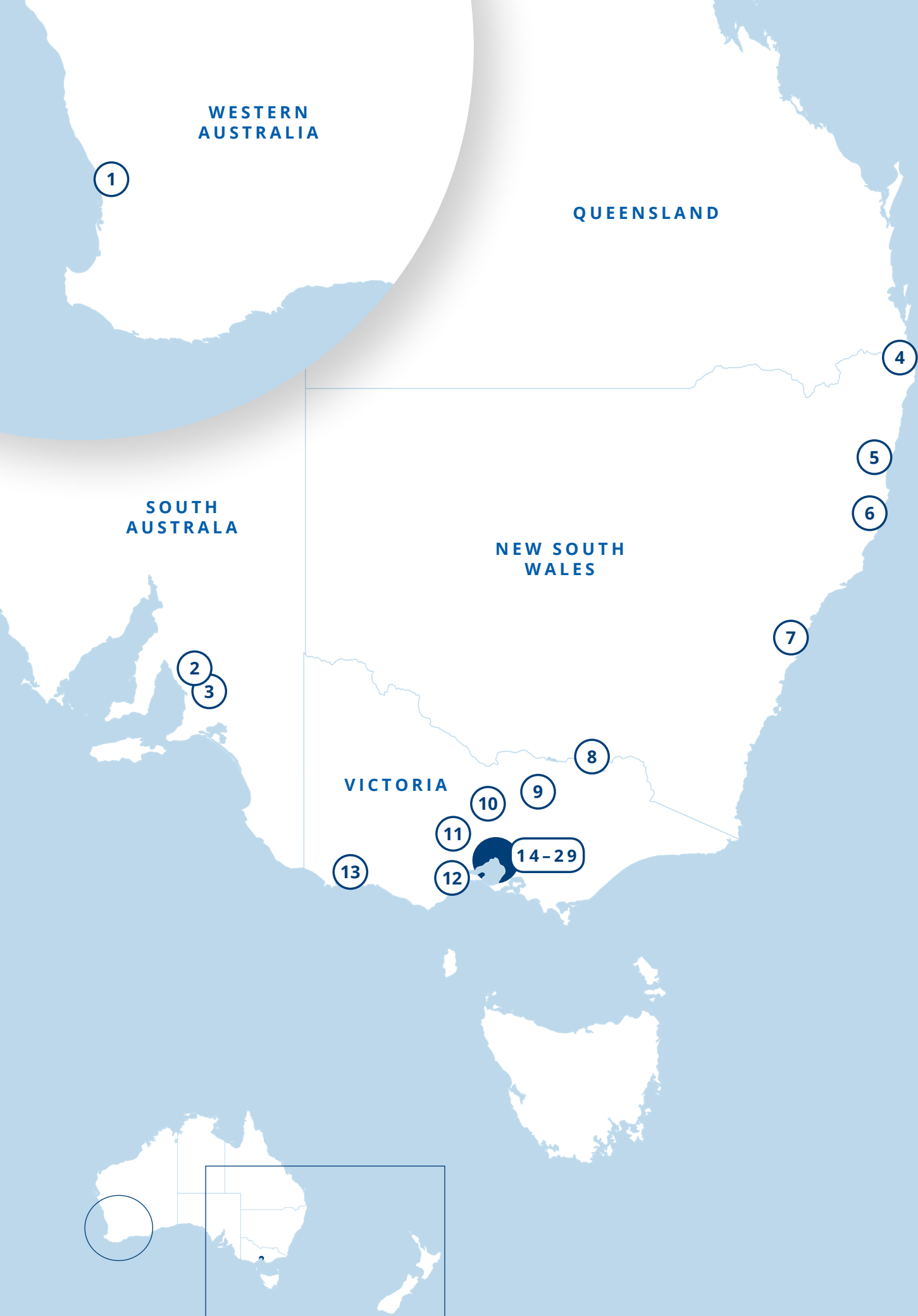
1475+

Trials opened

9400+

Patients enrolled





# Our network members

- ① Linear Clinical Research
- ② Calvary Central Districts Hospital
- ③ Lyell McEwin Hospital
- ④ The Tweed Hospital
- ⑤ Coffs Harbour Health Campus
- ⑥ Port Macquarie Base Hospital
- ⑦ Chris O'Brien Lifehouse
- ⑧ Border Medical Oncology
- ⑨ Goulburn Valley Health
- ⑩ Bendigo Health
- ⑪ Ballarat Health Services
- ⑫ Barwon Health
- ⑬ South West Healthcare
- ⑭ Alfred Health
- ⑮ Austin Health
- ⑯ Cabrini Health
- ⑰ Epworth Healthcare
- ⑱ Melbourne Health
- ⑲ Monash Health
- ⑳ Murdoch Children's Research Institute
- ㉑ Olivia Newton-John Cancer Research Institute
- ㉒ Peninsula Health
- ㉓ Peninsula Oncology Centre
- ㉔ Peter MacCallum Cancer Centre
- ㉕ Royal Children's Hospital
- ㉖ Royal Women's Hospital
- ㉗ St Vincent's Institute
- ㉘ The Walter and Eliza Hall Institute of Medical Research
- ㉙ Western Health
- ㉚ Auckland City Hospital

