



annual report
2009–2010



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

Launch of Women's Insights into Rheumatoid Arthritis

As part of Arthritis Awareness Week in March 2010, Arthritis Australia and the Australian Rheumatology Association started a campaign to give a voice to the almost 300,000 Australian women who have rheumatoid arthritis (RA). With RA being the most serious form of arthritis it is often mistaken as a rare disease. However, it affects around half a million Australians of which almost 60% are women. The Women's Insights into Rheumatoid Arthritis campaign was launched at a Parliamentary Friends of Arthritis reception at Parliament House, Canberra, on March 15. The book featured the stories of 12 inspiring Australian women with this condition - as shared with their local female Federal MP and rheumatologist. The campaign had the support of 12 female Federal MPs, including the Hon Julia Gillard MP, the Hon Julie Bishop MP, Senator the Hon Penny Wong, the Hon Jenny Macklin MP, the Hon Tanya Plibersek MP, the Hon Justine Elliot MP, the Hon Kate Ellis MP, Senator Carol Brown, the Hon Bronwyn Bishop MP, Senator Sue Boyce, Senator Rachel Siewert, and Mrs Kay Hull MP.

Managing in the home

Also during Arthritis Awareness Week, Arthritis Australia launched a new information booklet, *At home with arthritis – simple steps for managing in the home*. The booklet has practical advice on how to overcome obstacles, encourages people to lead an active lifestyle, focuses on ways to reduce joint stress and pain, and has tips on how to balance activity with rest.

Support for young people with arthritis

Livewire, a subsidiary of the Children's Starlight Foundation, has created an online community for families affected by a serious illness, chronic health condition or disability. Focusing on the estimated 450,000 children and young people aged more than 10 and under 21 years, Livewire now has over 6,000 members including parents and the siblings of the affected members. During the year, Arthritis Australia and Livewire launched a partnership to help young people affected by arthritis and their families find peer support online. The timing coincided with the launch of Arthritis Australia's information booklet *Stepping Out - a guide for young adults with arthritis*. It was specifically designed to contain input from young people with arthritis who have overcome many of the challenges others may be facing. This partnership will allow Arthritis Australia to coordinate activities to better support young people living with arthritis and their families.

Arthritis Australia/Zimmer Australia Orthopaedic Fellowship Program

In keeping with its mission of promoting medical education, Arthritis Australia has joined forces with Zimmer in promoting best practice treatment for Australians living with arthritis. The Arthritis Australia/Zimmer Orthopaedic Fellowship Program provides opportunities for Australian orthopaedic surgeons to improve their instructional skills as well as enhance the international exchange of orthopaedic knowledge and skills. It also helps institutions achieve their own educational goals and objectives.

Ease of Use Program develops significant partnerships and celebrates its first accreditation

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 not only sees this as an issue for the 6.4 million Australians living with arthritis or disability, but for all Australians who struggle with difficult

packaging. It has been proven that consumers - particularly those aged over 50 - will switch brands when products or packaging fail to meet their changing needs. In February the EOU program announced its first accreditation for the Fiskars PowerGear™ range. Fiskars Australia has created a garden tool range that employs ergonomic design features to amplify cutting power. The certified products allow people living with arthritis to perform pruning tasks they would have otherwise been unable to complete.

Ethical Nutrients and Arthritis Australia partnership proves a hit with consumers of fish oil

The licensing agreement between Health World, manufacturers of Ethical Nutrients high strength fish oil, and Arthritis Australia has proved a hit with consumers. Backed by a considerable television campaign, product sales have grown far beyond expectations. For Arthritis Australia, this success is measured twofold - by ensuring awareness and understanding of the required omega-3 dosage for arthritis management, and raising consumer awareness of the Arthritis Australia brand. Health World's change in approach to packaging was highlighted in the packaging media, outlining the redesign of their packaging and marketing approach to better meet the needs of consumers.

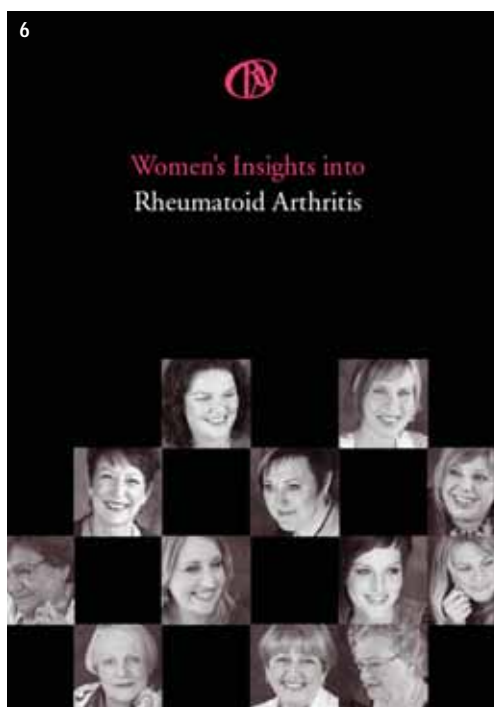
Research

In 2010 more than \$400,000 was allocated to musculoskeletal research as well as continuing funding for the Florance and Cope Chair of Rheumatology at The University of Sydney. Despite seeing a slight drop in research donations due to difficulties in the financial market we welcomed new contributions for the Clitheroe Foundation Award, Allan and Beryl Stephens Grant, Rosalind Griggs Grant, Bruce Miller Grant for Rheumatoid Arthritis and Arthritis Australia-Zimmer Australia Grant.

Allan and Beryl Stephens Grant

Since the 1980s, Allan and Beryl Stephens have donated funds for arthritis research. Over this time Arthritis Australia developed a warm relationship with Mrs Stephens and we were sad to hear of her death in August 2009. In 2005, Beryl Stephens' contributions to Arthritis Australia's National Research Program were acknowledged at a reception hosted by the Governor-General at Admiralty House. In her will, Mrs Stephens has left a generous bequest to Arthritis Australia which will be used to create The Allan and Beryl Stephens Grant. A \$50,000 biannual grant will specifically aim to foster research into the understanding of and/or improved therapy for rheumatoid arthritis or other inflammatory forms of arthritis.

1. Women's Insights into Rheumatoid Arthritis Launch. Ita Buttrose, Hayley Foyster, Sabine Gunton & Amanda Glynn
2. Women's Insights Champions
3. Ita Buttrose, Hayley Foyster, Ainslie Cahill (CEO Arthritis Australia) & The Hon Justine Elliot MP (Minister for Ageing)
4. Dr Mona Marabani (President Arthritis Australia), Despina Gonis & Senator Penny Wong (Minister for Climate Change, Energy Efficiency & Water)
5. Ease of Use accreditation - FISKERS garden tools
6. Women's Insights into Rheumatoid Arthritis - book cover
7. Mornings with Kerrie-Anne – Dr Mona Marabani interview for "Detecting Rheumatoid Arthritis"
8. Health World – Ethical Nutrients print advertisement
9. Livewire online community





Working together

Advocacy – Removal of Items 50124 & 50125 (joint injections and aspirations) from the Medicare Benefits Schedule (MBS)

Arthritis Australia contributed extensive information to an Australian Rheumatology Association application for new items to be considered in place of the removed MBS items 50124 & 50125. Arthritis Australia is encouraged by news that at a Senate Estimates Committee meeting on June 3 2010, it was confirmed the application is being reviewed under the Medicare Benefits Quality Framework Initiative. The outcomes of this review are expected by the end of this year. In the meantime, we are continuing to work with government to raise understanding about the personal costs of living with arthritis.

Arthritis Australia leading the way with pharmacy health messages

The Australian Journal of Pharmacy awarded campaigns initiated by Arthritis Australia with Best Health Promotion and Best Complementary Medicine Product for 2010. The Best Health Promotion went to the Rheumatoid Arthritis Campaign which was developed in partnership with the Pharmaceutical Society of Australia (funded by Australian Government, Department of Health and Ageing). Health World's consumer consultation with Arthritis Australia regarding health messages, packaging and labelling helped claim the Best Complementary Medicine Product.

