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Mission

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

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

To achieve these aims, the Society promotes the:
- highest quality and standards of patient care;
- development and application of knowledge about respiratory health and disease;
- highest quality air standards including a tobacco smoke free society and effective regulation of novel nicotine delivery systems;
- collaboration between all national organisations whose objects are to improve the wellbeing of individuals with lung disease and to promote better lung health for the community;
- professional and collegiate needs of the Membership.

2016 HIGHLIGHTS

- New laboratory accreditation manual
- Increase in awards funding under administration
- Research partnership: Lungs for Life
2016 President’s Report

We also reviewed and launched a new twelve labs achieving accreditation. The Laboratory Accreditation Program had another busy year with activity in the research arena. So our thanks also go to our members nearly 200 applications for funding, the Education & Training Sub-Committee and the Lungs for Life Management Committee. In 2016 we managed the provision of continuing education to members was boosted in 2016, and, in addition to the ASM, members were served with a rich variety of branch events as well as the NZ Lung Cancer Conference, the NZ Pleural Procedures Course and the OELD Short Course on Occupational Lung Disease. A number of courses also received TSANZ endorsement. The design and delivery of educational courses represents a significant amount of work for course delivery and for the Education & Training Sub-Committee in reviewing the programs and processes. In 2017, the proposed education program is even bigger than 2016 and we thank all our members who have been so proactive in this area.

The Laboratory Accreditation Program had another busy year with twelve labs achieving accreditation. We also reviewed and launched a new version of the accreditation manual, updated our processes to include branch sites, and provided assessor training at the 2016 ASM (which will take place again in 2017). Work commenced in late 2016 on the development of a pilot for online training for accreditation assessors. The Board would like to thank all the members of the Professional Standards Sub-Committee and the Laboratory Accreditation Committee. In particular, we acknowledge the significant work that the laboratories put into the accreditation process. We also would like to express our gratitude to Prof John Wheatley for his leadership of the accreditation program in 2016.

2016 saw TSANZ publish three clinical guidelines in Respirology and ERS Respiratory Worldwide: ‘Physiotherapy for Cystic Fibrosis’, the ‘Bronchiectasis Toolbox’, and the ‘Pleural Ultrasound Competency’. The development of clinical guidelines and position papers is a core part of TSANZ activities and is delivered entirely through the voluntary efforts of the guidelines teams supported by the Clinical Care & Resources Sub-Committee. In 2016 we implemented dissemination plans with our guidelines which resulted in terrific feedback from clinical providers telling us how the guidelines had influenced practice. Our sincere gratitude to all involved for their commitment to presenting clinical evidence and for promoting best practice.

The development of clinical guidelines and the ‘Pleural Ultrasound Competency’, the ‘Bronchiectasis Toolbox’, and of course the MBS review. Our work in both of these areas is continuing, and our focus will continue to be on providing best practice care to patients.

During 2016 TSANZ embarked on a range of advocacy projects. Perhaps the most high profile being the re-emergence of Coal Workers Pneumoconiosis in QLD, and of course the MBS review. Our work in both of these areas is continuing, and our focus will continue to be on providing best practice care to patients.

Our staff team has also experienced some restructuring during the year. We bade farewell to Marissa Tintowo and Michelle Breen and welcomed Georgia Lowe (Membership Coordinator), Nicole Hatten (Part-Time Continuing Education Coordinator) and Sarah Newton-John (Laboratory Accreditation and Administration).

TSANZ is driven by the power of our members and 2016 saw an estimated 200 members taking on formal volunteer roles. It is worth acknowledging the work of our branch executive teams and SIG convenors, as these are the people who really go above and beyond to meet members’ needs.

Five of our Board members are completing their first term in 2017 and nominations for Board positions opened in late 2016. As I finish my term as President of TSANZ, I would like to extend my thanks to all our members for their dedication to the work of respiratory health and research. TSANZ is a vital, growing and influential society because of the commitment of our members. I have very much enjoyed my time as President, and would like to thank the board members during 2015 and 2016 for their support, their questioning, and their hard work. I also want to acknowledge the work of our staff team in managing the day to day operations of TSANZ very effectively, and for providing the assistance that they give to member activities.

I look forward to Prof Allan Glanville taking the reins as President in 2017 and extend to him my sincere best wishes and support.

TSANZ - FINANCIAL HIGHLIGHTS

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Governance – Board of Directors

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

**Professor Allan Glanville**  
*President Elect*  
Prof Glanville is Conjoint Professor of Medicine UNSW and holds current positions on the Editorial Board American Journal of Respiratory and Critical Care Medicine, American Journal of Transplantation, the Journal of Heart and Lung Transplantation and Seminars in Respiratory and Critical Care Medicine. Former positions include Past President of the International Society for Heart and Lung Transplantation and Chair of the European and Australian Investigators in Lung Transplantation. His research interests include chronic lung allograft dysfunction and translational aspects of the respiratory virome.

**Clinical Associate Professor Peter Middleton**  
*Treasurer, Chair of the Finance, Risk and Audit Sub-Committee*  
Clinical Prof Middleton is a Senior Staff Specialist in Respiratory & Sleep Medicine and CF Centre Director at Westmead Hospital, and Clinical Associate Professor at Sydney Medical School. He runs a large clinic caring for patients with CF and non-CF bronchiectasis, and is involved in scientific and clinical studies of new treatments. He leads the only diagnostic service in Australia which provides nasal potential difference and mucociliary clearance testing for assessment of patients with bronchiectasis. He is a member of the European CF Society Diagnostic Network and is also the European Respiratory Society delegate for Australia.

**Dr Denise O’Driscoll**  
*Director, Secretary of the TSANZ Board, TSANZ Representative on the TSANZSRS Conference Committee*  
Dr O’Driscoll is the Chief Sleep Scientist at the Department of Respiratory and Sleep Medicine at Eastern Health, Victoria and an Adjunct Senior Research Fellow at Monash University. She has previously served as a member of the TSANZ Research Sub-Committee for five years, disbursing grants and fellowships including the annual YIA. She is a strong advocate for early and mid-career research funding and clinical education for Respiratory & Sleep Advanced Trainees. Her main research interests are in the cardio-metabolic consequences of sleep disordered breathing. Dr O’Driscoll has worked in the field of Respiratory and Sleep Medicine for 20 years.

**Professor Anne Holland**  
*Director, Chair of the Clinical Care and Resources Sub-Committee*  
Prof Holland is the Clinical Chair in Physiotherapy at Alfred Health in Melbourne, a joint appointment with La Trobe University. Prof Holland leads a research program that investigates new models of pulmonary rehabilitation to improve access and uptake, including use of novel technologies and the expansion of rehabilitation to new patient groups. She has a strong interest in translation of research findings into practice and has chaired a number of national and international clinical guideline committees.

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

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

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

Dr John McLachlan  
**Director, Branch President**  
Dr McLachlan is a clinician in full time public practice with a main focus in Physiology & Sleep medicine. He is the head of the Pulmonary Physiology & Sleep Centre at the Fiona Stanley Hospital in Perth WA, having moved from NZ, and initially South Africa where he trained in General and Respiratory & Sleep Medicine. Dr McLachlan has served the TSANZ in several capacities: CCRS Member (2001-5), NZ Executive member (2003-4), Secretary/Treasurer (2005-2010), TSANZ Executive & Chair CCRS (2008 - 2011). In Perth Dr McLachlan has also been on the WA Executive Committee as an Executive Member (2011-12), Treasurer (2013-14) & President (2015-).

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

Professor Hubertus Jersmann  
**Director, TSANZ Board Representative on RACP Specialty Training Committee, RACP Education Liaison**  
Prof Jersmann is coordinator of clinical teaching, years 4-6, at the University of Adelaide Medical School. He is an examiner for the RACP and a member of the Specialist Training Committee (STC) Respiratory & Sleep and until recently served on the TSANZ Education & Training Sub-Committee. He practices Respiratory & Sleep Medicine at the Royal Adelaide and Alice Springs Hospitals. His special interest is interventional pulmonology. His research interests are in the immunopathology of lung macrophages and epithelia in COPD and lung cancer. Prof Jersmann is passionate about the impact of air quality on health.
TSANZ has been highly active on the advocacy and policy front in 2016, with 17 policy submissions, most prominently the MBS Review, the enquiry into Coal Workers Pneumoconiosis, silicosis associated with artificial stone products, and our proactive investigation into the national lack of Paediatric Advanced Trainee funded positions.

We have endorsed, consulted on, and produced a significant number of guidelines and position papers. This has kept the Clinical Care & Resources Sub-Committee very active in 2016.

Membership is up from 2015, our total active members numbering 1,449. The membership has kept the TSANZ Board busy, endorsing 70 new members into the fold for 2016. Already our 2017 renewal rate looks very promising and we are anticipating further growth in the 2017 year.

This year we ran several new courses including the NZ Lung Cancer Conference, the Occupational Lung Disease Short Course and the Pleural Procedures & Bronchoscopy Course in New Zealand. We also finalised our TSANZ Course Endorsement Policy and have reviewed and endorsed several courses. There are a number of courses currently in the works for the 2017, including the new Post-Graduate Courses at the ASM.

Sincere thanks to our industrious branch executives who have staged over 35 branch events in 2016, with more than 1,650 participants. The 2016 TSANZ ASM once again enjoyed a high level of attendance with approximately 50% of our members participating.

The monthly research publication, the Research Roundup newsletter, was also a 2016 initiative, keeping TSANZ members abreast of current news and exciting developments in respiratory and sleep research. Also on the research front TSANZ established a research fundraising partnership with LFA called Lungs for Life.

In addition to undertaking a large number of accreditations in 2016, the Laboratory Accreditation Committee also reviewed the laboratory accreditation process and produced a new laboratory accreditation program manual.

We have seen some staff changes in 2016 with the departure of Michelle Breen and Marissa Tintowa and the addition of new staff in Georgia Lowe (Membership Coordinator), Nicole Hatten (Continuing Education) and Sarah Newton-John (Laboratory Accreditation and Administration). The staff team is lean and hard working and their efforts to support the members to achieve the TSANZ aims is much appreciated. As always we encourage members to contact staff to discuss any issues or ideas relating to TSANZ activities.

It has been my great pleasure to work with the Board of TSANZ again in 2016 and I look forward to an even more successful 2017 as we continue to prioritise meeting our members’ professional needs.
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 respiratory 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 respiratory 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 2016 was the publication of TSANZ clinical documents: ‘Physiotherapy for Cystic Fibrosis Guidelines’, the ‘Bronchiectasis Toolbox’, and the ‘Pleural Ultrasound Competency’.

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

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

- Gastroenterology Society update to ‘Infection Control and Endoscopy Guidelines’
- Cancer Council’s ‘Lung Cancer: Prevention and Detection’ Wiki page
- NSW Health Infrastructure Australian Health Facility Guidelines on ‘Management of Bronchoscopy’
- Agency for Clinical Innovation Guidelines
- Continued review and feedback on COPDX V2.

During 2016 the TSANZ acted as the primary custodian for the ‘Nutrition Guidelines for Cystic Fibrosis in Australia and New Zealand’ project which is currently in development as an NHMRC guideline. The TSANZ managed the public consultation process in line with NHMRC requirements. The CCRS also responded to the NHMRC consultation on the production and publication of trustworthy clinical practice guidelines in Australia.

In 2016, the CCRS reviewed a number of clinical documents for endorsement by the TSANZ Board, including

- Transplantation Society of ANZ Clinical Guidelines for Organ Transplantation from Deceased Donors
- Paediatric Research in Emergency Departments International Collaborative (PREDICT) Australasian Bronchiolitis Guideline
- National Asthma Council Asthma Handbook
- LFA/TSANZ ANZ Pulmonary Rehabilitation Guidelines

Members:
- Anne Holland (Chair)
- Lata Jayaram (General representative)
- Lutz Beckert (General representative)
- Narelle Cox (Paediatrics representative)
- Jack Dummer (NZ representative)
- Sumit Mehra (Associate representative)
Professional Standards Sub-Committee (PSS)

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

The main achievement in 2016 has been the ongoing management of the Laboratory Accreditation Program, including the publication of the revised program manual with 2016 standards. 24 active panels of accreditation assessors in 2016 saw 12 laboratories accredited, with an additional 12 progressing through various stages of the process in 2017. The other major achievement is the finalising and acceptance of the professional code of conduct document written by Theodora Ahilas.

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 the assessment of applications for accreditation. It is a high level time-consuming commitment that without which the program would be unable to function without the addition of high costs to laboratories.

Members:
Bruce Thompson (Chair)
John Wheatley (Deputy Chair, medical representative, Chair of the Laboratory Accreditation Committee)
Theodora Ahilas (Legal Representative)
Mark Juresivic (Scientific Representative)
Edmund Lau (Medical Representative)
Philip Masel (Scientific Representative)
Liam Welsh (Scientific Representative)

Education and Training Sub-Committee (ETS)

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.

Main achievement in 2016 was was the development of the new policy on ‘Endorsement of Training Courses and Resources’ which led to the delivery of the well-attended and well received Occupational and Environmental Lung Diseases (OELD) Short Course held in Sydney in August 2016. Topics included Asbestos and associated non-malignant conditions, Silicosis, CWP and pneumoconiosis. As expected, the course received great feedback indicating the high quality of the speakers and the likelihood attendees would attend the course again. Another course following OELD was the oversubscribed Pleural Procedures and Bronchoscopy Course held in Auckland in December 2016. The first day of the workshop was dedicated to Pleural Ultrasound and included a significant practical component using state of the art machines on patient volunteers. The second day focused on Bronchoscopy and included sessions on airway anatomy, EBUS needle and sheath and basic bronchoscopic techniques. The course received positive feedback with 100% of Evaluation Survey respondents indicating they would recommend the course to colleagues.

Another major focus of the ETS in 2016 has been planning for the next Advanced Trainee Course to be delivered at the ASM. Following a highly successful course in 2016 focused on pleural evaluation, the ETS have planned a fantastic event for 2017 on respiratory physiology. The ETS is also working hard on the upcoming launch of the Thoracic Ultrasound Recognition of Competency Program at the 2017 ASM.

We would like to welcome the following members to ETS: Chien-Li Holmes-Liew, Annemarie Lee, Paula Johnson and David Langton. These appointments follow the departure of Hubertus Jersmann as Chair, Suresh Sadasivam, Subash Srikantha, Nick Wilsmore, Jeremy Wrobel. Thank you to all members for their contributions to the ETS during their time. We wish Hubertus well in his new role as a TSANZ Board representative.

Members:
Claire Wainwright (Chair and medical representative)
David Fielding (Medical representative)
Chien-Li Holmes-Liew (Medical representative)
Anastasia Hutchinson (Nurse representative)
Paula Johnson (Academia representative)
Ben Kwan (Medical representative)
David Langton (Medical representative)
Annemarie Lee (Physiotherapy representative)
Paul Leong (Advanced Trainee representative)
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 2016: The TSANZ has continued to be the leading provider of research grants and awards, offering nearly one million dollars in grants. The growing Research Management portfolio resulted in the Research Sub-Committee reviewing nearly 200 competitive and high quality research applications submitted by researchers across Australia and New Zealand. To accommodate this, the Research Sub-Committee has grown from seven to twelve members.