## CONTENTS

- 5 Chairperson's Report
- 6 Review of Operations
- 9 Management Reports
- 18 Board Sub-Committee Reports
- 20 Board of Directors
- 25 Corporate Governance
- 26 CTA Current Member Organisation Directory



---

# Chairperson's Report

**It is my pleasure to write my fourth Chairperson's report, to preface the 2019 Cancer Trials Australia Annual Report. I thank my fellow Directors for their important contributions throughout 2019; Michelle Gallaher, Colin Nugent, John Seymour, Mark Shackleton, Craig Underhill and Zee Wan Wong, as well as our new Director Tim Murphy.**

In 2019 CTA expanded its Membership base with the addition of Coffs Harbour, situated in the Mid North Coast Local Health District in NSW, as well as experienced further growth in both the number and scope of Service Agreements with our Members. Building on the back of growth over the previous three years, CTA service metrics grew further in 2019, once again breaking our year-on-year record in all key performance indicators. Our growth continues into 2020, welcoming two additional Members in the first quarter alone.

Throughout 2019 CTA continued to focus on ensuring the smooth administration of an expanding trial portfolio across our Membership. This is only possible through nurturing strong links with both Sponsors and Contract Research Organisations, and leveraging the significant value offered through our expanding Tumour Group network.

CTA continued to take a leadership role at both national and international conferences, adding significant value to Australia's clinical trial sector. 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, now in his third year at CTA, and the entire CTA management team have impressed with their ability to continue to grow CTA's Membership and services, while simultaneously improving efficiency. I am particularly pleased with the strategic investment in information management systems, as detailed further into this report. Cancer Trials Australia is extremely well positioned to continue to provide value for money services to support clinical trial activity across our growing Membership. Our efforts help ensure Australia remains a destination of choice for international clinical trial sponsors, securing earlier access to novel therapies for Australian cancer patients.

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

**ANDREW SCOTT**  
Board Chairperson

---

# Review of Operations

**I write my 2019 Review of Operations from home, under challenging circumstances across the globe. CTA's ability to adapt to changing operating conditions over the past two months is a testament to the character of our staff, as well as the investment of funds, effort and foresight made towards evolving our Information Systems over recent years.**

The 2019 calendar year saw further growth at Cancer Trials Australia, both in CTA's Membership as well as in the delivery of administrative services to our Members. I am pleased that, despite the challenges presented by COVID-19 in 2020, two additional Members have been added in the first quarter of this year.

New service agreements were executed in 2019, and all expiring service agreements were renewed throughout the year, highlighting the ongoing value-add CTA is providing for our service Members. I look forward to continuing to nurture strong relationships with all Members within our expanding network.

After two retirements and one addition at Board level in 2018, there was only change in 2019, with the Board welcoming Tim Murphy as an independent Director. I look forward to working closely with Tim and all other Board members over the coming period.

Almost all CTA service metrics improved across 2019; feasibilities grew 45%, there was a 14% increase in new trial activity

supported by CTA, amendments grew 5%, clinical trial contracts grew 24%, and the CTA Finance team issued over 5,000 invoices and administered more than \$33M on behalf of our Members, up almost 40% on the previous year. This activity led to the generation of a healthy surplus for reinvestment to benefit our Members.

Increased activity throughout 2019 necessitated additional staff, with our team growing by seven employees across the year. We also implemented a change in structure, with the creation of an additional Start-Up team dedicated to our newest service Members, enabling greater focus on the establishment and refinement of processes at those sites.

In 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 (IIT) Program. Throughout 2019 we executed 11 individual agreements under this scheme, 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. Throughout 2019 we led the implementation of SiteDocs at 17 Victorian sites, facilitating a reduction in repetitive administration and providing sponsors with a consistent mechanism to ensure trial management and oversight.

Management at CTA have expanded on their respective areas of responsibility further in this report, covering Ethics and Governance Submissions, Budget and Contracts, Finance, Information Systems and Human Resources.

Cancer Trials Australia continues to focus on (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, as well as (v) further enhancing our communication with Members, industry and government. Nurturing 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 take the opportunity to thank all CTA staff, as well as all Member personnel, for the hard work that is essential to enable the CTA network to continue to flourish.

**KURT LACKOVIC**  
Chief Executive Officer





---

# Management Reports

## Member Network

CTA successfully coordinated 33 Tumour Group meetings for the 10 Tumour Streams and the Phase 1 Tumour Group. New Tumour Group Chairpersons were welcomed for the Gastrointestinal, Gynaecological, Haematological and Lung Tumour Groups. We thank the following outgoing Chairpersons for their dedicated time: Associate Professor Linda Mileschkin (Gynaecological TG Chair, 10 years), Dr Sumi Ananda (Gastrointestinal TG Chair, nine years), and Dr Dishan Herath (Lung TG Chair, six years) and welcomed the following Investigators as new chairpersons: Dr Sumi Ananda for Gynaecological, Dr Margaret Lee for Gastrointestinal, Dr Muhammad Alamgeer for Lung and Dr Chung Fong to lead an additional Haematological (myeloid focussed) Tumour Group. Thank you to all the ongoing Tumour Group Chairs for supporting the growing CTA network throughout 2019.

