

ANNUAL REPORT

2008 | 2009





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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highlights

Arthritis: Pick up the phone and take the first step to managing your arthritis

A three month national awareness and education campaign was launched during Arthritis Awareness Week 2009. The underlying theme was that 'something can be done'. Consumers were encouraged to talk to their GP and call Arthritis Australia for their free arthritis info pack. This year's campaign saw a significant increase in consumer calls to the Arthritis Infoline and visits to the Arthritis Australia website (www.arthritisaustralia.com.au) In addition, two specific campaigns for multicultural communities and pharmacists were successfully undertaken.

Arthritis Australia website

The Arthritis Australia website underwent a redesign and rebuild in April just in time for Arthritis Awareness Week. This has resulted in a more user-friendly website with increased capacity. The design and content adheres to HealthInsite and International Disability standards. New features for the visitor include a clear-to-follow home page, a search engine with advanced option, and a font enlargement option for those who are vision-impaired. Multicultural resources with in-language headings are featured on the home page to ensure better consumer access.

Ethical Nutrients licensing agreement

A licensing agreement between Health World (manufacturers of Ethical Nutrients high strength liquid fish oil) and Arthritis Australia is supporting a national consumer and health professional campaign to ensure awareness and understanding of the most appropriate omega-3 products for managing joint inflammation. Current research suggests that a daily dose of 2.7 grams of omega-3 (EPA/DHA) is effective in managing arthritis. While a person might ordinarily take one or two fish oil capsules per day for general health and well-being, an effective dosage for managing arthritis is nine standard fish oil capsules, which many people may find impractical.

Ease of Use and Arthritis New Zealand

Arthritis Australia and Arthritis New Zealand are establishing the Ease of Use accreditation program to recognise Trans-Tasman companies that design user-friendly products and packaging. The program was originally created by the Arthritis Foundation in the United States and, later, adopted in Canada. The Australian, New Zealand, US and Canadian Ease of Use programs all share the same world class independent testing facility of Georgia Tech Research Institute. The Ease of Use accreditation enables consumers to readily identify user-friendly products and packaging.

Accessibility awareness and industry

Arthritis Australia has been working with the Australian Institute of Packaging (AIP), the Packaging Council of Australia (PCA), media and industry leaders to ensure the needs of people living with arthritis and a disability are considered as part of the packaging design process. For products and packaging to be universally accessible, they should be easy to open, have legible labelling and not compromise safety or quality.

Better arthritis care

The Australian Government's Better Arthritis and Osteoporosis Care initiative supported a range of Awareness & Education projects that enabled Arthritis Australia and its State/Territory Affiliates to build capacity. Programs and resources were targeted to consumers and health professionals in under-developed areas such as multicultural communities and rural/remote Australia and improvements were made to national consistency and evaluation.

Parliamentary Friends of Arthritis

In October 2008 Arthritis Australia hosted an end-year reception for Parliamentary Friends of Arthritis and, in March 2009, a juvenile idiopathic arthritis (JIA) information session. Personal insights were shared by 15 year old Annie Grindrod, who was diagnosed with JIA seven years ago, and her mother, Robin.

Research

In the 2008 calendar year Arthritis Australia allocated more than \$800,000 to musculoskeletal research, including support for the Florance and Cope Chair of Rheumatology at the University of Sydney, the Rosalind Griggs Grant for Osteoarthritis, the Bruce Miller Award for Rheumatoid Arthritis, the Ray and Pam Robinson Award for Rheumatology Research, and, with a donation from ARA, a Practitioner Fellowship, Project Grant and Paediatric Grant.

Kirribilli House fundraiser

On 3 April 2009, Arthritis Australia had the unique opportunity of holding a fundraising event at the Prime Minister's Sydney residence, Kirribilli House. Senator The Hon Ursula Stephens, Parliamentary Secretary for Social Inclusion and the Volunteer Sector, represented the Prime Minister and funds raised boosted the Florance and Cope Chair of Rheumatology, Sydney University corpus.



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1 Parliamentary Friends of Arthritis March 2009 – JIA consumer Annie Grindrod. 2 Ease of Use – Arthritis Australia and Arthritis New Zealand. 3 Ease of Use Certification logo. 4 Kirribilli House fundraiser April 2009. 5 Parliamentary Friends of Arthritis October 2008 – Comedian Jackie Loeb. 6 Parliamentary Friends of Arthritis October 2008 – Arthritis Australia Consumer Representative Judith Nguyen. 7 2009 Arthritis Awareness poster. 8 Ethical Nutrients TV commercial. 9 Kirribilli House fundraiser April 2009 - Arthritis Australia President Dr Mona Marabani with Florance and Cope Chair of Rheumatology Philip Sambrook and Kirribilli staff. 10 Grants Assessment Committee members October 2008

working together

Joint Action

The national and state offices continue to work together in implementing the Arthritis Australia Joint Action Plan. In April, CEOs, senior health educators and communications staff from all State/Territory Affiliates met to review national activities and plan for 2009-10.

Better arthritis care

Funding from the Australian Government has supported a number of projects and encouraged Arthritis Australia and its State/Territory Affiliates to use their collective expertise in delivering quality resources and services for consumers. The establishment of national working groups and guidelines ensures effective collaboration and outcomes.

Arthritis Awareness, Mainstream

An integrated PR, advertising, radio and television community service announcement campaign was carried out in 2008-09. The TV and radio community service announcements were recorded by Ita Buttrose and a new media partnership established with the Reader's Digest Publishing Group – incorporating Reader's Digest, HealthSmart Magazine and Handyman Magazine. The campaign generated widespread interest from consumers and health professionals and response figures, compared to previous years, were the most successful to date.

Arthritis Awareness, Pharmacies

This osteoarthritis awareness and education program was developed in conjunction with the Pharmaceutical Society of Australia and Australian Rheumatology Association (ARA). It included separate, customised resources for pharmacists and pharmacy assistants.

Arthritis Awareness, Multicultural

Building on the success of the inaugural Multicultural Awareness Campaign in 2008, this year's focus was on consumers and bilingual health professionals within the Arabic, Chinese, Greek, Italian and Vietnamese communities. Providing in-language information on the website homepage made access to the translated resources more accessible. Additional translated resources will be developed in 2009-10 to meet demand.

Bone and Joint Minimum Data Set

Planning and development of a web-based nationally consistent data source continues and it is expected to be up and running by December 2009.

National Arthritis Multicultural Initiative

Using the National Guidelines for Working with Multicultural Communities (developed in 2007-08), awareness and education programs were conducted in Sydney (Chinese community) and Adelaide (Greek community). In NSW, the program resulted in high attendance at an information seminar and the establishment of two Chinese-speaking branches and a Tai Chi for Arthritis group. The SA pilot attracted strong community and health professional interest. The seminar was well-attended and bilingual volunteers have been trained to deliver the Arthritis community speaker program in the future.

Osteoarthritis of the Knee and Rheumatoid Factor Programs

The goal of having these evidence-based programs available for consumers beyond Western Australia - where the program was developed - is being gradually achieved by the delivery of train-the-trainer sessions for multi-disciplinary health professionals from various states/territories and organisations. Expansion of the train-the-trainer sessions is ongoing.

Resource development

The information sheets continue to be a valuable resource for consumers as well as health professionals and we are seeing an increasing demand for them. An annual review/update of the sheets, 10 steps booklet, disease-specific booklets (osteoarthritis, rheumatoid arthritis, ankylosing spondylitis and psoriatic arthritis) and multicultural information sheets was carried out and work begun on the development of a new publication for young adults, which will be available from November 2009.

