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“We lead, support and enable all health workers and researchers to prevent, cure and relieve disability from lung disease.”

The Thoracic Society of Australia and New Zealand is a company limited by guarantee established to improve the knowledge and understanding of lung diseases, to prevent respiratory illness through research and health promotion, and to improve health care for people with respiratory disorders.

To achieve these aims, the Society promotes the:

- Highest quality and standards of patient care
- Development and application of knowledge about respiration and respiratory disease
- Collaboration between all national organisations whose objects are to improve the well-being of individuals with lung disease and to promote better lung health for the community.
- Professional needs of the membership
- Goal of a tobacco smoke free society.

2017 HIGHLIGHTS

- Hosted the APSR 2017 Congress
- Over 46 branch events and approximately 2,000 participants
- Launched the Recognition of Competency in Thoracic Ultrasound program
- Reached > 1,500 members
- Offered 50th Anniversary Benevolent Grant

SOCIAL MEDIA

- TSANZ - Thoracic Society of Australia and New Zealand
- The Thoracic Society of Australia and New Zealand (TSANZ)
- @TSANZ_thoracic
2017 President’s Report

As you will know from the Treasurer's report, 2017 was another sound financial year for the TSANZ. In fact, while we had anticipated a deficit budget, we have actually achieved a significant surplus. This surplus will allow us to meet the costs of a number of activities already scheduled for 2018 and, after costs, provide a modest buffer against the possibility of a deficit cycle in future years. It is important to look at a longer period of time than just one year when contemplating the TSANZ assets and both our accountants and auditors have cautioned against profligacy. Nevertheless, the TSANZ remains committed to member driven initiatives (within budget) and will carefully consider worthwhile projects.

The TSANZ remains actively involved in advocacy work with many policy submissions this year, most prominently the Parliamentary Inquiry into e-cigarettes and vaping, lung cancer research funding, and ongoing work in coal worker’s pneumoconiosis. The TSANZ was also instrumental in bringing about the change to the National Health and Medical Research Council (NHMRC) Field of Research classification, formerly labelled “Cardiovascular Medicine and Haematology”, being updated to include “respiratory” and will now for the first time formally read “Cardiorespiratory Medicine and Haematology”.

The TSANZ published another suite of clinical documents this year including a competency statement from the IP SIG, “Recognition of Competency in Thoracic Ultrasound”. Two position papers were published in partnership with Lung Foundation Australia (LFA), “Treatment of Idiopathic Pulmonary Fibrosis in Australia and New Zealand” and “The Interstitial Lung Disease Multidisciplinary Meeting”. Another seven clinical documents are currently under development.

Building on the success of our courses and workshops last year, the TSANZ held eight educational courses in 2017 including the Pleural Procedures & Bronchoscopy Course in New Zealand which was booked-out for the second year in a row. As a TSANZ-first, we launched online live streaming to members for the “COPD in the Age of Precision Medicine” course in June. The State Branches have put on over 46 branch events this year, with approximately 2,000 participants. The TSANZ acknowledges the work of our Branch Executive teams and SIG convenors, as these are the people at the coal face who respond and manage the needs of members. The 2017 TSANZ Annual Scientific Meeting (ASM) was an unprecedented success, and with 1,294 attendees it was almost our biggest to-date. The Asian Pacific Society of Respirology (APSR) Congress was also extremely successful, with approximately 2,500 delegates.

On the Research and Awards front, the TSANZ dispersed $840,500 worth of award funding in 2017. The research portfolio has now grown to $1 million for dispersement in 2018. For the 2017 awards round, nearly 200 award applications were received and reviewed by the tireless Research Sub-Committee. Our thanks go to all members and assessors.

There are currently 43 TSANZ-accredited laboratories. The Laboratory Accreditation Program has expanded to include more assessors and once again the Board would like to thank all the members of the Professional Standards Sub-Committee and the Laboratory Accreditation Committee. In particular, we extend a vote of gratitude to John Wheatley for his sterling efforts at the helm of the Laboratory Accreditation Committee. John has overseen this program and continued to develop it into a highly respected and valued service.

The TSANZ membership has reached an all-time high at 1,530 members, with the highest membership growth in the TSANZ recent history. A total of 159 new members were endorsed by the Board this year. The 2017 renewal period recorded a 95% renewal rate. Thank you for your ongoing support of the society.

Three of our Board members are completing their first term in 2017 and nominations for Board positions and President Elect opened in late 2017. As I finish my first year as President of the TSANZ, I would like to offer my deep appreciation to all of our members for their dedication to the work of respiratory health and research. Together we can do great things to improve respiratory health. The TSANZ has a building role within the community and government due to the experience, drive and vision of our members. The first two years of my presidential term have been associated with a rapid learning phase and a developing understanding of how our great society works. It truly is a privilege to be involved in this capacity, despite the many impossibly short timelines, which, on reflection, often stem from Government!

So, in closing, I look forward to working with the incoming President Elect so there can be a smooth transition over the next two years, just as I was fortunate to be able to work with Peter Gibson during the term of his presidency and to assimilate the wisdom of his wise counsel. The Board will very much miss “P1” and we wish him all the best in this next phase of his very productive career.
Professor Allan R Glanville
President/Chair, Chair of the Strategy and Management Sub-Committee
Prof Glanville is Conjoint Professor of Medicine UNSW and holds current positions on the Editorial Board of the American Journal of Respiratory and Critical Care Medicine, American Journal of Transplantation, the Journal of Heart and Lung Transplantation and Seminars in Respiratory and Critical Care Medicine. Former positions include Past President of the International Society for Heart and Lung Transplantation and Chair of the European and Australian Investigators in Lung Transplantation. His research interests include chronic lung allograft dysfunction and translational aspects of the respiratory virome.

Professor Bruce Thompson
Treasurer, Chair of the Finance, Risk and Audit Sub-Committee
Prof Thompson is Head of the Physiology Service within the Department of Allergy, Immunology and Respiratory Medicine, Alfred Hospital and Central Clinical School Monash University. His research interest centres on the structure and function of the small airways in a range of respiratory conditions. He is a member of the Global Lung Initiative TLCO taskforce and currently on the international committee rewriting the TLCO. His contribution to respiratory research and laboratory measurement was recognised in 2011 when he was awarded the ANZSRS research medal (Fellowship).

Professor Hubertus Jersmann FThorSoc
Director, Secretary of the TSANZ Board, Board Representative on RACP Specialty Training Committee, RACP Education Liaison
Prof Jersmann is coordinator of clinical teaching, years 4-6, at the University of Adelaide Medical School. He is an examiner for the RACP and a member of the Specialist Training Committee (STC) Respiratory & Sleep and until recently served on the TSANZ Education & Training Sub-Committee. He practices Respiratory & Sleep Medicine at the Royal Adelaide and Alice Springs Hospitals. His special interest is interventional pulmonology. His research interests are in the immunopathology of lung macrophages and epithelia in COPD and lung cancer. Hubertus is passionate about the impact of air quality on health.

Professor Peter Gibson FThorSoc
Past President
Prof Gibson is a NHMRC Practitioner Research Fellow, Senior Staff Specialist in the Department of Respiratory and Sleep Medicine at the John Hunter Hospital, and Conjoint Professor of Medicine in the Faculty of Health at the University of Newcastle. His current research areas include mechanisms and treatment in asthma, cough, COPD, and the use of biomarkers in airway diseases. He has participated in several national and international guideline panels.

Professor Sandra Hodge
Director, Assistant Treasurer, Co-Chair of the Research Sub-Committee
Prof Hodge is a University of Adelaide Beacon Research Fellow and Head of the Chronic Inflammatory Lung Disease Research Lab at the Royal Adelaide Hospital and University of Adelaide. Her research interests include macrophage-targeted therapeutic approaches for chronic lung diseases including COPD, steroid-resistant asthma and childhood bronchiectasis. She has previously served as a member of the TSANZ Research Sub-Committee for five years and as Convenor of the Cell, Immunology & Molecular Biology of the Lung SIG.

Dr Denise O’Driscoll
Director, Chair of the TSANZSRS Conference Committee
Dr O’Driscoll is the Chief Sleep Scientist at the Department of Respiratory and Sleep Medicine at Eastern Health, Victoria and an Adjunct Senior Research Fellow at Monash University. She has previously served as a member of the TSANZ Research Sub-Committee for five years, disbursing grants and fellowships including the annual YIA. She is a strong advocate for early and mid-career research funding and clinical education for Respiratory & Sleep Advanced Trainees. Her main research interests are in the cardio-metabolic consequences of sleep disordered breathing. Dr O’Driscoll has worked in the field of Respiratory and Sleep Medicine for 20 years.
**Clinical Associate Professor Peter Middleton**  
*FHThorSoc*  
**Director, Chair of the Education and Training Sub-Committee**  
Clinical Prof Middleton is a Senior Staff Specialist in Respiratory & Sleep Medicine and CF Centre Director at Westmead Hospital, and Clinical Associate Professor at Sydney Medical School. He runs a large clinic caring for patients with CF and non-CF bronchiectasis, and is involved in scientific and clinical studies of new treatments. He leads the only diagnostic service in Australia which provides nasal potential difference and mucociliary clearance testing for assessment of patients with bronchiectasis. He is a member of the European CF Society Diagnostic Network and is also the European Respiratory Society delegate for Australia.

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**Professor Anne Holland**  
*FHThorSoc*  
**Director, Chair of the Clinical Care and Resources Sub-Committee**  
Prof Holland is the Clinical Chair in Physiotherapy at Alfred Health in Melbourne, a joint appointment with La Trobe University. Prof Holland leads a research program that investigates new models of pulmonary rehabilitation to improve access and uptake, including use of novel technologies and the expansion of rehabilitation to new patient groups. She has a strong interest in translation of research findings into practice and has chaired a number of national and international clinical guideline committees. In 2016 she was awarded the American Thoracic Society Pulmonary Rehabilitation Assembly Award, in recognition of a career of service to the field of Pulmonary Rehabilitation.

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**Dr David Fielding**  
*FHThorSoc*  
**Director, Chair of the Professional Standards Sub-Committee, Board Representative on RACP Specialty Training Committee**  
Dr Fielding graduated from the University of Queensland Medical School in 1987. Since then he has pursued a career in clinical and research aspects of Procedural Thoracic Medicine. He heads the Royal Brisbane and Women's Hospital Department of Bronchology. Dr Fielding serves on the Education & Training Sub-Committee and is active in ongoing procedural course teaching. He also serves on the RACP STC for Thoracic Medicine where the present focus is on integrating procedural training logs with all other training log book items.

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**Professor Philip Hansbro**  
*FHThorSoc*  
**Director, Co-Chair of the Research Sub-Committee**  
Prof Hansbro holds a personal chair in Immunology and Microbiology at the Hunter Medical Research Institute and University of Newcastle, Australia and is the Associate Director of the Priority Research Centre for Asthma and Respiratory Diseases there. He is also an NHMRC Principal Research Fellow. He has established internationally recognised research programs in studies of infections, asthma and COPD, and recently lung cancer. He has a substantial funding record of obtaining nationally competitive grants that support his group. He is an active advocate for respiratory research in lobby groups and is regularly in the press promoting research and funding.

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**Dr Richard Laing**  
*FHThorSoc*  
**Director, NZ Branch President**  
Dr Laing is a full time respiratory physician at Christchurch Hospital. He is the lead physician for the South Island Adult Cystic Fibrosis Service. He is also a Clinical Senior Lecturer at the Christchurch School of Medicine & Health Sciences and a member of the Canterbury Respiratory Research Group. His research interests include Pneumonia and Cystic Fibrosis. Dr Laing also hold an active role in Cystic Fibrosis New Zealand as a member of the Clinical Advisory Panel.

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**Dr John McLachlan**  
**Director, Branch President**  
Dr McLachlan is a clinician in full time public practice with a main focus in Physiology & Sleep medicine. He is the head of the Pulmonary Physiology & Sleep Centre at the Fiona Stanley Hospital in Perth WA, having moved from NZ, and initially South Africa where he trained in General and Respiratory & Sleep Medicine. Dr McLachlan has served the TSANZ in several capacities as Member, Treasurer and President of Branches, Member & Chair of the CCRS and Branch Director.
Chief Executive Officer’s Report

2017 has been a busy and successful year for the TSANZ. I would like to thank all our members who have helped us to achieve so much. This year has seen us deliver more branch events, more education events, online training, live streaming and the ASM and APSR Congress.

The President’s report outlines some of our achievements in 2017 and I am particularly pleased with the work we have achieved in the advocacy space. During 2017, we continued to work on a range initiatives including:

- the MBS review;
- best practice standards for the delivery of spirometry to coal workers in partnership with the Queensland Government;
- lobbying for the development of a national occupationally acquired dust diseases register;
- raising awareness of silicosis in kitchen stone cutters and other at risk occupations; and
- a significant amount of work in regards to e-cigarettes, culminating in the formation of a working group to develop a TSANZ position paper.

Some of the highlights of our advocacy work are detailed in the Advocacy Report. It was also very pleasing to see our members reach out to the TSANZ for assistance during the year. This included activities such as working to ensure COPD patients under 65 are able to access assistance as a result of recent changes associated with NDIS (a work that is still in progress – if you are experiencing problems with this issue, please do contact us!).

Supporting the correct application of item numbers for multidisciplinary team meetings in IPF, supporting the development of a clinical trials network and registry work through the TSANZ and assisting with TGA issues.

The year has been marked by significant collaboration. We continue our work with LFA to jointly support research funding and called for three awards through this program in 2017. The winners will be announced at the ASM. Our relationship with LFA saw us respond jointly to government on a range of issues. This included working at a federal level to raise awareness of dust diseases and both organisations getting mentioned in the Green’s Notice of Motion in the Senate. We have also worked with Heart Foundation, Cancer Australia, Cystic Fibrosis Australia, ANZSRS, the Dust Diseases Authority in NSW, the Department of Natural Resources and Mines in Qld, and the Asthma and Respiratory Foundation in NZ to name just some of our active collaborations over the year.

Education initiatives increased this year, including the post graduate courses, a short course on COPD which included live streaming, the NZ Pleural Procedures and Bronchoscopy Course and online training for laboratory assessors. We commenced work with the Agency for Clinical Innovation on online training modules for O2 delivery based on the TSANZ guidelines. Work has commenced on the scoping of a training program in respiratory physiology. The IP SIG had a very busy year launching the competency program for thoracic ultrasound and commencing work on competency guidelines for bronchoscopy, ICC insertion and EBUS. We released our logbook which was developed by TSANZ members together with the RACP Specialty Training Committee. The logbook is accessible on our website. The year also saw us working with ANZSRS on standards for spirometry training. Our ASM was a major success that was followed up with another major conference in November as we partnered with the Asian Pacific Society of Respirology to deliver the APSR Congress in Sydney.

Our financial position is sound and it is important to acknowledge and thank our members, donors and sponsors for their support of our events and research programs throughout the year. We are in a strong and sustainable financial position.

As a staff team, we have had a busy, at times hectic, year supporting the work of the TSANZ. It has been our absolute pleasure to work alongside you and to see the achievements of our members and to experience the real difference that can be achieved by the TSANZ. I would like to thank our staff team for their professionalism and commitment. It is a joy to come to work with this team every day.

Our Board is truly exceptional. A diverse, knowledgeable and energetic Board leads the TSANZ. They are insightful, dedicated and committed. Most of the Board meetings during the year (there are six) come with over 300 pages of Board papers. Each of the Board members also assumes responsibility for areas of operations which involve regular meetings and review activities. This level of work is quite an ask of people who are already professionally busy and with their own lives to lead outside of work. The board members are diligent and active in their duties on your behalf. I thank them, and ask you to do so also, for their commitment to the TSANZ.

I would like to pay special tribute to Peter Gibson who will leave the Board after his four years in the Presidential role. His leadership and wisdom has been outstanding. His infectious sense of humour has been a joy and he will be sorely missed by Board and staff alike. We thank him for his work and wish him all the very best in his future roles.

As 2018 is upon us, I look forward to working with you all to further develop the TSANZ to meet our members’ needs and to ensure that we continue to be recognised as the “Leaders in Lung Health”.

Tanya Buchanan
### Categories

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### Total Members

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<td>1449</td>
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### Partner Organisation Memberships

- **European Respiratory Society (ERS):** 462
- **Lung Foundation Australia (LFA):** 122
- **World Association of Bronchology & Interventional Pulmonology (WABIP):** 97
Government submissions

Pharmaceutical Benefits Advisory Council, Drug Utilisation Sub-Committee

- Post-market Review of Pulmonary Arterial Hypertension (PAH) Medicines
- Tobramycin inhalation review
- Response to the Draft Report for the Post-market Review of COPD Medicines
- Biosimilar Uptake Drivers Implementation

MBS Review

RACP Training Network Principles Survey

Department of Natural Resources and Mines spirometry review and standards

NSW Tobacco Strategy 2018-2022 feedback

NHMRC Consultation on Clinical Guidelines

NSW Legislative Council’s Standing Committee Regarding the First Review of the Dust Diseases and Lifetime Care and Support Schemes

Inquiry into the Use of Electronic Cigarettes and Personal Vaporisers in Australia

Select Committee into Funding for Research into Cancers with Low Survival Rates

NHMRC Public consultation on “A Framework for NHMRC Assessment and Funding of Clinical Trials and Cohort Studies”
Government Hearings

- NSW Legislative Council’s Standing Committee Regarding the First Review of the Dust Diseases and Lifetime Care and Support Schemes
- Inquiry into the Use of Electronic Cigarettes and Personal Vaporisers in Australia
- Select Committee into Funding for Research into Cancers with Low Survival Rates

THE THORACIC SOCIETY OF AUSTRALIA AND NEW ZEALAND LTD - FINANCIAL HIGHLIGHTS

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Clinical Care and Resources Sub-Committee (CCRS)

The main objective of the CCRS is to foster best clinical care in thoracic medicine by promoting the use of peer-reviewed evidence-based clinical standards and to provide advice to government, members and interested stakeholders about issues that impact on the practice of thoracic medicine. The CCRS provides oversight for the development of the TSANZ guidelines and position papers, some of which are initiated by members and some commissioned by the TSANZ Board. The contribution of the TSANZ SIGs is critical to ensuring our clinical documents reflect best practice. The CCRS also collaborates with other Australian, New Zealand and international professional bodies to produce documents which guide practice, research education and policy.

Major achievements in 2017 were the publication of:

- ‘Australia and New Zealand Pulmonary Rehabilitation Clinical Guidelines’;
- ‘Treatment of idiopathic pulmonary fibrosis in Australia and New Zealand Position Paper’; and
- ‘The Interstitial lung disease multidisciplinary meeting Position Paper’.

All of these documents have been published as Open Access in the journal Respirology, to facilitate their widespread use. A significant achievement was the endorsement of the Nutritional Guidelines for Cystic Fibrosis in Australia and New Zealand as an NHMRC-approved guideline. The TSANZ is the primary custodian of this guideline. The CCRS congratulates and thanks the authors of these excellent documents.

2017 saw the CCRS work in conjunction with the Centre of Research Excellence in Pulmonary Fibrosis (CRE-PF) and Lung Foundation Australia (LFA) in the development of a dissemination plan for the two abovementioned published IPF Position Papers. This will establish the pathway for the adoption of the guideline in the wider community and in health policy.

