Mission

“We lead, support and enable all health workers and researchers who aim to prevent, cure and relieve disability caused by 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 disease, 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.

2015 HIGHLIGHTS

OPERATIONS

- New CEO
- Staff 3FTE --> 4.4FTE
- New Website

GOVERNANCE

- Revised Constitution Australia
- Revised Constitution New Zealand
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I am pleased to report that 2015 was another sound financial year for TSANZ. The Federal Government introduced new accounting standards which made the delivery of a deficit budget a strong possibility however, once again we have achieved a modest surplus.

The Board has spent considerable time reviewing our financial position and our Reserves Policy during 2015. In late 2015, we decided to utilise some of our reserves to support the delivery of a new collaborative research initiative with Lung Foundation Australia in 2016. This initiative aims to increase the amount of funds available for research in respiratory health.

The work with LFA complements our already successful research awards program. In 2015 we improved the operations of our research awards program and commenced the transition towards an online environment for awards submissions which we expect to see come to fruition in 2016. Importantly, we also added some new awards. In 2015, we have administered nearly $500,000 worth of awards, including TSANZ Awards and those provided by Lung Foundation Australia, Asthma Australia and the National Asthma Council.

We have had some significant staffing changes this year with the appointment of a new CEO, and two additional part time staff. Our staff numbers have grown from 3FTE to 4.4FTE in 2015 which is still quite lean for an organisation of nearly 1400 members. A part time Research and Policy Officer was appointed to coordinate the research and guidelines work of TSANZ and we have also invested in staff to support the further development of the respiratory function laboratory accreditation program. The laboratory accreditation program is a key program for TSANZ and we continue to improve the support provided to this activity.

As TSANZ is a peak body, the experience of our members is our priority. Members have been telling us for some time that they want more support for professional development from TSANZ. In 2015 we appointed a fractional staff member to further identify member needs in this area. During the year, work commenced with the Interventional Pulmonology SIG to develop a pilot approach to TSANZ delivering competency based training for members. This work will progress into 2016.

During the year, a new website was implemented and more functionality is being planned for introduction in 2016 including an updated member directory.

Sustaining and growing our membership is critical to our efforts as the leaders in lung health and we continue to work with our members to advocate for the respiratory community. During the year we worked to increase our effectiveness and influence in Australia and New Zealand. We have been heavily engaged in government policy consultations and as 2015 drew to a close our most pressing work related to the review of respiratory items on the MBS. We have also continued to produce and support the dissemination of high quality clinical practice guidelines which are a clear indication of how TSANZ guides clinical practice in Australia and New Zealand. In 2015, we introduced a process for dissemination of clinical guidelines that translates guideline recommendations into education and training for members.

We have been working with RACP during the year on the development of the Model of Collaboration. As 2015 drew to a close we were however still unable to achieve consensus on the Specialty Training Committee Terms of Reference proposed by RACP. This is work that we will continue to address in 2016.

The Board is working to ensure we operate to the highest levels of governance. During the year we reviewed our constitution both in Australia and New Zealand. The Board is assisted in their governance work by the many members who volunteer their time and efforts on Subcommittees, Branch Executives and Special Interest Groups. In 2015, over 80 members held formal volunteer roles with TSANZ and I would like to express my sincere gratitude to you all.

A number of our Board members are standing down after completing their terms in 2016. Prof Bruce Thompson has completed his first term as a Board member. He has provided strong leadership for the Professional Standards Subcommittee and his passion and commitment to the TSANZ laboratory accreditation program is a tremendous asset to the organisation.

Dr David Langton has completed his term of office and has been a steady hand as Treasurer this year providing strong oversight of our financial and risk management programs.

Dr Jane Bourke has done an exceptional job coordinating the ASM and under her guidance the meeting has continued to grow and deliver tangible benefits to members. Jane’s skills and wisdom will continue to be available to TSANZ members as she co-chairs the 2017 APSR organising committee with our outgoing Past President Prof Matthew Peters.

Prof Matthew Peters’ role as Past President ends at the 2016 AGM. Matthew’s contribution to TSANZ has been enormous both in his role as President and as a member. His guidance and counsel have been much appreciated.

I would like to express my thanks to all of our members, to the TSANZ Board current and outgoing, to our staff and volunteers and I look forward to a productive and engaging year in 2016.
Governance – Board of Directors

Professor Peter Gibson
President/Chair, Chair of Strategy and Management Sub-Committee
Professor 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 of Asthma, Cough, COPD, and the use of Biomarkers in airway diseases. He has participated in several national and international guideline panels.

Professor Matthew Peters
Immediate Past President
Professor Peters is head of Respiratory Medicine at Concord Hospital. He has a particular interest in advocacy for improved public health, and has made notable contributions in the area of Tobacco Control. His other interest is the better care of patients with lung cancer. He is Chair of the Global Lung Cancer Coalition and was instrumental in the creation of Lung Cancer Network Australia. He is also Co-chair of the 2017 APSR Congress Local Organising Committee.

Associate Professor David Langton
Treasurer, Chair of Finance, Risk and Audit Sub-Committee
Associate Professor Langton is the Director of Thoracic and Sleep Medicine at Peninsula Health Victoria. He is a Past President of the TSANZ (Victorian Branch) and a National Examiner for the Royal College of Physicians. He is the director of a number of small businesses and has extensive past experience in quality assurance, management and teaching.

Dr Denise O’Driscoll
Director, Secretary of the TSANZ Board
Dr O’Driscoll is a Research Scientist at Monash University and the Chief Sleep Scientist in the Department of Respiratory and Sleep Medicine at Eastern Health, Victoria. She has previously served as a member of the TSANZ Research Sub-Committee for 5 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 19 years.

Professor Anne Holland
Director, Chair of Clinical Care and Resources Sub-Committee
Professor Holland is 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.

Professor Bruce Thompson
Director, Chair of Professional Standards Sub-Committee
Professor 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 guidelines. His contribution to respiratory research and laboratory measurement was recognised in 2011 when he was awarded the ANZSRS research medal (Fellowship).
Professor Claire Wainwright  
**Director, Co-Chair of Education and Training Sub-Committee**  
Professor Wainwright is a paediatric respiratory physician and lead physician for cystic fibrosis at the Lady Cilento Children’s Hospital in Brisbane. She is a Professor of Paediatrics and Child Health at The University of Queensland and Adjunct Professor Faculty of Health, Queensland University of Technology. She was Chair of the National Health and Medical Research Council’s Health Care Committee and a member of NHMRC Council for the previous triennium 2012-2015. Her research interests include early lung disease, airway microbiology, metabolic problems and patient reported outcomes in cystic fibrosis and the clinical management of bronchiolitis and asthma.

Professor Philip Hansbro  
**Director, Chair of Research Sub-Committee**  
Professor Hansbro is a group leader and holds a personal chair in immunology and microbiology at the Hunter Medical Research Institute and University of Newcastle, and is the Associate Director of the Priority Research Centre for Asthma and Respiratory Diseases there. He is also a NHMRC Principal Research Fellow. He has established internationally recognised research programs in infections, asthma and COPD, asthma 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 and is regularly in the press promoting research and funding.

Dr Jane Bourke  
**Director, TSANZ representative on TSANZSRS Conference Committee**  
Dr Bourke is a Senior Lecturer in the Department of Pharmacology at Monash University, where she heads the Respiratory Pharmacology Group. Her main research interests are in the regulation of synthetic and contractile functions of airway smooth muscle. She was Chair of the TSANZSRS Conference Committee from 2012-14, and continues to represent TSANZ on this Committee. She is also Co-chair of the 2017 APSR Congress Local Organising Committee.

Clinical Associate Professor Peter Middleton  
**Director of TSANZ**  
Clinical Associate Professor 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 has recently been elected as the European Respiratory Society delegate for Australia.

Dr Mark O’Carroll  
**NZ Branch Inc. President, August 2011 - August 2015**  
Dr O’Carroll is a Respiratory Physician at Auckland District Health Board. He is the Clinical Director of Respiratory Services at Auckland City Hospital and was the President of the NZ Branch of TSANZ August 2011 until August 2015. He has previously been the Director of Physician Education at Auckland City Hospital and chair of the NZ Specialist Advisory Committee for Respiratory and Sleep Medicine. Dr O’Carroll is a member of the Cystic Fibrosis Advisory panel of PHARMAC and was appointed to the NZ National Health Committee in 2011.

Dr Richard Laing  
**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 includes Pneumonia, Cystic Fibrosis and COPD. Dr Laing also holds an active role in Cystic Fibrosis New Zealand as a member of the Clinical Advisory Panel.

Clinical Professor Richard Wood-Baker  
**Branch President Director**  
Clinical Professor Wood-Baker is a physician in private practice at Calvary Hospital, Hobart Tasmania. Trained in respiratory medicine, he also practices general and peri-operative medicine. Richard was Director of Respiratory Medicine at the Royal Hobart Hospital for 18 years, before moving into private practice in 2012, and is a Clinical Professor of Medicine at the University of Tasmania. He trained in United Kingdom, New Zealand, Australia, and Canada, and since moving to Tasmania has developed a strong clinical and research profile.
Chief Executive Officer’s Report

During 2015, TSANZ has operated in a rapidly developing environment. We have maintained our position as the leaders in lung health through the support, professional standing and commitment of our members.

TSANZ’s achievements come about because of our members’ commitment to our mission of leadership and support to all respiratory health workers and researchers in order to prevent, cure and relieve the disability caused by respiratory disease. TSANZ is truly fortunate to have such a dedicated board, subcommittee members, branch executives, SIG convenors and participants, and members who support our work. Your voluntary assistance and contribution to TSANZ is generous, professional and, even when under tight time frames, done with a smile and with good cheer. On behalf of the staff, I would like to thank all our members who have worked hard to assist us to deliver our strategic aims during 2015.

The staff of TSANZ are a small team who have experienced significant change and some growth in 2015. During the year Marissa and Shen, both relatively new in post themselves, had to support a new CEO coming into the organisation. During the year our staff numbers have grown from 3FTE roles to 4.4FTE with the addition of Michelle Breen looking after laboratory accreditation and education and Hayley See looking after research and policy. I would like to acknowledge the work of our staff team. They are go-getters with a great sense of fun and enormous amounts of enthusiasm and energy. We are also privileged to have the support of a few office based volunteers who have provided much needed support when we have had very heavy workloads, especially during the implementation of the new website.

Acknowledgement and thanks must go our sponsors. Our branch events, the ASM and many of our awards are only possible due to their generosity.

Signing off on my first CEO report brings a sense of how much we have achieved and how much more there remains to be done. I look forward to working with you all in what is shaping up to be a highly productive 2016.

Fellows of 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.

Inaugural Fellow of TSANZ (FThorSoc) 2013
Robert Edwards

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

New Members 2015

Total 118 new members

Associate Membership (56)
Alexander Slattery, NSW/ACT
Andrew Fon, SA/NT
Anil Deshmukh, QLD
Anita Dinsdale, WA
Arash Badiel, SA/NT
Arthur Lee, VIC
Beverley Wooldridge, SA/NT
Caroline Kronborg, VIC
Catherine Hansen, SA/NT
Chester Holt-Quick, NZ
Corinna Jen-Hui Pan, NSW/ACT
Daan Caudri, WA
Daniela Marilitsis, SA/NT
Deirdre Edgeworth, VIC
Dilushini Silva, NZ
Edwina Biancardi, NSW/ACT
Elizabeth Mair, QLD
Emily Lang, WA
Emma Handley, WA
Eric Cheah, NSW/ACT
Faisal Choudhury, NSW/ACT
Gerard Olive, QLD
Harshini Sivaramakrishnan, NSW/ACT
Jane Mullins, WA
Joy Lee, VIC
Justyna Pollok, SA/NT
Kanishka Rangamuwa, VIC
Kimberley Robinson, WA
Lauren Galt, QLD
Lisa O’Driscoll, VIC
Louise Organ, VIC
Melinda McGinty, NZ
Michelle Mills, NZ
Michelle O’Loughlan, SA/NT
Naomi Hemy, WA
Nicole Hersch, NSW/ACT
Nur Sulaiman, SA/NT
Nuttaya Chavalertsakul, QLD
Phillipa Southwell, NSW/ACT
Prabaharan Manoharan, NSW/ACT
Reynolds Gau, SA/NT
Rhiannon Fligate, TAS
Robert McIachlan, NZ
Sanjivika Wasegwatta, VIC
Sarah Newhouse, SA/NT
Sean Behringer, NSW/ACT
Shakti Shukla, TAS
Shanka Karunarathne, SA/NT
Simon Craig, VIC
Sonia Cherian, NZ
Sumit Mehra, QLD
Teurai Chikura, NZ
Tristram Ingham, NZ
Wajid Ahmad, NSW/ACT
Yizhong Zheng, NSW/ACT
Bernadette Prentice, NSW/ACT