There was a 45% increase in the number of feasibilities received from sponsors in 2019 compared to 2018, reflecting both Australia's attractiveness as a destination to conduct clinical trials and CTA's increasing ability to support such trials.

In October 2019, we held the Annual CTA Research Managers meeting which enabled many of our metro, interstate and regional Member sites to come together and discuss pertinent topics such as "How to survive an FDA audit", Teletrials, and the development of a Research Governance Toolkit. We thank the Research Managers and site staff for taking the time to ensure the success of this annual forum.

Our continued collaboration with the Victorian Comprehensive Cancer Centre (VCCC) saw at least two major projects progress significantly in 2019; CTA service provision for 11 Investigator Initiated Studies, some affording us the possibility of building relationships with new departments such

---

THERE WAS A

**45% & 14%**

**INCREASE IN THE NUMBER  
OF FEASIBILITIES RECEIVED  
FROM SPONSORS IN 2019**

**INCREASE IN NEW  
TRIAL ACTIVITY**

as Anaesthesia and Palliative Care, and the Teletrials Governance project, which saw CTA charged with developing a streamlined model for Victoria, in conjunction with Hospital Research Office Representatives, VMIA and the DHHS.

## Ethics and Governance Submissions

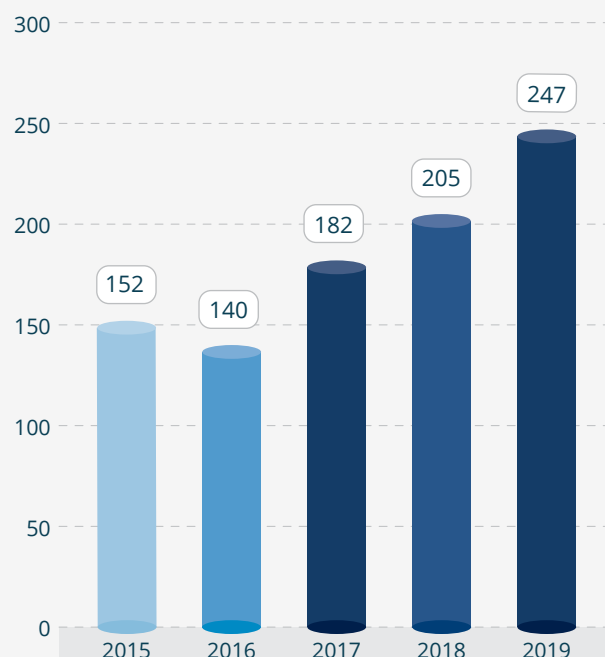
There was a healthy 14% increase in new trial activity supported by CTA in 2019, and amendments grew 5% in the same period; we note that amendments required during the Start-Up process continued to be a key factor influencing Start-Up timelines.

CTA's support of non-oncology trials grew further with services to departments outside of our traditional oncology indications now underway for two Members, in addition to our team supporting 16 non-oncology departments for Melbourne Health.

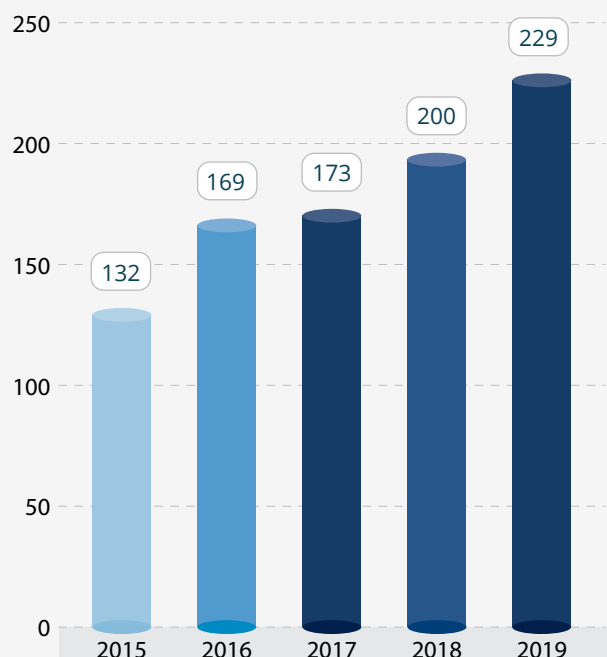
Our continued growth in recent years necessitated a significant internal change, with the creation of a new Start-Up team in October. An additional Start-Up Manager, Nicola Howell, was employed to focus on CTA's newest service Members and to assist in the establishment and refining of processes at each site. CTA's expertise and advocacy will support and develop these sites as they increase their trial portfolios and expand their trial capabilities.

It has been demonstrated that regional cancer patients lack access to quality clinical trials when compared to their metropolitan patients. CTA responded to this inequity by specifically promoting regional cancer centres to our Sponsor network, via the development and publishing of site-specific brochures, in partnership with the Regional Trials Network. The brochures highlight the site's expertise and experience in clinical trials and outline the site facilities and capacity.

**OPEN TO ACCRUAL CANCER TRIALS SUPPORTED BY CTA**



**CTA SUPPORTED START-UP ACTIVITY FOR CANCER TRIALS**



To conclude, many thanks to the staff of both Start-Up teams, whose dedicated and expert work is very much appreciated. Whilst we are not employed in patient facing roles, we maintain strong collaborative relationships with our service Members that ensure a positive contribution to overall clinical trial activity for our Members and for Australia. It is rewarding to support our Members as they achieve great gains in their trial portfolios.