The TSANZ is the peak health body representing diverse professions in respiratory health. As such, the CCRS has received a growing number of review requests for guidelines and position papers from a range of professional bodies. This presents an opportunity for the TSANZ to actively take part in realising the aim of promoting the highest quality and standards of patient care.

With the assistance of the TSANZ SIGs, the CCRS consulted on:

- The COPDX guideline V2, a joint initiative with Lung Foundation Australia;
- Management of Tuberculosis: A Guide for Clinicians;
- Working environment risks for health care workers with cystic fibrosis (and other suppurative lung diseases), which was endorsed by the Board in late 2017 for publication in 2018; and
- The TSANZ Summary Statement on Sarcoidosis.

2018 will be another busy year for the CCRS, with a major focus being on supporting the writing groups of position papers on:

- Electronic Nicotine (and non-nicotine) Delivery Systems (ENDS/ENNDS);
- Alpha-1 antitrypsin deficiency;
- Work-Related Asthma in partnership with National Asthma Council Australia; and

The CCRS will also continue to review all clinical documents to ensure they are kept up to date and reflect current standard practices.
The main objective of the ETS is to advise the Board on matters concerning Education and Training and to initiate educational activities to enhance the professional development of members.

The main achievement in 2017 has been the delivery of the inaugural Post-Graduate courses at the ASM. Three courses held immediately before the ASM in Canberra, focused on different themes with differing audiences. The Course Convenors are commended for their time and efforts in organising such well-attended and successful courses. Other highlights for the year include the inaugural use of live-streaming for the COPD course, titled “COPD in the Age of Precision Medicine” held in Sydney in June. The live-streaming option proved popular with interstate and New Zealand members and was executed smoothly, so live-streaming will be considered for future courses. Once again, the practical New Zealand Pleural Procedures and Bronchoscopy Course filled quickly and was oversubscribed. Participants had the opportunity to practice their skills using state of the art machines on mannequins and patients. This course was one of the many TSANZ Endorsed Pleural Ultrasound courses allowing more members to become recognised as competent in thoracic ultrasound.

Finally, in keeping with the TSANZ Board’s strategic mandate on professional and cultural diversity, the ETS has developed procedures to encourage diversity when developing new courses.

There are plenty of exciting activities planned for 2018 – with the launch of an award for the Best Training Video, continuing growth of both education and competency-based programs with the Interventional Pulmonology SIG, with increasing live-streaming of events.

We would like to thank Claire Wainwright for her hard work as the previous Chair of the ETS and are pleased that she remains the ETS Paediatric Representative. We thank the outgoing members David Fielding, Anastasia Hutchinson and Ben Kwan for their input to the ETS during their time on the Sub-Committee. We welcome the new members Meera Srinivasan, Sukhwinder Sohal, Georgina Paterson and Cecilia Prele.

Members:
Peter Middleton (Chair and Medical representative)
Claire Wainwright (Paediatric and Medical representative)
Chien-Li Holmes-Liew (Medical representative)
Paula Johnson (Academia representative)
David Langton (Medical representative)
Annemarie Lee (Physiotherapy representative)
Paul Leong (Advanced Trainee representative)
Sukhwinder Sohal (Scientific representative)
Cecilia Prele (Scientific representative)
Georgina Paterson (Nurse representative)
Meera Srinivasan (Co-opted Advanced Trainee representative)
Professional Standards Sub-Committee (PSS)

The main objective of the PSS is to provide strategic advice to the Board on issues relating to professional and ethical behaviour in the context of delivering respiratory healthcare in Australia and New Zealand, and to develop and manage the TSANZ Respiratory Function Laboratory Accreditation Program.

The main achievement of in 2017 has been the ongoing management of the Laboratory Accreditation Program. Full details are available on page 40. I’d like to thank John Wheatley for his stewardship of the Laboratory Accreditation Program, highlight the immense work of the Laboratory Accreditation Committee (LAC) and thank all of our volunteer laboratory assessors for their tireless support.

The LAC has also been instrumental in developing spirometry standards for coal workers in partnership with the Queensland Government Department of Mines and Natural Resources.

Research Sub-Committee (RSC)

Main objective of the Research Sub-Committee: is to advise and support the TSANZ Board on the strategic directions the Society should take to support and promote research amongst its members. This includes a critical role in the adjudication of grants, fellowships and awards that ensure a high standard and transparent and equitable processes are followed.

Main achievement in 2017: the TSANZ has continued to be the leading provider of research grants and awards, growing the value of administered award funding to $1 million for distribution in 2018.

This year saw the launch of our first ever Research Strategy, outlining what we support: research projects, career development, advocacy driven research, and indigenous health and how we do this: through funding, partnerships, and providing infrastructure. This strategy is underpinned by good governance, and upholding equity and diversity across our robust and independent research administration.

We continued to advocate on behalf of respiratory medicine in 2017 and were successful in securing a change to the NHMRC Field of Research classification “Cardiovascular Medicine and Haematology” to read “Cardiorespiratory Medicine and Haematology”. The TSANZ thanks the NHMRC for responding to our concerns and we are pleased to see Respiratory now recognised in this heading.

In 2017, the TSANZ continued to make new industry links and develop partnerships with research institutions and sponsors. This report acknowledges the commitment and dedication of each member in supporting the society’s vision in fostering high quality research, and for the achievements in 2017.
The NSW/ACT Branch Achievements

New South Wales / Australian Capital Territory (NSW/ACT)

Activities and Highlights in 2017:

The NSW/ACT Branch had another busy year in 2017 kicking off with the TSANZSRS national ASM in Canberra, which was a great success with many thanks to the members of the local organising committee and the SIG convenors. The year concluded with the APSR Congress in Sydney to which many of our branch members contributed.

Our local branch meetings combined a mix of local and interstate speakers with Eugene Kotylar and David Boshell speaking on CTEPH and Brian Oliver advising us on all we need to know about respiratory viruses. From interstate, Scott Bell discussed the increasingly complex world of Cystic Fibrosis Therapeutics and Grant Waterer delivered a fascinating update on Community Acquired Pneumonia.

Paul Hamor ran the Masters of Respiratory Weekend in Terrigal and this continues to be a great educational and social event for our respiratory Advanced Trainees.

The annual Respiratory Nurses Interest Group (RNIG) Thoracic Clinical Update was again combined with our branch ASM with plenaries on 'Viral Exacerbations in Asthma' from Nathan Bartlett, 'Sleep Loss in Respiratory Disease' by Christopher Miller and 'Gene Therapy in Pulmonary Arterial Hypertension' by Paul Reynolds. The Thoracic Clinical Update saw talks on 'Allergy in Asthma', 'VCD and Cough', 'Endobronchial Valves in COPD', 'Smoking Cessation' and 'The Vexed Question of E-cigarettes'. My sincere thanks to Brian Oliver, Mary Roberts and the rest of the organising committee for this event.

For the first time this year we ran a day with a focus on regional and rural respiratory physicians and this was held at the HMRI in Newcastle in November. We had a diverse range of speakers and topics from physicians who practice in Wagga, Newcastle, Dubbo and Sydney. Many thanks to Steve Cala and the rest of the organising committee who assisted with this and to all the attendees who contributed to the genial atmosphere.

I’d like to thank all the members of the branch who have put their time and effort into running our educational events and to the Central Office for their support. I would like to pay particular tribute to Brian Oliver who steps down as treasurer and to Paul Hamor who steps down as secretary and off the executive after many years of service. Tara Mackenzie has been running Advanced Trainee recruitment and allocation for 10 years and on behalf of the branch I would like to thank her for her incredible effort and dedication as she hands over to Mark Benzimra.

It’s been a great honour to serve as Branch President and my great pleasure to pass the baton to Lucy Morgan for the next two years.
New Zealand (NZ)

Activities and Highlights in 2017:

2017 has been another successful year for the New Zealand Branch with increased momentum and activity.

In December 2017, the popular Pleural Procedures & Bronchoscopy Course was held for the second year in a row. The course teaches the basics of bronchoscopy skills, pleural ultrasound and intervention. Once again the course was sold-out, and registrants greatly enjoyed the learning experience. This course is limited in numbers to ensure plenty of hands-on experience for attendees. A big thank you to Nicola Smith and Elaine Yap for organizing this great initiative which I am sure will remain a key training event for the years to come. A big thank you also to the wonderful staff at Central Office who made the running of the course a pleasure. Their assistance in running these events gives us the confidence to explore other events and activities in the future.

The NZ Branch ASM continues to go from strength to strength. This year saw a record number of delegates attend the conference in beautiful Queenstown, but even more pleasing was the wide cross-section of respiratory health professionals present. There was good representation from respiratory scientists, nurses, physiotherapists, trainees and senior medical officers (SMOs). This year the TSANZ keynote speaker was Gary Lee and ANZSRS keynote speaker was Bruce Thompson. Their wisdom and insights were well-received by conference delegates. There were also a number of excellent local New Zealand speakers which gave the meeting a truly local feel. The session on Friday, dedicated to addressing Maori respiratory health, was a highlight and made us re-think many cultural aspects of respiratory healthcare delivery.

At this year’s AGM, Dr Richard Laing stepped down as President – I want to thank him for his work and direction over the last couple of years. The New Zealand Branch is certainly in a stronger position because of his leadership. I also want to thank Nicola Smith and Sonia Cherian who stepped down from the Executive Committee, and Nikola Ncube, William Good, David Chen, and James Fingleton who have stepped up to the crease. Without the hard work of the Executive Members nothing would happen. I especially want to thank David for coming on board as our first Physiotherapy Representative as we try to develop respiratory care in New Zealand from a multi-disciplinary perspective.

I am greatly excited about where we are heading over the next two years. We are looking to increase the involvement of the TSANZ NZ branch members more in the affairs and activities of the society and become more active in lobbying for respiratory health in New Zealand. As an executive we have agreed on a close working relationship with the scientific advisory board of Asthma and Respiratory Foundation of New Zealand (ARFNZ). We see this as a great opportunity to use our combined respiratory voice in lobbying and education.

There are a number of projects still to be worked on including a national training scheme, better support and networking for respiratory practitioners throughout the country, a format for conducting national audit activity, a Train-the-Trainers bronchoscopy course, and further development of standards of care. 2018 is going to be a busy year indeed!

Stuart Jones
President
Queensland (QLD)

Activities and Highlights in 2017:

2017 was a very successful year for the Queensland branch, and we have taken the opportunity to revamp some of the key events. The main event of the branch calendar was the Winter Meeting and AGM in July, held for the second year running at O’Reilly’s Conference Centre in the Lamington National Park. The theme was Lung Cancer and we were delighted to have a multidisciplinary panel of expert speakers including David Ball from the Peter MacCallum Cancer Centre and Ken O’Byrne, Karin Steinke, David Fielding, Edwina Duhig, Morgan Windsor and James Stevenson from here in Queensland. The branch ASM and Trainee Physiology day both took place in November. The ASM took on a new format, held as an evening event at the Prince Charles Hospital. It was a great turnout with 24 speakers presenting 26 abstracts across four groups. Group winners went on to the Grand Final. The eventual winner was Chinthaka Samaranayake. The Physiology Day, tackling the subject of Cardiopulmonary Exercise Testing, was held the following day at the Translational Research Institute, Princess Alexandra Hospital. Our invited speaker and mentor was cardiologist André La Gerche from the Baker Institute in Melbourne, an expert in exercise physiology, who contributed superbly to the educational event.

2017 marks the end of my tenure as Branch President. The incoming executive will be led by Lucy Burr of the Mater Hospital, ably assisted by Michael Fanning and Simon Bowler, also from the Mater along with three Advanced Trainees, Daniel Henderson, Benjamin Gerhardy and Liam Krebs. Importantly, the committee also includes Matthew Hutchins, physiotherapist and Rebecca Keating, respiratory nurse, whose contributions are sure to broaden the appeal and relevance to the wider respiratory professional community. I would like to thank Steven Leong, Branch Secretary, for his invaluable work over the past two years and Daniel Henderson who joined the committee earlier in 2017. I would also like to thank the Central Office for all their hard work behind the scenes, our colleagues who volunteered their services as judges and chairs, and our members for attending, participating and ultimately ensuring the success of these events. We wish the incoming committee all the very best and look forward to a bigger and brighter Queensland branch than ever before.

Henry Marshall
President
Activities and Highlights in 2017:

The SA/NT Branch in 2017 has enjoyed another productive year with the support of its members. The strong program of educational events established by former branch executive members has continued with the addition of the inaugural Allied Health Education Day which was very well attended. The branch welcomed Guy Marks, Chris Coulter and Nick Coatsworth to our Branch ASM in October with the theme of ‘Respiratory Public Health’. The fantastic program put together by Simone Barry included the origins of thunderstorm asthma research, world-first data on tuberculosis identification and management, respiratory medicine in disasters, the environment, indigenous health and the new threat of e-cigarettes.

At a national level, SA/NT members again had many notable achievements. Richard Ruffin was the 50th Anniversary Medal winner and Hubertus Jersmann earned his stripes as an FThorSoc. Prize winners included Sandra Hodge, Greg Hodge, Erin Plumb, Rebecca Harper, Eugene Roscioli and Arash Badiei. A third of the Young Investigator Award (YIA) finalists were from the SA/NT Branch with Eugene Roscioli and Simone Barry.

Locally our winners this year were Thomas Altree for the Advanced Trainees’ Presentations Day, and joint winners Nur Sulaiman and Hayley Lewthwaite for the local YIA, who the judging panel were unable to separate during the final event of the year.

I would like to express my gratitude to the local executive members and new executive members. Simone Barry is our President Elect, James Geake our new Treasurer, and Debra Reynolds-Sandford our new Secretary. The Executive Committee also includes Kristin Carson, Aaron Oh and Marie Williams as well as Katherine Bassett and Sarah Madigan, who we welcome back. I would also like to thank Sarah Newhouse for her excellent work as the outgoing Advanced Trainees’ Representative and Aeneas Yeo who formally steps down as Past President.

Finally, the national ASM is in Adelaide in 2018 with an exciting program already taking shape. I am indebted to the Local Organising Committee (LOC), Denise O’Driscoll, the advice from the 2016 LOC Chair Alistair Abbott, and the great input from all the SIGs. I would also like to reserve special thanks to Tanya Buchanan, Georgia Lowe, Shen Kasayan, Hayley See and Nicole Hatten at Central Office – much of our activity would not be possible without their help. We look forward to seeing as many of our friends as possible in Adelaide, March 2018!
Tasmania (TAS)

Richard Wood-Baker
President

Activities and Highlights in 2017:

The TAS Branch held its ASM on 11th November 2017, with 13 delegates attending at Diamond Island resort, on the East Coast of Tasmania.

The meeting featured our esteemed president Allan Glanville as guest speaker, who spoke on lung transplantation, the human respiratory virome, and holy lungs (cystic lung disease). His presentations were supplemented by others covering a range of topics from basic science to clinical medicine. These included macrophages in the lung, pregnancy and the immune response to particulate matter (in mice!), regional lung distension and gene expression during mechanical ventilation, and a novel topical nicotine administration device.

The winner of the Young Investigator Award was Lewis Williams, for the second year in a row. Unfortunately, a second meeting on respiratory imaging could not be organised as planned. Congratulations to Nick Harkness and Emma Ball in their appointments as incoming Branch President and Secretary/Treasurer respectively.
Activities and Highlights in 2017:

2017 has been an exciting year for the Victorian Branch of the TSANZ. Most importantly, we have seen a diversification of the VIC Branch Executive with several non-physician members joining. We now have representation from a physiotherapist, a nurse and a benchtop scientist.

There has been a strong focus on education, with quarterly registrar education dinners and an evening devoted to Registrar Professional Development. Thank you to Sameer Karnam for co-ordinating this program.

The Advanced Trainee match was successfully conducted, and we welcome the new trainee members to the TSANZ. Thank you to Jyotika Prasad for coordinating this process so efficiently over the past three years.

This year the VIC Branch was again proud to host a Professional Development Evening for female members, with the aim of facilitating networking and mentorship. Thank you to Sakhee Kotecha, Megan Lees and Natasha Smallwood for arranging this evening. We received excellent feedback, and given the success of the event, the plan is to continue this event.

The VIC Branch continued their quarterly dinner meetings with a rotating roster of presentations. In 2017, we welcomed the Royal Children’s Hospital to the roster. In addition to this, for the first time, we had a non-hospital based presentation, with very well received presentations from exercise physiologist Danny Brazzale and scientists Christian Samuel and Simon Royce.

In 2017, we continued to modify and improve the format of the VIC Branch ASM, which resulted in record numbers of attendees. In addition to the usual abstract presentation, the ASM continues to focus on clinical education with Year-In-Review sessions presented by two internationally recognised physiotherapists; Anne Holland and Amanda Piper. Furthermore, we ran a professional development workshop in the morning to cater for the full representation of our membership. Gary Anderson was the guest speaker for the event, and delivered a fascinating and thought-provoking presentation. Thanks again to Sakhee Kotecha and Yet Khor for pulling the event together.

Local branch planning is already underway to continue the education focus in 2018 and broadening the relevance and appeal of the VIC branch, particularly to non-medical members.
Western Australia (WA)

Activities and Highlights in 2017:

The WA branch had a good year in 2017 with three Lung Club dinners in addition to the ASM in July.

The Lung Club dinners were, as usual, very well attended with speakers this year discussing a wide range of topics of interest to clinicians and scientists.

The ASM was once again held in July, this year at the AIM facility, with an exceedingly good number of attendees with good representation from all the craft groups. Our guest speaker was Peter Wark, who updated us on severe asthma and asthma phenotypes. Our society’s president, Allan Glanville, attended the meeting and spoke as well. The meeting was well supported by local speakers as well as the invited speakers and, as always, generous sponsors. Feedback has been very good and we intend to use the same venue and timing in 2018.

Once again, the New Investigator Award was fiercely competitive with excellent talks. James Wong took the prize with his unusual, entertaining and excellent presentation of his work on the physiological properties of the kangaroo airway.

The AGM elected a new executive, and we were happy to acknowledge our new President, Ingrid Laing. Ingrid gave an insightful and emotional talk at the dinner which was well received.

We have a suite of ideas that we wish to pursue in 2018 and are getting supportive feedback for continued Lung Club dinners, a Perfect your Pitch event, as well as an Advanced Trainee presentation dinner.