Ordinary Membership (41)
Alan Teoh, NSW/ACT
Aldoph Nanguzgambo, NZ
Amanda McNaughton, NZ
Andrew Burke, QLD
Bandana Saini, NSW/ACT
Brendan Adler, WA
Chinh Nguyen, NSW/ACT
Darren Pulleyblank, NSW/ACT
David Kilner, QLD
David Manners, WA
Deborah Strickland, WA
Elisabeth Taylor, NZ
Elizabeth Kepreotes, NSW/ACT
Elizabeth Salamon, WA
Gang Liu, NSW/ACT
Geraint Rogers, SA/NT
Gerard Dalgleish, VIC
Jasneek Chawla, QLD
Joseph van Agteren, SA/NT
Joyce Cousins, NSW/ACT
Justin Barton, WA
Kate Sutherland, VIC
Katrina Li, SA/NT
Linda O’Malley, NSW/ACT
Lit Son Yoong, NZ
Louise Fuller, VIC
Malcolm Wilson, QLD
Miranda Ween, SA/NT
Mirjana Jaksic, NZ
Muhammed Asad Khan, NZ
Robin Fowler, WA
Sharon Davis, NSW/ACT
Tanya Gulliver, NSW/ACT
Tom Reid, NZ

Fellows of 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

New Members 2015

Youssef Azir, NSW/ACT
Zoe Kopsaftis, SA/NT
Andrew Lucas, WA
Jonatan Leffler, WA
Ling Chen, TAS
Lucy Barrett, WA
Sarah Candy, NZ

Student Membership (21)
Aarti Saiganesh, WA
Abdullah Tarique, QLD
Adam Rischin, VIC
Anna Rodgers, TAS
Anya Jones, WA
Bahaven Jeyaratnam, NSW/ACT
Bapti Roy, NSW/ACT
Hayley Rice, WA
Hui Min Cheah, WA
James Finnerty, NSW/ACT
Kate Roberts-Thomson, SA/NT
Kerry Hall, QLD
Kimberly Birnie, WA
Krupesh Patel, VIC
Kyle Mincham, WA
Michelle Tan, SA/NT
Nada Townsi, WA
Patricia Spafford, TAS
Sophie Sneddon, WA
Hayley Lewthwaite, SA/NT
Ma Aurora Monique de Pedro, NSW/ACT
Sub-Committees of the Board

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 guidelines and position papers and to provide advice to government, members and interested stakeholders about issues that impact on the practice of thoracic medicine. The contribution of the TSANZ SIGs is critical to ensuring our guidelines and position papers 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.

The main achievement in 2015 has been the endorsement of a number of high quality guidelines including the Acute O2 Therapy Guidelines, the Physiotherapy for Cystic Fibrosis Guideline and the Cystic Fibrosis Nurses Standards of Care.

The TSANZ is the peak body representing diverse professions in respiratory health, as such the CCRS has continued to receive review requests for guidelines and position papers from a number of professional bodies. This presents an opportunity for the TSANZ to be actively taking part in realising one of its aims: promoting the highest quality and standards of patient care.

With the appointment of Dr Hayley See as the Research and Policy Coordinator who supports and facilitates the work of CCRS, the Sub-Committee has launched a dissemination plan for one of the endorsed guidelines. This is an impressive body of work which will establish the pathway for the adoption of the guideline in the wider community and even in the sphere of policy makers.

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 health care in Australia and New Zealand and to develop and manage the TSANZ Respiratory Function Laboratory Accreditation Program.

The main achievement in 2015 has been the ongoing management of the Laboratory Accreditation Program, including the coordination of 16 applications for accreditation of laboratories across Australia and New Zealand, all at different stages of the accreditation process. This work has been overseen by the Laboratory Accreditation Committee, with all recommendations for accreditation approved by the PSS.

PSS was also involved in the submission for a number of important consultations by the Department of Health; namely the NSW Health Scope of Practice Consultation and Medicare Benefits Schedule Review. This was perceived as an important opportunity to step into the space of advocacy on behalf of TSANZ members.

The Subcommittee has also started work on developing a Members’ Code of Conduct. This is a significant piece of work that touches on legal aspects as much as professional standards for the Society. This work will continue in 2016.

I would like to take this opportunity to thank our volunteer accreditation assessors - members of both TSANZ and ANZSRS - for all the work that they do in their assessment of applications for accreditation. It is a high level, time consuming commitment, but without which the Program would be unable to function without the addition of significant costs to laboratories.
Education and Training Sub-Committee (ETS)

The main objective of the ETS is to advise the Board on matters relevant to Education and Training and to initiate educational activities to enhance the professional development of members.

The main achievement in 2015 has been the delivery of a high quality and well attended Advanced Trainees Course at the ASM 2015. The theme of the course was Interstitial Lung Disease (ILD). The invited speakers were the ILD Respiratory Physicians, a radiologist and a pathologist. The first day of the course was dedicated to teach the trainees to solve case studies. The second day of the course was focusing on the Thoracic Ultrasound Workshop which was held at the Australian Institute of Ultrasound where the participants received a hands-on tuition. As expected, the feedback was positive. Each member of the committee contributed their knowledge and expertise in the development of the course.

The main focus of ETS in the second half of the year has been planning for the Advanced Trainees Course for delivery at the ASM 2016.

During the year the TSANZ Board revisited its strategic plan and saw an opportunity for the Subcommittee to further explore the strategic initiatives around introducing a Continuing Professional Development Program as part of increased member benefit. Providing strategic leadership to this task will be a key focus for ETS in 2016.

We also wish to welcome Paul Leong as the new Advanced Trainee Representative for the next two years. Paul's appointment was ratified by the Board in December. Paul's appointment follows the departure of Claire Ellender. Claire's commitment and dedication over the last 3 years has been of great value to TSANZ and is greatly appreciated.

Research Sub-Committee

The 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 that transparent and equitable processes are followed.

The main achievement in 2015 has been the development of the draft TSANZ research strategy document, which will govern the scope of the initiatives that the Society will use to support its mission on research. The RSC also reviewed all TSANZ award criteria and worked to simplify the application process for members. To further foster respiratory research, the Board has appointed a dedicated resource, Dr Hayley See as the Research and Policy Coordinator, to support and facilitate the work of the Subcommittee.

The TSANZ has continued to be a leading provider of research grants and awards.

This report also acknowledges the commitment and dedication of each member in supporting our vision to foster high quality research, and for the achievements of 2015.
Background to the TSANZSRS Conference Committee

The TSANZSRS Conference Committee was established in 2014, and is responsible for organizing the Annual Scientific Meeting (ASM), a joint meeting of the TSANZ and ANZSRS. The ASM provides opportunities for members of both societies to hear and present the latest in clinical, multidisciplinary and basic scientific research, as well as network with their colleagues.

The highlights of the Annual Scientific Meeting in 2015:

For the first time in many years, the ASM generated significant media coverage. Press, radio and television reported on the impacts of air pollution on lung health, the increased allergy risk for Chinese immigrants in Australia (Dr Brad Zhang), the links between cigarette smoking by fathers and asthma risk in their children (Dr Jennifer Koplin) and evidence contrary to industry claims of increased illicit tobacco use following the introduction of plain packaging (Professor Matthew Peters).

Planning for the next TSANZSRS ASM is well underway (Perth, 2nd – 6th April, 2016) with a general theme of “Early-life Influences on Lung Health” and Professor Pat Holt has been named as the Wunderly Orator. The significant contributions throughout 2015 from The Conference Company team, members of the TSANZSRS and Local Organising Committees, SIG Convenors, TSANZ central office staff and Board members will continue to ensure another exciting ASM for TSANZ members in 2016.
SIG ABSTRACTS 2015

- Asthma & Allergy: 63
- Cell Biology/Immunology: 59
- COPD: 61
- Cystic Fibrosis: 12
- Evidence-based Medicine: 8
- Interventional Pulmonology: 32
- Lung Cancer: 37
- OELD/Pop Health: 11
- OLIV: 11
- Paediatric: 24
- Physiology/Sleep: 37
- Physiotherapy: 10
- Primary Care: 6
- Respiratory ID: 32
- Respiratory Nurses: 11
- Rural & Regional SIG: 3
- Tobacco & Related Substances: 166

TOTAL 394

REGISTRATIONS

by country 912 TOTAL

- Australia: 689
- New Zealand: 56
- Philippines: 10
- Others: 133

Australia 689 TOTAL

- New Zealand: 56
- Others: 2

INVITED SPEAKERS

by country

- Australia: 58
- Canada: 1
- Germany: 1
- New Zealand: 3
- Spain: 1
- The Netherlands: 1
- United Kingdom: 2
- USA: 7

TOTAL 74

GALA DINNER

- Gala Dinner Attendees: 547

EXHIBITORS

- Companies: 34
- Exhibition Personnel: 157
Victoria

Activities and Highlights in 2015:

The Victoria Branch had a successful 2015 which culminated in our Annual Scientific Meeting where our guest speaker Dr David Fielding discussed “Learning and Applying EBUS in 2015.” Once again the ASM was well attended and demonstrated the high quality research and collaborative environment amongst physicians, trainees, scientists, nurses and allied health in Victoria. Our educational activities also included quarterly inter-hospital dinner meetings and 2015 saw the introduction of the advanced trainee Lung School which provided an excellent learning opportunity for our trainees.

The professional development evening for advanced trainees was a great success. This initiative was a long time coming and included presentations on psycho-analysis, presentation skills and the business of medicine together with a number of consultants providing their insights into the move from advanced trainee to consultant physician. The Victorian Branch Executive is planning to expand this program and recognise this as a key element in advanced training.

The advanced trainee selection process was challenging with a high volume of exceptional applicants. This year we continued with a two-step approach which included an initial meet and greet with Heads of Departments followed by formal centralised interviews. The Victorian Branch congratulates those trainees who have been accepted into the Victorian Respiratory Advanced Training Program.

We look forward to an exciting 2016 and I would like to congratulate Eli Dabscheck for stepping into the role of Branch President. I would also like to thank Naghmeh Radhakrishna for her diligent work as our branch secretary and Celia Lanteri who after 10 years as a committee member and past secretary is stepping down from the committee. Celia’s contribution has been exceptional and we wish her well in her future endeavours.

Tasmania

Activities and Highlights in 2015:

The TAS Branch held its Annual Scientific Meeting in November 2015, with 38 delegates attending at White Sands resort, on the East Coast of Tasmania.

The meeting featured guest speaker Dr Dan Chambers from QLD, who presented on Lung Transplantation and Stem Cell Therapy. The Committee received a large number of abstracts, which covered a range of topics from basic science to clinical medicine. There was a good contribution to the basic science session from the Centre of Research Excellence for Lung Ageing at the University of Tasmania, with clinical contributions from around the state.

The winners of the Young Investigator Awards were Shakti Shukla and Rory Fairburn, who were jointly awarded the prize. The David Gibson & Bruce McDonald Prize, for contribution to Respiratory Medicine while in a first health professional degree at the University of Tasmania, was awarded this year to Clinton White.
Queensland

Activities and Highlights in 2015:

The QLD Branch had another busy and productive year in 2015. The main event was the TSANZ ASM held on the Gold Coast. The themes centred on environmental impacts of lung health and pleural disease. There were over 13 international speakers and was a great success.

This year was filled with sadness with the sudden passing of David Serisier. I think we are all still in shock and the Branch has certainly lost a dynamic and valued member. David was a great supporter of the QLD Branch and he will be missed immensely. Thank you again to Simon Bowler and Michelle Murphy for their kind words about David at the Winter Meeting.

The Branch held its flagship educational events, in the form of the Winter Meeting and Physiology Day/ASM this year. The winter Meeting was a great success with the theme being Orphan Lung Diseases. Dr Taryn Reddy was the keynote speaker. The quality of the local speakers was again exceptional and many delegates commented on the high quality of the weekend.

The Physiology Day was well attended with high quality presentations on the theme of the Physiology of COPD and was brilliantly mentored by Prof Iven Young. Prof Young presented at the dinner meeting on Peripheral airways and pulmonary gas exchange. We thank Prof Young for his great contributions to the meeting.

The usual interhospital dinner meetings and sleep meetings continued to run well under the watchful eye of Michelle Murphy, Rob Sheehy and George Tay. These are invaluable to the trainees and we thank them for their continued efforts.

Thanks to all who have assisted us this past year with the organisation, particularly Maree Azzopardi, Michael Bint and Khoa Tran. Shiv and I reluctantly handover the reigns to Henry Marshall and Steve Leong for the next two years. It has been a pleasure running the office from the Sunshine Coast and we hope we have performed our duties well and provided excellent educational events for the branch members.

Michel Putt - President

Western Australia

Activities and Highlights in 2015:

Four Lung Club Dinners were held in 2015 and speakers included Dr Jeremy Wrobel, Prof Gary Anderson (VIC), Dr Sean Murphy (USA), Clinical Professor Alan James, Prof Steven Allsop, Dr Rachel Hughes, Associate Professor Georgios Stathopoulos (Greece) and Associate Professor Grant Waterer. Topics included COPD co-morbidities, LABA therapy, regenerative therapy, treatment adherence, cancer in adolescents and young adults, role of mast cells in malignant effusions, cardiovascular consequences of pneumonia, as well as a commentary on the general lack of progress in Asthma and COPD. Attendance was strong throughout the year.