This report acknowledges the commitment and dedication of each member in supporting the society's vision in fostering high quality research, and for the achievements in 2016.

In 2016, TSANZ continued to make new industry links and develop partnerships with research institutions and sponsors. The first Research Roundup was released in early 2016, a monthly newsletter in partnership with the limbic to bring research news directly to our members inboxes.

TSANZ has continued to encourage public and government support of medical research, and in 2016 responded to the Medical Research Future Fund and NHMRC Structural Review public consultation.

However, the highlight of 2016 was the establishment of a joint strategic project between TSANZ and Lung Foundation Australia named ‘Lungs for Life’. This bold pursuit to improve lung health is focused on increasing respiratory research support, and aims to improve lives today and work for tomorrow’s cure.

Members:
- Phil Hansbro (Chair and basic, clinical and translational research)
- Greg King (Co-Chair and clinical and translational research)
- Graeme Zosky (Basic science research)
- Anthony Kicic (Basic science research)
- Ross Vlahos (Basic science research)
- Li Ping Chung (Clinical and translational research)
- Christian Osadnik (Clinical research)

Appointed 2016 ASM
Debbie Yates (Clinical and translational research)
Graham Hall (Clinical and translational research)

Darryl Knight (Basic and translational research)
Sandra Orgeig (Basic science research)
Anne Chang (Clinical and translational research)

Steped down 2016 ASM
Greg Hodge (Clinical and translational research)
Joerg Mattes (Basic, clinical and translational research)
New South Wales / Australian Capital Territory (NSW/ACT)

Activities and Highlights in 2016:

The NSW Branch once again enjoyed a successful year focused on member education.

We continue to hold four branch meetings a year and it’s great to see the collegiate atmosphere at these events. We kicked off the year with Prof Michael Boyer and an overview of the development of lung cancer therapeutics with a focus on immunotherapies. Our second meeting saw Prof Ben Marais speaking on tuberculosis and in August we heard from Prof Ron Grunstein with his thoughts on the future of sleep medicine. Dr Ryan Hoy from Melbourne presented on occupational interstitial lung diseases at our final meeting in November.

The last weekend of April saw the third iteration of the Masters of Respiratory weekend in Terrigal which continues to be run by Branch Secretary Paul Hamor. This event has a rotating curriculum focused on the advanced trainees and has become an essential item on their calendar.

The annual combined Respiratory Nurses Interest Group and TSANZ Thoracic Clinical Update was held at the Woolcock on Friday October 14, this year combined in a new format with our branch Annual Scientific Meeting. There were combined plenaries on asthma, sleep and interstitial lung disease in the morning. The Tracey Robinson award for best advanced trainee presentation was also held as a combined session. The ASM held poster sessions and oral presentations in three separate streams whilst the education day saw talks on lung transplantation from Prof Allan Glanville, and psychology in respiratory medicine by Dr Ester Klimkeit. Dr Jimmy Chien and A/Prof Greg King held an oxygen workshop in the afternoon focused on the new TSANZ guidelines.

The Branch continues to be indebted to A/Prof Tara Mackenzie for the amazing hard work and energy that she puts into the running of recruitment for advanced trainee positions. On behalf of the Branch Executive and Heads of Departments I thank her for this.

This year A/Prof Jonathan Rutland finishes as Past President. Whilst Jonathan continues on as executive member, Dr Tamera Corte, who has given the executive over six years of excellent service, and Dr Greg Katsoulous are stepping down. We are all delighted that A/Prof Lucy Morgan now becomes the President Elect.

I would like to thank all the Branch Executive members for their efforts over the last year, in particular Brian Oliver as Treasurer, and Paul Hamor as Secretary. It has been a privilege to work together with colleagues who are willing to give up their time for the society.

Queensland (QLD)

Activities and Highlights in 2016:

2016 has been another successful year with continued good attendance at our educational events.

The Winter Meeting, held in the stunning surrounds of the Lamington National Park, was dedicated to COPD. We were delighted to have el presidente Prof Peter Gibson and interventional superstar Prof Felix Herth as guest speakers alongside our excellent resident experts. The event was well attended by physicians, trainees, scientists, nurses and allied health colleagues. The Physiology Day theme was ‘Respiratory, Anaesthetic and Intensive Care Interface’, a fertile ground for basic and applied physiology. We were mentored by a panel of experts (Drs Ivan Rapchuk, Khoa Tran, Chris Joyce and Michelle Murphy) and enjoyed eight well-prepared and presented talks by the first-year advanced trainees.

We warmly appreciate the hard work and effort from Michelle Murphy, Justine Gibson and Carl Pahoff, in organising the regular inter-hospital dinner meetings throughout the year. 2017 will see some changes to the schedule, bringing the Trainee Abstract Presentations under the umbrella of the Inter-hospital Dinner Meetings, and incorporating the Annual General Meeting into the Winter Meeting.

I am indebted to Dr Steven Leong for his hard work and organisational skills with respect to the running of the branch, Michael Putt and Shiv Erigadoo for their help and advice as immediate past President and Secretary respectively, the wonderful team at TSANZ Central Office, and of course to the branch members for their continued support. We look forward to an exciting 2017.
South Australia / Northern Territory (SA/NT)

Activities and Highlights in 2016:

2016 was a year of great sadness for the SA/NT Branch with the passing of Dr Karen Latimer and Prof Nick Antic. Dr Latimer made major contributions to Flinders Medical Centre throughout her career and is remembered by her colleagues and friends as a generous and enthusiastic teacher with a personality full of good humour. More recently, the year closed with the news of Prof Nick Antic’s passing. Family and friends, many who flew in to Adelaide, attended his memorial service where his outstanding achievements to the field of Sleep Medicine were highlighted. However, we most fondly remembered his razor-sharp wit and intellect, passion for life and his ability to engage with people from all walks of life with his entertaining banter and humour. They will be sorely missed by all who were fortunate enough to know them.

At the 2016 national ASM, there were many notable achievements from SA/NT members. Dr Kristin Carson won the prestigious Ann Woolcock YIA. Other award winners included Dr Miranda Ween, Prof Sandra Hodge, Dr Hai Tran, Ms Zoe Kopsaftis and of course Prof Peter Frith who was recipient of the 50th Anniversary Medal. Locally, branch events were again well attended with the SA/NT ASM welcoming Prof Donald Campbell who took us on a trip down memory lane and then into the future of healthcare. Dr Carissa Yap won the advanced trainee presentations and Dr Michelle Tan the local YIA.

I would like to thank Dr Aeneas Yeo for all his hard work and dedication to the local branch as he now steps into his immediate past president role. We look forward to 2017, with planning for the national TSANZ/ANZSRS ASM already underway for 2018 in Adelaide.

Phan Nguyen
- President

Tasmania (TAS)

Activities and Highlights in 2016:

The TAS Branch held its Annual Scientific Meeting in November 2016, with 20 delegates attending the White Sands Resort, on the East Coast of Tasmania.

The meeting featured guest speaker Prof Anne Holland from Victoria, who presented on the role of physiotherapy in the management of lung disease. Her presentations were supplemented by other presentations covering a range of topics, from basic science to clinical medicine. There was a good contribution to the basic science session from the University of Tasmania’s Centre of Research Excellence for Lung Ageing, with clinical contributions from around the state.

The winner of the Young Investigator Award was Lewis Williams, for his presentation entitled ‘The impact of Iron Oxide and Silica in Inflammatory Responses in BEAS-2B Cells’. 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 to Daniel Tan.

The Branch has determined to have two meetings in 2017, a dinner meeting in July and the ASM in November, to fit around the national meeting in Canberra. Members determined to pursue activities to improve tobacco control measures in the state over the next 12 months, to be led by Drs Wood-Baker & Markos.

Richard Wood Baker
- President
Victoria (VIC)

Activities and Highlights in 2016:

2016 has been an eventful year for the Victoria Branch of the TSANZ. There has been a strong focus on education, with quarterly registrar education dinners on topics such as Bronchiectasis, Eosinophilic Lung Disease, Parasomnias and Pulmonary Hypertension, and an evening devoted to Registrar Professional Development. Sincere thanks to Drs Jeremy Goldin and Sameer Karnam for their efforts in keeping these events ongoing.

The Advanced Trainee match was successfully conducted, and we welcome the new trainee members to TSANZ. Thank you to Dr Joytika Prasad for coordinating this process so efficiently.

This year featured an inaugural Professional Development Evening for female advanced trainees, with the aim of facilitating networking and mentorship. Thank you to Drs Sakhee Kotecha, Megan Lees and Natasha Smallwood for arranging this evening. We received great feedback, and given the success of the event, the plan is to expand this event in subsequent years to all female respiratory physicians and trainees across Victoria.

The VIC Branch continued their quarterly dinner meetings with a rotating roster of hospital presentations. In 2017 we will welcome on board the Royal Children’s Hospital.

There was a change to the format of the VIC Branch Annual Scientific Meeting, which resulted in higher numbers of attendance and contributions. In addition to the usual abstract presentation, the ASM had a stronger clinical education focus, and included Year-In-Review sessions. We ran a concurrent session on presentation skills to cater for the full representation of our membership. TSANZ President Peter Gibson was the guest speaker for the event, and delivered an outstanding presentation. Thanks again to Dr Sakhee Kotecha for pulling the event together, and congratulations to the recently appointed President Elect Dr Naghmeh Radhakrishna.

Plans for 2017 include to engage in talks with the Victorian Department of Health & Human Services (DHHS) on the establishment of a proposed Victorian Respiratory Clinical Network (there already exists a Victorian Cardiac Clinical Network). There will be a Thunderstorm Asthma Symposium in March 2017 on the incident that occurred on 21 November 2016 in Melbourne. The VIC Branch Executive Committee of TSANZ will be liaising directly with the DHHS on Thunderstorm Asthma, and how to participate in planning for the 2017 Victorian pollen season. Local branch planning is already underway to continue the education focus in 2017 by engaging in collaborative educational events with other specialist societies. We look forward to broadening the relevance and appeal of the VIC branch, particularly to non-medical members.

As a final note, I’d like to extend a special thanks to the VIC Branch Past President Dr Jeremy Goldin, who has served the VIC Branch Executive Committee for over ten years.
Western Australia (WA)

Activities and Highlights in 2016:

The WA Branch had a quieter year in 2016 with only two lung club dinners in addition to the Annual Scientific Meeting.

The Lung Club dinners were as usual very well attended, with speakers discussing the molecular route to asthma (Ynuk Bossé and Phil Thompson), and with occupational malignancies (Fraser Brims) and the mesothelium (Steve Mutsaers). We have addressed some of the organisational issues that prevented the full complement of Lung Club meetings this year, and intend to hold three to four in 2017.

The Annual Scientific Meeting was once again held in July, this year at the AIM facility, with exceedingly good numbers of attendees with good representation from all the craft groups. Our guest speakers were the always entertaining Phil Hansbro as well as Dan Chambers. Our President Peter Gibson attended the meeting and spoke as well. The theme of the meeting was ‘triggers of respiratory disease’ and was well supported by local speakers as well as the invited speakers. Feedback has been very good and we intend to use the same venue and timing in 2017.

The prize winners at the meeting were: New Investigator Award - Esther Cheah, Janine Panizza Award – Sina Panic, and Poster Award - James Wong. The competition was high and these three are to be congratulated.

The brief AGM elected a new executive, and we reluctantly allowed our Immediate Past President Peter Noble to step down after many years of service. Pete will be missed on the executive and we thank him for his leadership.

For 2017 the executive is aiming to become more inclusive and representative of all the craft groups while maintaining an executive that is not too large. We are also attempting to include the current Associates group that traditionally organises the ASM into the executive in order to reduce the number of meetings and streamline the organisational structure. This will be a challenge as we will start off 2017 with a fairly large executive, and will likely need to cut down as the year goes on.

We are aiming to hold regular Advanced Trainee meetings in 2017, as well as providing specific events for Nurses and Physiotherapists and hope that we will be able to better support all the craft groups that make up the TSANZ.

In conclusion, I would like to thank all the executive and other members of the branch who contributed so willingly to making 2016 a good year and hopefully 2017 even better.

New Zealand (NZ)

Activities and Highlights in 2016:

2016 has been another positive year for the NZ Branch of the TSANZ. The primary focus of the branch executive is to support professional development and education and once again the ASM in Queenstown was a great success. The Lung Cancer Conference and Thoracic Ultrasound Course, both TSANZ managed and endorsed events held in Auckland, were also a resounding success.

The NZ Branch has enjoyed enhanced support from the TSANZ central office which significantly increases the executive’s ability to offer greater benefits to NZ TSANZ members.

There has been a greater focus by the NZ Branch Executive Committee on executive skill mix, and adherence to good governance principals. Enabling a more transparent election process and attention to early calls for nomination were important parts of these ambitions. There is still a desire to increase allied health and nursing representation, which is a work in progress.

Looking forward, work is already developing on the program for the next NZ ASM, which will once again be held in Queenstown in August 2017. I would also encourage members to consider holding regional educational events to help foster CPD and collegiality. The assistance available from central office has been a game changer making the undertaking of such events palpably easier.

Finally, I would like to make special mention of the work put in by Mark O’Carroll, Ben Brockway and Sandra Hotu over recent years who have stepped down from their executive roles in 2016.
Thank You

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

**NSW/ACT Branch**

**President**
- Alistair Abbott

**Past President**
- Jonathan Rutland (until November 2016, then as Executive Member)

**Treasurer**
- Brian Oliver

**Secretary**
- Paul Hamor

**Advanced Trainee Representative**
- Yasmeen Al-Hindawi

**Executive Members**
- Anthony Byrne (from November 2016)
- Erica Meggit
- Greg Katsoulotos (until November 2016)
- Jayne Carberry (from November 2016)
- Lucy Morgan (until November 2016, then as President Elect)
- Mary Roberts
- Monique Malouf
- Stephen Cala
- Tamera Corte (until November 2016)

**Secretary/Treasurer**
- Steven Leong

**Executive members**
- Shiv Erigadoo
- Maree Azzopardi

**SA/NT Branch**

**President**
- Aeneas Yeo (until October 2015, then as Past President)

**President Elect**
- Phan Nguyen (until October 2016, then as President)

**Secretary/Treasurer**
- Simone Barry

**Advanced Trainee Representative**
- Sarah Newhouse

**Nurses Group Representative**
- Katherine Bassett

**Executive Members**
- Sarah Madigan

**VIC Branch**

**President**
- Eli Dabscheck

**Past President**
- Jeremy Goldin (until November 2016, then as Executive Member)

**Treasurer**
- Ryan Hoy

**Secretary**
- Sakhee Kotecha
Advanced Trainee Representative
Sameer Karnam

Executive Members
Barton Jennings
Jane Bourke
Jyotika Prasad
Mark Lavercombe
Megan Rees
Naghmeh Radhakrishna (until November 2016, then as President Elect)
Natasha Smallwood
Yet Khor

WA Branch
President
John McLachlan

Past President
Peter Noble (until July 2016)

Treasurer
Dino Tan

Secretary
Sally Lansley

Executive Members
Adelaide Withers
Anthony Kicic (until December 2016)
Deborah Strickland
Ingrid Laing
Kelly Martinovich
Li Ping Chung
Shannon Simpson

Sharon Lawrence
Svetlana Baltic

TAS Branch
President
Richard Wood-Baker

Secretary/Treasurer
Collin Chia

New Zealand Branch
President
Richard Laing

Past President
Mark O’Carroll (until August 2016)

Treasurer
Stuart Jones (until August 2016, then as President Elect)

Secretary
Nicola Smith

Advanced Trainee Representative
Sandra Hotu (until August 2016)
Sonia Cherian (from August 2016)

Nurses Group Representative
Deborah Box

Executive Members
Asad Khan (from August 2016)
Ben Brockway (until August 2016)
Elaine Yap (until August 2016, then as Treasurer)
Maureen Swanney
TSANZ Special Interest Groups

Asthma and Allergy

Convenors:
Vanessa Murphy and Jodie Simpson

Deputy Convenors:
Jay Horvat and Louisa Owens

Activities and Highlights in 2016:
The TSANZ ASM was held in the beautiful city of Perth in 2016, and the Asthma & Allergy SIG had 77 abstracts submitted which were showcased across 4 oral sessions, 2 poster discussion sessions and 1 thematic poster session. In addition, concurrent sessions were held with the Pulmonary Physiology & Sleep SIG and the Cell Biology & Immunology SIG, and a session on innovative solutions for severe asthma featured some top quality national and international speakers.

