

# 2022 ANNUAL REPORT

30

CELEBRATING

YEARS



Cancer Trials  
Australia

IMPROVING PATIENT CARE BY ENABLING THE WORLD'S BEST CLINICAL TRIALS

## **ACKNOWLEDGEMENT OF COUNTRY**

Cancer Trials Australia acknowledges Aboriginal and Torres Strait Islander peoples as Australia's first communities, and as the traditional custodians of the lands on which we live and work. Connection to community is central to the life, culture and continuing traditions of First Nations peoples.

We pay our respects to all Elders past, present and emerging, and to the communities we have the privilege of working with.

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# KEY MILESTONES

**1993**

THE CENTRE FOR DEVELOPMENTAL CANCER THERAPEUTICS WAS FORMED

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**2003**

CANCER TRIALS AUSTRALIA WAS INCORPORATED AS A NOT-FOR-PROFIT COMPANY

6

FROM AN ORIGINAL SIX MEMBER SITES CTA HAS BLOSSOMED TO 37 ACROSS AUSTRALIA AND NEW ZEALAND

MEMBER SITE INCREASE

37

CTA HAS SUPPORTED MORE THAN 1,600 INDIVIDUAL TRIALS WHICH HAVE RECRUITED MORE THAN 11,000 AUSTRALIAN PATIENTS



**1,600+**

*Individual trials initiated*



**11,000+**

*Patients recruited, with far more on the horizon*

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## 2022 ACHIEVEMENTS



**232**

*Trials approved*



**1,500**

*Amendments submitted*



**1,100**

*Patients enrolled in 2022 alone*



*Amendments grew*

↑ **27%**



*Contract Addendums were up*

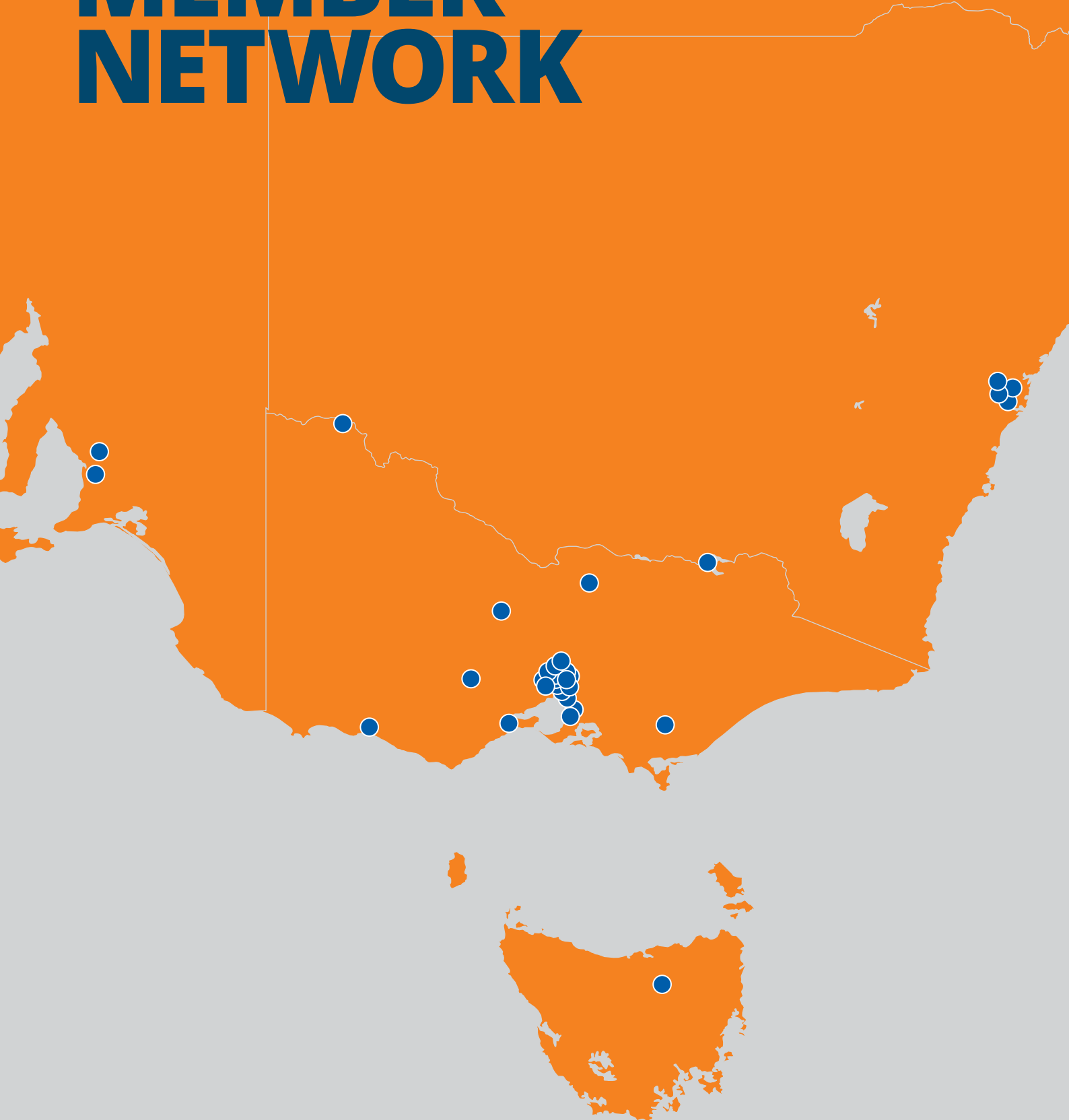
↑ **35%**



*Cash transferred to our Member sites grew*

↑ **19%**

# OUR MEMBER NETWORK





## WESTERN AUSTRALIA

Linear Clinical Research

## SOUTH AUSTRALIA

Calvary Central Districts Hospital  
Cancer Research South Australia

## QUEENSLAND

Princess Alexandra Hospital

## NEW SOUTH WALES

Border Medical Oncology  
Chris O'Brien Lifehouse  
Coffs Harbour Health Campus  
Port Macquarie Base Hospital  
Prince of Wales Hospital  
Scientia Clinical Research Limited  
St Vincent's Hospital (Sydney)  
The Tweed Hospital

## VICTORIA

Alfred Health  
Austin Health  
Barwon Health  
Bendigo Health  
Cabrini Health  
Epworth Healthcare  
Goulburn Valley Health  
Grampians Health  
La Trobe Regional Hospital  
Melbourne Health  
Mildura Base Public Hospital  
Monash Health  
Murdoch Children's Research Institute  
Olivia Newton-John Cancer Research Institute  
Peninsula & Southeast Oncology  
Peninsula Health  
Peter MacCallum Cancer Centre  
Royal Children's Hospital  
Royal Women's Hospital  
South West Healthcare  
St Vincent's Institute  
Walter and Eliza Hall Institute of Medical Research  
Western Health

## TASMANIA

Launceston General Hospital

## NEW ZEALAND

Auckland City Hospital



*It is with great pleasure that I write my second Cancer Trials Australia  
Chairperson's report, to preface our 2022 Annual Report.*

# CHAIRPERSON'S REPORT

**JAYESH DESAI**  
**BOARD CHAIRPERSON**

This is a major milestone year for CTA, having begun as a collaborative initiative across six Melbourne sites 30 years ago. Our continuing growth and maturity as an organisation, the impact we have had in driving a rapidly growing clinical trial sector in this part of the world, and ability to support our Members as they grow and evolve is something we can proudly reflect on. You can read more about those formative years, as well as our major successes to date, further into this Annual Report.

CEO Kurt Lackovic and the entire CTA staff cohort continue to impress the Board with their ability to deliver consistent growth in both CTA's Membership and services, while maintaining the quality and timeliness required to support our site and sponsor partners.