Rural/Remote Awareness

This year's outreach program was strengthened by the recruitment of Prof Graeme Jones (Director of Rheumatology at Royal Hobart Hospital) to visit outlying regions with the Arthritis Northern Territory health educator. Consumers and health professionals received valuable and up-to-date information about diagnosis and management with particular interest in osteoarthritis, rheumatoid arthritis and osteoporosis.

Australian Rheumatology Association (ARA) partnership

Arthritis Australia and Australian Rheumatology Association (ARA) continued to work together in a variety of ways. ARA members contributed to the annual review/update of consumer resources; Arthritis Australia's Scientific Advisory Committee, Grants Assessment Review Committee, Arthritis and Self-Management Project Advisory Committee and Juvenile Arthritis Project Advisory Group; and development of the Pharmacies Awareness & Education Program. Arthritis Australia's president and CEO, as well as a number of Affiliate health educators, attended the ARA conference in Wellington, New Zealand.

Medicines Australia Community Chest

Unrestricted grants from the Medicines Australia Community Chest enabled the review, update and re-print of the *10 steps for living well with arthritis* booklet and part-funded the website upgrade and March 2009 Parliamentary Friends of Arthritis event. Some Community Chest members also provided additional sponsorship. Roche Products supported health educator professional development and additional State/Territory staff to attend the Arthritis Australia/Affiliates Planning Day. Unrestricted grants from Abbott Australasia and Pfizer Australia supported the publication of booklets about ankylosing spondylitis, osteoarthritis, psoriatic arthritis and rheumatoid arthritis. Wyeth Australia funded Early Arthritis Seminars for consumers.



1 2009 Arthritis Awareness Multicultural – Chinatown.com banner. 2 Arthritis TV commercial. 3 Australian Rheumatology Association (ARA) conference – 2009 Wellington New Zealand 4 2009 Arthritis Awareness Multicultural posters in Arabic, Greek Vietnamese and Italian. 5 2009 Arthritis Awareness Mainstream – Various magazines adverts including Reader's Digest, HealthSmart and Handyman



reports

president's report

The year just past has seen a vast increase in our activity and achievements. Arthritis Australia (AAust) has continued to be a strong advocate for people living with arthritis and continues in its efforts to bring the issues to government and the public. We have sought to identify some of the challenges faced by consumers, and partner with organisations that can help to find solutions; we have continued with our commitment to making available quality educational materials; we have striven to make the voice of arthritis heard in the mainstream media; we have continued to provide financial support for research into the rheumatic diseases in the hope of a future in which these diseases can be cured, and we have engaged with government and parliamentarians to help them understand the impact that arthritis has on people.

The Department of Health and Ageing has provided funding for projects in the last financial year. Many of these projects are run by the State/Territory Affiliates. At the national office, we have continued to co-ordinate the production of high quality information sheets. These are also overseen by the Australian Rheumatology Association (ARA). Information is available on numerous types of arthritis and the medications used to treat them. They are available on both the AAust and ARA websites. We are also committed to the translation of key information sheets into community languages to serve our multicultural population.

The Parliamentary Friends of Arthritis group continues to generate interest and support from all sides of politics. This group was formed in March 2008, with the intention of providing a forum which educates and informs politicians about the issues around arthritis. One in three federal MPs is a member. Our March 2009 meeting focussed on juvenile arthritis and all present were inspired by the story of Annie Grindrod's battle with this disease. We were delighted to welcome the Minister for Ageing, Justine Elliot; the Opposition spokesman for Health, Peter Dutton and Dr Brendan Nelson, among others, to this presentation.

Our strategic partnerships manager, Fergal Barry, and our consumer representative board member, Judith Nguyen have been highly successful in engaging with the packaging industry and food manufacturers to make them aware of the problems modern packaging

raises for many people, especially those living with arthritis. We are now providing them with practical assistance in remediating these problems.

Our relationship with the Australian Rheumatology Association strengthens year by year. We have worked together on educational materials, accessibility to rheumatology services across Australia, and in seeking reversal of the budget decision to remove joint injections from the Medicare Benefits Schedule.

We continue to grow our contacts with other relevant craft groups including the Australian Orthopaedic Association, the Australian General Practice Network, the Pharmaceutical Society of Australia, and the Pharmacy Guild. In this way, we build opportunities to educate all members of the health care team in the better management of arthritis.

Arthritis Australia also has a very strong relationship with the Consumers Health Forum, with our CEO, Ainslie Cahill a member of the governing committee.

Arthritis Awareness Week is our flagship activity. Our media campaign, partly financed by the Commonwealth Government, had the theme "Pick up the phone.....", encouraging people to contact us for information, guidance and support. We were very fortunate to have the media campaign fronted by our Vice President Emeritus and media icon Ita Buttrose.

The global financial crisis has certainly had a negative effect on our investment income, but new opportunities and income streams are expected to ameliorate these problems over the next few months.

Arthritis Australia continues to fund high quality research into rheumatic diseases. This year we have allocated approximately \$800K to centres around Australia. The Florance and Cope chair of Rheumatology is supported by Arthritis Australia, and other chairs around the country are fully or partially funded by our State/Territory Affiliates. For this investment in our future, we must thank our many benefactors and the State/Territory Affiliates.

My thanks to outgoing Vice President and board member Andrew Walker. I am indebted to him for his wise counsel, tireless work for the foundation and his good humoured approach. He will be sorely missed. Also to the other members of the board for their hard work and support, in particular Bruce Wallis for his expert advice on financial matters. Thanks too to the team at Arthritis Australia - Ainslie Cahill for her commitment and relentless pursuit of excellence, Fergal Barry for bringing strategic partnerships and ideas to fruition, Ron Richardson for keeping the books in order and Dora Stavrakis for presenting a professional face for our organisation.

Mona Marabani
MBBS (Hons) FRACP



Medical Director

Internationally in 2008 there continued to be exciting advances in arthritis research, particularly in relation to the treatment of rheumatoid arthritis, psoriatic arthritis and ankylosing spondylitis. As a result, the quality of life for arthritis sufferers has improved markedly in recent years. The pace of development is still increasing with many new treatment options being currently evaluated. Some areas such as SLE, osteoarthritis and fibromyalgia have struggled in comparison.

Nationally, the formation of two new committees by the National Health and Medical Research Council specifically for arthritis and musculoskeletal conditions has increased the funding for arthritis in

Australia. There is also a national data monitoring centre for arthritis based at the Australian Institute for Health and Welfare which will give much needed information on trends in arthritis and whether national

programs are succeeding. This recently showed that hip fracture rates are decreasing in Australia and that this started in 1998 most likely reflecting improvements in therapy and public health strategies.

The Grants Assessment Committee met in October to determine recipients of Arthritis Australia's 2009 funding round. Recommendations such as giving preference to new researchers and offering a smaller

number of larger project grants to more established investigators were implemented. More bequests and donations including from the Australian Rheumatology Association allowed us to expand the Arthritis Australia Grants program in 2008 which funded a large and diverse range of projects including grants to new investigators and a number of larger grants. Special thanks to Patrick McNeil, Kathy Briffa, Michelle Leech, Maureen Rischmueller, Rachelle Buchbinder, Matthew Brown, Catherine Hill and Ranjeny Thomas for their voluntary assistance. In the current global climate, much effort will need to go into sustaining this high level of funding so that quality of life continues to improve for sufferers of arthritis.