Australian Packaging Covenant to focus on consumer accessibility

Arthritis Australia, in conjunction with Victoria, NSW and Queensland Departments of Health lobbied the Covenant Council regarding packaging accessibility. Few consumers would have heard of the Covenant but the companies who are its signatories represent 90% of all packaged goods in Australia. These discussions resulted in the new Australian Packaging Covenant including 'design for consumer accessibility' as one of its 12 core strategies. On July 1, 2010, the new Packaging Covenant came into effect requiring companies that manufacture packaging to consider the needs of people living with arthritis. Arthritis Australia provided input to the wording of the new sections of the Covenant.

Arthritis Australia works with industry leaders to improve packaging

Arthritis Australia has formed a partnership with Nestlé Oceania to help them benchmark ease of use packaging. Nestlé Oceania is part of Nestlé S.A, the largest foods and beverage company in the world. Nestlé Oceania wants to prioritise the accessibility of its packaging so Arthritis Australia, in collaboration with US based Georgia Tech Research Institute (GTRI), have evaluated and benchmarked several of their products. GTRI is the global leader in designing and evaluating accessible products and packaging i.e. easy to open and easy to read. In a first for the region, a new benchmarking tool was jointly developed which will help the Nestlé Product Development and Packaging teams develop packaging that is easier for everyone to open.

Medicines Australia Community Chest

Medicines Australia Community Chest (MACC) members are funding an update of our 2004 social impact study – Voice of Arthritis. The project will provide a revised snapshot of Australians living with arthritis and be a major source for Arthritis Australia's advocacy over

the next few years. Initial meetings with MACC members and our Affiliates have canvassed areas to investigate including out of pocket expenses, lack of coordinated care, and workforce participation. The survey will be completed and launched in 2011.

Arthritis Awareness, Mainstream

The Better Arthritis and Osteoporosis Initiative enabled Arthritis Australia to build on its awareness activities. The campaign for Arthritis Awareness Week 2010 was linked to the successful launch and promotion of Women's Insights Into Rheumatoid Arthritis. Other activities included promotion of the Arthritis Infoline and free information packs to GP networks and a rural/regional campaign featuring Ita Buttrose in radio and TV commercials.

Arthritis Awareness, Pharmacies

This year's awareness and education program featured rheumatoid arthritis. In conjunction with the Pharmaceutical Society of Australia (PSA) and the Australian Rheumatology Association (ARA) the program included a specific arthritis section on the PSA website that Arthritis Australia/ARA information sheets which pharmacists and their assistants were encouraged to print out for their customers.

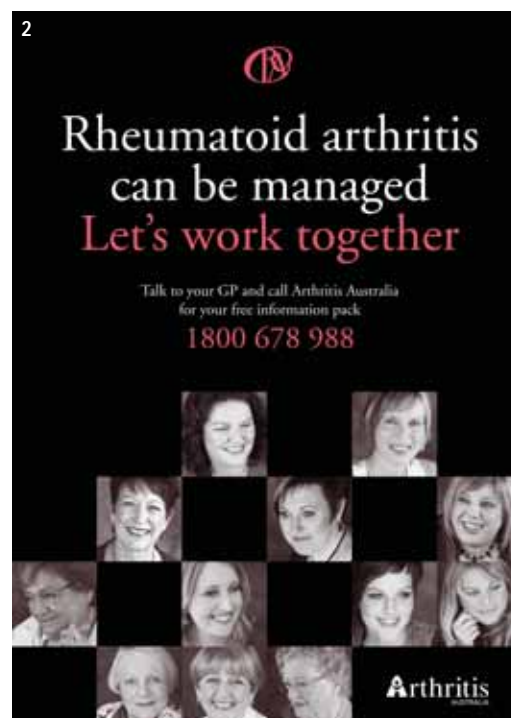
Arthritis Awareness, Multicultural

The multicultural awareness project continued to build on the successful results that were achieved in the past two years. During this period, new in-language disease-specific, medicines and management information sheets were developed to meet consumer and health professional demand. The availability of these materials were the focus of the 2010 Multicultural Awareness Campaign targeted to consumers, health professionals and community workers in the Arabic, Chinese, Greek, Italian and Vietnamese communities. With a consumer call to action of 'You don't have to live in a world of pain' posters focused on managing arthritis better by consulting a GP and getting information from the Arthritis Australia website.

Bone and Joint Minimum Data Set

The National Bone & Joint Minimum Data Set introduces a major change in how Arthritis Australia and Affiliate offices will capture, analyse, manage and maintain consumer data. When a consumer telephones any Arthritis office, uniform data is now collected from the caller so we can better understand their needs. The data collection system will be a powerful tool to assist with campaign planning, developing of new programs, evaluating responsiveness, messaging, and reviewing consumer needs. Overall the Data Set will lead to improved health outcomes for consumers.

1. Arthritis Awareness Campaign, Pharmacy
2. Arthritis Awareness Campaign, Mainstream
3. Arthritis Awareness Campaign, Multicultural
4. Jackie Nordsvan (Nestle) and Fergal Barry (Arthritis Australia Strategic Partnerships Manager) discussing accessibility and using arthritis simulation gloves
5. Australian Journal of Pharmacy award for the Best Pharmacy Health Promotion 2010 - Rheumatoid Arthritis
6. National Bone & Joint Minimum Data Set



President's report

As another year draws to a close, it is gratifying to survey our progress over this time.

In the area of awareness & education, the achievement of which we are most proud is the *Women's Insights into Rheumatoid Arthritis* publication. In this book, twelve women with RA and their doctors tell their very personal stories to their political representatives. Female politicians from both houses and all parties took part and the result was a fascinating snapshot of how profoundly life-changing the diagnosis of RA is. The book was launched at a Parliamentary Friends of Arthritis gathering at Parliament House, Canberra. It has received much media coverage, and has served us well in reaching the public and our politicians. My thanks to Abbott Australia for their support and to Ita Buttrose who took the role of managing editor, and hosted the launch.

We have continued to lobby for the reversal of a government decision to remove joint injections from the Medicare Benefits Schedule, which causes significant hardship to those arthritis sufferers who can least afford it. And we were invited to present evidence at the Senate Inquiry into Consumer Access to the Pharmaceutical Benefits Scheme. Changes to the scheme include an unprecedented restriction of five biological drugs in a lifetime for patients suffering from RA and other inflammatory joint diseases. We hope that our representations will help inform the government to avoid unintended negative consequences of such decisions. We believe that meaningful consumer input is critical to the formulation of effective health policy.

Our innovative program, *Ease of Use*, aims to test and advise the public about products which can be opened and used with minimal effort, both for people with arthritis and the general population. This idea led us to begin a conversation with the packaging industry which now seeks our advice on products as diverse as jars and plastic wrapping. We continue to look for ways in which we can partner with government and private enterprise to improve the wellbeing of Australians with arthritis.

Research remains a priority for Arthritis Australia, and we awarded \$400,000 in grants to investigators for worthy projects throughout Australia. Historically, these grants have provided a launching pad for research careers in the rheumatic diseases for many years and we are delighted to see that so many leaders in this field got their start with a grant from Arthritis Australia. Medical director, Professor Graeme Jones remarks every year that for every excellent project that receives funding, two others miss out. We continue in our efforts to raise more money to allow us to support the research effort. Many thanks must go to our colleagues at our Affiliate offices, and other benefactors, for their contributions. Our support for the Florance and Cope Chair of Rheumatology at the University of Sydney remains strong and, with the generous support of Zimmer Australia we are delighted to have branched out into nurturing orthopaedic education and research.

Despite the global financial crisis, new opportunities in programs and advocacy support, strategic partnership programs, and awareness developments, as well as the market improvement of our investment portfolios, led to a stronger financial position. The evergreen challenge in our unpredictable environment is to maintain and build our financial strength.

Our very recent move into brand-new premises is welcome. As well as providing comfortable accommodation for our employees, there is sufficient space to enable our board and committees to meet on-site, a much more cost-effective option than has been available to us in the past. The move was accomplished smoothly, with minimal disruption to our business.