In 2022 CTA Membership expanded to include two new Members, the Princess Alexandra Hospital in Brisbane, and the Mildura Base Public Hospital in regional Victoria, boosting us to 35 Members across six Australian states and New Zealand. This growth has continued into 2023, welcoming two additional Members year-to-date, taking us to 37.

Our strategic investment in information management systems continued throughout 2022, completing the roll-out of a fit for purpose software solution, Clinibase, to manage clinical trial participation data, reduce administrative burden at clinical sites and improve data insights gathered across our clinical trial portfolio. Our success in this area didn't go unnoticed; in late 2022 we were pleased to partner with the Victorian Cancer Agency to assume responsibility for collecting Victorian-wide cancer clinical trial data from 2023-2027, a project the CTA Board is particularly excited by.

I wholeheartedly congratulate both CTA management and all CTA staff for their achievements across 2022, as well as acknowledge all Network Member personnel for the hard work required to ensure CTA's ongoing success. I would also like to pay particular thanks to my fellow Directors for their important contributions throughout the previous year; Colin Nugent, Mark Shackleton, Zee Wan Wong, Michelle Gallaher, Craig Underhill, Clare Scott and Tim Murphy, who the Board was pleased to re-appoint for a second term in 2022.





In late 2022 we were pleased to partner with the Victorian Cancer Agency to assume responsibility for collecting Victorian-wide cancer clinical trial data from 2023-2027."

**PROFESSOR JAYESH DESAI**



*The CTA team continued to deliver quality and timeliness for our Members across 2022 which led to further organisational growth.*

# CEO REVIEW OF 2022

**KURT LACKOVIC**  
CHIEF EXECUTIVE OFFICER

Review of the past five years highlights our sustained expansion with EFT growing 115% over this timeframe to support more than double the number of service Members, and distribute 173% more clinical trial revenue to our Members. None of that would be possible without the dedication, expertise and commitment of our team, who are to be commended again for another sterling year. I remain both incredibly privileged to lead our staff, and proud of what we continue to achieve together.

2022 offered a unique chance to reflect further on the grander evolution of our organisation – Cancer Trials Australia was incorporated 20 years ago, on 1 January 2003, although many worked hard to form its predecessor, the Centre for Developmental Cancer Therapeutics, over the preceding 10 years. I was pleased to work with many of our founders to capture a summary of our genesis and major successes over our 30 years, which you can read further into this Annual Report.

Clinical trials offer hope, often including access to novel, potentially life-saving therapies. CTA continues to ensure Australia is successful in attracting the best clinical trials on an increasingly competitive global stage, for the benefit of Australian patients. The CTA team

works tirelessly toward our vision, **To Improve Patient Care By Enabling The World's Best Clinical Trials**, by focusing on (i) providing cost efficient and timely services to our expanding Membership, (ii) on-going strategic investment in our information systems, as well as (iii) further enhancing our communication and advocacy voice with Members, the broader clinical trial sector, and government.

I witness our team values of **Shared Purpose, Integrity, Collaboration, Adaptability and Compassion** in feedback from clinical research sites and Sponsors, our vibrant in-office days, seeing the willingness to share the load amongst team members during busy times, and the cross-team achievements we have made together.

In 2022 we welcomed two additional Members, the Princess Alexandra Hospital in Brisbane and the Mildura Base Public Hospital in regional Victoria. Our Membership now spans a total of 37 sites across Australia and New Zealand. The CTA network now includes strong representation in all major Australian states, as well as in both metro and rural/ regional settings, helping to improve equity of access to clinical trials for all Australian cancer patients.



Building on our transformational information systems project delivered in 2021, we completed the roll out of Clinibase to all service Members in Q1 of 2022.”

**DR KURT LACKOVIC**

Across 2022 all expiring service agreements were renewed for three additional years, and our service metrics grew again. A total of 232 clinical trials were approved to open, amendments grew 27% and contract addendums were up 35%. Cash transferred to our Member sites grew 19% to a new record of over \$41M. Pleasingly, 2022 was also a year of internal stability, with only 4% staff turn over. This stability also extended to the Board level with no changes to our Directorship, and with Tim Murphy being re-appointed for a second term.

In partnership with Associate Professor Ben Tran, Chair of our Phase 1 Tumour Group, we introduced a new initiative in the second half of 2022, the Therapeutics Update Dinner series. With two successful dinners already held, this series allows the highlights of major international meetings to be presented to our wider network audience, ensuring a greater reach of new insights gained and generating valuable discussion for application of new knowledge in the Australian setting. These events would not be possible without the support of our pharmaceutical and CRO colleagues, who also saw significant value in these forums.

Building on our transformational information systems project delivered in 2021, we completed the roll out of Clinibase to all service Members in Q1 of 2022. The success of this work positioned CTA perfectly for our next ambitious project - assuming responsibility for collecting Victorian-wide cancer clinical trial data. This project will be delivered from 2023 onwards in partnership with the Victorian Cancer Agency within the Department of Health Victoria, and builds on the Cancer Council Victoria's significant efforts in this space since 1988.

The CTA management team have expanded on their respective areas of responsibility further in this report, covering Clinical Trials Operations, Member Network Activities, Finance, Information Systems and Human Resources. I am incredibly grateful to all CTA staff, as well as all Network Member personnel, for the hard work that is essential to enable the CTA network to continue to flourish.

# MANAGEMENT REPORTS

## CLINICAL TRIALS OPERATIONS

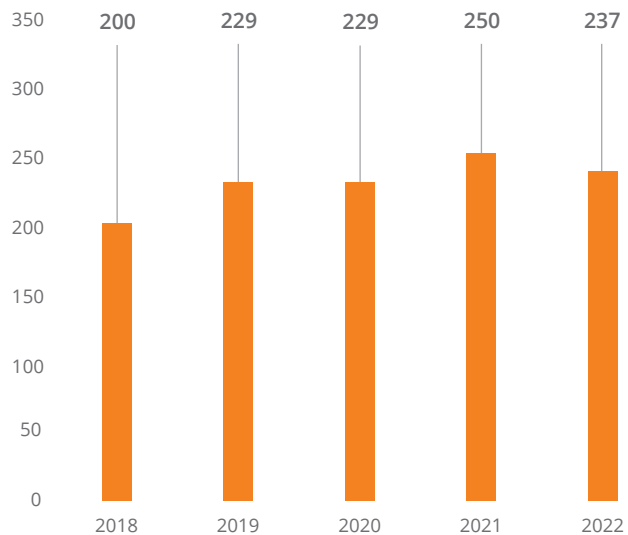
2022 has been a year of growth and new opportunities, as we expand our clinical trials administrative services to both new and existing Member sites.

A total of 237 new clinical trials were supported in 2022 across our service Members.

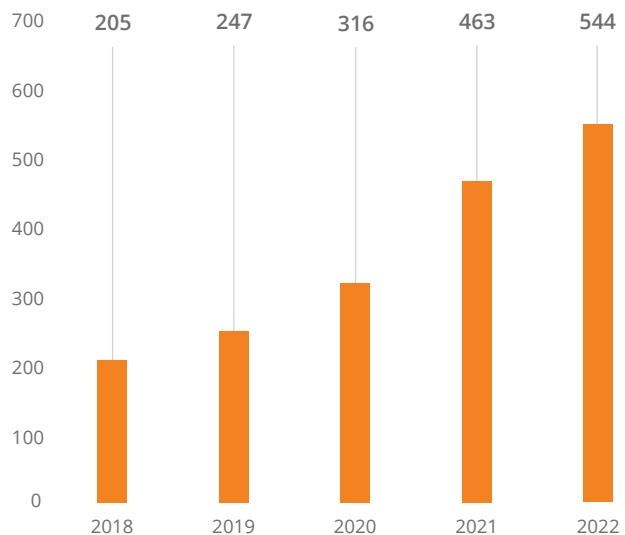
Post approval activity within our ethics team remained high, with a 27% increase compared to 2021; a total of 1,409 amendments were submitted and approved on behalf of our Members. This increase in activity extended to our contracts team, with a 35% rise in the number of contract addendums executed compared to the previous two years. This data demonstrates a greater proportion of protocol amendments having an impact on trial requirements, resulting in the need to renegotiate site budgets.

