

ANNUAL REPORT 2011-2012





Vision

To bring quality of life to all people with arthritis and eliminate their suffering.

Mission

To provide dignity, support and education for Australians suffering from arthritis and their carers.

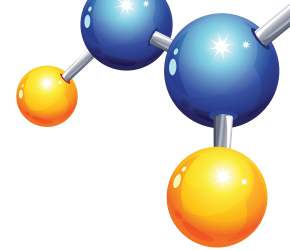
To radically restrict the rate of growth of arthritis in Australia.

To be a leader in funding and advocating world-class research.

Arthritis Australia to be identified as the only independent, arthritis focused and patient driven national body.

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Advocacy

National Advocacy Strategy

Arthritis Australia is developing a proactive, national policy and advocacy strategy to help improve care, management, support and quality of life for people with arthritis. In consultation with consumers and other stakeholders, including our State and Territory Affiliates and the Australian Rheumatology Association, we are working to identify key advocacy priorities, develop effective solutions and work with government and others to achieve meaningful change.

A number of key priority areas have been identified so far including:

- Increasing awareness amongst politicians and the community of the impact of arthritis on individuals and society
- Increasing funding for arthritis research in Australia
- Improving primary care and care coordination for people with arthritis
- Improving access to specialist and allied health services.

Research is underway to develop appropriate policies in each of these areas to underpin our advocacy work.

Consumer Reference Group

To improve our engagement with consumers, we established a National Arthritis Consumer Reference Group which held its inaugural meeting in May 2012. The role of the Reference Group is to provide advice and guidance from a consumer perspective to the Board, management and staff of Arthritis Australia to inform policy development, advocacy strategies and consumer awareness activities. The Reference Group will also help to build consumer capacity to participate in the development of national healthcare policy and initiatives of relevance to arthritis that are responsive to patient needs.

At the inaugural meeting, Reference Group members identified a range of issues of concern to people with arthritis, including lack of recognition by health care workers and the community of the burden of arthritis; the need for improved access to services and co-ordination of care; and the need for greater patient support.

Medicare rebates for joint injections and aspirations

Following the removal of Medicare funding for joint injections and aspirations in November 2009, Arthritis Australia and the Australian Rheumatology Association (ARA) lobbied intensely for rebates for these procedures to be restored. In 2010, an ARA application for new item numbers was made to the Medical Services Advisory Committee (MSAC), which is the committee that makes recommendations about what procedures should be funded by Medicare. Unfortunately, after two years of deliberation, we received advice in June 2012 that MSAC did not support the application for new item numbers for joint injections and aspirations.

In response we are planning a new consumer focused advocacy campaign on joint injections. As part of this campaign we will conduct a consumer survey and a survey of rheumatologists to assess the physical and economic impacts on people with arthritis of the removal of the original Medicare joint injection rebates. In addition we have commissioned an independent economic evaluation of the cost to government of changes in referral practices as a result of the removal of the original rebates. Meetings with Ministers in the health and disability portfolios and other key parliamentarians are also planned as part of the campaign, supported by media and consumer letter writing campaigns. We hope that the campaign will see the reintroduction of rebates for joint injections and aspirations as soon as possible.



Arthritis Research

Arthritis Australia prepared a joint submission with the Australian Rheumatology Association to the Australian Government's Strategic Review of Health and Medical Research in Australia and participated in public consultations for the Review.

The submission highlighted the importance of health and medical research to Australia's long term health and prosperity and made a number of recommendations to help ensure that health and medical research is well placed to deliver future benefits in terms of reduced burden of disease and a more efficient and cost-effective health system.

The submission also highlighted specific issues relating to research into arthritis and musculoskeletal conditions which is chronically underfunded in Australia relative to the burden of disease and disability and the cost burden to the health, disability and aged care systems that these conditions cause.

Other areas of national advocacy for Australians with arthritis

- Therapeutics Goods Administration reviews of evidence for listed medicines and labelling and packaging of medicines.
- National Disability Insurance Scheme.
- Response to the Productivity Commission's Caring for Older Australians report.

Arthritis Awareness

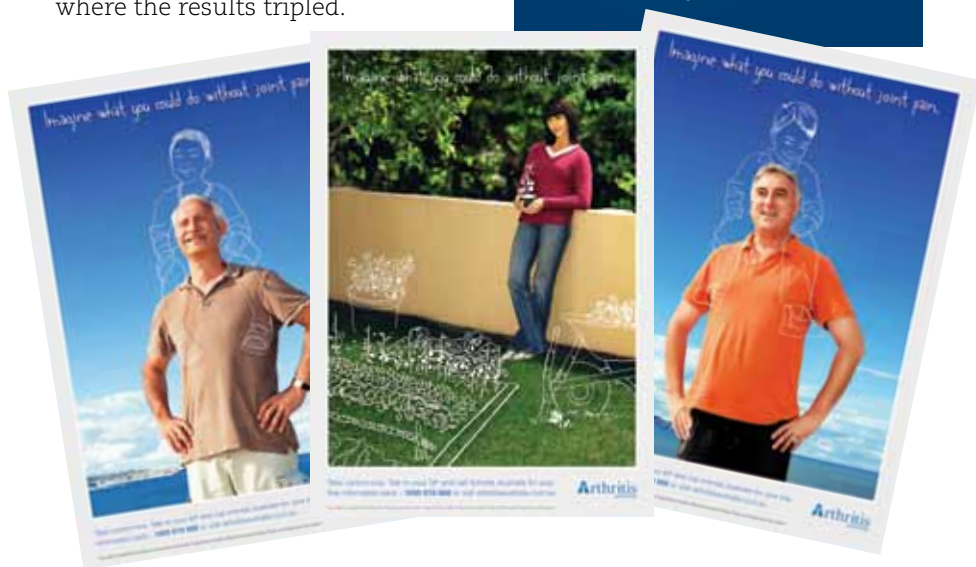
Our Arthritis Awareness Week (March 2012) campaign linked to the successful launch of the GP survey findings at Parliament House, Canberra and focussed on osteoarthritis. As is the annual process, all our information sheets and disease specific booklets were reviewed and amended where necessary to ensure consumers and health professionals receive the most up-to-date evidence-based messages.

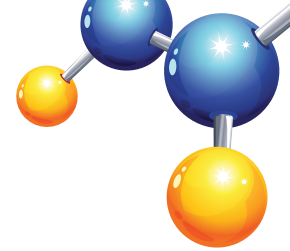
Multicultural campaign

The Multicultural Awareness Campaign also centred on osteoarthritis and featured in-language promotion to Arabic, Chinese, Greek, Italian and Vietnamese communities through multicultural media and a direct mail campaign to bilingual health professionals. It was a huge success and, when compared to the previous campaign in 2010, doubled website visits for all communities except for Chinese, where the results tripled.

10 steps to living well with arthritis

- 1) Take control by knowing your disease
- 2) Don't delay, see your doctor
- 3) Work with your healthcare team and be an important part of it
- 4) Know about your treatment options
- 5) Find new ways to stay active
- 6) Learn techniques to help manage your pain
- 7) Acknowledge your feelings and seek support
- 8) Make food choices that count
- 9) Balance your life
- 10) Call your local state or territory Arthritis Office.





Advocacy

GP survey launched at Parliamentary Friends of Arthritis Event

Arthritis Australia conducted a survey of GPs to canvass their perspective on arthritis management in response to the findings of the 2011 Voice of Arthritis consumer survey which found that 2 in 3 people with arthritis were not faring well and were dissatisfied with their care. The GP survey found that GPs are also dissatisfied with the care they are able to provide arthritis patients especially those with osteoarthritis, the most common form they manage.

The findings of both surveys highlight the need to improve arthritis management at the primary care level and will be used to advocate for the development and implementation of a better model of primary care for people with arthritis.

The findings of the GP survey were launched at a Parliamentary Friends of Arthritis event held in Parliament House, Canberra, during Arthritis Awareness Week in March 2012. This event focussed on osteoarthritis and included presentations by Professor David Hunter, a world renowned osteoarthritis expert and Ms Alison Broadbent, former Commonwealth Games and World Championship netballer, who spoke about her experience with osteoarthritis.

Alison Broadbent, Senator Richard Di Natale and Dr Brendan Shaw



Alison Broadbent - media conference

Diana Terry, Roger Mattar, Prof David Hunter, Alison Broadbent and Prof Patrick McNeil



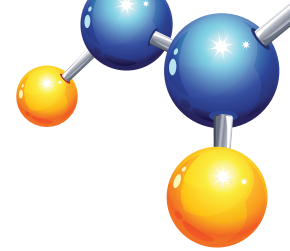
Presentation Panel



Prof David Hunter



Media conference panel



Highlights

New osteoarthritis website - a world first!

In November 2012 Arthritis Australia in partnership with the Bupa Health Foundation will be launching a new website, www.MyJointPain.org.au to inform, engage and empower those with osteoarthritis (OA) to manage their disease.

OA is a formidable chronic disease that currently affects nearly 3 million Australians. Poorly managed by the health system, its consequences include pain, disability and depression, along with over \$2 billion spent in orthopaedic procedures alone. Without immediate intervention, as many as one in four will have the disease by 2040.

The new site aims to relieve the pain, disability and suffering that people with OA experience. It also screens people for the disease and guides those at risk to their GP for diagnosis. With early intervention and the right treatment options, those with OA will experience less pain, greater mobility and a better quality of life.

In addition to screening, the new site provides:

- comprehensive, evidence-based information on managing the disease and associated joint pain
- tools to help people track their condition and learn what treatments work
- links to a wide range of appropriate healthcare practitioners and services that can facilitate optimal management and

- a moderated online community to bring people with the disease together to support each other.

The site is particularly noteworthy for its innovative use of the internet to bring tailored treatment advice and easy to use disease management software to consumers. As data and usage patterns are collected over time, the site's capabilities will be refined and expanded to better support people according to their individual needs.

Researchers from the Universities of Sydney and Melbourne, led by Professors David Hunter and Kim Bennell, are evaluating the impact of the new website on the quality of care that people with OA receive.

Frustrated with hard to open packaging – Relief is at hand

Arthritis Australia has developed a new report known as the Initial Scientific Review (ISR) in collaboration with NSW Health Support Services, Nestle and Georgia Tech. The ISR has been recognised in the Australian and international media as a 'world first' and a breakthrough in understanding the needs of consumers in the packaging design process. The ISR provides an assessment of packaging which estimates the percentage of the population who will be able to open packaging, identify design issues and provide solutions for improvements. Arthritis Australia has already evaluated nearly 100 products for over 40 companies using the ISR. Companies now using the ISR include Nestle, Amcor and Goodman Fielder.