Graeme Jones

MBBS (Hons) FRACP MMedSc MD FAFPHM

Consumer Representative

A significant issue for people with arthritis and musculoskeletal conditions is the daily challenge of hard-to-open packaging, particularly food and beverage packaging, and this has been my main focus as Consumer Representative in 2009.

People with arthritis (as well as those who are ageing) often have reduced upper body mobility, diminished finger strength and dexterity, restricted reach and restricted eyesight, and these functional limitations reduce their ability to open packaging. In engaging with the Australian packaging industry - with designers, marketers, technologists and manufacturers - the aim of Arthritis Australia has been to raise awareness of these physical barriers to opening packaging and the kinds of packaging that provoke frustration and anger and oblige consumers to use 'risky' implements to break in to cartons, sealed packets, bottles and jars. We have also promoted the message that it is best to incorporate 'useability' and consumer testing at the design stage.

Arthritis organisations around the world are playing their part in encouraging manufacturers and brand owners to re-think the way their products are packaged. In America, consumer frustration and demand led the Arthritis Foundation of USA to create a cause-related marketing program to encourage manufacturers to design user-friendly products and packaging.

Arthritis Australia has followed suit with its Ease of Use Program in conjunction with Arthritis New Zealand. Launched at the Australian Institute of Packaging (AIP) National Technical Forum in Sydney on 17 June 2009, the Ease of Use Program gives recognition to manufacturers in the form of an EOU trademark that gives consumers the ability to make product choices quickly and easily. Once earned, the trademark assures customers that manufacturers are putting their needs first. Arthritis Australia believes that manufacturers who earn the trademark will gain a powerful business tool that will differentiate their products from the competition - and make life easier for people with arthritis.

The Strategic Partnerships Manager for Arthritis Australia, Fergal Barry, has been driving this work, and I have been pleased to contribute by providing a consumer perspective.

Judith Nguyen

BA DipTchg MPRIA





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.

The bulk of our work has been devoted to reviewing the information sheets and booklets that have been updated or developed for consumers. Arthritis Australia is increasing its number of resources and they are being highly sought from not only consumers but by health professionals, too.

Expert comments have been provided on the scientific merits of products as well as specific claims from manufacturers regarding products and complementary therapies.

Encouragement of research into rheumatic diseases remains a priority and Arthritis Australia continues to support important research in the area of arthritis. Particularly pleasing is the continuing support of younger researchers in the field.

Associate Professor Peter Youssef
MBBS PhD FRACP

Florance and Cope Chair of Rheumatology

It has been another productive year for the Florance and Cope Chair and as Director of the Institute of Bone and Joint Research at the University of Sydney. One of the highlights has been the 2008 opening of the new Kolling Research Building at Royal North Shore Hospital where the Sutton Arthritis Laboratory and the Raymond Purves Bone and Joint Laboratory are now located. This state of the art building will facilitate best quality research and collaborations between Rheumatology and Orthopaedics. Our Northern Sydney Twin Study, the latter established in 1996 and which has recruited over 1000 twin pairs, was funded by the NHMRC with a grant \$419,000 over 3 years commencing in 2008. Our FREEDOM clinical trial, supported by a NHMRC grant of \$820,000, aimed at preventing falls and fractures in the elderly, has reached completion will be presented at the American Society for Bone and Mineral Research in September 2009 in Denver.

At the end of 2009, I will complete my two years as President of the Australia and New Zealand Bone and Mineral Society and remain on the Board of Osteoporosis Australia. I chaired one of the NHMRC Musculoskeletal Grant Review Panels in 2009 and served as a Director of the International Bone and Mineral Society.

I continue to be a member of the Editorial Boards of the Journal of Rheumatology, Osteoporosis International, Clinical Rheumatology, Arthritis Research, Balliere's Best Practice & Research in Clinical Rheumatology and the Journal of Bone and Mineral Research.

A personal and professional highlight was the award of an Order of Australia Medal in the Queen's Birthday Honour's list of 2008 for services to Rheumatology and Osteoporosis.

Philip Sambrook
OAM MBBS MD LLB FRACP





governance

governance

Board of Directors

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

THE BOARD

Mona Marabani

MBBS (Hons) FRACP – President

A practising rheumatologist, Dr Marabani was appointed President in June 2006. She was formerly Acting President (from February 2006) and Vice-President (from June 2003). She is also a member of the Arthritis Australia Executive, Finance Advisory and Scientific Advisory Committees, and has served the Australian Rheumatology Association as a councillor, the NSW branch as Honorary Secretary, and the NSW Advanced Trainee Selection Committee as Chair. Dr Marabani maintains an active interest in health education.

Andrew Walker – Vice-President

Mr Walker was appointed to the Board in November 2004 and became Vice-President in August 2006. He serves on Arthritis Australia's Executive Committee and has been President of Arthritis Tasmania since 2005. A legal practitioner in Hobart, he was admitted to the Supreme Court of Tasmania in 1991. Mr Walker is the managing partner of Dobson Mitchell & Allport and specialises in corporations law, banking and securities, insolvency, planning and environment law and local government litigation.

Bruce Wallis BComm FCA FAICD – Treasurer

Mr Wallis became a Director of Arthritis Australia in July 2005 and was appointed Treasurer in June 2006. He serves on the Executive and Finance Advisory Committees and is also Vice-President of Arthritis Queensland, having been their President and Treasurer for several years and a Director since 1999. Mr Wallis is a chartered accountant who has worked in audit with Price Waterhouse for 13 years; managed Cooper Grace & Ward, a Brisbane legal practice, for two years; and been the Operations Director for

ABN AMRO Morgans for 22 years, where he is now Chairman of Finance and Remuneration.

Graeme Jones MBBS (Hons)

FRACP FAFPHM

MMedSc MD – Medical Director

Prof Jones was appointed Medical Director of Arthritis Australia in May 2003 and chairs the Grants Assessment Committee. He is Director of Rheumatology at Royal Hobart Hospital, and Head of the Musculoskeletal Unit at the Menzies Research Institute, University of Tasmania.

Sharon Freund BSc LLM – Secretary

Ms Freund, a magistrate of the Local Court of NSW and secretary of the Magistrates Association of NSW, was appointed Secretary and a Director of Arthritis Australia in November 2003.

Judith Nguyen BA DipTchg

– Consumer Representative

Mrs Nguyen, a Director of Arthritis Australia since May 2003, is also the Board's elected Consumer Representative. She has served as President of Arthritis Tasmania and is actively involved in consumer advocacy. A corporate communication specialist, Mrs Nguyen headed a secondary school English department, was a councillor of the Tasmanian Council of the Australian Marketing Institute, was corporate communications manager for two organisations in Tasmania, and then Director Communications Policy at the Tasmanian Department of Premier and Cabinet. Since her retirement in 2005 Mrs Nguyen has served on a number of arthritis-related steering committees and advisory groups.

Russell Green BHA (NSW)

ASA AFCHSE

Mr Green was appointed to the Board in March 2008. He has had a long-term career in senior positions in public hospital administration in Victoria, local government community services and business unit administrations, and a number of years in the aged care industry. Mr. Green also serves on the Board of Council on the Ageing (COTA) Victoria. He is currently the Treasurer of the Board of Arthritis Victoria.

Beth Harvey

Mrs Harvey, a Director of Arthritis Australia since June 2007, is also President of Arthritis NT. A retired registered nurse, she has a special interest in health and education and works voluntarily for a range of community groups.

Wayne Jarman Grad Dip Fin

AMP (Harvard) FAICD

Mr Jarman was appointed to the Board in 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 Governments Central Borrowing Authority for a period of nine years.