Two awards were generously sponsored for SIG presentations. The Asthma Australia Award went to Dr Megan Jensen from the University of Newcastle for her presentation ‘Neutrophil activity is higher in overweight, vs healthy-weight, adults with asthma, but decreases following a 14-week dietary intervention’. The National Asthma Council of Australia Award went to PhD Candidate Miss Esther Cheah from the University of Western Australia for her presentation ‘A novel ex vivo perfusion system for investigating mucous metaplasia in mouse airways’.

Cell Biology and Immunology (CIB)

Convenor:
Sandra Hodge

Deputy Convenor:
Anthony Kicic

Activities and Highlights in 2016:
2016 has been a successful year for the Cell Biology & Immunology SIG. The number of abstracts submitted for the TSANZ ASM 2016 was higher than previous years, allowing us to host two oral sessions and one poster session. The quality of the presentations, especially from the young investigators, was of a very high standard and we especially thank those who chaired the sessions (Anthony Kicic, Sandra Hodge, Mark Everard, Deborah Strickland, Ross Vlahos, John Upham, Greg Hodge and Brian Oliver). With the Asthma & Allergy SIG we also organised a very successful symposium; ‘Every lung has an epithelial lining - recent advances and technical challenges’ and were privileged to hear presentations by leading Australian researchers; Stephen Stick, Darryl Knight, Peter Sly, Steven Bozinovski and Xiahui Tan.

This year for the first time we appointed an independent reviewer for each session (Luke Garratt, Svetlana Baltic, Miranda Ween) which made the selection of winners a fairer process (always difficult given the large numbers of COIs)! The well-deserved winner of the SIG award for the best oral presentation was Thomas Iosifidis.

Planned for the 2017 meeting is an exciting seminar on Autophagy ‘Chronic airways disease: is it all about life and death?’ Abstract submissions for oral and poster presentations have again been of a high standard, and I look forward to some exciting sessions.

Discussions at our SIG meeting highlighted an interest in a social ‘get together’ for our young researchers and students, and Thomas Iosifidis was nominated as our SIG social group chair - we are eagerly awaiting his plans for the 2017 meeting.

Finally, I would like to thank my Deputy Convenor Anthony Kicic for his support and hard work. I am confident I will be leaving the SIG in very capable hands as he takes over the role next year.
**Chronic Obstructive Pulmonary Disease (COPD)**

**Convenors:**
Steven Bozinovski and Peter Wark

**Deputy Convenors:**
Christopher Worsnop and Sukhwinder Sohal

**Activities and Highlights in 2016:**

The COPD SIG remains busy as we have steadily received an increasing number of abstracts to review & allocate for our TSANZ annual meeting and are typically handling over 70 abstracts. This includes organising 3-4 oral sessions and 3 poster sessions per annum and handling abstracts that are quite diverse in theme that include a) clinical management/treatment and pharmacological advances, b) latest science in COPD and c) pulmonary rehabilitation and integrated care of the COPD patient. The oral sessions are typically themed around these topics and we try to include diversity in our SIG convenor membership to cover these topics. We are also routinely involved in organising joint symposia with other SIGs, including the Cell Biology & Immunology and Physiotherapy SIGs.

COPD SIG oral and poster sessions at the 2016 Annual Scientific Meeting were well attended with excellent engagement and contributions from our members. Many past and present members have also made important contributions to the COPD-X guidelines update. SIG members have also reviewed the Pulmonary Rehab Guidelines from Lung Foundation Australia.

We are organising a TSANZ Graduate Course for June 2017. Finally, we welcome new interest in convenor membership with Steven Bozinovski stepping down after four years of service to the SIG.

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**Cystic Fibrosis**

**Convenors**
Peter Middleton – Adult
Catherine Byrne – Paediatric

**Activities and Highlights in 2016:**

Cass Byrne (University of Auckland, Starship Children’s Hospital) and Peter Middleton (Westmead Hospital, Sydney Medical School) were elected SIG Co-Convenors at the TSANZ ASM in Perth. Both convenors also hold roles as the chairs of the CF Centre Directors Group, which is part of Cystic Fibrosis Australia.

The CF SIG has overseen many projects in 2016. The CF Nutritional Guidelines are now in the final stages of review. The CF Standards of Care documents are in the final stages of evaluation, and a document concerning Health Workers with CF is also being finalised.

The CF SIG works closely with Cystic Fibrosis Australia. In this regard there has been considerable work regarding the Australian CF Data Registry with the change-over to the Monash Clinical Trials Unit. The Data Registry will have a new Clinical Lead and a new Steering Committee to provide guidance for the Data Registry, and to determine direction for future endeavours. The CF SIG works closely with CFA through the Centre Directors meetings, and ongoing discussions are underway to strengthen this partnership across the whole CF community within Australia. The CF Centre Directors have almost completed the peer review assessment of all CF Clinics within Australia under the expert guidance of the previous SIG convenors Sarath Ranganathan and Hugh Greville, with the final clinics in Canberra assessed in March 2017.

The CF Specialists in NZ are looking to set up a similar committee with the NZ Branch of the TSANZ to coordinate and lead care for all persons with CF in New Zealand.
Evidence-Based Medicine and Practice

Convenor: Kristin Carson
Deputy Convenor: Ghulam Sarwar

Activities and Highlights in 2016:

There were several highlights from the Evidence-Based Medicine & Practice SIG at the 2016 conference, including well-attended presentations during the mini symposium session delivered by several renowned speakers including Prof Brian Rowe, an international expert in evidence based medicine from the University of Alberta in Canada. Prof Rowe delivered an engaging and humorous presentation about ‘Choosing wisely in acute asthma and COPD’, which was followed by Professor Christine McDonald representing the COPD-X Committee who discussed ‘Translation of COPD guidelines into clinical practice’ and Dr Christian Osadnik, an editor for the Cochrane Airways Group discussing ‘A challenging exercise in Cochrane review prioritisation – the physiotherapy example’.

These intriguing talks were followed by three oral presentations delivered by the top three abstract submissions to the SIG, with the award for best presentation going to PhD student Zoe Kopsaftis for her Cochrane review titled ‘Oxygen therapy in the pre-hospital setting for acute exacerbations of COPD’.

The close collaboration between the EBMP SIG and the Cochrane Airways Australia Group continues with the delivery of a post-conference Cochrane workshop attended by several authors undertaking systematic reviews of evidence in the field of respiratory medicine. The workshop offered presentations from Prof Brian Rowe, as well as Julia Walters and Kristin Carson, followed by time allocated to go through any issues authors had encountered with their current review work, which we look forward to running again in 2017. In addition, the SIG and Cochrane group awarded two Cochrane scholarships in 2016, which were presented to Anke Lenferink (in partnership with Lung Foundation Australia) and Harshani Jayasinghe.

Interventional Pulmonology (IP)

Convenor: Peter Hopkins
Deputy Convenor: Jonathan Williamson

Activities and Highlights in 2016:

There were a number of highlights for the Interventional Pulmonology/ Bronchology SIG in 2016 at the Perth Annual Scientific Meeting:

1. Presentations by Dr Henri Colt at the Perth ASM on ‘How to employ 21st century technology to effect state of the art education’ and ‘Bronchoscopy in Australia’
2. TSANZ Concurrent Session on AV demonstration of pleural procedures
3. SIG Award winner for the 2016 ASM Dr David Fielding from the Royal Brisbane and Women’s Hospital

A thoracic ultrasound competency document has been developed and finalised by members of the SIG for endorsement by the TSANZ. This establishes the framework for recognition of competency in thoracic ultrasound including the various components in the assessment of an individual’s performance and maintenance of competency in pleural imaging. A manuscript has been submitted to Respirology outlining the principles of the competency document.

Further discussions within the membership of the SIG have been ongoing regarding the development of other potential competency documents including standard bronchoscopy, intercostal catheter insertion and EBUS. The ASM in Canberra will provide another opportunity for members to interact and discuss these important issues.

Finally, abstract submission numbers and quality of scientific content for the Canberra ASM 2017 have been strong in the Interventional Pulmonology / Bronchology SIG.
Lung Cancer

Convenor:
Alistair Miller

Deputy Convenor:
vacant

Activities and Highlights in 2016:

2016 saw a more than doubling of submitted abstracts for the Annual Scientific Meeting, with a broad range of topics covering many areas of lung cancer research, both basic and clinical. We were able to fill two oral sessions, one with a focus on cell and molecular biology, and the other clinical research covering screening, MDTs and thoracic malignancy management. It was gratifying to see the high quality of research from all over the country and with broad appeal.

In August the biennial Australian Lung Cancer Conference was held in Melbourne. Members of the SIG were involved as part of the organising committee, as invited speakers and attendees, and contributed to its great success.

The other primary activity for the SIG for 2016 was to provide input to the TSANZ’ response to the proposed clinical practice guidelines for the prevention and diagnosis of lung cancer drafted by Cancer Council Australia. We advocated for the right questions to be asked to help direct public policy and move forward the discussion on lung cancer screening in Australia.

We will be looking for a new deputy convenor for 2017 which will be appointed at the ASM.

Occupational & Environmental Lung Diseases/ Population Health (OELD)

Convenor:
Ryan Hoy

Deputy Convenor:
Graeme Zosky

Activities and Highlights in 2016:

The OELD SIG has been a very active group over the last year. On August 27th, we conducted an Occupational Lung Disease short course at the Castlereagh Hotel in Sydney. The course was fully subscribed and covered topics ranging from occupational history taking to silicosis to air pollution. We were delighted to have attracted speakers and attendees from around Australia and are planning a similar meeting every 2 years.

Identification of cases of Coal Worker Pneumoconiosis (CWP) in Queensland has highlighted the need to be vigilant regarding control of occupational respiratory hazards such as coal dust. In June, members of the SIG published a review of CWP from an Australian perspective in the Medical Journal of Australia. Members have been actively involved in review of control measures in Queensland and appeared before both Commonwealth and Queensland government committees to discuss the issue and advocate for protection of worker respiratory health. Current SIG activities include increasing awareness regarding silica exposure associated with artificial stone use and development of work-related asthma guidelines.

The OELD SIG Prize at the ASM this year was awarded to Isuru Seneviratne.
Activities and Highlights in 2016:

2016 has been an eventful year for the OLIV SIG. At the TSANZ ASM in Perth, the OLIV SIG was fortunate to have two plenary sessions focusing on two major interest areas, Pulmonary Arterial Hypertension and Interstitial Lung Disease. Both sessions were well attended and had excellent feedback. We were very pleased to have an international speaker Prof Toby Maher, from the Brompton Hospital and imperial College, London, for the ILD session, the winner of the oral presentation for OLIV SIG was Kenneth Sinclair.

This year the OLIV SIG has worked upon its terms of reference and goals, providing this to all its members for feedback and discussion. The proposed goals include:

1. Education and clinical support
2. Advocacy
3. Research support

This year OLIV have pioneered the Clique Community interface to engage its members and foster communication and online discussion. OLIV is one of the first SIGs to ‘go live’ with this initiative. This will allow members to have greater engagement and discuss issues, seek second opinions and canvass research opportunities.

OLIV members have been involved in writing the TSANZ guidelines for Pulmonary Rehabilitation, as well as position statements for both the ‘Multidisciplinary Diagnosis of Interstitial lung Disease’; and the ‘Treatment of Idiopathic Pulmonary Fibrosis’. Members have also been active in engaging with the PBAC with regard to the approval process for the new anti-fibrotic agents.

We hope that the OLIV SIG will continue to grow and continue to be engaged and active in clinical care and research in this area.

Activities and Highlights in 2016:

For the 2016 ASM, the Paediatric SIG hosted two symposiums titled ‘Patterns of lung functions from childhood to adult life’ and ‘Childhood Asthma Phenotypes’. Dr Fernando Martinez, Dr John Henerson and Dr James Gern were the invited international speakers, all of whom also spoke at these symposia. In addition, the SIG hosted two oral sessions and one poster session. In total 31 abstracts were submitted, 27 of which were presented at the oral or poster sessions, which is an increase from 2015.

2016 was a major year for the Paediatric SIG, in that we initiated the Society’s proactive investigation into the national shortage of funded Paediatric Advanced Trainee positions.

The Paediatric SIG award was named the Peter van Asperen Paediatric Award in memory of Prof Peter van Asperen, a Fellow and Emeritus member of TSANZ, who passed away at the end of 2015. The recipient of this award for 2016 was Elizabeth Kepreotes.
Physiotherapy

Convenor: Vinicius Cavalheri
Deputy Convenor: Angela Burge

Activities and Highlights in 2016:

The Physiotherapy SIG had a very successful 2016. Our members submitted 23 abstracts to the ASM, and presentations were disseminated amongst six other SIGs. As some of our members submit abstracts directly to other SIGs, this number of abstracts underestimates our true contribution to the program.

The quality of our work was recognised by several awards in 2016. These included the Physiotherapy SIG prize (Jamie Wood), two finalists for the overall ‘best poster’ (Angela Burge and Tanja Effing), one LFA/Cochrane Airways Scholarship (Anke Lenferink), and an LFA/Bi COPD Fellowship (Christian Osadnik).

We are thankful for the services of Prof Anne Holland (Board Director and Chair of the Clinical Care & Resources Sub Committee), Dr Narelle Cox (Clinical Care & Resources Sub Committee member), Dr Christian Osadnik (Research Sub Committee member) and Ms Kate Dallimore (WA Branch Executive Committee member). We are also thankful for the involvement of several of our members on the Australian Pulmonary Rehabilitation Guidelines, writing and reviewing.

Finally, our SIG had two joint symposia proposals accepted for the 2017 ASM; one with the COPD SIG and one with the Lung Cancer SIG. We look forward to continuing collaborations with other TSANZ SIGs to enhance the appeal of future ASM programs.