I would like to express my gratitude to my colleagues on the board for their tireless efforts to support and grow our organisation. In particular, I wish to thank Bruce Wallis, our outgoing treasurer, whose practical advice and strategic thinking contributed so much at a time when the GFC was at its worst. His contributions to our success cannot be underestimated. Bruce retires at the AGM and he will be sorely missed. We welcome Wayne Jarman who has stepped into the role and has already contributed significantly through his membership on the Finance Advisory Committee. And special thanks too to Kristine Riethmiller who chairs a committee which is engaging the Affiliates and other stakeholders in a conversation to inform the board in a review of the Constitution, which we hope will help us to operate effectively as this new century unfolds.

To the team at Arthritis Australia, my admiration and thanks. Ainslie Cahill continues to use her insight and imagination to find new ways to communicate the needs of those living with arthritis to those who need to know. She has been a wonderful mentor to the staff and support to myself. Fergal Barry continues to explore the interface between arthritis and the wider world to allow us to grow as an entity and to provide advice to industry in many fields. Our new recruit, Mischa Warren, has shown himself able to step in and manage a variety of projects with aplomb. Ron Richardson keeps our books in order, and Dora Stavrakis provides a professional and personable face for our organisation.

This is my final report. I retire as President at the AGM in November 2010. It has been a privilege to serve Arthritis Australia as its President since 2006, and as a board member since 2003. I am proud of Arthritis Australia's achievements and will follow with great interest and affection its progress into the future.

Mona Marabani
MBBS(Hons) FRACP



CEO's report

As I look back over the past year I am extremely pleased with the progress Arthritis Australia has made.

Following a period of consolidation, we were ready at the beginning of this year to build on those foundations and establish new ground for Australians living with arthritis.

Output for 2010 has been big for such a small team. We've increased and improved our awareness and education programs, built closer relationships with parliamentarians and government officials (leading to greater understanding and cooperation), campaigned vigorously for improvements in packaging (alerting manufacturers to the importance of consumer needs and input to product development) and encouraged investment in clinical research and health professional education. All of which feeds our ultimate aim of ensuring those Australians living with arthritis get a fair go in achieving the fulfilling lives they deserve.

As always, we endeavour to produce quality work that does its job in educating both consumers and professionals. Campaigns initiated by Arthritis Australia were awarded Best Health Promotion 2010 and Best Complementary Medicine Product 2010 – with others being finalists in Best Health Promotion 2010 and the upcoming National Multicultural Awards.

Major activities for the year included:

- An intensive lobbying and media campaign about the removal of joint injections from the Medicare Benefits Schedule (MBS) and, subsequently, working with the Australian Rheumatology Association on an application for a new item for servicing people with severe arthritis
- The design, development and launch of a major RA awareness project – *Women's Insights Into Rheumatoid Arthritis* – at Parliament House Canberra
- Continuing to build awareness and relationships with the Federal Parliamentary Friends of Arthritis group
- Advocating for retention of current parking concessions in the proposed national Harmonisation of Disability Parking
- An invitation to give evidence at the Senate Inquiry into Consumer Access to the Pharmaceutical Benefits Scheme
- A submission about the proposed new Advertising Guidelines for Therapeutic Goods in which we called for more stringent, regulated and transparent advertising for complementary therapies
- Successfully lodging a formal complaint against a pharmaceutical company for a breach of the Medicines Code of Conduct for Advertising
- In association with our State & Territory Affiliates, led the development and implementation of innovative awareness & education programs for consumers, health professionals, parliamentarians and government officials
- Increased the profile of Arthritis Australia through collaborations with national bodies and peak consumer organisations
- Securing ongoing funding from the Commonwealth Department of Health & Ageing for the 2010-2014 Better Arthritis and Osteoporosis Care Initiative

Our greatest battle is raising people's consciousness about arthritis. Too often it is trivialised and too often it is dismissed. This lack of understanding, of course, is not helped by the fact that arthritis is an umbrella term that covers more than 100 diseases.

There is widespread misconception about those people who have more severe and inflammatory forms such as rheumatoid arthritis (RA), juvenile arthritis and ankylosing spondylitis – many of whom are grappling with the physical, emotional and financial effects it often causes. To raise disease-specific awareness we launched an RA campaign which we propose to continue during 2010-11 as well as introduce other dedicated campaigns.

Our organisation operates in a challenging but rewarding space and at the heart of our achievements is the commitment and persistence of our people. I would like to acknowledge the efforts of my board and Arthritis Australia staff. A special thanks to Mona Marabani, Bruce Wallis, Judith Nguyen, Graeme Jones, Allan Scroope and Dora Stavarakis for their around-the-clock commitment to keeping Arthritis Australia and its CEO buoyant.

Most of all, I would like to thank the thousands of Australians living with arthritis who keep us informed about the issues they face, who review and give sound advice about the campaigns we develop and implement, and those especially brave people who are prepared to go public and share their personal and often heart-wrenching stories. It is you who help us keep up the fight.

At Arthritis Australia we believe all Australians – those living with arthritis, their families and carers, business, healthcare professionals, governments and the wider community – have a role to play in increasing knowledge and understanding of arthritis with a view to curbing the incidence and managing associated symptoms. There are many big issues to face now and in the future so please give your support when and however you can.

Ainslie Cahill
CEO



Reports

Medical Director

Internationally, in 2009, 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.

Nationally, the formation of two new committees with the National Health and Medical Research Council specifically for arthritis and musculoskeletal conditions initially increased the funding for arthritis in Australia. However there have been structural problems with these panels in the past two years meaning clinical research has been sadly underfunded. Moves are underway to remedy this anomaly. There is also a national data monitoring centre for arthritis based at the Australian Institute for Health and Welfare which is giving much needed information on trend in arthritis and whether national programs are succeeding. It is hoped this will continue under the auspices of the Department of Health and Ageing.

The Grants Review 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 continued. Overall, making decisions about who to support was very difficult and many high quality applications could not be funded. The grants were in diverse areas including osteoarthritis, rheumatoid arthritis, ankylosing spondylitis, genetics, scleroderma, bone development in children and physiotherapy.

Special thanks to Patrick McNeil, Kathy Briffa, Michelle Leech, Maureen Rischmueller, Rachelle Buchbinder, Gethin Thomas, Stephen Oakley and Anita Wluka for their voluntary assistance.

Graeme Jones

MBBS (Hons) FRACP MMedSc MD FAFPHM



Consumer Representative

In March this year I resigned as Director and Consumer Representative on the Board of Arthritis Australia. After some seven years I felt it was time to pass the baton and for Arthritis Australia to get a fresh consumer perspective and a new face.

Attending the launch of the *Women's Insight into Rheumatoid Arthritis* in Canberra on 15 March, this feeling was confirmed. Here were 12 plucky women who had agreed to participate in the Women's Insight project. All with rheumatoid arthritis. All with a tale to tell. All consumers. All able to honestly and effectively spread the word about arthritis and its impact on their lives and on that of their families and carers.

I firmly believe the most powerful way to raise awareness within the community, business and government, and to bring about change, is to hear directly from people who have arthritis. Arthritis Australia initiatives such as Parliamentary Friends of Arthritis, the Ease of Use program which is tackling hard-to-open packaging, and the Women's Insights project, are all helping to facilitate this. But there needs to be a critical mass of consumers who are encouraged and assisted to spread the word about a disease that can have a profound effect on people's lives but for which so much can be done in the 21st Century.

It has been my privilege to be a part of the hard working and spirited Arthritis Australia team, and I would particularly like to thank CEO Ainslie Cahill and her staff, the President of Arthritis Australia Mona Marabani, and fellow Board members for their support of the consumer voice.

Judith Nguyen

BA DipTchg MPRIA



Chair, Scientific Advisory Committee

It is my pleasure to report on the activities of the Scientific Advisory Committee. The past 12 months have been busy and I would like to thank my colleagues who have given their time and support to Arthritis Australia. Members of the committee have been asked to comment on alternative therapies and on a joint protection handbook. They have also been involved in the distribution of grant funding.

Arthritis Australia continues to provide invaluable support to young researchers across many fields of rheumatology.

Peter Youssef

MBBS PhD FRACP



Florance and Cope Chair of Rheumatology

The past twelve months have been challenging yet productive for the Florance and Cope Chair and Institute of Bone and Joint Research at the University of Sydney.