#### JEN HAN

Clinical Trials Start-Up  
& Sponsor Relations Manager

#### NICOLA HOWELL

Clinical Trials Start-Up Manager

### Budget and Contracts

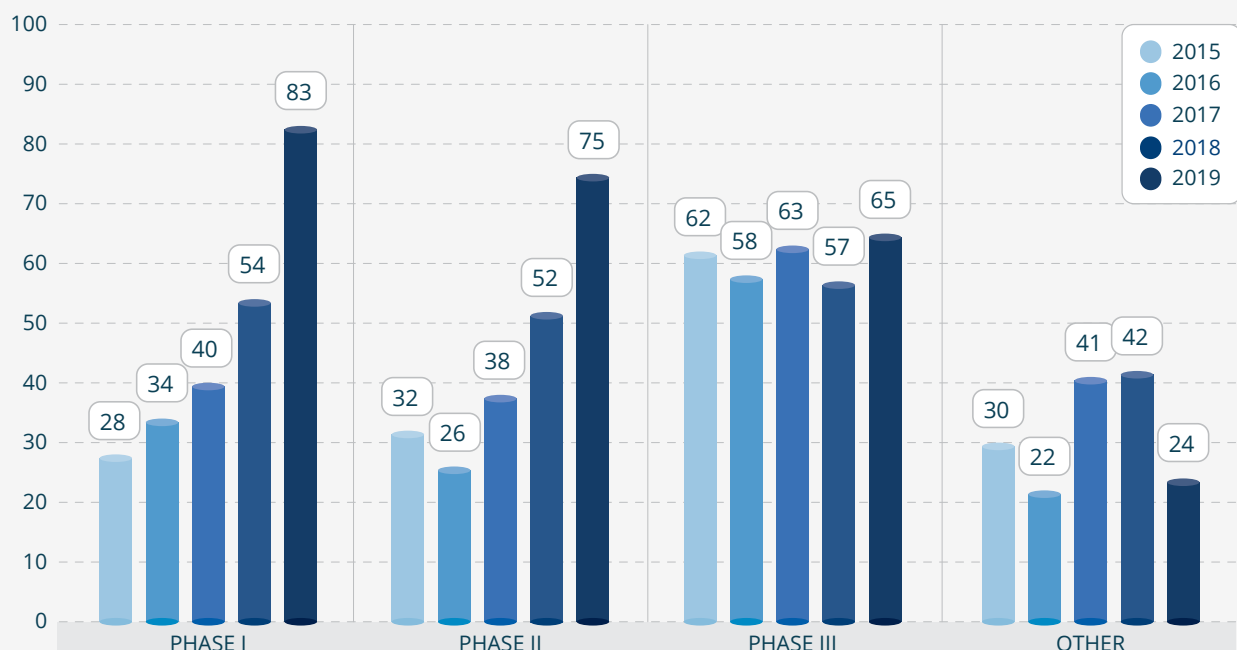
The CTA Budget and Contracts team successfully negotiated 179 clinical trial contracts in the 2019 calendar year. This growth reflects a healthy 24% annual

increase in new study contract negotiations undertaken across our service sites.

Our internal timeline targets for clinical trial contract negotiations were met or exceeded in the majority of cases with an average time to approval of 81 days. Additionally, we found that clinical trial contract negotiations were not a rate-limiting factor in overall study approval timelines. We have been able to consistently maintain our timelines over the years for a number of key reasons; we always ensure that our service sites price within fair market value, we always ensure that our budget negotiations are transparent and, most importantly, our team has, over the years, developed a high degree of expertise and knowledge, enabling CTA to negotiate clinical trial budgets efficiently and effectively.

As well as our core budget and contract services, we continue to provide Principal Investigators with assistance in preparing indicative budgets for their study grant

#### OPEN TO ACCRUAL CANCER TRIALS SUPPORTED BY CTA - BY PHASE



---

**OUR TEAM HAS, OVER THE YEARS, DEVELOPED A HIGH DEGREE OF EXPERTISE AND KNOWLEDGE, ENABLING CTA TO NEGOTIATE CLINICAL TRIAL BUDGETS EFFICIENTLY AND EFFECTIVELY.**

---

applications. We welcome the opportunity to provide our expertise and support to our Member sites in this area and it is always a pleasure to hear when grant applications have been successful.

Our work with the VCCC Investigator Initiated Trial program this year has provided us with the opportunity to negotiate contracts across multiple sites for various IITs. This has not only allowed us to gain exposure working with departments outside our traditional area of oncology but has also given us the opportunity to gain knowledge of practices in other clinical trial disciplines, broadening our overall ability to negotiate more effectively.

Over the last 12 months, we have been working closely with Sponsors to negotiate better payment terms for our Members. Slow payments from Sponsors and CRO's have been an operational concern for our Members for many years. We have found that site payments often end up arriving much later than agreed payment terms. Additionally, Sponsor and CROs that hold back a portion of site payments until study closure (on average 10%) cause greater delays to the site being paid in full for work delivered. The good news is that most Sponsors and CROs have started to acknowledge these site challenges and have been working closely with CTA to address these payment issues. By conducting more

transparent and upfront discussions, we have successfully been able to remove holdback fees from most of our Member site contracts and agree on fairer and more realistic payment terms. These changes will assist in overall site sustainability and maintain positive cash flow, especially for smaller, regional Members.

