



annual report

2010-2011



 Arthritis
AUSTRALIA

Vision

Mission

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

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

Arthritis Australia responds to the Australian Government's draft plan for a National Disability Insurance Scheme

In November 2009, the then Prime Minister, The Hon Kevin Rudd MP, announced the Productivity Commission was to investigate the feasibility of a new approach for funding and delivering long-term disability care and support. A draft report was released in February 2011.

With arthritis being the leading cause of pain and disability in Australia, Arthritis Australia made a submission to The Productivity Commission in May. In that submission it was emphasised that people with arthritis must receive support as part of the Australian Government's commitment to develop a broader and more holistic National Disability Strategy. Any new policy should increase economic and social participation for people with disability and their carers. However, Arthritis Australia expressed concern that the report did not adequately define groups and categories of people living with disabilities associated with arthritis, each with varying degrees of functional impairment and each requiring varying elements of episodic support.

In July, we were pleased to be invited to provide additional information to The Productivity Commission so that they had a clearer understanding of the unique issues facing Australians with severe arthritis.

Arthritis Australia believes strongly that eligibility for the National Disability Insurance Scheme must be clearly articulated, any decisions are subject to an appeal, and that these aspects should be enshrined in legislation.

The Government has acknowledged the need for reform and has committed funding

to develop policy and implement changes by 2017. Arthritis Australia will continue to lobby for adequate care and support for Australians living with arthritis.

Ease of Use program - design services, advocacy and Ease of Use certification logo

In 2009, Arthritis Australia and Arthritis New Zealand established the Ease of Use (EOU) Program to recognise Trans-Tasman companies that design user-friendly products and packaging. Arthritis Australia sees this not only as an issue for the 6.4 million Australians living with arthritis or disability, but for the one in three Australians aged 50-plus who often do not regard themselves as 'old' and struggle with packaging that is difficult to read and open. The program has established a notable number of new developments over the last year.

Nestlé

With the development of the Accessibility Benchmarking Scale late last year, Nestlé has begun to design and evaluate many of its major products, starting with their iconic Nescafé coffee jars. The world's first accessibility Scale was designed in collaboration with the Georgia Tech Research Institute in the United States – well known for solving some of the toughest problems facing government and industry around the world. The Scale helps Nestlé understand the needs of people living with arthritis and to design packaging that is easy to open, for all people including those with arthritis.

Government

Arthritis Australia has been working with NSW Health, the Ministry of Health Victoria and to help define measurable packaging accessibility standards for their food suppliers. According to a study commissioned by the NSW Government, it has been estimated that 51 per cent of patients leave hospitals with some form of malnutrition, one of the primary reasons being hard-to-open packaging. Arthritis Australia signed a contract with NSW Health to evaluate their existing suppliers packaging



Other areas of national advocacy for Australians with arthritis

Harmonisation of Disability Parking

Improving advertising arrangements for therapeutic goods

Personally controlled electronic health records

National Carer Strategy Consultation

The Government's administration of the Pharmaceutical Benefits Scheme

Consumer access to the Pharmaceutical Benefits Scheme

Therapeutic Goods Administration transparency review



Colonel Jan McCarthy, a veteran of the Australian Defence Force and President of the Returned Nurses RSL Sub-Branch (Vic)

nationwide. The booklet was very popular with the RSL's membership and has led to the NSW Department of Veterans' Affairs also requesting to distribute the book to its members. The informal advocacy alliance that Arthritis Australia has formed with RSL has also led to educating the packaging industry and government regarding the packaging accessibility needs of consumers. Arthritis Australia is grateful for the opportunity to help support Australia's veterans.

Removal of Medicare Benefits Schedule items for joint injections and aspirations

In the May 2009 Budget, the Australian Government removed two items for joint injections and aspirations from the Medicare Benefits Schedule (MBS). Since then, Arthritis Australia has worked closely with the Australian Rheumatology Association to lobby for new items to be included on the MBS. People with arthritis who have been physically and economically affected by the changes have been very active in expressing their views to the Australian Government.

The committee that makes recommendations about MBS items is reviewing the information and supporting data that the ARA and Arthritis Australia have provided and their final determination will be made at a meeting in November 2011.



Wendy Favorito, Arthritis Australia Consumer Representative

and to help NSW Health select packaging that is easy to open for all patients in the health system.

Industry

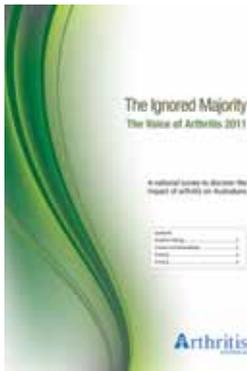
The Packaging Council of Australia has entered into an agreement with Arthritis Australia regarding the introduction of two sets of accessibility awards from 2011 onwards – the Southern Cross Awards for Tertiary Students and the Australian Packaging Awards for Industry. The introduction of these awards will help instil in the minds of students and commercial designers the importance of accessibility in design. Additionally, Arthritis Australia spoke and organised speakers for the Australian Institute of Packaging's 2011 Conference. The speakers, who were leaders from industry and government, discussed challenges consumers faced and how making packaging easy to open for consumers can also lead to increased sales for companies.

Consumers

The Returned & Services League (RSL) requested they distribute Arthritis Australia's *At Home with Arthritis* booklet, which focuses on accessibility, to its members

awareness & education

Arthritis Australia launches a national consumer study



The Ignored Majority, The Voice of Arthritis 2011, media launch

Arthritis Australia engaged market research company, twoblindmice, to undertake a social impact study of Australians living with arthritis. The research was carried out at the end of 2010 and the final report was prepared in February 2011. *The Ignored Majority – The Voice of Arthritis 2011* was launched at a special meeting of Parliamentary Friends of Arthritis at Parliament House Canberra in March.

The survey results revealed three distinct groups. About a third were coping quite well with their arthritis, while more than two thirds were experiencing significantly more pain, disability, effects on their work capacity and social isolation. In all, there was an alarming number who felt let down by general practitioners, specialists and the health care system.

The preliminary findings were discussed at a very constructive meeting with the Department of Health and Ageing. They have taken up some of the concerns for future policy development and we are continuing to work with them to develop a strategy for implementing some of the key findings.

Arthritis Australia website accredited with providing world-class health information

Arthritis Australia's website has received the Australian Government's Health Insite accreditation as well as Health on the Net Foundation certification, which is the international benchmark. These acknowledgements verify that the online health information we provide is trustworthy.



Australian Association of Massage Therapists

Millions of Australians, many of whom have arthritis, see a massage therapist each year yet they often do not fully understand the difference between therapeutic and remedial massage and the need for professional training. There are large numbers of massage therapists without professional qualifications, and those who are qualified often have little formal training on how to massage people with arthritis. Arthritis Australia is working with the Australian

Association of Massage Therapists to address this issue. In conjunction with Arthritis Australia's State and Territory Affiliates we are conducting education sessions throughout the country to help massage therapists understand the health needs of people living with arthritis.

Cricketing legend Michael Slater heads Ankylosing Spondylitis Campaign

Cricketing legend Michael Slater has ankylosing spondylitis (AS), a severe spinal condition suffered by 200,000 Australians, with three times as many men than women affected. Slater joined Arthritis Australia's campaign to urge men with persistent back pain to seek specialist treatment. AS causes pain and inflammation mainly in the spine, but also in other joints such as the shoulders, hips, knees, ankles and chest. If left untreated, AS can lead to permanent stiffening of the spine and, in severe cases, the bones in the spine can fuse together, stopping movement and causing a permanently forward-stooping posture.