*Frustrated
with hard to
open packaging
– Relief is at
hand*

NSW Health uses the Initial Scientific Reviews to help patients in NSW hospitals



This woman has severe arthritis and had 'given up' trying to eat biscuits in hospital because she could not open the packaging. She then tried opening the new biscuit packaging which has been redesigned based on design recommendations in the ISR. She opened the biscuits easily; the photo shows how happy she feels about being able to finally eat biscuits with her tea in hospital. This experience will be replicated by tens of thousands of patients in NSW hospitals in the coming months and years.

NSW Health uses the Initial Scientific Reviews to help patients in NSW hospitals

Arthritis Australia has developed new standards for food packaging accessibility for NSW Health.

NSW Health had over 80 food and beverage products evaluated using the Initial Scientific Review (ISR) and will use the results of these evaluations to help select products as part of their tender process for in-hospital catering. An important stage of this project has just taken place, a Health Study of patients in Concord Hospital, to better understand the issues patients face consuming food in the hospital system. The Health Study confirmed that the ISR is highly predictive of how patients will interact with food packaging.

NSW Health believes that improving the ease of opening of individual serve items will help patients get the most benefit from nutritious meals.

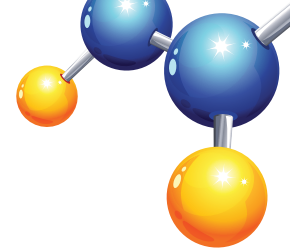
The Returned & Services League of Australia (RSL) praises packaging improvements

The RSL State and National Presidents have written letters of support to their respective state and federal health ministers praising the work Arthritis Australia and NSW Health Support Services have done to improve food packaging for patients in NSW hospitals.

Hard to open packaging is an important health and safety issue for veterans and war widows, as it is for the whole community.

The NSW Health Minister is now advocating for a single national standard of packaging accessibility to be adopted by all states and territories.

'The work already undertaken by NSW Health and Arthritis Australia is considerable and is achieving much needed improvement in packaging accessibility', said Don Rowe, State President of the RSL, in a letter to NSW Health Minister Jillian Skinner.



Highlights

Nestlé makes easy to open packaging a global priority

Arthritis Australia first formed a partnership with Nestlé Oceania in 2009, to enable Nestlé to better understand the needs of those living with arthritis and the ageing population when designing packaging. This has helped influence Nestlé's decision to make easy to open packaging a global priority. Nestlé has integrated the aforementioned Initial Scientific Review report into the design process for key products, not just in Australia but internationally. Nestlé will be looking at the packaging of many of its product ranges over the next year.

Easy to open packaging is now central to industry and tertiary design awards

Arthritis Australia has formed a strategic partnership with Packaging Council of Australia (PCA) to better enable PCA members to understand and meet the challenges of people living with arthritis and the ageing population. This has included regular updates to PCA members and the distribution of our design guidelines. The PCA introduced an Overall Award for Consumer Accessibility for its 2012 Packaging Design Awards and integrated accessibility into the selection criteria for every design category. There will also be a new Accessibility Award for design students as part of the 2012 Southern Cross Packaging Design Awards. This change helps put the needs of those living with arthritis at the centre of the design process for the packaging industry.



Arthritis Australia, NSW Health Support Services and Nestlé join forces to educate industry

Arthritis Australia, NSW Health Support Services and Nestlé have joined forces to educate industry and government on the challenges consumers face with hard to open packaging and how to overcome them. Arthritis Australia has been asked to present at multiple industry conferences over the last twelve months and our message is being heard.

Wendy Favorito, (front) Director and Consumer Representative of Arthritis Australia speaking at the Australian Institute of Packaging Forum in June 2012. Wendy is joined by Carmen Rechbauer Manager (far right), Shared Business Services, Health Support Services, NSW Health and Jacky Norsdvan (centre behind), MAIP Packaging Specialist, Nestlé Australia

'Arthritis Australia, NSW Health, and Nestlé are leading the way, with an accessibility standard rolled out, which will become more commonplace in the market very soon.'
Jessica Powell, Editor of Food Magazine, June 2012 edition.

Arthritis Australia National Research Program

In the 2011 calendar year Arthritis Australia allocated more than \$500,000 to musculoskeletal research, including support for the Florance and Cope Chair of Rheumatology.

The Arthritis Australia National Research Program offers annual grants to clinical, scientific and allied health professionals studying at, or employed by, accredited research institutions. On offer are fellowships, scholarships, project grants and grants-in-aid.

Research Australia's Public Opinion Poll (2008) conducted by Crosby Textor, showed that Australians are more worried about developing arthritis than any other disease. Arthritis is seen as a very significant risk, with 43% of Australians rating their lifetime risk as 1 in 10 or more, and only 2% seeing themselves as having no risk.

It's time the impact of arthritis on the community and the economy was recognised through a better alignment of research funding with the burden of individual National Health Priorities. Through research, better ways to help Australians with major challenges such as arthritis will be realised.

Orthopaedic Fellowship Program

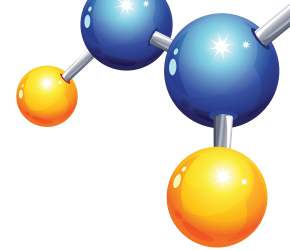
Since its initiation in late 2009, The Arthritis Australia/Zimmer Orthopaedic Fellowship Program has given post graduates the opportunity to further their surgical and clinical experience and has provided education and tuition programs to over 30 Australian and overseas graduates. To date, the program has provided funding of almost \$1 million for fellowships.

Arthritis Australia would like to acknowledge the generosity of Zimmer Australia for their continued commitment and support of this program.

For full details of recipients of the Arthritis Australia/Zimmer Orthopaedic Fellowship Program for 2011-2012 see page 29



From front left Ron Richardson - Financial Administrator, Franca Marine - National Policy & Government Relations Manager, Fergal Barry - Strategic Partnerships Manager, Dora Stavrakis - Office Administrator/Projects Coordinator, Ainslie Cahill - Chief Executive Officer and Chris Dickson - Project Manager, Marketing & Communications



President's report



Over the past twelve months, the Board has made steady progress in changing Arthritis Australia's

constitution to create a stronger and more vibrant organisation to better represent, advocate for and assist people with arthritis and musculoskeletal disorders at the national level. We have engaged Kemp Strang to translate what has been agreed in principle into a legal document, and I strongly recommend that all members support its adoption at a Special General Meeting in 2013.

A key to the new constitution is creation of an independent Arthritis Australia Board, with directors to be elected by members and nominated for their experience and interest in consumer health advocacy, leadership or corporate governance. I firmly believe that the creation of a strong Board is vital to take the voice of people with Arthritis to a new level of prominence within government, media and corporate Australia. An independent Board will be advised by and represent its members, and in particular the new constitution establishes a formal Council of Advice comprised of nominees of each Affiliate member to advise the Board. State and Territory Arthritis Affiliates, which provide the critical grass roots support and education to people with arthritis have much to gain by this structure. A strong, expanding national organisation will be best placed to deliver uniform programs and resources and negotiate financial benefits for affiliated bodies, in a much

greater way than has been able to be achieved by the representative federated structure over the past two decades. Throughout the past three years of wide consultation, a clear message has emerged that remaining with the existing structure will not achieve the national prominence we all seek, and the mission of helping our consumers that we all share.

A major priority for the new Board will be an expansion of the national research program and a strategic review of research priorities. The Board will seek opinions from affiliated members through the Council of Advice, and from other stakeholders. In the past we have prioritised early career researchers, allied health or community-based research, and supported projects to obtain preliminary data to enable subsequent support from the National Health and Medical Research Council. However, it is timely to review these strategies, and to embark on new fundraising approaches to increase the corpus available to fund new grants. During the past year, we have made submissions to the Federal Government-initiated McKeon review of Health and Medical Research and we await the recommendations which will influence our own strategic review.

Significant components of our research funds support the Florance and Cope Chair of Rheumatology at Sydney University. I am saddened to report the death of Professor Philip Sambrook in March of this year at the far too young age of 59. Philip was an outstanding Florance and Cope Chair and his passing has affected all who knew

him well. Arthritis Australia and Sydney University are currently interviewing to appoint a new Professor of Rheumatology and I am confident that the next Florance and Cope Chair will continue the tremendous standard of arthritis research produced by their predecessors.

In closing this report, let me once again thank the many supporters and members of Arthritis Australia who have contributed to our work over the past year. I look forward to working with you to address new opportunities to achieve our mission of improving the quality of lives of Australians with arthritis.

Patrick McNeil
MBBS (Hons) PhD FRACP
GradDipHEd

CEO's report



Over the past year Arthritis Australia has continued to flourish. We have increased our advocacy program to

ensure arthritis issues are reflected in national health policy and, through our Ease of Use program, continued targeting the packaging industry about the need for easy to open packaging and easy to read labelling.

A national consumer reference group has been formed and, while we will continue to seek and value wider consumer consultation, members of this newly-appointed group will be able to assist us more formally in the development and implementation of our advocacy strategy.

A new project under development and about to be launched in November this year is an osteoarthritis-specific microsite. We are genuinely excited about the opportunities this interactive website will provide for consumers and can confidently say it will be a world first. I would like to thank the project's principle partner, Bupa Health Foundation, for supporting our vision.

Along with Osteoporosis Australia we were funded by the Department of Health and Ageing to undertake scoping studies to investigate and identify options for future activities that would benefit Australians living with musculoskeletal conditions. Although a federal government endorsed National Action Plan for Osteoarthritis, Rheumatoid Arthritis and Osteoporosis has existed since

2004, we expected these scoping studies would underscore the lack of progress in MSK management and create some urgency for federal decision-makers. It is disappointing that, at the time of going to print, there has been no formal response to the recommendations from either the Department of Health and Ageing or Government since the reports were delivered five months ago.

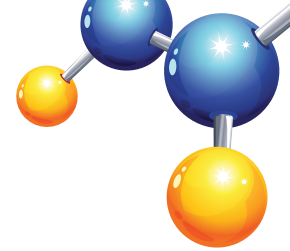
With arthritis being a leading cause of pain and disability in Australia and a National Health Priority, it is unacceptable that it continues to be ignored. The fact is: existing healthcare arrangements for arthritis are inadequate and the health system is letting down both consumers and health professionals. This is reflected in our Voice of Arthritis consumer study last year and the GP survey completed in early 2012. The consumer survey found 2 in 3 people with arthritis were not faring well and were dissatisfied with their care, while the GP survey told us that GPs are dissatisfied with the care they are able to provide arthritis patients, especially those with osteoarthritis.

Over the past year we have had to say goodbye and deal with the loss of some very special Arthritis champions – Prof Philip Sambrook, Chair of The Florance and Cope Chair of Rheumatology and Arthritis Australia Scientific Advisory Committee Member (refer page 15), Mrs Pamela Robinson and Mrs Jean Hale. Each had a passion for arthritis and musculoskeletal research and each has left an indelible legacy to ensure that investigative, clinical research continues to unlock the mysteries that remain.