During 2009, I chaired one of the National Health and Medical Research Council (NHMRC) Musculoskeletal Grant Review Panels and continue to serve as a Board Member of International Bone and Mineral Society. We were successful at the end of 2009 in obtaining a new NHMRC grant commencing in 2010 to study new therapeutic options for the treatment of osteonecrosis of the hip, a neglected but important rheumatology/orthopaedic problem. This study is now firmly established with centres headed by Rachelle Buchbinder in Melbourne and Catherine Hill in Adelaide as well as centres in Sydney and Brisbane.

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

In 2009, I completed a long period on the Board of the Rebecca Cooper Medical Research Foundation as the arthritis expert. It is essential that we continue to make as many applications in the field of rheumatology to this very worthwhile granting body, which provides additional funding for rheumatology research.

Research is something that evolves over a long period of time and some recognition of that process is reflected in the appointment of two new full Professors within the Department at the end of 2009.

Firstly, Lyn March who has worked in the Department throughout the time I have held the Chair was appointed at Professorial level. This is great recognition of her outstanding research over the years, more recently recognised by her appointment as an MSK Expert Group Leader of the WHO Global Burden of Disease Study. The Department is also conscious of the need for renewal and so another highlight was for one of our former PhD students, David Hunter, to receive a prestigious ARC Future Fellowship and come back from overseas to join the Department in 2010, again at the Professorial level. David's expertise in osteoarthritis, surely the major challenge still facing rheumatology from a research and treatment perspective, will be invaluable with his recent experience and impressive resumé that has accumulated from his time in Boston.

Philip Sambrook

OAM MBBS MD LLB FRACP



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 and Scientific Advisory Committees. 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. Dr Marabani maintains an active interest in health education.

Andrew Walker

Vice-President (until October 2009)

Mr Walker was appointed to the Board in November 2004 and became Vice-President in August 2006. He served on Arthritis Australia's Executive Committee and was President of Arthritis Tasmania from 2005 to 2009. 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. Mr Walker resigned from the board in October 2009.

David Motteram

Vice-President (from November 2009)

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 Finance Advisory Committee. Mr Motteram was appointed to be Vice-President in November 2009.

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 a Director 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 was the Operations Director for RBS Morgans Ltd 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, a member of the Scientific Advisory Committee 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 (until October 2009)

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. Ms Freund resigned from the Board in October 2009.

Kristine Riethmiller

BA CMC MIMC MAICD – Secretary (from 2010)

Ms Riethmiller was appointed to the Board in March 2008. She is a management consultant who advises government and private organisations on governance, strategy and people management. Ms Riethmiller 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.

Judith Nguyen

BA DipTchg – Consumer Representative (until March 2010)

Mrs Nguyen, a Director of Arthritis Australia since May 2003, also served the Board's elected Consumer Representative. She has been 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. Mrs Nguyen resigned from the Board in March 2010.

Irene Froyland

PhD (Crim) MA (Psych) Dip Ed

Dr Froyland was appointed to the board in September 2009. She has a PhD in criminology and 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.

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 a Board Member of Arthritis Northern Territory. A retired registered nurse, she has a special interest in health and education and works voluntarily for a range of community groups.

Rhys Jones

Mr Jones was elected to the Board in November 2009 and also served as President of Arthritis Tasmania. Initially working as both a hospital pharmacist at RHH and community pharmacist in Hobart, he now owns and manages Rhys Jones Pharmacy in Bellerive.



In 1998 Mr Jones developed RxProfile, an information management resource for pharmacists, distributed to 12,000 users each month, and in 1999 he was nominated by the Pharmaceutical Society of Australia for the MSD Medal for Innovation in Pharmacy Practice. Mr Jones has been a sitting member on the Pharmacy Board of Tasmania since 2002.

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 Government's Central Borrowing Authority for a period of nine years.

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 South Australia.

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)

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)

Ms 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.

Bill Wood

M Ed

Mr Wood is Arthritis Australian Capital Territory'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-PRESIDENT EMERITUS

Ita Buttrose AO OBE

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 and Finance & Audit Committees as well as Chair of its Constitution Subcommittee.

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. 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 – 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 listing in previous column)

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

Governance

Graeme Jones

MBBS (Hons) FRACP FAFPHM MMedSc MD – Medical Director
(Refer listing on page 12)

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 12)

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 rheumatology research funding.

Graeme Jones

MBBS (Hons) FRACP FAFPHM MMedSc MD – Medical Director
(Refer listing on page 12)

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

Assoc Prof Hill is a staff specialist in the Department of Rheumatology at the Queen Elizabeth Hospital, and Associate Professor of the

University of Adelaide. She is also a Core Member of the Australian Committee for Prescription Medicines (formerly 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

Prof Matt Brown is 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, specialising in seronegative arthropathies.

Ranjeny Thomas

MBBS FRACP MD

Prof Thomas is the Arthritis Queensland Chair of Rheumatology at University of Queensland, Princess Alexandra Hospital, Brisbane, and Head of the Autoimmunity Cluster 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

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



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 2009 to 2010 calendar year Arthritis Australia contributed over \$600,000, including Florence & Cope Chair of Rheumatology, to a range of projects that will enable better understanding of the disease as well as more effective treatments.

2009 outcomes

Grants-In-Aid

Arthritis Australia and State and Territory Affiliate Grants

(funded jointly by Arthritis Australia, 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)

Subregional bone mineral density in the lumbar spine: Improving osteoporosis assessment

Currently, our ability to predict vertebral fracture risk from standard tests of bone mineral density (BMD) is poor. Standard tests provide just an average measure of BMD and this does not reflect the distribution of BMD inside the spine. Our group has developed a method to measure BMD in specific areas within vertebrae - that is within subregions - using a dual energy x-ray absorptiometry (DXA) scanner. The DXA scanner is commonly used in clinical practice to measure BMD and results from DXA scanners are used to aid in the diagnosis and monitoring of osteoporosis. In this study, we aimed to demonstrate the validity of the novel method of measuring subregional BMD with DXA. We scanned 50 vertebral bodies from 25 donor spines using DXA and then analysed the scans with the subregional protocol. We then scanned the spines with two other devices - a peripheral quantitative computed tomography (pQCT) scanner and micro-CT scanner. Subregional analyses were also conducted on the scans derived from the pQCT and micro-CT devices. A similar pattern of measurement was observed between the subregional DXA results and the results derived from the pQCT and micro-CT scanners. This suggests that the DXA protocol was performing in a similar manner to the other devices and substantiates the validity of the DXA protocol.

Dr Andrew Briggs
School of Physiotherapy
Curtin University of Technology

The role of collagen II fragments in driving cellular hypertrophy in Osteoarthritis; Studies with the collagen II knock-in mouse

The most abundant molecule in cartilage, type II collagen, provides a structural scaffold that gives cartilage its shape and tensile strength. Type II collagen is degraded by collagenases. We developed a mutant mouse whose type II collagen resists degradation by collagenase. This mouse has abnormal growth and development of the knee joints and our preliminary data suggests that cells in the growth cartilage of the knee joint (chondrocytes) are either not receiving, or not responding to, signals directing the cells to enter the next growth phase. We propose that the

missing signals are the degraded collagen fragments that cannot be made in our collagenase-resistant mouse. The purpose of this grant-in-aid was to test our hypothesis that (a) in Osteoarthritis (OA), an over-production of collagen fragments might drive part of the pathology associated with chondrocyte hypertrophy and, therefore, (b) the collagenase-resistant mouse will be protected from OA-like disease, since collagen fragments are not generated in this mouse. Our preliminary data supports this hypothesis and we aim to confirm our findings in future studies. This data provides new insights into potential drivers of OA.

Stephanie Gauci

Department of Paediatrics, Arthritis & Rheumatology Research Group
Murdoch Children's Research Institute

Spinal mechanisms of chronic pain in arthritis

This funding was sought to establish a new 'Arthritic Pain' research program. This program represents a natural progression of our work in studying the role of spinal nerve cells in pain signaling, to better understand models of chronic pain such as arthritis. Three innovative behavioural testing procedures have been established and validated which directly capture spontaneous arthritic joint pain, pain related disability, and direct joint pain. These tests were specifically chosen to assess clinically relevant aspects of pain behaviour in mice that can then be directly related to the pain experienced by individuals with various forms of arthritis. The major outcome from this funding has been the implementation of behavioural testing procedures and the collection of preliminary 'control' data that now can be used as the basis for studying joint pain in mouse models of arthritis. This data was critical in a recently successful National Health and Medical Research Council project grant (\$416,500 over 3 yrs) entitled 'Spinal mechanisms underlying arthritic joint pain'. We are now well positioned to expand our understanding of how arthritic joints establish and maintain pathological joint pain. We hope this new information will identify previously unexplored avenues to provide better pain relief options for arthritis patients.