The Combined TSANZ & ANZRS Branch Annual Scientific Meeting (ASM) was held at The Harry Perkins Institute on the 24th and 25th July. The theme of 2015 was ‘Challenging the Dogma’ with keynote presentations by TSANZ President Prof Peter Gibson (NSW), Assoc/Prof David Parsons (SA) and Professor Shyamali Dharmage (VIC). The WA Research Symposium was again well supported with presentations by A/Prof Ben Mullins, Prof Mark Everard, Dr Bhajan Singh, Dr Annette McWilliams and Winthrop Prof Gary Lee. A symposium on Longitudinal Studies was another ASM highlight, featuring Professor Bill Musk, Dr Elysia Hollams and Prof Stephen Stick, which ran in parallel with an inaugural Allied Health Session. A combined TSANZ/ANZRS session discussed the role of pulmonary function testing in predicting post-operative outcomes led by Prof David Hillman and Dr Jeanie Leong. Thomas Iosiddis won best Oral Presentation in the New Investigator Session and Kevin Looi overall best Poster.

Peter Noble - President
New South Wales/Australian Capital Territory (NSW/ACT)

Activities and Highlights in 2015:

The NSW Branch started 2015 with an education day themed Airways Physiology and Imaging Group, which was held in March.

Throughout the year, the NSW Branch held four branch dinner meetings in March, June, September and November. The first meeting in March was themed Pulmonary Hypertension with guest speaker Prof David Celermajer. The second meeting in June was themed Cryotherapy – A Cool Tool for Bronchoscopists and Dr Jonathan Williamson was the guest speaker. In September, the meeting was themed Chronic cough is a sensory neuropathy. The invited speaker for this meeting was the President of TSANZ, Professor Peter Gibson. The last Branch Meeting for the year was held in conjunction with the Branch AGM. The meeting’s theme was Mechanisms of pharmacological agents in airways disease by Prof Gary Anderson.

In May a Masters of Respiratory weekend program, coordinated by Paul Hamor, for Advanced Trainees was held in Terrigal. This was the second year the Branch held this program after its launch in May 2014 and it was again highly successful.

To close the year, the Branch held the annual combined TSANZ and Respiratory Nurses Interest Group (RNIG) meeting on 20-21 November. An Education Day (aimed at Respiratory Advanced Trainees and Respiratory Nurses) was held on one day followed by the NSW TSANZ Annual Scientific Meeting (with presentations from Respiratory and Sleep researchers from across NSW). This included research presentations from our advanced trainees at which the Tracey Robinson Memorial Award was made.

Tara Mackenzie and Ben Kwan have worked hard arranging recruitment for advanced trainee positions and will be continuing this into 2016.

At the December AGM Christine Jenkins, Jin Gun Cho and Darrin Penola stepped down after giving years of diligent service and Charles Prabhakar finished his tenure as the advanced trainee representative. Their contribution to the state Branch is greatly appreciated as is that of all the other committee members. I would like to thank all the members of the Branch executive for their contributions - it has been a pleasure and a privilege to work together with them in furthering the objectives of our society.

Once again the Branch has had a very successful year thanks to their efforts on behalf of all the Branch members.

Jonathan Rutland
President

South Australia/Northern Territory (SA/NT)

Activities and Highlights in 2015:

2015 was a year filled with many highlights for the SA/NT Branch of the TSANZ. Amongst these were:

• A well attended monthly statewide Respiratory and Sleep educational program led by the Advanced Trainee Representative;
• Vanessa Tee winning the Jack Alpers Prize for Clinical Respiratory Medicine in the annual Advanced Trainee Respiratory and Sleep Clinical Presentations; and
• Eugene Roscioli winning the Young Investigator Award.

At the national level, significant achievements were many, with special mention going to Kristin Carson for being named Young South Australian of the Year 2015 and a finalist in the national Young Australian of the Year 2015, and Rebecca Harper for winning the Ann Woolcock Young Investigator Award at the ASM at the Gold Coast. The contributions of SA/NT was also highlighted in the post ASM newsletter.

Perhaps the most keenly anticipated event in the 2015 SA/NT educational calendar was the Respiratory Physiology themed ASM which took place at the Whalers Inn (Victor Harbor). This meeting hosted Professor John B. West from the University of California, San Diego. His plenary talk was based on his ground breaking work undertaken during Sir Edmund Hilary’s Himalayan Scientific Expedition. He hosted a ‘Meet the Professor’ session and led the judging panel for Respiratory and Sleep Physiology trainee presentations. The latter was won by Khin Hnin. Professor West’s visit was a career highlight for our members. The 2015 ASM was only possible through a strong and collaborative partnership with ANZSRS and valuable contributions from SA/NT TSANZ and ANZSRS members.

I wish to thank Chien-Li Holmes-Liew who stepped down as Immediate Past President of the SA/NT branch for her significant contributions to SA/NT branch and nationally in her TSANZ tenures, and Khin Hnin for her work as Advanced Trainee Representative in 2014-2015.

I look forward to an exciting year of Respiratory Education in the SA/NT Branch in 2016.

Aeneas Yeo
President
New Zealand

Activities and Highlights in 2015:

The Branch Annual Scientific Meeting (ASM) was again successfully held in Queenstown, between the 6 to 7th August 2015. As in previous years, it was a joint meeting with the ANZRS. Keynote speakers include the TSANZ President, Prof Peter Gibson, Prof Connie Katelaris, Tania Clifton-Smith, Dr John Brannan, Dr Tony Fernando and Susan Reid (Te Rarawa). The meeting was a great success and just keeps going from strength to strength each year.

At the ASM, an Annual General Meeting for the Branch was held. It was identified that the primary objective is to meet the members’ needs, particularly in relation to advocacy but also a greater role in facilitating CPD opportunities. The need for improved networking between large and smaller centres was identified as an area of focus for the NZ Branch Executive for 2015/16. This initiative has included exploration of establishing a national training program with the aim to include training experience in regional centres. Initial discussions have begun between TSANZ NZ Branch, NZ ASA, RACP and the SAC Committee with a view to holding a face to face meeting between relevant parties to consider this issue in more detail.

As part of the TSANZ NZ Branch executive face to face meeting in November it was agreed that their would be a greater focus on Branch Executive membership and formalising elections to the executive with aim of improving membership engagement around this process. It was also agreed that an exceptional general meeting will be held in 2016 to consider endorsement of constitutional changes.

Richard Laing - President
Thank You

TSANZ thanks the following members for their time and commitment to the branches across Australia and New Zealand:

**NSW/ACT Branch**

**President**
Jonathan Rutland (until November 2015, then as Past President)

**Secretary**
Alistair Abbott (until November 2015, then as President)

**Treasurer**
Brian Oliver

**Advanced Trainee Representative**
Charles Prabhakar (until November 2015)

**Executive members**
Christine Jenkins (until November 2015)
Darrin Penola (until November 2015)
Erica Meggitt
Greg Katsoulotos
Jin Gun Cho (until November 2015)
Lucy Morgan
Mary Roberts
Monique Malouf
Paul Hamor (until November 2015, then as Secretary)
Stephen Cala
Tamera Corte
Tara Mackenzie

**Secretary/Treasurer**
Shiv Erigadoo (until November 2015)
Steven Leong (since November 2015)

**Past President**
Khoa Tran (until November 2015)

**Executive member**
Maree Azzopardi

**SA/NT Branch**

**President**
Aeneas Yeo

**Secretary/Treasurer**
Phan Nguyen (until September 2015, then as President Elect)
Simone Barry (since September 2015)

**Past President**
Chien-Li Holmes-Liew (until September 2015)

**Advanced Trainee Representative**
Khin Hnin (until September 2015)
Sarah Newhouse (since September 2015)

**Nurses Group Representative**
Katherine Bassett

**ANZSRS Representative**
Sarah Madigan
Richard Parsons (until April 2015)

**QLD Branch**

**President**
Michael Putt (until November 2015, then as Past President)
Henry Marshall (since November 2015)

**Secretary/Treasurer**
Shiv Erigadoo (until November 2015)
Steven Leong (since November 2015)

**Past President**
Khoa Tran (until November 2015)

**Executive member**
Maree Azzopardi

**VIC Branch**

**President**
Jeremy Goldin (until November 2015, then as Past President)
Treasurer
Eli Dabscheck (until November 2015, then as President)

Secretary
Naghmeh Radhakrishna (until November 2015, then as Executive Member)
Sakhee Kotecha (since November 2015)

Executive members
Celia Lanteri (until November 2015)
Barton Jennings
Jane Bourke
Jyotika Prasad
Ryan Hoy
Yet Khor

WA Branch
President
Peter Noble
President Elect/Treasurer
John McLachlan
Secretary
Sally Lansley

Executive members
Ingrid Laing
Adelaide Withers
Anthony Kicic
Deborah Strickland
Dino Tan
Elisha White
Elizabeth Salamon

Lauren Akesson
Rajesh Thomas
Siobhain Mulrennan
Svetlana Baltic

TAS Branch
President
Richard Wood-Baker
Secretary/Treasurer
Collin Chia

New Zealand Branch
President
Mark O’Carroll (until August 2015 then as Past President)
Richard Laing (since August 2015)
Secretary
Nicola Smith
Treasurer
Stuart Jones
Trainee Representative
Sandra Hotu
Nurses Group Representative
Deborah Box

Executive members
Ben Brockway
Maureen Swanney
Tanya McWilliams (until August 2015)
**TSANZ Special Interest Groups**

### Asthma and Allergy

**Convenors:**
Andrè Schultz and Peter Noble

**Deputy Convenors:**
Vanessa Murphy and Jodie Simpson

**Activities and Highlights in 2015:**

It was certainly fortunate that the 2015 ‘Flow-Volume Underworld’ meeting was held in Sydney prior to the TSANZ ASM, as this meant that there were a plethora of international speakers already in Australia. The combined ANZRS/ANZSRS Plenary, entitled ‘Frontiers in our understanding of obstructive airways disease’, showcased this talent with presentations by Charles Irvin, David Kaminsky and Kim Prisk (USA) and Peter Parè (Canada). In a concurrent session, there was useful discussion on asthma comorbidities, including vocal cord dysfunction reviewed by Philip Bardin, and dysfunctional breathing reviewed by Mark Everard. Finally, in another well-constructed concurrent symposium, attendees were treated to a wonderful perspective as to what birth cohorts have taught us about asthma, with presentations by Bert Brunekreef (Netherlands), Shyamali Dharmage and Peter Sly.

Asthma and Allergy SIG Oral presentations and Poster Sessions were well attended with enthusiastic contributions from members. Oral presentations by Zhixuan (Ken) Loh and Vanessa Murphy were awarded Asthma and Allergy SIG prizes, sponsored by National Asthma Council and Asthma Australia respectively, who we thank for their continued and generous support.

### Cell Biology and Immunology (CIB)

**Convenor:**
Sandra Hodge

**Deputy Convenor:**
Anthony Kicic

**Activities and Highlights in 2015:**

I would like to thank all those who presented their work at our Cell Biology and Immunology SIG oral and poster sessions at the TSANZSRS Annual Scientific Meeting (ASM) held at the Gold Coast, 27 March – 1 April 2015. We had a stimulating and enjoyable meeting discussing cutting edge science which resulted in the development of new ideas and collaborations.

Special thanks to those who chaired our Oral and Poster Sessions (Ross Vlahos, Sandra Hodge, Brian Oliver, Eugene Roscioli, Greg Hodge and Simon Phipps) and to the judges for selecting the recipient of Cell Biology and Immunology SIG Award at the ASM 2015: Chantal Donovan.

I would also like to acknowledge our immediate past-convenor A/Prof Ross Vlahos - we appreciate his hard work and enthusiasm that has guided our SIG into the exciting group that we have today.

I look forward to working with our new Deputy Convenor A/Prof Anthony Kicic and I’m confident that together we will organise an exciting scientific program for 2016. Fruitful discussions regarding potential themes and areas of focus at our ASM this year resulted in an exciting themed symposium accepted for the 2016 “Every lung has an epithelial lining - recent advances and technical challenges”.

THE THORACIC SOCIETY OF AUSTRALIA & NEW ZEALAND
ANNUAL REPORT 2015
Chronic Obstructive Pulmonary Disease (COPD)

Convenors:
Steven Bozinovski and Peter Wark

Deputy Convenors:
Christopher Worsnop and Sukhwinder Sohal

Activities and Highlights in 2015:
Recipient of COPD SIG Award at the ASM 2015: Ivan Bernardo and Vanessa Tee.

The SIG Conducted a total of 6 sessions in the 2015 TSANZ conference held in Brisbane including 3 poster and 3 oral sessions. An oral session included plenary guest speaker Prof Marc Miravitlles, who detailed his research and clinical expertise in the treatment of COPD according to clinical phenotypes.

The COPD SIG convenors are active in their participation on National COPD initiatives, including involvement in the COPD Co-ordinating Committee of the Lung Foundation Australia. They have worked in conjunction with the Clinical Care and Resources Subcommittee (CCRS) of TSANZ to review the recently updated TSANZ/LFA COPD X Plan Australian and New Zealand Guidelines for the management of COPD.

Cystic Fibrosis

Convenors
Hugh Greville – Adult

Sarath Ranganathan – Paediatric

Activities and Highlights in 2015:
The Cystic Fibrosis Specialist Interest Group (CF SIG) has been very active this year as usual.

The main focus of the CF SIG work has once again been quality improvement. Peer-review panels, funded by Cystic Fibrosis Australia, have been assessing CF centres in Tasmania and the Gold Coast. All formal CF centres have now been reviewed by this process with one further centre assessment in Canberra planned. The peer-review process has resulted in significant improvements in resourcing and practice at most centres.