Throughout 2019 we have also invested more time and resources into managing our data integrity processes. The Budget and Contracts, Finance and Information Systems teams have been working closely together to implement processes to improve the accuracy, timeliness and reporting of patient visit data to better inform our billing reports. By improving interrogation of the data collected, we have been able to determine common errors, recognise patterns and adjust guidance, and by working more closely with our Member sites, we have seen a significant improvement in data quality. Our aim is to improve on this further in 2020, by providing Members with additional training and guidance.

Towards the end of 2019, we commenced discussions with our service sites to obtain the relevant legal and governance approvals to support the use of electronic signatures. CTA seeks to adopt electronic signatures as a standard for clinical trial agreement execution, to reduce time spent with hard copies in circulation, improve record-keeping and more importantly reduce overall study start up timelines.

It has been a challenging and workload intensive year for the Budget and Contracts team. I would like to take this opportunity to thank the entire team for their continued hard work and dedication.

**MARIE LUCI**

Clinical Trials Contracts Manager

**Finance**

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

Throughout 2019, CTA Finance managed the invoicing process for approximately



---

450 commercially sponsored trials and approximately 165 non-commercially sponsored trials, across 15 of our Member sites including metropolitan sites: Peter McCallum Cancer Centre, The Royal Women's Hospital and The Royal Melbourne Hospital (PCCTU), Western Health, Cabrini Health, Alfred Health and Epworth Healthcare along with workload expanding to service a greater number of regional centres: Bendigo Health, South West Healthcare in Warrnambool, The Tweed Hospital and Goulburn Valley Health in Shepparton. In late 2019, we also welcomed Barwon Health, who will transition all trials across to CTA for financial management early in 2020.

Workload in the CTA Finance team increased during 2019 with cash transfers to sites increasing by 15% and the number of invoices issued increasing by 14%. The CTA Finance team successfully transitioned to MYOB in April 2019. This platform now tracks all transactions within each clinical trial at a project level, thus reducing reliance on external spreadsheet tracking.

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. This regular transfer of funds to our sites means that, in many cases, the site has been paid before CTA. CTA is well experienced in debtor collection, managing this service

on behalf of our sites, with no bad debts recorded throughout the year. This service is provided interest free to each of our full-service Member sites, significantly reducing their cash-flow risk.

In addition, the CTA Finance team are responsible for CTA payroll and salary packaging arrangements. The Finance team also prepare an annual budget, 6+6 forecast, and support the Finance and Audit Board Sub Committee. Our main workload and core function, however, continues to be the finance and associated debtor collection services for clinical trials conducted by our Members. 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 purposes, and our continued focus is to work with our Member sites to ensure accurate and timely data entry, an area in which we have worked together with the Budget and Contracts team and the Information Systems team to continue to finesse and improve on these processes.

I take this opportunity to thank my staff for their excellent contribution throughout the 2019 financial year.

**MICHELLE BUTTON**  
Finance Manager

---

## THROUGHOUT 2019, CTA FINANCE MANAGED THE INVOICING PROCESS FOR APPROXIMATELY

**450 & 165**

**COMMERCIALY  
SPONSORED TRIALS**

**NON-COMMERCIALY  
SPONSORED TRIALS**

---

## Information Systems

Our previous Annual Report communicated the launch of an internal project management platform, Atlassian's Jira, for managing and tracking work in progress across our Start-Up efforts in the Budgets and Contracts, and Ethics and Governance teams. In 2019, the reach of this tool extended further into covering Post-Approval and Feasibility management. The success of this project led to the recruitment of a full-time Project Officer to extend and advance our capability. The anticipated additional benefits of having one database collating all data across all teams is now being fully realised, with extensive reporting now achievable, and further feeding of this data into Power BI dashboards for analysis at Member sites. This granular understanding of our work product cycle informs future resource planning and trial portfolio management, as well as a greater ability to analyse bottlenecks and improve performance against strategic goals. 2020 will see introduction of real-time reporting of this data to Member sites and automated linkage of the Jira dataset to external public sources.

Our Member dashboard analytics tool, Microsoft's Power BI, has grown in value, providing Members with a much-needed mechanism to obtain 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. Two Factor Authentication (2FA) was enabled for all Power BI users, ensuring that the privacy and security of this valuable data was maintained. Our Power BI dashboards can draw together separate datasets arising from Jira, Velos eResearch, financial, and site-supplied datasets to provide a powerful mechanism for analysis.

CTA extended and embedded our strategic information capability during 2019 with the award of a new project grant to deploy the site file document management system, SiteDocs Portal, to 17 sites that fall within the Victorian Comprehensive Cancer Centre Efficiencies Program. SiteDocs Portal allows streamlined management of key regulatory documents between Sponsor pharmaceutical companies and clinical trial teams. Two Project Officers, employed by CTA, were recruited to the project and an ambitious roll out plan commenced. At the close of 2019, all 17 sites had been activated and had made considerable progress in their implementation. The project promotes a consistent and harmonised approach to regulatory clinical trial documentation and ease of use to internal stakeholders and external Sponsors. In late 2019, an additional injection of funds was granted to extend the project to 2021, allowing inclusion of further sites and additional resourcing.