Primary Care

Convenor: Juliet Foster
Deputy Convenor: Smita Shah

Activities and Highlights in 2016:

At the 2016 TSANZ conference six research papers were presented, covering topics such as: ‘Inhaler use in people with intellectual disability’, ‘American pharmacists attitudes and practices toward the care of children with asthma’, ‘The patient’s experience of allergic rhinitis’, ‘Management of pulmonary embolism and the impact of a paediatric asthma communication program on pharmacy students’. The award for best presentation went to Lorraine Smith for her paper entitled ‘Development of a tailored goal-setting self-management app for young people with asthma’.

We have more than doubled abstract submissions to the Primary Care SIG for the 2017 Annual Scientific Meeting to be held in Canberra. We are looking forward to a fantastic oral and poster session with submitted papers for 2017 covering a range of respiratory diseases, mental health and different aspects of primary care including pharmacy, general practice and the experiences of patients in the community.

The Primary Care SIG of the TSANZ, represents general practitioners, nurses, secondary care specialists, psychologists, pharmacists, and respiratory scientists. Having made a great start on increasing submissions to our SIG this year, we also want to grow the SIG membership and welcome ideas for strategies to stimulate membership.

We encourage new and current members of TSANZ to become members of our SIG and welcome all to our oral session which will cover a broad range of topics relevant to most TSANZ members. We also invite all interested conference attendees to attend the Primary Care SIG annual general meeting to share their opinions and get involved with the future direction of this important SIG.

I (Juliet Foster) have been in the role of Primary Care SIG Convenor for the past year and a half and will hand over to Smita Shah at the end of the 2017 conference. I am certain Smita will make a superb convenor given her strong commitment to primary care respiratory research.
**Pulmonary Physiology & Sleep**

**Convenor:** Alan Young  
**Deputy Convenor:** Norman Morris

**Activities and Highlights in 2016:**

The main focus for the Pulmonary Physiology & Sleep SIG has been in coordinating presentations at the Annual Scientific Meeting. At TSANZ 2016 in Perth, we organised two symposia: ‘Targeting airway stiffness to treat obstructive disease’ (with the Asthma and Allergy SIG) and ‘Sleep and breathing across the ages’. Both sessions were well attended and received excellent feedback. We were also responsible for two oral sessions and a poster session, comprising 28 abstracts, including an invited presentation from Prof Ynuk Bosse from Laval University, Canada. The quality of these sessions highlights the strength of research in these fields and is testament to the high level of interest amongst TSANZ members. I would like to thank all presenters and chairs for their contributions.

For TSANZ 2017 in Canberra, we have organised a symposium entitled ‘New Horizons in the Management of OSA’ featuring international experts in the field including Prof Doug McEvoy, lead author on the SAVE trial. We have reviewed over 25 abstracts for two oral sessions and one poster session and will have an invited presentation from Prof Jason Bates from Vermont University, USA.

Finally, I would like to acknowledge the hard work, support and leadership by Claude Farah over the last few years who has now stepped down as convenor of the SIG. I would also like to welcome and thank Norman Morris for his ongoing contribution having taken up the role as Deputy Convenor of the SIG. We look forward to another exciting year and are always keen to receive suggestions for topics and speakers for next year’s meeting.

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**Respiratory Infectious Diseases**

**Convenor:** Andrew Burke  
**Deputy Convenor:** Geraint Rogers

**Activities and Highlights in 2016:**

The Respiratory Infectious Disease SIG had a successful ASM in Perth this year with two plenaries being well attended. The plenary on pneumonia saw Prof Charles Feldman from Johannesburg and Prof Grant Waterer speak in detail on the pathology of pneumococcus and the late hidden cardiac morbidity that is now recognised as perhaps the major contributor to mortality from pneumonia. We also hosted an excellent plenary on vaccine preventable respiratory pathogens, drawing on the great range of expertise that we have in Australia as well as from overseas.

The poster sessions revealed the engagement of many TSANZ members in infectious disease including from the basic sciences and clinicians at all levels of training. There was a strong emphasis on antimicrobial stewardship in the poster discussions and it is encouraging to see so many TSANZ members showing leadership in this at their local institutions.

At the 2017 ASM we are hosting a plenary on tuberculosis for the first time in many years. Until recently, progress on TB has seemed slow compared to other diseases with a similar public health impact such as HIV and malaria. Nevertheless, there have been significant advances in recent years with improved diagnostics and short course treatment options for MDR TB, all of which will be covered in Canberra in 2017.

Over recent months, a group of respiratory and infectious disease physicians across most states in Australia have formed a new clinical and public health research network called the “Australasian Clinical Tuberculosis Network”. This network will facilitate multi centre studies to characterise the tuberculosis epidemic in Australia and the region, as well as to evaluate interventions to improve TB control. This will involve collaboration between a number of professional bodies including the Australian Respiratory Council, the TSANZ and ASID. This exciting initiative will be launched as part of the TB plenary at the 2017 ASM in Canberra.

In 2018 we are looking forward to hosting an “Advanced Course in Respiratory Infectious Disease” in Brisbane. I am in the early phases of organising this and the TSANZ will be the sponsoring body with a view to it being held every two years. It will be a great opportunity for our SIG to help improve the knowledge of all aspects of respiratory infectious disease among our trainees and fellows.
Respiratory Nurses

Australian Convenor: Karen Royals
New Zealand Convenor: Deborah Box

Australian Deputy Convenor: Rebecca Disler
New Zealand Deputy Convenor: Jenny McWha

Activities and Highlights in 2016:

The Respiratory Nurses SIG has had a busy but exciting year. We have expanded to include co-convenors from each side of the Tasman and this is helping us to review how we add value for respiratory nurse members and in planning a quality nursing symposium at the ASM. The 2016 Perth meeting saw high calibre presentations with nurses sharing experiences of working with children with respiratory conditions. We are excited that Professor Eileen Collins will present at the 2017 ASM on Breathlessness Control, and in a breakfast session on Technology to Enhance Physical Activity. We are very grateful to Maurice Blackburn for their continued support of the Nurses Symposium.

We have worked to increase communication with members through monthly email updates and participated in the review of new practice guidelines. With TSANZ allowing access to ordinary membership for nurses with post-graduate qualifications, nursing members will have increased presence in TSANZ committee leadership roles. We are hoping to grow the RN SIG numbers and activity, and appreciate the lifted restrictions on SIG memberships to encourage other nurses to join. We are keen to hear what members want from their memberships and ASM and look forward to working with nurse members.

Tobacco & Related Substances

Convenor: Brian Smith
Deputy Convenor: Johnson George

Activities and Highlights in 2016:

The Tobacco & Related Substances SIG convenors ran oral and poster sessions at the 2016 ASM. There was a very high standard of work presented, and a particular interest in e-cigarettes, as well as the challenges in smoking in indigenous populations.

It is especially pleasing to see the PhD theses recently completed and also underway in Australia across the states, to tackle smoking, including during hospital admissions. The convenors of this SIG are also members of the ALF COPD-X Guideline Committee, meeting with the other members of this multi-disciplinary group quarterly to update these guidelines, which are then promptly available online.

Planning is well advanced for the 2017 ASM sessions which again promises to be of a high standard.
Fellows of TSANZ (2013-2016)

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) 2014
Anthony Breslin AM
Christine Jenkins
David Langton
David Sensier
Gary Anderson
Graham Simpson
Jo Douglass
John Armstrong
Martin Phillips
Paul Reynolds
Peter Frith
Peter Sly
Peter van Asperen
Philip Thompson

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

Fellows of TSANZ (FThorSoc) 2016
Christine McDonald
Kwun Fong

New Members 2016
Total 70 new members

Ordinary Members (20)
Adam Collison, NSW/ACT
Clarice Tang, VIC
David Feng, VIC
Evelyn Tsantikos, VIC
George Fungai Mabeza, TAS
James Wetasinghe, NZ
Katrina Newbiggin, QLD
Kavita Pabreja, NSW/ACT
Khalil Mahomed Cassim, NSW/ACT
Luke Knibbs, QLD
Lynette Reid, TAS
Pawan Sharma, NSW/ACT
Pramod Sharma, QLD
Rodolfo Morice, NZ
Sonya Klebe, SA/NT
Steven Maltby, NSW/ACT
Terese Louie, NSW/ACT
Vanessa Clark, NSW/ACT
Yong Song, WA
Yuen Yee Cheng, NSW/ACT

Associate Member (35)
Aaron Oh, SA/NT
Alison Goldthorpe, NZ
Andrew Pattison, QLD
Anna Marie McCombie, NSW/ACT
Calvin J Sidhu, VIC
Christine Sullivan, NSW/ACT
Dianne Lunt, WA
Donna Savigni, WA
Erin Harvey, NSW ACT
Elin Plumb, SA/NT
Fiona Seaton, NSW/ACT
George Bardsley, NZ
Georgina Paterson, SA/NT
Ishak Alya, WA
Jaideep Vazirani, VIC
Jamal Al-Aghbari, NSW/ACT
Jane Cotter, NSW/ACT
Jose Jayasimha Karumalil, NZ
Karen Lamb, VIC
Linda Geale, NSW/ACT
Mark Dimitri, VIC
Mark Nalder, QLD
Paroma Sarkar, SA/NT
Rochelle Wynne, VIC
Sebastian Le Feuvre, QLD
Shaua Yo, VIC
Shok-Yin Lee, VIC
Su-Ann Drew, WA
Taha Huseini, WA
Thomas Altree, SA/NT
Tushar, Yadav, NSW/ACT
Vanessa Granato, WA
Vineeth George, NSW/ACT
William Good, NZ

Student Members (14)
Abbey Sawyer, WA
Alexzandra Hutchinson, WA
Charles Jones, SA/NT
David Waters, NSW/ACT
Emma Lamanna, VIC
Jesse Armitage, WA
Kurtis Budden, NSW/ACT
Lewis Williams, TAS
Matthew Poh, WA
Natalie Johnson, WA
Sameera Ansari, NSW/ACT
Samuel Kelsey, NSW/ACT
Seiha Yen, TAS
Yik Lung Chan, NSW/ACT

Corporate Members (1)
Aislin Spencer, VIC
**PRESIDENT’S AWARD**

The TSANZ President’s Award is a prestigious award for an individual who has significantly contributed to promoting respiratory health in the community and particularly in the area of tobacco control, either in Australia or New Zealand. To be eligible for this award the nominee will have a strong track record in promoting respiratory health in the community.

**Recipient: Prof Billie Bonevski**

- Leader of the NHMRC-funded Tackling Nicotine Together (TNT) program
- NHMRC Career Development Fellow and Brawn Career Development Fellow
- Behavioural Scientist and Researcher, School of Medicine and Public Health, University of Newcastle

At the ASM2016, this award was presented to Professor Billie Bonevski, to acknowledge her work in leading the Tackling Nicotine Together (TNT) project which aims to reorientate drug and alcohol treatment services to increase tobacco dependence treatment to patients.

**RESEARCH MEDAL**

The Research Medal is awarded each year in recognition of outstanding contributions to the advancement of knowledge in respiratory medicine or science carried out primarily in Australia or New Zealand. The award recognises an individual who has demonstrated sustained excellence in their field of research.

**Recipient: Prof Ron Grunstein**

- Professor of Sleep Medicine and Head of the NHMRC Centre for Integrated Research and Understanding of Sleep (CIRUS) and the NHMRC Australasian Sleep Trials Network
- NHMRC Practitioner Fellow 2002-16
- NHMRC Senior Principal Research Fellow 2016
- Senior Staff Specialist Physician in Respiratory and Sleep Medicine at Royal Prince Alfred Hospital
- Honorary appointment in respiratory and sleep medicine at St Vincent’s Hospital, Sydney
- Head of the Sleep and Circadian Research Group, Woolcock Institute of Medical Research
- Visiting scientist at the University of Gothenburg, Sweden and other overseas universities

**SOCIETY MEDAL**

The Society Medal is an acknowledgment of excellence in fields other than research and for the advancement of the practice of thoracic medicine in its widest sense by outstanding work in areas such as teaching or advocacy. The inaugural Society Medal was presented at the annual dinner in Canberra in 1992 to Dr Maurice Joseph, who ably embodied the qualities envisaged by this senior prestigious award.

**Recipient: Prof Iven Young**

- Emeritus Member of Thoracic Society of Australia & New Zealand
- Respiratory Physician and Head of the Department of Respiratory and Sleep Medicine at Royal Prince Alfred Hospital
- Director and Chair of Research Committee, Australian Respiratory Council
- Senior examiner for the Australian Medical Council
- Chair Physician Training Council, HETI, NSW Ministry of Health

**50TH ANNIVERSARY MEDAL**

The 50th Anniversary Medal is awarded each year in recognition of outstanding contributions to respiratory education and training in New Zealand or Australia. The award recognises an individual who has demonstrated sustained excellence in education and training.

**Recipient: Prof Peter Frith**

- Fellow of TSANZ and the Former Convenor of TSANZ COPD SIG
- Former Director, Respiratory Medicine, Southern Adelaide LOCAL Health NETWORK,
- Repatriation General Hospital
- Professor in Respiratory Medicine, Flinders University
- Former Chair, COPD Executive Committee & COPD Coordinating Committee, LFA
- Member of the Board Directors of LFA
- Member of the Board Directors of Global Initiative for COPD
Research Awards and Fellowships

**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 at the next Annual Scientific Meeting of the Asia-Pacific Society of Respirology (APSR). This award furthers one of Prof Woolcock’s goals of fostering research ties between the TSANZ and the APSR.

**Recipient: Kristin Carson**

“SUPERIORITY OF A COURSE OF VARENICLINE TARTRATE PLUS COUNSELLING OVER COUNSELLING ALONE FOR SMOKING CESSATION: A 24-MONTH RANDOMISED CONTROLLED TRIAL FOR INPATIENTS”

The Ann Woolcock travelling fellowship was an incredible opportunity that allowed me to attend the Asian Pacific Society of Respirology international conference in Bangkok. This award supported dissemination of my research as the first worldwide study to examine the efficacy and safety of varenicline tartrate over 24-months within any setting. The STOP (Smoking Termination Opportunity for inPatients) study was the first appropriately powered trial of varenicline not sponsored by Pfizer and it is the first study to examine administration of varenicline plus counselling within the inpatient setting among acute smokers with tobacco-related illnesses. We found the intervention to be an effective, safe and well tolerated opportunistic treatment for inpatient smokers with tobacco-related chronic disease.