Dr Brett Graham
School of Biomedical Science
University of Newcastle

South Australian database for patients with biopsy-proven inflammatory myositis

The idiopathic inflammatory myopathies (IIM) are a group of conditions including dermatomyositis (DM), polymyositis (PM) and inclusion body myositis (IBM). The skeletal muscles of the body are primarily affected by these conditions resulting in muscle weakness, but other organs may also be involved. Definitive diagnosis of IIM can be made by muscle biopsy which shows characteristic features in PM, DM and IBM. Although the precise cause of IIM is not known, recent interest has been directed towards the role of certain genes and auto-antibodies in the development of these conditions. In South Australia we have established a database in which we have recorded patients with a biopsy-proven diagnosis of IIM. Details recorded include clinical features at presentation, laboratory results, and demographic details. Serum and DNA have been stored on a large number of patients and measurement of antibodies related to IIM has been undertaken. Some interesting findings we have reported include an association of diabetes mellitus and high blood pressure with IIM. The database has also enabled the study of patterns of survival and mortality in patients with IIM.

Dr Vidya Limaye
Rheumatology Department
Royal Adelaide Hospital

Research

Win Dunne Research Award

(funded by Arthritis Tasmania)

Inflammation, stem cell and tissue repair

This study has demonstrated that inflammation blocks stem cells from repairing damaged bone. Specifically, the inflammation stops the stem cells changing into bone cells, and this occurs at sites of inflammation such as arthritic joints. As stem cells turn into bone cells, key events within the cell occur and specific genes are turned on or off. Inflammation can block these events by stopping genes from being turned on or off, which are required for bone cells to be formed. By discovering which events are blocked by inflammation in stem cells, a reversal of the inhibitory effects of inflammation on the repair functions of stem cells could be made. This study discovered that a pathway important for bone cell formation from stem cells (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 inflammatory diseases. Further work is underway to determine if the effects of inflammation on stem cells can be reversed. The aim is to reverse the damaging actions of inflammation by targeting these repair pathways and potentially discover a therapeutic mechanism that could aid in the repair of damaged tissue.

Dr Derek Lacey
Medicine (RMH)
University of Melbourne

Evaluation of the hip flexor muscles in the presence of acetabular labral tears

Cartilage tears of the hip (hip labral tears) are thought to lead to osteoarthritis of the hip joint. To design an effective exercise program a better understanding of hip muscle function is required. The muscles at the front of the hip (hip flexors) are thought to have a role in joint stability and protection, but not enough research has been done on these muscles and little is known about how these muscles are affected in people who have hip labral tears. The aim of this project was to investigate if there was a difference in hip flexor muscle size, strength and pattern of activity between healthy subjects and those with hip labral tears. Muscle functional MRI was used to investigate the activation pattern of the hip flexor muscles during a resisted hip flexion exercise task. MRIs of the pelvic region were taken before and after the exercise task on each leg and changes in the signal intensity of muscle tissue were measured with a software program. Analysis of these measurements is currently underway and a manuscript for publication is being prepared. The results will inform the development of exercise therapy, improve function and perhaps prevent further joint degeneration for people with hip labral tears.

Dilani Mendis
Division of Physiotherapy
University of Queensland

Project Grants

ARA Project Grant

Characterisation of Jak 3 and STAT 4 positive dendritic cells in synovial tissue from patients with rheumatoid arthritis

Rheumatoid arthritis (RA) remains a major cause of morbidity and standard treatments fail to achieve adequate disease control in a significant proportion of patients. The recent availability of biologic therapies has improved disease control in those with refractory

disease. These agents target major pro-inflammatory mediators in RA. However, less than half of treated patients achieve a 50% reduction in affected joints. The study of intracellular signaling factors and their response to drug treatment may improve our understanding of the inflammatory processes in RA. In turn, this may lead to novel, more effective therapeutic interventions. Our laboratory contains a synovial tissue bank that holds joint tissue from normal subjects and those with osteoarthritis, RA and spondyloarthritis. In addition, it contains sequential biopsies before and after commencing treatment in 30 patients with RA. We have also collaborated with research centres in Europe to increase the number of joint tissue samples in patients prior to treatment. This grant has enabled us to successfully complete description of intracellular signaling factors that may have relevance in inflammatory arthritis. We will use this information to better characterise cell signaling paths in cell types thought to drive inflammatory arthritis. In addition, we have been able to develop other methods to confirm our findings at the level of protein production in very small numbers of cells.

Dr Jennifer Walker
Department of Rheumatology
Repatriation General Hospital

ARA Paediatric Grant

HPV immunisation in children with rheumatic disease

Human Papillomavirus (HPV) is the major cause of cervical cancer, as well as a contributing cause of several other cancers and conditions. There are now effective vaccines against the main cancer-causing HPV types: HPV16 and 18. Most research and discussion has focused on targeting the vaccine to young women and older adolescents and subsequently, a national free HPV vaccination program for adolescent girls commenced in 2007. There is no research on the use of this vaccine in patients who are immunosuppressed, such as patients with Juvenile Idiopathic Arthritis (JIA) or Systemic Lupus Erythematosus (SLE). Information on the immune response, safety and persistence of immunity following HPV vaccination in immunosuppressed children is needed and, thus, forms the basis of this project. The project's aim was to measure antibodies, monitor reactions to the vaccine, and document any potential worsening in disease activity following immunisation. In 2009 we began recruitment of participants into the study at the Women's and Children's Hospital, and have now successfully recruited seven participants at our site with recruitment ongoing.


Dr Christina Boros
University of Adelaide Discipline of Paediatrics
University of Adelaide

ASA-JIA Grant

(funded by Arthritis South Australia)

Building the Juvenile Idiopathic Arthritis Case-control Biobank

In 2008, we initiated a major research program aimed at discovering both the genetic and the environmental causes of juvenile idiopathic arthritis (JIA), and clarifying the ways in which these factors interact. We are working towards recruiting at least 1000 children with JIA (cases) who visit the Royal Children's Hospital for clinical care, and 1000 healthy children (controls) for comparison. In 2009 we recruited approximately 100 cases and 150 controls, which helped to build to our current total of



270 cases, and 400 controls. Each child that we have recruited donates a blood sample, which we carefully process for examination of genes, of markers of the working immune system, and of substances in the blood such as vitamin D which might be relevant to disease risk. Participating families also complete an extensive questionnaire which gathers information about events during pregnancy, in the early life of the child, and around the time of diagnosis. Our hope is that our research will pave the way for better treatments that address the root cause of the disease, rather than current treatments aimed at simply reducing pain and inflammation.

Dr Justine Ellis
Environmental & Genetic Epidemiology & Rheumatology
Murdoch Children's Research Institute & Royal Children's Hospital

Barbara Cameron Memorial Grant

The Role of Wnt Signalling in Experimental Osteoarthritis

The aims of our study was to use a mouse surgical model of osteoarthritis (OA) to study 1) the effect of joint destabilisation on bone formation by osteoblasts within the subchondral bone and correlate this to changes cartilage and OA severity; and 2) determine if changes in osteoblast function are associated with activation of the Wnt signalling pathway which is known to regulate bone formation. The study has allowed Dr Walsh and the research team at St Vincent's Institute (SVI) to firmly establish the surgical model of OA and endpoint analyses as routine procedures at SVI. The results presented in this report have formed the basis for a National Health and Medical Research Council project grant application for 2011 and we are aiming for a publication to be submitted on this work early 2011. This work also has provided basis for our investigations into our 2010 funded project: "Role of Oncostatin M in Bone Remodelling in Arthritis".