Velos eResearch use continued to grow, with additional Member sites now serviced



---

through this application. A number of application processes were rationalised, providing users with better performance.

Our website grew with the addition of regional site promotional material, and SiteDocs Portal training materials, and we released news posts throughout the year. We upgraded the website host and implemented additional security features to detect and prevent cyber threat.

CTA made a significant change to our network infrastructure in the adoption of Office365 for our shared files in SharePoint and OneDrive, Exchange365 email server and external full backup services. This allowed us to effect stringent cybersecurity Advanced Threat Protection protocols to further protect our data. Of significant benefit over on-premises Exchange servers (as found in traditional hospital IT environments), virus definitions are updated real-time from Microsoft's worldwide signalling rather than via scheduled updates – enabling the filtering to adjust as new threats emerge.

During 2019, two of our Members fell victim to the debilitating Emotet virus which wiped out their email and file stores. Due to our protected independent Office365 environment, our own email and file storage was unaffected, and all potential cross contamination of the virus into our system was prevented. We were thus able to continue to service our Members with minimal interruption. As a direct result of



this, CTA conducted a phishing exercise to assess the ability for staff to recognise and appropriately respond to malware; all staff passed this test.

Our laptop fleet grew to 17 units and an Endpoint Management tool was deployed to these to ensure Windows update and Anti-virus compliance. We migrated connection of our PC fleet to the PMCC IT local area network and upgraded all desktop machines to Windows 10, which had a significant impact on speed and reduction in cyber threat vulnerability. We deployed Microsoft Teams as an intranet and added six workstations to accommodate our growing staff complement. We finalised an Information Systems Strategic Plan which was endorsed by the CTA Board in late 2019.

I would like to thank all members of the Information Systems team and our external partners for their foresight and dedication to improving CTA's capability in this area.

**EMILY ENGLAND**

Information Systems Manager

---

**THIS ALLOWED US TO EFFECT  
STRINGENT CYBERSECURITY  
'ADVANCED THREAT PROTECTION'  
PROTOCOLS TO FURTHER PROTECT**



# our data

---

## Human Resources

At the conclusion of 2019, CTA employed 36 staff (as well as several casuals), up from 29 staff at the start of the year. The major reason for this relatively large increase in staff numbers was the creation of new roles in response to growth at existing and new Member sites, as well as to capitalise on opportunities arising from grants and our investment in improved information systems, with a focus on improving processes and data integrity.

Because of CTA's growth over recent years, there was recognition of the need to extend our relatively flat organisational structure to one that provided better career progression, both laterally and vertically. It was also necessary to build-in additional delegation, giving managers the opportunity to grow in their roles, and to more formally address succession planning.

The change in organisational structure included the creation of a new team that was established to implement best-practice clinical trial processes at new service Members. This saw the establishment of an additional management role, as well as additional senior supervisory roles, thus offering opportunities for increased responsibility. The changes helped ensure a low staff turnover across 2019.

CTA held a successful team building event in the middle of the year, to introduce new staff to their team-mates, and further strengthen

relationships between teams, through a series of fun, but purposeful activities. Along with continued professional development, such activities are an important investment in maintaining staff engagement toward achieving CTA's objectives.

We were pleased to be able to offer a one-year internship to an RMIT Pharmaceutical Sciences Honours Program student. Our student intern worked as a junior Ethics Submission Specialist and was ultimately successful in completing the requirements of their degree at the end of their CTA placement.

Finally, an extensive review of our leave policy was undertaken in 2019, to bring it into line with recent changes to legislation, best practice guidelines and updated internal procedures.

2019 was a very busy year in terms of increased recruitment activity and internal job changes, ultimately positioning CTA for a successful 2020 - one that will see more opportunities arising both internally, for career progression, and externally, to lead other projects within the sector, and to further diversify the types of services we can offer our Members.

### SUSY MONTAGNER

Human Resources Manager

**THERE WAS RECOGNITION OF THE NEED TO EXTEND OUR RELATIVELY FLAT ORGANISATIONAL STRUCTURE TO ONE THAT PROVIDED BETTER CAREER PROGRESSION, BOTH Laterally AND Vertically.**







---

# Board Sub-Committee Reports

## Finance and Audit Sub-Committee Report

The Finance and Audit Sub-Committee (FASC) held four meetings throughout the year, as well as regular ongoing contact and interaction with management. The FASC provided a rigorous review of operational and financial performance compared to budget, the company's financial position, cash flow, profit and loss, debtor management, balance sheet performance and all potential capital investment propositions. The FASC also 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, Dr Kurt Lackovic, and Finance Manager, Michelle Button attended all FASC meetings during the year and maintained their excellent standard of accurate financial information and reports.

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

Total clinical trials funding revenue administered by the company for the year was \$33,912,908 (2018: \$27,903,940) an

increase of 22%, and the surplus for the year was \$525,106 (2018: \$616,820).