**5 FINALISTS:**

- **Francesca Tang**
  “A NOVEL NEUTROPHIL SUPPRESSOR ROLE IN RHINOVIRUS INFECTIONS”

- **Louisa Organ**
  “KCA3.1 ION CHANNEL-BLOCKADE ATTENUATES ESTABLISHED PULMONARY FIBROSIS IN A SEGMENTAL BLEOMYCIN CHALLENGE MODEL IN SHEEP”

- **Hashim Pariyalil**
  “OBSE ASTHMATICS ARE CHARACTERISED BY ALTERED ADIPOSE TISSUE MACROPHAGE ACTIVATION”

- **Bernadette Jones**
  “BROMODomain INHIBITORS REVERSE THE DISEASE FEATURES IN EXPERIMENTAL CHRONIC OBSTRUCTIVE PULMONARY DISEASE”

- **Richard Kim**
  “NLRP3 INFLAMMASOME-MEDIATED, IL-1B-DEPENDENT INFLAMMATORY RESPONSES DRIVE SEVERE, STEROID-INSENSITIVE ASTHMA”

From L-R, Dr Hashim Periyalil, Dr Kristin Carson (winner), Ms Francesca Tang, Dr Richard Kim, Ms Louise Organ and Ms Bernadette Jones.
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: Rajesh Thomas
“DRAINAGE OF MESOTHELIOMA PLEURAL EFFUSIONS: SELECTING PATIENTS WHO WILL BENEFIT”

I sincerely thank Maurice Blackburn for supporting my research project titled ‘Drainage of mesothelioma pleural effusions: selecting patients who will benefit’ study. This study aimed to identify key factors that govern the symptoms of breathlessness in a patient with a malignant pleural effusion from mesothelioma or metastatic cancer, and to develop predictors of improvement in breathlessness following pleural drainage. This study uses an extensive range of validated instruments, and is the most comprehensive to assess breathlessness caused by a pleural effusion to date. Study recruitment (n=150) is now complete and statistical analysis is underway. The results are likely to improve our understanding of the pathophysiology of breathlessness in pleural effusions, and provide novel insight into selection of patients who will benefit from pleural drainage.

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: Miranda Ween
“E-CIGARETTES CAUSE AIRWAY MACROPHAGE DYSFUNCTION: ROLE IN AIRWAY INFLAMMATION AND STEROID RESISTANCE IN SEVERE ASTHMA”

E-cigarettes and vaping have very little regulation, beyond not being able to sell nicotine e-liquids from Australian stores, but up to a quarter of young adults have tried e-cigarettes. Whilst vaping is pitched as a harmless social pastime, data is beginning to emerge to suggest that even non-nicotine containing e-liquids are harmful to the airway lining and increase airway inflammation. Through research supported by the TSANZ NAC Fellowship, we have built on the knowledge that exposure of macrophages to e-cigarette vapour significantly reduces the ability of these immune cells to destroy harmful bacteria and clear away cellular debris. We are now showing that certain flavours of e-liquids also reduce expression of key molecules in the molecular pathway of corticosteroid action in macrophages. This ineffectiveness, caused by e-cigarette vapour, may contribute to chronic inflammation and steroid resistance in asthmatics who use e-cigarettes. As we progress our findings we hope to provide valuable information to health providers, policy makers, and the Australian public, and improve the health of asthmatics.

ROBERT PIERCE GRANT-IN-AID FOR INDIGENOUS LUNG HEALTH

This Grant-In-Aid, in honour of the late Prof 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: Sandra Hodge
“STUDIES INTO THE MECHANISMS THAT PROGRESS PROTRACTED BACTERIAL BRONCHITIS TO BRONCHIECTASIS IN INDIGENOUS CHILDREN, AND THERAPEUTIC TARGETING OF THESE PROCESSES”

Bronchiectasis is a major contributor to chronic respiratory morbidity and mortality in Indigenous populations, and inadequate diagnosis and treatment can lead to loss of lung function and subsequent reduction in life-expectancy. Protracted bacterial bronchitis (PBB), a common cause of chronic cough in children, is now considered to be a potential precursor to bronchiectasis. Links have been found between recurrent PBB, and bronchiectasis, including clinical symptoms, microbiome, and defective airway macrophage phagocytic function.

We are studying mechanisms that may cause progression from PBB to bronchiectasis by investigating the genetic expression of sphingosine signalling molecules which dictate the cellular behaviour and ability to clear infection. This knowledge will aid disease diagnosis and identification of effective therapies that can realistically be administered to these children to prevent this progression and improving morbidity and mortality in our Indigenous communities.

TSANZ/ASTRAZENECA RESPIRATORY RESEARCH FELLOWSHIP

This fellowship fosters the development of research in respiratory medicine in Australia and New Zealand. The perceived benefits to health in Australia and New Zealand will be considered by the committee irrespective of where the project is conducted. 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: Alan Hsu
“ENHANCING STRESS GRANULE FORMATION AND ANTIVIRAL IMMUNITY TO RESOLVE HIGH OXIDATIVE STRESS-INFLAMMATION IN CHRONIC OBSTRUCTIVE PULMONARY DISEASE”

COPD is currently the third leading cause of death globally. The lack of knowledge of disease mechanisms has resulted in little progress toward rational therapeutic intervention. Current therapeutics for both COPD and for influenza in general have limited efficacy. Oxidative stress and inflammation are key drivers of pathology in COPD, and the mechanisms underpinning the increased susceptibility to infection are unknown.

We have found a series of molecular factors that directly lead to this uncontrolled and continuous cycle of oxidative stress and inflammation, and impaired antiviral immunity to influenza infections in COPD. By targeting the underlying abnormal mechanisms utilising a superior small molecule delivery system, we will therapeutically target these factors to reduce oxidative stress and infection, enhancing antiviral responses to influenza infections in COPD. This will not only benefit those with COPD, but also serve as novel therapeutics against influenza viruses, in preparation for future influenza pandemics. This proposal will have enormous health and socio-economic benefits for Australia and globally.
TSANZ/ASTRAZENECA GRANT-IN-AID FOR SEVERE ASTHMA RESEARCH

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

Recipient: Richard Kim

“MECHANISMS THAT DRIVE PATHOGENESIS IN ANIMAL MODELS OF SEVERE STEROID RESISTANT ALLERGIC AIRWAYS DISEASE”

I was honoured to be the recipient of the TSANZ/AstraZeneca Grant-In-Aid for Severe Asthma Research at the TSANZ 2016 ASM. Funding from this grant provided me with an invaluable opportunity to perform key proof-of-concept studies in our models of experimental severe, steroid-insensitive (SSI) asthma.

I have been able to progress my work on examining the role of deficient induction of an anion exchange pump in the pathogenesis of respiratory acidosis and SSI asthma. Importantly, the data that I have generated as a result of this grant funding will form key preliminary data for major grant applications that I will be submitting in upcoming rounds.

VERTEX CYSTIC FIBROSIS PAEDIATRIC CLINICAL FELLOWSHIP

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

Recipient: Bernadette Prentice

My research project is examining the natural history of glucose abnormalities in children with Cystic Fibrosis (CF). CF causes dysfunctional insulin secretion and insulin deficiency that manifests as abnormal glucose tolerance that progresses over time.

Very little is known about the natural history of glucose abnormalities in young children with CF. This project will use Continuous Glucose Monitoring (CGM) to assess the progress and clinical significance of abnormal glycaemia in children less than ten years. Fourteen children have already been recruited, and undertaken glucose monitoring, with a large proportion demonstrating abnormal glycaemia on CGM. I am very grateful for the TSANZ/Vertex Fellowship award as it has allowed me to continue my clinical training in CF and undertake this research that may address a significant gap in our knowledge about glucose tolerance in young children with CF.

VERTEX ADULT CYSTIC FIBROSIS FELLOWSHIP

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

Recipient: Anna Tai

I wish to express my gratitude to Vertex and TSANZ for the Vertex Adult Cystic Fibrosis (CF) Fellowship. This award has enabled my ongoing postdoctoral research development after the completion of my PhD studies in 2016. I am privileged to be able to combine research activities with regular clinical duties as an adult respiratory physician at the Western Australia Adult CF Centre. The primary aim of my current research work is to investigate the pathophysiology of CF airway infection and pulmonary exacerbations and explore the microevolution of bacterial antimicrobial resistance in CF. Furthermore, in collaboration with the local research community, my new research studies also investigate the potential clinical impact of opportunistic GI infection (particularly Clostridium difficile) and the gut microbiome in adults with CF. The overall focus of my current research is to improve our current understanding of the CF lung and GI disease and provide crucial pilot data for future collaborative multi-centre studies.

Travel Awards

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 an Aboriginal or Torres Strait Islander living in Australia or Maori living in Aotearoa/New Zealand.

Recipient: Kerry Hall

“THE INCIDENCE, PREDICTORS AND IMPACTS (SOCIAL AND ECONOMIC) OF ACUTE RESPIRATORY INFECTIONS IN URBAN INDIGENOUS CHILDREN AGED LESS THAN 5 YEARS”

I was extremely honoured to receive the 2016 TSANZ Indigenous Respiratory Nurse Career Development Award. I'm an enrolled nurse and PhD Candidate at the Centre for Children's Health Research, Queensland University of Technology. Winning this award enabled me to travel to the ASM 2016 in Perth, to present an oral presentation 'The incidence, predictors and impacts (social and economic) of acute respiratory infections in urban indigenous children aged less than 5 years'. Results show the proportion of children developing persistent cough post ARI is higher than currently reported (10%) with the majority suggesting protracted bacterial infection. I was subsequently fortunate to be awarded the Respiratory Nurses SIG Award following my presentation. I had the opportunity to network with nursing, allied health and medical professionals. This has allowed me to develop professionally as a researcher, nurse and gain insight and understanding of the TSANZ and its role in respiratory medicine.

THE JANET ELDER INTERNATIONAL TRAVEL AWARDS

These awards will be made to three respiratory scientists or clinicians based on the scientific merit of their submitted abstract to the 2016 TSANZ Annual Scientific Meeting (ASM) to support their professional development in respiratory research.
There will be 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 as a result of the generous bequest in memory of Dr Janet Elder, one of the pioneers of respiratory medicine in Western Australia.

**Recipient for Early Career Researcher: Chantal Donovan**

“FREE FATTY ACID 4/GPR120 RECEPTOR AGONIST TUG891 - A NOVEL POTENT BRONCHODILATOR OF SMALL AIRWAYS”

I was very honoured to be a recipient of the prestigious TSANZ Janet Elder International Travel Award for Early Career Researchers. This award gave me the opportunity to attend and present my research in the form of an oral presentation at the American Thoracic Society (ATS) Annual Scientific Meeting held in San Francisco, USA, in May 2016 within the “Signaling, Remodeling and Contraction of the Airway” session.

The research I presented, entitled ‘Free fatty acid 4/GPR120 receptor agonist TUG891: a novel potent bronchodilator of small airways’ was a collaborative project between Monash University and the University of Melbourne in Victoria, Australia, and the University of Massachusetts Medical School, Worcester, USA. This project characterised a novel compound, TUG891, an agonist of the fatty acid receptor 4 (GPR120) in mouse precision cut lung slices. Using this unique technique that allows for assessment of small airways, with surrounding parenchymal tissue intact, our study was the first to identify potent, small airway bronchodilatory actions of the GPR120 agonist TUG891. Our research highlights the need for further exploration of the role of GPR120 in lung function as a new therapeutic target for the treatment of obstructive airway diseases.

My oral presentation was well received and generated a lot of discussion. Importantly, I received valuable feedback from world leaders in respiratory research, which is crucial for my development as an early career researcher. In addition, attendance at the ATS provided me with the opportunity to learn about the cutting edge respiratory research from around the world, to generate multiple networking opportunities and scientific discussions, and to further develop international collaborations that will be crucial for my future research career.

I would like to sincerely thank the TSANZ and Janet Elder’s family for this award. It has provided me with an amazing opportunity to showcase my research and enhance my international research profile.

**Recipient for Early Career Researcher: Richard Kim**

“NLRP3 INFLAMMASOME-MEDIATED, IL-1Β-DEPENDENT INFLAMMATORY RESPONSES DRIVE SEVERE, STEROID-INSENSITIVE ASTHMA”

I was honoured to be a recipient of this prestigious award and would like to thank TSANZ Elder family and for the invaluable opportunity to present my research in the form of an oral presentation at the International Congress of Immunology (ICI) in Melbourne, (August 2016).

My presentation, entitled ‘NLRP3 inflammasome-mediated, IL-1B-dependent inflammatory responses drive severe, steroid-insensitive asthma’, discussed work that I presented as a finalist in the Woolcock Young Investigator Award session at the TSANZ 2016 International Congress of Immunology (ICI) in Melbourne, (August 2016).

The research I presented, entitled ‘NLRP3 inflammasome-mediated, IL-1B-dependent inflammatory responses drive severe, steroid-insensitive asthma’, discussed work that I presented as a finalist in the Woolcock Young Investigator Award session at the TSANZ 2016 International Congress of Immunology (ICI) in Melbourne, (August 2016).

My oral presentation was well received and I obtained valuable feedback from world leaders in respiratory, immunology and inflammasome research, which is crucial for my development as an early career researcher.

Furthermore, attendance at the ICI 2016 provided me with the opportunity to broaden my understanding of my field of research, foster new, and reinforce existing, collaborations, facilitate further development of my projects, and enhance my international research profile.

**Recipient for Mid Career Researcher: Jay Horvat**

“IDENTIFICATION OF NOVEL THERAPEUTIC TARGETS FOR STEROID-INSENSITIVE ASTHMA USING MODELS THAT REPRESENT DIFFERENT CLINICAL SUBTYPES OF DISEASE”

Severe, steroid-resistant asthma is of considerable clinical and economic significance as affected individuals do not respond to mainstay corticosteroid treatments. These individuals experience more frequent exacerbations of disease, are more likely to require hospitalisation, and have a poor quality of life. Improved therapies are urgently required for steroid-resistant asthma, however, progress in this area has been hampered by a lack of understanding of the pathological processes that underpin the disease.

We have developed highly representative experimental models of severe, steroid-resistant asthma, that represent different phenotypes of disease observed in the clinic, and have used these models to identify potential drivers of disease. We are now validating our findings in patients with disease and testing whether targeting the factors that we have identified may be targeted therapeutically.

I will be using this award to attend the American Thoracic Society International Conference in 2017. I would like to thank the Elder family and TSANZ awards committee for affording me the opportunity to attend this international meeting to present my work, gain invaluable feedback and foster collaborations with researchers I would not otherwise be able to meet.

**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: Megan Jensen**

“NEUTROPHIL ACTIVITY IS HIGHER IN OVERWEIGHT, VERSUS HEALTHY-WEIGHT, ADULTS WITH ASTHMA, BUT DECREASES FOLLOWING A 14-WEEK DIETARY INTERVENTION”

Obesity in adults with asthma is highly prevalent and associated with higher proportion of airway neutrophils. This research extended our previous work by examining neutrophil activity. We found that markers of neutrophil activity were raised in overweight and obese adults, vs. healthy weight adults with asthma; and subsequently, a high-antioxidant diet caused a reduction. This indicates that dietary intervention with fruit and vegetables may be beneficial in overweight and obese adults with asthma.

This award will allow me to attend and present this work for discussion at the Japanese Respiratory Society in April 2017, which is a great opportunity for the development of an early career researcher.
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.

Recipient: Rachel Foong

“The Utility of Infant and Preschool Lung Function Testing as Sensitive, Non-Invasive Outcome Measures to Assess Severity of Lung Disease and Response to Treatment.”

This award allowed me to attend the North American Cystic Fibrosis (NACF) conference in Orlando, USA, and visit the Hospital for Sick Children in Toronto, Canada, to develop skills in multiple breath washout (MBW) testing. At the NACF conference, I presented my research on the utility of the MBW test to detect progression of early lung disease in preschool children. As part of research from the Australian Respiratory Early Surveillance Team for CF (AREST CF), I have correlated MBW outcomes with matched infection and inflammation outcomes and degree of bronchiectasis in children aged 3 to 6 years with CF. Preliminary results from my research show an association between MBW outcomes and progression of bronchiectasis. At the Hospital for Sick Children, I was able to spend time learning how to improve the feasibility of MBW testing in young children, which will further improve the quality of our data.