In conclusion, I would like to thank all the executive and other members of the branch who contributed so willingly to making 2017 a good year and hopefully 2018 even better. I would also like to acknowledge the unstinting support of Tanya Buchanan and her team in the Central Office.
Thank You
The TSANZ thanks the following members for their time and commitment to the branches across Australia and New Zealand:

**NSW/ACT Branch**

**President**
Alistair Abbott (until October 2017, then as Past President)

**President Elect**
Lucy Morgan (until October 2017, then as President)

**Treasurer**
Brian Oliver (until October 2017, then as Executive Member)

**Secretary**
Paul Hamor (until October 2017)

**Executive Members**
- Mark Benzimra (from October 2017)
- Anthony Byrne
- Stephen Cala
- Jayne Carberry (until November 2017)
- Anna Hudson (from October 2017)
- Monique Malouf
- Erica Meggitt (until October 2017)
- Mary Roberts
- Jonathan Rutland
- Smita Shah (from October 2017)
- Koliarne Tong (until October 2017, then as Secretary)

**QLD Branch**

**President**
Henry Marshall (until November 2017, then as Past President)

**Secretary & Treasurer**
Lucy Burr (from November 2017)

**Executive Members**
- Steven Leong (until November 2017)
- Shiv Erigadoo (from October 2017)
- Monique Malouf
- Erica Meggitt (until October 2017)
- Mary Roberts
- Jonathan Rutland
- Smita Shah (from October 2017)
- Koliarne Tong (until October 2017, then as Secretary)

**SA/NT Branch**

**President**
Phan Nguyen

**Past President**
Aeneas Yeo (until October 2017)

**Secretary & Treasurer**
Simone Barry (until October 2017, then as President Elect)

**Treasurer**
James Geake (from October 2017)

**Secretary**
Debra Reynolds-Sandford (from October 2017)

**Executive Members**
- Katherine Bassett
- Kristin Carson (from October 2017)
- Sarah Madigan
- Sarah Newhouse (until October 2017)
- Aaron Oh
- Marie Williams (from October 2017)

**VIC Branch**

**President**
Eli Dabscheck (until November 2017, then as Past President)

**President Elect**
Naghmeh Radhakrishna (until November 2017, then as President)
Treasurer
Ryan Hoy

Secretary
Sakhee Kotecha (until November 2017, then as Executive Member)

Executive Members
Jane Bourke
Christopher Daley (from November 2017)
Rebecca Disler
Barton Jennings
Sameer Karnam (until November 2017)
Yet Khor (until November 2017, then as Secretary)
Mark Lavercombe
Christian Osadnik
Jyotika Prasad (until November 2017)
Megan Rees
Natasha Smallwood

TAS Branch
President
Richard Wood-Baker (until November 2017)
Nicholas Harkness (from November 2017)

Secretary & Treasurer
Collin Chia (until November 2017)
Emma Ball (from November 2017)

New Zealand Branch
President
Richard Laing (until August 2017, then as Past President)

President Elect
Stuart Jones (until August 2017, then as President)

Treasurer
Elaine Yap

Secretary
Nicola Smith (until August 2017)

Executive Members
Deborah Box (until August 2017, then as Secretary)
David Chen (from August 2017)
Sonia Cherian (until August 2017)
James Fingleton (from August 2017)
William Good (from August 2017)
Muhammed Asad Khan
Nikola Ncube (from August 2017)
Maureen Swanney

WA Branch
President
John McLachlan (until July 2017, then as Past President)
Ingrid Laing (from July 2017)

Treasurer
Dino Tan (until July 2017)
Vinicius Cavalheri (from July 2017)

Secretary
Sally Lansley (until July 2017)
Adelaide Withers (from July 2017)

Executive Members
Svetlana Baltic (until July 2017)
Michael Beaven (from July 2017)
Li Ping Chung
Sharon Lawrence
Kelly Martinovich (until July 2017, then as Assistant Treasurer)

Shannon Simpson
Deborah Strickland (until July 2017)
Tim Whitmore (from July 2017)
The TSANZ Special Interest Groups

Asthma and Allergy

Convenors:
Vanessa Murphy and Jodie Simpson

Deputy Convenors:
Jay Horvat and Louisa Owens

Activities and Highlights in 2017:

The ASM took place in the great city of Canberra in 2017 with the gala dinner held in the Great Hall of Parliament House, which is always a real highlight. As of December 2017 the Asthma and Allergy SIG had reached 617 members, making it the largest SIG based on membership numbers.

These fantastic numbers translated into an exciting amount of high calibre abstracts that were submitted for presentation at the ASM across one poster and four oral sessions for the Asthma and Allergy SIG. These covered an amazing variety of topics of interest and provided access to cutting edge findings in both basic science and clinical asthma research.

Again, we were lucky enough to have the continuing support of both the National Asthma Council of Australia and Asthma Australia who sponsored two awards for best Asthma and Allergy presentations at the 2017 conference. These were awarded to Joy Lee and James Pinkerton. Congratulations should also be extended to David Chapman, whose presentation on the effects of e-cigarettes in the Asthma and Allergy SIG thematic poster session was awarded the Boehringer Ingelheim/TSANZ Best Poster Award. Furthermore, it was great to see Adam Collison awarded the National Asthma Council Australia, Asthma and Airways Career Development Fellowship and Fatemeh Moheimani awarded the AstraZeneca Grant-in-Aid for Severe Asthma, to help establish their careers and continue their exciting work in asthma research.

It is also worth noting that it was great that the conference organisers were able to facilitate a late breaking session on the topic of Thunderstorm Asthma given the events in Melbourne in late 2016.

In 2018, Jodie Simpson and Vanessa Murphy will hand over the reins of the co-convenor positions to the current deputy co-convenors, Louisa Owens and Jay Horvat. We look forward to seeing our members at the SIG AGM where we will elect two new deputy co-convenors and discuss strategies for the Asthma and Allergy SIG moving forward and ideas for the TSANZ 2019 ASM.
Cell, Immunology and Molecular Biology of the Lung (CIMBL)

Convenor:
Anthony Kicic

Deputy Convenor:
Miranda Ween

Activities and Highlights in 2017:

2017 has been another busy year for the SIG. We saw Sandra Hodge depart as National Convenor after completing her 2-year term in this position. We thank her for all her hard work in this capacity and wish her the best in her new roles both as part of the TSANZ Research sub-committee and well as on the TSANZ board. I officially stepped into the National Convenor role at this point and welcomed Miranda Ween who was elected as Deputy Convenor at the SIG AGM.

The major, and most noticeable, change has been an official name change for the SIG to Cell, Immunology and Molecular Biology of the Lung (formally Cell Biology and Immunology). This was actioned as a result of members who requested a review of the SIG name which better reflected its activities. SIG members were consulted for name suggestions and a poll saw CIMBL identified as the most accurate descriptor. The name was formally submitted and ratified by the TSANZ Board. We hope this name change will facilitate more diverse engagement from all fields of thoracic research irrespective of specialty, from basic scientists and clinicians alike at future national meetings.

The Canberra ASM saw strong engagement from researchers where two concurrent oral sessions were run as well as a successful poster session. The quality of the presentations was of typically high standard. Andrew Reid was awarded the best oral presentation for the SIG. The SIG also coordinated a postgraduate course entitled “Modelling Lung Diseases with Epithelial Cultures”. The course was attended by over 40 participants and a skunkworks session on the second day saw the agreement in principal to form a consortium.

One of our junior researchers, Thomas Iosifidis, coordinated and co-chaired an Early Career Researcher session with Alicia Mitchell that saw Phil Hansbro and Kristin Carson speak on how to have a successful scientific career. The networking that followed this allowed junior and more senior TSANZ members to mix in a social environment and there was nothing but positive feedback from all that attended.

I would like to personally welcome Miranda to the SIG and thank her for her contributions to date. Her enthusiasm, boundless energy and endless list of ideas is inspiring and will no doubt assist to invigorate the SIG and member experience.
Chronic Obstructive Pulmonary Disease (COPD)

Convenors:
Sukhwinder Sohal and Peter Wark

Deputy Convenors:
Zoe McKeough and Christopher Worsnop

Activities and Highlights in 2017:
The COPD SIG had another successful year in 2017. We continued to receive an increasing number of abstracts (close to 70) to review and allocate to different sessions. This included organising 3-4 oral sessions and three poster sessions with quite diverse themes.

The joint COPD and Physiotherapy session was a great success and well attended. This session highlighted both clinical and pathological advances in the disease. Another primary activity for the SIG in 2017 was to provide feedback on a report for the Post-market Review of COPD Medicines. SIG members actively participated and helped the TSANZ board endorse the report. We also supported Lung Foundation Australia (LFA) for the recruitment of respiratory clinicians to join the COPD Coordinating Committee as members.

The COPD SIG successfully organised the COPD Postgraduate Course in Sydney in June 2017. This was a highly informative course with presentations delivered by several experts in the field. It covered the most recent advances in treatment for COPD and offered attendees latest clinical insights. It was well-attended and proved to be a very successful event. The COPD SIG is also supporting the TSANZ Education and Training subcommittee with various activities.

We are looking forward to the upcoming 2018 ASM in Adelaide. Our SIG had a joint symposium proposal accepted with physiotherapy highlighting new developments in clinical and therapeutic management of COPD. This will involve both national and international speakers. We wish to continue our collaborations with the other TSANZ SIG. We are very thankful to Steven Bozinovski for his contributions to the COPD SIG over the last four years and offer a very warm welcome to our new Deputy Convenor, Zoe McKeough.

Cystic Fibrosis

Convenors
Peter Middleton – Adult
Catherine Byrnes – Paediatric

Activities and Highlights in 2017:
Cass Byrnes (University of Auckland, Starship Children’s Hospital) and Peter Middleton (Westmead Hospital, Sydney Medical School) continue as SIG Co-Convenors and chairs of the CF Centre Directors Group.

The CFSIG has overseen many projects in 2017.

The CF Nutritional Guidelines have been released and promoted at all the major CF conferences around the world. The CF Standards of Care documents are in the final stages of evaluation, and a document concerning Health Workers with CF has been finalised, ratified by the TSANZ Board and submitted for publication.

Much preparatory work has been undertaken in setting up a new initiative, the CF Clinical Trials Network of Australia & New Zealand. This is a new development to facilitate involvement of Australia and New Zealand in clinical trials for CF, and will be developed as part of the Registries and Clinical Trials Subcommittee, in conjunction with both CF Australia and CF New Zealand.

The CFSIG also works closely with Cystic Fibrosis Australia for the Centre Directors meetings, and is involved in ongoing discussions at different levels concerning development of new therapeutic agents for the treatment of CF.

The final peer review assessments of CF Clinics within Australia has been completed with the final reports about the clinics in Canberra due for release soon.
Evidence-Based Medicine and Practice

Convenor:
Ghulam Sarwar

Deputy Convenor:
Rebecca Disler

Activities and Highlights in 2017:
There were several highlights for Evidence Based Medicine SIG from the 2017 TSANZ ASM. There was a well-attended mini symposium where Christopher Cates from St George University of London presented on application of non-drug interventions for management of asthma and COPD and invited fair discussion.

This was followed by fantastic oral presentations. Narelle Cox presented on barriers and facilitators of pulmonary rehabilitation for asthma and COPD and won the award.

EBM SIG continues to have strong collaboration with Cochrane Airways Australia Group which also organized a Cochrane Workshop during the TSANZ ASM 2017 where Chris Cates, a Coordinating Editor Airways Review Group London about using different tools for Cochrane reviews followed by small group discussion.

I would like to thank Kristin Carson who completed two years as Convener last year. I stepped up as convener and Rebecca Disler was elected as deputy convener during EBM SIG member meeting which took place during the TSANZ ASM 2017. I wish a happy, prosperous and productive year to all members of the TSANZ and look forward to see you in Adelaide.

Interventional Pulmonology (IP)

Convenor:
Jonathan Williamson

Deputy Convenor:
Phan Nguyen

Activities and Highlights in 2017:
It has been a busy and productive year for the Interventional Pulmonology (IP) SIG. We were very pleased to introduce a Recognition of Competency in Thoracic Ultrasound program with the superb support of the TSANZ office staff and executive. This program can be accessed via the TSANZ members’ website and is recommended for all respiratory clinicians using ultrasound. The fundamentals of the program include attendance at an accredited ultrasound course, maintenance of a logbook and scheduled, directly observed assessments, along the way. The pathway was published in the February edition of Respirology. Using the same framework as the ultrasound program, working groups are now formulating recognition of competence guidelines for standard bronchoscopy, endobronchial ultrasound (EBUS) and intercostal chest tube insertion procedures. These are planned to be rolled out through 2018.

The SIG has secured the international speakers Dirk Jan Slebos and Karin Klooster from the Netherlands for the 2018 ASM in Adelaide, and will be hosting a symposium on treatment strategies for advanced COPD focusing on pharmacological agents, transplantation and, well you guessed it, interventional pulmonology techniques. In addition, the SIG will also be running a post graduate workshop titled ‘Bronchoscopic therapies for COPD - valid or voodoo? What the non-interventionalist needs to know’ immediately preceding the ASM.

Finally, an informal WhatsApp group has been created for clinicians aiming to facilitate rapid discussion of complex cases, often in near real-time, with the sharing of information and views. Feel free to contact Jonathan if you would like to become a member.
Lung Cancer

Convenor: Alistair Miller
Deputy Convenor: David Manners

Activities and Highlights in 2017:

The Lung Cancer Special Interest Group holds a large membership with diverse interests across the spectrum of cancer basic science, diagnosis and care. The group shares space with a number of other SIGs including Cell, Immunology and Molecular Biology of the Lung, Interventional Pulmonology, Primary Care and Physiotherapy.

The Annual Scientific Meeting in 2017 showcased this diversity with abstracts submitted including methods to improve the sensitivity of PET imaging in mediastinal staging, a Cochrane review of the effect of preoperative exercise training prior to surgery for NSCLC, evaluation of the performance of diagnostic pathways and MDT care, experience with PleurX catheters in the management of malignant effusions and the effects of SABR. In addition to a number of lung cancer related sessions put on by the local organising committee, the SIG was also lucky to partner with the Physiotherapy SIG to host a very successful symposium on the physiologic assessment of patients with early stage lung cancer. David Manners was elected to serve with me as Co-Convenor of the SIG for the coming years.

We are fortunate to have a symposium on Monday morning at the 2018 Annual Scientific Meeting which promises to be a thought-provoking and educational session. The SIG also has both an Oral presentation and Poster presentation on Tuesday the 27th of March. We look forward to seeing you there.

Occupational & Environmental Lung Diseases/ Population Health (OELD)

Convenor: Graeme Zosky
Deputy Convenor: Jennifer Perret

Activities and Highlights in 2017:

In taking over the reigns as SIG Convenor after the 2017 ASM, I would like to express my gratitude to the previous Convenor, Ryan Hoy, for his guidance and mentorship and for leading the SIG through a very busy period. I would also like to welcome Jennifer Perret, who has taken on the role of Deputy Convenor of the SIG. Jennifer has been a strong contributor to the research activities of the SIG for a number of years and brings a broad skill set that is ideally suited to this role.

The Occupational and Environmental Lung Disease/Population Health SIG has made a significant contribution to the respiratory community over the past 12 months through its research output, advocacy and community engagement. In particular, through the ongoing commitment of SIG members, as individuals and via the activities of the TSANZ, the SIG has worked to raise awareness, improve detection and eliminate the burden of Coal Workers’ Pneumoconiosis in the community. These activities, among many other, have included advocating for a National Register for Occupational Lung Disease, which is currently lacking in Australia.

The SIG has a number of ongoing projects that are in various stages of development. The SIG has led the formation of a working group, chaired by Ryan Hoy, to develop a TSANZ/NAC position paper on Work-Related Asthma. This collaborative project involves members from a range of the TSANZ SIGs. Following the success of the 2016 Occupational Lung Disease Short Course, planning is also well underway for a repeat Course in mid-2018, with a view to making this an annual TSANZ supported offering. Noting the growth in the number of abstract submissions the SIG has received for the 2018 ASM, and the recent Lancet Commission on Pollution and Health report outlining the impact of pollution on global morbidity and mortality, the OELD/Population Health SIG is looking forward to continuing to make a substantive contribution to reducing the burden of respiratory disease in the community.
Convenor:
Tamera Corte

Deputy Convenor:
Jeremy Wrobel

Activities and Highlights in 2017:

2017 has been an eventful year for the OLIV SIG. For the first time in history, two anti-fibrotic medications were approved in Australia for use in Idiopathic Pulmonary Fibrosis (IPF). With these major changes to treatment of pulmonary fibrosis, there has been a renewal of energy and enthusiasm in the OLIV community.

At the TSANZ annual meeting in Canberra, OLIV was fortunate to have a dedicated Saturday Symposium on Novel Therapies and Interventions for IPF and other Interstitial Lung Diseases. There was also a very well attended plenary Interstitial Lung Disease Diagnostic Masterclass. We were delighted to have two very well respected international speakers, Professor Bruno Crestani and Dr Stephen Nathan, give some excellent talks in these sessions. This year we had many excellent abstract submissions and were very pleased by the local research presented at several well-attended oral and poster sessions. The winner of the oral presentation for OLIV SIG was Rebecca Harper.

This year, OLIV members have been involved in writing joint TSANZ and LFA guidelines for Multidisciplinary Diagnosis of Interstitial Lung Disease; and the Treatment of Idiopathic Pulmonary Fibrosis. Members have also been active in engaging with the PBAC with regard to the approval process for the new anti-fibrotic agents and the post-market review of pulmonary arterial hypertension medicines.

The Rare Lung Disease biennial meeting was held in August in Sydney of this year. Dr David Lederer was the guest international speaker and we were pleased to welcome Dr Imre Noth who spoke on the genetics of interstitial lung disease.

We look forward to a promising annual meeting in Adelaide in 2018. We have planned three major sessions for OLIV including “Pulmonary Hypertension”; “What's new in interstitial lung disease? Update on specific ILDs” and a plenary session entitled “OLIV - State of the Art: Launch of two TSANZ/LFA position statements for the diagnosis and treatment of IPF” with an international speaker providing key input into each of these sessions. This promises to be an exciting meeting for OLIV.
Paediatric

Convenor: Nitin Kapur
Deputy Convenor: Adelaide Withers

Activities and Highlights in 2017:

2017 was an eventful year for the Paediatric SIG. We had a successful and busy ASM in Canberra where we organized a symposium on "Novel Therapies in Paediatric Respiratory Diseases" and had 20 submissions for the Paediatric SIG oral and Poster session. This was divided into one oral and one poster session.

Our SIG has been working on mapping the Paediatric Respiratory Advanced Trainee positions throughout Australia and New Zealand, with special emphasis on the mechanism of funding for these positions. This exercise was started to understand the extent of funding inadequacy in this area. Many Paediatric Respiratory Advanced Trainees at present are funded either through research money or scholarships with a lack of recurring funding mechanism in most states.

We have also started the discussion on drafting the EVOLVE recommendations for the Paediatric Respiratory Group. The aims of EVOLVE are identifying practices that may be over-used, inappropriate, or of limited effectiveness, and identify "Top 5 practices of Little or No Value". EVOLVE currently has 18 published lists (all available at www.evolve.edu.au) and a further 15 under development.

We ran a workshop at the APSR congress in Sydney on this topic and the paediatric recommendations will be finalised in the Adelaide ASM in March 2018.

Our SIG was also actively engaged in drafting the paediatric sessions and workshops for the APSR congress which was held in Sydney in November 2017. Andy Bush was one of the invited paediatric international speakers in this conference whose overarching theme was "Lung Health in a changing World".

The Paediatric SIG will also be organising a “Paediatric Respiratory Day” with the society’s support and a working group has been formed for this.