The SIG has overseen guideline developments with updates on the CF Standards of Care due to published soon. Other documents, such as a position paper on ‘Work environment risks for healthcare workers with cystic fibrosis (and other suppurative lung diseases)’ is in the final stages of evaluation before publication.

The CF SIG convenors observed an extremely high quality of submission of abstracts for the ASM in Perth 2016. There will be a strong focus on CF at that conference and we recommend you make every effort to attend.

We remain very grateful for the strong relationship with Cystic Fibrosis Australia who facilitate bi-annual meetings of the CF Specialist Centre Directors and the national CF data registry committee. It is this strength through collaboration and partnership that makes us proud to be part of the CF community in Australia and New Zealand.
Evidence-Based Medicine and Practice

Convenor: Kristin Carson
Deputy Convenor: Ghulam Sarwar

Activities and Highlights in 2015:

Over the past 12 months the Evidence Based Medicine and Practice SIG and Cochrane Airways Australia Satellite Advisory Group have teamed up with Lung Foundation Australia to help educate COPD patients and their carers about how to understand scientific evidence at several ‘Lung Health Education Day’s’ around Australia. This strong link between the SIG and Satellite also continues through the support of two Cochrane scholarships, which are again on offer in 2016.

During the 2015 ASM oral session, six presentations were given that examined a number of Cochrane reviews and evaluations of evidence based medicine. These included evaluations of the Spirometry Learning Module, a supervised pulmonary rehabilitation program, the effect of inhaled corticosteroids on bone mineral density, a comparison of BTS guidelines for bronchiectasis management compared to current practice and smoking cessation through community pharmacists. A successful post-conference workshop provided an update on new methods as well as tips and tricks to the timely completion of a Cochrane review.

The Evidence-Based Medicine (EBM) and Practice SIG is approaching its 20th year as a recognized group with the Thoracic Society of Australia and New Zealand. Over the past 12 months planning has been underway to run an EBM symposium at the upcoming 2016 conference with funding through the Cochrane Satellite for an invited international guest speaker from Canada, Professor Brian Rowe.

Interventional Pulmonology (IP)

Convenor: Peter Hopkins
Deputy Convenor: Jonathan Williamson

Activities and Highlights in 2015:

There were a number of highlights from the Interventional Pulmonology SIG at ASM 2015 including:

1. Advanced trainees course workshop on thoracic ultrasound
2. Themed Symposium – State of the Art Review on novel bronchoscopic techniques of lung volume reduction, bronchial thermoplasty for severe asthma, update on navigational bronchoscopy incorporating ENB and Lung Point and non-cancerous indications for EBUS
3. Winner of the Interventional Pulmonology SIG Award at the ASM 2015: Francesco Piccolo

From around mid 2015 a small working group from the SIG involving members from most major centres of Australia and NZ have been developing standards for the recognition of competency in thoracic ultrasound. This work is being supported by TSANZ as a means of exploring appropriate competency requirements and recognition relating to clinical procedures and to support member needs.

The Working Group has prepared a document that outlines how competency in thoracic ultrasound will be recognised and recognition of current experienced practitioners, the requirements for the assessment and re-assessment of individuals, and defines the required learning outcomes for training in thoracic ultrasound and requirements for TSANZ endorsed thoracic ultrasound training courses.

This work will continue into 2016, with the rest of the SIG having the opportunity to review the work, prior to formal comment and submission to the Education and Training Sub-Committee and the TSANZ Board.
Activities and Highlights in 2015:

2015 was again a successful year for the OLIV SIG. The numbers of abstracts submitted for the meeting on the Gold Coast were again up on previous years. The three main areas of interest: interstitial lung disease, pulmonary hypertension and lung transplantation were all well represented. Our plenary session on ILD was certainly well attended and received and the breakfast session on future therapies for IPF received a large amount of positive feedback.

The winner of the oral presentation for the OLIV SIG was Stephanie Yerkovich.

The 2nd biennial Australian Rare Lung Diseases Short Course was held in Sydney, as a joint venture with LFA. This was well attended and feedback has been very positive. This format will hopefully continue in coming years.

In other OLIV SIG related activities, the PHSANZ held its 5th annual meeting in Sydney in October. Attendance was excellent and there were excellent presentations from both the local and International invited speakers. The original work presentations from up and coming researchers were of an extremely high standard.

Planned for next years’ meeting in Perth we have two exciting seminars that will fit well with the theme of “Lung Disease from the cradle to the grave”.

I hope that this SIG will continue to grow and encourage clinicians and researchers to work in these areas.

Activities and Highlights in 2015:

The theme of the 2015 TSANZ ASM “The Air We Breathe - Environmental and Occupational Impacts on Lung Health” provided an excellent opportunity to increase awareness of these issues amongst members of TSANZ.

The OELD SIG supported several sessions during the meeting, a highlight of which was a presentation by Prof Bert Brunekreef, from Utrecht University, Netherlands. Prof Brunekreef (sponsored by the CENTRE for Air quality & health Research and evaluation) presented data regarding the effects of air pollution effects from his work in a seminal European cohort study. Latest information about occupational exposures and respiratory malignancies was presented at a fascinating symposium which included Justice Jack Rush, A/Prof Tom John, Dr Fraser Brim and Prof Bruce Robinson. A symposium regarding “What birth cohorts taught us about asthma” was also co-sponsored with the Paediatric SIG. The meeting highlighted the depth of local expertise in the field of OELD/Population Health with a range of local experts presenting their research findings and discussing clinical and medicolegal issues.

Recipient of the OELD SIG Award at the ASM 2015: Tamara Blake.
Paediatrics

Convenor: Andrew Tai
Deputy Convenors: Nitin Kapur and Adelaide Withers

Activities and Highlights in 2015:

For the 2015 ASM, the Paediatric SIG hosted one oral session and two poster session. In total 22 abstracts were submitted which is an increase from 2014. We were delighted to have Prof Andy Bush and Prof Greg Redding as international speakers presenting at the ASM. Several excellent symposiums were held including “New approaches to old diseases” and “What have birth cohorts taught us about asthma”.

Recipient of Paediatric SIG Award at the ASM 2015: Danielle Wurzel.

Physiology & Sleep

Convenor: Claude Farah
Deputy Convenor: Alan Young

Activities and Highlights in 2015:

The SIG activities have mainly revolved around the annual scientific meeting. In 2015, we contributed to two symposia that focused on airway physiology, the joint TSANZ/ANZSRS Masterclass on Cardiopulmonary Exercise Testing and a sleep symposium titled “Clinical controversies in non invasive ventilation”. The number of abstracts to the SIG increased and this resulted in two successful oral sessions and two well-attended poster sessions. The SIG prize for best oral was awarded to Dr Kirk Kee.

In 2016, the SIG will contribute a symposium titled “Sleep and breathing across the ages” and are supporting the Asthma SIG with their symposium on Airway Remodelling. Abstracts for the 2016 ASM were recently reviewed and there is, again, a range of research activity in the SIG relating to various aspects of pulmonary physiology and sleep as well as clinically relevant case series and focused audits.

The TSANZ document on Acute Oxygen Therapy recommendations was ratified earlier in the year and has been published in Respirology and on the Society’s website. Pulmonary physiology is regarded as core knowledge for a clinician or scientist in respiratory medicine. There is a need for ongoing educational activities to train younger members in physiology – many of these occur locally and it may be possible to expand some of these local programs to accommodate a larger audience. In closing, I would like to acknowledge all the members on the Acute Oxygen working party, the abstract reviewers and Alan for helping in the planning of the various symposia.
Physiotherapy

Convenor: Christian Osadnik
Deputy Convenor: Vinicius Cavalheri

Activities and Highlights in 2015:
The Physiotherapy SIG had a productive and successful 2015. We contributed 26 presentations to the ASM, half of which were oral presentations and all disseminated amongst other SIGs (preferred method). As some members submit abstracts directly to other groups, this underestimates the total contribution of our SIG to the scientific program.

The high quality of members' work was recognised by awards to Dr. Vinicius Cavalheri (Ann Woolcock YIA finalist and Physiotherapy SIG prize), Prof. Anne Holland (LFA Lizotte Family Research Award) and Dr. Rebecca Disler (Lung Foundation Australia / A Menarini Travel Grant).

Other 2015 ASM activities:
• Co-host of symposia “Respiratory mechanics in lung disease”.
• One co-badged Physiotherapy / COPD poster session.
• Involvement (with Lung Foundation Australia) in Australian Pulmonary Rehabilitation Guidelines writing group, and application for Pulmonary Rehabilitation Medicare Benefits Scheme Item Number.

We are thankful for the services of Dr. James Walsh on the Local Organising Committee, Dr. Christian Osadnik on the TSANZ Research Sub-Committee and Prof. Anne Holland on the Clinical Care and Resources Sub-Committee. Finally, we acknowledge the achievements of Prof. Anne Holland (inaugural SIG inductee to the TSANZ Board of Directors) and Professor Jenny Alison (inaugural SIG awardee of the ‘Fellow of the Thoracic Society’ title).

Primary Care

Convenor: Juliet Foster
Deputy Convenor: Smita Shah

Activities and Highlights in 2015:
At the 2015 TSANZ conference six research papers were presented, covering topics such as: Collaborative working among general practitioners and practice nurses for COPD diagnosis and management, Patients’ attitudes toward treatment use, Asthma management by pharmacists, Parent knowledge of management of their child’s asthma, and Early discharge in patients with pulmonary embolism. The award for the best presentation went to Amanda Elaro for her paper entitled ‘Practitioner Asthma Communication and Education (PACE): Impact on pharmacy practice’.

I have taken over the role of Primary Care SIG Convenor from Dianne Goeman. On behalf of the TSANZ membership I thank Dianne for her four year commitment to the primary care SIG. The new deputy convenor is Smita Shah who like myself has a strong commitment to primary care respiratory research and I warmly welcome her to this new role.

Members of Primary Care SIG represent general practitioners, nurses, secondary care specialists, psychologists, pharmacists, and respiratory scientists. We are very keen to grow the primary care SIG membership in the coming 2 years and will discuss strategies for stimulating primary care membership with other TSANZ SIGs and members. We will encourage new and current members of TSANZ to become active members of the primary care SIG and to attend our oral session which, as always, will cover a broad set of topics relevant to most TSANZ members. We also will invite TSANZ attendees to attend the primary care SIG AGM to share their opinions and get involved with the future direction of this important SIG.
Respiratory Infectious Diseases (RID)

Convenor:
Andrew Burke

Deputy Convenor:
Geraint Rogers

Activities and Highlights in 2015:

Members of the RID SIG have continued to contribute strongly in areas of research and education related to respiratory infectious disease, in 2015. There has been renewed interest in respiratory pathogens given the emerging role of the microbiome in respiratory disease and this has been reflected in the medical literature and in the research agendas of many departments in Australia and New Zealand. It has been gratifying to see TSANZ members make contributions to microbiome research in areas including: dysbiosis and vaccine efficacy in childhood, cystic fibrosis, COPD and asthma.

Across Australia and New Zealand there has been heightened awareness of the risks of losing key antibiotics to emerging resistance. This has led to the introduction of antimicrobial stewardship as a mandatory credentialing requirement for hospitals across Australia. The Antimicrobial Use and Resistance in Australia (AURA) project has identified community acquired pneumonia as the second most common reason inpatients receive antibiotics. They have also identified significant gaps between the guidelines and what patients receive. There has been an increasing number of abstracts being submitted by RID SIG members on the topic of rational antibiotic use in respiratory disease. It is very welcome that members are involving themselves in this important issue and we encourage members to join their local antimicrobial stewardship committees given that respiratory tract infection is one of the main drivers of antibiotic use both in hospital and in the community.

Recipient of the Respiratory Infectious Diseases SIG Award at the ASM 2015: Lucy Burr.

The following SIGs reports were unavailable at the time of press:
- Lung cancer
- Respiratory Nurses
- Rural and Regional
- Tobacco and Related Substances

SPECIAL INTEREST GROUP MEMBERS

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ANN WOOLCOCK YOUNG INVESTIGATOR AWARD

The Ann Woolcock Young Investigator Award is presented at the TSANZ Annual Scientific Meeting (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 Annual Scientific Meeting of the Asia-Pacific Society of Respirology (APSR). This award furthers one of Professor Ann Woolcock’s goals of fostering research ties between the TSANZ and the APSR.

Recipient: Rebecca Harper

“BMPR2 UPREGULATION VIA IN SITU GENE DELIVERY OR VIA ENGINEERED ENDOTHELIAL PROGENITOR CELLS ALLEVIATES PULMONARY ARTERIAL HYPERTENSION (PAH) IN A RAT MODEL”

My area of work is in gene and cell therapy for pulmonary arterial hypertension (PAH). PAH is a rare but devastating lung disease and despite available therapeutics, survival is still 54% at 3 years, which is similar to some of the worst cancers. There is a genetic component to this disease, with a gene mutation resulting in the decrease of expression of a cell receptor. The aim of this work is to use gene and cell therapy to deliver the receptor to the lung to correct the level of expression. The decrease in this receptor is also seen in other forms of pulmonary hypertension, thus, this work may have the benefit of a wider application. The cell therapy component is aimed at moving this research away from viral delivery of gene therapy towards a safer alternative for human subjects. We have successfully developed a cell based therapy in a pre-clinical model of pulmonary arterial hypertension.