The quality of administration of clinical trials by CTA will continue to be the focus for the FASC, to underpin CTA's success into the future. As was reported last year, investment in financial and other reporting systems has continued to drive greater efficiencies and continuous improvement in reporting accuracy and relevance to stakeholders. A strong financial position allows this improvement to continue into the years ahead.

Strategic alliances and a focus on Government advocacy have continued to ensure CTA is well positioned to add value to its Members.

Exchange rate uncertainties are essentially neutralised 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 \$7.15M in cash reserves (2018 \$6.23M). Total equity of \$4.35M was recorded, an increase over 2018 (\$3.74M), driven by the impact of an increase in net assets. The cash reserves continued to act as a buffer for timing of a cash flow that remained unpredictable and to enable financing of site payments before sponsor payments were received, in an environment of sustained growth. This continues to be a significant financial benefit to CTA's Members.

---

With the uncertainties around future business forecasts resulting from disruption due to COVID -19, it is reassuring to have these reserves in place.

The ratio of current assets to current liabilities was 1.67 (2018: 1.64), well above the planned threshold of 1.25. Management maintained strong control over debtors, which remains a challenge in a cost competitive environment.

CTA's overall financial risk profile remained sound. CTA continues to remain income tax exempt, as a charity under the requirements of the 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 Dr Kurt Lackovic, CEO.

The Committee was pleased to advise the Board to accept the 2019 results and despite the potential challenges caused by the impact of COVID-19, CTA is well positioned to face 2020 with confidence under the leadership of Dr Kurt Lackovic and the entire management team.

**COLIN NUGENT B COM, CA (SA), ACA**

Chairperson, Finance and Audit Sub-Committee

## **Performance and Remuneration Sub-Committee Report**

The Performance and Remuneration Sub-Committee (PRSC) met twice in 2019, to set CEO KPIs, subsequently review CEO performance against those KPIs, as well as review policies associated with CTA staff remuneration. The committee also oversaw the selection and appointment of an additional independent Board member in 2019. Post completion of his MBA in 2018, Dr Lackovic undertook professional development at Stanford in 2019, completing a residential program 'The Innovative Healthcare Leader'.

The Committee was also pleased to receive updates regarding professional development for all CTA staff throughout 2019.

**ANDREW SCOTT**

Chairperson, Performance and Remuneration Sub-Committee

---

# Board of Directors

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

**APPOINTED AS DIRECTOR: AUGUST 2015**

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**

**PROFESSOR JOHN SEYMOUR**  
MBBS, FRACP, PHD

**APPOINTED AS DIRECTOR: JUNE 2014**

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, Journal of Clinical Oncology and the British Journal of Haematology. He has authored 20 book chapters, >600 peer reviewed publications (with >30,000 literature citations), and >750 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\$95 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**

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 gained 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**

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 2 OF 4; FASC 3 OF 4**

**PROFESSOR MARK SHACKLETON**  
MBBS, PHD, FRACP

**APPOINTED AS DIRECTOR: JULY 2017**

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 malignancy), and Head of the Cancer Development and Treatment Laboratory at the Monash Central Clinical School at The 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 4**

---

**DR. CRAIG UNDERHILL**  
MBBS, FRACP

**APPOINTED AS DIRECTOR: JULY 2017**

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 2 OF 4**

**ASSOCIATE PROFESSOR ZEE WAN WONG**  
MBBS MRCP FAMS GDA FRCP FRACP MAICD

**APPOINTED AS DIRECTOR: JULY 2018**

Dr Zee Wan Wong commenced her current role as Head of the Oncology Unit at Peninsula Health in August 2017. She holds a joint appointment as Adjunct Clinical Associate Professor with Monash University. Apart from being a member of the Monash Partners Comprehensive Cancer Consortium Executive and Governance committees, Dr Wong is the 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 is a current member of the Ethics Committee at Peninsula Health.

Zee Wan obtained her postgraduate medical qualifications at the Royal College of Physicians (UK) before completing her Medical Oncology fellowship in the USA in 2003. Thereafter, she was a Senior Consultant 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 as well as the Executive Ready Program with Women & Leadership Australia.

Previously, Zee Wan was the founding Clinical Director of the Oncology Unit at Goulburn Valley Health as well as the Clinical Director of West Hume Regional Integrated Cancer Services.

She is a member of the AGITG Lower GI Working Party and also holds memberships with ASCO, ESMO, MOGA, COSA, BCT, ALTG and ANZGOG. She has numerous peer-reviewed publications and has presented at national as well as international oncology conferences.

**MEETINGS ATTENDED:**  
**DIRECTORS 3 OF 4**

---

**MR TIM MURPHY**  
**FAICD, M.MKG, BSC(HONS)**

**APPOINTED AS DIRECTOR: AUGUST 2019**

Tim is currently the General Manager - Blood Cancer Partnerships at Leukaemia Foundation and Chairman, ARMI at Monash University. He is a politically astute executive with extensive experience working with the C-suite and the Boardroom to manage corporate issues in regulated environments. Broad local and international (London, Brussels) experience in effective stakeholder engagement and political advocacy.

Strong background in high growth, merger, consolidation, and downsizing global and national business environments. Expertise in multiple sectors, especially healthcare.

A passionate strategic thinker who develops high performing teams and works cross-functionally to ensure the long-term viability of the organisation.