David Motteram

Mr Motteram is a retired business manager and current President of Arthritis SA. He was appointed a Director of Arthritis Australia in December 2002 and currently serves on the Executive and Finance Advisory Committees.

Barry Nunn AO RFD ED (RL)

(resigned as at June 2009)

Major General Nunn was appointed to the Board in April 2006. He serves on the Finance Advisory Committee and is also on the Board of Arthritis WA. After working for the Shell Group of Companies for 36 years, he began a private management consultancy in 1991. He served with the Defence Reserves for 41 years, retiring in 1994 with the rank of Major General. He was appointed an Officer of the Order of Australia (Military Division) in 1989 and was awarded a Centenary Medal in 2003.

Kristine Riethmiller BA CMC

MIMC MAICD

Ms Riethmiller was appointed to the Board in March 2008 and is a practising management consultant who has spent the past 10 years advising government and private organisations on governance, strategy and people management. She is Secretary of Arthritis ACT and a Director of the Canberra Business Council.

governance

ALTERNATE DIRECTORS

Kathryn Barnsley BA Grad Dip (Soc Sci) (until 23/2/09)
Mrs Barnsley is Arthritis Tasmania's Alternate Director. She is a PhD student at the Menzies Research Institute, University of Tasmania, a tobacco control consultant, and Consumer Representative for the Board of Arthritis Tasmania.

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.

Paul Crapper (until 23/2/09)
Mr Crapper is Arthritis Victoria's Alternate Director. He is CFO and Director of the Building commission and Plumbing Industry Commission. He is also CFO of the Green Building Council of Australia and Board member of Scope Business Enterprises.

Ian Dover BSc MEng PhD
CMP FAICD
Dr Dover is Arthritis Queensland's Alternate Director. He has a background in business turnarounds, is the Founding Director of the Simpler Business Institute and currently the President of Arthritis Queensland.

Keith Hill PhD Grad Dip Physio BAppSc(Physio)
Professor 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.

Bill Wood M Ed
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.

EXECUTIVE

Ainslie Cahill
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 a member of the Consumer Health Forum's Governing Committee.

SCIENTIFIC ADVISORY COMMITTEE

This committee provides the Arthritis Australia Board with medical expertise.

Peter Youssef MBBS (Hons)
FRACP PhD – Chair
Assoc Prof Youssef is a staff specialist in rheumatology at the Royal Prince Alfred Hospital in Sydney. He is the Co-Chair of the Australian Rheumatology Association Scientific Programs Committee and rheumatology sub-editor of the IMJ. 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 MD FRACP FRCP (Edin) FAFRM FAFPHM MD Lund (Hons Causa)
Prof Brooks is Executive Dean of the Faculty of Health Sciences at the University of Queensland and Interim Director, Australian health workforce Institute – 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.

Simon Burnet MBBS FRACP
(Refer listing on this page)

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 Grad Cert 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 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 Medical Research Foundation and a past President of the Australian Rheumatology Association.

Graeme Jones MBBS (Hons)
FRACP FAFPHM MMedSc MD – Medical Director
(Refer listing on page 11)

John Hart MBBS FRACS FAOrthA FASMF FACSP
Assoc Prof Hart is an orthopaedic surgeon based in Melbourne. He was Head of the Orthopaedic Unit at the Alfred Hospital from 1980 until 2003 and is a clinical associate professor in the Department of Surgery at Monash University.

Mona Marabani MBBS (Hons) FRACP
(Refer listing on page 11)



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 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 MBBS (Hons) FRACP
FAFPHM MMedSc MD – Medical Director
(Refer listing on page 11.)

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.

Catherine Hill MBBS MD MSc FRACP
(Grants committee 07-08)

Dr Hill is a staff specialist in the Department of Rheumatology at the Queen Elizabeth Hospital, and a Senior Lecturer at the University of Adelaide. She is also a Core Member of the Australian Drug Evaluation Committee (ADEC) of the Therapeutic Goods Association.

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.

Patrick McNeil MBBS (Hons) PhD
FRACP GradDipHEd

Prof McNeil holds the University of New South Wales' Chair of Rheumatology at Liverpool Hospital.

Matthew Brown MBBS FRACP MD
(Grants committee 07-08)

Prof Matt Brown is an NHMRC Principal Research Fellow based at Diamantina Institute, Princess Alexandra Hospital, University of Queensland, where he directs the Musculoskeletal Genetics Group. He is also a practicing rheumatologist, specializing in seronegative arthropathies.

Ranjeny Thomas MBBS FRACP MD
(Grants committee 07-08)

Prof Thomas is the Arthritis Queensland chair of Rheumatology at University of Queensland, Princess Alexandra Hospital, Brisbane, and Deputy Director (Research) at the University of Queensland Diamantina Institute. She is a consultant rheumatologist at Princess Alexandra Hospital.

Maureen Rischmueller MBBS FRACP

Dr Rischmueller is Director of Rheumatology at the Queen Elizabeth Hospital, and a senior lecturer at the University of Adelaide.

PATRON (until Oct 08)

His Excellency Major-General Michael Jeffery AC CVO MC, Governor-General of the Commonwealth of Australia.

PATRON (from 10/11/08)

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

Vice-President Emeritus, Sir John Fuller
(dec'd 16 April 09)

Vice-President Emeritus, Ita Butrose, AO
OBE from 16 June 09

research

Arthritis Australia National Research Grants are offered annually 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 2008 and 2009 calendar years Arthritis Australia contributed approx \$800,000 to a range of projects that will enable better understanding of the disease as well as more effective treatments.

2008 outcomes

Grants-In-Aid

Victorian Ladies' Bowls Association Grant

(funded by Arthritis Victoria)

Quantitative sensory testing in patients with neck and upper limb pain

Project completion date postponed until 2010.

Ms Brigitte Tampin

School of Physiotherapy

Curtin University of Technology WA

NSW Branches Award

(funded by Arthritis New South Wales)

Targeting inactive p38 kinase as novel strategy to treat rheumatoid arthritis

The aim of this research was to develop treatments for rheumatoid arthritis via reducing the inflammation in the affected joints. Research has shown that turning off of a certain protein (called p38 kinase) results in reduction of the painful inflammatory nature of rheumatoid arthritis. A unique biomedical assay (called p38 binding assay) was developed which is currently one of the few laboratories worldwide having access to this assay. With this assay, a novel drug discovery platform has been established which is a guide for ongoing research to identify and develop new and more specific, thus more effective drugs against rheumatoid arthritis.

Dr Lenka Munoz

Department of Pharmaceutical Chemistry

Faculty of Pharmacy, University of Sydney

Project Grants

Arthritis Australia and State and Territory Affiliates Grants

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

Genetics of rheumatoid arthritis

About two-thirds of the risk of developing rheumatoid arthritis (RA) is determined by the genetic makeup of an individual. The genes involved in the disease in different populations overlap, but there are significant differences between populations. This is quite helpful for genetics, as the differences help us to determine the key components of genes that are involved in the disease, and also by studying more populations, more genes can be identified. This study analysed a new cohort which was collected, that now includes over 1500 Han Chinese RA cases and more than 2000 controls. Known genes involved in RA in white Europeans were studied which demonstrated that some of these are also major players in the disease in Han Chinese, but not all. Interestingly, some genes that are involved in RA in Koreans and Japanese were also not important in our population. Strong association was identified with one particular gene, TNFRSF14, in Chinese, which suggests that this gene is more important in this population than in white Europeans, where it plays a relatively minor role. This dataset is not yet complete, but has given the study the foundation data to justify a comprehensive genome-wide association study being performed. The second phase will start later this year, and given the findings, is likely to be very informative as to the genes involved, and hence the causes of, RA worldwide.