Michael Slater

New research commissioned by Arthritis Australia and released in December 2010 revealed that poor spinal health of Australian men is ricocheting into all aspects of their lives, challenging more than just their pain thresholds. The study reinforced the detrimental effects of men's back pain, not only on family and relationships but also their livelihoods. The impact on work life was found to be by far the most frustrating aspect for men living with back pain. Almost half (48 per cent) report that their career choices are limited, and one in six had to change jobs, with two-thirds taking a pay cut because of their spinal problems. Spinal pain was also found to cause an increase in stress levels for 45 per cent.

The campaign consisted of media interviews, an Ankylosing Spondylitis microsite on Arthritis Australia's website and an exercise DVD. The campaign was in association with the Australian Rheumatology Association and the Australian Physiotherapy Association, and supported with an untied educational grant from Abbott Australia.

Arthritis research funding declining under the Australian Government's National Health and Medical Research Council scheme

Research

One of the early initiatives of our new president was to do an analysis of research investment to inform a strategy for Arthritis Australia to take to Government and other potential funders. Arthritis Australia is very concerned about the low levels of investment in arthritis research and the fact that the National Health and Medical Research commitment to arthritis and musculoskeletal conditions does not match those of other National Health Priorities.

Arthritis Australia has developed a position paper and is proposing to take it to Canberra during the second half of 2011.

Arthritis Australia National Research Program - grant applications, the largest ever!

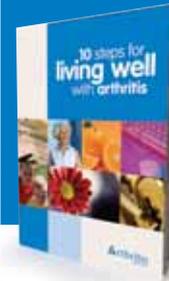
In 2011 Arthritis Australia's Grants Assessment Committee allocated more than \$650,000 to musculoskeletal research. As usual, we received a large number of high quality applications but, regrettably, had only sufficient funds to support 25% of them. In the past five years oversubscription to our National Research Grant Program has grown, further demonstrating the quality of Australian researchers and an urgent need for arthritis research to be recognised more widely.

Orthopaedic Fellowship Program

The Arthritis Australia/Zimmer Orthopaedic Fellowship Program was initiated in late 2009 to promote best-practice treatment for Australians living with arthritis.

10 steps for 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.



The fellowship has already committed more than \$450,000 to orthopaedic surgeons to improve their instructional skills and assist with the international exchange of knowledge in the field. Arthritis Australia would like to acknowledge the generous support Zimmer Australia has committed to the program.

For full details of recipients of the Arthritis Australia/Zimmer Orthopaedic Fellowship Program for 2010-2011, see page 24

other highlights

Governor-General of Australia hosts Arthritis Australia Benefactor Awards

On Thursday 21 October 2010, the Governor-General of the Commonwealth of Australia and patron of Arthritis Australia, Her Excellency Quentin Bryce, hosted our Benefactor Awards at Sydney's Admiralty House in Kirribilli. The Benefactor Awards recognise outstanding support of Arthritis Australia whether through donations, bequests, voluntary work and services in-kind.

Those acknowledged were:

Founding members of Arthritis Australia

Dr Ken Muirden AO, rheumatologist (retired)
Dr Stephen Milazzo, rheumatologist (retired)

Kilimanjaro Ascent Team

Matthew Leibowitz
Peter Collins
Jonathan Shapiro
Daniel Been
Jeremy Unger

Matthew Leibowitz, who has ankylosing spondylitis, led 19 people in an inspirational assault on Africa's Mount Kilimanjaro. Among the group were Matthew's friends – Jonathan Shapiro, Daniel Been, Peter Collins and Jeremy Unger – his rheumatologist, Dr Jim Bertouch, and the Chair of Rheumatology at the University of Sydney, Prof Philip Sambrook. Together they raised more than \$90,000 for research into ankylosing spondylitis, proving that life's obstacles, arthritis included, can be overcome with determination and teamwork.

Adam Gilchrist Trading Challenge supporters

Adam Gilchrist AM
Craig Coleman

Kilimanjaro Ascent Team



The Adam Gilchrist Trading Challenge was an online, simulated stock market game that traded hypothetical shares and raised \$63,000 for arthritis research. Adam was keen to support the project because arthritis has seriously affected his father. Craig Coleman assisted in developing the competition and working on its marketing and implementation.



Arthritis Australia's Benefactor Awards guests

Arthritis Australia welcomes new President and Consumer Representative

At Arthritis Australia's annual general meeting in November 2010, a new President and Consumer Representative were voted on the board.

Arthritis Australia's new President, Prof Patrick McNeil, is Professor of Rheumatology at the University of New South Wales' South Western Sydney Clinical School at Liverpool Hospital. He heads a research group in the Inflammation and Infection Research Centre at UNSW's Kensington campus with programs exploring mast cell biology and novel inflammatory pathways in rheumatoid arthritis and autoimmune connective tissue diseases. He is the author of 77 scientific publications which have been cited more than 4000 times to date, with 17 papers cited more than 50 times (including seven papers with over 100 citations). He is recognised as a national leader in academic rheumatology in Australia and has been a longstanding

member of Scientific Advisory Committee for Arthritis Australia and the ARA Research Trust, and discipline panels for the National Health & Medical Research Council.

Our new Consumer Representative, Mrs Wendy Favorito, is well-versed in what it means to live with arthritis and, through her personal and professional experiences, with the health system and services provided. She currently holds a part-time position as a senior speech pathologist at St Vincent's Hospital, Sydney. At the age of six years, Wendy was diagnosed with juvenile arthritis (JIA). In her teens and early twenties she actively assisted Arthritis NSW in their JIA activities, including being a member of the Working Committee for their inaugural JIA Camp. These annual camps continue to be a popular and effective support for children in NSW and interstate. Wendy recognises the importance of widespread arthritis awareness and education, and believes the support of family, friends, health professionals and the workplace are paramount in managing your arthritis.

Arthritis Australia gives its regards to Broadway

After nearly 15 years in its Forest Lodge premises, the Arthritis Australia office was in dire need of refurbishment. Faced with major disruption to renovate the existing space it was decided to find, together with our neighbour, Osteoporosis Australia, an alternative office. In June 2010 we settled on an early-20th-century building in Broadway which was undergoing refurbishment. After a full fit-out with new workstations and furniture, we moved into the new office at 255 Broadway in late September 2010.



president's report

It has been an honour to serve as the President of Arthritis Australia over the past year.

Filling the shoes of my predecessor, Dr Mona Marabani is no easy task but I'm excited at the prospect of building upon the fantastic work Mona undertook during her five-year presidency. Arthritis Australia is now well-positioned as the peak national body representing patients with arthritis to the public, the media, industry and government, but there are a number of challenges and opportunities that I'm keen to address. First, the time is right for Arthritis Australia to clarify and strengthen its relationships with State and Territory Arthritis Affiliates. Indeed, this is currently my highest priority as the existing structure developed in a different time more than 20 years ago, needs updating to reflect modern issues and realities. A subcommittee of the Board, led by Kristine Riethmiller has been engaged with Affiliates in crafting options for constitutional reform to Arthritis Australia. I feel confident that the next 12 months will see adoption of a new structure that will create a stronger, independent Arthritis Australia Board with much clearer and transparent relationships with its State and Territory Affiliates. I have already started the process of personally visiting each Affiliate office to facilitate communication about the formation of a new federated organisation that will deliver benefits to all, and most importantly to consumers with arthritis. Getting our organisational structure right and our relationships with Affiliates clear is vital if we are to move forward with new initiatives in accomplishing our mission to improve the lives of people with arthritis.

