




TEN OF ADVANCING YEARS HEALTH RESEARCH THROUGH COLLABORATION

Annual Report
2013-2014



BIOGRID
AUSTRALIA

BioGrid Facts

 **28** Number of Members at 30 June 2014
representing
44 institutions

 **111**
Journal publications to date

 **96** Approved active audit/research projects during 2013-14

Thirty-four  Current Institution Ethics Approvals at 30 June 2014

1.32 million

Individual patients available through BioGrid



Conferences

15 Conference presentations
during 2013-14

NATIONAL = Adelaide, Brisbane,
Canberra, Melbourne and Sydney

INTERNATIONAL = Paris, Kuala Lumpur,
Chicago and San Francisco

BioGrid Members and Collaborators



ACT Health
Canberra Hospital

AlfredHealth

Alfred Health
The Alfred
Caulfield Hospital
Sandringham Hospital



Austin Health
Austin Hospital
Heidelberg Repatriation Hospital



Baker IDI Heart and Diabetes Institute



Ballarat Health Services
Ballarat Base Hospital
Queen Elizabeth Centre



Barwon Health
Geelong Hospital



Bendigo Health
Bendigo Hospital



Central Adelaide Local Health Network
Royal Adelaide Hospital
The Queen Elizabeth Hospital



Eastern Health
Angliss Hospital
Box Hill Hospital
Healesville Hospital
Maroondah Hospital



Goulburn Valley Health
Goulburn Valley Hospital



Latrobe Regional Hospital



Ludwig Institute for Cancer Research



Melbourne Health
The Royal Melbourne Hospital



Metro North Hospital and Health Service
Royal Brisbane and Women's Hospital
Prince Charles Hospital

MonashHealth

Monash Health
Monash Medical Centre, Clayton
Monash Medical Centre, Moorabbin
Casey Hospital
Dandenong Hospital



Monash University*



Murdoch Childrens Research Institute



Northern Health
The Northern Hospital



Peninsula Health
Frankston Hospital
Rosebud Hospital



Peter MacCallum Cancer Centre



Radiation Oncology Victoria



St Vincent's Hospital, Melbourne



Tasmanian Government Department of Health and Human Services
Royal Hobart Hospital
Launceston General Hospital



The Royal Children's Hospital



The Royal Women's Hospital



The University of New South Wales



The University of Melbourne



The Walter and Eliza Hall Institute of Medical Research



Western Health
Footscray Hospital
Sunshine Hospital
The Williamstown Hospital

*Non-member collaborator

Chairman's Report



Bryan Williams

In its tenth anniversary year, it gives me great pleasure to present to you the 2013-14 Annual Report of BioGrid Australia. Earlier in 2014 international and Australian researchers, policy makers, clinicians and industry representatives gathered at a two-day International Clinical and Translational Research Informatics Symposium to celebrate the 10th anniversary of BioGrid Australia and the launch of the University of Melbourne's Health and Biomedical Informatics Centre. You can read more about this important milestone event in the pages ahead. This year's report discusses recent achievements as well as opportunities that are being explored that will shape the next 10 years and beyond.

The focus of the Board has continued to be on financial sustainability to support the 3-year business plan which has a key objective of BioGrid becoming sustainable by 2015-16. The focus of the organisation for the 2014-15 year is to obtain new project specific revenue whilst working towards becoming sustainable by 2015-16.

Since its inception in 2003, BioGrid has transitioned from an unincorporated joint venture of collaborative institutions to a not for profit company limited by member guarantee servicing 29 members and collaborators across Australia. During the year, the Victorian government committed interim funding for 2013-14 enabling BioGrid to achieve its fiscal goals.

This year we welcomed two new members, the Murdoch Childrens Research Institute and Metro North Hospital and Health Service, represented by the Royal Brisbane and Women's and Prince Charles hospitals. We look forward to working with our new members as collaborative national research projects progress.

I would like to thank the many people who have contributed to BioGrid's successes over the years, especially the BioGrid staff and all the clinical leaders and researchers for their hard work and perseverance over the past 10 years. A special thanks to the executive management team; Maureen Turner (Chief Executive Officer), A/Prof Peter Gibbs (Head, Clinical Research), Leon Heffer (Head, Data Services) and Naomi Rafael

(Head, Technology and Systems), for their dedication and commitment to the ongoing operation and development of BioGrid.

Since 2003 Melbourne Health has continued to act as Secretariat and home for BioGrid. The continued support for BioGrid from the Melbourne Health executive team is greatly valued and appreciated. In addition, I would like to thank Prof Tony Burgess, Chair of the Member Management Committee, for his ongoing commitment and acknowledge the Committee members for their ongoing support and contribution to BioGrid.

In March this year we welcomed Mr Chris Arnold as a Director to expand the skills and expertise of the BioGrid Board. Mr Arnold brings extensive governance and management experience from his time as a senior executive in several Victorian health service organisations. I would like to acknowledge the commitment and dedication of my fellow Directors, Rob Merriel, Julian Clark and Fernando Martin-Sanchez who continue to work tirelessly setting and achieving fiscal and strategic goals for BioGrid.

The next 10 years offer a number of opportunities with BioGrid's unique combination of federated technology, collaboration, ethics approval and data governance processes that facilitate biomedical research. Our key objective is to become sustainable by 2015-16 with new linkages to support precision medicine through biomedical research both locally and internationally.

Chief Executive Officer's Report



Maureen Turner

BioGrid is unique in the health informatics sector in that it operates a real-time federated data integration platform across multiple organisations, jurisdictions and disease settings where privacy and security of biomedical data and intellectual property of data custodians is ethically and legally protected. BioGrid now has 10 years of experience of operating in this space.

This collaborative model is known throughout the research community as a trustworthy source of secondary use of data independent of government and the corporate sector. This independence allows BioGrid to support members and collaborators across jurisdictions and diseases as well as facilitate appropriate engagement with industry without compromising the collaboration's intent and objectives.

Over the past 12 months BioGrid's capability has been presented at six national conferences in health informatics, data governance, data analytics and big data as well as an international conference in molecular genetics. Repeatedly over the past 10 years, BioGrid's collaborative linkage platform has been recognised for the part it can and has been playing in enabling research that will inform and change the way patients are viewed and treated. The number of peer-reviewed journals (over 110 at June 2014) that have published research that have utilised biomedical data linked through BioGrid further demonstrates the value BioGrid is providing to researchers.