Professor Matthew Brown
Musculoskeletal Genetics Group
Diamantina Institute of Cancer Immunology and Metabolic Medicine
University of Queensland

Jack Bloomfield Grant

An in-vitro model of meniscal degeneration initiated by inflammatory cytokines

As a result of this study, a laboratory culture system has been established which allows researchers to determine the biological activity of cell populations from specific regions of the meniscus (a cushion like structure in the knee). Stimulation of the meniscal cells with inflammatory agents (interleukin-1a, tumor necrosis factor-a) induces the production of a number of chemicals which can have deleterious effects not only on the meniscal tissues directly, but, since these agents are released into the synovial fluid of the knee joint, can also potentially contribute to degenerative effects on other knee joint tissues. Thus degeneration of the knee joint menisci may predispose the joint to early onset OA and RA and be an important predictor of joint degeneration. Any therapeutic interventions aimed at improving knee joint function should take into account the contribution of the menisci to the degenerative pathology evident in symptomatic knee joints. This is an important previously unrecognised contributory factor in knee joint pathobiology.

Dr James Melrose

Raymond Purves Laboratory

Institute of Bone and Joint Research

Kolling Institute of Medical Research

University of Sydney

Royal North Shore Hospital

SA LSS Support Group Grant

(funded by Arthritis South Australia)

Genetic determinants of type I interferon responses in primary sjogren's syndrome and systemic lupus erythematosus

Project completion date postponed until 2010.

Ms Sue Lester

Arthritis Research Laboratory

Hanson Institute (RAH) and

Rheumatology Department

Royal Adelaide Hospital



Adam Gilchrist Trading Challenge

Control of inflammatory mechanisms in human monocytes and synovial fluid macrophages

SOCS1 regulation of sustained TNF α production is of potential therapeutic benefit for the treatment of chronic inflammatory conditions, such as rheumatoid arthritis. This study has improved understanding in the mode of action of this molecule. One manuscript resulting from this work has been published. Insufficient- need some details about what they actually found out from the study

Dr Cecilia Prele

Division of Molecular Biotechnology
Telethon Institute for Child Health
Research WA

Allen Stephens Grant

Retinal vascular calibre and cardiovascular risk in patients with autoimmune disease

In this study, 24 patients with autoimmune disease had retinal photographs taken and analysed. The results from these patients have been compared to 48 healthy people with no autoimmune disease. The major discovery was that the patients with autoimmune disease had significantly larger retinal veins than the healthy ones. This is an important finding because it suggests that retinal photography may be an exciting new technique to detect early heart disease in patients with autoimmune disease.

This research is planned to continue and study up to 100 patients with autoimmune disease in order to fully understand this effect and to determine what factors are important in predicting heart disease. It is hoped that the final results of this research will help detect heart disease early in patients with autoimmune disease so that we can prevent potentially life-threatening events such as heart attacks from occurring.

Dr Sharon Van Doornum

Department of Medicine (RMH/WH)
University of Melbourne

Allen Stephens Grant

Cellular recruitment in rheumatoid arthritis: a role for sphingosine kinase
This study investigated the hypothesis that inhibition of blood vessel activation will directly reduce RA development and severity. With the knowledge that 1) a significant increase in expression of the

enzyme, sphingosine kinase (SK-1), and its downstream modulator sphingosine-1-phosphate (S1P) exists within RA patients and 2) SK activates adhesion molecules expression by blood vessels to recruit circulating leukocytes we sought to better understand whether regulation of SK could potentially ameliorate RA pathogenesis.

Results to date suggest that SK acts to activate one of the first stages in RA development, leukocyte recruitment, by modulating the expression of adhesion molecules on the blood vessel surface. More specifically, we have evidence to suggest that removal of SK-1 significantly alters the ability of adhesion molecule P-selectin to recruit circulating leukocytes under shear stress using the flow chamber assay. This amelioration of the initial stages of leukocyte recruitment may be pertinent to the development of arthritis and as such provides a new target for therapeutic potential in RA patients.

Dr Claudine Bonder

Division of Human Immunology
Institute of Medical and Veterinary
Science VIC

Ray and Pam Robinson Award for Rheumatology Research

Better management of gout

This study has gathered data of 130 patients who were either in patients at St Vincent's Hospital or community patients (15 recruited so far with the assistance of Dr Ian Portek). A model has been constructed to allow more accurate dosing with allopurinol taking into account the patients' renal function.

A publication will result from the establishment of this dosing model. There is preliminary data on who might use this model might, as a decision support tool in association with electronic prescribing. Collaboration with the Centre for Medical Innovation at UNSW and Professor Enrico Coiera is underway on this work. Using the data captured, it is hoped to better understand the relationship between dose of allopurinol and its effect in reducing plasma urate concentrations.

Professor Richard Day

Clinical Pharmacology & Rheumatology
UNSW and St Vincent's Hospital Sydney

Helen Moran Grant

Mast cell proteases in experimental inflammatory arthritis

This study used a mouse model of rheumatoid arthritis to show that mice with immune cells that are deficient in an enzyme called tryptase get less severe arthritis than healthy mice. The mice with inactive tryptase had less inflammation and less cartilage damage than normal mice. These results raise the possibility that blocking the action of tryptase in humans could potentially reduce inflammation and joint damage in patients with rheumatoid arthritis. Ongoing studies are examining the mechanism by which tryptase acts.

Prof Patrick McNeil

Inflammatory Diseases Research Unit
School of Medical Sciences
Faculty of Medicine
University of NSW

Kilimanjaro – Ascent for Arthritis Grant

Establishment of a juvenile idiopathic arthritis case-control biobank

A Juvenile Idiopathic Arthritis (JIA) Case-Control Biobank was established at the Royal Children's Hospital and the Murdoch Children's Research Institute. The aim of this study was to discover the genes and environmental factors that increase the risk of a child developing JIA, by collecting information and DNA from children with JIA (cases), and from healthy children as a reference (controls). By comparing genetic sequence, and environmental exposures between cases and controls we can identify key elements that differ between the two groups. A successful recruitment process was conducted in the first year of 110 cases and 110 controls. These numbers continue to grow in the hope of beginning case-control comparisons to identify JIA disease risk factors.

Dr Jane Munro

Rheumatology
Royal Children's Hospital and Murdoch
Children's Research Institute VIC

Kilimanjaro – Ascent for Arthritis Grant

Tasmanian ankylosing spondylitis study (TASS)

There are now many promising therapies for ankylosing spondylitis (AS), but in order to maximize their benefit, early treatment is needed, which means early and accurate diagnoses. A state-wide database has been set up for AS patients in Tasmania as a result of this study, both with early and established disease, in order to take the first step towards these goals.

Work continues.

Dr Jane Zochling

Menzies Research Institute
University of Tasmania

research

Kilimanjaro – Ascent for Arthritis Grant

Influence of the ARHGEF3 gene on bone phenotypes

The work into the effects of reducing the activity of the ARHGEF3 and RHOA genes is ongoing. The bone resorbing capabilities of human osteoclasts (which are important for keeping bone healthy) appears to be reduced when the activity of ARHGEF3 and RHOA in these cells is decreased, indicating that both of these genes have a role in this process. Replication of these results in a separate experiment is currently underway. Study of mechanisms to reduce bone resorption may provide further insights into the regulation of bone structure and possibly lead to new therapies.