The Barbara Cameron Memorial Grant (in honour of Mrs Hale's sister who had rheumatoid arthritis) and Ray and Pam Robinson Award for Rheumatology Research (Dr Ray Robinson was an eminent rheumatologist and co-founder of Arthritis Australia) exist and continue because of their generous commitment.

In closing, I would like to thank the Arthritis Australia Board, our supporters and, most of all, my dedicated and effective team – Fergal Barry, Chris Dickson, Franca Marine, Ron Richardson and Dora Stavarakis. With the increasing threat of reduced funding we are even more committed to fighting for greater recognition of the impacts of arthritis in Australia.

Ainslie Cahill



Reports



Consumer Representative

It has been a busy and exciting 12 months for me as I gain confidence and knowledge to

bring to the role of Consumer Representative. There have been many highlights throughout the year but what stands out the most for me are the wonderful people I get to meet and work with in my role, both within Arthritis Australia and external to the organisation.

Two of the activities that have been the most rewarding and interesting have been speaking about the issue of accessibility of packaged goods and participating in the National Consumer Reference Group orientation session and inaugural meeting.

In March 2011, I undertook my first speaking engagement as consumer representative at the Australian Institute Packaging National Technical Forum. My role was to present a consumer perspective on difficult to open packaging. When I reflect on my belief in lobbying the packaging industry at that time, I realise that I doubted there would be any real scope to improve packaging in order to make the lives of millions of people like me easier. Since that inaugural speech, however, I have witnessed a changing momentum among various industries about the need for considering the way their goods are packaged. Arthritis Australia's Strategic Partnerships Manager, Fergal Barry has driven that momentum and it is has been extremely rewarding for me to contribute to his enormous efforts.

I have gone from doubting that my life can become easier to believing that one day I may be able to independently and safely open most packaged goods.

Attending the National Consumer Reference Group orientation session and inaugural meeting was rewarding on a personal level. I found it inspiring and humbling to hear the other participants' stories and, while we share many commonalities, we are all really so unique in many respects because of our life journeys.

I was fascinated to hear those individual stories. The group is a brilliant concept for synthesizing those unique experiences to enhance the advocacy work done by Arthritis Australia. I look forward to continuing to work with this group under the guidance of Arthritis Australia's National Policy and Government Relations Manager, Franca Marine.

In May 2012, I participated in the Fit For Work Roundtable event held at the Australian Rheumatology Association Annual Scientific Meeting in Canberra. My role was to provide a consumer perspective on challenges facing people with a musculoskeletal disorder who are in the workforce. While some interesting commentary emerged, the challenge will now be to ensure that some practical action results which has a positive impact for people with arthritis who are working. The roundtable event highlighted how enormously difficult it can be for people with arthritis to continue to work and I think we would all welcome a continued collective effort in this area resulting in meaningful improvements.

I would like to take this opportunity to thank the Arthritis Australia team for their ongoing help and encouragement. I look forward to another busy year supporting the innovative and important work Arthritis Australia undertakes.

Wendy Favorito
BAppSc (Sp. Path.)(Hons)



Medical Director

Internationally in 2011 there continued to be exciting advances in arthritis research, and the

pace of development appears to be increasing.

As a result, the quality of life for arthritis sufferers has improved markedly in recent years e.g. over 50% of rheumatoid arthritis sufferers can now expect to achieve remission.

Osteoarthritis and some of the rarer arthritides still remain strong priorities for further research.

There have been encouraging advances in the former supporting specific therapies for specific types of osteoarthritis.

In Australia, despite the National Health and Medical Research Council specifically creating two committees for arthritis and musculoskeletal conditions, our proportion of national funding continues to decrease despite strong efforts to prevent this occurring.

The role of Arthritis Australia's Grants Assessment Committee becomes increasingly important given this situation, especially in terms of funding new investigators and developing good ideas into fundable large projects.

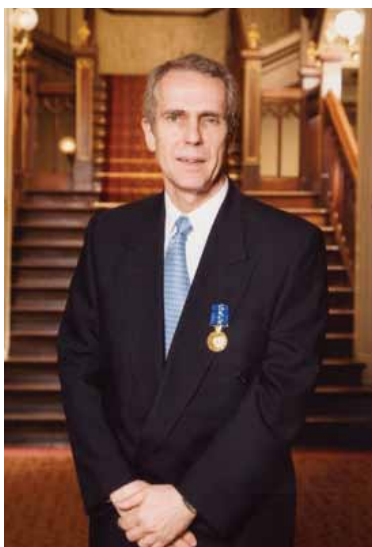
Overall funding levels improved but budget restrictions meant we could only fund half of the work that deserved funding. Special thanks to Kathy Briffa, Michelle Leech, Susannah Proudman, Rachelle Buchbinder, Gethin Thomas, Stephen Oakley and Anita Wluka for their voluntary assistance.

Graeme Jones
MBBS (Hons) FRACP MMedSc MD
FAFPHM

Florance and Cope Chair of Rheumatology

VALE PROF PHILIP SAMBROOK OAM

Deceased 31 March 2012

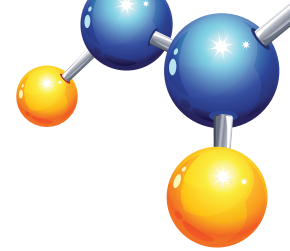


Throughout his distinguished career, Prof Philip Sambrook was a tremendous Florance and Cope Chair of Rheumatology and gained enormous standing in the rheumatology field nationally and internationally. A reception at the Institute of Bone and Joint Research at Royal North Shore Hospital (RNSH) last October really highlighted his research and leadership and showed how RNSH has developed into a centre of excellence for musculoskeletal research.

Prof Sambrook was a great ambassador for Arthritis Australia and helped us in all sorts of ways – seeking donations from patients, including ongoing grant funding; being a member of our Scientific Advisory Committee; reviewing clinical information; spokesperson for media campaigns; and helping us recruit our current, highly experienced treasurer, Wayne Jarman. Philip often spoke about the fact that Arthritis Australia had given him his kick-start into research through a special grant as part of our National Research Program and, while not expected, he endeavoured to re-pay his thanks throughout his career.

Prof Sambrook was a well-rounded person, had his feet firmly on the ground, and was a great soul-mate, father, friend, colleague and mentor.

We feel privileged to have known and worked with him. He will always be remembered not only for his tremendous professional achievements but also for his humanity and contributions to helping the lives of people with musculoskeletal diseases.



Governance

Board of Directors

The Board is responsible for overseeing planning, resource use, growth and liaison across the community, and enhancing the image of Arthritis Australia.

THE BOARD

Patrick McNeil – President

MBBS (Hons) PhD FRACP
GradDipHED

- Elected as President in November 2010
- Member, Executive Committee
- Member, Finance Advisory Committee
- Member, Strategy Subcommittee
- Previous member of the Grants Assessment Committee

Prof McNeil holds the University of New South Wales' Chair of Rheumatology at Liverpool Hospital. He also heads a research group in the Inflammation and Infection Research Centre at UNSW's Kensington campus. He is recognised as a national leader in academic rheumatology in Australia and has been a member of the Scientific Advisory Committee for Arthritis Australia and the ARA Research Trust, and discipline panels for the National Health & Medical Research Council.

David Motteram – Vice-President

- Elected as Vice-President in November 2009
- Chair, Constitution Subcommittee
- Member, Executive Committee
- Member, Finance Advisory Committee
- Board member since December 2002

Mr Motteram is a retired business manager and has been President of Arthritis SA since October 2002.

Wayne Jarman – Treasurer

GradDipFin AMP (Harvard) FAICD

- Elected as Treasurer in November 2010
- Member, Executive Committee
- Member, Finance Advisory Committee
- Board member since November 2007

A Fellow of the Australian Institute of Company Directors, Finance and Treasury Association, Wayne consults for the service firm Deloitte, Maddocks Lawyers and Burnvoir, an Advisory firm in the Infrastructure and Resources sectors. Wayne is also Chairman of the Investment Advisory Board of Altius Asset Management. Prior to these engagements Wayne was Executive Director of the NSW Government Asset Management Task Force which had carriage of a number of NSW Government asset sales. Prior to these engagements Wayne was Vice-Chairman and Managing Director of RBC Capital Markets and CEO of TCorp, the New South Wales Government's Central Borrowing Authority, a position he held for a period of ten years.

Graeme Jones – Medical Director

MBBS (Hons) FRACP FAFPHM
MMedSc MD

- Elected as Medical Director in May 2003
- Chair of Grants Assessment Committee since May 2003
- Member, Strategy Subcommittee

Prof Jones is Director of Rheumatology at Royal Hobart Hospital, and Head of the Musculoskeletal Unit at the Menzies Research Institute, University of Tasmania.

Ainslie Cahill – Board Secretary & Chief Executive Officer

- Chief Executive Officer of Arthritis Australia since December 2005
- Elected Secretary in November 2010

Ms Cahill was appointed CEO of Arthritis Australia in December 2005, having served as its Marketing and Business Development Manager from August 2003. She has more than 25 years' experience in a variety of industries, including senior management/board positions in vocational education (TAFE NSW), public relations (Write Communications Group), publishing (Capricorn Publishing Pty Ltd) and film, television and theatre production (Melaleuka Productions Pty Ltd). Ms Cahill is also Deputy Chair of the Consumers Health Forum and a member of their Governance and Membership Subcommittees.

Wendy Favorito – Consumer Representative

BAppSc (Sp. Path.)(Hons)

- Elected as Consumer Representative in November 2010

Mrs Favorito holds a part-time position as a senior speech pathologist at St Vincent's Hospital, Sydney, and works part-time in private practice. At the age of six years, Wendy was diagnosed with juvenile arthritis (JIA). In her teens and early twenties she actively assisted Arthritis New South Wales in their JIA activities, including being a member of the Working Committee for their inaugural JIA Camp.

Helen Cooley

- Board member since November 2010

Dr Cooley works in a private practice in Hobart and is Director of Ambulatory Care at the Royal Hobart Hospital. She has been a director on Arthritis Tasmania's Committee of Management for the past eight years, and was elected President in September 2010. Dr Cooley is a graduate of the University of Tasmania and undertook most of her rheumatology training in Melbourne. Returning to

Tasmania in 1999, she accepted a postdoctorate position at the Menzies Research Institute, focusing on osteoarthritis and osteoporosis.