A Fellow of the Australian Institute of Company Directors with a Bachelor of Science (Hons) & Master of Marketing from Melbourne Business School.

**MEETINGS ATTENDED:**  
**DIRECTORS 2 OF 2**

**DR KURT LACKOVIC**  
**PHD, MBA, GAICD**

**APPOINTED AS COMPANY SECRETARY:**  
**30 JANUARY 2017**

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. Kurt graduated from the Australia Institute of Company Directors in 2014, and in March 2018 completed his MBA at Melbourne Business School, graduating on the Dean's list. Dr Lackovic has published 20+ articles across multiple research areas, possesses extensive expertise in leading complex academic and clinical programs, has 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. He also sits on the Boards of several NFPs.

**MEETINGS ATTENDED:**  
**DIRECTORS 4 OF 4; FASC 4 OF 4; PRSC 2 OF 2**



---

# Corporate Governance

The Board focuses on the objectives and values for which CTA was created and that 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 sub-committees 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

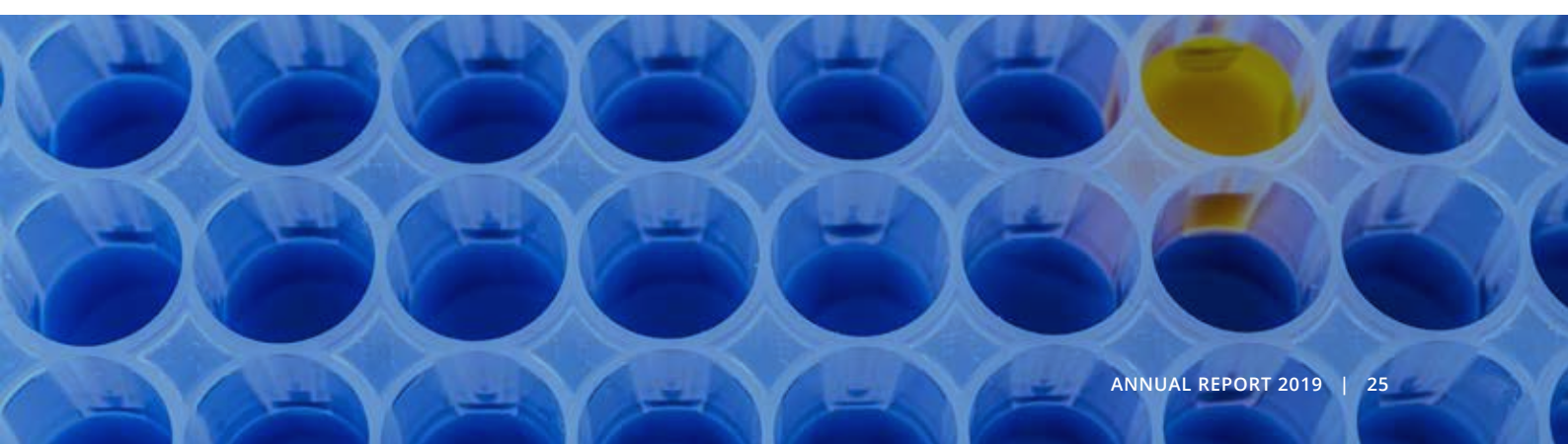
- Approves the business plan and budget
- Approves significant corporate policies

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 is assisted in the process by the Finance and Audit sub-committee.



---

## CTA CURRENT MEMBER ORGANISATION DIRECTORY

### CANCER TRIALS AUSTRALIA MEMBER SITES

**Prof Mark Shackleton**  
Alfred Health

**Dr Michelle Wilson**  
Auckland City Hospital

**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

**Dr Emma Poland**  
Calvary Central Districts Hospital

**Assoc Prof Lisa Horvath**  
Chris O'Brien Lifehouse

**Dr Karen Briscoe**  
Coffs Harbour Health Campus

**Dr Nikolajs Zeps**  
Epworth Healthcare

**Dr Babak Tamjid**  
Goulburn Valley Health

**Mr Jayden Rodgers**  
Linear Clinical Research

**Dr Rohit Joshi**  
Lyell McEwin Hospital

**Dr Angela Watt**  
Melbourne Health

**Dr Eva Segelov**  
Monash Health

**Ms Carolyn Stewart**  
Murdoch Children's Research Institute

**Dr Matthias Ernst**  
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 Base Hospital

**Mr Ryan Hehir**  
Royal Children's Hospital

**Assoc Prof Orla McNally**  
Royal Women's Hospital

**Dr Sue-Anne McLachlan**  
St Vincent's Institute

**Dr Ian Collins**  
South West Healthcare

**Prof Ehtesham Abdi**  
The Tweed Hospital

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

**Dr Dishan Herath**  
Western Health

### CURRENT TUMOUR GROUP CHAIRPERSONS

**Assoc Prof Hui Gan**  
Brain Cancer

**Dr Belinda Yeo**  
Breast Cancer

**Dr Margaret Lee**  
Gastro-Intestinal Cancer

**Assoc Prof Sumitra Ananda**  
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

**Assoc Prof Jayesh Desai**  
Phase I Trials

**Dr Ben Tran**  
Uro-Oncology Cancer