The focus of the organisation for the 2014-15 year is to obtain new sources of revenue whilst working towards becoming sustainable by 2015-16. To generate new revenue streams and achieve the company's objectives, the business will not only build on the success of investigator-led and commercial-led research projects contracted to date but seek new project specific funding opportunities where BioGrid can provide real-time data linkage and reporting services.

During the year BioGrid introduced a new product in the SAS suite of analytical software, SAS Visual Analytics (VA). SAS VA allows users to explore relevant BioGrid data quickly and easily via ad hoc visual data

discovery and exploration. Users can quickly design reports that are attractive, interactive and meaningful then distribute them to anyone, anywhere via the Web or mobile devices. Users can create reports that enable recipients to slice and dice the information however they need to, using filters and drill-through capabilities to explore these data on their own. This exciting new exploration and reporting software will enable members to easily work with and report on their data; BioGrid is currently rolling out the reporting capability to data custodians.

I would like to acknowledge the BioGrid Member Management Committee for their ongoing support and contribution to BioGrid, as well as the Scientific Advisory Committees for their support. Our members play a very important role in promoting the value and usage of the collaborative data-sharing platform and the introduction of SAS VA will provide further value. The achievements over the past year, as outlined in this report, would not have been possible without the commitment from each member of the BioGrid team; thank you for your dedication to the organisation and its objectives.

New linkages will support greater participation in clinical trials in Australia in a bid to accelerate the development of targeted therapies and commercialisation of research. The future is looking very promising for BioGrid and its members and collaborators as we look forward to the next 10 years of facilitating biomedical research in Australia and abroad in this emerging era of precision medicine.

Marking BioGrid Australia's 10th Anniversary



Over 200 international and Australian researchers, policy makers, clinicians and pharmacy industry representatives gathered in March to celebrate the 10th anniversary of BioGrid Australia and the launch of the University of Melbourne's Health and Biomedical Informatics Centre.

The occasion was marked by a two-day International Clinical and Translational Research Informatics symposium where some of the world's leading researchers and experts in health informatics presented their use of data to assist in patient safety, genetic breakthroughs, and clinical and translational research. The symposium was held at the Walter and Eliza Hall Institute of Medical Research on March 27 and 28, 2014.



The BioGrid anniversary symposium meeting was opened by Professor David Penington (image below), who was Chair of the Bio21 Cluster (now known as Biomedical Research Victoria) when the first grant application was written and submitted by its members to commence the BioGrid (then known as the Molecular Medicines Informatics Model) project. Professor Penington has seen the BioGrid project grow over the past 10 years and believes it has every reason to be proud of its achievements.



International Symposium on Clinical and Translational Research Informatics

27-28 March 2014



Associate Professor Paul Harris (image above), Director, Research Informatics, Vanderbilt University, USA provided the keynote presentation at the BioGrid symposium meeting. Associate Professor Harris' presentation on building and evolving sustainable programs to support clinical and translational research was particularly relevant to BioGrid's 10-year journey of facilitating medical research in Australia.

Maureen Turner, CEO of BioGrid Australia, said: "The Symposium highlighted the contribution that we have made over the past decade to new understanding about disease."

Among BioGrid's achievements are assisting researchers to press the case for extending and increasing funding to the national Bowel Cancer screening program, linking patients with rare tumours to clinical trials and research, and working out ways to provide better care for Type 1 diabetes patients that transition from children to adult clinical services.



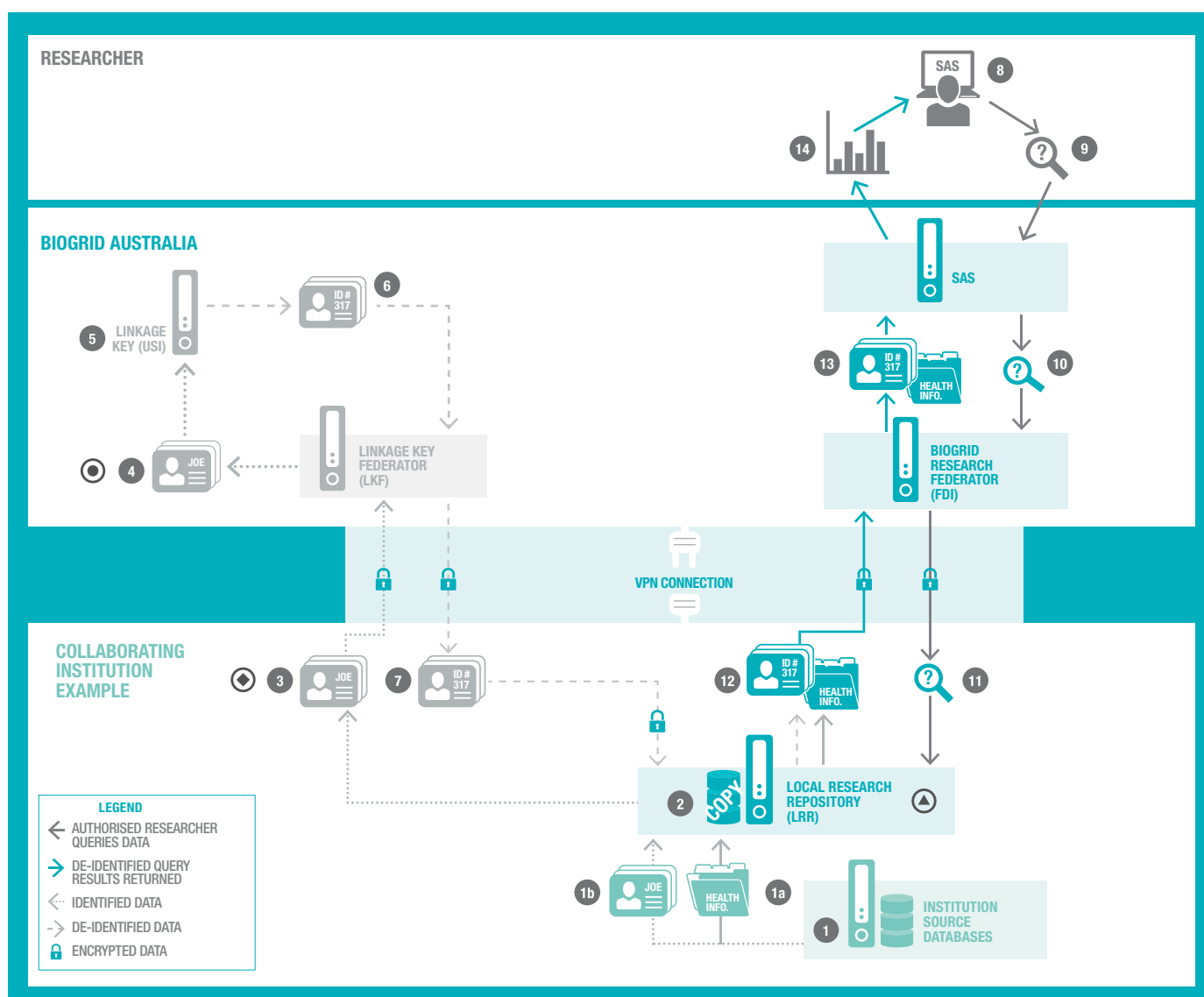
We would like to acknowledge and thank our sponsors who kindly offered their support and generous contributions: Biomedical Research Victoria, Institute for a Broadband-Enabled Society, MIMR-PHI Institute of Medical Research, Pfizer Oncology, SAS Institute, Thompson Reuters and The University of Melbourne. We would also like to express our gratitude to the Walter and Eliza Hall Institute for their event sponsorship, management and advice.