Dr Scott Wilson
Department of Endocrinology
& Diabetes
Sir Charles Gairdner Hospital WA

Kilimanjaro – Ascent for Arthritis Grant

The relationship between pillow use, cervicothoracic symptom behaviour and quality of life in osteoarthritis and rheumatoid arthritis sufferers

In this study, fifty-eight people, with confirmed osteoarthritis (N=50) or rheumatoid arthritis (N=8), participated in a trial comparing the performance of their usual pillow with a polyester pillow (Tontine™ Easy Care) and a rubber latex pillow (Dunlopillo™). Participants' usual pillow was considered to be the best pillow they had identified to date and was used for comparison. Before and after the trial of each pillow neck movements were measured and the neck disability index (NDI) questionnaire was completed. Polyester and rubber pillow use did not alter the level of disability reported in the NDI. Rubber pillow use was associated with increased neck movement and decreased reports of waking headache when compared to usual pillow. Polyester pillow use was associated with decreased reports of waking shoulder blade pain when compared to usual pillow. Further analysis is required

before definite recommendations regarding pillow selection for people with arthritis can be made.

Dr Susan Gordon
Physiotherapy
James Cook University QLD

Barbara Cameron Memorial Grant

The role of antibodies to collagen in the development of arthritis

This study has provided evidence that anti-type II collagen (CII) are directly damaging to cartilage in the absence of inflammation, explaining why new biologic therapies may not be effective all the time in all patients. Particularly notable have been the refined studies, among the panel of antibodies to CII, of an 'outlier' antibody (called ClIF4) that paradoxically is protective rather than destructive to cartilage. It is now a particular focus of this research, to understand the manner in which it exerts its protective effect. The results suggest that immune responses in RA may be beneficial as well as harmful, and an understanding of the mechanism of protection may well offer prospects for a novel biotherapy.

A/Professor Merrill Rowley
Department of Biochemistry and
Molecular Biology
Monash University VIC

NSW Branches Grant

(funded by Arthritis New South Wales)

Contribution of the cortical shell to vertebral fracture in osteoporosis

The aim of this study was to quantify microscopic cracks that accumulate in shell during normal spinal movements, the mineralisation and microarchitecture of the cortical shell from human lumbar vertebrae. Vertebral bones from 22 donors, aged 54 to 93 years (8 males and 15 females) were studied and contrary to the hypothesis, the amount of mineralisation and the micro-hardness of the cortical shell were significantly lower than that of the adjacent spongy bone, and the mineral content was more variable in the bone tissue. The findings suggested that the greater mechanical loading to which the spine is subjected, compared to the

hip-bones, leads to an accumulation of microscopic fatigue cracks, and that these occur preferentially in the cortical shell (around the edges on the bone) because of its greater share of the load. The cortical shell, therefore, needs to be considered more closely when examining mechanisms of crush fracture in the ageing spine.

A/Professor Mark Forwood
School of Biomedical Sciences
University of Queensland

Fellowships

AFA – ARA Heald Fellowship

(funded by Vincent Fairfax Family Foundation)

Mesenchymal stem cells in inflammatory arthritis

This study has demonstrated that inflammation blocks stem cells changing into bone cells and therefore blocking the repair of bone. It is believed that this research has found one of the mechanisms that inflammation uses to do this.

When a stem cell turns into a bone cell, a number of events must occur within the cell, and specific genes are turned on or off. It is believed that inflammation is directly blocking some of these events.

By discovering which events are blocked by inflammation, a reversal of the inhibitory effects of inflammation on the repair functions of stem cells could be made. It was discovered that a pathway important in bone cell formation (called the Wnt pathway), was blocked by inflammation. This is a novel discovery, which could have implications on the approach on the repair of multiple tissues, not just bone and cartilage. Further work needs to be done to confirm this and to determine if the effects of inflammation can be reversed thus this work is ongoing. The aim is to reverse the actions of inflammation by targeting these repair pathways, and potentially discover a therapeutic mechanism that could aid in the repair of damaged joint tissue.

Dr Derek Lacey
Medicine (RMH)
University of Melbourne



Scholarships

Win Dunne Scholarship

(funded by Arthritis Tasmania)
Foot function of patients with knee osteoarthritis

The research team in this study used a complex system of gait analysis with the aim of understanding the walking pattern of people with painful knee conditions. They were able to visualise the interplay of forces on patients' knees by analysing their gait using three dimensional motion analysis systems in combination with computer intelligence methods. The current study is also investigating the gait of people before and after knee replacement surgery.

In those with arthritis of the knee, the force is larger than normal, creating increased load on the knee, particularly for the medial part of the knee. In the preliminary work, differences in the walking patterns of individuals with knee osteoarthritis have been identified. The level of pain, stiffness and function seems to be related to the increased load of the knee. People who reported to be physically active showed lower load on their knee, similarly those who reported low level of pain showed lower abnormal load of the knee.

Due to the complexity of the human body, walking is not a function of the knee only; rather it is the contribution of all lower leg joints. One of the focuses of the current study is to investigate what role the foot plays in affecting knee loads. Therefore investigating how the lower leg segments function is important in understanding the biomechanics of different knee conditions.

The current study is investigating the function of the foot in people with knee osteoarthritis and those who will undergo knee replacement surgery. Based on the study outcomes, preventative measures could then be devised to correct the gait and hopefully prevent deterioration of the joint. Recruiting of patients is still underway and results will be available next year.

Dr Pazit Levinger
Musculoskeletal Research Centre
La Trobe University Victoria

Arthritis Australia and State and Territory Affiliates Scholarship

(funded jointly by Arthritis Australia and Arthritis Queensland, South Australia and Western Australia. Funding from Arthritis

Queensland is supported by the Enid and Leonard Shepherd Trust managed by Trust Company Ltd)

The role of antigen post translational modifications in rheumatoid arthritis

Various studies have found that patients with rheumatoid arthritis have antibodies specific for citrullinated proteins. These antibodies have been found to be highly specific for rheumatoid arthritis and are now used as one of the diagnostic markers for the disease. The presence of these antibodies suggests that certain chemicals known as citrullinated proteins have a role in the autoimmune response observed in rheumatoid arthritis. From this study, mass spectrometry techniques were developed in the lab to identify citrullinated proteins and potentially other post translationally proteins. Citrullinated fibronectin has been identified from initial proteomic studies though further studies need to be done to validate this result.

Ms Kim Lau
Biochemistry and Molecular Biology
University of Melbourne

2009

Projects currently being undertaken are:

Grants-In-Aid

Arthritis Australia and State and Territory Affiliate Grants

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

Dr Andrew Briggs

Subregional bone mineral density in the lumbar spine: Improving osteoporosis assessment
School of Physiotherapy
Curtin University of Technology

Miss Stephanie Gauci

The role of collagen II fragments in driving cellular hypertrophy in OA; Studies with the collagen II knock-in mouse
Department of Paediatrics, Arthritis & Rheumatology Research Group
Murdoch Children's Research Institute

Dr Brett Graham

Spinal mechanisms of chronic pain in arthritis
School of Biomedical Science
University of Newcastle

Dr Vidya Limaye

A South Australian Database for patients with biopsy-proven inflammatory myositis
Rheumatology Department
Royal Adelaide Hospital

Win Dunne Research Award

(funded by Arthritis Tasmania)
Dr Derek Lacey
Inflammation, stem cell and tissue repair
Medicine (RMH)
University of Melbourne
Mrs Dilani Mendis
Evaluation of the hip flexor muscles in the presence of acetabular labral tears
Division of Physiotherapy
University of Queensland