Recipient: Michelle Wood


Source of acquisition of CF respiratory pathogens is unclear. Cross-infection is considered a potential mechanism, although the exact routes are unknown and CF infection control practices aim to minimise contact and droplet transmission. Recent studies have demonstrated that people with CF cough P. aeruginosa aerosols within the respirable range and consequently some CF centres have recommended the use of surgical face masks in hospital communal areas to minimise environmental contamination.

My research project has been investigating the cough aerosol properties of non-P. aeruginosa organisms from individuals with CF and strategies to mitigate potential airborne transmission. My studies have revealed that other CF pathogens including S. aureus, A. xylosodixans, and M. abscessus are viable as droplet nuclei for up to 45 minutes after coughing and can travel up to 4 metres from the source. My research has demonstrated that both surgical and N95 face masks worn by patients with CF reduce airborne concentrations of viable P. aeruginosa during coughing, (the surgical mask was more comfortable) and cough etiquette was less effective than masks. These findings highlight the importance of stringent CF infection control practices that may need to extend to airborne precautions.

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: Stephen Milne

“Forced Oscillation Technique Measurements Relate to Hyperinflation and Lung Volume Improvements Following Long-Acting Bronchodilator in COPD”

The forced oscillation technique (FOT) was used to measure complex lung mechanics in patients with COPD, before and after a single dose of indacaterol. FOT measurements at baseline correlated with the degree of hyperinflation, as well as the subsequent reduction in hyperinflation following bronchodilator. FOT changes and hyperinflation measurement changes following bronchodilator were also correlated. This observation may be due to a change in accessible lung volume through recruitment of previously closed airways, decreased expiratory flow limitation, or decreased ventilation heterogeneity. FOT may be a useful tool to identify hyperinflated patients during resting tidal breathing, and to predict subsequent clinical response to long-acting bronchodilators.

TSANZ AND ASTHMA AUSTRALIA TRAVEL AWARDS

These awards will be made to three people working in the area of asthma. The person can be a respiratory specialist, nurse, physiotherapist or other health professional, researcher, clinician or scientist. 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 asthma.

Recipient: Megan Jensen

“Maternal Vitamin D Status During Pregnancy and Infant Respiratory Outcomes During the First 12 Months of Life”

My research interests are focused on nutritional therapy in the management of childhood asthma, and the role of maternal and early life nutrition in the development of respiratory disease.

This research provided preliminary data linking higher maternal vitamin D levels during pregnancy with a lower incidence of adverse infant respiratory outcomes in the first 12 months of life, in a group of infants at high-risk of developing asthma, and will lead to further work investigating the role of maternal nutritional status during gestation in the respiratory health of offspring.

This award allowed me to visit three institutions to present my research and discuss my future work with senior researchers in Boston and San Diego. I also attended the American Thoracic Society in May 2016 to present this work, from which I received valuable feedback. As a early career researcher, this experience was highly valuable.

Recipient: Stephen Milne

“FORCED OSCILLATION TECHNIQUE MEASUREMENTS RELATE TO HYPERINFLATION AND LUNG VOLUME IMPROVEMENTS FOLLOWING LONG-ACTING BRONCHODILATOR IN COPD”

The forced oscillation technique (FOT) was used to measure complex lung mechanics in patients with COPD, before and after a single dose of indacaterol. FOT measurements at baseline correlated with the degree of hyperinflation, as well as the subsequent reduction in hyperinflation following bronchodilator. FOT changes and hyperinflation measurement changes following bronchodilator were also correlated. This observation may be due to a change in accessible lung volume through recruitment of previously closed airways, decreased expiratory flow limitation, or decreased ventilation heterogeneity. FOT may be a useful tool to identify hyperinflated patients during resting tidal breathing, and to predict subsequent clinical response to long-acting bronchodilators.

Recipient: Megan Jensen

“MATERNAL VITAMIN D STATUS DURING PREGNANCY AND INFANT RESPIRATORY OUTCOMES DURING THE FIRST 12 MONTHS OF LIFE”

My research interests are focused on nutritional therapy in the management of childhood asthma, and the role of maternal and early life nutrition in the development of respiratory disease.

This research provided preliminary data linking higher maternal vitamin D levels during pregnancy with a lower incidence of adverse infant respiratory outcomes in the first 12 months of life, in a group of infants at high-risk of developing asthma, and will lead to further work investigating the role of maternal nutritional status during gestation in the respiratory health of offspring.

This award allowed me to visit three institutions to present my research and discuss my future work with senior researchers in Boston and San Diego. I also attended the American Thoracic Society in May 2016 to present this work, from which I received valuable feedback. As a early career researcher, this experience was highly valuable.
Recipient 2: Jay Horvat
“IDENTIFICATION OF NOVEL THERAPEUTIC TARGETS FOR STEROID-INSENSITIVE ASTHMA”

Severe, steroid-resistant asthma is a clinical challenge as patients do not respond to current corticosteroid treatments. Clinical studies suggest that respiratory infection and/or obesity are associated with the development of steroid resistance in asthma and/or the induction of more severe disease. We have investigated the pathological processes which underpin this disease to develop an experimental model of severe, steroid-resistance asthma, which can be used to test new therapeutic targets.

This award enabled my attendance at the European Respiratory Society Conference in 2016. Whilst in the UK I visited the labs of Prof Clare Lloyd (Imperial College London), Prof Ratko Djukanovic and A/Prof Tilman Sanchez-Elsner (University of Southampton), to discuss how our work can be validated in human patient samples. I would like to thank the TSANZ awards committee and Asthma Australia for affording me the opportunity to attend these highly relevant international respiratory meetings to present my work on severe, steroid-resistant asthma. It has provided me invaluable feedback on the nature and direction of my work, and fostered international collaborations.

Recipient 3: Hai Tran
“INNATE IMMUNE MECHANISMS, INCLUDING INFLAMMASOMES, WHICH ACTIVATE AND MAINTAIN CHRONIC INFLAMMATION IN ASTHMA”

Following an early publication on NLRP3 inflammasome activation in a mouse model of asthma [Tran et al J Allergy 2012:819176], I have noted a differential activation of a further inflammasome, absent in melanoma (AIM2) in the nasal epithelium of asthmatics with chronic rhino sinusitis [Tran et al Respiratory 2014;19(52):108]. My recent in vitro studies further revealed that cigarette smoke is a potent stimulant for NLRP3 inflammasome activation in macrophages. Importantly as a potential therapeutic avenue, NLRP3-associated cleavage of IL-1beta in cigarette smoke extract-treated macrophages was shown significantly down-regulated by the non-antibiotic derivatives of azithromycin (GS-459755 and GS-560660, in collaboration with Gilead Sciences, USA), and FTY720, a pro-drug clinically accepted for MS [Hodge Tran et al, in review by Am J Physiol Lung Cell Mol Physiol]. This award allowed me to present part of this work to the prestigious Aegean International Conference on Human and Translational Immunology, in September 2016, Rhodes, Greece.

SLATER AND GORDON INTERNATIONAL TRAVEL AWARD FOR MESOTHELIOMA RESEARCH

This award is presented to the author of the best abstract on mesothelioma with the aim to support international travel for dissemination of the recipient’s research.

Recipient: YC Gary Lee
“MONOCYTE CHEMOTACTIC PROTEIN (MCP)-1 IN MALIGNANT PLEURAL EFFUSION FORMATION IN MESOTHELIOMA”

I sincerely thank Slater & Gordon for this travel award which has enabled me to attend the 2016 American College of Chest Physicians (CHEST) Conference held in October 2016 in Los Angeles, USA. I delivered an oral presentation on the results of the Australasian Malignant Pleural Effusion (AMPLE) trial-1, that I led in a symposium entitled Latest Randomized Trials in Pleural Diseases. This multicentre randomised trial compared indwelling pleural catheter with conventional talc pleurodesis in 146 patients with malignant pleural effusions from Australia, New Zealand, Hong Kong and Singapore. I also presented a case in the Pleural Disease Masterclass as invited faculty. In addition to disseminating our research results, this award also allowed me the opportunity to develop new collaborations. Dr Gupta, who leads a NIH funded consortium on cystic lung disease, and I met at the meeting and have started looking into pneumothorax in this group of patients. We have since co-authored a review article.

GSK ERS TRAVEL AWARD (NZ MEMBERS)

This awards supports two New Zealand health practitioners or respiratory scientists who specialise in respiratory medicine, to travel to the European Respiratory Society International Congress. This award aims to help disseminate research and build the profile of early to mid career researchers.

Recipient: James Fingleton
This award supported my travel to the ERS Congress in 2016 to meet with current and potential international collaborators. I would like to thank TSANZ and GSK for this support in establishing myself as an independent researcher and my pursuit to conduct high quality respiratory research in New Zealand. From a clinical perspective, the opportunity to attend the ERS Congress also enabled me to further develop my knowledge as an asthma specialist and meet with colleagues currently running severe asthma services to discuss the most appropriate way to establish a severe asthma service in Wellington.

Recipient: Eskandarain Shafuddin
“THE CANT SCORE: PREDICTING MORTALITY IN EXACERBATIONS OF COPD”

My research focuses on the biochemical evidence of cardiac dysfunction in exacerbations of COPD. In this study, I analysed how biomarkers of cardiac stress and stretch, NT-proBNP and troponin T, could improve the values of exacerbation severity scores, using two separate prospective cohorts of hospitalised COPD patients as derivation and validation cohorts, respectively. I found that assessing the prognosis of COPD exacerbations could be improved by including these cardiac biomarkers. This award enabled me to present the outcomes of this study at the “Highlights in the management of COPD and beyond” session. This award also allowed me to network with other scholars, learn from other presentations, and improve my advanced bronchoscopic knowledge and skills.
In 2016, the TSANZ administered $874,000 worth of awards.

FELLOWSHIPS & SCHOLARSHIPS $660,000

PROJECT SUPPORT $95,000

INDIVIDUAL $12,500

TRAVEL $106,500

TOTAL $874,000¹

TSANZ recognises the support of associated organisations; the National Asthma Council, Asthma Australia, the Japanese Respiratory Society, and Lung Foundation Australia; in addition to sponsors, donors and bequests in funding research.

¹ Including administration of Lung Foundation Australia awards

Special Interest Group Awards

- Asthma & Allergy (supported by National Asthma Council Australia) - presented to Esther Cheah
- Asthma & Allergy (supported by Asthma Australia) - presented to Megan Jensen
- Pulmonary Physiology and Sleep, John Reid Prize (supported by Lung Foundation Australia) - presented to Kanika Jetmalani
- David Serisier Memorial Award 2016 for Translational Research in Bronchiectasis or Respiratory Infectious Disease (supported by Lung Foundation Australia) - presented to Greg Fox
- OELD/Population Health (supported by Maurice Blackburn) - presented to Isuru Seneviratne
- Lung Cancer (supported by Maurice Blackburn) - presented to Sally Lansley
- OLIV (supported by Boehringer Ingelheim) - presented to Kenneth Sinclair
- Primary Care (supported by Boehringer Ingelheim) - presented to Lorraine Smith
- Respiratory Nurses Oral (supported by Boehringer Ingelheim) - presented to Kerry Hall
- Cell Biology & Immunology – Thomas Iosifidis
- COPD – presented to Netsanet Negewo
- Cystic Fibrosis – presented to Daan Caudri
- Evidence-Based Medicine & Practice – presented to Zoe Kopsaftis
- Interventional Pulmonology / Bronchology – presented to David Fielding
- Physiotherapy – presented to Jamie Wood
- Tobacco Control – presented to Alexander Larcombe
- Peter van Asperen Paediatric Award – presented to Elizabeth Kepreotes
Respiratory Function Laboratory Accreditation Program

Key achievements for the year

- New process for Branch Site accreditation established
- Updated process for re-accreditation established
- Establishment of new Laboratory Accreditation Assessor Criteria
- First new assessor training course delivered at Annual Scientific Meeting
- Appointment of new Laboratory Accreditation and Support Officer

Respiratory Laboratories where accreditation was granted during 2016

<table>
<thead>
<tr>
<th>Location</th>
<th>Hospital/Unit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Austin, VIC</td>
<td>Austin Health, VIC</td>
</tr>
<tr>
<td>NSW</td>
<td>Concord Repatriation General Hospital, NSW</td>
</tr>
<tr>
<td>VIC</td>
<td>Eastern Health (was Box Hill), VIC</td>
</tr>
<tr>
<td>QLD</td>
<td>Gold Coast Hospital, QLD</td>
</tr>
<tr>
<td>QLD</td>
<td>Greenslopes Lung Function, QLD</td>
</tr>
<tr>
<td>NSW</td>
<td>John Hunter Hospital, NSW</td>
</tr>
<tr>
<td>QLD</td>
<td>Princess Margaret Hospital of Children, WA</td>
</tr>
<tr>
<td>QLD</td>
<td>Queensland Respiratory Services, QLD</td>
</tr>
<tr>
<td>QLD</td>
<td>Royal Brisbane &amp; Women's Hospital, QLD</td>
</tr>
<tr>
<td>TAS</td>
<td>Royal Hobart Hospital, TAS</td>
</tr>
<tr>
<td>WA</td>
<td>Royal Perth Hospital, WA</td>
</tr>
<tr>
<td>NSW</td>
<td>Westmead Children's Hospital, NSW</td>
</tr>
</tbody>
</table>

Respiratory Laboratories progressing in the accreditation review cycle (as at December 2016)

<table>
<thead>
<tr>
<th>Location</th>
<th>Hospital/Unit</th>
</tr>
</thead>
<tbody>
<tr>
<td>VIC</td>
<td>Alfred Hospital, VIC</td>
</tr>
<tr>
<td>QLD</td>
<td>Cairns Base Hospital Respiratory Laboratory, QLD</td>
</tr>
<tr>
<td>NZ</td>
<td>Counties Manukau, NZ</td>
</tr>
<tr>
<td>NSW</td>
<td>John Hunter Children's Hospital, NSW</td>
</tr>
<tr>
<td>NSW</td>
<td>Newcastle Pulmonary Function Laboratory, NSW</td>
</tr>
<tr>
<td>NSW</td>
<td>Peninsular Pulmonary Function Laboratory, NSW</td>
</tr>
<tr>
<td>NSW</td>
<td>Princess of Wales Hospital, NSW</td>
</tr>
<tr>
<td>VIC</td>
<td>Royal Melbourne, VIC</td>
</tr>
<tr>
<td>NSW</td>
<td>Sir Charles Gairdner Hospital, WA</td>
</tr>
<tr>
<td>NSW</td>
<td>St Vincent's Hospital, NSW</td>
</tr>
<tr>
<td>VIC</td>
<td>St Vincent's Hospital, VIC</td>
</tr>
<tr>
<td>NSW</td>
<td>Sutherland Hospital, NSW</td>
</tr>
</tbody>
</table>