About BioGrid

Data governance, security and ethics are at the core of BioGrid's federated data sharing platform that securely links patient level clinical, biospecimen, genetic and imaging data sets across multiple sites and diseases for the purpose of medical research. BioGrid specialises in making relevant data, most of which reside within the hospital environment, available to authorised researchers to dynamically extract and analyse data from multiple sources whilst protecting patient privacy.

In the health sector, BioGrid is a trusted independent virtual real-time federated clinical data repository. Investment in BioGrid has facilitated a combination of technology, collaboration and ethics approval processes for data sharing that exist nowhere else in the world.

For more information on how BioGrid works, what data is linked to BioGrid and how to access data, go to www.biogrid.org.au





1. Patient information is recorded in one or more data sources (i.e. databases, spreadsheets), which are stored on a collaborating institution's computer network. This information comprises clinical health information data and identifiers.
 - 1a. Clinical health information data are the collection of facts and opinions about an individual's health and wellbeing. Treatment details are an example of clinical health information data.
 - 1b. Identifiers are the data items, which identify the individual who is described within a patient record. A patient's name is an example of an identifier.
 2. The patient information is copied into replica data sources, which are stored on the collaborating institution's Local Research Repository (LRR), on a nightly basis or frequency agreed by the collaborating institution.
 3. A limited set of identifiers from each new patient record are sent from the replica data sources to BioGrid Australia's Linkage Key Federator (LKF) via a secure encrypted Virtual Private Network (VPN) connection.
 4. The Linkage Key Federator (LKF) forwards the identifiers to BioGrid Australia's Linkage Key server. This server hosts the Unique Subject Identifier (USI) database.
 5. The identifiers are compared with the USI database's records to establish whether data about the patient already exists within a BioGrid-linked data source.
If a match is found for a patient's data, the patient has previously been allocated a USI. If no match is found for a patient's data, the patient's set of identifiers and a new USI are written to the USI database.
 6. The USIs for the matching and non-matching patients are sent back to the LKF.
 7. The USIs are sent back to the LRR via a secure encrypted VPN connection and stored with their associated clinical health information data.
 8. Once authorised access via the BioGrid Australia Data Access Application System has been provided to the researcher, they can commence querying the de-identified data they have approval to access.
 9. The researcher submits a data query to BioGrid Australia's statistical analysis (SAS) computer via the Internet.
 10. The SAS computer forwards the query to the FDI.
 11. The FDI requests the specified data from each of the relevant LRRs via a secure encrypted VPN connection.
 12. The clinical health information data and USIs from applicable patient records are sent to the FDI via a secure encrypted VPN connection. These data are combined into a temporary table. The table is removed from the FDI upon completion of the query.
 13. The SAS computer reads and processes data from the temporary table.
 14. The SAS computer presents the results of the query to the researcher.
- BioGrid provides alternative matching methodology referred to as exact matching using a cryptographic hashing function when individual identifiers cannot be brought together in one place for comparison.
- ⚠ Highly secure hash generating software is installed at collaborating institution. The hashing algorithm is run at collaborating institution's site on the replica data sources. A unique hash value is created for each set of identifying patient data. No identifying information ever leaves the source site.
 - ⚡ Unique hash value from each new patient record is sent from the replica data source to BioGrid Australia's Linkage Key Federator (LKF) via a secure encrypted Virtual Private Network (VPN) connection. No identifying information ever leaves the source site.
 - ⦿ The LKF synchronises its matches with the BioGrid Australia's Linkage Key server. This server hosts the Unique Subject Identifier (USI) database.

Industry and BioGrid join forces to improve patient outcomes



BioGrid Australia continued to work effectively with the pharmaceutical industry through the year, building on current programs in colorectal and renal cancers. The relationships with both Roche and Pfizer highlight the role that data plays in understanding how best to manage cancers and to deliver high quality care.

The Roche-supported metastatic colorectal cancer (mCRC) registry, TRACC, continued to gain traction during the year. The importance of assessing and improving the quality of care delivered in routine practice is increasingly being recognised in the management of mCRC.

Using the TRACC registry researchers were able to explore variation in treatment practices across participating sites and its potential impact on outcomes. According to Associate Professor Gibbs, who leads the TRACC registry in Australia, this research has revealed that HNPCC (or Lynch Syndrome) screening, which has prognostic and familial screening implications, was performed in less than 50% of young patients and varied widely across participating sites (28-79%). Significant variation was also demonstrated for other quality care indicators such as resection of isolated liver or lung metastases, a potentially curative intervention.

"This is significant and highlights the value of the registry and what it is able to achieve. As a result, we have provided reports about the findings to the individual sites and are expecting to hear that practices will be reviewed and strategies put in place to improve performance and therefore improve results for patients," said Associate Professor Gibbs.

The TRACC registry has grown over this year with enrolment now exceeding 1,600 patients across 24 sites Australia wide. Clinicians from New South Wales are also joining the program thereby spreading the reach of research into the second leading cause of cancer death in Australia. Several research projects utilising data from the TRACC dataset have been presented at local and international conferences, with three manuscripts currently under consideration for publication.