Project Grants

ARA Project Grant

Dr Jennifer Walker
Characterisation of Jak 3 and STAT 4 positive dendritic cells in synovial tissue from patients with rheumatoid arthritis
Department of Rheumatology
Repatriation General Hospital

ARA Paediatric Grant

Dr Christina Boros
HPV immunisation in children with rheumatic disease
University of Adelaide Discipline of Paediatrics
University of Adelaide

ASA-JIA Grant

(funded by Arthritis South Australia)
Dr Justine Ellis
Building the Juvenile Idiopathic Arthritis Case-control Biobank
Environmental & Genetic Epidemiology & Rheumatology
Murdoch Children's Research Institute & Royal Children's Hospital

Barbara Cameron Memorial Grant

Dr Nicole Walsh
The Role of Wnt Signalling in Experimental Osteoarthritis
Bone, Joint and Cancer Unit, Rheumatology Div
St Vincent's Institute, Melbourne

research

Clitheroe Grant

Kilimanjaro Ascent Grant

Dr Gethin Thomas

Identification of novel genes in ankylosing spondylitis using whole genome expression profiling
Musculoskeletal Genetics Research group

Diamantina Institute, University of Queensland

Rosalind Griggs Grant

Dr Graeme Jones

A genome wide association study for MRI measures of osteoarthritis
Musculoskeletal Unit
Menzies Research Institute

RA Bruce Miller Grant

Assoc Prof Michelle Leech

GILZ in human RA

Dept Medicine

Monash University

NSW Branches Grant

(funded by Arthritis New South Wales)

Assoc Prof Christopher Jackson

The regulatory role of APC on arthritis
Department of Rheumatology
University of Sydney at Royal North Shore Hospital

Ray and Pam Robinson Award for Rheumatology Research

Prof Ian Wicks

The role of G-CSF in crystal induced arthritis and Kawasaki disease
Autoimmunity and Transplantation Division

Walter and Eliza Hall Institute of Medical Research

SA LSS Support Group Grant

(funded by Arthritis South Australia)

Dr Helen Englert

Measurement and applicability of scleroderma finger clawing; determinants of dorsal finger ulceration

Rheumatology

Westmead Hospital

Scleroderma Australia Grant

Dr Pravin Hissaria

Identification of novel markers and molecular targets in pathological fibrosis in scleroderma skin lesions

Division of Human Immunology
Institute of Medical & Veterinary Science (IMVS)/SA Pathology

Scleroderma Australia Grant

Dr David Prior

Assessing early pulmonary hypertension in scleroderma

Department of Cardiology & Rheumatology

St Vincent's Hospital, Melbourne

Allan Stephens Grant

Assoc Prof Merrill Rowley

Protective effects of collagen antibodies in arthritis

Department Biochemistry and Molecular Biology

Monash University

Fellowships

AFA-ARA Heald Fellowship

(funded by Vincent Fairfax Family Foundation)

Dr Cecilia Prele

M1/M2 macrophage activation and systemic sclerosis-associated lung fibrosis

Division of Molecular Biotechnology
Telethon Institute for Child Health Research

ARA Practitioner Fellowship

Conj Assoc Prof Kathryn Gibson

Using information and communication technology to support improvements in an Ambulatory Rheumatology Practice
Rheumatology Department Liverpool Hospital

Liverpool Hospital, Sydney South West Area Health Service

Scholarships

Eileen Urquhart

(funded by Arthritis Victoria)

Miss Devi Ngo

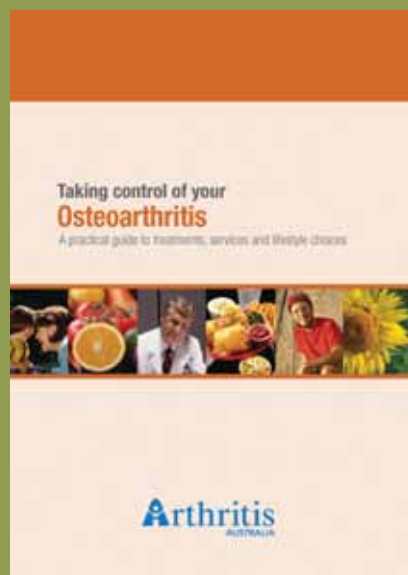
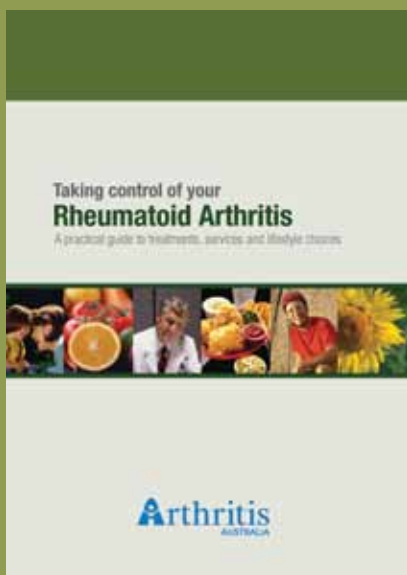
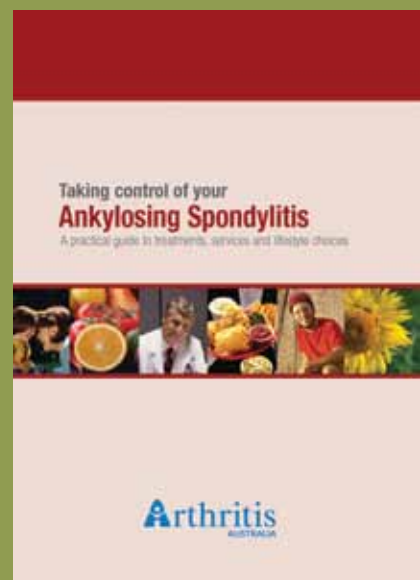
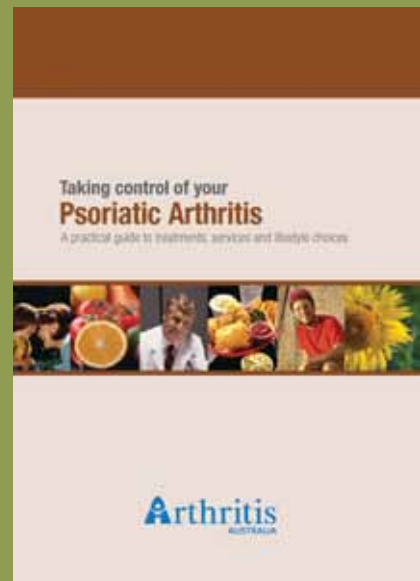
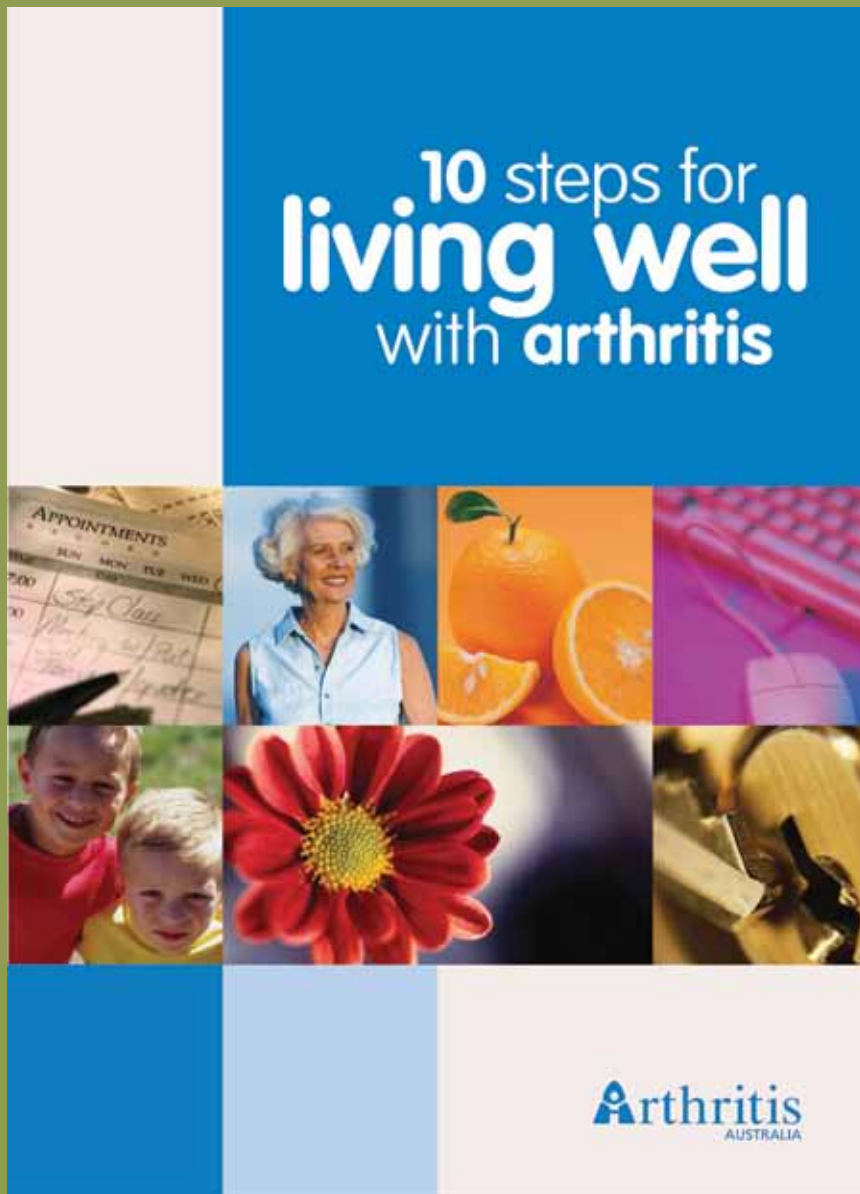
Expression and function of GILZ in models of RA