I believe we also need to build upon our achievements in national advocacy and increase awareness of the challenges Australians with arthritis face in their everyday lives. The Voice of Arthritis, a social impact

study commissioned by Arthritis Australia revealed the true extent of the problem we face – approximately two thirds of consumers with arthritis feel let down by a health care system that is not designed to address the chronic and complex problems they endure. When launched in March this year in Canberra, the Voice of Arthritis findings triggered widespread media and government interest. As a result, CEO Ainslie Cahill has been working extensively with the Australian Health Department on potential solutions to the problems revealed by the Voice of Arthritis project. Advocacy requires a sustained effort, but what is clear is that the Australian Government requires interaction with a single national peak body representing consumers with arthritis and related diseases.

Another challenge and opportunity is exploring options to increase the funds Arthritis Australia distributes each year through the National Arthritis Research Program. Renegotiating agreements and expectations previously made with Affiliates is important, but we also need to look at expanding existing partnerships, as well as a range of new strategies including sponsorships and national fundraising projects. The Board has already established a subcommittee to work on this task.

One of Arthritis Australia's strengths has always been the provision of high quality information and resources to consumers and health professionals. In the digital age, the potential to reach those who need these resources has expanded tremendously. We need to adapt and take the opportunities that technology provides and engage with the new media of the upcoming generations. Projects already in train will see substantial expansion of the Arthritis Australia website

with development of a new interactive microsite focusing on osteoarthritis. Partnership with Arthritis Affiliates offers efficiencies, and is clearly important in ensuring the information is clear and consistent.

During my presidency, I hope to continue to use the voices and stories of people with arthritis to raise awareness of the burden of musculoskeletal diseases to government, influential stakeholders, and the wider community. Through this advocacy, I hope we can achieve new programs and initiatives to benefit Australians with arthritis including influencing the Government's health reform agenda, and increasing funding for medical research. Advocacy, networking and relationship building are fundamental tasks we will continue to engage in both with government and industry.

I thank the many supporters of Arthritis Australia and look forward to working with you to address these challenges and embark on new opportunities.



Patrick McNeil

MBBS (Hons) PhD FRACP GradDipHEd



ceo's report

As I review another eventful year it is satisfying to see the continued success of new and existing projects undertaken by Arthritis Australia and the profile we are building.

We continued to reach out and forge strong alliances with parliamentarians and government officials; we launched a highly successful national survey about consumers' attitudes to arthritis; advocated on a number of significant changes undertaken by the Australian Government; continued to urge manufacturers and the packaging industry to understand the importance of easy-to-use products and packaging, and easy-to-read labelling; formed new strategic alliances with industry partners; commenced a multi-faceted national awareness campaign for ankylosing spondylitis; welcomed a new president and board members; and managed to find time to relocate from an office we'd had for 15 years to one that meets our needs now and into the future.

In July 2010 we joined the National Aids and Equipment Alliance with leading non-profit disability bodies to help develop a joint submission to the Australian Government's National Carer Strategy Consultation. With such an ambitious health agenda laid out by the Government into aged care, disability support and the National Health and Hospital Reform, we have been very busy with our advocacy and ensuring the issues of Australians living with arthritis are understood and considered.

At a Medicines Australia conference I spoke to leading pharmaceutical representatives about industry engagement with the community, with specific reference to health consumer organisations (HCOs). I believe that partnerships between HCOs and the pharmaceutical sector are important and can be very effective – but only when

the partnership is equitable and has the consumer as its focus.

The new year began with the launch of our social impact study, *The Ignored Majority – The Voice of Arthritis 2011* at Parliament House, Canberra. An update of our previous ground-breaking survey *The Voice of Arthritis 2004*, the new research was presented to our Parliamentary Friends of Arthritis, government officials and the media. The report, which outlines some very clear and disturbing consumers' views about health services and the information they receive, engendered significant interest and we are continuing to use this valuable resource in planning some key initiatives with key organisations to influence improvements in the future.

During the year, one of Arthritis Australia's consumer advocacy priorities was associated with the Australian Government's plan to delay indefinitely the listing of new medicines on the Pharmaceutical Benefits Scheme (PBS). In April, The Minister for Health & Ageing, Nicola Roxon, MP attended a summit to hear the concerns of an alliance of the Consumers Health Forum, a number of other peak health consumer organisations, the Australian Medical Association, Medicines Australia and the Generic Medicines Industry Association. As Acting Chair of the Consumers Health Forum I chaired that meeting - in addition to representing Arthritis Australia. Discussions are continuing but, as we go to press, I am looking forward to hearing details of the Prime Minister's commitment to creating a solution to this issue by end-September 2011.

I am very pleased to welcome a number of highly skilled members to our board including new President, Prof Patrick McNeil who, interestingly, was the inaugural recipient of the Heald Fellowship. Supported by the Vincent Fairfax Family Foundation, the fellowship was introduced in 1990 to enable young Australian researchers to work in North America and benefit from the experience of advanced research work. After receiving the support from the fellowship to attend Harvard Medical School and his subsequent long-serving membership of our Grants Assessment Committee it seems a natural fit for Patrick to take the lead in guiding Arthritis Australia through the next stage of our development.

Like Patrick, our new Consumer Representative, Wendy Favorito, hit the ground running and by drawing on her personal experiences and knowledge of the health system she is proving to be a major asset.

My thanks to the Board and to the many people and organisations that have helped strengthen the work of Arthritis Australia. Today, we are better positioned to face current and future challenges. Our influence is growing and we are becoming the first point of contact for government and the media.

In particular, it would be remiss of me not to acknowledge the tireless, and often thankless, work undertaken by our small and dedicated team – Fergal Barry, Dora Stavrakis, Mischa Warren and Ron Richardson. Go The A Team!

Ainslie Cahill



reports

Medical Director

Internationally in 2010 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. Osteoarthritis and some of the rarer arthritides still remain strong priorities for further research.

Nationally, despite the National Health and Medical Research Council specifically creating two committees for arthritis and musculoskeletal conditions, arthritis, particularly clinical research, has been sadly underfunded and our proportion of national funding continues to decrease despite strong efforts to prevent this. The role of Arthritis Australia's grant committee becomes increasingly important given this.

The Grants Review Committee met in October 2010 to determine recipients of Arthritis Australia's 2010 funding round. Recommendations such as giving preference to new researchers and offering a smaller number of larger project grants to more established investigators were continued. Overall, funding levels were lower due to a number of factors, making decisions about who to fund very difficult, and many high quality applications could not be funded.

Special thanks to Patrick McNeil, Kathy Briffa, Michelle Leech, Susannah Proudman, Rachelle Buchbinder, Gethin Thomas, Stephen Oakley and Anita Wluka for their voluntary assistance. The grants were awarded throughout Australia and were in diverse areas including osteoarthritis, rheumatoid arthritis, ankylosing spondylitis, genetics and scleroderma.



Graeme Jones
MBBS (Hons) FRACP MMedSc MD FAFPHM

Consumer Representative

My introduction to the role of Consumer Representative can best be described as surprising. I certainly did not anticipate there would be such a breadth and depth to the role. It has been an exciting experience to work with an organisation that values the voice of their consumers so genuinely. I have at times felt humbled to learn that my experience of living with rheumatoid arthritis for 35 years may be of benefit to other people with a form of arthritis.

Since commencing in this role, I have participated in a range of interesting and varied activities related to the issues of accessibility of packaging, personally controlled electronic health records, consumer engagement with the NHMRC, and the National Pain Strategy.