Our approval timelines remain competitive for both lead/single and participating site submissions. Start-up is a multi-faceted and time-consuming component of the clinical trials lifecycle, one notoriously prone to delays. The anticipated and well-known causes of delays continue to be protocol amendments and site contracts.

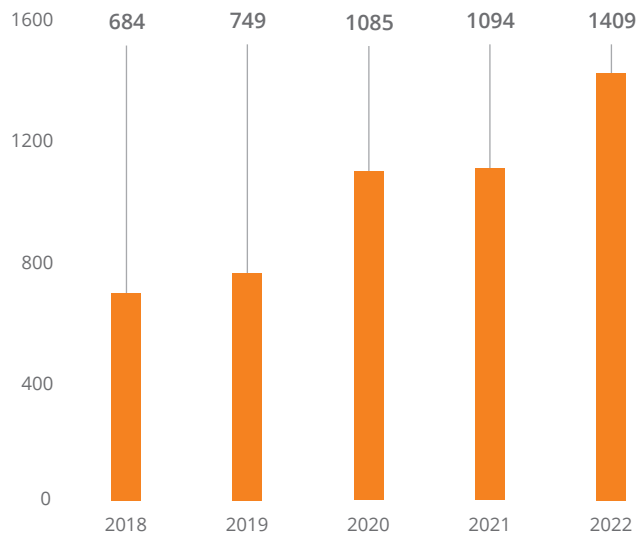
CTA Supported Start-Up Activity for Cancer Trials



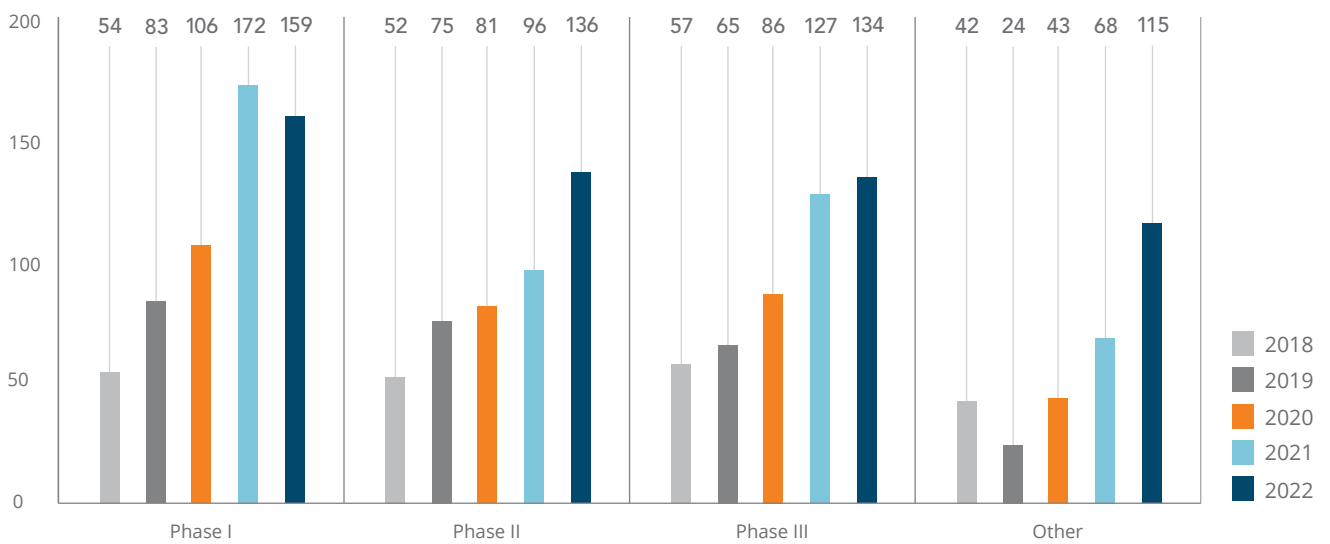
Open to Accrual Cancer Trials Supported by CTA



### Amendments Approved



### Open to Accrual Cancer Trials Supported by CTA - By Phase



# MANAGEMENT REPORTS

CONTINUED

Over the past few years, the number of substantial amendments made to clinical trial protocols has notably increased. Approximately 40% of submissions in 2022 required a protocol amendment prior to the Site Initiation Visit (SIV). On average, across all phases, a typical clinical trial has 2.3 amendments per annum. More complex protocol designs in general are associated with a higher average number of substantial amendments. Many Sponsors recognise the incredible unplanned and unbudgeted toll that protocol amendments take on study budgets and timelines, and therefore the opportunity to address this through improving initial protocol quality. Positioning Australia as early adopters of new trials naturally exposes us to this early volatility however CTA welcomes discussions with both Pharma and CRO's to expand our understanding of protocol amendments, and to look at ways to optimise their implementation and management.

Contract delays continue to be problematic. A general lack of uniformity is a key factor, delaying efficiency in both budget and contract negotiations. The language in payment schedules varies considerably among Sponsors and CRO's, resulting in lengthy discussions and negotiations. For budgets, inconsistencies still exist with the interpretation of fair market value (FMV), which is influenced by factors such as geography and study complexity. There also tends to be many parties involved in the review process, with no central point of contact,

making delays inevitable. The need for further standardisation of wording in contracts and the streamlining of review processes are the only way we will see any additional improvements in overall timelines and efficiency of this pipeline component. As the main rate-limiter, any improvements outside of this bottleneck are unlikely to have material impact on speed of throughput.

CTA is always willing to share our expertise and knowledge, and this year was no exception. We facilitated an ethics and governance training session as part of the VCCC internship program. We also participated in a number of working groups spanning across business capabilities, trial metrics, teletrials, standardised costings, and our continued work with CT:IQ in the development of a simplified PICF template. We enjoy collaborating with our Member sites as well as other sector stakeholders on these important projects, as it allows us to contribute to harmonizing the management of clinical trials and improve efficiency.

I would like to thank the entire operations team for their dedication, resilience and determination in underpinning another successful year of growth, and I look forward to many more opportunities to improve and expand on our contribution to clinical research in 2023.

**Marie Luci**  
Operations Manager

## MEMBER NETWORK ACTIVITIES

### Membership

In 2022, CTA welcomed two new Members to our network, Princess Alexandra Hospital in Brisbane and Mildura Base Public Hospital in regional Victoria. Our Membership now spans a total of 37 sites across Australia and New Zealand. The CTA network now includes strong representation in all major Australian states. We are also proud to continue to grow our Membership within rural and regional areas, providing our expertise and experience to smaller clinical trial units and contributing to enhanced local access to clinical trials. More than 30% of our Members are situated in a rural or regional setting.

Our reputation for providing high quality administrative support, together with a new and robust Clinical Trial Management System has allowed for organisational growth by expanding our full-service provision to an additional two sites in 2022. Our continued growth is an exciting time for CTA contributing further to strong strategic partnerships across our Membership.

### Research Unit Manager Forum

In July 2022, we held another successful forum that allowed for representatives from our Member sites to share their knowledge and experience in managing clinical trial units. Key topics discussed this year were challenges with increased

start up activities/costs, teletrial set up and logistics and the advantages and disadvantages of remote monitoring. There was also an opportunity to discuss achievements and share process improvement initiatives. It is always a well-attended event, as well as a great networking opportunity for research managers to take time out of their busy schedules to meet in person. We look forward to hosting the next forum in the latter half of 2023.