Primary Care

Convenor: Smita Shah
Deputy Convenor: Sinthia Bosnic-Anticevich

Activities and Highlights in 2017:

We had an excellent oral session at the 2017 TSANZ conference in Canberra. Six researchers from a range of disciplines presented papers on ‘Peer-led asthma and smoking prevention in Indigenous youth’; ‘Using innovative technology to provide inhaler technique education for asthma patients’; ‘The debilitating burden of living with severe asthma’; ‘Smoking cessation in general practice’; ‘Diagnosis of COPD’; and ‘Respiratory symptoms and airway disease in mental health patients’.

This year we were invited to be part of the Severe Asthma Toolkit Reference Group, led by Vanessa McDonald. I would like to sincerely thank Juliet Foster for having done a splendid job in maintaining the interest in the Primary Care SIG for four years. I welcome Sinthia Bosnic-Anticevich from the Woolcock Institute of Medical Research as Deputy Convenor. I am looking forward to working with Sinthia in further enhancing the membership and widening the reach of the Primary Care SIG. We plan to liaise with local Primary Health Networks for future TSANZ conferences in order to bring local general practitioners, pharmacists, allied health and other primary care providers to the conference.
Activities and Highlights in 2017:

2017 was an eventful, busy and very successful year for the Physiotherapy SIG. Our members submitted 24 abstracts to the ASM and the quality of our work was recognised by several awards (Sally Wootton [Physio Prize]; Narelle Cox [EBM Prize]; Yan Ling Chao [best poster COPD 2]; and Tanja Effing [best poster COPD 3]). Further, during the Gala dinner, Jennifer Alison received the TSANZ 50th Anniversary medal.

Our members’ involvement in the TSANZ sub-committees and State branches has grown significantly and we would like to congratulate them on that. We would also like to specifically congratulate Anne Holland for being re-elected for another two years of service within the TSANZ Board and the members of our SIG who led and played major roles (from authoring to reviewing) in the (i) Australia and New Zealand Pulmonary Rehabilitation Guidelines; (ii) ATS/TSANZ/CTS/BTS Workshop Report: COPD Education in Pulmonary Rehabilitation; and (iii) LFA exercise resource for patients.

Another highlight was the APSR pre-congress workshop “Pulmonary rehabilitation: the secrets to success” which brought together a great range of Australian presenters to discuss the pulmonary rehabilitation guidelines with a particular focus on recent developments and new inclusions. We were very fortunate to be able to hear Alice Jones present her unique and inspiring perspective on pulmonary rehabilitation in Hong Kong and China. The panel discussion highlighted the challenges that unite clinicians from around the Asia Pacific region.

Throughout 2017, our members had the privilege of attending presentations of two world leaders in pulmonary rehabilitation: Sally Singh (UK), who delivered a talk on “Alternative methods of pulmonary rehabilitation for chronic lung disease”; and Martijn Spruit (The Netherlands), who delivered a talk on “The history of pulmonary rehabilitation”.

Finally, our SIG had three joint symposia and one pre-conference workshop proposals accepted for the 2018 ASM. We look forward to 2018 and to continuing to enhance the appeal of future TSANZ events.
Pulmonary Physiology & Sleep

Convenor:
Alan Young

Deputy Convenor:
Norman Morris

Activities and Highlights in 2017:

The main focus for the SIG has been in coordinating presentations at the ASM.

At the 2017 ASM in Canberra, we organised a symposium entitled 'New horizons in the management of OSA' featuring international experts in the field including Doug McEvoy, lead author on the SAVE trial. There was also an invited presentation from Jason Bates from Vermont University on 'Viewing allergic inflammation in the lung as a twitch-like phenomenon'. There were two oral sessions and one poster session with 25 abstracts presented. The quality of these sessions highlighted the strength of research in these fields and is testament to the high level of interest amongst the TSANZ members. I would like to thank all presenters and Chairs for their contributions.

For the 2018 ASM in Adelaide, we have organised a symposium entitled 'The benefits of positive pressure in the acute hospital setting' featuring international speaker David Hui as well as national experts Amanda Piper, Alister Neill, Darren Mansfield and Matthew Naughton (co-chair). We have also been involved in organising the TSANZRS Masterclass 'Hypoxia in chronic lung disease - from pulmonary physiology to patient care' featuring international guest speaker Susan Ward and national experts Christine McDonald and Norman Morris. We have reviewed a large number of abstract submissions that will be presented across two oral sessions and one poster session.

I would like to acknowledge the hard work and support by my co-convenor Norman Morris as I step down after serving on the SIG for the last four years. Norman will take over as Convenor and a new deputy convenor will be appointed at our SIG meeting in Adelaide, so can I please encourage you to attend. I would also like to acknowledge the support from the Central Office which is very much appreciated. We look forward to another exciting year for the Physiology and Sleep SIG and as always, we are keen to receive suggestions for topics and speakers for next year's meeting.

Respiratory Infectious Diseases

Convenor:
Geraint Rogers

Deputy Convenor:
Lucy Burr

Activities and Highlights in 2017:

The Respiratory Infectious Disease SIG had a very successful ASM in Canberra in 2017. The RID poster sessions were well attended with interesting topics covering everything from antibiotic resistance to the Australian Bronchiectasis Registry. The RID SIG also contributed to the planning of the infectious diseases sessions at the 2017 APSR meeting, which featured several respiratory infection sessions.

It was a busy year for the RID SIG, particularly given the severe flu epidemic affecting Australia this winter. The SIG was asked to comment on the appropriateness of cohorting influenza patients and more broadly, how to manage resources in acutely unwell patients admitted to a hospital setting. Members of the RID SIG were also asked to review a new TB management handbook.

We are very much looking forward to the 2018 ASM in Adelaide, where we will be hosting two symposia. The first will address the epidemiology and treatment of non-tuberculous mycobacteria (NTM), while the second will focus on better understanding influenza vaccination and treatment strategies. The AT course in 2018 is, of course, all about respiratory infectious disease.
Respiratory Nurses

Australian Convenor: Karen Royals
New Zealand Convenor: Deborah Box
Australian Deputy Convenor: Rebecca Disler
New Zealand Deputy Convenor: Jenny McWha

Activities and Highlights in 2017:

The Respiratory Nurses SIG has had another busy year. The 2017 ASM nurses’ symposium was well attended and our invited speaker, Eileen Collins from Chicago, Illinois, provided interesting and useful presentations around her research into breathlessness, physical activity and how they affect respiratory patients. The abstract presentations were of a high standard and showcased the amazing work and research our colleagues are doing throughout Australia and New Zealand with useful take home messages to share with our patients.

We are extremely grateful to Maurice Blackburn who will again support the nurse symposium at the ASM in 2018. It is very exciting to have secured Doranne Donesky from the University of California San Francisco School of Nursing to share her knowledge and research around non-pharmacological symptom management and a particular focus on palliative care in respiratory disease.

With the expansion to include a New Zealand and Australian co-convenor helping to share the workload we have had monthly convenor teleconferences to keep up our momentum and allow us to complete a survey of our members. The survey helps us understand the needs of our members and to look to add activities for our members, such as webinars, through the year in addition to the ASM.

We strive to continue adding value to membership of the SIG and to include our nurse members in opportunities within the TSANZ including representation in leadership roles. In 2018, we will continue our monthly email updates to our members and to raise the profile of nurses within the TSANZ.

Symptom Support and Palliative Care

Convenor: Natasha Smallwood
Deputy Convenors: Mary Roberts, Jennifer Philip

Activities and Highlights in 2017:

The Symptom Support and Palliative Care SIG was established in 2017, following a successful expression of interest campaign among members and subsequent Board approval. Our SIG brings together a multidisciplinary group of clinicians, academics and educators, and aims to enhance and expand the delivery of high-quality, symptom palliation and palliative care for all people with advanced respiratory disease.

The SIG is convened by Natasha Smallwood, who is a respiratory physician at The Royal Melbourne Hospital, where she established and leads an integrated respiratory and palliative care service, as well as a research program in this field. The two deputy convenors are Mary Roberts, who is a CNC for Respiratory Ambulatory Care in the Western Sydney Local Health District, and co-leads a unique multidisciplinary Breathlessness Clinic; and Jennifer Philip, who is the Chair of Palliative Medicine at the University of Melbourne, St Vincent’s Hospital and the Victorian Comprehensive Cancer Centre.

At the 2018 TSANZSRS meeting, we will be co-hosting a concurrent symposium on the topic of managing refractory breathlessness with the Nursing SIG.

Currently, a research study is underway to map the availability of services nationally, which offer specific respiratory palliation to highlight needs and plan for service development, and to facilitate the development and sharing of standardised, clinical resources. Our SIG will also be working closely with a similar group established within the Australian and New Zealand Society of Palliative Medicine to ensure cross-fertilisation of ideas, collaboration and ongoing learning between the disciplines. We are looking forward to much activity and engagement over the coming year.
Tobacco & Related Substances

Convenor:
Brian Smith

Deputy Convenor:
Johnson George

Activities and Highlights in 2017:

In addition to putting on sessions at the ASM, Tobacco & Related Substances SIG members have collaborated in the updating of the COPD X guidelines, authoring of Cochrane reviews, and obtaining various research funds for widely collaborative projects to reduce the impact of smoking in society.

The TSANZ has been very active in tobacco control in 2017, with significant efforts in the e-cigarette space in both Australia and New Zealand. The TSANZ has responded to a number of enquiries into e-cigarettes. Late in 2017, the TSANZ called for members to join a working party to develop a TSANZ Position Paper on e-cigarettes. The working party has been formed and we look forward to a rigorous review of the evidence and the forthcoming position paper.

SPECIAL INTEREST GROUP MEMBERS*

2017

| 543  | Asthma & Allergy         |
| 139  | Cell Biology & Immunology|
| 508  | COPD                     |
| 209  | Cystic Fibrosis          |
| 120  | Evidence-Based Medicine & Practice |
| 237  | Interventional Pulmonology |
| 374  | Lung Cancer              |
| 136  | OELD                     |
| 169  | OLIV                     |
| 127  | Paediatric               |
| 72   | Physiotherapy            |
| 57   | Primary Care             |
| 394  | Pulmonary Physiology & Sleep |
| 319  | Respiratory Infectious Diseases |
| 107  | Respiratory Nurses       |
| NEW  | Rural & Regional         |
| 102  | Tobacco & Related Substances |

* Reported as at May 2017
The TSANZ Awards
Research and Fellowships

ANN WOOLCOCK NEW INVESTIGATOR AWARD

The Ann Woolcock New Investigator Award is presented at the TSANZ ASM to acknowledge excellence in the conduct and presentation of scientific research.

The recipient of this award will attend and present their original high-quality research to the next APSR congress. This award furthers one of Ann Woolcock’s goals of fostering research ties between the TSANZ and the APSR.

**Recipient: Thomas Iosifidis**

“IDENTIFYING A NOVEL THERAPEUTIC STRATEGY FOR ASTHMA: TARGETING AIRWAY EPITHELIAL CELL RESTITUTION”

The Ann Woolcock New Investigator Award allowed me to attend, for the first time, the 2017 APSR congress in Sydney. This award provided me with an incredible opportunity to present to a large number of researchers from the Asia Pacific region, as well as Europe and the USA that I have not had the honour to network with prior to this opportunity. Our study identified a novel mechanism dysregulating asthmatic airway epithelial cell migration and repair that may represent a potential therapeutic avenue for childhood asthma. We found that reduced expression levels of integrin α5β1 in airway epithelial cells of children with asthma contributed to the impaired asthmatic airway epithelial repair by dysregulating their capacity to migrate efficiently. A global transcriptomic profiling analysis highlighted key pathways regulating integrin expression and epithelial repair in asthmatic airway epithelial cells that are targetable using repurposed approved molecules.

5 FINALISTS:

**Tim Rosenow**

“PRAGMA-CF: A QUANTITATIVE MEASURE OF STRUCTURAL LUNG DISEASE IN YOUNG CHILDREN WITH CYSTIC FIBROSIS”

**Simone Barry**

“IDENTIFICATION OF A PLASMA MICRORNA PROFILE IN PULMONARY TUBERCULOSIS PATIENTS THAT IS MODULATED BY ANTI-MICROBIAL THERAPY”

**Eugene Roscioli**

“ZINC DYSHOMEOSTASIS AND AUTOPHAGY AS CRITICAL DETERMINANTS FOR AIRWAY EPITHELIAL DYSFUNCTION IN COPD”

**Rhiannon Werder**

“PERSISTENT IL-33 IN A PRECLINICAL CHRONIC ASTHMA MODEL UNDERPINS RHINOVIRUS-INDUCED EXACERBATION BY DAMPENING ANTIVIRAL IMMUNITY”

**Phillipa Southwell**

“SELF-PERCEIVED BURDEN AS A BARRIER TO COMMUNICATION AT THE END OF LIFE IN COPD”

From Left to right, Tim Rosenow, Simone Barry, Eugene Roscioli, Rhiannon Werder and Thomas Iosifidis (absent Phillipa Southwell)
THE THORACIC SOCIETY OF AUSTRALIA & NEW ZEALAND ANNUAL REPORT

THE THORACIC SOCIETY OF AUSTRALIA & NEW ZEALAND

PROFILES DURING INFANCY AND ASSOCIATION predict either mild or severe lung disease at nine years of age. The results aim to identify DNA methylation profiles which represent epigenetic change to predict lung disease severity (measured using CT scans) at nine years of age. The Managing Asthma in Pregnancy (MAP) randomised controlled trial tested the efficacy of treatment adjustment with a marker of eosinophilic airway inflammation (fractional exhaled nitric oxide, FeNO) against treatment adjustment using clinical guidelines (symptoms and lung function-based approach). Asthma exacerbations were reduced by 50% using FeNO-based management. We have recently demonstrated in the Growing into Asthma (GIA) study that FeNO guided asthma management during pregnancy was associated with a greater than 50% reduction in asthma prevalence in the children at preschool age. My ongoing work is examining the early development of the microbiome and the immune profile in cord and whole blood across the first year of life to better understand how this prevention of asthma is occurring in the Breathing for Life RCT paediatric cohort.

This work has the potential to discover mechanisms that could be exploited to prevent asthma in an expanded range of at-risk children.

VERTEX CYSTIC FIBROSIS PAEDIATRIC CLINICAL FELLOWSHIP

The TSANZ Vertex Cystic Fibrosis Paediatric Clinical Fellowship supports an articulated training program for Paediatricians who are members of the TSANZ and sub-specialize in research, diagnosis and management of Cystic Fibrosis in Australia and New Zealand.

Recipient: Shivanthan Shanthikumar

PROPOSAL: IDENTIFICATION OF DNA METHYLATION PROFILES DURING INFANCY AND ASSOCIATION WITH NORMAL LUNG STRUCTURE AT 9 YEARS OF AGE IN CHILDREN WITH CF

Currently the care of young children with cystic fibrosis is limited by an inability to predict the severity of a patient's lung disease. This means some children may be under-treated, whilst others may suffer from over-treatment and an unnecessarily high burden of care. Previous work has shown that environmental factors and non-CFTR genetic factors combine to determine lung disease severity and hence epigenetic changes, which represent an interplay of the environment and genetics, may be able to predict lung disease severity.

Shivanthan will use patients from the AREST CF cohort who are nine years old, and look at whether early life genome wide DNA methylation profiles (which represent epigenetic change) predict lung disease severity (measured using CT scans) at nine years of age. The results aim to identify DNA methylation profiles which predict either mild or severe lung disease at nine years of age.

Shivanthan will use the funding from the fellowship to allow him to complete this research, alongside clinical work as a fellow at the Royal Children's Hospital (Melbourne) where he is involved in the care of patients with CF including involvement in multiple quality improvement initiatives.

VERTEX ADULT CYSTIC FIBROSIS FELLOWSHIP

The TSANZ Vertex Adult Cystic Fibrosis Fellowship supports a health practitioner or research scientist working in respiratory medicine who wishes to undertake research into adult cystic fibrosis, accompanied with professional development and/or clinical training in adult cystic fibrosis in Australia or New Zealand.

Recipient: Luke Knibbs

PROPOSAL: SHEDDING LIGHT ON UV TO PREVENT TRANSMISSION OF PSEUDOMONAS AERUGINOSA IN CF CENTRES

This project will help to generate practical and actionable evidence on interrupting airborne transmission of CF pathogens (P. aeruginosa, Pa) using UV-C light. It will produce data that will underpin applications for Category 1 funding for large scale field trials of UV-C in Australian CF centres. UV-C has potential to be more effective, sustainable and cheaper than other control measures like face masks, room ventilation and single patient rooms. However, its efficacy in the clinical setting is poorly defined. In this study, the capacity of UV-C to inactivate airborne Pa in CF centres will be quantified. This will help to identify sustainable strategies to prevent cross-infection and manage patient flow in CF clinics and other places where people with CF congregate.

BOEHRINGER INGELHEIM COPD RESEARCH AWARD

The TSANZ Boehringer Ingelheim COPD Research Award seeks to build capacity and foster the development of research in the area of Chronic Obstructive Pulmonary Disease through the support of pilot studies, proof of concept and feasibility studies.

2016 Recipients: Greg Hodge and Sandra Hodge

PROPOSAL: CHARACTERISING AND TARGETING STEROID-RESISTANT LYMPHOCYTES IN THE AIRWAY, INTRA-EPITHELIAL COMPARTMENT AND LUNG TISSUE IN COPD

This proposal focuses on therapeutic modulation of pro-inflammatory steroid-resistant lymphocytes in COPD. For glucocorticoids to be effective in suppressing pro-inflammatory cytokine production by these cells they must first overcome the cell membrane efflux pump (Pgp1) to enter the cytosol where they bind to glucocorticoid receptor (GCR). This high affinity complex is chaperoned into the nucleus via heat shock protein 90 (Hsp90) where engagement of histone deacetylase 2 (HDAC2) downregulates pro-inflammatory cytokine gene transcription. To date we have investigated the expression of Pgp, GCR, Hsp90 and HDAC2 in CD8+ T and NKT-like cells from blood, the airways (BAL), brushings from small and large airways and lung tissue obtained from lobectomy from 8 COPD patients (final enrolment 20 subjects). Therapeutic targeting of these molecules with prednisolone ± low dose cyclosporine A ± low dose theophylline restored steroid sensitivity, synergistically upregulated GCR, Hsp90 and HDAC2 in CD8+ T and NKT-like cells and reduced pro-inflammatory cytokine production in all patients studied. Completion of studies is envisaged within the next three months.
**2017 Recipients: Maria Sukkar and Jane Bourke**

**PROPOSAL: DOES THE LIGAND-RAGE AXIS DRIVE SMALL AIRWAY DYSFUNCTION IN COPD?**

The small conducting airways are the major site of airflow obstruction and disease activity in COPD. The receptor for advanced glycation end products (RAGE) is an immune receptor involved in the cellular response to tissue injury and damage and is implicated in COPD pathogenesis. As a prelude to better understanding the mechanistic link between immune/inflammatory pathways and small airways dysfunction, we conducted studies to determine whether acute smoke exposure alters small airway reactivity in mice, and the role of RAGE in this response. Wild-type and RAGE gene-deficient mice were exposed to either fresh air or smoke from 3 cigarettes, 3 times a day for 4 days. We then assessed airway inflammation and airflow hyperreactivity (AHR) to methacholine in vivo or small airway contractile responses using precision cut lung slices ex-vivo.