Ian Dover

BSc MEng PhD CMP FAICD

- Board member since November 2010
- Alternate Board member from 2006 to October 2010
- Member, Strategy Subcommittee

Dr Dover is currently Director, Business Development and Commercialisation for the CSIRO's Minerals Research Flagship. He began his career as an engineer in the international metals industry and over the years has held the roles of general manager, managing director, non-executive director and business advisor in a number of companies. He is internationally recognised in the development of business simplification techniques to remove unnecessary complexity from business and improve organisational performance. Dr Dover was a trustee of the Committee for Economic Development of Australia (CEDA) and has served on various state and federal industry-government bodies. He has been a member of the Queensland University of Technology Council and was Arthritis Queensland's President from 2009 to 2012.

Hilary Fowler

- Board member since November 2010

Hilary Fowler is a retired high school teacher who has lived in the NT for 27 years. She is currently Secretary of Arthritis NT, and also a volunteer in the office and with various other tasks. She has osteoarthritis herself so can talk empathetically with other sufferers.

Irene Froyland

PhD (Crim) MA (Psych) DipEd

- Board member since September 2009
- Member, Constitution Subcommittee

With a PhD in criminology, Dr Froyland has recently retired from her position as Foundation Director of Corruption Prevention, Education and Research (CPER) in the Corruption and Crime Commission. She remains an honorary professor in the School of Justice and Law at Edith Cowan University and is regularly invited to lecture to Australian New Zealand School of Government. She is a Board member of Arthritis WA.

David Graham

B Pharm FPS PhD FAICD

- Board member since March 2012
- Member, Strategy Subcommittee

Dr Graham worked as a senior manager in the Commonwealth Public Service including as the National Manager of the Therapeutic Goods Administration and the Pharmaceutical Benefits Scheme. Following retirement, he is now a non-executive director for a number of not-for-profit organisations including Arthritis ACT.

Roger Mattar

BComm/LLB (UNSW) Member AICD

- Board member since November 2010
- Member, Constitution Subcommittee

Mr Mattar commenced legal work as a student volunteer at Redfern Legal Centre while completing his commerce/law degree at UNSW. Following his graduation he worked as a paralegal and later as a solicitor in a large national law firm in the property, construction and banking practice groups. Since 1997 he has been a solicitor at Kemp Strang lawyers where he was appointed a partner in the Property

Banking and Finance (Commercial) Group in 2004. Mr Mattar practises in the area of property, leasing, banking and finance.

RETIRING BOARD MEMBERS

Kristine Riethmiller

BA CMC MIMC MAICD

- Arthritis ACT nominee
- Member, Executive Committee
- Previous Secretary of the Board from October 2009 to November 2011
- Board member since March 2008
- Member, Chir, Constitution Subcommittee
- Board member from November 2008 to November 2011

Noel Smith

- Arthritis Victoria nominee
- Board member from June 2011 to November 2011

ALTERNATE DIRECTORS

Simon Burnet

MBBS FRACP

Dr Burnet is Arthritis SA's Alternate Director. An Adelaide-based rheumatologist, he is a consultant at the Queen Elizabeth Hospital and also Medical Director of Arthritis SA.

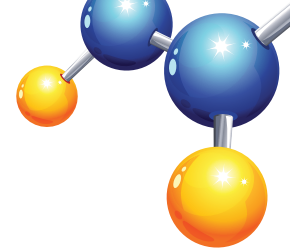
Gail Keddle

Ms Keddle is the Alternate Director for Arthritis NT. Apart from her duties as a pension and welfare officer she volunteers with Arthritis NT and the Department of Veterans' Affairs, and is a men's health peer educator.

Andrew Kilby

GAICD

Andrew Kilby is the President of Arthritis Queensland and a member of the Investment Committee. He has been a Board member of Arthritis Queensland since 2010. A graduate of the



Governance

Australian Institute of Company Directors, Andrew is a director of Safe Places Community Services. He provides general consulting services, including turnaround, restructure, merger and acquisition advice to various companies through his private consulting business. Andrew has previously held senior positions at United Technologies Inc, James Hardie Industries, Honeywell and Marconi Communications.

Bill Robertson

Deceased 1 August 2012

Mr Robertson was a board member of Arthritis & Osteoporosis WA since 1991. Employed by Wesfarmers, he worked his way up to corporate treasurer and at 52 set up his own consultancy business in strategic planning. He assisted organisations such as Nedlands Primary P&C, Board of the Loreto Nedlands, WA Hockey Association, Dalkieth/Nedlands Bowling Club and The Royal Perth Yacht Club.

Eva Ruzicka

BA (Hons)

Miss Ruzicka is Arthritis Tasmania's Alternate Director. She is an alderman on Hobart City Council, Vice-President of Arthritis Tasmania and currently a Public Policy PhD candidate at UTAS School of Government. Having been diagnosed with rheumatoid arthritis, she brings insight to policy deliberations.

Helen Tyrrell

BA (Hons), MBA, FACHSM
Appointed March 2012

Ms Tyrrell is the Alternate Director for Arthritis ACT. A Fellow of the Australian College of Health Service Managers Helen has more than 25 years' experience working in teaching hospitals in clinical nursing, management and executive positions. She was appointed CEO of the health promotion charity, Hepatitis Australia in 2005 and in 2007 became a founding board member

of the World Hepatitis Alliance. She serves on numerous government, advisory and research committees.

Bill Wood

MEd

Resigned March 2012

Mr Wood was Arthritis ACT's Alternate Director. Formerly a school principal and administrator, he was a member of the ACT Legislative Assembly from 1989 to 2004, serving at various times as a minister in territory governments.

VICE-PRESIDENTS EMERITUS

Ita Buttrose AO OBE

Mona Marabani MBBS (Hons) FRACP

EXECUTIVE

Ainslie Cahill – Chief Executive Officer & Board Secretary

(Refer to listing on page 16)

SCIENTIFIC ADVISORY COMMITTEE

This committee provides the Arthritis Australia Board with medical expertise.

Peter Youssef – Chair

MBBS (Hons) FRACP PhD

Assoc Prof Youssef is a staff specialist in rheumatology at the Royal Prince Alfred Hospital in Sydney. His research interests are in the mechanisms of joint damage in inflammatory arthritis, particularly rheumatoid arthritis, and the effects of therapy on the synovium.

Peter Brooks AM

MD FRACP FAFRM FAFPHM FRCP
(Glas, Edin) MD Hon Causa (Lund)

Prof Brooks is Director, Australian Health Workforce Institute at the University of Melbourne and the University of Queensland. He is the author of more than 300 publications in the areas of rheumatic diseases, drug therapy and psychological aspects of

chronic disease. He has been a major driver of health workforce and education reform.

Simon Burnet

MBBS FRACP

(Refer to listing on page 17)

Julien de Jager

MB BCh FRACGP FRACP

Dr de Jager is Senior Visiting Rheumatologist at the Gold Coast Hospital and a visiting consultant rheumatologist at Allamanda and Pindara private hospitals in Queensland. He is an international fellow of the American College of Rheumatology and a past president of the Australian Rheumatology Association. As of early 2011, Dr de Jager is also a Professor of Medicine at Griffith University.

Anna Dorai Raj

FRCP, FRACP GradCert in Higher Education

Dr Dorai Raj is a rheumatologist in private practice in Canberra and a visiting medical officer at the Canberra Hospital. She is also a clinical lecturer at the Australian National University Medical School.

John Edmonds

MBBS MA FRACP MMedHum

John Edmonds is a conjoint professor at the University of NSW and the former director of rheumatology at St George Hospital in Sydney. He is currently Chair of the St George and Sutherland Medical Research Foundation and a past president of the Australian Rheumatology Association.

John Hart

MBBS FRACS FAOrthA FASMF
FACSP (Hon)

Assoc Prof Hart is an orthopaedic surgeon based in Melbourne, an adjunct clinical associate professor in the Department of Surgery at Monash University and Emeritus Orthopaedic Consultant at the

Alfred Hospital. He was head of the Orthopaedic Unit at the Alfred Hospital from 1980 until 2003 and is a past president of the Australian Orthopaedic Association and Sports Medicine Australia.

Graeme Jones – Medical Director

MBBS (Hons) FRACP FAFPHM
MMedSc MD

(Refer to listing on page 16)

Mona Marabani – Vice-President Emeritus

MBBS (Hons) FRACP

A practising rheumatologist, Dr Mona Marabani was formerly president of Arthritis Australia from 2006 to 2010. She is currently Vice-President (President-elect) of the Australian Rheumatology Association (ARA). Dr Marabani has previously served the ARA as a councillor, the NSW Branch as Honorary Secretary and the NSW Advanced Trainee Selection Committee as Chair. She maintains an active interest in health education.

Philip Sambrook

OAM MBBS MD FRACP LLB
Deceased 31 March 2012

Philip Sambrook was Professor of Rheumatology at the University of Sydney holding the Florance and Cope Chair, which is supported by Arthritis Australia. Prof Sambrook completed his postdoctoral work at the MRC Clinical Research Centre in London before returning to Australia to work at the Garvan Institute of Medical Research, where he was part of the team that identified the first gene associated with osteoporosis. He was awarded an OAM in 2008 for his services to rheumatology and osteoporosis.

Andrew Taylor

MBBS FRACP

Dr Taylor is a consultant rheumatologist at Royal Perth Hospital, Clinical Associate Professor with the University of Western Australia, and is engaged

in private practice at St John of God Healthcare, Murdoch. He is past head of the Rheumatology Unit and Director of the Goatcher Clinical Research Unit at Royal Perth Hospital.

GRANTS ASSESSMENT COMMITTEE

This committee assesses all applications for research funding.

Graeme Jones – Chair & Medical Director

MBBS (Hons) FRACP FAFPHM
MMedSc MD

(Refer to listing on page 16)

Kathy Briffa

BAppSc (Physio) MAppSc (Hlth Sc)
PhD

Dr Briffa is an associate professor in the School of Physiotherapy, Curtin University of Technology, Perth.

Rachelle Buchbinder

MBBS (Hons) MSc PhD FRACP

Prof Buchbinder is a rheumatologist and clinical epidemiologist. She is Director of the Monash Department of Clinical Epidemiology at Cabrini Hospital and Professor in the Department of Epidemiology and Preventive Medicine, School of Public Health and Preventive Medicine, Monash University.

Stephen Oakley

MBBS FRACP PhD

Dr Oakley graduated in medicine at UNSW in 1992 and received his doctorate in 2004. He worked at Guy's & St Thomas' NHS Foundation Trust in London where he became interested in cardiovascular aspects of rheumatoid arthritis. In 2008 he returned to Australia to take up the position of Staff Specialist Rheumatologist at the Royal Newcastle Centre and he is a conjoint associate professor at the University of Newcastle.

Michelle Leech

MBBS FRACP PhD

Assoc Prof Leech is a research fellow at Monash University, Melbourne, and Director of Clinical Teaching Programs at Monash Southern Clinical School. She is also a consultant rheumatologist at Monash Medical Centre.