#### **Tumour Group Meetings**

A total of 36 quarterly virtual meetings were coordinated and hosted for our 11 stream-based Tumour Groups. These forums continue to provide Members and clinicians with invaluable information on current and upcoming trials, as well as the opportunity to discuss ongoing research in their field of expertise. In November 2022, CTA hosted a dinner for the Tumour Group Chairs to discuss format, content, and mode of meetings for 2023. This provided direction in ensuring these meetings remain useful and contemporary.

The Tumour Group meetings would not be possible without the voluntary support and cooperation of our Tumour Group Chairs. We would like to thank the following clinicians for their ongoing commitment and participation during the year: Professor Hui Gan (Brain), Dr Belinda Yeo (Breast), Dr Margaret Lee (Gastro-Intestinal), Associate Professor Sumitra Ananda (Gynaecology), Dr Michael Dickinson (Haematology -



We are also proud to continue to grow our Membership within rural and regional areas, providing our expertise and experience to smaller clinical trial units and contributing to enhanced local access to clinical trials. More than 30% of our Members are situated in a rural or regional setting."

**NICOLA HOWELL**



Photo: Tina Miroshnichenko

Lymphoma/Myeloma), Dr Chun Fong (Haematology - Myeloid/AML), Professor Danny Rischin (Head and Neck), Dr Muhammad Alamgeer (Lung), Dr George Au-Yeung (Melanoma), Dr Mark Voskoboynik (Genito-Urinary) and Associate Professor Ben Tran (Phase I/Early Drug Development).

#### **Patient Recruitment**

Across 2022, the easing of COVID-19 restrictions allowed for an increase in the number of open trials across our Member sites. The continuity of telehealth visits

has also allowed for greater patient recruitment and retention. This was reflected in a 6% increase in patient recruitment for 2022 compared to the previous year.

It has been a pleasure partnering with our Members in 2022 and to witness and support their continued clinical trial successes and reputational excellence.

**Nicola Howell**  
Clinical Trials Start-Up Manager



# MANAGEMENT REPORTS

CONTINUED

## FINANCE

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

We experienced another busy year in the Finance team, managing the invoicing for approximately 510 commercially sponsored clinical trials and 185 non-commercially sponsored clinical trials across our Membership network. During the year we welcomed one additional site, Grampians Health, to our portfolio, with finance services commencing in July 2022. We also continued to expand Clinibase functionality, with most study fees transitioning into the application during 2022.

Contractual agreements with Sponsors continue to be complex, with many different items required to be tracked in support of invoicing. We aim to ensure the timely cost recovery of all trial activity on behalf of our Member sites, in accordance with contractual terms. Our priority is to work in conjunction with Sponsors and our Members to ensure the data is as accurate as possible.

Efficiency increased in the finance team during 2022, with cash transfers to Member sites growing to over \$41M, an increase of 18.7% on the previous year.

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. The regular transfer of funds to our Member 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 Member sites. This service is provided interest free to all our Member sites, significantly reducing their cash flow risk.

In addition, the CTA Finance team are responsible for the CTA payroll and our salary packaging arrangement with Remunerator. The Finance team are responsible for preparation of the annual CTA budget, 6+6 re-forecast, 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 our Member Sites. Our transition to Clinibase has put us in a stronger position than ever before to manage the increasing clinical trial budget complexities.

I take this opportunity to thank the Finance team for their excellent contribution throughout the 2022 financial year.

**Michelle Button**  
Finance Manager

## INFORMATION SYSTEMS

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*Continuing on from the successful launch of Clinibase in 2021, the first phase of CTA's major Information System transformation was completed in early 2022, with our remaining sites transitioned and the previous system decommissioned. Clinibase is CTA's new database application for collection of data relating to trial participant activity, built throughout the 2021 year in partnership with Cardiobase, a Melbourne-based healthcare solutions company.*

2022 saw us commence the second stage of this ambitious project, which propels us beyond migration into improving upon our previous operating procedures using the new features and functionality afforded by the system. Finance processes that were previously manually tracked were converted to automated activities, which required significant effort by a cross-functional team of Finance and Information Systems staff. We are now able to build study schedules in far greater detail, validating and prompting within the user interface, creating data integrity tools to allow surfacing of mismatched records and collecting insights to communicate back to Member sites to facilitate improved data collection and accuracy.

One of the distinct benefits of partnering with a local, trusted software company, is that the resulting product is not static, allowing CTA to define and release new features and functionality throughout 2022. This included the collection of



participant cultural diversity data, introduction of features to allow for teletrial management and significant efforts towards launch of a multi-site environment to allow cross-site reporting.

While Clinibase was primarily built for capturing data to support administrative services for our Members, the quality and accuracy of data available has opened up the opportunity to leverage this collection for other purposes; in 2022 CTA was pleased to work closely with the Victorian Cancer Agency and Cancer Council Victoria (CCV) to re-design the Victorian Cancer Trials Annual Census. Previously coordinated by CCV, this census is an important data set to inform policy and understand the portfolio of cancer clinical trials across the state of Victoria. This project will see CTA take carriage of the annual census, using Clinibase as a site-based tool, allowing greater insights into the range of participants benefitting from trials across our Metropolitan and Regional centers. The project grant also facilitated a range of feature upgrades to support advanced reporting and integration of Start-Up and Post-Approval data into Clinibase. The entire Clinibase project team is to be congratulated on consolidating our position as leaders in clinical trial data collection and analysis. We look forward to reporting on this project in next year's Annual Report.

During the 2022 year, Employment Hero was launched as our new Human Resource Information System (HRIS) which has allowed aggregation of our HR

documentation and payroll systems, and also integrates our policy management, recruitment and onboarding, leave management, annual performance review process, and training. Employment Hero was selected from a range of HRIS products for its capacity to adapt to evolving business needs and support an expanding staff.

CTA's utilisation of Atlassian's Jira and Confluence products continued in 2022 with work undertaken to further streamline and improve upon the processes used in the Ethics & Governance, Budgets & Contracts and Finance teams. This granular understanding of our work product cycle provides a powerful ability to analyse bottlenecks and improve performance against strategic goals, and ensures CTA continues to provide detailed, accurate and useful reporting to all of our Member sites. In 2022, the reach of this tool was extended to support resource modelling across our portfolio, to better understand the balance of work across our growing staff complement.

PowerBI, a dashboard analytics tool, draws together separate datasets arising from Jira, Clinibase, MYOB Advanced, and site-supplied datasets to provide an essential mechanism for analyses, generating trend analysis by year, team and disease indication over revenue, timeline, patient accrual and study status data, and identification of under-performing studies and data collection gaps. Sites continued to rely heavily on

these tools to track overall study activity and trial cost recovery.

The SiteDocs electronic document management project continued to grow, with the inclusion of additional departments at hospitals already utilising the platform. The Maintenance Program implemented in 2022 proved popular with almost all sites renewing their participation for 2023, allowing CTA to continue to provide advocacy and training to Member sites for this application.

CTA's staff continued to thrive under our working-from-home and office hybrid model, with our IT infrastructure delivering on vital stability and portability. Central to our ongoing capability to pivot and adapt, was our previous investment in establishing policies and staff support structures, hardware and software, which enabled staff to maintain equivalent access to documentation, internal communications and operational oversight while working from home. Our extensive cybersecurity measures allowed our ongoing work to remain tightly protected and additional phishing exercises were coordinated to drill CTA's response to cyberthreat.

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

**Emily England**  
Information Systems Manager



The entire Clinibase project team is to be congratulated on consolidating our position as leaders in clinical trial data collection and analysis."