2015 promises to be substantial for TRACC with a major upgrade to the electronic data capture tool, with an improved user interface and new data fields to capture other key quality care indicators such as referral

to palliative care. Other exciting developments include the potential for international collaboration, with discussions with clinicians in Hong Kong and Singapore underway.

Progress into renal cancer has also occurred over the year through support from Pfizer Australia.

BioGrid Australia has been able to assist a multi-centre retrospective study, led by Dr Ben Tran, which has been examining the patterns of care for Australian patients with metastatic renal cell carcinoma (mRCC).

As treatment options have become more available for patients with mRCC, the patterns of care amongst Australia's medical oncologists have changed. This study has been important to enable examination of current patterns of care in the management of mRCC.

The study identified 212 patients with mRCC, of which 163 (77%) received systemic treatment. Patients who received sunitinib as first line therapy had a median overall survival of 27.6 months, compared to 7.9 months for those who received best supportive care only ($p=0.03$).

Dr Tran says that researchers have been able to demonstrate that an initial watchful waiting approach for asymptomatic patients, prior to starting systemic therapy, did not have a negative impact on survival.

"Using the same dataset, we are now examining the role of neutrophil-lymphocyte ratio in predicting benefit from cytoreductive nephrectomy".

The findings were presented at the 2014 Annual Scientific Meeting for the Australian and New Zealand Urological and Prostate Cancers Clinical Trials Group (ANZUP).

Connecting Consumers with Researchers



Connecting consumers with researchers is an increasingly important area of work for BioGrid Australia as it works to meet the health needs of Australians. A major focus of the community connection via websites is to link consumers with rare tumours and genetic conditions with researchers for clinical trials as well as enable them to have input into how their health is managed. BioGrid is also partnering with Rare Cancers Australia.

According to BioGrid Australia's CEO Maureen Turner, the approach is a natural extension for the organisation which over the past ten years has been providing the technology to link together anonymous patient information from different databases in a way that maintains the privacy of the patient and the security of the information.

Over the past year, BioGrid has been working with Professor Ingrid Winship, Executive Director of Research for Melbourne Health and the Chair of Adult Clinical Genetics at The University of Melbourne, to establish an online registry for people with Hereditary Hemorrhagic Telangiectasia (HHT).

HHT is an autosomal dominant condition that affects approximately 1 in 3,000 to 1 in 10,000 people. It is a rare genetic condition and little research has been conducted into the impact HHT has on patients diagnosed with the condition.

Professor Winship said: "The registry is about involving people with HHT diagnosis to submit information so that researchers can develop new insights into this genetic condition."

The registry is deliberately easy to follow: the first step is to complete an online questionnaire about medical history, diagnosis and treatments received as well as a consent form.

The HHT registry builds from the early community partnership link that BioGrid has with Associate Professor Clare Scott, the founder of the Centre for Analysis of Rare Tumours, CART-WHEEL.org.

The first ethically approved online database for consumers affected by rare cancers was developed by BioGrid in order to help researchers identify patients and allow data about how patients are treated and what happens to them to be collected for use in research.

Based on a privacy-protected website, CART-WHEEL is already making inroads into rare cancers in Australia with increasing international interest.

The latest rare cancer group to be embraced into the initiative are people with Primitive Neuroectodermal Tumours of the Central Nervous System (CNS PNET), an aggressive and rare form of brain cancer. CNS PNET Cancer research receives no funding in Australia.

"We felt compelled to try to start some research here in Melbourne and CART-WHEEL is the perfect vehicle to link international CNS PNET patients to researchers together around the world," said Associate Professor Scott.

More recently BioGrid and CART-WHEEL have been working with Rare Cancers Australia (RCA) that has established an online community to ensure patients understand their disease and communicate with others sharing the disease.

While a rare cancer is defined as a type of cancer that has less than 6 incidences per year per 100,000 population, the reality is that there are literally hundreds of different types of rare and less common cancers and when combined they have a devastating impact on the community's health and wellbeing. In a typical year over 44,000 Australians will be diagnosed with a rare or less common cancer and nearly 24,000 will die.

The RCA aims to improve awareness, support and treatment of Australians with rare and less common cancers. The charity aims to raise funds to assist people with treatment costs, work to ensure the best treatments are available and affordable to Australian cancer patients and raise awareness with the public and medical profession of rare and less common cancers.

These three partnerships that focus on consumer engagement and input are part of BioGrid's contribution to assisting researchers learn more about disease and find new treatments for patients.

A/Prof Clare Scott image courtesy of The Walter and Eliza Hall Institute

Making what we do every day matter



Brain tumours, and in particular, the most malignant form, glioblastoma, are uncommon tumours, but they have a devastating effect on patients' lives and the lives of their caregivers. Although malignant brain tumours make up only two percent of all cancers, they are fourth highest in terms of potential years of life lost, and are universally fatal. On average a patient with a malignant brain tumour loses 12 years of potential life; the highest average loss of life from any type of cancer.

Associate Professor Kate Drummond, Neurosurgeon and Divisional Director of Neurosciences, Cancer and Infection Medicine at the Royal Melbourne Hospital, has worked with BioGrid Australia since 2007 on several important research projects.

"Data linkage is critical for us if we are to buy improved survival for our patients. Once people are operated on by our central neurosurgical service, they may later be treated by experts closer to their homes, particularly in regional and rural centres: without a good data collection base, it is hard to know what happens to these patients."

The dataset, however, is proving more useful than simply a tracking mechanism. Drummond has been leading an Australian-first study into the impact of socio-factors on people with brain cancer. The project followed 540 patients (59% men, 41% women) focussing on the effect on outcome of age, comorbidities, tumour size and location, type of surgery and number of operations, postcode, country of birth, language and whether they were treated in public or private hospitals.

"What we discovered was fascinating. The average age of our patients was 62 and more than 10% were over 80 years; thus many were older than the usual age of inclusion into clinical trials. Many patients were from rural and regional Victoria, of lower socioeconomic status and from migrant backgrounds. Most patients were treated in public hospitals (319) rather than private (185)," said Associate Professor Drummond. Of those followed, 63 participated in clinical trials, 55 had undergone biopsies, 411 had craniotomies and 74 had received two or more operations.

"Despite the aggressive surgical approach, 255 patients had died six months after surgery, 253 between six and two years, and 49 after two years," she said.

Critically the research is the first globally to show improved survival in people participating in clinical trials, even if they were in the placebo or standard treatment group.