Susanna Proudman

MBBS (Hons) FRACP

Assoc Prof Proudman is a senior staff specialist in rheumatology at the Royal Adelaide Hospital and Associate Professor in the Department of Medicine in the University of Adelaide. She is Chair of the Australian Scleroderma Interest Group.

Gethin Thomas

BSc (Hons) PhD

Dr Thomas is a research fellow at the University of Queensland Diamantina Institute, based at the Princess Alexandra Hospital in Brisbane. He is also an honorary senior research fellow at the Mater Medical Research Institute at the Mater Hospital. He has a keen research interest in all aspects of bone and joint biology with particular attention to ankylosing spondylitis.

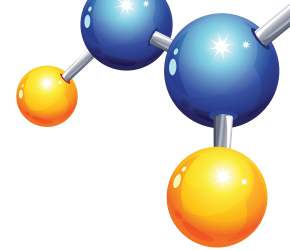
Anita Wluka

MBBS FRACP PhD

Dr Wluka is a rheumatologist at the Alfred Hospital Melbourne, and Senior Research Fellow in the Musculoskeletal Unit, Department of Epidemiology and Preventive Medicine, Monash University, Melbourne.

PATRON

Her Excellency Ms Quentin Bryce AC, Governor-General of the Commonwealth of Australia.



Research

2011 outcomes

Grants-in-aid

Arthritis Australia and State & Territory Affiliates Grant – \$15,000

(funded jointly by Arthritis Australia and Arthritis Queensland. Funding from Arthritis Queensland is supported by the Enid and Leonard Shepherd Trust, managed by Trust Company Ltd)

Brain activation during knee movement in osteoarthritis

Measures of brain activity were used in this project to see how movement is controlled in people with and without osteoarthritis (OA). When brain activity was contrasted between the two groups there was more activity in a region called the supplementary motor area (SMA) in the participants without OA compared to the participants with OA. One explanation for the difference between the groups is that activity in the SMA is inhibited by pain from the knee. If this explanation is true then the pain of OA could disrupt movement at a very early stage by interfering with movement plans before the brain sends signals to the muscles to initiate movement.

Plans are in place to recruit more participants for this study so that preliminary outcomes can be confirmed and extended. Replication and enhancement of results will produce new hypotheses about how OA impacts on movement control, which will inform the development of future treatments to reduce disability associated with OA.

Dr Michael Farrell
Centre for Neuroscience
University of Melbourne

Arthritis Australia and State & Territory Affiliates Grant – \$15,000

(funded by Arthritis WA)

Inflammation in post-traumatic osteoarthritis

Arthritis is the most widespread musculoskeletal disease in Australia afflicting nearly a 5th of the entire population, with half of these cases attributed to osteoarthritis (OA). Currently there are no treatments available that halt disease progression and the specific inflammatory events that occur in OA. Using a well validated surgical model of OA, this study has for the first time identified significant differences in the number and activation of specific cells (macrophages and CD4 T-cells) between OA-inducing and non-OA-inducing joint inflammation. Furthermore the study has shown that this response differs during the phases of initiation, early and progressive OA.

This novel and exciting data suggests there may be unique cellular targets and windows of opportunity for treatment to avoid the initiation of osteoarthritis following joint injury, and to halt the progression of established disease.

Assoc Prof Christopher Little
Raymond Purves Bone and Joint
Research Laboratories
University of Sydney & Kolling
Institute

Arthritis Australia and State & Territory Affiliates Grant – \$15,000

(funded by Arthritis SA)

Vitamin D3 and inflammatory messengers in rheumatoid arthritis

In a previous study, dietary fortification with vitamin D3

reduced the severity and duration of an experimentally-induced form of polyarthritis. This lessening of disease was associated with reduced expression of PGES (the enzyme responsible for the biosynthesis of PGE2) and increased expression of PGDS by antigen presenting cells, called dendritic cells (DCs) from synovium-rich tissue. The findings identify vitamin D supplements as a potential treatment for the many rheumatoid arthritis patients in whom vitamin D status is suboptimal.

The project's findings suggest that a balance between PGD2 and PGE2 is important to the control of inflammation and indicate that synovial DCs could be an important source of PGDS in human forms of arthritis. Vitamin D3 seems to have important effects on expression of both PGDS and PGES, with effects likely dependent on abundance and timing of activation of vitamin D relative to events in DC differentiation and maturation.

Dr Mahin Moghaddami
Rheumatology Unit
Royal Adelaide Hospital

Arthritis Australia and State & Territory Affiliates Grant – \$15,000

(funded by Arthritis WA)

Leucocyte immunoglobulin-like receptors in patients with systematic lupus erythematosus

Leukocyte immunoglobulin-like receptors (LILRs) are a group of proteins that activate and inhibit the immune system. LILR expression is abnormal in patients with rheumatoid arthritis and the aim of this project was

to investigate LILR expression in patients with systemic lupus erythematosus (SLE). Patients were recruited from the lupus cohort at Liverpool Hospital. Increased expression of several LILRs was seen in patients with SLE, particularly in those with active lupus kidney disease.

These novel findings will guide further study of LILRs in particular subsets of immune cells in patients with SLE. The results were presented in an abstract at the 2012 Australian Rheumatology Association Annual Scientific Meeting and will be submitted for publication in late 2012.

Dr Sean O'Neill
Department of Rheumatology,
Liverpool Hospital, University
of NSW

Arthritis Australia and State & Territory Affiliates Grant – \$15,000

(funded jointly by Arthritis Australia and Arthritis Queensland. Funding from Arthritis Queensland is supported by the Enid and Leonard Shepherd Trust, managed by Trust Company Ltd)

MAPK pathway modulators in the treatment of osteoarthritis

The MAPK/ERK pathway is a chain of proteins in the cell that communicates a signal from a receptor on the surface of the cell to the DNA in the nucleus of the cell.

Osteoarthritis (OA) is the most common form of musculoskeletal disorder and is a major cause of disability in the elderly, affecting approximately 60% of men and 75% of woman above the age of 65. The cause of OA is largely unknown and the later stage of the disease is irreversible since it often

begins attacking joint tissues years before its symptoms.

This project aimed to improve treatment options, including the search for structure-modifying osteoarthritis drugs, which can slow or halt the structural changes in joint tissues by testing the potential application of ERK inhibitors, as an early intervention treatment for OA to prevent the debilitating consequences of advanced OA.

These findings suggest that the administration of MAPK-ERK1/2 inhibitor U0126 has led to decrease in the progression of the OA cartilage and subchondral bone degenerative changes in OA models and the inhibition of MAPK-ERK1/2 may delay disease progression more effectively and less invasively than current surgical procedures.

Dr Indira Prasadam
Bone and Cartilage Group, Medical Device Domain, Institute of Health and Biomedical Innovation (IHBI)
Queensland University of Technology

Barbara Cameron Memorial Grant – \$15,000

(funded by the late Jean Hale)

Determinants of osteoarthritis and joint replacement in a 10-year longitudinal study

This longitudinal study provides a unique opportunity for studying factors influencing morbidity and mortality with ageing, which is of great importance for the development of healthy ageing policy with the ageing of the Australian population.

Following the characterisation of prevalence and incidence of both self-reported and hospital osteoarthritis (OA) records, the

data will be used to identify novel predictors of osteoarthritis and joint replacement due to OA as well as study the changes in participants with OA over the 10 year period.

A publication is currently underway on easily assessed predictors of total knee joint replacement in the elderly, and is aimed at being submitted to the British Medical Journal.

Dr Joshua Lewis
Department of Endocrinology
and Diabetes
Sir Charles Gairdner Hospital

Barbara Cameron Memorial Grant – \$15,000

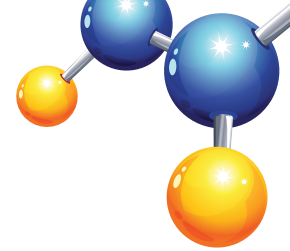
(funded by the late Jean Hale)

Therapeutic drug monitoring of leflunomide

This study aimed to identify genetic markers that predict response and/or toxicity to a disease modifying agent leflunomide, and to investigate the association between blood leflunomide concentrations and the response to treatment. One genetic marker was identified that was associated with cessation of treatment due to toxicity, and another that was associated with increased response. Higher blood drug concentrations also appeared to be associated with reductions in disease activity.

This information may be considered to develop a framework that could assist doctors in using disease modifying agents more rationally, resulting in improved outcomes and less side effects for patients.

Dr Michael Wiese
Sansom Institute and Department
of Rheumatology
University of South Australia &
Royal Adelaide Hospital



Research

ARA Project Grant – \$15,000

(funded by Australian Rheumatology Association)

Obesity and weight loss and change in cartilage, bone and inflammatory biomarkers

Knee osteoarthritis (OA) is a major source of disability and loss of function. Obesity is a major risk factor for knee OA, which may be due to both increased load through the joint and metabolic factors, as fat tissue is now understood to be hormonally active. The aim of this project was to find evidence for the metabolic contribution to weight loss-mediated improvements in knee OA. The study found that weight loss was proven to be associated with an increase in adiponectin and decrease in leptin. These changes were in turn associated with both reduced biochemical markers of cartilage degradation (cartilage oligomeric matrix protein) and reduced knee cartilage volume loss on magnetic resonance imaging (MRI).

These results suggest a possible mechanism for reduced cartilage loss in obese people who lose weight. Determining the metabolic mechanisms of obesity-related joint changes may ultimately lead to development of therapeutic targets to impact disease progression.

Dr Ananthila Anandacoomarasamy
Department of Rheumatology
Concord Hospital
University of Sydney

ARA Project Grant – \$10,000

(funded by Australian Rheumatology Association)

Incidence of malignancy and cause of death in patients taking biological therapy for Australian inflammatory arthritis

Rheumatoid arthritis (RA) is a disease characterised by inflammation of the joints. A relatively new group of medications, known as tumour necrosis factor (TNF) inhibitors, has revolutionised the treatment of RA, with powerful suppression of inflammation. However there have been concerns that these drugs could have adverse outcomes, including cancer. This study used registry data from RA patients taking TNF inhibitors to examine the risk of cancer with long term use of these medications. Findings from the study proved that TNF inhibitor therapy does not appear to increase the risk of cancer overall, or of any specific cancers. This is reassuring information for Australian patients and rheumatologists when considering the use of these highly effective medications.