**EMILY ENGLAND**

# MANAGEMENT REPORTS

CONTINUED

## PEOPLE AND CULTURE

*We are pleased to report a successful and fulfilling year for CTA, and are proud to share that despite widespread conversations and predictions of 2022 being the year of the 'Great Resignation', we maintained strong retention across the year, with only 4% staff turnover. CTA employed eight new staff to provide support across three operational functions and concluded the year with a headcount of 51 dedicated employees.*

Resourcing is a critical focus for CTA in being able to support ongoing business growth, organic turnover, and parental leave considerations. Furthermore, sourcing talent remains challenging within the sector; one mechanism to mitigate this challenge is our newly developed Employee Referral Program, which encourages staff to identify and attract potential employees from their own pool of personal network contacts. This program has already proven successful, and we have been able to offer employment to two new staff as a result across 2022.

We were thrilled to announce several internal promotions that reflect the commitment and dedication of our staff and are proud to support ongoing career growth and professional development opportunities.

CTA was again pleased to support RMIT's Biomedical Sciences and Pharmaceuticals Sciences Internship Program. This

relationship allows CTA to support the learning and development of early career workers into this purposeful industry and help to promote future opportunities within clinical trials more broadly. CTA was delighted to formally onboard two of our internship students in 2022, with the aim to continue providing mentorship in this capacity in the future.

CTA acknowledges the changing work environment, and the need to provide ongoing support and consultation regarding flexible work arrangements and remote work considerations. We delivered two anonymous staff surveys across 2022, with the most recent in October. Our aim was to understand how staff have coped working within a hybrid model, and to further inform our on-going planning. In response to staff feedback, we were pleased to trial a revised hybrid work model for a period of 6 months, working one day per week in the office. Those staff members that indicated a preference to work from an office more than one day per week were also accommodated. This trial has thus far proved a successful balance between the benefits and savings of working from home, and the stimulation and corporate culture enrichment that occurs during face-to-face/in-office days.

In line with CTA's strategic priorities, and after a detailed and collaborative analysis of various Human Resource Information Systems (HRIS), CTA confirmed partnership with the Australian based HRIS, Employment Hero and their

subsidiary, Employment Innovations (managed payroll service) and launched this application to staff in October 2022. Employment Hero now supports the successful management of the entire employee lifecycle and affords access to superior HR metrics and reporting. CTA endeavours to utilise additional extended features within the platform in the future. We have been pleased with the overwhelmingly positive feedback received by staff to date.

A revision and further development of CTA's full range of policies and procedures was undertaken during the year and will continue, in order to meet internal changes and legislative requirements.

Building on CTA's Values Workshop in November 2021, we have since successfully partnered with Integro to implement and incorporate the DiSC (Dominance, Influence, Steadiness and Conscientiousness) model and theory into CTA staff communication and management. DiSC is a proven and simple tool that helps people develop effective communication strategies and teamwork to build healthier and more productive workplace relationships. In April 2022, CTA participated in an off-site half day Workshop, facilitated by Integro, with the aim of discussing additional outcomes and learnings amongst the group, and how we, as a team, can utilise DiSC in our daily work environment. This was well received and is further supported by the MyEverythingDiSC

“

Sourcing talent remains challenging within the sector; one mechanism to mitigate this challenge is our newly developed Employee Referral Program, which encourages staff to identify and attract potential employees from their own pool of personal network contacts.”

**KIMBERLEY VARRASSO**



platform that allows staff to connect with each other, and develop comparison reports and group maps to facilitate effective communication. We now incorporate DiSC within our onboarding process, and are keen to further explore how we embed DiSC within CTA's ecosystem. Additionally, we have made successful steps in refining our onboarding and induction experience, inclusive of a formalised induction and training outline and a newly developed eLearning induction video.

CTA has begun taking proactive steps toward the acknowledgment and recognition of diversity and inclusion (D&I) initiatives. September saw the release of varying corporate resources for use in emails, such as re-branding signatures to acknowledge Australia's First Nations and LGBTIQ+ communities. We aim to develop future D&I initiatives and are keen to seek ongoing feedback from staff and external organisations as required.

As part of our ongoing commitment in supporting professional development and growth, CTA signed a new contract with the Australian based Learning Management System (LMS), Go1, in November 2022. Go1 works with over 200 providers to host content in one place offering access to over 100,000 digital learning resources. Go1 also integrates with our recently launched HRIS system, Employment Hero, and will provide a seamless user experience for all employees as we continue to grow and nurture a strong learning culture in 2023.

Our year ended with a highly anticipated team dinner, where all staff were able to socialise in person, reflect on the successful year passed and share aspirations for the year ahead.

**Kimberley Varrasso**  
People and Culture Manager

# BOARD SUB-COMMITTEE REPORTS

## FINANCE AND AUDIT SUB-COMMITTEE REPORT

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The Finance and Audit Sub-Committee (FASC) held four formal meetings throughout 2022, as well as regular ongoing contact and interaction with CTA management. The FASC assessed the financial performance of the Company including cash flow, profit and loss, balance sheet performance and all capital investment propositions. The FASC also considered both internal and external risks to the business, ensuring these were reported and recorded. All existing risks were reviewed and updated where necessary to ensure management maintained a current Risk Register. The potential impact of COVID-19 was again assessed as a significant business risk in 2022. 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. They continued to maintain the excellent standard of accurate financial information and reporting. The FASC assisted management in the preparation

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

Total clinical trials funding revenue administered by the company for the year was \$46,949,470 (2021: \$39,973,613) an excellent result given the possibility that revenue could have been severely reduced due to the third year of COVID-19 related impacts.

The Net Surplus for the 2022 year was \$51,837 compared to a Net Loss in 2021 of -\$166,857. The 2022 result was a considerable improvement (\$550,872) over the 2022 Budgeted Loss of -\$499,035. The 2022 budget included on-going software and system development costs, together with additional resourcing provisions as part of the investment strategy initiated in 2022.

The significant investment in financial and other reporting systems over the past two years have resulted in multiple potential opportunities. These include not only increased efficiencies in data capture and reporting capability for existing

Member sites, but also attracting new business which will continue to underpin CTA's strong financial position.

Strategic alliances, and a focus on Government advocacy and enhanced networking opportunities through improved social media presence, have continued to ensure CTA maintains its position to add significant value to its Members, beyond service provision.

CTA ended the year with a very sound financial position, with total equity of \$4.56m increased compared to 2021 (\$4.51m). The cash reserve has again been essential to act as a buffer and provided a safety net for the timing of cash flows that remained unpredictable in an expanding customer base, and this has in turn enabled the financing of site operating costs before sponsor payments were received.

The ratio of current assets to current liabilities was 1.54 (2021: 1.55), 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 remains income tax exempt, as a charity under the requirements of the Australian Charities and Not-For-Profit Commission.

Management is to be congratulated on another unqualified audit report, delivered by Deloitte. The FASC wishes to acknowledge the very professional accounting and financial management standards set by Michelle Button, Finance Manager, and Kurt Lackovic, CEO. I wish to thank their teams in assisting in these endeavors in what has been a challenging business environment over the last two years in particular. I also acknowledge the efforts of my fellow FASC members, Michelle Gallaher and Tim Murphy and thank them for their continued and invaluable contributions.

The Committee was pleased to advise the Board to accept the 2022 results and confirms CTA is well positioned to face 2023 and beyond with confidence under the leadership of Kurt Lackovic and his team.

**Colin Nugent**

Chair, Finance and Audit Sub-Committee

**PERFORMANCE AND  
REMUNERATION  
SUB-COMMITTEE REPORT**

The Performance and Remuneration Sub-Committee met twice in 2022, 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 re-appointment of one Board Member, Tim Murphy, in late 2022. The Committee was also delighted to receive updates regarding professional development for CTA staff throughout 2022, which continued despite COVID-19 related restrictions.