5 Finalists:

Bernadette Jones

“EPIGENETIC CHANGES IN HATS AND HDAC5 DRIVE PATHOGENESIS THAT CAN BE REVERSED USING BET INHIBITORS IN EXPERIMENTAL COPD”

Gabrielle McCallum

“IMPROVING THE MANAGEMENT OF INDIGENOUS CHILDREN HOSPITALISED WITH BRONCHIOLITIS: A MULTICENTER RCT”

Richard Kim

“INFECTION-INDUCED MICRORNA-21 DRIVES SEVERE, STEROID-INSENSITIVE EXPERIMENTAL ASTHMA BY AMPLIFYING P13K-MEDIATED SUPPRESSION OF HDAC2”

Timothy Sladden

“HYALURONAN - THE FIRST NEW BIOMARKER OF DONOR ORGAN QUALITY SINCE POZ?”

Vinicius Cavalheri

“NON-.Small Cell Lung Cancer: Measuring Impairment on Completion of Curative Intent Treatment and Optimising Functional Recovery Using Supervised Exercise Training”

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: Graeme Zosky

“THE IMPACT OF IRON OXIDE PARTICLES ON LUNG HEALTH”

People living in remote mining communities are exposed to very high levels of particles that are high in iron content. Current wisdom suggests that these particles are less harmful than particles that people are exposed to in urban areas. Our research program has built of body of evidence that suggests that particles with high iron content are in fact detrimental to lung health. In this study we will determine the health implications of inhaling high concentrations of iron laden particles. In particular, we will focus on the impact of iron laden particles on the lung when it is infected with bacteria or a virus.

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: Kristin Carson

“TRAINING HEALTH PROFESSIONALS IN SMOKING CESSATION AND TOBACCO ABUSE PREVENTION FOR ABORIGINAL AUSTRALIANS”

The prevalence of tobacco use among Aboriginal Australians is more than twice that of the non-Indigenous population, and mainstream smoking cessation interventions remain effective in reducing the gap between Indigenous and non-Indigenous Australians.

Through the Robert-Pierce Grant-In-Aid, we have been able to establish foundations for a long-term cost-effective smoking cessation intervention program that aims to address this difference in tobacco use. Our findings have now gone on to support a successful application for large scale NHMRC project grant. This ‘first of its kind’ project will begin in 2016 as a multi-centre, randomised, delayed-intervention control trial of ‘Training health professionals in smoking cessation for Aboriginal Australians’. It aims to deliver a sustainable and culturally-adapted tobacco strategy with rigorous evaluations that will produce new evidence for Indigenous health in Australia. If proven successful, our program can be easily implemented to provide a nation-wide cost-effective means of improving Aboriginal health by facilitating access to community resources and quit services whilst concurrently building community capacity.
**TSANZ/ASTRAZENECA RESPIRATORY RESEARCH FELLOWSHIP**

The fellowship allows researchers to undertake a two year research program under the supervision of an established expert in the field of respiratory medicine.

**Recipient: Eugene Roscioli**

*"THE REGULATION OF AUTOPHAGY IN COPD"*

The cigarette smoke-related condition, chronic obstructive pulmonary disease (COPD), is the most preventable deadly condition afflicting our population. We do not know how this inflammatory condition occurs, and quitting smoking does not reverse the disease. Furthermore, there is no cure for COPD and current medications are ineffective and do not significantly extend life. Backed by the Thoracic Society of Australia and New Zealand, the Inflammatory Lung Disease Research Laboratory have discovered that the airway cells in COPD are eating themselves alive, showing increased signs of autophagy, a process whereby the machinery of the cell recycles its own contents. We have found that therapeutics such as Azithromycin and others which suppress autophagy have great potential to rescue the cells from this process. We are examining this effect in detail, and our aim is to halt the progression of COPD to manage the disease and extend life beyond the scope of current interventions.

**TSANZ AND NATIONAL ASTHMA COUNCIL AUSTRALIA ASTHMA AND AIRWAYS CAREER DEVELOPMENT FELLOWSHIP**

This award is granted to facilitate the establishment of mid-career investigators as independent, self-directed researchers and to foster the development of high-quality research in respiratory medicine in Australia and New Zealand.

**Recipient: Brad Zhang**

*"TO COMPARE GENOME-WIDE TRANSCRIPTIONAL AND METHYLATION PROFILES IN CD4+ CELLS IN ‘NEWLY ARRIVED’ AND ‘LONG TERM’ CHINESE IMMIGRANTS LIVING IN WESTERN ENVIRONMENTS”*

Prevalence of asthma and allergy are significantly higher in Western countries, including Australia, than in developing countries, including China. Environmental factors through their influences on immune response and microbiota have been proposed as responsible for this disproportionate prevalence of allergic conditions between Western and Eastern countries. We hypothesise that Western environmental influences have modified innate immune response and airway microbiome profiles in Chinese immigrants. We compared cytokine production capacities in TLR pathways and upper airway microbiota in 22 newly arrived and 22 long-term adult Chinese immigrants matched for age and gender. We found that Chinese immigrants, after living in a Western environment for several years are prone to have reduced cytokine levels in innate immune TLR pathways. We also found that western environments/lifestyles have changed upper airway microbiota in Chinese immigrants. The findings in the fellowship study significantly improve the understanding of the development of asthma and allergy in Australia.

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### Awards Summary

<table>
<thead>
<tr>
<th>Award Type</th>
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<tbody>
<tr>
<td>FELLOWSHIPS</td>
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<td>GRANT-IN-AID</td>
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<td><strong>TOTAL</strong></td>
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In 2015, the TSANZ administered $539,100 worth of awards.

These awards were funded by a range of sponsors and include the awards provided by Lung Foundation Australia, Asthma Australia and the National Asthma Council.
VERTEX CYSTIC FIBROSIS RESEARCH AWARDS

This award is granted to foster ongoing original Cystic Fibrosis research and its communication internationally. Two winners will receive an award to support their travel, registration and accommodation to present their research at the European Cystic Fibrosis Society Annual Meeting (1 person) or the North American Cystic Fibrosis Conference (1 person).

Recipient: Anna Tai
“TOWARDS ANTIBIOTIC STEWARDSHIP IN CYSTIC FIBROSIS (CF) AIRWAY INFECTION TREATMENT: UNDERSTANDING THE DEVELOPMENT AND DISSEMINATION OF ANTIMICROBIAL RESISTANCE IN PSEUDOMONAS AERUGINOSA AND IMPROVING SURVEILLANCE OF HIGH-RISK P. AERUGINOSA STRAINS”

Cystic fibrosis (CF) is the most common life-limiting, autosomal recessive disease in Caucasians. Pseudomonas aeruginosa is the most common respiratory pathogen in CF and is associated with substantial morbidity and mortality. Judicious antibiotic use has contributed to substantial survival improvement in CF. However, cumulative antibiotic exposure has also facilitated the selection of antibiotic resistant P. aeruginosa strains. My research studies demonstrated that antimicrobial resistance microevolution in a common Australian P. aeruginosa strain (AUST-02) was facilitated by chromosomal mutations, acquisition of resistance genes as well as clonal dissemination of emerging resistant sublineages amongst CF patients. Our results suggested that infection with some of the new resistant sublineages could also be associated with poorer clinical outcomes. These results highlighted the importance of systematic surveillance for P. aeruginosa strains from patients with CF and the implementation of appropriate segregation policies to interrupt cross-transmission of resistant P. aeruginosa strains amongst patients with CF.

Recipient: Luke Garratt
“CHARACTERIZING THE PROTEASE BURDEN AND MECHANISMS OF DAMAGE IN EARLY CF”

My research focuses on how the immune system damages lung tissue during chronic lung disease. I am particularly interested in cystic fibrosis (CF), where cycles of infections and inflammation that begin in the first years of life are associated with irreversible structural lung damage and greatly impact quality of life. I aim to understand 1) why the immune response to infections is so exaggerated in CF airways, 2) why these exaggerated immune responses still fail to adequately clear lung infections, and 3) which components of the immune response drive the irreversible lung damage. Answering these questions will identify new therapeutic approaches to prevent or minimise structural tissue damage in CF and other chronic lung diseases. This award allowed me to present my current findings at the North American CF Conference and also visit international collaborators to learn new techniques for assessing immune responses in the lung.

INDIGENOUS RESPIRATORY NURSE CAREER DEVELOPMENT AWARD

This award is given by TSANZ to support applicants who:
• work in respiratory health,
• have demonstrated their interest and commitment to the field,
• aim to strengthen their own respiratory health nursing capacity, and where feasible,
• are contributing to the provision of, or research in, respiratory health nursing in Indigenous communities in New Zealand or Australia.

To be eligible for this award, recipients must be either Aboriginal or Torres Strait Islander living in Australia or Maori living in Aotearoa/New Zealand.

Recipient: Lesley Versteegh

I was honoured to receive the TSANZ Indigenous Respiratory Nurse Career Development Award for 2015. I am a research nurse at Menzies School of Health Research in the Child Health Respiratory Division. I presented a poster on a study among Indigenous carers that we completed this year, using pictorial, culturally appropriate flipcharts to improve knowledge with Indigenous carers on 3 most common serious respiratory illnesses. The results showed improved knowledge post education and that culturally appropriate flipcharts are an effective tool to use in improving knowledge of respiratory illness. Attending TSANZ exposed me to different research groups and their experience working in the area of lung health among Indigenous people. It was interesting to listen to their stories and the obstacles they face in providing care and importance of ongoing education, in particular among Indigenous populations in the USA with Asthma.

THE JANET ELDER INTERNATIONAL TRAVEL AWARDS

These awards are made to three respiratory scientists or clinicians on the basis of scientific merit of their submitted abstract to the 2015 TSANZ Annual Scientific Meeting (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 possible by a bequest of honour the memory of Dr Janet Elder, one of the pioneers of respiratory medicine in Western Australia.

Recipient for Early Career Researcher: Kimberly Wang
“INDEPENDENT EFFECTS OF AIRWAY SMOOTH MUSCLE REMODELLING AND ALLERGIC INFLAMMATION ON AIRWAY RESPONSIVENESS”
Of patients with severe asthma, 5-10% of patients have a thicker airway of smooth muscle which constricts the airway and makes it more difficult to breathe. Children with asthma have abnormal airway function at birth. This finding suggests that abnormal airway structure and function precede the onset of allergic sensitisation and the diagnosis of asthma in childhood. Recent evidence suggests that the increased airway smooth muscle may result from perinatal influences and may explain many of the physiological abnormalities observed in asthma including: (i) increased thickness of the airway smooth muscle layer that is independent of age but related to asthma severity; and (ii) increased responsiveness to agents that either relax or contract airway of smooth muscle. Asthma is however a function of more than one risk factor and the greatest risk factor for childhood asthma is the development of sensitisation to aeroallergens in early life. Synergy between airway of smooth muscle layer thickening and allergy may be required for allergic asthma. My research therefore investigate the hypothesis that individuals who have increased airway smooth muscle layer thickness and subsequently develop allergy are at most risk of developing allergic asthma.

**Recipient for Early Career Researcher:**

**Malcolm Starkey**

**“INTERLEUKIN-13 PREDISPOSES MICE TO MORE SEVERE INFLUENZA INFECTION AND EXACERBATED ALLERGIC AIRWAY DISEASE”**

People with asthma are more susceptible to influenza virus infection and infection in these patients is often more severe and results in exacerbation of their underlying asthma. Current therapies for asthmatics and for treating influenza infections are limited and can result in poor disease control in some patients. The purpose of this study was to use preclinical experimental models of asthma and influenza infection to determine the underlying mechanisms for increased susceptibility to infection. We found that the immune molecule interleukin-13 was increased and that this increased the severity of the viral infection in both mice and human cells. Selective targeting of interleukin-13 with blocking antibodies protected against influenza infection. This was far superior to steroid treatment (mainstay asthma therapy), which made both infection and lung function worse in these models. This work suggests that emerging biologics such as anti-IL-13 antibodies may also be efficacious in influenza infections.

**Recipient for Mid-Career Researcher:**

**Greg Hodge**

(Shane Rix represented Greg Hodge during acceptance)

**“LYMPHOCYTE SENESCENCE IN COPD IS ASSOCIATED WITH DECREASED HISTONE DEACETYLASE 2 EXPRESSION BY PRO-INFLAMMATORY LYMPHOCYTES”**

Inhaled corticosteroids are commonly used for management of the chronic inflammation in COPD, yet they are only minimally effective in this regard. New therapies are urgently required. My previous research has shown that patients with COPD have an increase in pro-inflammatory white blood cells called lymphocytes in their blood. These lymphocytes have decreased levels of histone deacetylase 2, an enzyme that switches off pro-inflammatory genes. Furthermore these cells are resistant to current therapeutic strategies, particularly steroids. I then showed that by increasing levels of histone deacetylase 2 in these cells using combinations of currently approved and available drugs, suppressed the pro-inflammatory nature of these cells and may thus be a novel and effective means to treat COPD.