A highlight of this past year was being part of an expert panel related to the topic of 'Accessibility and Tamper Evidence' at the AIP National Technical Forum in Melbourne in March 2011. What made the experience exciting was to witness first hand that some sectors of the packaging industry are finally acknowledging and beginning to address the difficulties that consumers, such as myself, have with opening packaged goods. Having large companies recognising the daily struggle that people with arthritis experience with opening goods is tremendous. With ongoing work in this area I hope that one day I may be able to complete a basic task such as preparing a meal without needing some level of assistance. I look forward to continuing to work with Fergal Barry, the Strategic Partnerships Manager, on this issue.

I would like to take this opportunity to thank the Arthritis Australia team for welcoming me on board. I look forward to making further contributions during the coming year to the great work Arthritis Australia undertakes.



Wendy Favorito
BAppSc (Hons) GDipBus



Prof Graeme Jones



Wendy Favorito



Assoc Prof
Peter Youssef



Prof Philip Sambrook

Chair, Scientific Advisory Committee

The past 12 months have been very productive and I would like to thank my colleagues who have given their time and support to Arthritis Australia.

Several new medicine information sheets were reviewed for co-badging with the Australian Rheumatology Association. Members of the committee contributed to the Australian Government's review of the tables for the assessment of work-related impairment for the disability support pension. Expert comments were also provided to the Productivity Commission review regarding the estimation of arthritis support needs. It became clear that there was a great need for support in the community and that the financial cost of this support was very difficult to estimate. The committee was also asked to comment on the scientific merits of certain complementary therapies and for its opinion on brand equivalence markers for some generic medications.

Arthritis Australia continues to support important research in the area of arthritis and particularly pleasing is the continuing support of the more junior researchers in the field.

Peter Youssef
MBBS PhD FRACP

Florance and Cope Chair of Rheumatology

The year 2010 has been a very productive one for the Florance and Cope Chair and the Institute of Bone and Joint Research at the University of Sydney.

I continued to serve as a board member of the International Bone and Mineral Society and on the Committee of Scientific Advisors of the International Osteoporosis Foundation. I also continue to be a member of the editorial boards of the Journal of Rheumatology, Osteoporosis International, Balliere's Best Practice in Research in Clinical Rheumatology, Arthritis Research and the Journal of Bone and Mineral Research.

We commenced a newly funded NHMRC funded project to study new therapeutic options for the treatment of osteonecrosis of the hip, a neglected but important problem for rheumatologists. This study is recruiting well with established centres headed by Rachelle Buchbinder in Melbourne and Catherine Hill in Adelaide, as well as centres in Sydney and Brisbane.

The international profile of our Institute of Bone and Joint Research is high, with Prof Lyn March working as the MSK Expert Group Leader of the WHO Global Burden of Disease Study and Prof David Hunter, an ARC Future Fellow, re-joining the department in 2010 after impressive postdoctoral research in Boston.

Philip Sambrook OAM
MBBS MD LLB FRACP

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, Scientific Advisory Committee
- Member, Finance Advisory Committee
- Previous member 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 longstanding 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
- 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, he is Executive Director of the

NSW Government Asset Management Task Force which is engaged in asset sales of Energy, Lotteries, WSN Waste Services and Pillar. Prior to this he was Vice-Chairman and Managing Director of RBC Capital Markets and CEO of TCorp, the New South Wales Government's Central Borrowing Authority for a period of ten years.

Graeme Jones – *Medical Director*

MBBS (Hons) FRACP FAFPHM MMedSc MD

- Elected as Medical Director in May 2003
- Member, Scientific Advisory Committee
- Chair, Grants Assessment Committee since May 2003

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 Chair of their Governance Subcommittee.

Wendy Favorito – *Consumer Representative*

BAppSc (Hons) GDipBus

- 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 NSW in their JIA activities, including being a member of the Working Committee for their inaugural JIA Camp.

Kristine Riethmiller

BA CMC MIMC MAICD

- Member, Executive Committee
- Previous secretary of the board from October 2009 to October 2010
- Chair, Constitution Subcommittee
- Board member since March 2008

Ms Riethmiller is a management consultant who advises government and private organisations on governance, strategy and people management. Kristine established her own company in 1998 and is based in Canberra. She is Secretary of Arthritis ACT and a director of the Canberra Business Council.

Ian Dover

BSc MEng PhD CMP FAICD

- Board member since November 2010
- Alternate Board member from 2006 to October 2010

Dr Dover began his career as an engineer in the international metals industry and rose to roles of managing director, non-executive director and business advisor up to 2008. In 2009 he launched the Simpler Business Institute to help business owners and managers improve performance by removing unnecessary complexity and simplifying their strategy and operations. Dr Dover has been a trustee of the Committee for Economic Development of Australia (CEDA) and has served on a number of state and federal industry-government bodies. He was an invited member of the Queensland University of Technology Council and has been Arthritis Queensland's President since 2009.

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.

Hilary Fowler

- Board member since November 2010

Ms Fowler is a retired high school science teacher who worked in the Northern Territory for 25 years. She has taught at Taminmin High, Darwin High, NT Open Education Centre and Casuarina Senior College.

Helen Cooley

- Board member since November 2010

Dr Cooley, a rheumatologist, is currently working in 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 osteoporosis and osteoarthritis.

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.

Noel Smith

- Board member since June 2011

Over nearly 20 years Mr Smith has volunteered extensively with Arthritis Victoria and Junior Football Victoria. His volunteer work with Arthritis Victoria has seen him in various capacities, from self-management course leader to telephone advisor. Mr Smith is a Life Member of Arthritis Victoria and chairs their Consumer Advisory Committee.

RETIRING BOARD MEMBERS

Mona Marabani

MBBS (Hons) FRACP

- Appointed Vice-President Emeritus in November 2010
- President from June 2006 to October 2010
- Member, Executive Committee
- Member, Finance Advisory Committee from June 2006 to October 2010
- Member, Scientific Advisory Committee
- A practising rheumatologist

Bruce Wallis

BComm FCA FAICD

- Treasurer from June 2006 to October 2010
- Member, Executive Committee
- Member, Finance Advisory Committee until October 2010
- Board member from July 2005 to October 2010
- Chairman of Finance and Remuneration at RBS Morgans

Beth Harvey

- Board member from July 2007 to October 2010
- President of Arthritis Northern Territory

Russell Green

CPA BHA (NSW) ASA AFCHSE

- Board member from March 2008 to May 2011
- Member, Constitution Subcommittee
- Board member, Arthritis Victoria
- Board member, Council on the Ageing (COTA) Victoria

Rhys Jones

- Board member from November 2009 to October 2010
- Currently on the Pharmacy Board of Tasmania

ALTERNATE DIRECTORS

Simon Burnet

MBBS FRACP

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

Gail Keddie

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

Keith Hill

PhD GradDipPhysio BAppSc (Physio)

Prof Keith Hill is Arthritis Victoria's Alternate Director. He is a physiotherapist and senior researcher at the Musculoskeletal Research Centre at La Trobe University, and also has positions at Northern Health and the National Ageing Research Institute.

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.

governance

Bill Wood

MEd

Mr Wood is 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 14)

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 FRCP (Edin, Glas) FAFRM FAFPHM MD Lund (Hons Causa)

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 15)

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.

Anna Dorai Raj

FRCP, FRACP GradCert in Higher Education

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

John Edmonds

MBBS MA FRACP MMedHum

Prof 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.