**Jayesh Desai**

Chairperson, Performance and Remuneration Sub-Committee



Strategic alliances, and a focus on Government advocacy and enhanced networking opportunities through improved social media presence, have continued to ensure CTA maintains its position to add significant value to its Members, beyond service provision.”

**COLIN NUGENT**





## **BREAKING BARRIERS:**

How 30 years  
of collaboration  
has changed cancer  
treatment in Australia




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*Australia claims the world number three position for initiating Phase 1 trials, behind the US and China<sup>1</sup>, and the CTA network's contribution to this has been nothing short of extraordinary. CTA has initiated more than 1,600 individual trials and recruited more than 11,000 patients, with far more on the horizon.*

Thirty years on from its genesis, Cancer Trials Australia (CTA) is an international focal point for cutting edge oncology research; what officially began as a collaboration between six, first-class cancer research and treatment institutions back in 1993 has fundamentally contributed to shaping Australia's status as a preferred destination for cancer research worldwide. Speaking to some of the founders of this effective and far-reaching organisation has uncovered some of the ingredients to this success.

Cancer specialists have achieved something unique through the formation of CTA: a network of formalised, professional relationships that fosters careers, clinical outcomes and industry partnerships in a mutually beneficial way. No other medical specialisation has this formalised network, and it even stands out internationally as the exception rather than the rule.

"Working in cancer is personal. In 30 years, we haven't lost sight of the value of the network and relationships in what we do," says current CTA Board Chairperson Professor Jayesh Desai.



Working in cancer is personal. In 30 years, we haven't lost sight of the value of the network and relationships in what we do."

**PROFESSOR JAYESH DESAI**

<sup>1</sup>Global rankings - Number of industry clinical trials initiated in 2021, by country, by phase (abpi.org.uk)



“Bringing lots of fantastic clinical trials to Australia and New Zealand is an incredible legacy. However, it’s the intangible impact of helping to create a culture of support, collaboration, mentorship and sharing that is truly unique,” says Jayesh.

As the original driving force that led to the formation of CTA, Professor Tony Burgess is universally regarded as the founder of this focus on the ‘greater good’. Yet, Tony himself recalls just how tough the early stages of forming a network with a collective vision really was. The absence of dedicated oncology centres within hospitals, a fragmented approach to knowledge sharing, and a high administrative burden were barriers that at times seemed too great to overcome.

“By 1986 it was clear that multi-centred trials were needed,” recalls Tony.

“Testing the efficacy of two CSFs (Granulocyte-CCSF and Granulocyte-Macrophage-CSF) in patients was being hampered by not having enough cancer

patients at any one site to finish a definitive study in a timely manner,” says Tony.

Despite early setbacks, the push to bring the best minds in cancer research and treatment together continued.

“George Morstyn approached different Hospitals in Melbourne and Sydney, all were keen to participate, but each wanted different levels of support, each wanted different levels of record keeping and each wanted to tweak the trial protocol to suit their clinical system,” says Tony.

“Even where our commercial collaborators had sufficient funds, it was proving difficult to arrange the same protocol at each hospital. They were reluctant to share patient data between sites, with ethics applications requiring discussion and approval at each site.

Eventually, a landmark meeting was arranged that fortified the desire for change, and CTA (initially known as

the Centre for Developmental Cancer Therapeutics (CDCT)) began to emerge.

“At that meeting, the draft concept for the CDCT was considered and adopted in principle. Each hospital contributed financially to assist with the initial resources and the CDCT was established,” says Tony.

Fast forward three decades and the infrastructure for cancer research in Australia is now among the best in the world.

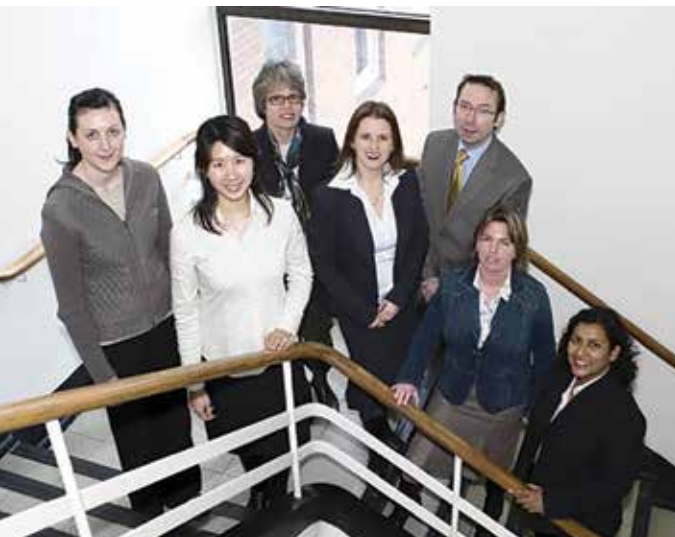
“The past 20 years have seen extraordinary advances in the treatment of cancer. Through the establishment of CTA and expansion of the network, CTA has been able to provide an ever-expanding number of patients with cutting edge medicines as early as anyone in the world, and the committed healthcare professionals involved in the CTA network have been incredible drivers of this change,” says Dr. Russell Bassler, CTA’s second director until 2001.



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**DR. RUSSELL BASSER**





“One of the strengths of this collaborative network is the interplay between research institutes and clinics. This has enabled the group to ask, ‘How do we make this scientific observation relevant?’. This has contributed to ground-breaking advances in treatment, while at the same time providing a world class care network, which is a remarkable legacy,” says Russell.

“We now have a national cancer research framework and that is the foundation of good patient care. This has been critical for some of the more complex trials we’ve since attracted and completed,” says Dr Darryl Maher, CTA’s first Director.

Professor Andrew Scott, Chairperson of the CTA Board from 2016-2021 agrees, “One of the most important outcomes of our work is that it has created a generation of highly qualified clinical nurses and data managers who engage directly with patients and know how research is done.”

“This has had a real impact on people living in regional areas because the practice of cancer treatment requires collaborative care and access to trials almost as a matter of policy. This means we have been able to link out to smaller sites, and train staff at those sites so patients don’t have to go to city sites to be part of trials. That’s a highlight.”

“This is only possible because the collaboration across the network is outstanding. People work together. In fact, a lot of people working in this space have spent most of their career working in partnership with CTA, so it means this whole ethos of collaboration has been successful,” says Professor Scott.

Other founding members of the group reflect on how the power of this collaborative force has shaped cancer research across the country, as well as their own careers in research. For CTA’s first Board Chairperson, Professor Michael Green, the greatest impact beyond patient care has been in supporting the growing network of cancer specialists.



1,600+

*Individual trials initiated*



11,000+

*Patients recruited, with far more on the horizon*

Page 22: CTA Board and Management - 2004, from L-R: Steve Anderson, Paul Mitchell, George Morstyn, Mark Rosenthal (CEO), Michael Green, Tony Burgess, John Zalcborg and Carole Alt (COO).

Page 24; left: Mark Rosenthal at Royal Melbourne Hospital ward 2009

Page 24; right: CTA Staff 2005

Above; left: CTA Staff 2006

Above; right: CTA Meeting 2005



“I see medicine as a three-legged stool – care of patients, teaching and research. Research never had a supporting organisation as such, yet it’s just as important as having a hospital to care for patients and a medical school to provide teaching,” says Michael.

“By being able to attract clinical trials into our hospitals, we now have pathways for careers and specialist organ research areas; these things form the network of patient care.

“Integrating teaching with research is not obvious, but it’s essential. If graduates don’t experience research, they stay in the world of practice without the research component to bring on something novel.

“Today, research is seen as the essential component, it truly is – it wasn’t that way when I was training, says Michael.

For Carole Alt, the Chief Operating Officer at CTA from 1998 to 2007, working to improve cancer treatment research had real and personal impacts.