Further interpretation of the dataset highlighted that there was little difference in survival rates depending on gender, treatment at private or public hospital, urban or rural residence, tumour size and comorbidities.

"What the BioGrid enabled platform has allowed us to do is to identify crucial information that will help clinicians push for older people with brain tumours to be part of future clinical trials," said Associate Professor Drummond.

Another important research project, led by Arian Lasocki, has focused on the correlation of tumour histology and MRI scans in 245 people with grade 2 to 4 brain tumours to determine accuracy as a predictor of prognosis. Results have shown that a combination is more predictive of survival than histology alone.

"What we suspected was validated, indicating that when there is disparity between the scan appearances and the histology in terms of tumour grade, weight should be given to the MRI scan when considering the patient's prognosis and treatment options. The research findings have the potential to change the management of people with brain tumours in order to avoid under treatment and to advocate more effectively for entry into clinical trials."

The potential for new research and collaborations through the BioGrid dataset is huge, according to Associate Professor Drummond, including investigating causes of tumour associated epilepsy, the role of stem cells in brain tumours and early imaging of response to treatment.

Diabetes data set to improve clinical care across Australia



Diabetes is a global public health problem with trends showing that by 2030, 300 million people across the world will either have Type 1 or Type 2 diabetes.

The Royal Melbourne Hospital knows all too well the impact of diabetes on its patients: according to its database, 30 per cent of all patients are known to have diabetes, a further 40% are likely to have undiagnosed diabetes. With the disease comes huge health and personal costs including heart conditions, foot, renal and eye problems.

Professor Peter Colman, Director of Diabetes and Endocrinology at the Royal Melbourne Hospital, has been working with BioGrid Australia since 2006. Today, he and his clinical team are able to draw on the BioGrid-enabled data program to collect data that enables them to assess patient performance as well as follow trends.

"We now have at our finger tips nearly ten years of data on people including their glycaemic control, lipids, liver function tests and medical complications," Professor Colman says. His team is only just beginning to scratch the surface of the potential of the database and are yet to link in through BioGrid Australia with the Australian Institute of Health and Welfare national death dataset.

One of the most recent research projects to draw from the database is to determine a correlation between BMI and ischemic heart disease in people with diabetes. The findings highlight the fact that weight in both Type 1 and Type 2 diabetic patients is vital to manage because the risk of heart disease rises as weight increases in both men and women. "This is a clear signpost for GPs and endocrinologists," says Colman. "We focus currently on blood glucose levels and lipids but weight should be front and centre of all diabetic management."

Another research project underway is the tracking of young Type 1 patients treated at the Royal Children's Hospital in Melbourne and their move to treatment at the Royal Melbourne Hospital. Using the BioGrid dataset, the team has carried out a retrospective study of clinic attendance rates of young people transitioning from 1992 to 2013. The researchers looked at the association between attendance at paediatric clinics, glycaemic control management and complications and the move to adult clinics.

The study of 519 diagnosed between 1974 and 2010 was revealing: those who attended more often at paediatric clinics continued to attend adult clinics regularly. They had better control over their HbA1c levels, lower incidence of severe eye disease and other serious complications. The trick now for Colman and his team is to use the information to encourage tardy patients to attend more often.

Into the future, the BioGrid diabetes database being used at the Royal Melbourne Hospital will be available throughout the country through a partnership with the National Association of Diabetes Centres. "When that happens, we will soon to be able to monitor diabetes care across the country."

Crunching numbers to crunch bowel cancer

Over 14,000 Australians are diagnosed with bowel cancer each year. Bowel cancer is the second largest cause of cancer deaths in Australia, affecting men and women. If caught in time, 90 per cent of bowel cancer cases can be treated effectively.

While there are effective screening processes, such as colonoscopy and the Faecal Occult Blood Test (FOBT), far more understanding of who is at low and high risk of bowel cancer is needed. Associate Professor Mark Jenkins, Director of the Centre for Epidemiology and BioStatistics at the University of Melbourne is involved in a study using BioGrid data to understand best how to prevent and treat bowel cancer.

The Australasian Colorectal Cancer Family Study is part of the International Colon Cancer Family Registry set up in the 1990s by the US-based National Cancer Institute.

The family study draws on the largest cohort of people with bowel cancer and their relatives in Australia. Since 1997, researchers have collected epidemiologic risk factor and family history data for 11,500 participants from 1,580 Australian and New Zealand families, and 7,700 blood samples. Tumour material has been collected and reviewed for 1,600 cases. Over 21,000 DNA samples have been collected.

The study to date has been focused on families where some members have had bowel cancer, while others have not. Each however complete a risk factor questionnaire every five years and provide a blood sample.

The study also enables researchers to access stored tumours to identify which patients should be and can be targeted for direct prevention and those who are most at risk so they can be screened.

The participant details are linked to hospital records and, where appropriate, the death data made available from the Australian Institute of Health and Welfare using BioGrid's enabled platform.

Associate Professor Jenkins said: "We use these data to answer different sets of questions to predict who will get bowel cancer thereby creating

a more accurate picture of who will benefit most from treatment, and which treatment should be used." For Jenkins and his team, the BioGrid connection is vital to the success of the project.

"All these research questions rely on precise information about diagnosis, treatment and outcomes, which we can only get from medical records. New statistics and data allow us to delve deeper into individual cases and provide targeted therapies," he said. The BioGrid-enabled platform is also being used for another investigation into bowel cancer led by Associate Professor Jenkins that connects scientists, epidemiologists and clinics with general practitioners.

The Centre for Research Excellence: Reducing the Burden of Colorectal Cancer by Optimising Screening - Evidence to Clinical Practice is funded through the National Health and Medical Research Council. It is looking at ways to develop a personalised risk tool and methods to identify and treat people with higher risk of bowel cancer.

"What we have discovered is that low risk people need no screening. The inexpensive FOBT's are appropriate for this group. Nevertheless, there is overuse of colonoscopy by those at low risk and under use by those at high risk," Jenkins said.

"We are working towards developing a prediction tool for general practitioners to use for appropriate screening for bowel cancer in their patients."

"Around 85% of Australians visit their GP in a year. What we hope to be able to learn from this study is who is at high risk so that they can be treated appropriately in order to bring prevention costs down."



Creating personalised medicine by design, data and genomics



Finlay Macrae



Clara Gaff

Australia's first program to link genetic and clinical data is drawing on BioGrid's system to assess how genomic sequencing can be applied in daily encounters with patients in hospitals.