Graeme Jones – Medical Director

MBBS (Hons) FRACP FAFPHM MMedSc MD

(Refer to listing on page 14)

Mona Marabani – Vice-President Emeritus

MBBS (Hons) FRACP

A practising rheumatologist, Dr Mona Marabani was formally president of Arthritis Australia from 2006 to 2010. For the Australian Rheumatology Association, Dr Marabani has served 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

Philip Sambrook is 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 14)

Patrick McNeil – President

MBBS (Hons) PhD FRACP GradDipHEd

(Refer to listing on page 14)

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.

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.

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.

PATRON

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

research

Arthritis Australia National Research Program

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.

In the 2010 and 2011 calendar years Arthritis Australia contributed over \$650,000 to a range of projects that will enable better understanding of the disease, as well as more effective treatments.

2010 outcomes

Grants-in-aid

Arthritis Australia & State and Territory Affiliates Grant

(funded jointly by Arthritis Australia, Arthritis Queensland, Arthritis South Australia and Arthritis Western Australia)

Are gains in bone strength from a Year 9 in-school jumping intervention maintained through Year 12?

The aim of this project was to determine if the musculoskeletal benefits of a twice-weekly, school-based, jumping regime in healthy adolescent boys and girls were maintained three years later. The findings were that the bone, muscle and fat benefits of brief, twice-weekly repetitive jumping during adolescence were sustained three years after the intervention. Interestingly, body mass index and fat mass increased in control subjects, but remained unchanged in students who had been in the jumping intervention group. Findings suggest that adolescents will maintain osteogenic benefits from an in-school jumping intervention at least into young adulthood. Furthermore,

the exercise regime appears to provide additional benefits for body composition.

Dr Benjamin Weeks
School of Physiotherapy and Exercise Science
Griffith University

Kilimanjaro Ascent Grant

The link between bacterial infection and the development of HLA-B27-associated autoimmune disease

This study involved identifying peptides bound by HLA-B27, the human leukocyte antigen (HLA) that is strongly associated with ankylosing spondylitis (AS) and related disorders. The role of these HLA molecules is to bind peptides derived from all the proteins inside cells (including those from invading bacteria or viruses) and present them on the cell surface for recognition by T cells.

A clearer understanding of the link between HLA-B27 peptide presentation, cytokines, and disease initiation would aid in the development of more defined therapies that could target disease with fewer side effects. Thus, future studies will involve the analysis of the role of cytokines on the HLA-B27 immunopeptidome.

The ongoing work using techniques established in this study is likely to lead to a number of clinically-relevant studies. This work has established a firm base for further studies and has provided valuable preliminary data that formed the basis of an application for an NH&MRC Project Grant (2011-2013).

Dr Alexandra Corbett
Biochemistry and Molecular Biology
University of Melbourne

Project grants

Allan and Beryl Stephens Grant

The role of Bcl-2 in inflammatory arthritis

The aim of this project was to explore the role of cell survival protein Bcl-2 in the

development of monocyte/macrophages that are a major cell within the rheumatoid arthritic joint, as well as to examine the effects of different monocyte subsets to inflammatory arthritis.

It was discovered that over-expression of Bcl-2 resulted in increased expression of the inhibitory Fc gamma receptor 1b, which reduces inflammatory responses to autoantibodies that drive arthritis.

This work identifies two potential therapeutic avenues for the treatment of rheumatoid arthritis: (1) therapeutic up-regulation of Bcl-2 in monocytes to enhance inhibitory Fc gamma receptor 1b expression; and (2) inhibition of Mcl-1 in joint monocyte/macrophages.

Studies have also continued on how the Bcl-2 family of proteins regulate arthritis development. Part of this work has recently been published.

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

ARA Project Grant

Building the JIA Biobank at MCRI: opportunities for risk factor identification

Arthritis is generally thought of as an older person's disease. However, up to four in every 1000 children in Australia suffers from arthritis, a disease known as juvenile idiopathic arthritis (JIA).

An initiated research program commenced in 2008 and aimed at discovering both the genetic and environmental causes of JIA, and clarifying the ways in which these factors interact. Recruitment of at least 1000 children with JIA (cases) who visit the Royal Children's Hospital for clinical care, and 1000 healthy children (controls) for comparison is continuing. To date, approximately 370 cases and 580 controls have been recruited.

Through participation in international collaborative studies, a new gene has been identified for JIA. Evidence has been generated that low vitamin D (through low sun exposure) in early life might increase risk for developing JIA later in childhood. Additionally, it was found that a combination of certain predisposing genes, and low early-life vitamin D, appears to increase risk for developing JIA sevenfold.

This research is hoped to pave the way towards better treatments that address the root cause of the disease, rather than current treatments aimed at simply reducing pain and inflammation. The new knowledge will also provide an opportunity for prevention of JIA through avoidance of environmental triggers in those who are genetically predisposed.

Dr Justine Ellis
Environmental and Genetic Epidemiology Research
Murdoch Children's Research Institute and Paediatric Rheumatology Unit
Royal Children's Hospital

Arthritis Australia & State and Territory Affiliates Grant

(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)

Measurements of organic contents in bone allograft that are used for joint revision, irradiated at 0, 5, 10, 15, 20 and 25 kGy

Total joint replacement is the unfortunate outcome of severe osteoarthritis. The aim of this study was to determine the dose of irradiation at which sterilisation impairs the important molecules in bone that are necessary to support graft incorporation and strength.

The ability of morsellised bone chips (used to support an implant during joint replacement) to resist repeated loading was decreased as

the radiation dose increased. There was not a general decline in all bone growth factors, as some did not show a change (BMP7), but others showed a pattern of degradation with radiation dose (BMP2). The cross-linking molecules of the bone collagen matrix were not decreased. However, the major protein component of bone matrix, collagen, was significantly degraded by the process. Collagen, and one of its linking molecules (pentosidine), was significantly related to the decrease in bone strength caused by radiation sterilisation.

This study concluded that sterilisation decreases bone strength principally by degrading its matrix protein, but that bone growth factors appear less affected. Work on growth factors is continuing.

Prof Mark Forwood
School of Medicine
Griffith University

Arthritis Australia & State and Territory Affiliates Grant

(funded jointly by Arthritis Australia, Arthritis Queensland, Arthritis South Australia and Arthritis Western Australia)

Association of n-3 fatty acid levels and serum COMP levels with inflammation, symptoms and cartilage volume in knee osteoarthritis

This study was a supplementary investigation to a current two-year randomised, double-blind trial that is being conducted, 'Fish oil in knee osteoarthritis'.

The aim of this testing was to determine if different blood levels of omega-3 fatty acids relate to the amount of change people have in their knee osteoarthritis over the course of the fish oil study. In addition, the polymorphisms, or different forms of certain genes, that may affect how well fish oil works in different people will be studied.

Samples of serum omega-3 fatty acids have been analysed and have recently broken the code, so we now know which treatment group each participant was assigned to.

It will be possible to further analyse the data to determine if patients with different levels of serum omega-3 fatty acids have different levels of pain and disability reduction over the course of the study.

An abstract has been submitted to the American College of Rheumatology Scientific Meeting regarding the primary results of this fish oil RCT and it is anticipated further papers related to further laboratory testing will be published.

Dr Catherine Hill
Rheumatology Unit
The Queen Elizabeth Hospital

Barbara Cameron Memorial Grant

Oncostatin M signalling and bone remodelling in arthritis

Osteoarthritis (OA) and rheumatoid arthritis (RA) are the two most common forms of arthritic disease in Australia. In both OA and RA joint cartilage is lost and altered bone remodelling (bone resorption by osteoclasts and bone formation by osteoblasts) within arthritis-affected joints results in bone loss in RA, and bone gain in OA. Both outcomes contribute significantly to patient pain and loss of joint function.