In wild-type mice, acute smoke exposure induced neutrophilic inflammation and AHR, but unexpectedly reduced small airway reactivity to methacholine ex-vivo. RAGE-gene deficient mice were protected against smoke-induced neutrophilia, however, smoke exposure in these mice had no effect on airway reactivity in vivo, nor small airway reactivity ex-vivo.

Our studies reveal distinct effects of acute smoke exposure on large airway reactivity, (assessed in vivo) and small airway reactivity (assessed ex-vivo). In addition, we show that RAGE-mediated inflammation does not contribute to altered airway reactivity, although these findings require further validation. Understanding the link between innate immune receptors that respond to environmental exposures, airway inflammation and airway reactivity will help to identify new treatment targets for COPD.

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**MAURICE BLACKBURN GRANT-IN-AID FOR RESEARCH ON ASBESTOS-RELATED DISEASE**

This award is given to foster the development of research in the area of occupational and environmental lung disease, with preference being given to studies on asbestos-related diseases.

**Recipient: Steven Mutsaers**

**PROPOSAL: “GANT61: A NOVEL THERAPY FOR MALIGNANT MESOTHELIOMA”**

In 2017, together with co-investigators, I was awarded a Maurice Blackburn Grant-In-Aid for Research on Asbestos Related Disease entitled GANT61: A novel therapy for malignant mesothelioma. This study examines the hypothesis that blocking the downstream effector molecule of the Hedgehog signalling pathway, Gli, using a specific small molecule inhibitor, GANT61, when combined with chemotherapy agents significantly increases malignant mesothelioma cell death and tumour growth. We demonstrated that mesothelioma cell lines express high levels of Gli in standard and 3-D cultures (spheroids) compared with controls and GANT61 killed the cells primarily by apoptosis. Cells utilised autophagy as an effector molecule of the Hedgehog signalling pathway, Gli, using precision cut lung slices ex-vivo. In wild-type mice, acute smoke exposure induced neutrophilic inflammation and AHR, but unexpectedly reduced small airway reactivity to methacholine ex-vivo. RAGE-gene deficient mice were protected against smoke-induced neutrophilia, however, smoke exposure in these mice had no effect on airway reactivity in vivo, nor small airway reactivity ex-vivo.

Our studies reveal distinct effects of acute smoke exposure on large airway reactivity, (assessed in vivo) and small airway reactivity (assessed ex-vivo). In addition, we show that RAGE-mediated inflammation does not contribute to altered airway reactivity, although these findings require further validation. Understanding the link between innate immune receptors that respond to environmental exposures, airway inflammation and airway reactivity will help to identify new treatment targets for COPD.

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**ROBERT PIERCE GRANT-IN-AID FOR INDIGENOUS LUNG HEALTH**

This Grant-In-Aid, in honour of the late Professor Rob Pierce, is awarded to a member of the TSANZ for a project focused on understanding and improving the lung health of Indigenous people in Australia and/or New Zealand. This grant supports a project relevant to the lung health of Indigenous people and must contribute to the delivery of better health care and/or to the professional development of the winner.

**Recipient: Holly Clifford**

**PROPOSAL: ENVIRONMENTAL DUST EXPOSURE AND BACTERIAL LUNG INFECTIONS: IMPACT IN REMOTE ABORIGINAL AUSTRALIAN COMMUNITIES**

My research involves investigating the unique environmental challenges faced by Aboriginal children living in remote Australia. I am particularly interested in geogenic (or earth-derived) dust particles (Australia's distinctive "red dust") and how they contribute to the frequency and severity of respiratory infections.

We have had extensive consultation with the Bidyadanga Aboriginal Community in the remote Kimberley region of WA and our research has a strong translational focus, where we aim to provide the evidence required for the implementation of dust remediation strategies.

We have installed dust particle monitors in Bidyadanga, and have collected a unique, long-term dataset detailing community-specific dust exposure. We have also shown that dust can exacerbate the response to bacterial lung infection, with increased inflammation and infection of airway cells by non-typeable Haemophilus influenzae. We have also shown the importance of what is in the dust, demonstrating that bacterial species present in dust can increase lung inflammation. Our data is currently being used as evidence to advocate for dust suppression measures in imminent Government regional services reform. Minimising dust exposure is likely to significantly improve the health and well-being of Aboriginal Australian children.

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**THE TSANZ/ASTRAZENECA GRANT-IN-AID FOR SEVERE ASTHMA RESEARCH**

The purpose of this Grant-In-Aid is to support severe asthma research in Australia and New Zealand.

**Recipient: Fatemeh Moheimani**

“MicroRNA-22 AS A POTENTIAL EPIGENETIC TARGET TO RESTORE THE AIRWAY EPITHELIUM INTEGRITY IN ASTHMATICS”

The TSANZ/AstraZeneca Grant-In-Aid for Severe Asthma Research gave me the opportunity to continue my research on (a) the role of miR-22 as a regulatory factor in pathology of asthma after influenza infection, (b) its targets in airway epithelium, and (c) whether manipulation of miR-22 can restore epithelium abnormalities in asthmatics, in vitro. The outcomes of my investigation were presented in two international conferences; American Thoracic Society (ATS) 2017 International Conference, 19-24/5/2017, Walter E. Washington Convention Centre, Washington, DC, USA (Poster), and 22nd Congress of the Asian Pacific Society of Respiratory, Sydney, Australia, 23-26/11/2017 (oral). These data are also currently under review for publication. These outcomes facilitate the next step of my research at in vivo to take a step towards translational aspect of my research.
I also had an opportunity to contribute to community services by organising, preparation and presentation at the Hunter Medical Research Institute opening day on 6/10/2017 while I continue my contribution to the scientific society by peer reviewing original manuscript and international grants/fellowships.

I would like to thank the TSANZ and AstraZeneca for their generosity to support my idea. As an emerging scientist who passionately tries to continue my research, this grant was an amazing opportunity with positive outcomes.

Travel Awards

**Respiratory Nurse Career Development Award for Indigenous Research**

To increase the number of respiratory nurses participating in the TSANZ ASM, foster networking opportunities, and support research into Indigenous health.

The TSANZ aims to support two applicants who:

- work in respiratory health;
- have demonstrated their interest and commitment to nursing and indigenous health;  
- aim to strengthen their respiratory health nursing capacity; and
- contribute to the provision of, or research in, respiratory health nursing in Indigenous communities in New Zealand or Australia.

**Recipient: Erin Plumb**

"Antibiotics for Persistent Cough or Wheeze following Acute Bronchiolitis in Children (Review)"

Thank you to the TSANZ for the privilege of being presented this award. It was an honour to present the updated Cochrane Review examining “Antibiotics for persistent cough or wheeze following acute bronchiolitis in children”. This review identified the need for future research dedicated to determining the efficacy of antibiotics in reducing or eliminating persistent respiratory symptoms. This is particularly relevant among high risk or Indigenous groups where the potential for increased burden of disease and chronic lung disease is much greater.

This award allowed me to attend the TSANZ ASM in 2017 and be exposed to a wealth of information and experience from peers and world leaders of respiratory research. Attending SIG presentations which presented information from various countries, populations and ages enabled me to appreciate the essential role research plays. I left the ASM with an enlarged capacity which will greatly contribute to my role as a Clinical Research Nurse working with Indigenous children.

**THE JANET ELDER INTERNATIONAL TRAVEL AWARDS**

These awards are made to three respiratory scientists or clinicians based on the scientific merit of their submitted abstract to the 2017 TSANZ ASM to support their professional development in respiratory research.

There are two awards for early career researchers and one award for a mid-career researcher.

Recipients of these awards will be able to attend and present an abstract at an international scientific meeting of the recipient’s choice within the following year.

These awards are made in the memory of Dr Janet Elder, one of the pioneers of respiratory medicine in Western Australia.

**Recipient for Early Career Researcher: Jade Jaffar**

"Matrix Metalloproteinase -7 (MMP7) May be a Biomarker of Early Chronic Lung Rejection"

With the funds provided by the Janet Elder travel award, I presented this work at the American Thoracic Society’s 2017 International Conference which was held in Washington DC, USA. Chronic rejection after lung transplantation has a significant impact on long term mortality rates for patients with otherwise fatal lung diseases. By identifying biomarkers of chronic rejection, as we have demonstrated here with MMP7, we gain greater understanding of the mechanisms underlying chronic rejection and can develop therapies to mitigate it. This research may lead to increased survival and quality of life for the patients who have undergone lung transplantation. Furthermore, as our research can potentially identify patients who are at greater risk of chronic rejection, earlier clinical interventions will be possible, ultimately reducing the number of failed organ grafts.


"CFTR Modulators Alter Innate Immune Responses by Primary Airway Epithelial Cells Challenged with Rhinovirus."

With the Janet Elder International Travel Award for Early Career Researcher, I presented my work on the CF epithelial transcriptomic response to rhinovirus and CFTR modulators at the 40th European Cystic Fibrosis Society conference in Seville, Spain. This research is important for informing whether increased severity of respiratory viral infection will continue when CF communities are on corrective therapies. My first time attending the European CF meeting, it provided wonderful new networking opportunities and an interesting range of CF research occurring across Europe. My poster was well received, and the discussions have assisted me in improving the analysis of my data. I also met with researchers from the CF research group at Rotterdam and compared our methodologies and findings on neutrophils in early CF disease.

Attending the ECFS conference also allowed me to meet, in person, my fellow colleagues involved with the Journal of Cystic Fibrosis and Cystic Fibrosis Research News, the two CF publications by ECFS. I presented data on how the social media account that I run (@CFightsBack) is expanding the readership of both publications.

My research was very well received, and the discussions have assisted me in improving the analysis of my data. I also met with researchers from the CF research group at Rotterdam and compared our methodologies and findings on neutrophils in early CF disease.

**Recipient for Mid-Career Researcher: Lisa Wood**

"Asthma Control, Airway Inflammation and Gut Microbiome are Improved by Soluble Fibre Supplementation"

I am very grateful to have received the Janet Elder International Travel Award for Mid-Career Researcher to attend the ATS conference in Washington, May 2017. At this conference I delivered an oral presentation on a data linking gut and lung health, attracting great interest, being an exciting new area of clinical nutrition research. This is the first study to demonstrate that in adults with asthma, soluble fibre has anti-inflammatory effects in the airways and improves disease control. Subsequent discussions have led to some industry funding to continue our investigations. I also presented a poster describing the pro-inflammatory effects of saturated fatty acids in the airways. Saturated fatty acids, but not n-6 polyunsaturated fatty acids or carbohydrates, increase airway inflammation in non-obese asthmatics. This data will be important in developing dietary recommendations for people with asthma. Finally, I was invited to chair a thematic poster session on Obesity and Nutrients in Lung Disease. I have subsequently
developed a collaboration with my co-chair and we have submitted an abstract for the ATS 2018 meeting. In summary, the opportunity to attend ATS 2017 was invaluable, leading to new collaborations and funding and I thank the TSANZ for supporting me.

**PETER PHELAN TRAVEL FELLOWSHIP (PAEDIATRIC)**

The Peter Phelan Travel Fellowship may be awarded to any member of the TSANZ undertaking research in the area of Paediatric Respiratory Medicine. The grant will support travel nationally or internationally to further develop specific aspects of training (e.g. to undertake a research fellowship, to learn a specific technical skill for a research project) and/or to make a presentation at a major scientific meeting relevant to respiratory medicine.

**Recipient: Kimberley Wang**

**ABSTRACT:** “AIRWAY AND LUNG STRUCTURE IN ADULT RATS PREVIOUSLY SUBJECT TO HYPOXIA-INDUCED INTRAUTERINE GROWTH RESTRICTION”. YOUNG INVESTIGATOR MEETING (YIM) THAT WAS HELD IN PHILADELPHIA, USA (17TH – 19TH MAY 2017).

**ABSTRACT:** “THE EFFECT OF MATERNAL HYPOXIA-INDUCED INTRAUTERINE GROWTH RESTRICTION AND SEXUAL DIMORPHISM ON AIRWAY RESPONSIVENESS IN JUVENILE MICE”. AMERICAN THORACIC SOCIETY (ATS) INTERNATIONAL CONFERENCE THAT WAS HELD IN WASHINGTON, D. C., USA (20TH – 24TH MAY 2017).

**ABSTRACT:** “TRANSFORMING GROWTH FACTOR ALPHA (TGF-A) PRODUCES AIRWAY REMODELLING AND REDUCES AIRWAY DISTENSIBILITY”. EUROPEAN RESPIRATORY SOCIETY (ERS) 2017 INTERNATIONAL CONGRESS THAT WAS HELD IN MILAN, ITALY (9TH – 13TH SEPTEMBER 2017).

My primary research interest is to understand the impact of intrauterine growth restriction (IUGR) on the respiratory system. My maternal hypoxia-induced IUGR rodent model have shown that low birth weight results in airway hyperresponsiveness and structure abnormalities, and increased macrophages in the bronchoalveolar fluid, which may increase susceptibility to the development of asthma. These findings have been published in Respiriology (Wang et al. 2017). Importantly, the impact of IUGR on the respiratory system is sex and age-dependent. I concluded that sexual dimorphism in the response to IUGR may contribute to differences in the prevalence of asthma between males and females in childhood and adulthood. These findings have also recently been accepted in Clinical Science (Wang et al., publication accepted). The impact of my research is evidenced by a recent editorial from Pascoe CD (Respirology 2017) who highlighted the paper as “an important step forward in our understanding of how in utero exposures, namely IUGR, can alter lung development and growth in such a way that it makes the airways more susceptible to narrowing and closure”. My research was also a media focus as one of the winners of the 2017 New Independent Researcher Infrastructure Support Award by the Department of Health WA (The Post Newspaper, July 2017).

I would like to sincerely thank the TSANZ awards committee for providing me a Peter Phelan Travel Fellowship to attend the conferences in 2017 to present my research.
The TSANZ Awards
Awards by Nomination

**PRESIDENT’S AWARD**

The TSANZ President’s Award is a prestigious award for an individual who has significantly contributed to promoting respiratory health in the community, particularly in the area of tobacco control, either in Australia or New Zealand.

**Candidates**

To be eligible for this award the nominee will have a strong track record in promoting respiratory health in the community. Eligible candidates may have contributed through scientific research, community action, health promotion or advocacy. Preference will be given to nominees whose contribution has been in the area of tobacco control.

**Nomination Process**

The proposed recipients of the President’s Award are put forward by the current TSANZ President to the TSANZ Board. Determination of the appropriateness of the recipient will be made by the TSANZ Board. The final decision on the recipient will be made by the TSANZ President. This award will not be presented if there is no suitable candidate.

**Recipient: Becky Freeman**

- Becky Freeman is an NHMRC early career research fellow at the School of Public Health, University of Sydney. Her primary research interests include tobacco control and how online and social media influence public health.
- Becky is an established authority on the potential of the internet to circumvent tobacco advertising bans and has pioneered research methods in tracking and analysing online social media content. She has prepared technical reports for the World Health Organisation outlining how to monitor and regulate tobacco industry advertising and interference in tobacco control policy. Becky has also served as an advisor to the WHO expert panel on tobacco industry interference in tobacco control.
- Becky is the Associate Editor of New Media for the international journal, *Tobacco Control*.
- Prior to pursuing her research interests in Australia, Becky worked for both government and not for profit organisations in Canada and New Zealand.

**SOCIETY MEDAL**

The Society Medal was conceived as an acknowledgment of excellence in fields other than research, in other words, for the advancement of the practice of thoracic medicine in its widest sense by outstanding teaching or advocacy.

**Candidates**

The Society Medal is open to all financial members of the TSANZ including Associate Members. Candidates for this medal are put forward by nomination only.

**Recipient: Peter Holmes**

- A long and distinguished career as a respiratory physician in Melbourne for over 40 years.
- Senior leadership roles at various Melbourne hospitals.
- Well known for his commitment to teaching medical students, RACP trainees, general practitioners, country physicians and respiratory physician colleagues.
- Leading roles in the Lung Foundation Australia, Asthma Victoria, Workcover and advising the Victorian State Government.
- Long term dedication to the TSANZ as Federal Treasurer, a member of the Federal Executive, Victorian Branch President, a member of the ASM Sub-Committee and of the Organizing Committee of the 1986 Asia Pacific Scientific meeting in Sydney.
50TH ANNIVERSARY MEDAL

The 50th Anniversary Medal for Education and Training was introduced in 2011 to mark the Society’s 50th Anniversary.

The 50th Anniversary Medal may be awarded each year in recognition of outstanding contributions to respiratory education and training in New Zealand or Australia. The award recognises an individual who has demonstrated sustained excellence in education and training. This might take the form of formal and informal teaching within a university, hospital or other health care setting; curriculum development at an undergraduate or postgraduate level; using research to enhance the efficacy of educational activities; career mentoring of junior members of the TSANZ; integration of teaching into clinical practice; or advocacy on behalf of medical education as applied to respiratory medicine.

Candidates
The 50th Anniversary Medal is open to all financial members of the TSANZ including Associate Members. Candidates for this medal are put forward by nomination only. In 2017, two members received this award.

Jennifer Alison

- Jennifer Alison’s contributions to education and mentoring have been pivotal to enhancing the evidence base for pulmonary rehabilitation in Australia. Through her work as a supervisor, clinical mentor, researcher, clinician and volunteer, she has been at the forefront of a sustained drive over two decades to widen access to pulmonary rehabilitation to any patient in Australia who could benefit.
- Jennifer is currently a Professor of Allied Health (Chronic Diseases) and Professor of Respiratory Physiotherapy at the University of Sydney, Faculty of Health Sciences.
- Jennifer is the lead author of 104 peer-reviewed journal articles in top ranked journals in her field, eight books/book chapters and over 170 peer-reviewed abstracts.
- Jennifer is the recent recipient of an NHMRC Global CRE Funding award – Implementing evidence into practice to improve chronic lung disease management in Indigenous Australians: the Breathe Easy, Walk Easy – Lungs for Life (BE WELL) project. This project will increase the capacity of health workers in rural and remote Australia to deliver an evidence-based exercise program to improve outcomes for Indigenous Australians.
- She has held positions as Clinical Specialist and Physiotherapist in Pulmonary Rehabilitation at the Royal Prince Alfred Hospital Sydney.

Richard Ruffin

- Richard Ruffin holds current positions as Chair of the Human Research Ethics Committee; Emeritus Professor in Medicine at the University of Adelaide; part-time Respiratory Physician at the Queen Elizabeth Specialist Centre and Senior Consultant/Trainee Mentor at the Queen Elizabeth Hospital and Chair of the Australian Medical Council Medicine Clinical Sub Panel.
- His past positions include Head, Division of Medicine of the North Western Adelaide Health Service, Associate Editor of Respirology, and President of the TSANZ (2003-2005).
- Richard has been the recipient of several distinguished awards including the Member of the Order of Australia (AM), the South Australian of the Year Award in Health and the TSANZ’s Fisons Medal for Research.
In 2017, the TSANZ dispersed $840,500 worth of award funding. During 2017, the research portfolio has grown to $1 million for dispersement in 2018.