Dr Nicole Walsh
Bone, Joint and Cancer Unit, Rheumatology Division
St Vincent's Institute, Melbourne

Clitheroe Foundation Award and Kilimanjaro Ascent Grant

Identification of novel genes in ankylosing spondylitis using whole genome expression profiling

In our study we identified all the factors that are altered in ankylosing spondylitis (AS) sufferers. We made the assumption that these altered factors contribute to the disease pathology. We accomplished this by undertaking the characterisation of the activity of every single gene in the genome in AS patients using our state-of-the-art genomics facility in our laboratory. From these genes we confirmed that four genes with relevant functions to AS susceptibility were down regulated which, together with the other gene results, lead us to hypothesise that there is a malfunction in immune regulation. This meant that patients may not be able to clear infection properly which can result in AS. The significance of this data is supported by the fact it was published in the premier arthritis journal, *Annals of the Rheumatic Diseases* earlier this year. This work was primarily undertaken by an Honours Student in our laboratory, Ms Ran Duan. This has been a very successful project where we have made a significant contribution to developing an early diagnostic test for AS.

Dr Gethin Thomas
Musculoskeletal Genetics Research group
Diamantina Institute, University of Queensland

Rosalind Griggs Grant

A genome wide association study for MRI measures of osteoarthritis

Study continuing. Project completion expected at the end of 2010.

Dr Graeme Jones
Musculoskeletal Unit
Menzies Research Institute

Bruce Miller Grant

GILZ in human RA

Rheumatoid arthritis (RA) is a chronic disease that affects almost all joints in the body and 1% of people worldwide. Despite the various new treatments to manage the disease, glucocorticoids i.e. prednisolone continues to be a mainstay of RA therapy, with between 56% and 68% of patients continuing to require prednisolone. The use of prednisolone is associated with predictable and common side effects, which leads to the need for further exploration of how steroids work, so as to allow the development of 'steroid-sparing' therapies. GILZ is a substance in the body, which is increased when a patient takes prednisolone. We studied GILZ to help us understand how steroids work. We have detected GILZ in the joints of RA patients and in cells from the joints of RA patients. GILZ levels were increased by treating cells with a prednisolone-like drug and found that GILZ could decrease inflammation in the cells from rheumatoid patients. We presented this work at the American College of Rheumatology meeting in 2009 and published in the premier arthritis research journal *Arthritis and Rheumatism* in 2010.

Assoc Prof Michelle Leech
Department of Medicine
Monash University

NSW Branches Grant

(funded by Arthritis New South Wales)

The regulatory role of APC on arthritis

Rheumatoid arthritis (RA) primarily affects the joints, and ultimately leads to joint destruction, restricted mobility, and reduced life expectancy. The disease is also associated with other co-morbidities and mortalities, such as cardiovascular disease. Our research has provided early evidence that activated protein C (APC) reduces the severity of RA by preventing the abnormal immune and inflammatory response. This approach is different to that used with the current range of biological therapy which targets the main inflammatory mediators, such as tumour necrosis factor TNF- α . By blocking the abnormal immune events upstream of the inflammatory cascade, APC's actions would be more comprehensive than the current biologicals, as it would not only suppress upstream inflammatory signal pathways, but also inhibit the overexpression of a range of inflammatory mediators, including TNF- α and interleukin (IL)-1 and -17. In addition, APC is known to have few side-effects. Thus, these results suggest that APC will provide a wide-ranging and safe therapy for RA with a novel mechanism of action. The knowledge gained from this project is likely to provide direction for new strategies to prevent joint destruction in arthritis.

Assoc Prof Christopher Jackson
Department of Rheumatology
University of Sydney at Royal North Shore Hospital

Research

Ray and Pam Robinson Award for Rheumatology Research ***The role of G-CSF in crystal induced arthritis and Kawasaki disease***

The aim of this project was to explore antagonism of endogenous granulocyte-colony stimulating factor (G-CSF) as a new therapeutic approach to crystal-induced arthritis and Kawasaki disease (KD). We developed a mouse model of gout and our results establish a link between G-CSF and crystal-induced inflammation. G-CSF is rapidly induced in the mouse model and the neutrophil infiltrate is significantly reduced in the absence of G-CSF. We are currently preparing a manuscript on this work and will continue further research on how G-CSF promotes crystal-induced arthritis. In contrast, reduction of G-CSF in the *Candida Albicans* water soluble extract (CAWS) induced model of KD showed no beneficial effect. However, in these experiments we also included control mice deficient in GM-CSF, a related cytokine which regulates other aspects of neutrophil function. GM-CSF deficient mice were markedly protected from CAWS induced vasculitis. These results are potentially very exciting given the recent development of therapeutic monoclonal antibodies which antagonise the action of GM-CSF and unmet clinical needs in KD. This work forms the basis of further studies and we have applied to the National Health and Medical Research Council for funding of a comprehensive project based on these results.

Prof Ian Wicks

Autoimmunity and Transplantation Division

Walter and Eliza Hall Institute of Medical Research

SA LSS Support Group Grant

(funded by Arthritis South Australia)

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

Because of the lack of anthropological measurements in normal hands we have measured hand variables including length, open and closed span, hand height and finger length in 200 'normal' controls, the point prevalence of finger ulcers overlying joints, and baseline hand function scores using the Cochin hand questionnaire. From these 'normal' measurements we have compared hand data in scleroderma patients largely with varying degrees of finger clawing. The funding for this study grant has been used to also 1) further develop three indices of quantitative measurement of finger clawing in scleroderma patients, and 2) to investigate the relationship, if any, between finger clawing and finger ulceration overlying finger joints. The study is ongoing both because of its multiple aims, and the need to collect more data especially on patients with finger joint ulceration.

Dr Helen Englert

Department of Rheumatology

Westmead Hospital

Scleroderma Australia Grant

(funded by Scleroderma Australia)

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

During the year we began accruing both scleroderma patient samples and normal control skins. However the numbers of systemic sclerosis (SSc) patients with early aggressive disease and consenting for skin biopsies have been lower than expected, the process to obtain samples from up to 10 patients is still ongoing. In the meantime, we have started storing immune cells from the peripheral blood of SSc patients which can also be used to test our hypothesis of abnormalities in certain genetic elements (micro RNAs)

in patients with this disease. We also set up an experimental model of this condition by using normal skin samples to test our hypothesis. Results from experiments, run on three normal skin samples, yielded encouraging results and were consistent with our hypothesis that abnormalities in genetic elements (micro RNAs) can lead to changes with characteristics of scleroderma in the skin cells. Further work is being undertaken to validate these findings in scleroderma skin biopsies and peripheral blood samples, and looking at ways to manipulate this system to halt progression of fibrosis.

Dr Pravin Hissaria

Division of Human Immunology

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

Assessing early pulmonary hypertension in scleroderma

The aim of this project was to examine changes in pressure within the lung arteries when the flow through the lungs is increased using a drug called dobutamine in patients who have scleroderma and may be at risk of developing high blood pressure in the lungs (pulmonary arterial hypertension). We wanted to find out whether we can identify early changes in the lung arteries which may progress to pulmonary arterial hypertension using a new ultrasound test to measure flow and pressure in the lungs. We have been able to show that the testing is safe for the participants and provides measurable changes in lung artery pressure and flow which can be used to derive an index of lung blood vessel function. We continue to recruit new participants and have begun follow-up testing in some of the current participants to test the stability of our new test findings. It is anticipated that the study will be completed during 2011 and final results will be available by the end of that year.

Dr David Prior

Department of Cardiology & Rheumatology

St Vincent's Hospital, Melbourne

Allan Stephens Grant

Protective effects of collagen antibodies in arthritis

Autoantibodies to type II collagen (CII), the major protein in cartilage, are found early in the disease for patients with rheumatoid arthritis (RA). Mice injected with CII develop arthritis similar to human RA, and produce antibodies to CII which are identical in specificity to those occurring in RA. Many of the mouse antibodies to CII (derived as monoclonal antibodies) cause severe arthritis when injected into unimmunised mice. However, one antibody called CIIF4 does not cause arthritis and actually prevents arthritis development when injected with arthritogenic antibodies. We found that the antibodies that cause arthritis also cause damage to cartilage slices growing in culture medium, whereas the antibody CIIF4 will prevent this damage. This has allowed us to examine just how CIIF4 prevents cartilage damage and arthritis. We proposed that it blocks the action of the enzyme MMP-3 which is important in cartilage breakdown, and causes cartilage damage in RA and osteoarthritis. However, although inhibition of MMP-3 activity did reduce cartilage damage, this inhibition did not entirely mimic the effects of CIIF4. Our work has shown that antibodies to CII can cause cartilage damage, or be protective, depending on their preference for reactivity with different parts of the CII molecule. More detailed studies should unravel mechanisms that can regulate the full development of arthritis.