In this study the secreted protein oncostatin M (OSM) was identified as a potential candidate for playing a role in altered bone remodelling and joint degeneration in both OA and RA. It was hypothesised that OSM, signalling via its specific receptor OSMR contributed to joint degeneration in these disorders. The biological relevance of this observation is currently being investigated.

Dr Nicole Walsh
Bone, Joint and Cancer Unit
St Vincent's Hospital Melbourne

Barbara Cameron Memorial Grant

Examination of the effectiveness of diffusion weighted magnetic resonance imaging for identifying poor prognosis in patients with rheumatoid arthritis

research

This study has just received ethics approval and results are anticipated in the next six months.

Dr Paul Bird
Rheumatology Department
Prince of Wales Hospital Sydney

Clitheroe Foundation Grant

Using genes to assess the risk of inflammatory arthritis

The goal of this study was to test the hypothesis that genetic testing of the known ankylosing spondylitis (AS) and rheumatoid arthritis (RA) associated genetic variants can predict those likely to develop these conditions. Both AS and RA run strongly in families, and genes mainly decide who is going to develop the diseases. It is widely accepted that early treatment is the best option for preventing joint damage, and has even been shown to increase the chance of disease remission in RA.

Rapid progress has been made in identifying the genes involved in both diseases. When this study initially commenced, there were nine known genetic regions that influenced risk of AS, and 13 known genetic regions that influenced the risk of RA. There are now 23 known regions that influence the risk of AS, and 32 that influence RA, and the number is rapidly increasing for both diseases.

The data obtained from this study is currently being analysed and we expect to further utilise it to test the capacity of genetic tests to predict those who will develop arthritis, we are using the data to identify new genes associated with AS and RA.

Prof Matthew Brown
Musculoskeletal Genetics Group
Diamantina Institute of Cancer,
Immunology and Metabolic Medicine

SA LSS Support Group Grant

(funded by Arthritis South Australia)

Novel auto antibodies target purinergic receptors in patients with sjogren's syndrome

The aim of this study was to test a hypothesis that there exist autoantibodies (antibodies to the self) that target P2X7 (purinergic receptors at the cell surface) to mimic the ATP signalling (the major source of energy for cellular reactions), and may therefore take part in inflammatory mechanisms of Sjogren's syndrome (SS).

Assessed by peptide binding assay, patients having primary SS or rheumatoid arthritis have increased levels of this P2X7 antibody, compared with healthy individuals or patients of systemic lupus erythematosus. In primary SS patients, this increase was shown associated with bladder symptoms and serum levels of the pro-inflammatory cytokine IL-18. The study warrants further investigations on functional effects and clinical relevance of this novel autoantibody.

Dr Hai Bac Tran
Rheumatology Department
The Queen Elizabeth Hospital

Scleroderma Australia Grant

(funded by Scleroderma Australia)

Arterial stiffness in scleroderma

Patients with certain autoimmune diseases like rheumatoid arthritis are at higher risk of developing heart disease than the general population. It is currently unknown whether this is the case in scleroderma, another autoimmune disease. Using a safe and simple test called arterial stiffness, the aims of this study were to determine whether patients with scleroderma were at greater risk of heart disease than healthy people without scleroderma, and examine whether arterial stiffness can be used to predict which patients go on to develop the heart, lung and kidney complications of scleroderma.

Recruiting patients for this study began in May 2010, and continues to increase substantially.

It is anticipated that recruitment of both scleroderma and control patients will be

complete by September 2011, after which data collected will be analysed.

Dr Gene-Siew Ngian
Department of Medicine (RMH/WH)
University of Melbourne

Scleroderma Australia Grant

(funded by Scleroderma Australia)

High resolution CT lung in scleroderma

Over 300 CTs (computed tomographic scans) of the lung have been collected for this study. The CTs will be reported by three expert collaborators using a new scoring system, and correlated with other clinical and laboratory data. Preliminary findings of this data are intended to be presented at the Systemic Sclerosis World Congress in Madrid in February 2012.

This study will significantly contribute to the understanding of scleroderma lung disease, and enable us to better treat this serious and often fatal complication.

Dr Mandana Nikpour
Rheumatology Department
St Vincent's Hospital Melbourne

Zimmer Australia Grant

(funded by Zimmer Australia)

Rates of knee arthroscopic surgery in Victoria, 2002-2009

Several international research studies have reported that arthroscopy is not an effective intervention for uncomplicated osteoarthritis of the knee. One study, comparing Canada and the United Kingdom, reported that the frequency of arthroscopy for osteoarthritis of the knee was decreasing, possibly related to this new evidence. However, we have had no similar information about frequency of knee arthroscopy in Australia.

Using routinely collected hospital data stored in the Victorian Admitted Episodes dataset (VAED), the primary aim of this study was to evaluate patterns of utilisation of knee arthroscopy procedures in the

state of Victoria, Australia over a nine-year period. A secondary aim was to investigate complications associated with arthroscopy.

The study has demonstrated that, when you take into account changes over time in the age and sex of people undergoing these procedures, as well as the overall numbers of non-emergency orthopaedic surgical procedures, that there has been no reduction in the frequency of use of arthroscopy for all knee conditions during the study period. There was a reduction in use of arthroscopy for young people (aged 20-39 years) but not for other age groups, even for those where there were only minor mechanical problems or an associated diagnosis of osteoarthritis. There was a low rate of adverse events associated with arthroscopic procedures.

Data analysis is continuing in a number of areas. Investigating differences in frequency of knee arthroscopy between different hospitals in Victoria and, investigating the complications associated with knee arthroscopy during the episode of care and those that may cause readmission to hospital within 30 days.

Assoc Prof Caroline Brand
Centre for Research Excellence
in Patient Safety
Department of Epidemiology &
Preventative Medicine
Monash University

Zimmer Australia Grant
(funded by Zimmer Australia)

GILZ function in endothelial biology

Steroids are a class of drugs used worldwide for the treatment of arthritis and other inflammatory diseases. Their use is associated with significant side effects, and understanding how they work will allow better treatments to be developed.

Glucocorticoid-induced leucine zipper (GILZ) is a recently described molecule, believed to represent one of the main ways in which steroids work. The aim of this research was

to understand how this molecule influences the function of endothelial cells, the cells lining blood vessels that are responsible for recruiting other cells to a site of inflammation.

Aspects of this work have been accepted for publication at the Annual Scientific Meeting of the American College of Rheumatology in 2011, and will be submitted for publication towards the end of 2011. This work has also formed the basis of a NHMRC Project grant application, submitted in early 2011.

Prof Eric Morand
Department of Medicine
Monash University

Fellowships

AFA-ARA Heald Fellowship
(funded by Vincent Fairfax Family Foundation)

Social determinants of joint replacement in Australia: implications of potential health inequality

Osteoarthritis (OA) is a major public health problem. While there is no cure, joint replacement is an effective procedure that can significantly improve pain and disability. Although it is well recognised that not all groups within the Australian population utilise healthcare at the same rate, no research has been undertaken to determine whether this is the case for joint replacement. This fellowship program aimed to examine the rates of joint replacements among disadvantaged groups in the Australian population.

Substantial variation were found in the rates of hip and knee replacement in Australia, with significantly lower rates in people living in the most disadvantaged and remote areas, people born outside Australia and Indigenous people. This information is important in ensuring that all groups within the Australian population have equal access to joint replacement surgery. While these findings may in part reflect patterns of disease, they may also result from differences in healthcare access, unmet

need, willingness to undergo surgery and cultural differences in beliefs about joint replacement.