Dr Sharon Van Doornum
Department of Medicine
University of Melbourne

Project grants

Allen & Beryl Stephens Grant – \$40,000

(funded by the Estate of the late Beryl Stephens)

Mcl-1 and myeloid cells in inflammatory arthritis

In rheumatoid arthritis patients, the pro-survival protein Mcl-1 is expressed at high levels in joint tissue macrophages. The aim of this project was to determine what role Mcl-1 expression may play in inflammatory arthritis progression. It was discovered that over-expression of Mcl-1 in white blood cells accelerated the onset and worsened disease symptoms in models of rheumatoid arthritis.

The study demonstrated that pro-survival signals from Mcl-1 might contribute to the increase in joint macrophages in rheumatoid arthritis that is associated with poor prognosis. More importantly, the study highlights the potential for developing small molecule inhibitors to target Mcl-1 in joint macrophages to treat rheumatoid arthritis.

Dr Kate Lawlor
Autoimmunity & Transplantation
Division & Inflammation Division
Walter and Eliza Hall Institute of
Medical Research

ARA Project Grant – \$50,000

(funded by Australian Rheumatology Association)

Tryptase-mediated aggrecanolysis in rheumatoid and osteoarthritis

In previous research, it has been discovered that blocking the action of a protein called tryptase reduces the severity of a model of rheumatoid arthritis. There was less inflammation seen in the joints and less damage to the cartilage when tryptase was blocked. In this project, further research into how tryptase causes cartilage damage was undertaken.

The project found that tryptase damages cartilage by activating an inactive enzyme (MMP) that is present in the cartilage. These new results show that tryptase has a direct role in breaking down joint cartilage, and demonstrates how it works to do this. There is now the potential to study the effects of drugs that block tryptase in models of arthritis.

Prof Patrick McNeil
South Western Sydney Clinical
School and Ingham Institute
University of NSW

**Clitheroe Foundation Grant
– \$40,000**

(funded by the Clitheroe Foundation)

Targeted immunotherapy in the SKG model of inflammatory arthritis

This project involved the studies of SKG mice models (a new genetic model of rheumatoid arthritis) of spondyloarthropathy, which is triggered by a single injection of beta-glucan (curdlan).

The results from this study indicate that the pathogenetic mechanism of IL-23 in SKG spondyloarthritis is predominantly not through IL-17, and that approaches to block production of Th17 cells or through targeting NF-κB are unlikely to be effective, at least in this model.

Furthermore, persistent spondyloarthropathy occurs preferentially in SKG mice, which have constitutively lower NF-κB than the resistant BALB/c strain. This suggests that pro-inflammatory pathways other than NF-κB are driving arthritis and inflammatory bowel disease in this model. A publication of this project has been released.

Dr Merja Ruutu
Dendritic Cell Biology Group
Diamantina Institute
University of Queensland

Ray and Pam Robinson Award for Rheumatology Research – \$50,000

(funded by the late Pam Robinson)

The arthritis genomics recruitment initiative in Australia

This project required studying collections of DNA samples from thousands of individuals with arthritis, and very carefully assessing cases to ensure that

they have the condition of interest, or the studies become less informative.

This project seeks to recruit thousands of Australians with the common diseases gout, ankylosing spondylitis and giant cell arteritis (temporal arteritis) and has set up the recruitment network to be able to do this, obtained ethics approval, and so far recruited 339 cases with these diseases. These cases will be very valuable for Australian researchers and a continuation of recruiting will occur in the forthcoming years.

Prof Matthew Brown
Musculoskeletal Genetics Group
University of Queensland

**Scleroderma Australia Grant
– \$20,000**

(funded by Scleroderma Australia)

Novel screening biomarker for pulmonary arterial hypertension in scleroderma

The results of this study which indicate that Brain Natriuretic Peptide (BNP) and lung function tests may be a good initial screening tool for Pulmonary Hypertension in Scleroderma are being further validated with ongoing studies.

Initial analysis of data from this study was presented at a podium presentation at the Systemic Sclerosis World Congress in Madrid in February 2012. The data has now been published in *Arthritis Research & Therapy* 2012, 14:R143 (12 June 2012) – N-terminal pro-brain natriuretic peptide in a novel screening algorithm for pulmonary arterial hypertension in systemic sclerosis: a case-control study.

This study will significantly contribute to the understanding of pulmonary hypertension in Scleroderma and may improve the screening for this serious complication of Scleroderma. This is particularly important as early detection of pulmonary hypertension leads to earlier treatment and improved outcomes for patients.

Dr Wendy Stevens
Rheumatology Unit
St Vincent's Hospital Melbourne

**Scleroderma Australia Grant
– \$20,000**

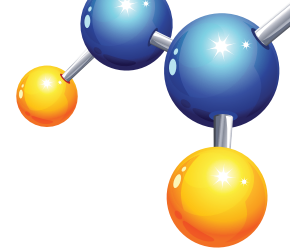
(funded by Scleroderma Australia)

Systemic sclerosis serum microenvironment dysregulates endothelial progenitor cell migration and tubulogenic ability and contributes to vasculopathy

The aim of this pilot project was to determine whether the endothelial progenitor cells (precursors for formation of normal, healthy blood vessels) from patients with early active Scleroderma (SSc) behave differently from normal cells and, whether there are factors in the serum of patients with SSc which may be responsible for this abnormal behaviour.

The effect of serum from scleroderma patients was evaluated at various disease stages ie. early diffuse, late diffuse and limited variants, which also included serum from patients with and without pulmonary arterial hypertension (PAH), the most severe vascular complication of this disease.

Surprisingly, healthy specimens isolated from blood donors showed extensive and quicker growth of the new blood vessels



seen on matrigel when incubated with the serum from various scleroderma patients. This led us to believe that there must be factors present in the serum which were leading to dysregulated new blood vessel formation which was unsustainable. These findings were presented at the World Scleroderma Workshop held at Cambridge in August 2011.

Further work is being undertaken to validate this hypothesis in a larger Australian Scleroderma Interest Group cohort. This novel finding could help in identifying the patients with scleroderma who are likely to develop pulmonary arterial hypertension and therapies designed to restore this balance might prevent this complication.

Dr Pravin Hissaria
Division of Human Immunology
SA Pathology (trading as IMVS)

Fellowships

AFA-ARA Heald Fellowship – \$50,000

(funded by Vincent Fairfax
Family Foundation)

Structural predictors of knee replacement surgery

Osteoarthritis is a leading cause of chronic disability and is associated with substantial cost to the individual and to society. A large part of the economic burden of osteoarthritis is related to joint replacement surgery. This fellowship program aimed to examine what knee structures predicted knee replacement surgery and the importance of these structures.

The findings suggest that bone marrow lesions are an important therapeutic target and show that

a single infusion of zoledronic acid (a current osteoporosis drug), decreased both bone marrow lesion size and knee pain. A longer, larger study is planned to determine whether these decreases in bone marrow size will translate to reductions in cartilage loss over time.

Overall, through slowing disease progression in knee osteoarthritis by targeting bone marrow lesions, it may be possible to delay the time to knee replacement surgery. This would help to reduce the burden this disease has on individuals, health systems, and social care systems.

Ms Dawn Dore
Musculoskeletal Unit
Menzies Research Institute

The Victorian ARA Fellowship – \$50,000

(funded by Australian
Rheumatology Association, Victoria)

The role of pro-inflammatory cytokines and neutrophils extracellular traps (NETs) in inflammatory arthritis

This project has been looking into the role that neutrophils, an important immune cell, may play in inflammatory arthritis in humans. The focus has been on these cells, found in massive numbers in the fluid from inflammatory arthritis patient joints to gain a better understanding of how these cells die.

Rheumatoid arthritis (RA) and gout are both highlighted by large amounts of inflammation. This inflammation is not a result of an infection but appears to be an inappropriate activation of the body's immune system which leads to damage to the body's own tissues.

Using human blood cells and fluid from the joints of arthritis patients, neutrophils respond to the triggers thought responsible for these types of arthritis have been explored.

Preliminary findings reveal that the crystals found in the joints of patients with gout are potent stimulators of neutrophils and cause rapid NET release. Further studies have explored how the crystals do this and how we might prevent it using drugs. The research has also sought to find evidence that this NET release is occurring in the patients suffering from gout and RA. Ways to study fluid and tissues from patients and demonstrate that DNA from neutrophils is found free in these samples rather than inside cells where DNA normally belong, have also been developed.

Understanding this process may have important implications for our understanding of these types of arthritis. Better appreciation of the role of these cells, may help guide treatment approaches in gout and RA in the near future.

Dr Simon Chatfield
Department of Medicine
Walter and Eliza Hall Institute of
Medical Research

Ken Muirden Overseas Training Fellowship - \$100,000

(funded by Australian
Rheumatology Association)

Investigating outcomes in scleroderma - evaluating quality of life, disability, predictors of mortality and a novel thermographic parameter by which to assess Raynaud's phenomenon

The study was threefold with the key findings of the first study showing that scleroderma is associated with high levels of fatigue

and reduced quality of life. Patients with scleroderma experiencing high levels of fatigue also tended to report poorer quality of life and increased disability. Fatigue and quality of life in scleroderma are generally not associated with demographics (e.g. age and gender) and clinical features.

This research was presented at the International Workshop on Scleroderma Research in Cambridge in July 2011 and the Systemic Sclerosis World Congress in Madrid, February 2012. A paper was published online in May 2012 in the *Clinical Rheumatology Journal*.

The second component of the study found that the types of autoantibodies and clinical associations in the patients were similar to previous studies of Caucasian and British patients. The study was presented at the British Society of Rheumatology meeting in Glasgow, May 2012.

The third part of the study investigated the long term outcomes of scleroderma patients enrolled in the database between 1997 and 2010. A paper has been submitted for publication in the *Rheumatology Journal*.

In addition to undertaking the research, Dr Strickland also had the opportunity to work in a number of specialty clinics including Connective Tissue Disease, Ankylosing Spondylitis, Psoriatic Arthritis and Osteoporosis clinics and, attended a number of educational study days and conferences.

Dr Gemma Strickland
Royal National Hospital for
Rheumatic Diseases
Rheumatology Department Bath UK

Zimmer Australia Grant – \$50,000 (funded by Zimmer Australia)

Identification of novel risk factors for hip osteoarthritis

Despite its high prevalence, no treatments slow or halt the progression of osteoarthritis, with symptomatic end-stage disease being treated by the costly total joint replacement. Therefore preventive strategies are needed to reduce the development and/or progression of the disease.

This study aimed to identify modifiable risk factors for hip osteoarthritis assessed by hip structural changes and risk of total hip replacement for osteoarthritis. It was found that body composition, certain recreational and occupational physical activities, and dietary factors were associated with hip cartilage volume, and that genetic factors, dietary factors, body size and weight gain predicted the risk of total hip replacement for osteoarthritis.

This study has the potential to improve the understanding of the pathogenesis of hip osteoarthritis and identify novel targets for disease prevention.