Volunteer Accreditation Assessors

<table>
<thead>
<tr>
<th>Assessor Name</th>
<th>Assessor Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>David Barnes</td>
<td>James Douglas</td>
</tr>
<tr>
<td>Brightie Borg</td>
<td>Matthew Ellis</td>
</tr>
<tr>
<td>Jeffrey Bowden</td>
<td>Michael Epton</td>
</tr>
<tr>
<td>Sue Brenton</td>
<td>Bill Finucane</td>
</tr>
<tr>
<td>Peter Briffa</td>
<td>Leanne Gauld</td>
</tr>
<tr>
<td>David Bucens</td>
<td>Hugh Greville</td>
</tr>
<tr>
<td>Keith Burgess</td>
<td>Graham Hall</td>
</tr>
<tr>
<td>Eleonora Del Colle</td>
<td>David Hillman</td>
</tr>
<tr>
<td>Annette Dent</td>
<td>Craig Hukins</td>
</tr>
<tr>
<td></td>
<td>Sandra Jeffery</td>
</tr>
<tr>
<td></td>
<td>Sonya Johnston</td>
</tr>
<tr>
<td></td>
<td>Mark Jurisevic</td>
</tr>
<tr>
<td></td>
<td>Brendan Kennedy</td>
</tr>
<tr>
<td></td>
<td>Greg King</td>
</tr>
<tr>
<td></td>
<td>Paul King</td>
</tr>
<tr>
<td></td>
<td>Edmund Lau</td>
</tr>
<tr>
<td></td>
<td>Pam Liakakos</td>
</tr>
<tr>
<td></td>
<td>Phil Masel</td>
</tr>
<tr>
<td></td>
<td>John McLachlan</td>
</tr>
<tr>
<td></td>
<td>Lucy Morgan</td>
</tr>
<tr>
<td></td>
<td>Stephen Morrison</td>
</tr>
<tr>
<td></td>
<td>Phillip Munoz</td>
</tr>
<tr>
<td></td>
<td>Matthew Naughton</td>
</tr>
<tr>
<td></td>
<td>Andrew Ng</td>
</tr>
<tr>
<td></td>
<td>Phil Robinson</td>
</tr>
<tr>
<td></td>
<td>Peter Rochford</td>
</tr>
<tr>
<td></td>
<td>Peter Rogers</td>
</tr>
<tr>
<td></td>
<td>David Schembri</td>
</tr>
<tr>
<td></td>
<td>Robin Schoeffel</td>
</tr>
<tr>
<td></td>
<td>Hiran Selvadurai</td>
</tr>
<tr>
<td></td>
<td>Bhajan Singh</td>
</tr>
<tr>
<td></td>
<td>Brian Smith</td>
</tr>
<tr>
<td></td>
<td>Dan Smith</td>
</tr>
<tr>
<td></td>
<td>Anne Marie</td>
</tr>
<tr>
<td></td>
<td>Southcott</td>
</tr>
<tr>
<td></td>
<td>Maureen Swanney</td>
</tr>
<tr>
<td></td>
<td>Bruce Thompson</td>
</tr>
<tr>
<td></td>
<td>Justin Travers</td>
</tr>
<tr>
<td></td>
<td>Elizabeth Vetch</td>
</tr>
<tr>
<td></td>
<td>Jarrod Warner</td>
</tr>
<tr>
<td></td>
<td>Liam Welsh</td>
</tr>
<tr>
<td></td>
<td>John Wheatley</td>
</tr>
<tr>
<td></td>
<td>Richard Wood-Baker</td>
</tr>
<tr>
<td></td>
<td>Iven Young</td>
</tr>
</tbody>
</table>

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
This year’s theme for the ASM was *The Early Origins of Lung Disease*, with over 60 invited international and Australasian invited speakers contributing to a broad program catering for the interests of all TSANZ and ANZSRS members.

Keynote speakers included:
- Prof Patrick G Holt, Telethon Kids Institute, West Perth (Wunderly Orator)
- Prof James E. Gern, University of Wisconsin, USA
- Prof Susan Gunst, Indiana University School of Medicine, USA
- Prof John Henderson, University of Bristol, UK
- Prof Fernando Martinez, University of Arizona, USA (ANZSRS)

ASM highlights in Perth included plenaries and SIG symposia addressing ‘Patterns of Lung Function from Childhood to Adult life’, ‘Vaccine Preventable Respiratory Disease’ and ‘Randomised Clinical Trials in Respiratory Medicine’. Successful cooperation continued between TSANZ and ANZSRS through the joint plenary featuring three international keynote speakers and the ANZSRS/TSANZ Masterclass on Bronchial Provocation. New initiatives included interactive case-based sessions for clinicians on the management of pulmonary embolism and pleural fibrosis, and a well-received breakfast session for women in medicine and science.

Media coverage of the ASM continued to increase, particularly focused in Coal Workers Pneumoconiosis, the first national bronchial thermoplasty trial and the crisis in lung health research funding. In addition to numerous articles both online and in print, items related to the ASM were also broadcast on radio and across every national television station in Australia.

Planning for the next TSANZSRS ASM is well underway (Canberra, March 24-28, 2017) with the theme of ‘Novel Therapeutic Interventions’. Prof Jennifer L Martin, Griffith University, has been named as the Wunderly Orator. The significant contributions throughout 2016 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 2017.

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**TSANZSRS Conference Committee**

**Background to the TSANZSRS Conference Committee**

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

**Members:**
- 2016 TSANZ Board Representative: Jane Bourke
- TSANZ Local Organising Committee (LOC) for the Annual Scientific Meeting (ASM)
- 2016 TSANZ LOC Chair: Peter Noble (WA)
- 2017 TSANZ Board Representative: Denise O'Driscoll
- 2017 TSANZ LOC Chair: Alistair Abbott (NSW)
SIG ABSTRACTS 2016

TOTAL 387

REGISTRATIONS

by country 866 TOTAL

Australia 801 TOTAL

New Zealand 41 TOTAL

includes only TSANZ paying, complimentary and sponsors

GALA DINNER

533 Gala Dinner Attendees

EXHIBITORS

Companies 29

Exhibition Personnel 136

includes ANZSRS and TSANZ exhibitors
Treasurer’s Report

During 2016 the TSANZ has continued to experience modest growth. This reflects the increase in member numbers as well as increased activity across branches, continuing education, conferences and research administration. Total assets grew to $5.925 million in 2016, up from $5.599 million in 2015, mainly due to collection from ASM sponsors as well as grants and awards. Total Society funds improved from $3.802 million to $3.890 million, and includes the $1.545 million reserves for the Asthma & Airways research, Janet Elder and Peter Phelan travel awards. Total liabilities increased from $1.796 million to $2.035 million, due to an increase in sponsorship income received in advance.

As of 31 December 2016, the Society’s total comprehensive (net) income for the year totalled $87,987 compared to $33,099 in 2015. This was mainly due to an increase in the delivery of conferences and educational courses. Early adoption of the provisions of the Australian Accounting Standards Board (AASB) 1058 on Income of Not-For-Profit Entities, which was issued on 9th December 2016, ensured that awards sponsorship income recognised in this year’s report are matched against corresponding payments to awards recipients. Not only does the new standard allow proper matching of income against the related expenses, AASB 1058 also assists in better forecasting the Society’s results for the year.
TSANZ membership continues to grow from 1,393 members in 2015, to 1,449 as of 31 December 2016. As such, the TSANZ Board decided not to increase member fees in 2017. With the increased activities at both branch and national levels, the Society also saw its staff support increase from 4.4 full time equivalent (FTE) in 2015 to 5.6 FTE by the end of 2016, to support continuing professional education, laboratory accreditation and membership services.

In closing, I would like to thank Shen and the TSANZ staff for their support and hard work; the auditor, James Winter, and his team at Grant Thornton for their ongoing advice, completion of the audit process, and preparation of the finance reports; and Mr Patrick Regan, Ms Bernadette Connolly and their team at Morgan Stanley for their assistance and management of the TSANZ investment portfolio.

Peter Middleton
DIRECTOR/TREASURER
Corporate Information

Directors (Responsible Entities)

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

David Fielding MBBS, MD, FRACP
Appointed to the Board on 2 April 2016
Interest in contracts: NIL

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

Allan Glanville MBBS, MD, FRACP
Appointed to the Board on 2 April 2016
Interest in contracts: NIL

Philip Michael Hansbro PhD
Appointed to 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

Hubertus Jersmann MBBS, MD, FRACP, PhD
Appointed to the Board on 2 April 2016
Interest in contracts: NIL

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

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

John McLachlan, MBChB, CRFS, FCP, FRACP
Appointed to the Board on 4 April 2016
Interest in contracts: NIL

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

Denise Marie O’Driscoll BAppSc (Hons), RPSGT, PhD
Appointed to the Board on 28 March 2015
Interest in contracts: NIL

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

Bruce Thompson, BAppSc, CRFS, FANZSRS, PhD
Appointed to the Board on 5 April 2014
Interest in contracts: NIL

Claire Elizabeth Wainwright MBBS, MRCP, FRACP, MD, FAAHMS
Appointed to the Board on 28 March 2015
Interest in contracts: Consultant for Vertex Pharmaceuticals.

Richard Wood-Baker MBBS, MD, Med, MRCP(I), FRACP, FRCP
Appointed to the Board on 29 March 2015
Interest in contracts: NIL

Principal Activities and Objectives

The principal activities of The Thoracic Society of Australia and New Zealand Limited (the “Company”, “TSANZ”) during the financial year were to improve the knowledge and understanding of lung disease, to prevent respiratory illness through research and health promotion, and improve healthcare 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 objects 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.
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 lead auditor for the audit of The Thoracic Society of Australia and New Zealand Limited for the year ended 31 December 2016, 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.

GRANT THORNTON AUDIT PTY LTD
Chartered Accountants

James Winter
Partner - Audit & Assurance
Sydney, 10 February 2017
## Statement of Profit or Loss

For the Year Ended 31 December 2016

<table>
<thead>
<tr>
<th>Note</th>
<th>2016 ($)</th>
<th>2015 ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Revenue</td>
<td>2</td>
<td>2,790,725</td>
</tr>
<tr>
<td>Employee benefits expenses</td>
<td>2</td>
<td>(517,154)</td>
</tr>
<tr>
<td>Depreciation expenses</td>
<td>7</td>
<td>(66,187)</td>
</tr>
<tr>
<td>Grants/Awards expenses</td>
<td></td>
<td>(455,921)</td>
</tr>
<tr>
<td>Administration expenses</td>
<td></td>
<td>(356,102)</td>
</tr>
<tr>
<td>ASM expenses</td>
<td></td>
<td>(1,042,398)</td>
</tr>
<tr>
<td>State branch expenses</td>
<td></td>
<td>(305,193)</td>
</tr>
</tbody>
</table>

| Surplus for the year | 47,770 | 88,015 |

**Other Comprehensive income**

<table>
<thead>
<tr>
<th>Note</th>
<th>2016 ($)</th>
<th>2015 ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Net change in fair value of available-for-sale financial assets</td>
<td>40,217</td>
<td>(54,916)</td>
</tr>
</tbody>
</table>

**Total Comprehensive income for the year**

| | 87,897 | 33,099 |

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 2016

<table>
<thead>
<tr>
<th>Note</th>
<th>2016 ($)</th>
<th>2015 ($)</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>1,523,765</td>
</tr>
<tr>
<td>Trade and other receivables</td>
<td>4</td>
<td>805,169</td>
</tr>
<tr>
<td>Other current assets</td>
<td>5</td>
<td>90,712</td>
</tr>
<tr>
<td><strong>Total current assets</strong></td>
<td></td>
<td>2,419,646</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>2,688,281</td>
</tr>
<tr>
<td>Plant and equipment</td>
<td>7</td>
<td>785,247</td>
</tr>
<tr>
<td>Other non-current assets</td>
<td>5</td>
<td>32,549</td>
</tr>
<tr>
<td><strong>Total non-current assets</strong></td>
<td></td>
<td>3,506,077</td>
</tr>
<tr>
<td><strong>TOTAL ASSETS</strong></td>
<td></td>
<td>5,925,723</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>2,017,733</td>
</tr>
<tr>
<td>Provision for annual leave</td>
<td></td>
<td>17,550</td>
</tr>
<tr>
<td><strong>Total current liabilities</strong></td>
<td></td>
<td>2,035,283</td>
</tr>
<tr>
<td><strong>TOTAL LIABILITIES</strong></td>
<td></td>
<td>2,035,283</td>
</tr>
<tr>
<td><strong>NET ASSETS</strong></td>
<td></td>
<td>3,890,440</td>
</tr>
<tr>
<td><strong>FUNDS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Available for sale reserve</td>
<td>9</td>
<td>59,974</td>
</tr>
<tr>
<td>Awards reserve</td>
<td>9</td>
<td>1,545,646</td>
</tr>
<tr>
<td>Accumulated Funds</td>
<td></td>
<td>2,284,820</td>
</tr>
<tr>
<td><strong>TOTAL FUNDS</strong></td>
<td></td>
<td>3,890,440</td>
</tr>
</tbody>
</table>

The Statement of Financial Position should be read in conjunction with the accompanying notes to the financial report.
Statement of changes in Funds
For the Year Ended 31 December 2016

<table>
<thead>
<tr>
<th></th>
<th>2015</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Note</td>
<td>Awards Reserve $</td>
</tr>
<tr>
<td>Balance at 1 January 2015</td>
<td>1,504,430</td>
<td>74,673</td>
</tr>
<tr>
<td>Surplus for the year</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Other Comprehensive Income</td>
<td>-</td>
<td>(54,916)</td>
</tr>
<tr>
<td>Transfer from Accumulated Funds</td>
<td>(9,262)</td>
<td>-</td>
</tr>
<tr>
<td>Balance at 31 December 2015</td>
<td>1,495,168</td>
<td>19,757</td>
</tr>
<tr>
<td>Balance at 1 January 2016</td>
<td>1,495,168</td>
<td>19,757</td>
</tr>
<tr>
<td>Surplus for the year</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Other Comprehensive Income</td>
<td>-</td>
<td>40,217</td>
</tr>
<tr>
<td>Transfer from Accumulated Funds</td>
<td>50,478</td>
<td>-</td>
</tr>
<tr>
<td>Balance at 31 December 2016</td>
<td>1,545,646</td>
<td>59,974</td>
</tr>
</tbody>
</table>

The Statement of Changes in Funds should be read in conjunction with the accompanying notes to the financial report.
Statement of Cash Flows
For the Year Ended 31 December 2016

<table>
<thead>
<tr>
<th>Note</th>
<th>2016 ($)</th>
<th>2015 ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Cash flow from operating activities</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Receipts from customers and members</td>
<td>3,192,159</td>
<td>2,366,753</td>
</tr>
<tr>
<td>Payments to suppliers and employees</td>
<td>(2,950,363)</td>
<td>(2,327,858)</td>
</tr>
<tr>
<td>Interest and dividends received</td>
<td>152,863</td>
<td>135,219</td>
</tr>
<tr>
<td>Net cash provided by operating activities</td>
<td>394,659</td>
<td>174,114</td>
</tr>
<tr>
<td><strong>Cash flow from investing activities</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Payments for purchase of plant and equipment</td>
<td>(2,614)</td>
<td>(82,282)</td>
</tr>
<tr>
<td>Acquisition of Financial Assets</td>
<td>(38,801)</td>
<td>(49,157)</td>
</tr>
<tr>
<td>Net cash (used)/provided by investing activities</td>
<td>(41,415)</td>
<td>(131,439)</td>
</tr>
<tr>
<td>Net (decrease)/increase in cash and cash equivalents</td>
<td>353,244</td>
<td>42,675</td>
</tr>
<tr>
<td>Cash and cash equivalents at the beginning of the year</td>
<td>1,170,521</td>
<td>1,127,846</td>
</tr>
<tr>
<td><strong>Cash and cash equivalents at the end of the year</strong></td>
<td>1,523,765</td>
<td>1,170,521</td>
</tr>
</tbody>
</table>

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

FOR THE YEAR ENDED 31 DECEMBER 2016

The Thoracic Society of Australia and New Zealand Limited is a company limited by guarantee registered under the Australian Charities and Not-for-profits Commission Act 2012, and domiciled in Australia.