Dr Donna Urquhart
Epidemiology and Preventive Medicine
Monash University

Scholarships

Eileen Urquhart Scholarship
(funded by Arthritis Victoria)

Expression and function of GILZ in models of RA

Rheumatoid arthritis (RA) is a chronic, systemic autoimmune disease that affects the synovial joints. Despite the various novel therapies to manage the disease, glucocorticoids (GC) continue to be a mainstay of RA therapy, with between 56 and 68 per cent of patients continuing to require GC therapy. The use of GC is associated with predictable, dose-dependent toxicities, including hypertension, obesity, osteoporosis and infections. The unmet need for improved RA therapy and reduced dependency on GC use is exemplified by the growing number of targeted biologic therapies introduced for its treatment.

This leads to the need for further exploration of the mechanisms of action of GC, so as to allow the development of 'steroid-sparing' therapies. GILZ is a 17kD member of the leucine zipper protein family, and published work from this project has shown that GILZ is an important endogenous inhibitor in inflammation that appears to be required for the effects of GC in vitro and in vivo (Beaulieu et al, Arthritis Rheum 2010). Recent work has led to the findings that GILZ can also act as a powerful exogenous inhibitor in inflammation. These findings provide proof of concept for the therapeutic potential of a GILZ-based therapy in arthritis.

Miss Devi Ngo
Department of Medicine
Monash University

research

2011 projects currently being undertaken

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

Dr Michael Farrell
Centre for Neuroscience
University of Melbourne

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

(funded by Arthritis Western Australia)

Inflammation in post-traumatic osteoarthritis

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 South Australia)

Vitamin D3 and inflammatory messengers in rheumatoid arthritis

Dr Mahin Moghaddami
Rheumatology Unit
Royal Adelaide Hospital

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

(funded by Arthritis Western Australia)

Leucocyte immunoglobulin-like receptors in patients with systemic lupus erythematosus

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

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

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

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

Barbara Cameron Memorial Grant – \$15,000

Therapeutic drug monitoring of leflunomide

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

ARA Project Grant – \$15,000

(funded by Australian Rheumatology Association)

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

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 inflammatory arthritis in Australia

Dr Sharon Van Doornum
Department of Medicine
University of Melbourne

Project grants

Allan & Beryl Stephens Grant – \$40,000

Mcl-1 and myeloid cells in inflammatory 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

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

Clitheroe Foundation Grant – \$40,000

Targeted immunotherapy in the SKG model of inflammatory arthritis

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

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

The arthritis genomics recruitment initiative in Australia

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

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

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

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Fellowships

.....

AFA-ARA Heald Fellowship – \$50,000

(funded by Vincent Fairfax Family Foundation)

Structural predictors of knee replacement surgery

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

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

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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

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

Dr Yuanyuan Wang
Department of Epidemiology and Preventive Medicine
Monash University

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Scholarships

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

(funded by Arthritis South Australia)

Characterisation of pathogenic inflammatory cells in autoimmune disease

Ms Kai Ko
Centre for Immunology
Burnet Institute

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

(funded by Arthritis South Australia)

Genetic and functional characterisation of ERAP1 variants associated with ankylosing spondylitis

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

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SA LSS Support Group Grant – \$25,000

(funded by Arthritis South Australia)

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

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

.....

research

Arthritis Australia/ Zimmer Orthopaedic Fellowship Program

2010–2011 recipients

Bendigo Orthopaedic Fellowship – \$25,000 (six months from August 2010)

Dr Dong Chen
DSS James Pty Ltd
Bendigo, Victoria

Lower Limb Reconstruction Fellowship – \$50,000 (one year from July 2011)

Dr Juan Ng
Holland Orthopaedic and Arthritic
Centre, Sunnybrook Health Sciences
Centre
Toronto, Canada

University of Toronto Shoulder & Sports Medicine Fellowship – \$25,000 (six months from July 2011)

Dr Tim Dwyer
Holland Orthopaedic and Arthritic
Centre, Sunnybrook Health Sciences
Centre
Toronto, Canada

Unfunded European Upper Limb Fellowship – \$25,000 (six months from May 2010)

Mr Ash Chehata
Kaplan Institute & Clinico
Humanitas
Spain

Clinical Fellowship in Hand and Upper Limb Surgery – \$50,000 (one year from July 2010)

Dr Angus Keogh
Modbury Public Hospital
North Adelaide, South Australia

Clinical Fellowship in Hand and Upper Limb Surgery – \$50,000 (one year from July 2011)

Dr Kevin Eng
Modbury Public Hospital
North Adelaide, South Australia

Monash Medical Centre Hip/Knee Fellowship – \$25,000 (six months from January 2011)

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

Clinical Fellowship in Foot and Ankle Surgery – \$25,000 (six months from January 2010)

Mr Matthew Scaddan
Nuffield Orthopaedic Centre
Oxford, United Kingdom

Adult Reconstruction & Arthroscopy Fellowship – \$25,000 (six months from January 2011)

Dr Weird Zijlstra
Peninsula Orthopaedic Research Institute
Dee Why, New South Wales

Victorian Hand Surgery Associates Hand Fellowship – \$25,000 (six months from January 2010)

Dr Angus Keogh
St Vincent's Hospital Melbourne
Fitzroy, Victoria

Clinical Fellowship in Knee Surgery – \$50,000 (one year from August 2010)

Dr Samir Oussedik
Sydney Orthopaedic Research Institute
Chatswood, New South Wales

Lower Limb Reconstruction Fellowship – \$50,000 (one year from January 2010)

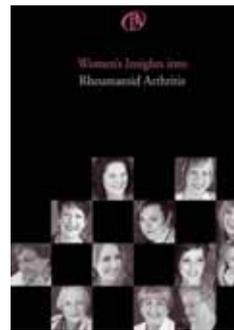
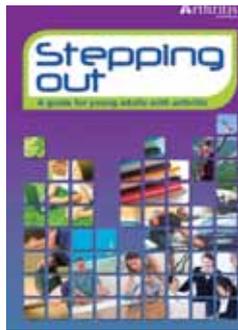
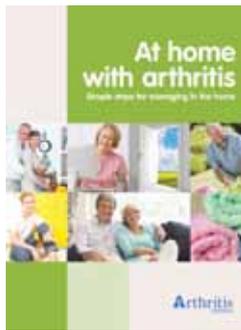
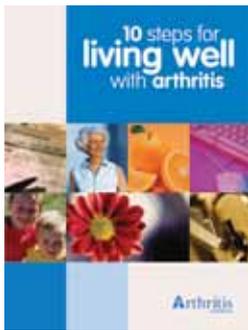
Dr Ahmed Bajhau
The University of British Columbia (UBC)
Department of Orthopaedics
Vancouver, Canada

UBC Department of Orthopaedics Division of Joint Replacement & Oncology Fellowship – \$50,000 (one year from July 2011)

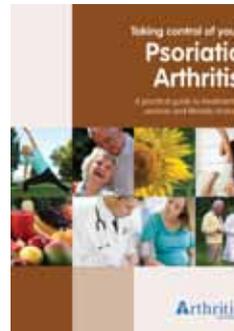
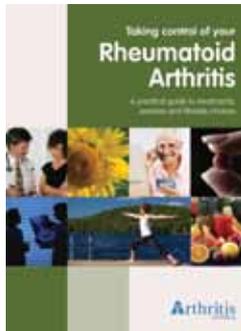
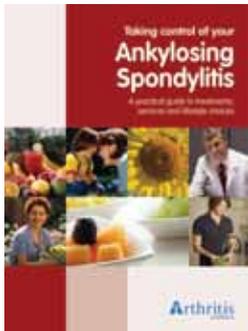
Dr Jacob Munro
The University of British Columbia (UBC)
Department of Orthopaedics
Vancouver, Canada

resources

Information booklets



Disease specific booklets



Information sheets - see full list at right



Information sheets - in Arabic, Chinese, Greek, Italian and Vietnamese



Information sheets

Areas of the body

- Back pain
- Feet and Arthritis
- Hands and Arthritis
- Neck pain
- Shoulder pain
- Tips for osteoarthritis of the hip or knee