Department of Medicine

Monash University



resources



supporters

We are extremely thankful 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.

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Donations of \$500+

Felicity Armstrong birthday donations
Australian Rheumatology Association (research grants)
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Mrs Robyn Baxter
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Daivd & Kate Crosbie wedding donations
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And a very special thank you to all the television and radio stations throughout Australia who donated their airtime to run Arthritis Australia's Pick up the phone and take the first step to managing your arthritis community service announcement.



finance

	08/09 \$	07/08 \$
Current Assets		
Cash Assets	2,112,876	1,488,139
Receivables	208,592	210,467
Financial Assets	-	-
Total Current Assets	2,321,468	1,698,606
Non-Current Assets		
Receivables	25,000	36,000
Investments	3,001,208	3,777,217
Property, Plant & Equipment	11,833	7,184
Total Non-Current Assets	3,038,041	3,820,401
Total Assets	5,359,509	5,519,007
Current Liabilities		
Payables	1,148,403	870,572
Provisions	504,350	338,494
Total Current Liabilities	1,652,753	1,209,066
Total Liabilities	1,652,753	1,209,066
Net Assets	3,706,756	4,309,941
Accumulated Funds		
Contractually restricted funds	3,095,620	3,477,607
General Funds	611,136	832,334
	3,706,756	4,309,941

Income

	08/09 \$	07/08 \$
Donations/fundraising		
General	1,336,736	1,500,347
Affiliates	398,250	261,000
Total	1,734,986	1,761,347
Sponsorship	61,531	291,127
Membership Fees	1,481	2,177
Investments		
Interest	46,978	88,033
Profit on Sale	7,370	12,988
Dividends	261,558	256,658
Total	315,906	357,679
Other	56,720	38,075
Total Income	2,170,624	2,450,405
Expenses		
Research	878,842	707,445
Patient & Community Services	36,502	75,159
Education & Awareness	915,063	1,126,580
Administration	324,185	282,179
Fundraising	186,070	232,068
Depreciation	5,246	2,444
Total Expenses	2,345,908	2,425,875
Net Surplus/(Deficit)	(175,284)	24,530
Contribution to contractually restricted funds	262,000	-
Asset Revaluation / (Devaluation)	(689,901)	(647,327)
Change in Foundation Funds	(603,185)	(622,797)

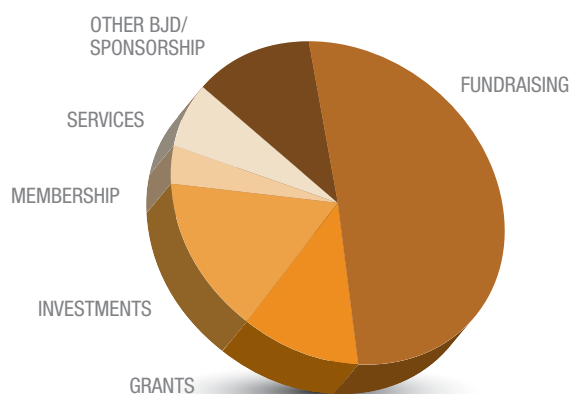
Total Foundation Funds at 30 June 2009 include \$ 3,095,620 (2008 \$ 3,477,605) of contractually restricted research funds administered by the Foundation.

The above tables showing the Balance Sheet and Income Statement for the year ended 30 June 2009 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 GPO Box 121 Sydney NSW 2001.



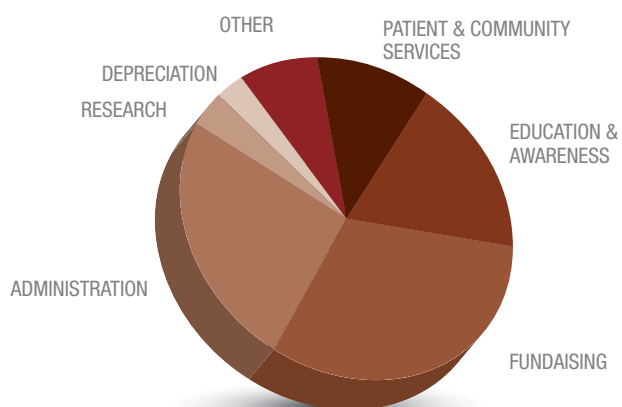
National Summary

Following is the summary of revenue and expenditure of the nine Australian Arthritis Foundations; one in each state and territory plus the national office. Collectively they hold assets of \$20,249,213.81 million and liabilities of \$4,573,623.77 million.



Revenue

	\$	%
Fundraising	8,114,561	52%
Grants	1,797,418	11%
Investments	2,306,577	15%
Membership	659,365	4%
Services	1,156,099	7%
Other bjd/sponsorship	1,735,333	11%
TOTAL	15,769,352	100%



Expenditure

	\$	%
Patient & Community Services	1,664,018	12%
Education & Awareness	2,399,691	17%
Fundraising	4,504,840	31%
Administration	3,477,821	25%
Research	557,313	4%
Depreciation	408,840	3%
Other	1,081,608	8%
TOTAL	14,094,131	100%

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Ric Forlano Executive Director





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