Assoc Prof Merrill Rowley

Department Biochemistry and Molecular Biology

Monash University



Fellowships

AFA-ARA Heald Fellowship

(funded by Vincent Fairfax Family Foundation)

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

Lung fibrosis is a major cause of death in patients with systemic sclerosis (SSc). In this study we investigated the role of PPAR γ a cellular factor that is expressed in macrophages that are involved in stopping inflammation. Macrophages are specialist immune cells that act by starting or stopping inflammation and may be important in the progressive development of lung fibrosis. Recent interest in the involvement of macrophages in repairing damaged tissue has grown. Interestingly, these two types of macrophage have different signatures which can be used to tell them apart. This study has shown that PPAR γ is an identification marker for anti-inflammatory macrophages but is not involved in determining the specific job of these cells. Further work investigating on understanding how to control the actions of macrophages to lessen the detrimental effect of excessive macrophage function in lung fibrosis is required.

Dr Cecilia Prele

Division of Molecular Biotechnology

Telethon Institute for Child Health Research

ARA Practitioner Fellowship

Using information and communication technology to support improvements in an ambulatory rheumatology practice

This project aimed to determine how information and communication technology can be used in a public hospital-based rheumatology practice to support work innovation and produce measurable improvements in efficiency, effectiveness and patient outcomes. Specifically we aimed to measure the capacity of clinicians to maintain intensive treatment and monitoring protocols for patients taking disease modifying medications (DMARDs) for inflammatory arthritis before and after the implementation of an electronic monitoring tool. Preliminary results suggest that clinicians believe that their work practice is more systematic and more clearly documented since introduction of the tool. We have been able to formally assess introduction of an electronic tool into day-to-day clinical practice which improves documentation, allows clinicians to be more systematic in their practice and which is likely to free up nursing staff to undertake more clinical activities in the future.

Conj Assoc Prof Kathryn Gibson

Rheumatology Department Liverpool Hospital
Sydney South West Area Health Service

Scholarships

Eileen Urquhart

(funded by Arthritis Victoria)

Expression and function of GILZ in models of rheumatoid arthritis

Despite the various novel therapies to manage rheumatoid arthritis (RA), glucocorticoids (GC) continue to be a mainstay of RA therapy, with between 56% and 68% 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 recently published work from this project has shown that GILZ is an important endogenous inhibitor in inflammation and appears to be required for the effects of GC in vitro and in vivo.

Devi Ngo

Department of Medicine

Monash University

2010

Projects currently being undertaken:

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 to Year 12?

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.

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

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

Environmental and Genetic Epidemiology Research

Dr Justine Ellis

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

Prof Mark Forwood

School of Medicine, Griffith University

Research

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

Dr Catherine Hill

Rheumatology Unit, The Queen Elizabeth Hospital

Barbara Cameron Memorial Grant

Oncostatin M Signalling and Bone Remodelling in arthritis

Dr Nicole Walsh

The Bone, Joint and Cancer Unit, St Vincent's Hospital Melbourne

Examination of the effectiveness of Diffusion Weighted Magnetic Resonance Imaging for identifying poor prognosis in patients with rheumatoid arthritis

Dr Paul Bird

Rheumatology Department, Prince of Wales Hospital Sydney

Clitheroe Foundation Award

Using genes to assess the risk of inflammatory arthritis

Prof Mathew 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

Dr Hai Bac Tran

Rheumatology Department, The Queen Elizabeth Hospital

Scleroderma Australia Grant

(funded by Scleroderma Australia)

Arterial stiffness in scleroderma

Dr Gene-Siew Ngian

Department of Medicine (RMH/WH), University of Melbourne

High Resolution CT Lung in Scleroderma

Dr Mandana Nikpour

Rheumatology Department, St. Vincents Hospital Melbourne

Zimmer Australia Grant

(funded by Zimmer Australia)

Rates of Knee Arthroscopic Surgery in Victoria, 2002-2009

Ms Caroline Brand

Centre for Research Excellence in Patient Safety, Department of Epidemiology & Preventative Medicine, Monash University

GILZ function in endothelial biology

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

Dr Donna Urquhart

Epidemiology and Preventive Medicine, Monash University

Scholarships

Eileen Urquhart Scholarship

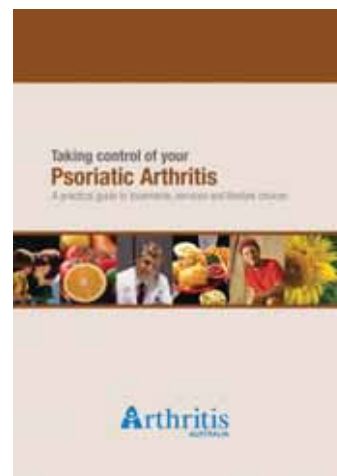
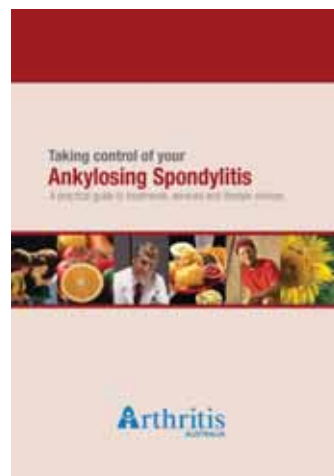
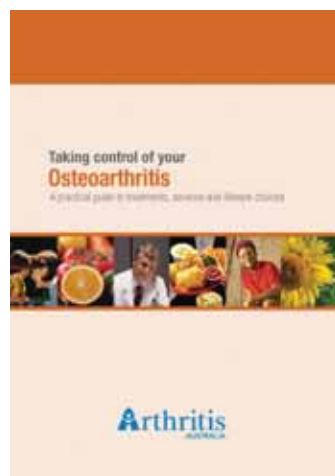
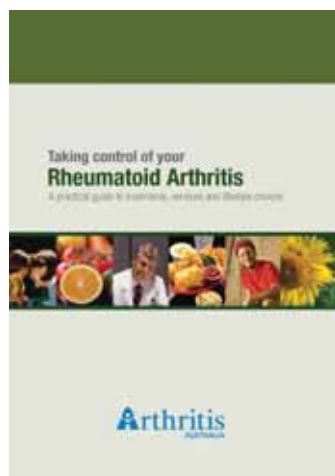
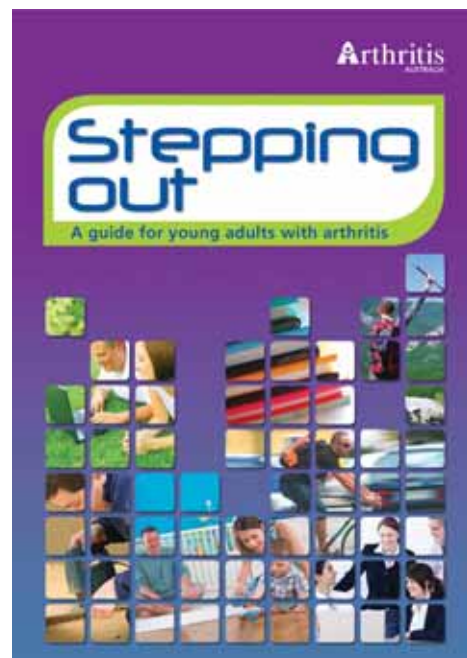
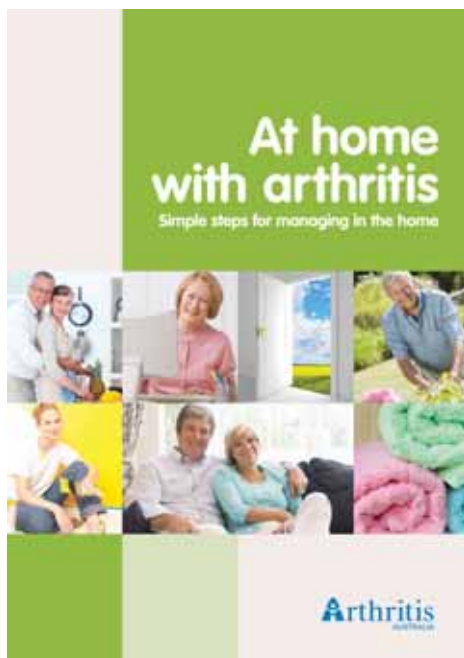
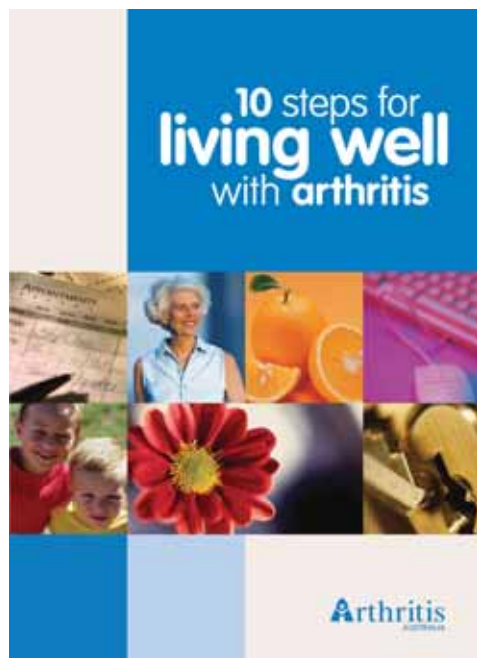
(funded by Arthritis Victoria)