The TSANZ recognises the support of associated organisations; Asian Pacific Society of Respirology, Asthma Australia, Cystic Fibrosis Australia, Lung Foundation Australia, National Asthma Council Australia, and the Japanese Respiratory Society; in addition to sponsors, donors and bequests in funding research

1 Including administration of Lung Foundation Australia and Cystic Fibrosis Australia awards.

### Special Interest Group Awards

- **TSANZ Best Poster Prize** (supported by Boehringer Ingelheim) - presented to David Chapman
- **Asthma & Allergy** (supported by National Asthma Council Australia) - presented to Joy Lee
- **Asthma & Allergy** (supported by Asthma Australia) - presented to James Pinkerton
- **OELD/Population Health** (supported by Maurice Blackburn) - presented to Holly Clifford
- **Lung Cancer** (supported by Maurice Blackburn) - presented to Kolarne Tong
- **COPD** (supported by Boehringer Ingelheim) - presented to Steven Maltby
- **OLIV** (supported by Boehringer Ingelheim) - presented to Rebecca Harper
- **Primary Care** (supported by Boehringer Ingelheim) - presented to Juliet Foster
- **Respiratory Nurses Oral** (supported by Boehringer Ingelheim) - to co-presenters Mary Roberts and Vinita Swami
- **Pulmonary Physiology and Sleep**, John Reid Prize (supported by Lung Foundation Australia) - presented to Mahesh Dharmakumara
- **David Serisier Memorial Award 2017 for Translational Research - Respiratory Infectious Disease** (supported by Lung Foundation Australia) - presented to Su-Ling Loo
- **Cystic Fibrosis** (supported by Cystic Fibrosis Australia) – presented to Michelle Wood
- **Cell biology/Immunology** - presented to Andrew Reid
- **Evidence Based Medicine** - presented to Narelle Cox
- **Interventional Pulmonology** - presented to Arash Badiei
- **Peter van Asperen Paediatric Award** - presented to Ajay Kevat
- **Physiotherapy** – presented to Sally Wootton
- **Tobacco Control** – presented to Jenifer Liang
Respiratory Function Laboratory Accreditation Program

Key achievements for the year
- Updated process for re-accreditation established
- Second assessor training course delivered at Annual Scientific Meeting 2017
- Development and implementation of the online assessor training module
- Appointment of new Laboratory Accreditation and Support Officer
- Implementation of the revised Program manual with updated 2016 standards that now applies to all new accreditations and re-accreditations.
- New process for Branch Site accreditation implemented
- Revised Medical Director of an Accredited RFL Position Statement issued

Respiratory Laboratories where accreditation was granted during 2017
1. The Alfred Hospital
2. John Hunter Children's Hospital
3. Lady Cilento Children's Hospital
4. Peninsula Pulmonary
5. Prince of Wales
6. Royal Adelaide Hospital
7. Royal North Shore Hospital
8. Newcastle
9. Sir Charles Gairdner
10. St Vincent's (NSW)

Respiratory Laboratories progressing in the accreditation review cycle (as at December 2017)
1. Fiona Stanley
2. Royal Prince Alfred
3. Royal Children's Hospital Melbourne
4. Logan
5. St Vincent's (VIC)
6. Dunedin
7. Flinders
8. Cairns Base
9. Green Lane Respiratory
10. Counties Manukau
11. Sutherland Hospital
12. Royal Melbourne
13. Frankston

Volunteer Accreditation Assessors
- David Armstrong
- David Barnes
- Brigitte Borg
- Jeffery Bowden
- Sue Brenton
- Peter Briffa
- Michael Brown
- David Bucens
- Keith Burgess
- Alan Crockett
- Eleonora Del Colle
- Annette Dent
- James Douglas
- Matthew Elis
- Michael Epton
- Kevin (Bill) Finucane
- Greg Frazer
- Leanne Gauld
- Hugh Greville
- Graham Hall
- Faizel Hartley
- David Hillman
- Craig Hukins
- Mark Hurwitz
- Sandra Jeffery
- Sonya Johnston
- Mark Jurisic
- Brendan Kennedy
- Greg King
- Paul King
- Edmund Lau
- Pam Liakakos
- Phil Masel
- John McLachlan
- Lucy Morgan
- Stephen Morrison
- Philip Munoz
- Matthew Naughton
- Andrew Ng
- Bill Noffsinger
- Phil Robinson
- Peter Rochford
- Peter Rogers
- David Schembri
- Annette Dent
- James Douglas
- Matthew Elis
- Michael Epton
- Kevin (Bill) Finucane
- Greg Frazer
- Leanne Gauld
- Hugh Greville
- Graham Hall
- Faizel Hartley
- David Hillman
- Craig Hukins
- Mark Hurwitz
- Sandra Jeffery
- Sonya Johnston
- Mark Jurisic
- Brendan Kennedy
- Greg King
- Paul King
- Edmund Lau
- Pam Liakakos
- Phil Masel
- John McLachlan
- Lucy Morgan
- Stephen Morrison
- Philip Munoz
- Matthew Naughton
- Andrew Ng
- Bill Noffsinger
- Phil Robinson
- Peter Rochford
- Peter Rogers
- David Schembri
- Robin Schoeffel
- Hiran Selvadurai
- Bhajan Singh
- Brian Smith
- Dan Smith
- Anne Marie
- Southcott
- Maureen Swanney
- Bruce Thompson
- Justin Travers
- Andrew Veale
- Elizabeth Veitch
- Jarrod Warner
- Liam Welsh
- John Wheatley
- Ken Whyte
- Margaret Wilsher
- Richard Wood-Baker
- Brendon Yee
- Iven Young

The Laboratory Accreditation Committee would like to sincerely thank all our assessors for freely contributing their time and expertise to the TSANZ accreditation process, it is greatly appreciated. Without their dedication and skill, this world leading laboratory accreditation program would not be possible.

John Wheatley
Chair of the Laboratory Accreditation Committee

Fellows of the TSANZ (FThorSoc) 2013
Robert Edwards

Fellows of the TSANZ (FThorSoc) 2014
Anthony Breslin AM
Christine Jenkins
David Langton
David Serisier
Gary Anderson
Graham Simpson
Jo Douglass
John Armstrong
Martin Phillips
Paul Reynolds
Peter Frith
Peter Sly
Peter van Asperen
Philip Thompson

Fellows of the TSANZ (FThorSoc) 2015
Adam Jaffe
Anne Chang
Graham Hall
Haydn Walters
Ian Yang
Jennifer Alison
John Upham
Peter Gibson
Peter Middleton
Robyn O’Hehir

Fellows of the TSANZ (FThorSoc) 2016
Christine McDonald
Kwun Fong

Fellows of the TSANZ (FThorSoc) 2017
Scott Bell
David Fielding
Philip Hansbro
Hubertus Jersmann
Vanessa McDonald
Matthew Peters
Abe Rubinfeld
Peter Wark

Fellows of the TSANZ have been nominated by their peers, recommended to the Board by the Professional Standards Sub-Committee and formally recognised by the Board for their exceptional contributions to respiratory health in Australia and New Zealand.
New Members 2017
Total 159 new members

Ordinary Members (45)
Adrienne Edwards, NZ
Alexis Junio, NSW/ACT
Andrew Reid, NSW/ACT
Anna Hudson, NSW/ACT
Annette Regan, WA
Annie McDougall, VIC
Ashvin Isaac, WA
Bronwyn King, VIC
Carl Pahoff, QLD
Andrew Reid, NSW/ACT
Anna Hudson, NSW/ACT
Annette Regan, WA
Annie McDougall, VIC
Ashvin Isaac, WA
Bronwyn King, VIC
Carl Pahoff, QLD
Caroline Kein, VIC
Chen Chen Jiang, NSW/ACT
Darren Mansfield, VIC
David Chen, NZ
David Currey, NSW/ACT
David McNamara, QLD
Donna Keatley, SA/NT
Eduardo Gaio, VIC
Edward Fysh, WA
Farid Sanai, NSW/ACT
Gerard Kaiko, NSW/ACT
Heather Powell, NSW/ACT
Jarrod Warner, QLD
Jayne Carberry, NSW/ACT
John Kemp, VIC
Jonathan Whittall, SA/NT
Kate Te Pou, NZ
Kimberly Birnie, WA
Leigh Seccombe, NSW/ACT
Lidija Turkovic, WA
Mahesh Dharmakumara, VIC
Maximilian Plank, QLD
Melanie Harris, QLD
Michael Trotter, QLD
Ming Yang, NSW/ACT
Nusrat Hamaira, NSW/ACT
Parghesh Joshi, WA
Sam Kosari, NSW/ACT
Sarah Best, VIC
Sharon Lawrence, WA
Shyamali Dharmage, VIC
Subodh Kumar, QLD
Sue Ward, NZ
Suvash Saha, QLD
Tatt Jhong Haw, NSW/ACT
Zoe McKeough, NSW/ACT

Associate Member (91)
Adrian Hernest, WA
Ajay Kevat, VIC
Alan Carew, QLD
Alice Sawka, SA/NT
Alistair Cook, QLD
Andrew Burgess, NSW/ACT
Anna McLean, NSW/ACT
Asha Bonney, VIC
Belinda Liu, VIC
Ben Tarrant, VIC
Benjamin Johnson, TAS
Betty Chen, NSW/ACT
Brent Cumming, NZ
Budhima Nanayakkara, NSW/ACT
Cameron Sullivan, NZ
Catherine Read, WA
Cheng Jun Siew, QLD
Chinthaka Samararayake, QLD
Chuan Tai Foo, VIC
Edward Harris, WA
Emily Chivers, WA
Emily Clapham, NSW/ACT
Emily Dunn, NSW/ACT
Emma Cobcroft, SA/NT
Emma Stumbles, NSW/ACT
Emma Walker, QLD
Eun Ho Choe, NZ
Ginger Chu, NSW/ACT
Hilman Harryanto, WA
Hui Guo, VIC
James Di Michiel, NSW/ACT
Janet Bondarenko, VIC
Jeanette Cheung, NZ
Jennifer Liang, VIC
Jennifer Philip, VIC
Jessica Rhodes, NSW/ACT
Jhanavi Rangaswamy, VIC
Joanna Toghill, VIC
Jody Hook, NSW/ACT
Joe-Anne Bendyk, SA/NT
Josephine McCabe, NZ
Judy King, WA
Kah Peng Eg, QLD
Karen McLaughlin, NSW/ACT
Katherine Rix-Trott, NZ
Ken Goon, NSW/ACT
Kerry Hancock, SA/NT
Kirryn Williams, QLD
Kristen Jones, NSW/ACT
Kristian Brooks, NZ
Laura Fawcett, NSW/ACT
Liam Krebs, QLD
Lin Mo, VIC
Lokesh Yagnik, WA
Lydia Balzat, QLD
Maitri Munsif, VIC
Marcus Ross Christensen, NSW/ACT
Michael Beaver, WA
Michael Elizaide, NSW/ACT
Mimi Han Qing Lu, NSW/ACT
Mitchell Taylor, NSW/ACT
Naoimi Watson, QLD
Nette Burton, NSW/ACT
Nikola Ncube, NZ
Paul Libburn, NSW/ACT
Pradeep Balakrishnan, NSW/ACT
Rahul Thomas, QLD
Raymond Wong, VIC
Rebecca Keating, QLD
Robyn Paton, NSW/ACT
Rochelle Philip, VIC
Sanjay Ramakrishnan, WA
Sarah Mooney, NZ
Sarbrookh Dhillon, WA
Sarika Sundar, NSW/ACT
Sayontonee Ghosh, NSW/ACT
Shannon Cleary, NSW/ACT
Shu Han Emily Liu, NSW/ACT
Simon Jones, WA
Siobhan Brophy, VIC
Stella Foley Just, QLD
Steven McKinstry, NZ
Teng Yuan Kang, SA/NT
Tessa Bird, NSW/ACT
Thomas Crowhurst, SA/NT
Tim Lequeux, NZ
Timothy Cheung, VIC
Trudy Hopkins, NSW/ACT
Verica Margitayloranovic, SA/NT
Vinita Swami, NSW/ACT
Vishnu Jeganathan, VIC

Student Members (17)
Alexandra Brown, NSW/ACT
Annelies Robijn, NSW/ACT
Christopher Htun, NSW/ACT
Clancy Dennis, NSW/ACT
Jack Bozier, NSW/ACT
James Wong, WA
Kaj Blokland, NSW/ACT
Katherine Landwehr, WA
Kielan McAlinden, NSW/ACT
Luca Parisi, NZ
Michael Papanicolaou, NSW/ACT
Ralph Angeles, VIC
Razia Zakarya, NSW/ACT
Rhea Urs, WA
Richard Lobb, QLD
Ryan Lian, WA
Santon Thaver, TAS

Corporate Members (6)
Barbara Dhooghe, NSW/ACT
James McBryder, NSW/ACT
Jennifer Wong, NSW/ACT
Jing Wang, VIC
Mathew Farag, NSW/ACT
Nicole Hunt, NSW/ACT

2017 Annual Report
The Thoracic Society of Australia & New Zealand
The theme for the 2017 ASM was “Novel Therapeutic Interventions”, with over 90 invited international and Australasian speakers contributing to a broad program catering for the interests of all the TSANZ and ANZSRS members.

Keynote speakers included
- Sally Wenzel, University of Pittsburgh Asthma Institute, USA
- David Feller-Kopman, John Hopkins University School of Medicine, USA
- Eileen Collins, University of Illinois, USA
- Bruno Crestani, Bichat Hospital, France

Wunderly Orator
Jennifer Martin, Griffith University, Queensland. A founding member of the Australian Academy of Science SAGE Steering Committee (Science in Australia Gender Equity)

Highlights from the ASM held in Canberra included plenaries and symposia addressing “New Insights from the Pathology of Severe Asthma”, “Pregnancy Influences on Early Lung Function” and “Novel therapies in Idiopathic Pulmonary Fibrosis” as well as an exciting Pro/Con debate from our invited international speakers on the use of Bronchial Thermoplasty in Asthma. Our continued collaboration with ANZSRS led to the joint plenary exploring the Pathophysiology of the Pulmonary Vascular System, and the joint Masterclass on the assessment of pulmonary vascular physiology. Overall, the ASM delivered an exciting and diverse scientific program representing all 16 active SIGs as well as the diversity of our membership base.

New initiatives for 2017 included:
- **The introduction of Late Breaking Abstracts.** A large number of submissions were received for this tightly contested session led in by two invited presentations on the Thunderstorm Asthma event from Melbourne November 2016.
- **The introduction of Post-graduate Courses:** Three well-attended post-graduate workshops were held immediately prior to the official ASM opening - a mix of basic science and clinical research.
- **Condensed program finishing with the gala dinner.** At the request of our members, the program concluded on the Tuesday with the gala dinner held at Parliament House, including a special visit from the Minister for Health, Greg Hunt.

The 2017 ASM would not have been possible without the efforts and significant contributions of the Local Organising Committee (chaired by Alistair Abbott), The Conference Company Team, SIG Convenors, and the TSANZ Central Office staff.

Planning for the next TSANZSRS ASM is well underway (Adelaide, March 23-27, 2018) with the theme of “Respiratory Clinical and Research Challenges”. The Wunderly Oration will be delivered by His Excellency The Hon. Hieu Van Le AC, Governor of South Australia. The 2018 ASM is fast shaping up to be yet another world-class respiratory conference.
The TSANZSRS Conference Committee

Background to the TSANZSRS Conference Committee

The TSANZSRS Conference Committee was established in 2014, and is responsible for organizing the ASM, a joint meeting of the TSANZ and ANZSRS. The Committee comprises representatives from both societies, including a member from each of the TSANZ and ANZSRS Boards who chair the Committee in turn on a 2-year rotation. The ASM provides opportunities for members of both the TSANZ and ANZSRS to both hear and present the latest in clinical, multidisciplinary and basic scientific research across multiple special interest groups, as well as network with their colleagues.

Members:

2017 TSANZ Board Representative: Denise O'Driscol
2018 TSANZSRS Conference Committee Chair: Denise O'Driscol

The TSANZ Local Organising Committee (LOC) for the ASM

2017 TSANZ LOC Chair: Alistair Abbott (NSW)
2018 TSANZ LOC Chair: Phan Nguyen (SA/NT)

APSR Congress 2017
Sydney, 23-26 November 2017

APSR Convenors’ Report

It is a pleasure to provide this report to the TSANZ in relation to what we believe was a very successful APSR congress. We were assisted by the relevant elements of APSR but particular thanks are due to Tanya Buchanan and her team at the Central Office and by a very capable, efficient and responsive Professional Conference Organiser in The Conference Company.

Early on, the Local Organising Committee decided that there would be a theme to the meeting “Lung Health in a Changing World” and this was, in the end, carried through many of the symposia. Meeting themes are common for the TSANZ ASM but an innovation for the APSR Congress.

In summary, we believe that the APSR congress was of a very high scientific quality, was well attended with over 2400 registrants, and allowed the opportunity for pleasant social interactions. For this meeting, we met targets for the number of registrants, and the agenda included a diversity of speakers with respect to career stage and gender. There were signature speakers of the highest standard. Sydney was at its sparkling best and there was a distinct, pleasant atmosphere throughout the APSR Congress and we were able to bring some informality and dancing to the dinner.

Some elements of the meeting such as the performance by the Mt Druitt Indigenous Children’s Choir at the Opening Ceremony will stand long in the memory. Perhaps better forgotten was the shirtless Andy Bush dancing at the Conference Dinner requiring an attempt by the ERS President to restore some decorum by loaning him a cardigan!