Led by the newly formed Melbourne Genomics Health Alliance, the \$1.75 million partnership between seven of Victoria's largest health services organisations aims to offer faster, cheaper and more accurate diagnoses for patients.

Associate Professor Clara Gaff, the Alliance program leader and WEHI researcher, is convinced that personalised medicine is a step closer to reality as a result of the Alliance partnership and the BioGrid enabled platform.

"What we are able to do through BioGrid is to link genomic data to clinical data while maintaining individuals' privacy," Associate Professor Gaff said.

The program is initially working with more than 200 patients who are having their exome, or instructions for genes, sequenced to test approaches to providing genomic testing as part of usual health care practice.

The diseases being tested during the pilot phase are childhood syndromes, focal epilepsy, muscle weakening disorder Charcot-Marie Tooth, hereditary colorectal cancer and Acute Myeloid Leukaemia.

The pilot phase is allowing the Alliance to understand more about how the data enabled through BioGrid will be used. At the same time, it is trying to learn more about patients' tolerance for entering lifestyle and surveillance information. This will also assist the Alliance match patient-entered data with doctor-entered data.

"Ultimately this is about integrating genomics into clinical practice where decision-making has to be based on **how** the data is used in practice by patients and clinicians rather than what the technology can do," said Associate Professor Gaff.

"Being able to sequence all genes at one time ultimately leads to personalised medicine. This program has the potential to revolutionise medical care in Australia," according to Associate Professor Gaff.

During the pilot phase the Melbourne Genomics Health Alliance consists of the Royal Melbourne Hospital, Royal Children's Hospital, the University of Melbourne, Walter and Eliza Hall Research Institute, Murdoch Childrens Research Institute, the CSIRO and the Australian Genome Research Facility.

Professor Finlay Macrae, head of colorectal medicine and genetics at the Royal Melbourne Hospital, is undertaking a collaborative approach to genomics focusing on people with a familial risk of bowel cancer.

Macrae together with Australian and international colleagues, initiated the International Society for Gastrointestinal and Hereditary Tumours (InSiGHT) in 2008. InSiGHT operates a genetic variation database that collects molecular data from around the world, combining it with functional studies, ethnographical and frequency information.

Using the BioGrid system genetics researchers will now have available comprehensive disease, treatment and outcomes data on bowel cancer. Linkage of high-quality clinical data to InSiGHT data through BioGrid will impact significantly the quality of research that can be conducted into inherited colorectal cancers.

In collaboration with the Human Variome Project International, Macrae and his team are now working to address the tsunami of sequencing information about colorectal cancer around the world and interpret it for clinical use.

Governance of BioGrid Australia



BioGrid Australia Ltd is a not-for-profit company limited by guarantee with charity status owned by the Australian medical research sector. Company members are those organisations that have signed the BioGrid Australia Collaboration Agreement and at June 2014 include 28 Australian health service organisations, medical research institutes and universities.

BioGrid specialises in making relevant health and medical data, most of which reside within the hospital environment, available in a de-identified format to authorised researchers undertaking ethically approved projects to dynamically extract and analyse data whilst protecting patient privacy.

An independent Board of Directors governs BioGrid to provide strategic direction and support to Management whose responsibility it is to manage the company on behalf of its members. Members provide strategic advice to Management through a Member Advisory Management Committee. BioGrid's data governance and security, patient privacy and data management methodologies and processes are reviewed and approved by each member's Research Ethics Committee to ensure appropriate ethical oversight over BioGrid's activities.

The knowledge and experience that our current directors bring to BioGrid provides the organisation with a broad range of relevant skills to provide valuable strategic, financial and risk management oversight.

Professor Bryan Williams, PhD, Hon FRSNZ Director and Chairman since March 2009

Institute Director and CEO, MIMR-PHI Institute of Medical Research, 2014–present; Director, Monash Institute of Medical Research (MIMR), 2006–2014

"Several years ago I was meeting with Prof David Penington, then Chair of Bio21 Cluster (now Biomedical Research Victoria), who was conducting a review of research at Southern Health (now Monash Health) and in the course of our conversation he mentioned the Molecular Informatics Medicines Model (MIMM) project (predecessor of BioGrid Australia). I was

intrigued by the MIMM model and was supportive of the establishment of a node at Southern Health. In 2009 when the MIMM project was being transitioned to a company, Prof Tony Burgess asked me to chair the Board as an independent director who would be able to promote the business model without having a vested interest from personal use of the platform. Since transition from project to company required business skills, in late 2009, the Board appointed Bob Atwill as interim CEO and Maureen Turner as Business Manager. The biggest challenge that faced BioGrid was how to work towards financial sustainability. My fellow directors during those first few years worked tirelessly setting and achieving fiscal and strategic goals for BioGrid. In 2012 the Board appointed Maureen Turner as permanent CEO, and whilst the challenge of working towards financial sustainability continues, the organisation and what it has to offer the research community has gone from strength to strength under her leadership. Our key objective is for BioGrid to be sustainable by 2015-16 with new linkages to support biomedical research in Australia and abroad."

Mr Robert Merriel, BA, Grad Dip Psychology, Grad Dip Accounting, CPA Director and Company Secretary since March 2009

Chief Financial Officer and Company Secretary, MIMR-PHI Institute of Medical Research, 2014–present; Associate Director, Healthcare Management Advisors, 2011–2014

"I have been involved with BioGrid since its inception when Bio21 Cluster members submitted a grant application to the Victorian government for the development of the Molecular Informatics Medicines Model under the Bio21 STI Initiatives funding program. That first grant was to run



Julian Clark



Fernando Martin-Sanchez



Chris Arnold

a pilot to test the feasibility of a federated research infrastructure and 10 years later we have a successful real-time federated data platform operating across Australia providing a valuable service to researchers. Being a Director of BioGrid Australia has enabled me to contribute in a positive way to the governance of the project. It has also provided the opportunity to meet and work with a large number of dedicated health researchers. The most significant achievements that I believe BioGrid has accomplished include developing data security, linkage and access management processes that satisfy ethics and privacy regulations across Australia as well as building a broad membership – now a network of 28 members and collaborators across six states and territories in Australia.”