**PETER PHELAN TRAVEL FELLOWSHIP (PAEDIATRIC)**

The grant may be awarded to any member of 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:**

**Geshani Jayasuriya**

“PERIPHERAL AIRWAY ABNORMALITIES ARE PRESENT IN CHILDREN POST BONE MARROW TRANSPLANT (BMT)”

I am currently completing a PhD focusing on imaging and functional modalities for assessing peripheral airway function in paediatric lung disease. The research tests I am using include Multiple Breath Washout, Forced Oscillation Technique and Oxygen Enhanced Magnetic Resonance Imaging (OEMRI). Whilst my research focuses on post Bone Marrow Transplant and Cystic Fibrosis patients, the tests I am using can be used in other paediatric lung diseases as well as adult lung disease. In particular the OEMRI technique has the potential to provide much needed topographical functional information which would be of great value in studying many different respiratory disease processes.

With the help of the TSANZ Peter Phelan Travel award I was able to attend the European Respiratory Conference in 2015, present my work and receive invaluable feedback from international experts in paediatric respiratory physiology research. I was also able to visit an MRI Physiology Laboratory in Manchester, England, to fine tune the OE MRI technique I am using in my PhD as well as to learn about new pulmonary MRI techniques.

**JAPANESE RESPIRATORY SOCIETY (JRS) EARLY CAREER DEVELOPMENT AWARD**

This Early Career Development Award is designed to reward, encourage and provide international exposure to promising recent advanced trainees/higher degree graduates. The recipient of this award will attend and present at the Annual Scientific Meeting of the Japanese Respiratory Society (JRS) in the following year.

**Recipient:**

**Sukhwinder Singh Sohal**

“EPITHELIAL MESENCHYMAL TRANSITION (EMT) IN SMOKERS: LARGE VERSUS SMALL AIRWAYS; AND RELATION TO AIRFLOW OBSTRUCTION”

Tobacco smoking is the major aetiological factor for COPD in developed countries, but the links between that and a clinical outcome are poorly understood and is the single greatest preventable cause of ill health and death in Australia. Smoking related COPD imposes a huge cost on the Australian community. We need better detailed understanding of COPD pathogenesis, in order to design better translational treatments. Tobacco smoke is a major etiological factor for COPD. However, only 25% of smokers will develop ‘classic’ COPD, in these vulnerable individuals the progression of airways disease to symptomatic COPD occurs over two or more decades.

Detailed data on airway structural changes in COPD are especially sparse, and how these changes lead to airway fibrosis/physiological
airway obstruction and lung cancer are poorly understood. In this project we assessed highly plastic changes associated with airway cells (EMT). This study suggests for the first time that EMT might be the key in understanding small airway fibrosis and lung cancer seen in these patients. This will have huge implications for therapeutics and public health policy.

TSANZ AND ASTHMA AUSTRALIA TRAVEL AWARDS

These awards are made to three recipients working in the area of Asthma. The grant supports 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 asthma.

Recipient 1: Jodie Simpson
“SPUTUM AND SERUM PERIOSTIN LEVELS ARE ASSOCIATED WITH, BUT DO NOT PREDICT SPUTUM EOSINOPHIL PROPORTION IN SEVERE ASTHMA”

This Award supported my attendance at the American Thoracic Society (ATS) annual meeting in Denver, Colorado in May 2015. International conference attendance is a key part of research career development and was critically important for my career as I returned from part-time work following maternity leave.

At ATS I presented my latest work into novel biomarkers for asthma. Characterisation of better asthma biomarkers will assist in the development of asthma management strategies which can be utilised in primary care and more remote geographical areas away from large research laboratories. Sharing my research with an international consortium provided me with feedback, assisting in the preparation of the work for publication and translation. I was also able to develop new collaborations with asthma researchers internationally which will help to advance my own research and build larger and more powerful projects to answer important clinical questions that will have impacts on the wider asthma community.

Recipient 2: Nathan Bartlett
“PREVENTING VIRUS-INDUCED ASTHMA EXACERBATIONS BY TARGETING IL-25 AND TYPE-2 INNATE LYMPHOID CELLS”

Understanding how rhinovirus-infected airway epithelium activates type-2 immunity could especially benefit asthmatic children since they usually suffer from allergic asthma and are particularly susceptible to rhinovirus infections. School age children can experience as many as 10 colds per year, the majority of which are caused by rhinovirus. Benefit for sufferers of allergic asthma would also come from reduction in steroid use. Steroids target many genes and exert a multitude of undesirable effects on the body. Long term corticosteroid use from early childhood has significant side effects and has been linked to reduced bone density, mood swings, weight gain, difficulty sleeping, increased risk of cataracts and increased risk of infection throughout life. This research aims to prevent asthma attacks by defining the key initiating events that occur at the level of the infected airway epithelium so they can be specifically blocked obviating the need for increasing doses of steroid.

Recipient 3: Vanessa Murphy
“EXACERBATIONS FOLLOWING STEP DOWN AND STEP UP INHALED CORTICOSTEROID THERAPY IN THE MANAGING ASTHMA IN PREGNANCY (MAP) STUDY”

Asthma affects 12% of pregnancies in Australia, and 1 in 6 children in the Australian community will develop asthma in childhood. Having a mother with asthma confers a greater risk to the offspring than having a father with asthma, and the environment during pregnancy may influence the risk of children developing asthma. Asthma during pregnancy is associated with high rates of flare-ups of asthma in mothers which require medical intervention, and this increases the risks of poor outcomes for the baby, including low birth weight, preterm delivery and being hospitalised at birth. My research is focussed on testing a new way of managing asthma in pregnancy, which involves measuring lung inflammation with a simple breath test, and adjusting asthma treatment dose based on this test, rather than symptoms. This approach has the potential to improve maternal health in pregnancy, infant outcomes at birth and respiratory health into childhood.

BOEHRINGER INGELHEIM ACCP TRAVEL AWARD

This travel award is designed to reward, encourage and provide international exposure for Advanced Trainees in Respiratory Medicine and junior Respiratory Physicians whose work focus is in chronic obstructive pulmonary disease (COPD). The recipient of this award will attend and present an abstract at the next meeting of the American College of Chest Physicians (ACCP) in North America.

Recipient: Eskandarain Shafuddin
“THE TIME-COURSE OF CARDIAC BIOMARKERS IN ACUTE EXACERBATIONS OF CHRONIC OBSTRUCTIVE PULMONARY DISEASE”

This research studied changes in blood levels of cardiac biomarkers (NT-proBNP, a marker of cardiac stretch, and troponin T, a marker of cardiac injury). This study was performed during hospitalisations with exacerbations of COPD and at a follow-up when the patients were clinically stable. The levels of these biomarkers were elevated on presentation and continued to rise during the admission. This increase was associated with nebulised bronchodilator treatment. Survival following exacerbations of COPD is worse in patients with elevated cardiac biomarkers. High-doses of bronchodilators are commonly used to treat exacerbations of COPD and this finding suggests that excessive use of bronchodilators could be one mechanism of cardiac involvement during COPD exacerbations. As COPD is associated with a huge burden on healthcare, avoiding excessive bronchodilator use, as well as improved recognition and management of heart disease in patients with exacerbations of COPD could help to improve outcome.
Respiratory Function Laboratory Accreditation Program

Key achievements for the year
- Establishment of 9 new panels during 2015
- Employment of a part-time staff member to support the program and facilitate program review and improvement
- Launch of an online survey to obtain feedback from Assessors and Laboratory staff to inform review of the program and standards in 2016
- Planning for the delivery of our first face-to-face Assessor training as part of the 2016 ASM

Respiratory Laboratories where accreditation was granted during 2015
- Hutt Valley District Medical Board, North Island
- Princess Alexandra Hospital, QLD
- Queen Elizabeth Hospital, SA

Respiratory Laboratories progressing in the accreditation review cycle (as at Dec 2015):
- Austin Health, VIC
- Box Hill Hospital, VIC
- Concord Repatriation General Hospital, NSW
- Greenslopes Lung Function, QLD
- Gold Coast Hospital, QLD
- Princess Margaret Hospital for Children, WA
- Royal Brisbane & Womens Hospital, QLD
- Royal Hobart Hospital, TAS
- Royal Perth Hospital, WA
- St Vincents Hospital, VIC
- Wellington Hospital, North Island, NZ
- Wesley Respiratory Laboratory (part of QLD Respiratory Services), QLD

Volunteer Accreditation Assessors
- David Barnes
- Brigitte Borg
- Jeff Bowden
- Peter Briffa
- Keith Burgess
- Annette Dent
- Michael Epton
- Bill Finucane
- Kevin Gain
- Hugh Greville
- Paul Guy
- Craig Hukins
- Sonya Johnston
- Mark Jurisevic
- Paul King
- Edmund Lau
- Pam Liakakos
- Phil Masel
- Phillip Munoz
- Phil Robinson
- Peter Rochford
- David Schembri
- Hiran Selvadurai
- Daniel Smith
- Brian Smith
- Anne Marie Southcott
- Josh Stanton
- Bruce Thompson
- Andrew Veale
- Jarrod Warner
- Liam Welsh
- John Wheatley
- Margaret Wilsher
- Richard Wood Baker

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
Treasurer’s Report

Your Society is in a sound financial position and is being managed wisely.

As you will see from the audited accounts, The Society holds assets of $5.6 million against liabilities of $1.5 million. When we consider that the Annual Scientific Meeting (ASM) now costs around $1.0 million to run it becomes clear why it is necessary to have a solid set of accounts. This war chest allows the Board to confidently grow the activities of the Society and to this end this year we have invested in additional staff to grow and to manage (i) research awards and fellowship grants and (ii) laboratory accreditation. Hence you will see that our staff expenditure has increased. We have invested in a new website which has improved our management of membership subscriptions and it is anticipated that we may be able to use the website to host webinars and CPD activities in the near future. Importantly, for 2016, we have budgeted financial backing for the “Healthy Lungs for Life” research collaboration with LFA which is referred to in the President’s Report.

The Society’s investments are held conservatively so as to protect their value in an uncertain and volatile climate. Apart from the office we own, and the cash we hold to pay our bills, we hold $1.3 million in term deposits at an average return of 5% pa, and we hold $1.29 million in shares managed professionally for us by Morgan Stanley. Overall our investments grew by $77,714 in 2015.

Each year, we budget to break even in terms of revenue and expenditure, which is no mean feat given that our annual expenditure is now of the order of $2.5 million. There are many potential threats to us achieving our objective such as deteriorating returns on investments, the potential for industry sponsorship to dry up, and the potential for ASM registrations to fall short of expectation. The work undertaken by our very competent office staff to support the Board should not be underestimated, and therefore it is pleasing to be able to report a small surplus at year’s end of $33,596. Our branches contributed substantially to the achievement of this surplus and we would particularly like to thank them for their efforts.

Our ASM is now a very big deal, responsible for almost half our income and our expenditure. Registration numbers have grown year on year along with the depth and diversity of invited speakers. Tribute should be paid to the enormous amount of work done by all involved but particularly to Jane Bourke – Jane is retiring this year from the Board but will be using her experience, together with Matthew Peters, to run the APSR meeting in Sydney in 2017.

Membership of our Society is gradually growing each year. In 2015, we have 1393 members which compares to 1163 in 2011 and the greatest component of this growth has been in the ordinary membership category who make up about 60% of the membership.

On a personal note, for me it has been a great privilege and a great opportunity to form a small part of the Board of this organisation. Members can rest easy that this is an organisation which is being administered both competently and professionally, with the interests of respiratory medicine at their core being. I thank the CEO and office staff for their dedication and I wish the incoming Board members and the new Board and Treasurer all the very best for 2016.

David Langton
Director/Treasurer
The Directors present their report together with the financial report of the Thoracic Society of Australia and New Zealand Ltd for the year ended 31 December 2015.

DIRECTORS

Aeneas Yeo BSc (Med), MBBS, FRACP
Resigned from the Board on 28 March 2015
Interest in contracts: NIL

Anne Holland BAppSc (Physiotherapy), PhD
Appointed to the Board on 3 October 2014
Interest in contracts: NIL

Bruce Thompson, B.App.Sci, CRFS, FANZSRS, PhD
Appointed to the Board on 5 April 2014
Interest in contracts: NIL

Claire Elizabeth Wainwright MBBS, MRCP, FRACP, MD
Appointed to the Board on 28 March 2015
Interest in contracts: NIL

David Langton MB BS (Hons), FRACP, FCCP, FCICM, FThorSoc
Appointed to the Board on 31 March 2012
Interest in contracts: NIL

Denise Marie O’Driscoll PhD
Appointed to the Board on 28 March 2015
Interest in contracts: NIL

Gary Peter Anderson PhD
Resigned from the Board on 28 March 2015
Interest in contracts: NIL

Hiranjan Selvadurai MBBS, FRACP, PhD
Resigned from the Board on 28 March 2015
Interest in contracts: NIL

Jane Elizabeth Bourke BSc (Hons), PhD
Appointed to the Board on 31 March 2012
Interest in contracts: NIL

Mark Richard O’Carroll BHB, MBchB, FRACP
Resigned from the Board on 6 August 2015
Interest in contracts: NIL

Matthew John Peters MD, FRACP
Appointed to the Board on 31 March 2012
Interest in contracts: NIL

Peter Gerard Gibson MBBS, FRACP, FThorSoc
Appointed to the Board on 5 April 2014
Interest in contracts: NIL

Peter Alexander Blanch Wark BMed, PhD, FRACP
Resigned from the Board on 28 March 2015
Interest in contracts: NIL

Peter Middleton MB BS (Hons), BSc(Med)(Hons), PhD, FRACP, FThorSoc
Appointed to the Board on 28 March 2015
Interest in contracts: NIL

Philip Michael Hansbro PhD
Appointed to the Board on 28 March 2015
Interest in contracts: NIL

Richard Wood-Baker MBBS, DM, FRACP, FRCP, MRCPI, MEd
Appointed to the Board on 29 March 2015
Interest in contracts: NIL

Richard Laing MB ChB(Otago), FRACP
Appointed to the Board on 6 August 2015
Interest in contracts: NIL

MEETINGS OF DIRECTORS

Seven meetings of directors were held in 2015.