We would like to thank the members of the LOC for their inputs over nearly two years of planning, also Taj Saghaie and Alicia Mitchell for coordinating the social events and theming.
SIG ABSTRACTS 2017

TOTAL 309

TSANZSRS ASM 2017

- Asthma & Allergy: 47
- Cell Biology/Immunology: 28
- COPD: 44
- Cystic Fibrosis: 14
- Evidence-based Medicine: 3
- Interventional Pulmonology/ Bronchology: 10
- Lung Cancer: 7
- OELD/Pop Health: 26
- OLIV: 10
- Paediatric: 13
- Physiology/Sleep: 25
- Physiotherapy: 27
- Primary Care: 23
- Respiratory ID: 19
- Respiratory Nurses: 6
- Rural & Regional SIG: 2
- Tobacco & Related Substances: 4

REGISTRATIONS

by country
957 TOTAL

- AUSTRALIA: 871
- NEW ZEALAND: 42

- 17 companies
- 112 exhibition personnel

INVITED SPEAKERS

by country

- AUSTRALIA: 80
- FRANCE: 1
- IRELAND: 1
- NEW ZEALAND: 1
- UNITED KINGDOM: 1
- UNITED STATES: 6

TOTAL: 90

includes only TSANZ invited speakers

GALA DINNER

- 421 Gala Dinner Attendees

EXHIBITORS

- Companies: 38
- Exhibition Personnel: 112

includes ANZSRS and TSANZ exhibitors
ASSEMBLY SESSIONS ABSTRACTS 2017

REGISTRATIONS

by country

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<th>Registrations</th>
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ASSEMBLY SESSIONS ABSTRACTS 2017

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<tr>
<td>Bronchoscopy and Interventional Techniques</td>
<td>41</td>
</tr>
<tr>
<td>Cell and Molecular Biology</td>
<td>16</td>
</tr>
<tr>
<td>COPD</td>
<td>11</td>
</tr>
<tr>
<td>Clinical Allergy &amp; Immunology</td>
<td>48</td>
</tr>
<tr>
<td>Clinical Respiratory Medicine</td>
<td>41</td>
</tr>
<tr>
<td>Critical Care Medicine</td>
<td>31</td>
</tr>
<tr>
<td>Environmental &amp; Occupational Health and Epidemiology</td>
<td>51</td>
</tr>
<tr>
<td>Interstitial Lung Disease</td>
<td>78</td>
</tr>
<tr>
<td>Lung Cancer</td>
<td>13</td>
</tr>
<tr>
<td>Paediatrics</td>
<td>13</td>
</tr>
<tr>
<td>Pulmonary Circulation</td>
<td>18</td>
</tr>
<tr>
<td>Respiratory Infections (non-tuberculosis)</td>
<td>58</td>
</tr>
<tr>
<td>Respiratory Neurobiology and Sleep</td>
<td>22</td>
</tr>
<tr>
<td>Respiratory Structure and Function</td>
<td>23</td>
</tr>
<tr>
<td>Tuberculosis</td>
<td>7</td>
</tr>
<tr>
<td>TOTAL</td>
<td>716</td>
</tr>
</tbody>
</table>
The year 2017 was an extraordinarily busy year for the TSANZ. Extraordinary in the sense that not only did we host the APSR Congress in November 2017, we were also active in all fronts of our strategic objectives: advocacy, clinical best practice, accreditation, research, members’ professional needs and good governance and income development. These activities all result to a $5 million turnover which can be broken down as follows:

- $3.2 million or 64% of the total turnover were due to the national ASM and the APSR Congress;
- $1.1 million or 22% pertains to grants, branch and SIG sponsorship and registration fees, advertising and laboratory accreditation fees;
- membership subscriptions, dividends, franking credits and donations account for the remaining 14%.

The figures below provide a breakdown of income and expenditure:
As of 31 December 2017, the TSANZ’s net assets (total assets less total liabilities) increased from $3.8 million to $4.4 million. Of this amount, $1.6 million is ringfenced for specific purposes and awards, and cannot be used for other purposes. These include the CF Clinical Trials Network, Lungs for Life research funds, Asthma and Airways, Janet Elder and Peter Phelan Awards. Also, of the $4.4 million net assets, $800,000 relates to the carrying amount of the TSANZ premises at Hunter Street, Sydney and $2 million relates to the investments managed by Morgan Stanley. In reviewing the financial viability of TSANZ, the Board is at pains to ensure that there are sufficient financial reserves held to achieve one year of operating costs and to cover the costs associated with an ASM that fails to achieve a surplus, or indeed makes a loss.

In 2017, the Board allocated funding support to enable a range of projects to occur, and these projects are continuing to progress in 2018. The projects include:

- research funds through the joint research program with Lung Foundation Australia;
- benevolent fund projects;
- development of O₂ online training;
- development of training in respiratory physiology; and
- competency standards for interventional pulmonology activities.

In view of our present healthy financial situation, the Board elected to maintain members’ ASM registration for 2018 at the same reduced rate as offered in 2017 and to not increase member fees in 2018 for renewals that occurred before 31 December 2017.

Although your Board and the TSANZ’s executives are prudent in their undertaking, we, at the Board, along with the TSANZ’s management, agree that there is a need to diversify the TSANZ’s sources of income. During 2017, the TSANZ successfully undertook contract work for the Queensland Government in relation to standard setting for spirometry associated with coal mine workers. This was an unbudgeted activity that further contributed towards our end of year result.

Looking to the future, there are a number of activities which the TSANZ must plan for in a financially prudent way. These include the delivery of the Asia Pacific Congress on Bronchology in 2019 and the need to rotate the ASM to locations which may not be as financially successful as the Canberra ASM proved to be. Additionally, in order for the TSANZ to be able to support research and member activities over the longer term, we need to continue to grow our invested capital.

As a final note, I would like to thank the Central Office, the audit team at Grant Thornton led by James Winter, and the financial advisers at Morgan Stanley, Patrick Regan, Bernadette Connolly and their team, for all the dedication and hard work in safeguarding the integrity of the TSANZ’s assets.
Corporate Information

CORPORATE INFORMATION
The Directors (Responsible Entities) present their report on The Thoracic Society of Australia and New Zealand Limited (the “Company”) for the year ended 31 December 2017.

DIRECTORS (RESPONSIBLE ENTITIES)
The following Responsible Entities were in office at the date of this report.
   Allan Glanville MBBS, MD, FRACP
   Bruce Thompson, BAppSc, CRFS, FANZSRS, PhD
   Peter Gerard Gibson MBBS (Hons), FRACP, FThorSoc, FAPSR
   Philip Michael Hansbro PhD
   Hubertus Jersmann MBBS, MD, FRACP, PhD
   Anne Holland BAppSc (Physiotherapy), PhD
   Richard Laing MBChB(Otago), FRACP
   John McLachlan, MBChB, CRFS, FCP, FRACP
   Peter Middleton MBBS (Hons), BSc(Med)(Hons), PhD, FRACP, FThorSoc
   Denise Marie O’Driscoll BAppSc (Hons), RPSGT, PhD
   David Fielding MBBS, MD, FRACP
   Sandra Hodge MSc, PhD

Company Secretary
Tanya Buchanan

Registered charity street address and principal place of business
Suite 405, Level 4
5 Hunter St
Sydney NSW 2000

Auditor
Grant Thornton Audit Pty Ltd

ABN
17 057 925 836
Auditor’s Independence Declaration

To the Responsible Entities of The Thoracic Society of Australia and New Zealand Limited

In accordance with the requirements of section 50-40 of the Australian Charities and Not-for-profits Commission Act 2012, as lead auditor for the audit of The Thoracic Society of Australia and New Zealand Limited for the year ended 31 December 2017, I declare that, to the best of my knowledge and belief, there have been no contraventions of any applicable code of professional conduct in relation to the audit.

James Winter
Partner - Audit & Assurance

Sydney, 2 February 2018
## Statement of Profit or Loss

For the Year Ended 31 December 2017

<table>
<thead>
<tr>
<th>Note</th>
<th>2017 ($)</th>
<th>2016 ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Revenue</td>
<td>2</td>
<td>5,049,657</td>
</tr>
<tr>
<td>Employee benefits expense</td>
<td>2</td>
<td>(622,886)</td>
</tr>
<tr>
<td>Depreciation expense</td>
<td>7</td>
<td>(61,574)</td>
</tr>
<tr>
<td>Annual Scientific Meeting (ASM) and Asian Pacific Society of Respirology (APSR) Congress expenses</td>
<td></td>
<td>(2,553,602)</td>
</tr>
<tr>
<td>Grants/awards expenses</td>
<td></td>
<td>(521,227)</td>
</tr>
<tr>
<td>Administration expenses</td>
<td></td>
<td>(435,468)</td>
</tr>
<tr>
<td>State Branch expenses</td>
<td></td>
<td>(322,068)</td>
</tr>
<tr>
<td><strong>Surplus for the year</strong></td>
<td></td>
<td>532,832</td>
</tr>
<tr>
<td><strong>Other Comprehensive income</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Net change in fair value of available-for-sale financial assets</td>
<td></td>
<td>49,256</td>
</tr>
<tr>
<td><strong>Total Comprehensive income for the year</strong></td>
<td></td>
<td>582,088</td>
</tr>
</tbody>
</table>

The Statement of Profit or Loss and Other Comprehensive Income should be read in conjunction with the accompanying notes to the financial report.
Statement of Financial Position
as at 31 December 2017

<table>
<thead>
<tr>
<th>Note</th>
<th>2017 ($)</th>
<th>2016 ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ASSETS</strong>&lt;br&gt;Current assets</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash and cash equivalents</td>
<td>3</td>
<td>2,452,375</td>
</tr>
<tr>
<td>Trade and other receivables</td>
<td>4</td>
<td>527,969</td>
</tr>
<tr>
<td>Other current assets</td>
<td>5</td>
<td>156,317</td>
</tr>
<tr>
<td><strong>Total current assets</strong></td>
<td></td>
<td>3,136,661</td>
</tr>
<tr>
<td><strong>Non-current assets</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other financial assets</td>
<td>6</td>
<td>2,767,449</td>
</tr>
<tr>
<td>Property, plant and equipment</td>
<td>7</td>
<td>774,558</td>
</tr>
<tr>
<td>Other non-current assets</td>
<td>5</td>
<td>23,689</td>
</tr>
<tr>
<td><strong>Total non-current assets</strong></td>
<td></td>
<td>3,565,696</td>
</tr>
<tr>
<td><strong>TOTAL ASSETS</strong></td>
<td></td>
<td>6,702,357</td>
</tr>
<tr>
<td><strong>LIABILITIES</strong>&lt;br&gt;Current liabilities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trade and other payables</td>
<td>8</td>
<td>2,190,667</td>
</tr>
<tr>
<td>Provision for annual leave</td>
<td></td>
<td>35,041</td>
</tr>
<tr>
<td><strong>Total current liabilities</strong></td>
<td></td>
<td>2,225,708</td>
</tr>
<tr>
<td><strong>TOTAL LIABILITIES</strong></td>
<td></td>
<td>2,225,708</td>
</tr>
<tr>
<td><strong>NET ASSETS</strong></td>
<td></td>
<td>4,476,649</td>
</tr>
<tr>
<td><strong>Funds</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Available for sale reserve</td>
<td></td>
<td>80,102</td>
</tr>
<tr>
<td>Awards reserve</td>
<td>9</td>
<td>1,521,974</td>
</tr>
<tr>
<td>Accumulated Funds</td>
<td></td>
<td>2,874,573</td>
</tr>
<tr>
<td><strong>TOTAL FUNDS</strong></td>
<td></td>
<td>4,476,649</td>
</tr>
</tbody>
</table>

The Statement of Financial Position should be read in conjunction with the accompanying notes to the financial report.
Statement of changes in Funds
For the Year Ended 31 December 2017

<table>
<thead>
<tr>
<th>2016</th>
<th>Awards Reserve $</th>
<th>Available for Sale Reserve $</th>
<th>Accumulated Funds $</th>
<th>Total $</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Balance at 1 January 2016</strong></td>
<td>1,495,168</td>
<td>19,757</td>
<td>2,287,528</td>
<td>3,802,453</td>
</tr>
<tr>
<td>Surplus for the year</td>
<td>-</td>
<td>-</td>
<td>47,770</td>
<td>47,770</td>
</tr>
<tr>
<td>Other Comprehensive Income</td>
<td>-</td>
<td>40,217</td>
<td>-</td>
<td>40,217</td>
</tr>
<tr>
<td>Transfers</td>
<td>50,478</td>
<td>-</td>
<td>(50,478)</td>
<td>-</td>
</tr>
<tr>
<td><strong>Balance at 31 December 2016</strong></td>
<td>1,545,646</td>
<td>59,974</td>
<td>2,284,820</td>
<td>3,890,440</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2017</th>
<th>Awards Reserve $</th>
<th>Available for Sale Reserve $</th>
<th>Accumulated Funds $</th>
<th>Total $</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Balance at 1 January 2017</strong></td>
<td>1,545,646</td>
<td>59,974</td>
<td>2,284,820</td>
<td>3,890,440</td>
</tr>
<tr>
<td>Surplus for the year</td>
<td>4,121</td>
<td>-</td>
<td>532,832</td>
<td>536,953</td>
</tr>
<tr>
<td>Other Comprehensive Income</td>
<td>-</td>
<td>49,256</td>
<td>-</td>
<td>49,256</td>
</tr>
<tr>
<td>Transfers</td>
<td>(27,793)</td>
<td>(29,128)</td>
<td>56,921</td>
<td>-</td>
</tr>
<tr>
<td><strong>Balance at 31 December 2017</strong></td>
<td>1,521,974</td>
<td>80,102</td>
<td>2,874,573</td>
<td>4,476,649</td>
</tr>
</tbody>
</table>

The Statement of Changes in Funds should be read in conjunction with the accompanying notes to the financial report.
Statement of Cash Flows  
For the Year Ended 31 December 2017

<table>
<thead>
<tr>
<th>Note</th>
<th>2017 ($)</th>
<th>2016 ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Cash flow from operating activities</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Receipts from members, grants, sponsorship and donations</td>
<td>5,609,030</td>
<td>3,192,159</td>
</tr>
<tr>
<td>Payments to suppliers and employees</td>
<td>(4,745,689)</td>
<td>(2,950,363)</td>
</tr>
<tr>
<td>Interest and dividends received</td>
<td>141,945</td>
<td>152,863</td>
</tr>
<tr>
<td><strong>Net cash provided by operating activities</strong></td>
<td>1,005,286</td>
<td>394,659</td>
</tr>
<tr>
<td><strong>Cash flow from investing activities</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Payments for purchase of plant and equipment</td>
<td>(50,885)</td>
<td>(2,614)</td>
</tr>
<tr>
<td>Acquisition of Financial Assets</td>
<td>(25,791)</td>
<td>(38,801)</td>
</tr>
<tr>
<td><strong>Net cash used in investing activities</strong></td>
<td>(76,676)</td>
<td>(41,415)</td>
</tr>
<tr>
<td><strong>Net increase in cash and cash equivalents</strong></td>
<td>928,610</td>
<td>353,244</td>
</tr>
<tr>
<td><strong>Cash and cash equivalents at the beginning of the year</strong></td>
<td>1,523,765</td>
<td>1,170,521</td>
</tr>
<tr>
<td><strong>Cash and cash equivalents at the end of the year</strong></td>
<td>2,452,375</td>
<td>1,523,765</td>
</tr>
</tbody>
</table>

The Statement of Cash Flows should be read in conjunction with the accompanying notes to the financial report.
Notes to the Financial Statements

FOR THE YEAR ENDED 31 DECEMBER 2017

The Thoracic Society of Australia and New Zealand Limited is a company limited by guarantee registered under the Australian Charities and Not-for-profits Commission Act 2012, and domiciled in Australia. The financial report of the Company for the year ended 31 December 2017 was authorised for issue in accordance with a resolution of the Responsible Entities (the “Directors) on 2nd February 2018.

Note 1: Statement of Significant Accounting Policies

(a) Basis of Preparation

These financial statements are general purpose financial statements which have been prepared in accordance with Australian Accounting Standards – Reduced Disclosure Requirements and the Australian Charities and Not-for-profits Commission Act 2012 and its Regulations.

The preparation of financial statements in conformity with Australian Accounting Standards – Reduced Disclosure Requirements requires the use of certain critical accounting estimates. It also requires management to exercise its judgement in the process of applying the company’s accounting policies. The following is a summary of the material accounting policies adopted by the company in the preparation of the financial statements. The accounting policies have been consistently applied, unless otherwise stated.

Historical cost convention
The financial statements have been prepared on the basis of historical cost except where otherwise stated. Land and buildings are measured at cost less accumulated depreciation on buildings and any impairment losses. Cost is based on the fair values of the consideration given in exchange for assets.

(b) Significant accounting judgements, estimates and assumptions

The preparation of financial statements requires management to make judgements, estimates and assumptions that affect the application of policies and reported amounts of assets, liabilities, income and expenses. The estimates and associated assumptions are based on historical experience and other various factors that are believed to be reasonable under the circumstances, the results of which form the basis of making the judgements. Actual results may differ from these estimates. The estimates and underlying assumptions are reviewed on an ongoing basis. Revisions to accounting estimates are recognised in the period in which the estimate is revised if the revision affects only that period or in the period of the revision and future periods if the revision affects both current and future periods.

Significant accounting estimates and assumptions
The key estimates and assumptions that have a significant risk of causing a material adjustment to the carrying amounts of certain assets and liabilities within the next annual reporting period are:

Provisions for employee benefits
Provisions for employee benefits payable after 12 months from the reporting date are based on future wage and salary levels, experience of employee departures and periods of service. The amount of these provisions would change should any of these factors change in the next 12 months.

(c) Revenue recognition

Revenue is recognised when the company is legally entitled to the income and the amount can be quantified with reasonable accuracy. Revenues are recognised net of the amounts of Goods and Services Tax (GST) payable to the Australian Taxation Office.

Corporate contributions and other donations which are considered non-reciprocal contributions are brought to account as income when received and control is determined, in accordance with AASB 1004.
Investment income comprises interest and dividends including franking credits. Interest income is recognised as it accrues, using the effective interest method. Dividends, including franking credits, from listed entities are recognised when the right to receive a dividend has been established.

Revenue from the provision of membership subscriptions is recognised on a straight line basis over the financial year.

Revenue from the Annual Scientific Meeting ("ASM") including sponsorship revenue associated with the ASM, and revenue from the Asia Pacific Society of Respiriology ("APSR") Congress including sponsorship revenue associated with the APSR, which is deemed reciprocal income in accordance with AASB 118, is brought to account on a stage of completion basis.

(d) Expenditure

All expenditure is accounted for on an accruals basis.

Management and administration costs are those incurred in connection with administration of the company and compliance with constitutional and statutory requirements.

(e) Cash and cash equivalents

Cash and cash equivalents in the balance sheet comprise cash at bank and in hand and short-term deposits with an original maturity of three months or less. For the purposes of the cash flow statement, cash and cash equivalents consist of cash and cash equivalents as defined above, net of any outstanding bank overdrafts.

(f) Trade and other receivables

Trade receivables comprise amounts due from the provision of services and are recognised and carried at original invoice amount less an allowance for any uncollectible amounts. Normal terms of settlement are 30 days. The carrying amount of the receivable is deemed to reflect fair value.

An allowance account is used when there is objective evidence that the company will not be able to collect all amounts due according to original terms of the receivable. Bad debts are recognised directly as an expense when identified as uncollectable.

(g) Property, plant and equipment

Bases of measurement of carrying amount

Buildings (strata buildings) are measured at cost less accumulated depreciation and less any impairment losses recognised. Plant and equipment is stated at cost less accumulated depreciation and any accumulated impairment losses.

Depreciation

Items of property, plant and equipment are depreciated over their useful lives to the company commencing from the time the asset is held ready for use. Depreciation is calculated on a straight line basis over the expected useful economic lives of the assets as follows:

- Buildings: 2.50%
- Office Equipment: 20%
- Computer Equipment: 37.50%

Impairment

The carrying values of property, plant and equipment are reviewed for impairment at each reporting date, with recoverable amount being estimated when events or changes in circumstances indicate that the carrying value may be impaired. The recoverable amount of plant and equipment is the higher of fair value less costs to sell and value in use. Depreciated replacement cost is used to determine value in use. Depreciated replacement cost is the current replacement cost of an item of plant and equipment less, where applicable, accumulated depreciation to date, calculated on the basis of such cost. Impairment exists...
when the carrying value of an asset exceeds its estimated recoverable amount. The asset is then written down to its recoverable amount. For plant and equipment, impairment losses are recognised in the statement of comprehensive income. However, because land and buildings are measured at re-valued amounts, impairment losses on land and buildings are treated as a revaluation decrement.