Dr Yuanyuan Wang
Department of Epidemiology and
Preventive Medicine
Monash University

Scholarships

Arthritis Australia and State & Territory Affiliates Scholarship – \$20,000

(funded by Arthritis SA)

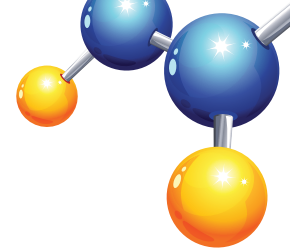
Characterisation of pathogenic inflammatory cells in autoimmune disease

In the chronic autoimmune disease rheumatoid arthritis, the inflammatory cells that invade the joints still require much investigation as it is not well understood what triggers and perpetuates the disease. Th17 cells are a type of white blood cell that has been recently identified as a prime candidate for causing inflammatory disease.

This study aimed to discover unique markers on this rare and unique cell subtype, which will lead to the better understanding of Th17 cell function in arthritis and provide possible new targets in the development of therapeutics.

A method was successfully developed for isolating and culturing Th17 cells. Previous studies have been hampered by the difficulties in isolating these rare cells from the body. This technique has been essential for providing sufficient numbers for further experiments. And more importantly, we have isolated and expanded cells from arthritis patient synovial fluid from the inflamed joints.

A microarray analysis was performed which compared changes in expression of 47,000 genes in Th17 cells versus another T cell type. In Th17 cells of healthy donors this has identified 84



Research

genes that may be vital in the functions of this particular cell type. Further analysis of Th17 cells from a patient's inflamed joint has identified 50 genes that may be more specifically playing a role in the inflammation pathway.

Ongoing study involves further investigation of the function of molecules that are specifically expressed in the Th17 cells to determine their potential as therapeutic targets.

Ms Kai Ko
Centre for Immunology
Burnet Institute

Arthritis Australia and State & Territory Affiliates Scholarship – \$20,000

(funded by Arthritis SA)

Genetic and functional characterisation of ERAP1 variants associated with ankylosing spondylitis

This study focused on investigating ERAP1, which is one of the genes which have previously been associated with ankylosing spondylitis. This gene and surrounding genes were examined in 22,000 European cases and controls and 3,000 Asian cases and controls using the Immunochip genotyping technology.

A comparison of the differences in cases and controls across many genes were made, although this work focused on ERAP1 and the surrounding genes.

An interesting association between a very similar gene (called ERAP2) and ankylosing spondylitis was identified. ERAP2 is right beside ERAP1. This is a major and exciting

development because ERAP1 and ERAP2 do very similar jobs in the body by processing proteins to train the immune system. Changes in the immune system are thought to underlie the cause of ankylosing spondylitis. This further confirms the theories that this pathway is important in ankylosing spondylitis.

The findings that overactivity of this enzyme increases the risk of ankylosing spondylitis were very welcome which means medications can be developed to reduce the activity of this enzyme. This ultimately has the potential to treat ankylosing spondylitis and similar diseases in the future.

Dr Philip Robinson
Musculoskeletal Genetics Group
Immunology Department
Diamantina Institute for Cancer
Immunology and Metabolic
Medicine
University of Queensland

SA LSS Support Group Grant – \$25,000

(funded by Arthritis SA)

Expression of Leukocyte Immunoglobulin-like receptor (LILR) A3 and its ligand(s) in inflammatory arthritis

This study concentrated on LAMR1's, a non-integrin membrane-bound receptor for laminin.

A significant proportion of this study was directed at learning laboratory techniques and optimising methods of particular relevance to this project. Using immunohistochemical staining, we were able to demonstrate

constitutive expression of LAMR1 on vascular endothelia and synovial lining cells in biopsies of human synovial. LAMR1 staining is more extensive on the synovial lining cells and vasculature of rheumatoid arthritis (RA) patients compared to osteoarthritis patients.

This data was presented as a poster at the Australian Rheumatology Association's Annual Scientific Meeting in Canberra in May this year 2012.

Dr Barry Kane
Inflammation and Infection
Research Centre (IIRC)
School of Medical Sciences
University of NSW

2012 projects currently being undertaken

Grants-in-aid

Arthritis Australia and State & Territory Affiliates Grant – \$10,000

(funded by Arthritis SA)

The burden of musculoskeletal conditions in children and adolescents on primary care in Australia

Dr Nicholas Henschke
Musculoskeletal Division
The George Institute for
Global Health

Arthritis Australia and State & Territory Affiliates Grant – \$10,000

(funded by Arthritis SA)

A standardised set of physical performance outcome measures for lower limb osteoarthritis

Dr Fiona Dobson
Centre for Health
Exercise and Sports Medicine
Department of Physiotherapy
University of Melbourne

Arthritis Australia and State & Territory Affiliates Grant – \$15,000

(funded by Arthritis SA)

Investigating the potential use of IAP inhibitors for treatment of rheumatoid arthritis

Dr Anak Dharmapatni
Anatomy and Pathology, School
of Medical Sciences
University of Adelaide

Arthritis Australia and State & Territory Affiliates Grant – \$15,000

(funded by Arthritis Queensland)

Hand function in obese subjects before and after weight loss following bariatric surgery

Ms Christine Redmond
Discipline of Medicine
Faculty of Health Sciences
University of Adelaide

Arthritis Australia and State & Territory Affiliates Grant – \$15,000

(funded by Arthritis Queensland)

Linking chronic anterior knee pain to patellofemoral joint osteoarthritis: an exploratory study of clinical, biomechanical and structural relationships

Dr Natalie Collins
Department of Mechanical
Engineering
University of Melbourne

Project grants

ARA Project Grant - \$30,000

(funded by Australian
Rheumatology Association)

The Victorian Juvenile Arthritis Cohort Study

Dr Jane Munro
Department of Rheumatology
Murdoch Children's Research
Institute

ARA Project Grant – \$15,000

(funded by Australian
Rheumatology Association)

An examination of shoulder pain using MRI in older people

Dr Tiffany Gill
Benson Radiology
University of Adelaide

ARA Project Grant – \$7,000

(funded by Australian
Rheumatology Association)

Effect of obesity and metabolic syndrome on osteoarthritis

Dr Yuanyuan Wang
Department of Epidemiology &
Preventative Medicine
Monash University

Arthritis Australia and State & Territory Affiliates Grant - \$30,000

(funded by Arthritis SA)

Investigating keratan sulphate in juvenile arthritis

Assoc Prof Amanda Fosang
Cell Biology
Department & Disease
Murdoch Children's Research Institute

Barbara Cameron Memorial Grant - \$20,000

(funded jointly by Arthritis
Australia and the late Jean Hale)

A novel mast cell and mactophage-derived mediator in arthritis and chronic inflammatory disease

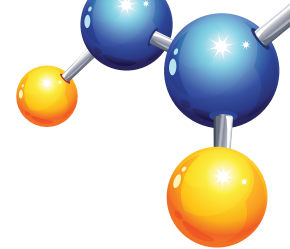
Dr Graham Mackay
Department of Pharmacology
University of Melbourne

Clitheroe Foundation Grant - \$20,000

(funded by the Clitheroe Foundation)

Effect of modulating prostaglandin signalling in ankylosing spondylitis

Dr Gethin Thomas
Human Genetics Group
University of Queensland
Diamantina Institute



Research

SA LSS Support Group Grant - \$20,000

(funded by Arthritis SA)

Inflammatory efforts of immune complexes

Dr Peter Zalewski
Discipline of Medicine 5B
The Queen Elizabeth Hospital

Zimmer Australia Grant - \$20,000

(funded by Zimmer Australia)

Characterisation of pathogenic inflammatory cells in autoimmune disease

Ms Kerry Ko
Centre for Inflammatory
Burnet Institute

Fellowships

AFA-ARA Heald Fellowship - \$50,000

(funded jointly by the Australian Rheumatology Association and Vincent Fairfax Family Foundation)

Role of IL-23R + gamma delta T cells in pathogenesis in AS

Dr Tony Kenna
Human Genetics Group
Diamantina Institute
University of Queensland

The Ken Muirden Overseas Training Fellowship - \$100,000

(funded by Australian Rheumatology Association)

Clinical fellowship in paediatric rheumatology

Dr Peter Gowdie
Division of Rheumatology
Hospital for Sick Children
Toronto Canada

The Victorian ARA Fellowship - \$50,000

(funded by Australian Rheumatology Association - Victoria)

Citrullination in Rheumatic Diseases

Dr Andrew Foote
Centre for Inflammatory Diseases
Monash University

Scholarships

ARA Project Grant - \$25,000

(funded by Australian Rheumatology Association)

Expression of leukocyte immunoglobulin-like receptor (LILR) A3 and its ligand(s) in inflammatory arthritis

Dr Barry Kane
Inflammation and Infection
Research Centre
Department of Pathology
School of Medical Sciences
University of NSW

Zimmer Australia Grant - \$30,000

(funded by Zimmer Australia)

The Pathogenesis of muscle inflammation in knee osteoarthritis and its effect on gait and muscle function

Dr Pazit Levinger
Musculoskeletal Research Centre
La Trobe University

**Arthritis Australia/Zimmer
Orthopaedic Fellowship
Program**

(funded by Zimmer Australia)

2011–2012 recipients

**Canberra Hip & Knee Replacement
Fellowship - \$50,000
(one year from January 2012)**

Dr Michael Gross
Canberra Hip & Knee Replacement
Bruce ACT

**Bendigo Orthopaedic Fellowship
- \$25,000
(six months from February 2011)**

Dr Dong Chen
DSS James Pty Ltd
Bendigo Victoria

**Bendigo Orthopaedic Fellowship
- \$50,000
(one year from August 2011)**

Dr Vera Sallen
DSS James Pty Ltd
Bendigo Victoria

**Monash Medical Centre Hip/Knee
Fellowship - \$25,000
(six months from July 2011)**

Mr Angus Wickham
Monash Medical Centre/Cabrini
Medical Centre
Malvern Victoria

**Sydney Orthoclinic Shoulder and
Elbow Fellowship - \$50,000
(one year from February 2011)**

Dr Jonathan Negus
Orthoclinic Orthopaedic Clinic
Sydney NSW

**Sydney Orthoclinic Shoulder and
Elbow Fellowship - \$50,000
(one year from January 2012)**

Ms Melissa Drinkwater
Orthoclinic Orthopaedic Clinic
Sydney NSW

**Sydney Knee Specialists Joint
Reconstruction Fellowship
- \$25,000**

(six months from July 2011)

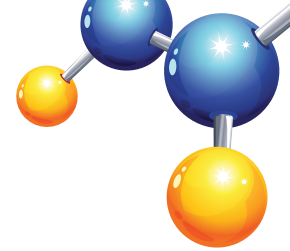
Dr Buddhika Balalla
St George Private Hospital
St George NSW

**UCHL Fellowship in Lower limb
reconstructive and arthroplasty
surgery - \$25,000
(six months from July 2011)**

Dr Daniel Robin
University College Hospital
London UK

**Whitlam Joint Replacement
Fellowship - \$50,000
(one year from January 2012)**

Dr Eli Olsechewski
Whitlam Joint Replacement Centre
Prairiewood NSW



Finance

Statement of Financial Position

	2011/2012 \$	2010/2011 \$
Current Assets		
Cash and cash equivalent	1,514,650	1,761,760
Receivables	1,440,084	752,320
Financial assets	-	-
Total Current Assets	2,954,734	2,514,080
Non-Current Assets		
Receivables	-	6,300
Financial assets	3,649,129	3,982,052
Property, Plant & Equipment	30,898	34,293
Total Non-Current Assets	3,680,027	4,022,645
Total Assets	6,634,761	6,536,725
Current Liabilities		
Payables	1,446,916	1,186,307
Provisions	392,081	447,330
Total Current Liabilities	1,838,997	1,633,637
Non-Current Liabilities		
Long term provisions	16,130	10,535
Total Non-Current Liabilities	16,130	10,535
Total Liabilities	1,855,127	1,644,172
Net Assets	4,779,634	4,892,553
Accumulated Funds		
Contractually restricted funds	3,787,654	3,903,392
General Funds	991,980	989,161
	4,779,634	4,892,553

Total Foundation Funds at 30 June 2012 include \$ 3,787,654 (2011 \$ 3,903,392) of contractually restricted research funds administered by the Foundation.