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<th>Title</th>
<th>Name</th>
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<tr>
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<td>Dr</td>
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<tr>
<td>Prof</td>
<td>Richard Wood Baker</td>
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PRINCIPAL ACTIVITIES, OBJECTIVES, PERFORMANCE MEASURES AND STRATEGIES TO ACHIEVE OBJECTIVES

The principal activities of the Company during the financial year were to improve the knowledge and understanding of lung disease, to prevent respiratory illness through research and health promotion, and improving health care for people with respiratory disorders.

The Company's short-term objectives were to:

- promote the highest quality and standards of patient care
- develop and encourage application of knowledge about respiration and respiratory disease
- collaborate between all national organisations whose objectives are to improve the wellbeing of individuals with lung disease and to promote better lung health for the community
- meet the professional needs of the membership
- contribute to achieving the goal of a tobacco smoke free society.

The Company's long term objectives are to:

- support and develop the provision of excellent training in respiratory and lung health
- support and encourage innovative research in respiratory and lung health
- drive measurable improvements in public health and lower the impost costs of lung disease on the Australian economy.

To achieve these objectives the Company will adopt the strategies of working in partnership with its expert members and other stakeholders to identify key research and education goals and work towards implementing them. The company will advocate for increased resources and support of respiratory illness prevention and treatment and undertake fundraising and actively seek other funds to achieve these objectives.

TSANZ measures its performance through its financial performance, the success of the Annual Scientific Meeting, the provision of services and support to members, and funds directed to the principal activities.

MEMBERS GUARANTEE

The Company is registered under the Corporations Act 2001 and the Australian Charities and Not-for-profits Commission Act 2012, and is a company limited by guarantee. If the company is wound up, the constitution states that each member is required to contribute a maximum of $5.00 towards meeting any outstanding obligations of the company. At 31 December 2015, the collective liability of members was $7,745 (2014: $7,085).

AUDITOR’S INDEPENDENCE DECLARATION

A copy of the auditor’s independence declaration as required under section 60-40 of the Australian Charities and Not-for-profits Commission Act 2012 is set out at page 37.

Signed in accordance with a resolution of the Board of Directors:

Peter Gibson
Director/President

David Langton
Director/Treasurer

Dated in Sydney this 5th day of February 2016
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 60-40 of the Australian Charities and Not-for-profits Commission Act 2012, as auditor of The Thoracic Society of Australia and New Zealand Limited for the year ended 31 December 2015, I declare that, to the best of my knowledge and belief, there have been:

a) no contraventions of the auditor independence requirements of the Australian Charities and Not-for-profits Commission Act 2012 in relation to the audit; and

b) no contraventions of any applicable code of professional conduct in relation to the audit.

James Winter
Partner - Audit & Assurance

Sydney, 5 February 2016
Statement of Profit and Loss
For the Year Ended 31 December 2015

<table>
<thead>
<tr>
<th>Note</th>
<th>2015 ($)</th>
<th>2014 ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Revenue</td>
<td>2</td>
<td>2,437,621</td>
</tr>
<tr>
<td>Employee benefits expense</td>
<td>2</td>
<td>(418,206)</td>
</tr>
<tr>
<td>Depreciation and impairment expense</td>
<td></td>
<td>(40,243)</td>
</tr>
<tr>
<td>Grants/Awards expense</td>
<td></td>
<td>(395,241)</td>
</tr>
<tr>
<td>Administration expenses</td>
<td></td>
<td>(327,088)</td>
</tr>
<tr>
<td>ASM expenses</td>
<td></td>
<td>(950,893)</td>
</tr>
<tr>
<td>State Branch expense</td>
<td></td>
<td>(272,354)</td>
</tr>
<tr>
<td><strong>Surplus for the year</strong></td>
<td></td>
<td>33,596</td>
</tr>
<tr>
<td>Other comprehensive income</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Net change in fair value of available-for-sale financial assets</td>
<td></td>
<td>(54,916)</td>
</tr>
<tr>
<td><strong>Total comprehensive income for the year</strong></td>
<td></td>
<td>(21,320)</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 2015

The Statement of Financial Position should be read in conjunction with the accompanying notes to the financial report.

<table>
<thead>
<tr>
<th>Note</th>
<th>2015 ($)</th>
<th>2014 ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ASSETS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Current assets</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash and cash equivalents</td>
<td>3</td>
<td>1,170,521</td>
</tr>
<tr>
<td>Trade and other receivables</td>
<td>4</td>
<td>924,289</td>
</tr>
<tr>
<td>Other current assets</td>
<td>5</td>
<td>35,681</td>
</tr>
<tr>
<td><strong>Total current assets</strong></td>
<td></td>
<td>2,130,491</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>2,609,263</td>
</tr>
<tr>
<td>Plant and equipment</td>
<td>7</td>
<td>848,820</td>
</tr>
<tr>
<td>Other non-current assets</td>
<td>5</td>
<td>10,571</td>
</tr>
<tr>
<td><strong>Total non-current assets</strong></td>
<td></td>
<td>3,468,654</td>
</tr>
<tr>
<td><strong>TOTAL ASSETS</strong></td>
<td></td>
<td>5,599,145</td>
</tr>
<tr>
<td><strong>LIABILITIES</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Current liabilities</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trade and other payables</td>
<td>8</td>
<td>1,528,445</td>
</tr>
<tr>
<td>Provision for annual leave</td>
<td></td>
<td>17,666</td>
</tr>
<tr>
<td><strong>Total current liabilities</strong></td>
<td></td>
<td>1,546,111</td>
</tr>
<tr>
<td><strong>TOTAL LIABILITIES</strong></td>
<td></td>
<td>1,546,111</td>
</tr>
<tr>
<td><strong>NET ASSETS</strong></td>
<td></td>
<td>4,053,034</td>
</tr>
<tr>
<td><strong>FUNDS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Available for sale reserve</td>
<td></td>
<td>19,757</td>
</tr>
<tr>
<td>Awards reserve</td>
<td>9</td>
<td>1,815,750</td>
</tr>
<tr>
<td>Accumulated Funds</td>
<td></td>
<td>2,217,527</td>
</tr>
<tr>
<td><strong>TOTAL FUNDS</strong></td>
<td></td>
<td>4,053,034</td>
</tr>
</tbody>
</table>
### Statement of changes in equity
For the Year Ended 31 December 2015

<table>
<thead>
<tr>
<th>2014</th>
<th>Note</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 2014</strong></td>
<td></td>
<td>1,611,366</td>
<td>86,384</td>
<td>2,039,106</td>
<td>3,736,856</td>
</tr>
<tr>
<td>Surplus for the year</td>
<td></td>
<td>-</td>
<td>-</td>
<td>349,209</td>
<td>349,209</td>
</tr>
<tr>
<td>Other Comprehensive Income</td>
<td></td>
<td>-</td>
<td>(11,711)</td>
<td>-</td>
<td>(11,711)</td>
</tr>
<tr>
<td>Transfer from Accumulated Funds</td>
<td></td>
<td>247,964</td>
<td>-</td>
<td>(247,964)</td>
<td>-</td>
</tr>
<tr>
<td><strong>Balance at 31 December 2014</strong></td>
<td></td>
<td>1,859,330</td>
<td>74,673</td>
<td>2,140,351</td>
<td>4,074,354</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2015</th>
<th>Note</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 2015</strong></td>
<td></td>
<td>1,859,330</td>
<td>74,673</td>
<td>2,140,351</td>
<td>4,074,354</td>
</tr>
<tr>
<td>Surplus for the year</td>
<td></td>
<td>-</td>
<td>-</td>
<td>33,596</td>
<td>33,596</td>
</tr>
<tr>
<td>Other Comprehensive Income</td>
<td></td>
<td>-</td>
<td>(54,916)</td>
<td>-</td>
<td>(54,916)</td>
</tr>
<tr>
<td>Transfer from Accumulated Funds</td>
<td></td>
<td>(43,580)</td>
<td>-</td>
<td>43,580</td>
<td>-</td>
</tr>
<tr>
<td><strong>Balance at 31 December 2015</strong></td>
<td></td>
<td>1,815,750</td>
<td>19,757</td>
<td>2,217,527</td>
<td>4,053,034</td>
</tr>
</tbody>
</table>

The Statement of Changes in Equity should be read in conjunction with the accompanying notes to the financial report.
### Statement of cash flows
For the Year Ended 31 December 2015

<table>
<thead>
<tr>
<th>Note</th>
<th>2015 ($)</th>
<th>2014 ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Cash flows from operating activities</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Receipts from customers, members</td>
<td>2,366,753</td>
<td>2,809,537</td>
</tr>
<tr>
<td>Payments to suppliers and employees</td>
<td>(2,327,858)</td>
<td>(2,515,729)</td>
</tr>
<tr>
<td>Interest received</td>
<td>89,142</td>
<td>91,712</td>
</tr>
<tr>
<td>Dividends received</td>
<td>46,077</td>
<td>41,453</td>
</tr>
<tr>
<td><strong>Net cash provided by operating activities</strong></td>
<td>174,114</td>
<td>426,973</td>
</tr>
<tr>
<td><strong>Cash flows from investing activities</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Payments for purchase of plant and equipment</td>
<td>(82,282)</td>
<td>(31,099)</td>
</tr>
<tr>
<td>Acquisition of Financial Assets</td>
<td>(49,157)</td>
<td>(46,093)</td>
</tr>
<tr>
<td>Disposal of Financial Assets</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td><strong>Net cash (used)/provided by investing activities</strong></td>
<td>(131,439)</td>
<td>(77,192)</td>
</tr>
<tr>
<td><strong>Net (decrease)/increase in cash and cash equivalents</strong></td>
<td>42,675</td>
<td>349,781</td>
</tr>
<tr>
<td><strong>Cash and cash equivalents at the beginning of the year</strong></td>
<td>1,127,846</td>
<td>778,065</td>
</tr>
<tr>
<td><strong>Cash and cash equivalents at the end of the year</strong></td>
<td>1,170,521</td>
<td>1,127,846</td>
</tr>
</tbody>
</table>

The above 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 2015

The Thoracic Society of Australia and New Zealand Limited is a company limited by guarantee registered under the Corporations Act 2001 and 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 2015 was authorised for issue in accordance with a resolution of the responsible entities (the directors) on 5 February 2016.

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 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:

<table>
<thead>
<tr>
<th>Asset Type</th>
<th>Depreciation Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Buildings</td>
<td>2.50%</td>
</tr>
<tr>
<td>Office Equipment</td>
<td>20.00%</td>
</tr>
<tr>
<td>Computer Equipment</td>
<td>37.50%</td>
</tr>
</tbody>
</table>

**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 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. The company is also registered with the Australian Charities and Not-for-profits Commission.

(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 are medical students who satisfy the requirements of the Asthma & Airways Research Award, Peter Phelan, Janet Elder and other corporate sponsored awards and grants.