Expression and function of GILZ in models of RA

Devi Ngo

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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Bruce Wallis
Mark Ward
Christine Woodruff

Research

Arthritis New South Wales – NSW Branches Scholarship
Arthritis Queensland – Enid and Leonard Shepherd Trust
Arthritis South Australia – SA LSS Support Group & JIA Grant
Arthritis Tasmania – Win Dunne Research Award
Arthritis Victoria – Eileen Urquhart Scholarship
Arthritis Western Australia – general grant funding
Australian Rheumatology Association
Clitheroe Foundation
Rosalind Griggs
Jean Hale – Barbara Cameron Memorial Grant
Kilimanjaro Ascent Team
James Kirby Foundation
Ann Miller – Bruce Miller Grant
Pam Robinson – Ray and Pam Robinson Award
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Estate Beryl Stephens – Allan and Beryl Stephens Grant
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Coverforce Insurance Broking

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RBS Morgans

Royal Flying Doctor Service



Finance

Statement of Financial Position

	09/10 \$	08/09 \$
Current Assets		
Cash Assets	1,414,269	2,112,876
Receivables	387,313	208,592
Financial Assets	-	-
Total Current Assets	1,801,582	2,321,468
Non-Current Assets		
Receivables	17,900	25,000
Investments	3,823,384	3,001,208
Property, Plant & Equipment	9,561	11,833
Total Non-Current Assets	3,850,845	3,038,041
Total Assets	5,652,427	5,359,509
Current Liabilities		
Payables	827,058	1,148,403
Provisions	315,737	501,580
Total Current Liabilities	1,142,795	1,649,983
Non Current Liabilities		
Long Term Provisions	5,610	2,770
Total Non Current Liabilities	5,610	2,770
Total Liabilities	1,148,405	1,652,753
Net Assets	4,504,022	3,706,756
Accumulated Funds		
Contractually restricted funds	3,731,840	3,095,620
General Funds	772,182	611,136
	4,504,022	3,706,756

Statement of Comprehensive Income

	09/10 \$	08/09 \$
Income		
Donations/fundraising		
General	2,339,127	1,336,736
Affiliates	258,250	398,250
Total	2,597,377	1,734,986
Sponsorship	-	61,531
Membership Fees	1,680	1,481
Investments		
Interest	27,543	46,978
Profit on Sale	(8,595)	7,370
Dividends	225,268	261,558
Total	244,216	315,906
Other	38,036	56,720
Total Income	2,881,309	2,170,624
Expenses		
Research	621,089	878,842
Patient & Community Services	51,734	36,502
Education & Awareness	1,662,334	915,063
Administration	295,179	324,185
Fundraising	154,201	186,070
Depreciation	3,771	5,246
Total Expenses	2,788,308	2,345,908
Net Surplus/(Deficit)	93,001	(175,284)
Other Comprehensive income		
Contribution to contractually restricted funds	500,000	262,000
Adjustment in respect of prior year	(7,642)	-
Asset Revaluation / (Devaluation)	211,907	(689,901)
Change in Foundation Funds	797,266	(603,185)

Total Foundation Funds at 30 June 2010 include \$ 3,731,840 (2009 \$ 3,095,620) of contractually restricted research funds administered by the Foundation.

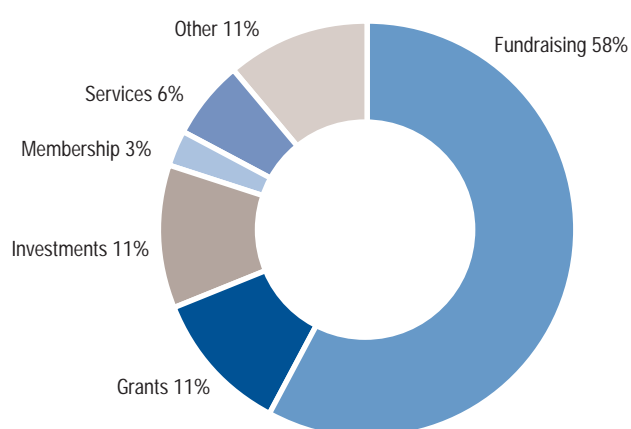
The above tables showing the Statement of Financial Position and Statement of Comprehensive Income for the year ended 30 June 2010 have been prepared from audited financial statements passed by the Board of Directors, who are responsible for the presentation of the financial statements and the information they contain. The complete financial report of the Foundation and the audit report by William Buck is available from Arthritis Australia PO Box 550 Broadway NSW 2007.

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 \$33,165,291 million and liabilities of \$3,282,571 million.

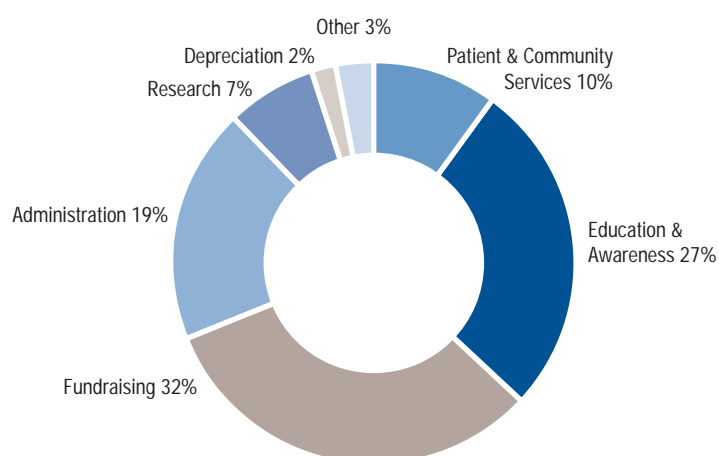
Revenue

Fundraising	\$10,107,841	58%
Grants	\$1,937,498	11%
Investments	\$1,922,663	11%
Membership	\$564,052	3%
Services	\$1,046,414	6%
Other bjd/sponsorship	\$1,971,012	11%
TOTAL	\$17,549,481	100%



Expenditure

Patient & Community Services	\$1,557,437	10%
Education & Awareness	\$4,291,583	27%
Fundraising	\$5,164,924	32%
Administration	\$2,960,029	19%
Research	\$1,119,907	7%
Depreciation	\$348,894	2%
Other	\$485,821	3%
TOTAL	\$15,928,598	100%



Contacts

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Ron Richardson - Financial Administrator

Fergal Barry - Strategic Partnerships Manager

Dora Stavrakis - Marketing & Administration Coordinator

Mischa Warren - Projects Coordinator

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Ric Forlano - Executive Director