Dr Julian Clark, BSc (Hon), PhD, MAICD, FTSE
Director since March 2009

Head of Business Development, The Walter and Eliza Hall Institute of Medical Research, 2003–present

“As BioGrid continues to evolve from a fully funded government project to a sustainable business, I believe BioGrid’s unique combination of federated technology, collaboration, ethics approval and data governance as applied to clinical data within the hospital setting will continue to add increased value to the biomedical research sector. This is being demonstrated in BioGrid’s work with the pharmaceutical sector. Industry is gaining valuable insights from prospective studies being conducted with BioGrid and its member clinicians. These data on the real-life treatment of Australian patients provide valuable insights that ultimately improve patient care and inform clinical trial development. Most important will be BioGrid’s increasing contribution to understanding how patient genomic information can be best used to improve health outcomes for the patient and to reduce healthcare costs. Consequently, over the next few years BioGrid will become focused on the emerging area of targeted therapies and precision medicine.”

Professor Fernando Martin-Sanchez, BSc, MSc, PhD Informatics, PhD Medicine, FACHI, FACMI
Director since April 2013

Chair, Health Informatics, Melbourne Medical School, The University of Melbourne 2011–present; Director, Health and Biomedical Informatics Centre, The University of Melbourne, 2013–present

“In my role as Chair of Health Informatics at the University of Melbourne I have a keen interest in developing and promoting health and biomedical informatics as both an academic discipline of its own and a platform that can support the work of researchers and clinicians. Health and biomedical informatics relies on the secondary use of health data, however, robust policies and practices need to be in place to manage transparency of data use, ethical considerations, controlled data access, and patient privacy and security. BioGrid’s web-based research informatics platform has addressed these important issues and provides ethical access while protecting both privacy and intellectual property. BioGrid and other capabilities such as GRHANITE™ and the Genomics Virtual Laboratory form an important living eco-system of clinical and translational research informatics infrastructure that is necessary to support research to improve outcomes for patients and further the advancement of precision medicine.”

Mr Christopher Arnold, B Comm, MBA, FCPA, FAIM, MAICD
Director since March 2014

Executive Director, Skin & Cancer Foundation Inc., 2010–present

“As BioGrid’s most recently appointed director I was attracted to the BioGrid data sharing membership model. What is remarkable is that BioGrid has obtained the trust and support of major research organisations to provide a reliable, independent platform for health information and data sharing. I see BioGrid’s independence from both government and industry as being the single most important attribute for success in the future, a truly impartial organisation, servicing the needs of its members. BioGrid’s ability to integrate data in an efficient and ethical manner will continue to be a competitive advantage in the research sector both locally and internationally.”

Directors' Report

Your directors present their report on the company for the financial year ended 30 June 2014. The names and details of the company's directors in office during the 2013–2014 financial year and until the date of this report are outlined below.

Professor Bryan Williams
PhD, Hon FRSNZ

Director and Chairman
since March 2009

Institute Director & CEO, MIMR-PHI Institute of Medical Research (2014–present)
Director, Monash Institute of Medical Research (2006–2013)
Director, Pacific Edge Pty Ltd (New Zealand) (2013–present)
Director, Pacific Edge Pty Ltd (Australia) (2008–present)
Director, Cancer Trials Australia Pty Ltd (2009–present)
Director and Chairman, MEI Pharma Inc. (2006–2013)
Member of the Victorian Cancer Agency Consultative Council (2009–2012)
Director, Centre for Cancer Research, Monash Institute of Medical Research (2006–2012)
Professor, Department of Genetics, Case Western Reserve University, Cleveland, USA (1993–2005)
Chairman, Department of Cancer Biology, Lerner Research Institute, The Cleveland Clinic Foundation in Cleveland, USA (1991–2005)

Mr Robert Merriel
*BA, Grad Dip Psychology,
Grad Dip Accounting, CPA*

Director & Company Secretary
since March 2009

Chief Financial Officer and Company Secretary, MIMR-PHI Institute of Medical Research (2014–present)
Associate Director, Healthcare Management Advisors (2011–2014)
Director, BioComm Services Pty Ltd (2007–2011)
Director, Australian Technology Fund Pty Ltd (2004–2011)
Member, BioGrid Management Committee (2004–2011)
Chairman, BioGrid Management Committee (2005–2009)

Dr Julian Clark
BSc (Hon), PhD, MAICD, FTSE

Director since March 2009

Head of Business Development, The Walter and Eliza Hall Institute of Medical Research (2003–present)
Director, Catalyst Therapeutics Pty Ltd (2012–present)
Director, Cancer Trials Australia Pty Ltd (2009–present)
Director, BACE Therapeutics Pty Ltd (2009–present)
Chairman & Member, Sansom Institute Advisory Committee, University of South Australia (2006–present)
Director, Julian Clark Consulting Pty Ltd (1999–present)
Chief Executive Officer, Cancer Therapeutics CRC Pty Ltd (2007–2009)
Director, Alchemia Limited (2006–2008)
Director, Genera Biosystems Pty Ltd (2004–2007)
Director, Meditech Research Limited (2004–2006)

Professor Fernando Martin-Sanchez
*BSc, MSc, PhD Informatics,
PhD Medicine, FACHI, FACMI*

Director since April 2013

Chair, Health Informatics, Melbourne Medical School, The University of Melbourne (2011–present)
Director, Health and Biomedical Informatics Centre, The University of Melbourne (2013–present)
Associate Director, Institute of a Broadband Enables Society (2013–2014)
Director, Health Informatics Society of Australia (2011–2013)
Founding Director, Medical Bioinformatics Research Unit (1998–2011)
Director, Spanish Health Informatics Society (1995–2011)
Chief Information Officer, National Institute of Health Carlos III, Spain (1993–1998)
Vice-President, International Medical Informatics Association (2007–2013)

Mr Christopher Arnold
*B Comm, MBA, FCPA,
FAIM, MAICD*

Director since March 2014

Executive Director, Skin & Cancer Foundation Inc. (2010–present)
Chairman, Human Variome Project International Ltd (2014–present)
Director, Human Variome Project International Ltd (2008–present)
Director, Christ Church Grammar Foundation (2012–present)
Director, Skin & Cancer Foundation Inc (2009–present)
Chairman, Telediagnosics Pty Ltd (2010–present)
Principal, Hodgson Associates (2009–present)
Director, Philanthropy Australia (2003–2009)
Director, Australian Communities Foundation (1999–2007)

Meetings attended

The following outlines meetings held and attended by each of the Directors in 2013–2014.