Complementary Therapy

- Complementary therapies
- Fish oils
- Glucosamine and chondroitin
- Massage Therapy

Condition specific

- Ankylosing spondylitis
- Fibromyalgia
- Gout
- Systemic lupus erythematosus – (SLE or lupus)
- Osteoarthritis
- Polymyalgia rheumatica
- Psoriatic arthritis
- Reactive arthritis
- Rheumatoid arthritis
- Ross River virus and Barmah Forest virus
- Scleroderma
- Sjögren's syndrome
- Spondyloarthritis

General Management

- What is arthritis?
- Arthritis and emotions
- Dealing with pain
- Exercise and RA
- Exercise and fibromyalgia
- Gout and diet
- Healthy eating and arthritis
- Physical activity
- Saving energy
- Tai chi
- Water exercise
- Sex and arthritis

Medicine Management

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

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

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UCB Pharma Pty Ltd

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Australian Institute of Packaging
Australian Packaging Covenant
Australian Physiotherapy Association
Australian Practice Nurses Association
Australian Rheumatology Association
beyondblue
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Royal College of Pathologists of Australasia
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UCB Pharma Pty Limited

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Allan Scroope (Allan Scroope & Associates)
Medicines Australia Community Chest supporters

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Estate JS Spalding
Sydney Women's International Club Inc
Brian Waddington
Mr & Mrs B Wallis
Mark Ward
Christine Woodruff

Research Grant Funding

Arthritis Queensland - Enid and Leonard Shepherd Trust
Arthritis South Australia - SA LSS Support Group & JIA Grant
Arthritis Victoria - Eileen Urquhart Scholarship
Arthritis Western Australia - general grant funding
Australian Rheumatology Association - Clitheroe Foundation
Estate of Beryl Stephens - Allan and Beryl Stephens Grant
James Kirby Foundation
Jean Hale - Barbara Cameron Memorial Grant

Kilimanjaro Ascent Team
Pam Robinson -
Ray and Pam Robinson Award
Scleroderma Australia
Vincent Fairfax Family Foundation -
AFA - ARA Healed Fellowship
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finance

Statement of Financial Position

	10/11	09/10
	\$	\$
Current Assets		
Cash and cash equivalents	1,761,760	1,414,269
Receivables	752,320	387,313
Total Current Assets	2,514,080	1,801,582
Non-Current Assets		
Receivables	6,300	17,900
Financial assets	3,982,052	3,823,384
Property, Plant & Equipment	34,293	9,561
Total Non-Current Assets	4,022,645	3,850,845
Total Assets	6,536,725	5,652,427
Current Liabilities		
Payables	1,186,307	827,058
Short term provisions	447,330	315,737
Total Current Liabilities	1,633,637	1,142,795
Non Current Liabilities		
Long term provisions	10,535	5,610
Total Non Current Liabilities	10,535	5,610
Total Liabilities	1,644,172	1,148,405
Net Assets	4,892,553	4,504,022
Accumulated Funds		
Contractually restricted funds	3,903,392	3,731,840
General funds	989,161	772,182
	4,892,553	4,504,022

Statement of Comprehensive Income

	10/11	09/10
	\$	\$
Income		
Donations/fundraising		
General	1,509,480	2,339,127
Affiliates	278,250	258,250
Total	1,787,730	2,597,377
Membership Fees	2,116	1,680
Investments		
Interest	65,109	27,543
Profit on Sale	26,166	(8,595)
Dividends	332,743	225,268
Total	424,018	244,216
Other	63,250	38,036
Total Income	2,277,114	2,881,309
Expenses		
Research	815,705	621,089
Patient & Community Services	-	51,734
Education & Awareness	782,887	1,662,334
Administration	365,444	295,179
Fundraising	289,734	154,201
Depreciation	5,771	3,771
Total Expenses	2,259,541	2,788,308
Net Surplus/(Deficit)	17,573	93,001
Other Comprehensive income		
Net Gain (Loss) on revaluation of Financial Assets	210,958	211,907
Bequest	160,000	500,000
Other Comprehensive Income for the Year	370,958	711,907
Total Comprehensive Income for the Year	388,531	804,908
Surplus/(Deficit) attributable to members of the entity	17,573	93,001
Total Comprehensive Income attributable to members of the entity	388,531	804,908

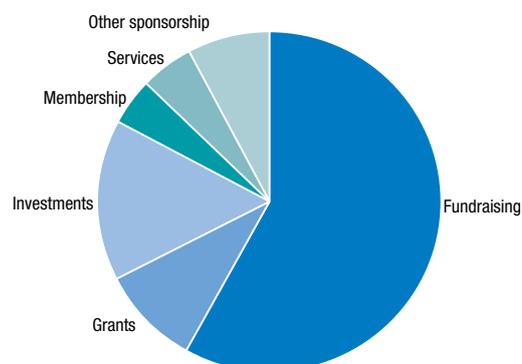
Total Foundation Funds at 30 June 2011 include \$ 3,903,392 (2010 \$ 3,731,840) of contractually restricted research funds administered by the Foundation. The above tables showing the Statement of Financial Position and Statement of Comprehensive Income for the year ended 30 June 2011 have been prepared 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 audited report by William Buck is available from Arthritis Australia P O Box 550 Broadway NSW 2007

National Summary

Following is the summary of revenue and expenditure of the nine Australian Arthritis Foundations; one in each state and territory plus the national office. These are separate and independent organisations and collectively hold assets of \$39,482,331 million and liabilities of \$3,719,002 million.

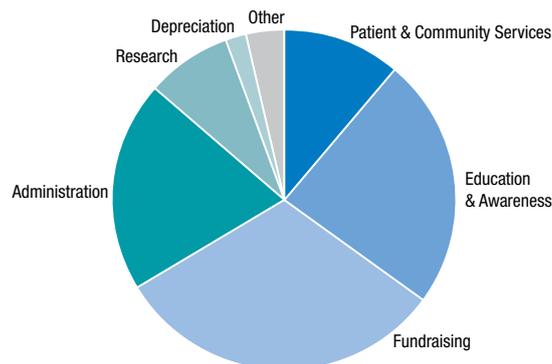
Revenue

Fundraising	\$9,507,864	58%
Grants	\$1,537,226	10%
Investments	\$2,511,743	15%
Membership	\$721,346	4%
Services	\$834,383	5%
Other sponsorship	\$1,245,500	8%
TOTAL	\$16,358,062	100%



Expenditure

Patient & Community Services	\$1,818,689	11%
Education & Awareness	\$3,823,581	24%
Fundraising	\$5,009,835	31%
Administration	\$3,233,273	20%
Research	\$1,262,787	8%
Depreciation	\$332,180	2%
Other	\$553,560	4%
TOTAL	\$16,033,907	100%



*Note: some of the financial details submitted by the Affiliates in this summary may not have been audited at the time of publication.

contacts

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Marketing & Administration Coordinator

Mischa Warren

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f: 08 8379 5707

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Ric Forlano - Executive Director