“Being able to offer a clinical trial to a patient and be with them throughout their treatment felt like making a small but significant contribution to cancer research”, says Carole.

“One of CTA’s important functions was to make sure operational matters were dealt with so clinical staff could focus on treating patients. The power of this collaboration meant we could compete for sought-after clinical trials internationally. We were also successful in winning a government grant to improve facilities for clinical trials in Victoria,” says Carole.

The often-downplayed improvements to the administrative burden that comes with research and undertaking trials has been among CTA’s greatest legacies. So too has the impact on career paths for emerging specialists, which goes on to spur innovation and ultimately improve patient outcomes.

“Outside of Australia and New Zealand, people are crying out for a network like we have built through CTA. We’ve helped to provide career pathways to help young people develop careers in clinical trials, and that has far-reaching benefits,” says current CTA Board Chairperson, Professor Jayesh Desai.

“One of the things that has been important is that we respect that you are an individual and independent investigator, so you can be a member without subscribing to everything or imposing values and rules,” says Jayesh.

“The culture that has been created, right from the first people who started the organisation through to the people who’ve professionalised it, remains today,” says Jayesh.

Bringing together Australia’s leading academics and practitioners across the cancer field has meant its fair share of robust discussion.



One of CTA’s important functions was to make sure operational matters were dealt with so clinical staff could focus on treating patients. The power of this collaboration meant we could compete for sought-after clinical trials internationally. We were also successful in winning a government grant to improve facilities for clinical trials in Victoria.”

**CAROLE ALT**



“You have to be wired in a certain way if you pursue a career in oncology. You are trained to confidently make decisions so we are often working together as a group with strong views, which can make consensus a challenge. However, there has always been a drive to leave our egos at the door and to work together for the greater good,” says Russell Bassar.

“However, of all the things the CTA network has helped achieve, ‘access’ is key. Access to trials ultimately means access to first-class care and treatment options for Australian cancer patients, and it’s this that is universally celebrated after all the decades of work”, says current CTA CEO Dr Kurt Lackovic.

“And being able to collaborate closely with state Governments, particularly the Victorian Department of Health through the Victorian Cancer Agency on a number of exciting initiatives over recent years, has enabled CTA to add further value to the clinical trial sector, beyond its core business,” says Kurt.

“CTA has developed the experience and expertise to do all the things that a trial unit shouldn’t be distracted with: budgets, contracts, financial management, HREC submissions, governance and amendments. Which leaves trial unit Investigators and Research Staff to focus on what they should be doing: supporting the trial conduct itself and caring for trial patients,” responds former and inaugural CTA CEO and Chair Professor Mark Rosenthal.

“What am I most proud of? That in Melbourne and Victoria, CTA has played a significant role in ensuring our cancer patient have access to an array of clinical trials. That regardless of background or postcode, we have worked hard to ensure Victorian’s have the same opportunity to enrol in a First-Time-In-Human oncology trial as the wealthiest New Yorker living next door to Memorial Sloan Kettering. And that is an extraordinary achievement,” says Mark.

Page 26: Biomarker Launch 2010

Above; left: Dr George Morstyn, Professor Richard Fox and Professor Donald Metcalf in the Burnet Clinical Research Unit with the first Australian patient (name unknown) to receive G-CSF in the Royal Melbourne Hospital.

Above; right: CTA Lab officially opened in 2003 by The Honourable John Brumby AO

*We would like to acknowledge the following contributors: Tony Burgess, George Morstyn, Michael Green, Dick Fox, John Zalcborg, Jayesh Desai, Andrew Scott, Mark Rosenthal, Carole Alt, Darryl Maher, Russel Bassar and Kurt Lackovic.*

# BOARD OF DIRECTORS

**PROFESSOR JAYESH DESAI**  
**(CHAIRPERSON)**  
MBBS FRACP

**Appointed as Director:** 25 November 2020

Jayesh has extensive experience in translational research applied to early drug development, particularly in sarcomas and in colorectal cancer. He heads the Phase I/Early Drug Development program, is Deputy-Director of the Parkville Cancer Clinical Trials Unit (PCCTU), leads Peter Mac's efforts in its formal engagements with Industry Alliances and Partnerships and has recently been appointed as the Associate Director Clinical Research at Peter MacCallum Cancer Centre.

Jayesh has been the Chair of the Cancer Trials Australia (CTA) Phase I Drug Development Program for a number of years, and has been Principal Investigator on 30 clinical trials over the last 5 years including 25 Phase I and First in Human trials. These have been both investigator initiated, as well as collaborative trials with Pharma and Biotechs, across a broad array of agents including kinase inhibitors and novel immunology agents/combinations. He has authored/co-authored approximately 130 publications in journals including the New England Journal of Medicine, Nature, The Lancet and the Journal of Clinical Oncology.

**Meetings attended:**

Directors   
PRSC 

**TIM MURPHY**  
FAICD 2004 Masters of Marketing,  
Bachelor of Science (Hons)

**Appointed as Director:** 8 October 2019

Tim is currently the General Manager – Blood Cancer Partnerships at Leukaemia Foundation and Non-Executive Director of Oncology One. 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   
FASC 



### COLIN NUGENT

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

**Appointed as Director:** 22 July 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 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   
FASC   
PRSC 

### ASSOCIATE PROFESSOR ZEE WAN WONG

MBBS MRCP FAMS GDA FRCP FRACP GAICD

**Appointed as Director:** 4 July 2018

Zee Wan commenced her role as the Head of Oncology Unit at Peninsula Health in 2017. She holds a joint appointment as Adjunct Clinical Associate Professor with Monash University. Subsequently, she was appointed as Joint Clinical Director of Southern Melbourne Integrated Cancer Services (SMICS), is a member of the Monash Partners Comprehensive Cancer Consortium (MPCCC) Governance Group and Executive Committee as well as the Victorian Tumour Summits Steering Committee. She continues to teach at the Department of Rural Health, University of Melbourne Medical School as a Senior Lecturer. In addition, Zee Wan also consults at The Bays Hospital.

At Cancer Council Victoria (CCV), Zee Wan is a Clinical Advisor for the Clinical Network and a member of the Medical and Scientific Committee. She is a member of the AGITG Lower GI Working Party and also holds memberships with ASCO, ESMO, MOGA, COSA, BCT and ALTG. She has published in numerous peer-reviewed journals and is a reviewer for several journals including The Breast, Internal Medicine Journal and Frontiers In Oncology. She has presented at national as well as international oncology conferences.

During the pandemic, Zee Wan has had the opportunity to co-chair the Victorian COVID-19 Cancer Network (VCCN) Taskforce and chair the Telehealth Expert Working Group simultaneously. She also contributes to the Cancer Expert Reference Group in Victoria as a member.

#### Meetings attended:

Directors 

# BOARD OF DIRECTORS

CONTINUED

## MICHELLE GALLAHER

Dip App Sci (Orth) Grd Dip Bus MBA GAICD Fellow AIM

**Appointed as Director:** 23 September 2015

With over 25 years of experience in the biopharmaceuticals and healthcare sector, Michelle is an award-winning and recognised leader in the Australian health innovation industries and currently CEO of an ASX listed health technology company, Opyl Limited.

For the past 15 years Michelle has worked at an executive level in biopharma industry and national medical research initiatives with experience in scale strategy, financial governance, marketing and data/digital transformation. Michelle holds an allied health qualification in applied science from La Trobe University, a Postgraduate Diploma in Business from RMIT, a Global Executive MBA from Monash University is a Graduate of the Australian Institute of Company Directors and a Fellow of the Australian Institute of Management

Michelle has served on numerous government and health industry advisory boards and committees. Michelle is co-founder of Women in STEMM Australia, Telstra Victorian Business Woman of the Year and Entrepreneur of the Year in 2017 and was inducted into the Victorian Honour Roll for Women for her services to the biotech industry and women in STEMM.