**Derecognition and disposal**

An item of property, plant and equipment is derecognised upon disposal when the item is no longer used in the operations of the company or when it has no sale value. Any gain or loss arising on derecognition of the asset (calculated as the difference between the net disposal proceeds and the carrying amount of the asset) is included in profit or loss in the year the asset is derecognised.

**(h) Other Financial Assets**

Available-for-sale investments are those financial assets that are designated as available-for-sale. When available-for-sale financial investments are recognised initially, they are measured at fair value. Any available-for-sale financial investments donated to the company are recognised at fair value at the date the company obtains control of the asset. After initial recognition available-for-sale financial investments are measured at fair value with gains or losses being recognised in other comprehensive income until the investment is derecognised or until the investment is determined to be impaired, at which time the cumulative gain or loss previously recognised in other comprehensive income is reclassified to the statement of comprehensive income.

The fair value of investments that are actively traded in organised financial markets is determined by reference to quoted market bid prices at the close of business on the reporting date. For investments with no active market, fair value is determined using valuation techniques. Such techniques include using recent arm's length market transactions, reference to the current market value of another instrument that is substantially the same, discounted cash flow analysis, and option pricing models. Held to maturity investments are assets with fixed or determinable payments and fixed maturities that the company has the positive intention and ability to hold to maturity. At each balance date the company assesses whether there is any objective evidence that a financial asset or group of financial assets is impaired. Any impairment losses are recognised in the income statement.

**(i) Trade creditors and other payables**

Trade payables and other payables represent liabilities for goods and services provided to the company prior to the end of the financial year that are unpaid. These amounts are usually settled in 30 days. The carrying amount of the creditors and payables is deemed to reflect fair value.

**(j) Deferred Income**

The liability for deferred income includes unearned ASM and APSR income where services have not yet been delivered and deferred membership subscriptions. Where the amount received is in respect of services to be provided over a period that exceeds 12 months after the reporting date or the conditions will only be satisfied more than 12 months after the reporting date, the liability is discounted and presented as non-current.

**(k) Employee Benefits**

Employee benefits comprise wages and salaries, annual, non-accumulating sick and long service leave, and contributions to superannuation plans. Liabilities for wages and salaries expected to be settled within 12 months of balance date are recognised in other payables in respect of employees’ services up to the reporting date. Liabilities for annual leave in respect of employees’ services up to the reporting date which are expected to be settled within 12 months after the end of the period in which the employees render the related services are recognised in the provision for annual leave. Both liabilities are measured at the amounts expected to be paid when the liabilities are settled. Liabilities for non-accumulating sick leave are recognised when the leave is taken and are measured at the rates paid or payable.

**(l) Income Tax**

The Company is exempt from income tax under Section 50-1 of the Income Tax Assessment Act 1997. The Company has been classified as an exempt entity – scientific institution and satisfies the special conditions
under Section 50-55 of Income Tax Assessment Act 1997. The Company's main or dominant purpose is scientific based – to facilitate information exchange in thoracic medicine to the members of the Company. The Company is also not carried on for the profit or gain of individual members.

**(m) Goods and Services Tax (GST)**

Revenues, expenses and assets are recognised net of the amount of GST except where the amount of GST incurred is not recoverable from the Australian Taxation Office, in which case it is recognised as part of the cost of acquisition of an asset or as part of an item of expense. Receivables and payables are recognised inclusive of GST. The net amount of GST recoverable from or payable to the Australian Taxation Office is included as part of receivables or payables. Cash flows are included in the statement of cash flows on a gross basis. The GST component of cash flows arising from investing and financing activities which is recoverable from or payable to the Australian Taxation Office is classified as operating cash flows.

**(n) Awards Reserve**

The Awards reserve consists of funds set aside for the purpose of granting awards to members who satisfy the requirements of the Asthma & Airways Research Award, Peter Phelan, Janet Elder awards and grants.

**Note 2: Revenue, other income and expenses**

<table>
<thead>
<tr>
<th><strong>(a) Revenue and Other Income</strong></th>
<th>2017 ($)</th>
<th>2016 ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Members subscriptions</td>
<td>433,664</td>
<td>412,751</td>
</tr>
<tr>
<td>Revenue from Annual Scientific Meeting</td>
<td>1,428,141</td>
<td>1,216,521</td>
</tr>
<tr>
<td>Revenue from Asian Pacific Society of Respirology Congress</td>
<td>1,812,198</td>
<td>114,970</td>
</tr>
<tr>
<td>Revenue from grants, sponsorships and other activities</td>
<td>1,134,627</td>
<td>858,442</td>
</tr>
<tr>
<td>Donations and bequeathed funds</td>
<td>99,082</td>
<td>48,595</td>
</tr>
<tr>
<td>Interest and investment income</td>
<td>141,945</td>
<td>139,446</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>5,049,657</td>
<td>2,790,725</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>(b) Employee benefits expense</strong></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Wages and Salaries</td>
<td>(551,871)</td>
</tr>
<tr>
<td>Movement in employee provisions</td>
<td>(17,491)</td>
</tr>
<tr>
<td>Workers compensation and ...</td>
<td>(53,524)</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>(622,886)</td>
</tr>
</tbody>
</table>
Note 3: Cash and Cash Equivalents

<table>
<thead>
<tr>
<th>Current</th>
<th>2017 ($)</th>
<th>2016 ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash on hand</td>
<td>250</td>
<td>250</td>
</tr>
</tbody>
</table>

Cash at bank

<table>
<thead>
<tr>
<th>Account</th>
<th>2017 ($)</th>
<th>2016 ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td>General account</td>
<td>144,408</td>
<td>68,205</td>
</tr>
<tr>
<td>CBA Peter Phelan account</td>
<td>38,585</td>
<td>34,117</td>
</tr>
<tr>
<td>Australian Severe Asthma</td>
<td>60,559</td>
<td>270,041</td>
</tr>
<tr>
<td>Asthma &amp; Airways</td>
<td>46,251</td>
<td>66,090</td>
</tr>
<tr>
<td>APSR account</td>
<td>731,568</td>
<td>14,012</td>
</tr>
<tr>
<td>ASM Conference account /TSANZ ANZ Account</td>
<td>324,427</td>
<td>454,727</td>
</tr>
<tr>
<td>Lungs For Life Fund</td>
<td>80,170</td>
<td>34,875</td>
</tr>
<tr>
<td>Benevolent Funds</td>
<td>10,163</td>
<td>8,959</td>
</tr>
<tr>
<td>Business online saver account</td>
<td>863,783</td>
<td>423,952</td>
</tr>
<tr>
<td>NZ Branch Business Saver</td>
<td>52,376</td>
<td>50,289</td>
</tr>
<tr>
<td>Suncorp</td>
<td>99,835</td>
<td>98,248</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>2,452,375</td>
<td>1,523,765</td>
</tr>
</tbody>
</table>

(a) Restricted cash

Cash included within the above amount which is tied to the ASM and the ASANP agreements and therefore not readily available for use as it is held in trust.

<table>
<thead>
<tr>
<th>2017</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>$1,116,554</td>
<td>$738,780</td>
</tr>
</tbody>
</table>

Note 4: Trade and other receivables

<table>
<thead>
<tr>
<th>Current</th>
<th>2017 ($)</th>
<th>2016 ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td>ASM trade debtors and other receivables</td>
<td>495,818</td>
<td>738,079</td>
</tr>
<tr>
<td>Franking credits receivable from ATO</td>
<td>14,847</td>
<td>12,241</td>
</tr>
<tr>
<td>Accrued income</td>
<td>17,304</td>
<td>17,304</td>
</tr>
<tr>
<td>Other</td>
<td>-</td>
<td>37,545</td>
</tr>
<tr>
<td><strong>Total current trade and other receivables</strong></td>
<td>527,969</td>
<td>805,169</td>
</tr>
</tbody>
</table>

Trade receivables are assessed for recoverability and a provision for impairment is recognised when there is objective evidence that the individual trade receivable is impaired.
### Note 5: Other assets

<table>
<thead>
<tr>
<th></th>
<th>2017 ($)</th>
<th>2016 ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Current</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prepayments</td>
<td>34,954</td>
<td>90,712</td>
</tr>
<tr>
<td>Prepayments – TSANZ 2018 ASM</td>
<td>121,363</td>
<td>-</td>
</tr>
<tr>
<td></td>
<td>156,317</td>
<td>90,712</td>
</tr>
<tr>
<td><strong>Non-Current</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prepayments – TSANZ 2018 ASM</td>
<td>-</td>
<td>8,860</td>
</tr>
<tr>
<td>Prepayments – TSANZ 2019 ASM</td>
<td>21,089</td>
<td>21,089</td>
</tr>
<tr>
<td>Trademark</td>
<td>2,600</td>
<td>2,600</td>
</tr>
<tr>
<td></td>
<td>23,689</td>
<td>32,549</td>
</tr>
</tbody>
</table>

### Note 6: Other Financial Assets

<table>
<thead>
<tr>
<th></th>
<th>2017 ($)</th>
<th>2016 ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Term Deposits held to maturity</td>
<td>695,000</td>
<td>695,000</td>
</tr>
<tr>
<td>b. Available for sale financial assets comprise of:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Managed funds at market value</td>
<td></td>
<td></td>
</tr>
<tr>
<td>-- Morgan Stanley Investments</td>
<td>2,072,449</td>
<td>1,993,281</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>2,767,449</td>
<td>2,688,281</td>
</tr>
</tbody>
</table>

### Note 7: Property Plant and Equipment

<table>
<thead>
<tr>
<th></th>
<th>2017 ($)</th>
<th>2016 ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Buildings and improvements</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>At cost</td>
<td>869,912</td>
<td>850,282</td>
</tr>
<tr>
<td>Less accumulated depreciation</td>
<td>(153,840)</td>
<td>(131,994)</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>716,072</td>
<td>718,288</td>
</tr>
<tr>
<td><strong>Furniture and fittings</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>At cost</td>
<td>33,474</td>
<td>21,256</td>
</tr>
<tr>
<td>Less accumulated depreciation</td>
<td>(12,085)</td>
<td>(19,512)</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>21,389</td>
<td>1,744</td>
</tr>
<tr>
<td><strong>Office equipment</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>At cost</td>
<td>153,774</td>
<td>173,972</td>
</tr>
<tr>
<td>Less accumulated depreciation</td>
<td>(116,677)</td>
<td>(108,757)</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>37,097</td>
<td>65,215</td>
</tr>
<tr>
<td></td>
<td>774,558</td>
<td>785,247</td>
</tr>
</tbody>
</table>
**Note 7: Property, Plant and Equipment (continued)**

Movements in carrying amounts for each class of property, plant and equipment between the beginning and the end of the current financial year:

<table>
<thead>
<tr>
<th></th>
<th>2017 ($)</th>
<th>2016 ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Balance at the beginning of the year</td>
<td>785,247</td>
<td>848,820</td>
</tr>
<tr>
<td>Additions</td>
<td>50,885</td>
<td>2,614</td>
</tr>
<tr>
<td>Disposals</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Depreciation</td>
<td>(61,574)</td>
<td>(66,187)</td>
</tr>
<tr>
<td>Carrying amount at the end of the year</td>
<td>774,558</td>
<td>785,247</td>
</tr>
</tbody>
</table>

**Note 8: Trade and Other Payables**

<table>
<thead>
<tr>
<th></th>
<th>2017 ($)</th>
<th>2016 ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trade payables</td>
<td>783,897</td>
<td>228,953</td>
</tr>
<tr>
<td>Unspent ASANP funds</td>
<td>60,559</td>
<td>270,041</td>
</tr>
<tr>
<td>Membership in advance</td>
<td>244,883</td>
<td>148,831</td>
</tr>
<tr>
<td>Income in advance – ASM 2017</td>
<td>-</td>
<td>742,874</td>
</tr>
<tr>
<td>Income in advance – ASM 2018</td>
<td>593,726</td>
<td>-</td>
</tr>
<tr>
<td>Grant and sponsorship monies in advance</td>
<td>380,028</td>
<td>408,681</td>
</tr>
<tr>
<td>GST payable</td>
<td>52,671</td>
<td>116,882</td>
</tr>
<tr>
<td>Accrued expenses</td>
<td>26,373</td>
<td>-</td>
</tr>
<tr>
<td>Other payables</td>
<td>48,530</td>
<td>101,471</td>
</tr>
<tr>
<td>Total</td>
<td>2,190,667</td>
<td>2,017,733</td>
</tr>
</tbody>
</table>

**Note 9: Awards Reserve**

The Awards reserve consists of the following funds set aside for the purpose of granting awards to TSANZ members who meet the criteria set under each of these awards.

<table>
<thead>
<tr>
<th></th>
<th>2017 ($)</th>
<th>2016 ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asthma &amp; Airways Research Award</td>
<td>844,480</td>
<td>876,168</td>
</tr>
<tr>
<td>Janet Elder Travel Award</td>
<td>408,910</td>
<td>407,323</td>
</tr>
<tr>
<td>Peter Phelan Travel Award</td>
<td>268,585</td>
<td>262,155</td>
</tr>
<tr>
<td>Closing balance at the end of the year</td>
<td>1,521,975</td>
<td>1,545,646</td>
</tr>
</tbody>
</table>
Note 10: Related Party Transactions

Key Management Personnel Compensation

Key management personnel (KMP) are those persons having authority and responsibility for planning, directing and controlling the activities of the company, directly or indirectly, including any Director (whether executive or otherwise) of that entity. Control is the power to govern the financial and operating policies of an entity so as to obtain benefits from its activities. Directors act in an honorary capacity and receive no compensation for their services. The Directors may receive reimbursement for travel costs and other incidental expenses.

The aggregate compensation of Key Management Personnel including non-monetary benefits, post-employment benefits and other long term benefits paid, payable or provided for is as follows:

<table>
<thead>
<tr>
<th>Total Key Management Personnel Compensation</th>
<th>2017 ($)</th>
<th>2016 ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>203,324</td>
<td>195,912</td>
</tr>
</tbody>
</table>

Note 11: Cash Flow Information

Reconciliation of Net cash provided by operating activities with surplus:

<table>
<thead>
<tr>
<th>Non-cash flows in net surplus for the year:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Depreciation</td>
</tr>
</tbody>
</table>

Changes in operating assets and liabilities

| Decrease/(Increase) in trade receivables and other assets | 220,455 | 42,111 |
|                                                        | 172,934 | 238,707 |
| (Decrease)/Increase in employee provisions             | 17,491  | (116)  |

Net cash provided by operating activities

<table>
<thead>
<tr>
<th>2017 ($)</th>
<th>2016 ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1,005,286</td>
<td>394,659</td>
</tr>
</tbody>
</table>
Note 12: Lease Commitments

Non-cancellable lease payments

<table>
<thead>
<tr>
<th></th>
<th>2017 ($)</th>
<th>2016 ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not later than one year</td>
<td>17,521</td>
<td>23,361</td>
</tr>
<tr>
<td>Later than one year but not later than 5 years</td>
<td>-</td>
<td>19,468</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>17,521</td>
<td>42,829</td>
</tr>
</tbody>
</table>

Note 13: Subsequent Events

Nil.

Note 14: Contingent Liabilities

This company has entered into a memorandum of understanding with The Thoracic Society of Australia and New Zealand to fully meet that entity’s liabilities. At the date of this report there are no known liabilities of the Thoracic Society of Australia and New Zealand.
The Responsible Entities of The Thoracic Society of Australia and New Zealand Limited declare that:

1) The financial statements and notes of the Company are in accordance with the Australian Charities and Not-for-profits Commission Act 2012 including:

   a. giving a true and fair view of its financial position as at 31 December 2017 and of its performance for the financial year ended on that date;

   b. complying with Australian Accounting Standards – Reduced Disclosure Requirements and the Australian Charities and Not-for-profits Commission Regulation 2013; and

2) there are reasonable grounds to believe that the Company will be able to pay its debts as and when they become due and payable.

Signed in accordance with the resolution of the Board of The Thoracic Society of Australia and New Zealand Limited.

For and on behalf of the Board of Directors (Responsible Entities).

Allan Glanville
Director/President

Bruce Thompson
Director/Treasurer

Dated in Sydney this 2nd day of February 2018
Independent Auditor’s Report

To the Members of The Thoracic Society of Australia and New Zealand Limited

Report on the audit of the financial report

Opinion
We have audited the financial report of The Thoracic Society of Australia and New Zealand Limited (the “registered entity”), which comprises the statement of financial position as at 30 June 2017, the statement of profit or loss and other comprehensive income, statement of changes in funds and statement of cash flows for the year then ended, and comprising notes to the financial statements, including a summary of significant accounting policies and the Responsible Entities’ declaration.

In our opinion the financial report of The Thoracic Society of Australia and New Zealand Limited has been prepared in accordance with the requirements of the Australian Charities and Not-for-profits Commission Act 2012 (“ACNC Act”), including:

1. giving a true and fair view of the registered entity’s financial position as at 30 June 2017 and of its financial performance for the year then ended; and
2. complying with Australian Accounting Standards and Division 60 of the Australian Charities and Not-for-profits Commission Regulation 2013.

Basis for Opinion
We conducted our audit in accordance with Australian Auditing Standards. Our responsibilities under those standards are further described in the Auditor’s Responsibilities for the Audit of the Financial Report section of our report. We are independent of the registered entity in accordance with the ethical requirements of the Accounting Professional and Ethical Standards Board’s APES 110 Code of Ethics for Professional Accountants (the “Code”) that are relevant to our audit of the financial report in Australia. We have also fulfilled our other ethical responsibilities in accordance with the Code.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

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Responsibilities of Responsible Entities for the Financial Report
The Responsible Entities of the registered entity are responsible for the preparation and fair presentation of the financial report in accordance with Australian Accounting Standards and the ACNC Act and for such internal control as the Responsible Entities determine is necessary to enable the preparation of the financial report that is free from material misstatement, whether due to fraud or error.

In preparing the financial report, the Responsible Entities are responsible for assessing the registered entity’s ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the Responsible Entities either intends to liquidate the registered entity or to cease operations, or has no realistic alternative but to do so.

Those charged with governance are responsible for overseeing the registered entity’s financial reporting process.

Auditor’s Responsibilities for the Audit of the Financial Report
Our objectives are to obtain reasonable assurance about whether the financial report as a whole is free from material misstatement, whether due to fraud or error, and to issue an auditor’s report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with Australian Auditing Standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of the financial report.

As part of an audit in accordance with the Australian Auditing Standards, we exercise professional judgement and maintain professional scepticism throughout the audit. We also:

• Identify and assess the risks of material misstatement of the financial report, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.

• Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the registered entity’s internal control.

• Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by Responsible Entities.

• Conclude on the appropriateness of the Responsible Entities’ use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the registered entity’s ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor’s report to the related disclosures in the financial report or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor’s report. However, future events or conditions may cause the registered entity to cease to continue as a going concern.

• Evaluate the overall presentation, structure and content of the financial report, including the disclosures, and whether the financial report represents the underlying transactions and events in a manner that achieves fair presentation.
We communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

GRANT THORNTON AUDIT PTY LTD
Chartered Accountants

James Winter
Partner - Audit & Assurance

Sydney, 2 February 2018