The above tables showing the Statement of Financial Position

Statement of Comprehensive Income

	2011/2012 \$	2010/2011 \$
Income		
Donations/fundraising		
General	2,081,277	1,509,480
Affiliates	175,750	278,250
Total	2,257,027	1,787,730
Membership Fees	1,924	2,116
Investments		
Interest	54,842	65,109
Profit on Sale	15,509	116,766
Dividends	286,009	332,743
Total	356,360	514,618
Other	60,851	63,250
Total Income	2,676,162	2,367,714
Expenses		
Research	626,084	815,705
Patient & Community Services	-	-
Education & Awareness	1,335,305	782,887
Administration	378,194	365,444
Fundraising	270,806	289,734
Depreciation	6,100	5,771
Total Expenses	2,616,489	2,259,541
Net Surplus/(Deficit)	59,673	108,173
Contribution to contractually restricted funds	-	160,000
Asset Revaluation / (Devaluation)	(172,592)	120,348
Change in Foundation Funds	(112,919)	388,521

and Statement of Comprehensive Income for the year ended 30 June 2012 have been prepared from audited financial statements passed by the Board of Directors, who are responsible for the presentation of the financial statements and the information

they contain. The complete financial report of the Foundation and the audit report by William Buck is available from Arthritis Australia PO Box 550 Broadway NSW 2007.

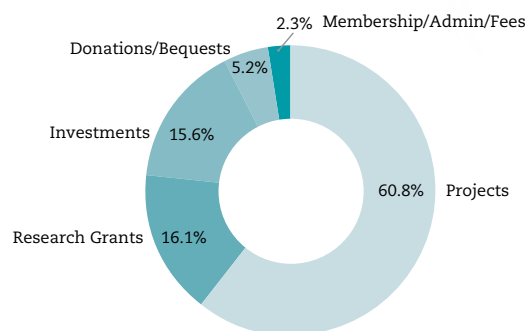
Arthritis Australia Summary

Following is the summary of revenue and expenditure of Arthritis Australia.

Assets held \$6,634,761 and liabilities held \$1,855,127

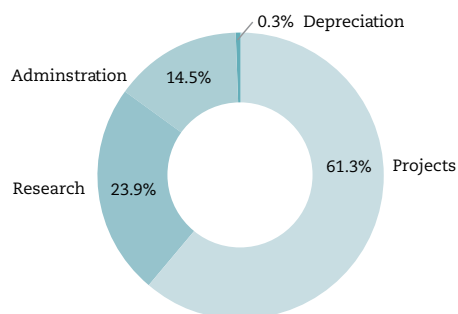
Revenue

Projects	\$1,624,007	60.8%
Research Grants	\$432,000	16.1%
Investments	\$417,211	15.6%
Donations/Bequests	\$140,270	5.2%
Membership/Admin/Fees	\$62,674	2.3%
TOTAL	\$2,676,162	100%

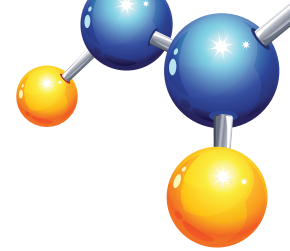


Expenditure

Projects	\$1,606,109	61.3%
Research	\$ 626,084	23.9%
Administration	\$ 378,194	14.5%
Depreciation	\$ 6,100	0.3%
TOTAL	\$2,616,487	100%



*Note – Previous annual reports summarised total revenue and expenditure of the nine Australian Arthritis Foundations collectively.



Supporters

We are extremely grateful to our supporters who have allowed us to continue our work in raising awareness, delivering education and support services, providing annual research grants and developing advocacy programs. Many have contributed expertise, time, funding, goods and services.

Medicines Australia Community Chest Program

Abbott Australasia Pty Ltd
AstraZeneca
Bayer Schering Pharma
Medicines Australia
Pfizer Australia Pty Ltd
Roche Products Pty Ltd
UCB Pharma Pty Ltd

Awareness and education

Abbott Australasia Pty Ltd
AstraZeneca
Australian Association of Massage Therapists
Australian Institute of Packaging
Australian Physiotherapy Association
Australian Practice Nurses Association
Australian Rheumatology Association
Beyondblue
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Donations of \$500+

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Trina Boylan
K Callaghan
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Manny Stul
Valhalla Village Craft Group
Bruce & Maureen Wallis
Nick Yorston
Christine Woodruff

Research grant funding

Arthritis Queensland for the Enid and Leonard Shepherd Trust and General Grant Funding
Arthritis SA for SA LSS Support Group, JIA Grant and General Grant Funding
Arthritis WA for General Grant Funding
Australian Rheumatology Association for ARA Grant funding and AFA – ARA Heald Fellowship
Australian Rheumatology Association - Victoria
Clitheroe Foundation
Estate of the late Beryl Stephens – Allan and Beryl Stephens Grant
The late Jean Hale – Barbara Cameron Memorial Grant
The late Pam Robinson – Ray and Pam Robinson Award
Scleroderma Australia
Vincent Fairfax Family Foundation for AFA – ARA Heald Fellowship
Zimmer Australia Pty Ltd

In-kind support

Anchor Hosting
Coverforce Insurance Broking
Georgia Tech Research Institute
Google
Andy Hall
Geoff Hall (Pasco Hall and Associates)
Kemp Strang Pty Ltd
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pdq design Pty Ltd
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Business services

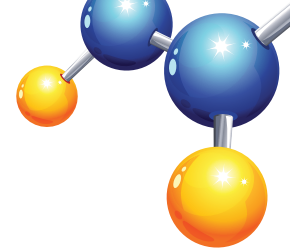
Licence agreement

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Business services

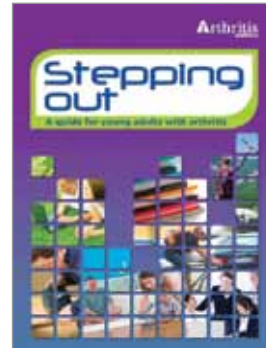
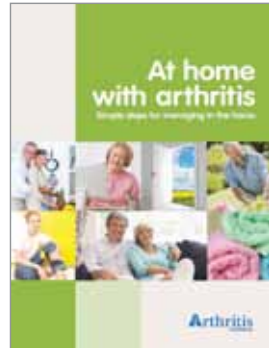
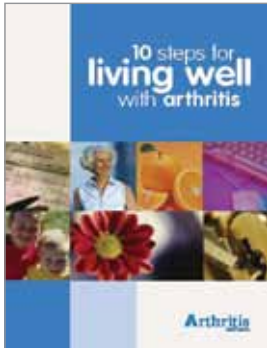
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NSW Health Support Services



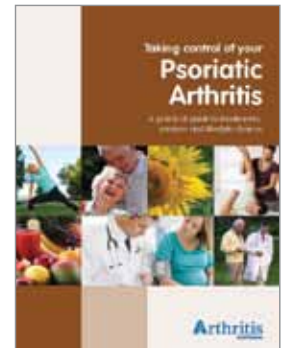
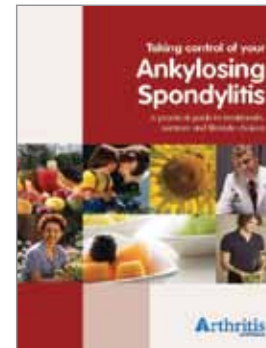
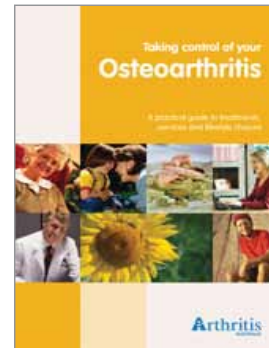
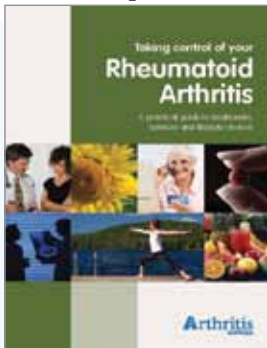


Resources

Information booklets



Disease specific booklets



Information sheets



Areas of the body

- Back pain
- Feet and arthritis
- Hands and arthritis
- Neck pain
- Shoulder pain
- Tips for osteoarthritis of the hip/knee

Complementary Therapy

- Complementary therapies
- Fish oils
- Glucosamine and chondroitin

Condition specific

- Ankylosing spondylitis
- Fibromyalgia
- Gout

- Juvenile arthritis
- Lupus (systemic lupus erythematosus)
- Osteoarthritis
- Polymyalgia rheumatica
- Psoriatic arthritis
- Reactive arthritis
- Rheumatoid arthritis
- Ross River virus
- Scleroderma
- Sjogren's syndrome
- Spondyloarthritis
- What is arthritis?

General Management

- Arthritis and emotions
- Dealing with pain
- Exercise and RA
- Exercise and fibromyalgia

- Gout and diet
- Healthy eating and arthritis
- Juvenile arthritis
- Juvenile arthritis - A Teachers Guide
- Massage and arthritis
- Physical activity
- Saving energy
- Sex and arthritis
- Tai Chi
- Water exercise

Medical Management

- Blood tests for arthritis
- Medicines and arthritis
- Surgery for arthritis
- Working with your healthcare team

Contacts

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