### Meetings attended:

Directors   
FASC 

## PROFESSOR CRAIG UNDERHILL

MBBS FRACP

**Appointed as Director:** 24 May 2017

Craig is Director of Cancer Services at Albury-Wodonga Regional Cancer Centre; Clinical Director, Hume Regional Integrated Cancer Services and Regional Oncology Lead for the Victorian Comprehensive Cancer Centre (VCCC). He holds a conjoint appointment at the University of NSW Clinical School in Albury and La Trobe University. In 1999 Craig was the founding partner in the Medical Oncology Practice (Border Medical Oncology) and established an independent Not-For-Profit Clinical Trials Unit (Border Medical Oncology Research Unit), and has VMO appointments at Albury Wodonga Health (Albury Wodonga Campus) Murray Valley Private Hospital, and Albury-Wodonga Private Hospital.

The Research unit led by Craig has twice been awarded NSW Premier's Award for innovation in Cancer Clinical Trials. Craig has developed partnerships with the private sector to improve local access to cancer services, fostered shared care arrangements between local public and private health care providers, and has also built linkages and better referral pathways between metropolitan and regional centres. He has collaborated on national guidelines/service frameworks on the management of febrile neutropenia, quality of multidisciplinary meetings and the use of telehealth in clinical trials. His achievements in research collaborations have led to changes in practice in the care of patients with cancer, including the introduction of new standards and models of care including tele-trials.

### Meetings attended:

Directors 

**PROFESSOR MARK SHACKLETON**  
MBBS PhD FRACP

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**Appointed as Director:** 24 May 2017

Mark is the Director of Oncology at Alfred Health, a Professor of Oncology at Monash University, Chair of Melanoma and Skin Cancer Trials Ltd, and Head of the Cancer Development and Treatment Laboratory at Monash University's Central Clinical School. After training in medical oncology at the Ludwig Institute in Melbourne, Mark 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.

**Meetings attended:**

Directors 

**PROFESSOR CLARE SCOTT**  
MBBS PhD FRACP

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**Appointed as Director:** 26 August 2021

Clare holds the Chair in Gynaecological Cancer at the University of Melbourne and is Joint Division Head of Clinical Translation and a Laboratory Head at the Walter and Eliza Hall Institute of Medical Research and Medical Oncologist at the Peter MacCallum Cancer Centre, Royal Women's and Royal Melbourne Hospitals. She has 25 years' experience in clinical cancer genetics, including working in Familial Cancer Clinics. Her clinical expertise is in gynaecological cancers and coordinating care for patients with rare cancers. Her laboratory focuses on drug resistance in ovarian cancer and other rare cancer types, generating patient-specific models to understand and avert resistance to targeted therapeutics. In particular, she has been a leader in developing PARP inhibitor therapy for ovarian cancer, which has resulted in unprecedented efficacy. She has 125 career publications with an H-Index of 56.

Clare chairs the Australia New Zealand Gynaecological Oncology Group, the COSA Rare Cancer group and the Board of the International Rare Cancer Initiative (IRCI) and has been awarded Clinical Fellowships from the Victorian Cancer Agency (2011, 2017), the Sir Edward Dunlop Cancer Research Fellowship from the Cancer Council Victoria (2012), an Investigator Grant from the NH&MRC (2021) and in 2018, the Jeannie Ferris Recognition Award in Gynaecological Cancer from Cancer Australia. She is a Fellow of the Australian Academy of Health and Medical Sciences.

**Meetings attended:**

Directors 

# BOARD OF DIRECTORS

CONTINUED

## DR KURT LACKOVIC

PhD MBA GAICD

**Appointed as Company Secretary:** 30 January 2017

Kurt 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, where he graduated on the Dean's list.

Kurt has published 26 peer-reviewed 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. He sits on the Boards of Deadly Science and the Australian Physiotherapy Council, where he also chairs their Audit and Risk Sub-Committee.

### Meetings attended:

Directors   
FASC   
PRSC 



# CORPORATE GOVERNANCE

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

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

The Board ensures that CTA management and staff maintain regular reporting practices and comply to the highest level of corporate ethics. The Board is

comprised of Member and Independent Directors with extensive commercial and member organisation experience. The Directors ensure they bring an independent judgment to bear in decision-making. Management provides the Board and its subcommittees with information in a form, timeframe and quality that enables them to effectively discharge their duties.

In particular the Board:

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

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

## BOARD STRUCTURE AND STANDARDS

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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 DIRECTORY

## CANCER TRIALS AUSTRALIA MEMBER SITES

**Professor Mark Shackleton**

Alfred Health

**Dr Michelle Wilson**

Auckland City Hospital

**Dr Niall Tebbutt**

Austin Health

**Dr Phillip Campbell**

Barwon Health

**Dr Rob Blum**

Bendigo Health

**Dr Craig Underhill**

Border Medical Oncology

**Professor Gary Richardson**

Cabrini Health

**Dr Rohit Joshi**

Calvary Central Districts Hospital

**Dr Rohit Joshi**

Cancer Research South Australia

**Associate Professor Lisa Horvath**

Chris O'Brien Lifehouse

**Jo Smith**

Coffs Harbour Health Campus

**Mr Gary Layton**

Epworth Healthcare

**Dr Javier Torres**

Goulburn Valley Health

**Dr Stephen Brown**

Grampians Health

**Ms Jhodie Duncan**

La Trobe Regional Hospital

**Ms Sarah Coulson**

Launceston General Hospital

**Mr Jayden Rogers**

Linear Clinical Research

**Professor Jo Douglass**

Melbourne Health

**Dr Krishna Rachakonda**

Mildura Base Public Hospital

**Associate Professor Surein Arulananda**

Monash Health

**Ms Carolyn Stewart**

Murdoch Children's Research Institute

**Professor Andrew Scott**

Olivia Newton-John Cancer  
Research Institute

**Associate Professor Vinod Ganju**

Peninsula & Southeast Oncology

**Dr Zee Wan Wong**

Peninsula Health

**Professor Linda Mileskin**

Peter MacCallum Cancer Centre

**Dr Stephen Begbie**

Port Macquarie Base Hospital

**Dr Amy Prawira**

Prince of Wales Hospital

**Associate Professor Aaron Hansen**

Princess Alexandra Hospital

**Ms Kahlia Fox**

Royal Children's Hospital

**Dr Charlotte Lemech**

Scientia Clinical Research Limited

**Associate Professor Ian Collins**

South West Healthcare

**Associate Professor Anthony Joshua**

St Vincent's Hospital (Sydney)

**Dr Sue Anne McLauchlan**

St Vincent's Institute

**Professor Ehtesham Abdi**

The Tweed Hospital

**Ms Orla McNally**

The Royal Women's Hospital

**Dr Anne-Laure Puaux**

Walter and Eliza Hall Institute  
of Medical Research

**Dr Dishan Herath**

Western Health

## CURRENT TUMOUR GROUP CHAIRPERSONS

**Professor Hui Gan**

Brain

**Dr Belinda Yeo**

Breast

**Dr Margaret Lee**

Gastro-intestinal

**Associate Professor Sumitra Ananda**

Gynaecology

**Dr Michael Dickinson**

Haematology (Lymphoma/Myeloma)

**Dr Chun Fong**

Haematology (Myeloid/AML)

**Professor Danny Rischin**

Head and Neck

**Dr Muhammad Alamgeer**

Lung

**Dr George Au-Yeung**

Melanoma

**Associate Professor Ben Tran**

Phase I/Early Drug Development

**Dr Mark Voskoboynik**

Uro-Oncology





**Cancer Trials  
Australia**

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