The financial report of the Company for the year ended 31 December 2016 was authorised for issue in accordance with a resolution of the Responsible Entities (the "Directors) on 10 February 2017.

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%</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
(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 the revenue or expenses.
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 awards and grants.

Note 2: Revenue, other income and expenses

<table>
<thead>
<tr>
<th>(a) Revenue and Other Income</th>
<th>2016 ($)</th>
<th>2015 ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Members subscriptions</td>
<td>412,751</td>
<td>391,417</td>
</tr>
<tr>
<td>Revenue from ASM receipts</td>
<td>1,305,113</td>
<td>1,178,175</td>
</tr>
<tr>
<td>Revenue from grants, awards sponsors and other activities</td>
<td>919,505</td>
<td>752,910</td>
</tr>
<tr>
<td>Investment Interest and Dividends</td>
<td>115,031</td>
<td>127,725</td>
</tr>
<tr>
<td>Realised gain (loss) on disposal of investments</td>
<td>282</td>
<td>16,397</td>
</tr>
<tr>
<td>Bank Interest</td>
<td>5,029</td>
<td>7,494</td>
</tr>
<tr>
<td>Franking credits receivable</td>
<td>19,104</td>
<td>15,802</td>
</tr>
<tr>
<td>Bequeathed Funds</td>
<td>11,744</td>
<td>-</td>
</tr>
<tr>
<td>Donations</td>
<td>2,166</td>
<td>2,120</td>
</tr>
<tr>
<td><strong>Total Revenue</strong></td>
<td><strong>2,790,725</strong></td>
<td><strong>2,492,040</strong></td>
</tr>
</tbody>
</table>

(b) Expenses

| ASM Expenses                                                    | (1,042,398) | (950,893) |

(c) Employee benefits expense

| Wages and Salaries                                              | (468,130)   | (350,104) |
| Agency Temp staff                                               | -           | (2,034)   |
| Workers Compensation                                            | (1,784)    | (1,059)   |
| Recruitment                                                     | (2,863)    | (23,956)  |
| Superannuation                                                  | (43,240)   | (33,009)  |
| Movement in employee provision                                  | 115        | (7,573)   |
| Salaries – Other                                                | (1252)     | (471)     |
| **Total**                                                       | **(517,154)** | **(418,206)** |
Note 3: Cash and Cash Equivalents

<table>
<thead>
<tr>
<th></th>
<th>2016 ($)</th>
<th>2015 ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash on hand</td>
<td>250</td>
<td>250</td>
</tr>
<tr>
<td>Cash at bank</td>
<td></td>
<td></td>
</tr>
<tr>
<td>General account</td>
<td>68,205</td>
<td>88,505</td>
</tr>
<tr>
<td>CBA Peter Phelan account</td>
<td>34,117</td>
<td>31,669</td>
</tr>
<tr>
<td>Australian Severe Asthma</td>
<td>270,041</td>
<td>267,754</td>
</tr>
<tr>
<td>Asthma &amp; Airways</td>
<td>66,090</td>
<td>27,916</td>
</tr>
<tr>
<td>APSR 2017 premium saver acct</td>
<td>14,012</td>
<td>-</td>
</tr>
<tr>
<td>ASM Conference 2016 account / TSANZ ANZ Account</td>
<td>454,727</td>
<td>266,582</td>
</tr>
<tr>
<td>Lungs For Life Fund</td>
<td>34,875</td>
<td>-</td>
</tr>
<tr>
<td>Benevolent Funds'</td>
<td>8,959</td>
<td>6,727</td>
</tr>
<tr>
<td>Business online saver account</td>
<td>423,952</td>
<td>382,194</td>
</tr>
<tr>
<td>NZ Branch Business Saver</td>
<td>50,289</td>
<td>7,494</td>
</tr>
<tr>
<td>Suncorp</td>
<td>98,248</td>
<td>91,430</td>
</tr>
<tr>
<td>Total</td>
<td>1,523,765</td>
<td>1,170,521</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.

Note 4: Trade and other receivables

<table>
<thead>
<tr>
<th></th>
<th>2016($)</th>
<th>2015 ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trade debtors</td>
<td>6,000</td>
<td>299,307</td>
</tr>
<tr>
<td>Allowance for doubtful debts</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>ASM trade debtors and other receivables</td>
<td>732,079</td>
<td>501,805</td>
</tr>
<tr>
<td>Franking Credits receivable from ATO</td>
<td>12,241</td>
<td>25,940</td>
</tr>
<tr>
<td>Accrued income</td>
<td>17,304</td>
<td>24,154</td>
</tr>
<tr>
<td>Other</td>
<td>37,545</td>
<td>73,083</td>
</tr>
<tr>
<td>Total current trade and other receivables</td>
<td>805,169</td>
<td>924,289</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>2016 ($)</th>
<th>2015 ($)</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><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>2016 ($)</th>
<th>2015 ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>a. Term Deposits held to maturity</strong></td>
<td>695,000</td>
<td>1,320,000</td>
</tr>
<tr>
<td><strong>b. Available for sale financial assets</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Managed funds at market value</td>
<td></td>
<td></td>
</tr>
<tr>
<td>-- Morgan Stanley Investments</td>
<td>1,993,281</td>
<td>1,289,263</td>
</tr>
<tr>
<td><strong>Total financial assets</strong></td>
<td>2,688,281</td>
<td>2,609,263</td>
</tr>
</tbody>
</table>

Note 7: Property Plant and Equipment

<table>
<thead>
<tr>
<th></th>
<th>2016 ($)</th>
<th>2015 ($)</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>(131,994)</td>
<td>(110,737)</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>718,288</td>
<td>739,545</td>
</tr>
<tr>
<td><strong>Furniture and fittings</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>At cost</td>
<td>21,256</td>
<td>20,570</td>
</tr>
<tr>
<td>Less accumulated depreciation</td>
<td>(19,512)</td>
<td>(18,823)</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>1,744</td>
<td>1,747</td>
</tr>
<tr>
<td><strong>Office equipment</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>At cost</td>
<td>173,972</td>
<td>172,044</td>
</tr>
<tr>
<td>Less accumulated depreciation</td>
<td>(108,757)</td>
<td>(64,516)</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>65,215</td>
<td>107,528</td>
</tr>
<tr>
<td></td>
<td>785,247</td>
<td>848,820</td>
</tr>
</tbody>
</table>
Note 7: Property, Plant and Equipment (continued)

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

<table>
<thead>
<tr>
<th></th>
<th>2016 ($)</th>
<th>2015 ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Balance at the beginning of the year</td>
<td>848,820</td>
<td>806,781</td>
</tr>
<tr>
<td>Additions</td>
<td>2,614</td>
<td>82,282</td>
</tr>
<tr>
<td>Disposals</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Depreciation expense</td>
<td>(66,187)</td>
<td>(40,243)</td>
</tr>
<tr>
<td>Carrying amount at the end of the year</td>
<td>785,247</td>
<td>848,820</td>
</tr>
</tbody>
</table>

Note 8: Trade and Other Payables

<table>
<thead>
<tr>
<th></th>
<th>2016 ($)</th>
<th>2015 ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trade payables</td>
<td>228,953</td>
<td>117,822</td>
</tr>
<tr>
<td>GST payable</td>
<td>116,882</td>
<td>117,377</td>
</tr>
<tr>
<td>PAYG withholding payable</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Unspent ASANP funds</td>
<td>270,041</td>
<td>317,754</td>
</tr>
<tr>
<td>Membership in advance 2016</td>
<td>-</td>
<td>246,754</td>
</tr>
<tr>
<td>Membership in advance 2017</td>
<td>148,831</td>
<td>-</td>
</tr>
<tr>
<td>Income in advance – ASM</td>
<td>742,874</td>
<td>614,889</td>
</tr>
<tr>
<td>Income in advance – sponsorship</td>
<td>184,681</td>
<td>-</td>
</tr>
<tr>
<td>Grant and sponsorship monies in advance</td>
<td>224,000</td>
<td>250,581</td>
</tr>
<tr>
<td>Accrued expenses</td>
<td>-</td>
<td>7,553</td>
</tr>
<tr>
<td>Company contribution</td>
<td>7,250</td>
<td>7,745</td>
</tr>
<tr>
<td>Other payables</td>
<td>94,221</td>
<td>98,551</td>
</tr>
<tr>
<td></td>
<td>2,017,733</td>
<td>1,779,026</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>2016 ($)</th>
<th>2015($)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asthma &amp; Airways Research Award</td>
<td>876,168</td>
<td>832,994</td>
</tr>
<tr>
<td>Janet Elder Travel Award</td>
<td>407,323</td>
<td>400,505</td>
</tr>
<tr>
<td>Peter Phelan Travel Award</td>
<td>262,155</td>
<td>261,669</td>
</tr>
<tr>
<td><strong>Closing at the end of the year</strong></td>
<td>1,545,646</td>
<td>1,495,168</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>2016 ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Directors</td>
<td>-</td>
</tr>
<tr>
<td>Key management personnel (other than Directors)</td>
<td>195,912</td>
</tr>
<tr>
<td>Total Key Management Personnel Compensation</td>
<td>195,912</td>
</tr>
</tbody>
</table>

Note 11: Cash Flow Information

Reconciliation of Net cash provided by operating activities with surplus:

<table>
<thead>
<tr>
<th></th>
<th>2016 ($)</th>
<th>2015 ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Surplus for the year</td>
<td>47,770</td>
<td>88,015</td>
</tr>
<tr>
<td>Non-cash flows in net surplus for the year:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Depreciation</td>
<td>66,187</td>
<td>40,243</td>
</tr>
<tr>
<td>Gain on financial assets</td>
<td>-</td>
<td>(17,117)</td>
</tr>
<tr>
<td>Changes in operating assets and liabilities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Decrease in trade receivables and other assets</td>
<td>42,111</td>
<td>(104,212)</td>
</tr>
<tr>
<td>Increase/(Decrease) in trade payables and accruals</td>
<td>238,707</td>
<td>176,624</td>
</tr>
<tr>
<td>(Decrease)/Increase in provisions</td>
<td>(116)</td>
<td>(9,439)</td>
</tr>
<tr>
<td>Net cash provided by operating activities</td>
<td>394,659</td>
<td>174,114</td>
</tr>
</tbody>
</table>
Note 12: Lease Commitments

Non-cancellable lease payments

<table>
<thead>
<tr>
<th></th>
<th>2016 ($)</th>
<th>2015 ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not later than one year</td>
<td>23,361</td>
<td>23,361</td>
</tr>
<tr>
<td>Later than one year but not later than 5 years</td>
<td>19,468</td>
<td>42,829</td>
</tr>
<tr>
<td></td>
<td>42,829</td>
<td>66,190</td>
</tr>
</tbody>
</table>

Note 13: Prior Period Adjustment

During the year, the Company reviewed its accounting for project contributions, grants and sponsorships, and early adopted AASB 15 and AASB 1058. The effect was that certain funding, where there is substantive unfulfilled performance obligation, was deferred. The change in accounting policy has been retrospectively applied in this financial report with the impacts of the changes applied in this report detailed below.

The effect of the prior period adjustment on these financial statements is shown below:

<table>
<thead>
<tr>
<th></th>
<th>Balance as disclosed in the 31 December 2015 financial statements</th>
<th>Adjustment as a result of early adoption of accounting standards</th>
<th>Restated opening balance/comparative at 2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operating Revenue 2015</td>
<td>$2,437,621</td>
<td>$54,419</td>
<td>$2,492,040</td>
</tr>
<tr>
<td>Trade and Other Payables 2015</td>
<td>$1,528,445</td>
<td>$250,581</td>
<td>$1,779,026</td>
</tr>
<tr>
<td>Awards Reserve 2015</td>
<td>$1,815,750</td>
<td>($320,582)</td>
<td>$1,495,168</td>
</tr>
<tr>
<td>Opening Funds 1 January 2015</td>
<td>$4,074,354</td>
<td>($305,000)</td>
<td>$3,769,354</td>
</tr>
<tr>
<td>Closing Fund 31 December 2015</td>
<td>$4,053,034</td>
<td>($250,581)</td>
<td>$3,802,453</td>
</tr>
</tbody>
</table>

Note 14: Subsequent Events

Nil

Note 15: 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 16: 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 2016 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

Peter Middleton
Director/Treasurer

Dated in Sydney this 10th day of February 2017
Independent Auditor’s Report

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


Opinion

We have audited the financial report of The Thoracic Society of Australia and New Zealand Limited (the “registered entity”), which comprises the statement of financial position as at 31 December 2016, the statement of profit or loss and comprehensive income, statement of changes in funds and statement of cash flows for the year then ended, and notes to the financial statements, including a summary of significant accounting policies, and the Responsible Entities’ declaration.

In our opinion the financial report of The Thoracic Society of Australia and New Zealand Limited has been prepared in accordance with Division 60 of the Australian Charities and Not-for-profits Commission Act 2012, including:

a) giving a true and fair view of the registered entity’s financial position as at 31 December 2016 and of its financial performance for the year then ended; and
b) complying with Australian Accounting Standards and Division 60 of the Australian Charities and Not-for-profits Commission Regulation 2013.

Basis for Opinion

We conducted our audit in accordance with Australian Auditing Standards. Our responsibilities under those standards are further described in the Auditor’s Responsibilities for the Audit of the Financial Report section of our report. We are independent of the registered entity in accordance with the auditor independence requirements of the Australian Charities and Not for-profits Commission Act 2012 (“ACNC Act”) and the ethical requirements of the Accounting Professional and Ethical Standards Board’s APES 110 Code of Ethics for Professional Accountants (the “Code”) that are relevant to our audit of the financial report in Australia. We have also fulfilled our other ethical responsibilities in accordance with the Code.

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

**Responsibilities of Responsible Entities and Those Charged with Governance for the Financial Report**

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

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

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

**Auditor’s Responsibilities for the Audit of the Financial Report**

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

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

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

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the registered entity’s internal control.
• Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by Responsible Entities.

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

• Evaluate the overall presentation, structure and content of the financial report, including the disclosures, and whether the financial report represents the underlying transactions and events in a manner that achieves fair presentation.

We communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

GRANT THORNTON AUDIT PTY LTD
Chartered Accountants

James Winter
Partner - Audit & Assurance

Sydney, 10 February 2017