Note 2: Revenue, other income and expenses

<table>
<thead>
<tr>
<th></th>
<th>2015 ($)</th>
<th>2014 ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td>(a) Revenue and Other Income</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Members’ subscriptions</td>
<td>391,417</td>
<td>355,519</td>
</tr>
<tr>
<td>Revenue from ASM receipts</td>
<td>1,178,175</td>
<td>1,308,764</td>
</tr>
<tr>
<td>Revenue from grants, awards sponsors and other activities</td>
<td>698,491</td>
<td>859,046</td>
</tr>
<tr>
<td>Investment Interest and Dividends</td>
<td>127,725</td>
<td>133,165</td>
</tr>
<tr>
<td>Realised gain (loss) on disposal of investments</td>
<td>16,397</td>
<td>7,133</td>
</tr>
<tr>
<td>Bank Interest</td>
<td>7,494</td>
<td>9,977</td>
</tr>
<tr>
<td>Franking credits receivable</td>
<td>15,802</td>
<td>16,317</td>
</tr>
<tr>
<td>Bequeathed Funds</td>
<td>2,120</td>
<td>-</td>
</tr>
<tr>
<td>Donations</td>
<td>-</td>
<td>1,761</td>
</tr>
<tr>
<td><strong>Total Revenue</strong></td>
<td>2,437,621</td>
<td>2,691,682</td>
</tr>
<tr>
<td>(b) Expenses</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ASM Expenses</td>
<td>(950,893)</td>
<td>(1,041,816)</td>
</tr>
<tr>
<td>(c) Employee benefits expense</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wages and Salaries</td>
<td>(350,104)</td>
<td>(251,991)</td>
</tr>
<tr>
<td>Agency Temp staff</td>
<td>(2,034)</td>
<td>(22,750)</td>
</tr>
<tr>
<td>Workers Compensation</td>
<td>(1,059)</td>
<td>(1,134)</td>
</tr>
<tr>
<td>Recruitment</td>
<td>(23,956)</td>
<td>(17,984)</td>
</tr>
<tr>
<td>Superannuation</td>
<td>(33,009)</td>
<td>(23,127)</td>
</tr>
<tr>
<td>Movement in employee provision</td>
<td>(7,573)</td>
<td>(5,850)</td>
</tr>
<tr>
<td>Salaries – Other</td>
<td>(471)</td>
<td>-</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>(418,206)</td>
<td>(322,836)</td>
</tr>
</tbody>
</table>
Note 3: Cash and Cash Equivalents

<table>
<thead>
<tr>
<th></th>
<th>2015 ($)</th>
<th>2014 ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Current</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash on hand</td>
<td>250</td>
<td>250</td>
</tr>
<tr>
<td><strong>Cash at bank</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>General account</td>
<td>88,505</td>
<td>225,818</td>
</tr>
<tr>
<td>Short term deposit</td>
<td>-</td>
<td>100,000</td>
</tr>
<tr>
<td>CBA Peter Phelan account</td>
<td>31,669</td>
<td>25,518</td>
</tr>
<tr>
<td>Australian Severe Asthma</td>
<td>267,754</td>
<td>270,729</td>
</tr>
<tr>
<td>Asthma &amp; Airways</td>
<td>27,916</td>
<td>49,808</td>
</tr>
<tr>
<td>ASM Conference 2016 account /TSANZ ANZ Account</td>
<td>266,582</td>
<td>-</td>
</tr>
<tr>
<td>ASM Conference 2015 account</td>
<td>-</td>
<td>144,089</td>
</tr>
<tr>
<td>Benevolent Funds`</td>
<td>6,727</td>
<td>4,443</td>
</tr>
<tr>
<td>Business online saver account</td>
<td>382,194</td>
<td>225,799</td>
</tr>
<tr>
<td>NZ Branch Business Saver</td>
<td>7,494</td>
<td>8,009</td>
</tr>
<tr>
<td>Suncorp</td>
<td>91,430</td>
<td>73,383</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>1,170,521</td>
<td>1,127,846</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></th>
<th>2015 ($)</th>
<th>2014 ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>534,336</td>
<td>414,818</td>
</tr>
</tbody>
</table>

Note 4: Trade and other receivables

<table>
<thead>
<tr>
<th></th>
<th>2015 ($)</th>
<th>2014 ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Current</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trade debtors</td>
<td>299,307</td>
<td>170,944</td>
</tr>
<tr>
<td>Allowance for doubtful debts</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>ASM trade debtors and other receivables</td>
<td>501,805</td>
<td>396,370</td>
</tr>
<tr>
<td>Franking Credits receivable from ATO</td>
<td>25,940</td>
<td>10,138</td>
</tr>
<tr>
<td>Accrued income</td>
<td>24,154</td>
<td>35,722</td>
</tr>
<tr>
<td>Other</td>
<td>73,083</td>
<td>16,417</td>
</tr>
<tr>
<td><strong>Total current trade and other receivables</strong></td>
<td>924,289</td>
<td>629,591</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>2015 ($)</th>
<th>2014 ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Current</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prepayments – TSANZ 2015 ASM</td>
<td>-</td>
<td>234,138</td>
</tr>
<tr>
<td>Prepayments – TSANZ 2016 ASM</td>
<td>35,681</td>
<td>-</td>
</tr>
<tr>
<td></td>
<td>35,681</td>
<td>234,138</td>
</tr>
<tr>
<td><strong>Non-Current</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prepayments – TSANZ 2017 ASM</td>
<td>7,971</td>
<td>-</td>
</tr>
<tr>
<td>Trademark</td>
<td>2,600</td>
<td>2,600</td>
</tr>
<tr>
<td></td>
<td>10,571</td>
<td>2,600</td>
</tr>
</tbody>
</table>

### Note 6: Other Financial Assets

<table>
<thead>
<tr>
<th></th>
<th>2015 ($)</th>
<th>2014 ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Term Deposits held to maturity</td>
<td>1,320,000</td>
<td>1,320,000</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>-UBS Investments</td>
<td>-</td>
<td>1,277,905</td>
</tr>
<tr>
<td>-MS Investments</td>
<td>1,289,263</td>
<td>-</td>
</tr>
<tr>
<td>Total financial assets</td>
<td>2,609,263</td>
<td>2,597,905</td>
</tr>
</tbody>
</table>

### Note 7: Property Plant and Equipment

<table>
<thead>
<tr>
<th></th>
<th>2015 ($)</th>
<th>2014 ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Buildings and improvements</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>At cost</td>
<td>850,282</td>
<td>850,282</td>
</tr>
<tr>
<td>Less accumulated depreciation</td>
<td>(110,737)</td>
<td>(89,480)</td>
</tr>
<tr>
<td></td>
<td>739,545</td>
<td>760,802</td>
</tr>
<tr>
<td><strong>Furniture and fittings</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>At cost</td>
<td>20,569</td>
<td>19,050</td>
</tr>
<tr>
<td>Less accumulated depreciation</td>
<td>(18,823)</td>
<td>(15,127)</td>
</tr>
<tr>
<td></td>
<td>1,746</td>
<td>3,923</td>
</tr>
<tr>
<td><strong>Office equipment</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>At cost</td>
<td>172,044</td>
<td>99,792</td>
</tr>
<tr>
<td>Less accumulated depreciation</td>
<td>(64,516)</td>
<td>(57,736)</td>
</tr>
<tr>
<td></td>
<td>107,528</td>
<td>42,056</td>
</tr>
<tr>
<td></td>
<td>848,820</td>
<td>806,781</td>
</tr>
</tbody>
</table>
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>2015 ($)</th>
<th>2014 ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Balance at the beginning of the year</td>
<td>806,781</td>
<td>812,345</td>
</tr>
<tr>
<td>Additions</td>
<td>82,282</td>
<td>31,099</td>
</tr>
<tr>
<td><strong>Disposals</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Depreciation expense</td>
<td>(40,243)</td>
<td>(36,663)</td>
</tr>
<tr>
<td>Carrying amount at the end of the year</td>
<td>848,820</td>
<td>806,781</td>
</tr>
</tbody>
</table>

**Note 8: Trade and Other Payables**

<table>
<thead>
<tr>
<th></th>
<th>2015 ($)</th>
<th>2014 ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trade Payables</td>
<td>117,822</td>
<td>112,956</td>
</tr>
<tr>
<td>GST Payable</td>
<td>117,377</td>
<td>82,124</td>
</tr>
<tr>
<td>Unspent ASANP Funds</td>
<td>317,754</td>
<td>362,729</td>
</tr>
<tr>
<td>Membership in advance 2015</td>
<td>-</td>
<td>91,663</td>
</tr>
<tr>
<td>Membership in advance 2016</td>
<td>246,754</td>
<td>-</td>
</tr>
<tr>
<td>Income in advance – 2015 ASM</td>
<td>-</td>
<td>583,542</td>
</tr>
<tr>
<td>Income in advance – 2016 ASM</td>
<td>614,889</td>
<td>-</td>
</tr>
<tr>
<td>Accrued Expenses</td>
<td>7,553</td>
<td>-</td>
</tr>
<tr>
<td>Company Contribution</td>
<td>7,745</td>
<td>7,085</td>
</tr>
<tr>
<td>Other Payables</td>
<td>98,551</td>
<td>57,303</td>
</tr>
<tr>
<td></td>
<td>1,528,445</td>
<td>1,297,402</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>2015 ($)</th>
<th>2014 ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asthma &amp; Airways Research Award</td>
<td>832,994</td>
<td>854,886</td>
</tr>
<tr>
<td>Janet Elder Travel Award</td>
<td>400,505</td>
<td>394,027</td>
</tr>
<tr>
<td>Peter Phelan Travel Award</td>
<td>261,669</td>
<td>255,517</td>
</tr>
<tr>
<td>Other research grants and awards</td>
<td>320,582</td>
<td>354,900</td>
</tr>
<tr>
<td><strong>Closing at the end of the year</strong></td>
<td>1,815,750</td>
<td>1,859,330</td>
</tr>
</tbody>
</table>
Note 10: Related Party Transactions

Key Management Personnel Compensation

Key management personnel 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.

Key Management Personnel (KMP) have been taken to comprise the directors and the members of the executive management responsible for the day to day financial and operational management of the Company. Directors who acted for the Company during the financial year are listed in the directors' report. Directors act in an honorary capacity and receive no compensation for their services.

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></th>
<th>2015 ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Directors</td>
<td>-</td>
</tr>
<tr>
<td>Key management personnel (other than Directors)</td>
<td>163,868</td>
</tr>
<tr>
<td>Total Key Management Personnel Compensation</td>
<td>163,868</td>
</tr>
</tbody>
</table>

Note 11: Cash Flow Information

Reconciliation of Net cash provided by operating activities with surplus:

<table>
<thead>
<tr>
<th></th>
<th>2015 ($)</th>
<th>2014 ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Surplus for the year</td>
<td>33,596</td>
<td>349,209</td>
</tr>
<tr>
<td>Depreciation</td>
<td>40,243</td>
<td>36,663</td>
</tr>
<tr>
<td>Gain on financial assets</td>
<td>(17,117)</td>
<td>(7,133)</td>
</tr>
<tr>
<td><strong>Changes in operating assets and liabilities</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Decrease in trade receivables and other assets</td>
<td>(104,212)</td>
<td>(9,059)</td>
</tr>
<tr>
<td>Increase/(Decrease) in trade payables and accruals</td>
<td>231,043</td>
<td>68,782</td>
</tr>
<tr>
<td>(Decrease)/Increase in provisions</td>
<td>(9,439)</td>
<td>(11,489)</td>
</tr>
<tr>
<td><strong>Net cash provided by operating activities</strong></td>
<td>174,114</td>
<td>426,973</td>
</tr>
</tbody>
</table>
Note 12: Lease Commitments

Non-cancellable lease payments

<table>
<thead>
<tr>
<th></th>
<th>2015 ($)</th>
<th>2014 ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not later than one year</td>
<td>23,361</td>
<td>-</td>
</tr>
<tr>
<td>Later than one year but not later than 5 years</td>
<td>42,829</td>
<td>-</td>
</tr>
<tr>
<td></td>
<td>66,190</td>
<td>-</td>
</tr>
</tbody>
</table>

Note 13: Subsequent Events

Nil

Note 14: Company Details

The registered office of the Company is:
The Thoracic Society of Australia and New Zealand Limited
GPO Box 1491
Sydney NSW 2001

The principal place of business is:
The Thoracic Society of Australia and New Zealand Limited
Suite 405, Level 4
5 Hunter St
Sydney NSW 2000

Note 15: Contingent Liabilities

This company has entered into a memorandum of understanding with The Thoracic Society of Australia and New Zealand (NZ) 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 (NZ).
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 2015 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.

Peter Gibson
Director/President

David Langton
Director/Treasurer

Dated in Sydney this 5th day of February 2016
Independent Auditor’s Report

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

We have audited the accompanying financial report of The Thoracic Society of Australia and New Zealand Limited (the “Company”), which comprises the statement of financial position as at 31 December 2015, the statement of profit and loss and comprehensive income, statement of changes in equity and statement of cash flows for the year then ended, notes comprising a summary of significant accounting policies and other explanatory information, and the Responsible Entities’ declaration of the company.

Responsible Entities’ responsibility for the financial report
The Responsible Entities of the Company are responsible for the preparation of the financial report that gives a true and fair view in accordance with Australian Accounting Standards- Reduced Disclosure Requirements and the Australian Charities and Not-for-profits Commission Act 2012. The Responsible Entities’ responsibility also includes such internal control as the Responsible Entities determine is necessary to enable the preparation of the financial report that gives a true and fair view and is free from material misstatement, whether due to fraud or error.

Auditor’s responsibility
Our responsibility is to express an opinion on the financial report based on our audit. We conducted our audit in accordance with Australian Auditing Standards. Those standards require us to comply with relevant ethical requirements relating to audit engagements and plan and perform the audit to obtain reasonable assurance whether the financial report is free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial report. The procedures selected depend on the auditor’s judgement, including the assessment of the risks of material misstatement of the financial report, whether due to fraud or error.

Grant Thornton Australia Limited ABN 41 127 556 389

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Liability limited by a scheme approved under Professional Standards Legislation. Liability is limited in those States where a current scheme applies.
In making those risk assessments, the auditor considers internal control relevant to the Company’s preparation of the financial report that gives a true and fair view 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 Company’s internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by the Responsible Entities, as well as evaluating the overall presentation of the financial report.

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

**Independence**

In conducting our audit, we have complied with the independence requirements of the Accounting Professional and Ethical Standards Board and the Australian Charities and Not-for-profits Commission Act 2012.

**Auditor’s opinion**

In our opinion, the financial report of The Thoracic Society of Australia and New Zealand Limited is in accordance with the Australian Charities and Not-for-profits Commission Act 2012, including:

a) giving a true and fair view of the Company’s financial position as at 31 December 2015 and of its performance for the 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.

GRANT THORNTON AUDIT PTY LTD
Chartered Accountants

James Winter
Partner - Audit & Assurance

Sydney, 5 February 2016