Director	Board of Directors		Audit & Risk Committee	
	Held	Attended	Held	Attended
Bryan Williams	6	6		
Robert Merriel	6	6	3	3
Julian Clark	6	6	3	3
Fernando Martin-Sanchez	6	5		
Chris Arnold	2	2		

The entity is incorporated under the *Corporations Act 2001* and is a company limited by guarantee. As such, no shares are issued or held by directors. If the entity is wound up, the constitution states that each member is required to contribute a maximum of \$10 each towards meeting any outstanding obligations of the entity. At 30 June 2014 the number of members was 28.

Principal activities

The principal activities of the Company are data sharing that advances health research by linking privacy-protected and ethically approved clinical, imaging, biospecimen and genetic data among a wide network of health collaborators. During the year there was no significant change in the nature of those activities.

Company's objectives

The company's objectives are to:

- Facilitate internationally competitive medical research into the causes of ill-health and disease;
- Provide an ethically approved privacy-protected service to connect data sources;
- Invest in technology development to ensure ongoing alignment with leading technology that supports privacy-protected data connection; and
- Be sustainable in order to fulfill the company's vision and mission and to service the needs of its' members.

To achieve these objectives, the company:

- Supported the Victorian Department of Health and Victorian Cancer Agency by providing data linkage and data management services for state funded cancer research projects;
- Worked with key stakeholders in the health sector to facilitate major research projects in Victoria and Australia;
- Provided ongoing training and support for quality specialist staff committed to providing a technology platform that supports medical research through privacy-protected data connection; and
- Retained a business development focus targeting organisations with the resources to support project work with the company.

Key performance measures

The company measures its own performance through the use of both quantitative and qualitative benchmarks. The benchmarks are used by the directors to assess whether the company's short-term and long-term objectives are being achieved.

	2014		2013	
	Actual	Benchmark	Actual	Benchmark
Total Number of Members	28	28	26	26
Current Institution Ethics Approvals	34	34	33	33
Approved Active Research Projects	96	98	91	86
Journal Publications to Date	111	109	99	81
% Income from Membership Subscriptions	15%	18%	17%	7%

Dividends

The Company Constitution forbids the payment or distribution of any profits, income or assets to the members.

Directors remuneration

The directors did not receive remuneration from the Company with the exception of reimbursement of expenses relating to their director role.

Indemnification of officers and auditors

During the year the Company paid a premium in respect of a contract insuring the directors of the Company, the Company secretary and all executive officers of the Company and of any related body corporate against a liability incurred as such a director, secretary or executive officer to the extent permitted by the *Corporations Act 2001*.

The Company has not otherwise, during or since the year, indemnified or agreed to indemnify an officer or auditor of the Company or of any related body corporate against a liability incurred as such an officer or auditor.

Auditor's independence declaration

The lead auditor's independence declaration for the year ended 30 June 2014 has been received and can be found on page 20 of this report.

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

On behalf of the Directors



Bryan Williams, Director
Melbourne, 3 October 2014

BioGrid Australia Limited
31 136 185 647

Auditor's Independence Declaration

I declare that, to the best of my knowledge and belief, during the year ended 30 June 2014 there have been no contraventions of any applicable code of professional conduct in relation to the audit.

Saward Dawson Chartered Accountants



Tim Flowers,
Partner
Blackburn, Victoria 3130
3 October 2014

Financial Report

Statement of Profit or Loss and Other Comprehensive Income

For the Year Ended 30 June 2014

	Note	2014 \$	2013 \$
Revenue	2	1,142,126	1,301,619
Depreciation		(9,504)	(3,153)
Professional fees		(44,441)	(57,012)
Consultant expenses		(1,117,481)	(1,447,799)
Bank charges		(365)	(456)
License fees		(197,762)	(223,140)
Administrative expenses		(123,303)	(162,137)
Other expenses		(9,867)	(9,121)
Surplus/(Deficit) from ordinary activities		(360,597)	(601,199)
Other comprehensive income			
Items that will not be reclassified subsequently to profit or loss		—	—
Items that will be reclassified subsequently to profit or loss when specific conditions are met		—	—
Total other comprehensive income for the year		—	—
Total comprehensive income for the year		(360,597)	(601,199)

Statement of Financial Position

As at 30 June 2014

	Note	2014 \$	2013 \$
ASSETS			
CURRENT ASSETS			
Cash and cash equivalents	4	35,617	225,003
Trade and other receivables	5	195,932	403,256
Other assets	6	174,642	—
TOTAL CURRENT ASSETS		406,191	628,259
NON-CURRENT ASSETS			
Property, plant and equipment	7	21,545	5,780
TOTAL NON-CURRENT ASSETS		21,545	5,780
TOTAL ASSETS		427,736	634,039
LIABILITIES			
CURRENT LIABILITIES			
Trade and other payables	8	350,247	170,953
Income in advance		—	25,000
TOTAL CURRENT LIABILITIES		350,247	195,953
TOTAL LIABILITIES		350,247	195,953
NET ASSETS		77,489	438,086
EQUITY			
Reserves	9	83,000	83,000
Retained surpluses		(5,511)	355,086
TOTAL EQUITY		77,489	438,086

Statement of Changes in Equity

For the Year Ended 30 June 2014

2014	Retained Surpluses \$	General Reserves \$	Total \$
Balance at 1 July 2013	355,086	83,000	438,086
Deficit for the year	(360,597)	–	(360,597)
Balance at 30 June 2014	(5,511)	83,000	77,489

2013	Retained Surpluses \$	General Reserves \$	Total \$
Balance at 1 July 2012	956,285	83,000	1,039,285
Deficit for the year	(601,199)	–	(601,199)
Balance at 30 June 2013	355,086	83,000	438,086

Statement of Cash Flows

For the Year Ended 30 June 2014

	Note	2014 \$	2013 \$
CASH FROM OPERATING ACTIVITIES:			
Receipts from customers		1,484,060	1,209,157
Payments to suppliers and employees		(1,651,253)	(1,941,221)
Interest received		3,075	14,137
Net cash provided by (used in) operating activities	10	(164,118)	(717,927)
CASH FLOWS FROM INVESTING ACTIVITIES:			
Acquisition of property, plant and equipment		(25,268)	–
Net cash used by investing activities		(25,268)	–
Net cash increase (decrease) in cash and cash equivalents		(189,386)	(717,927)
Cash and cash equivalents at beginning of year		225,003	942,930
Cash and cash equivalents at end of financial year	4	35,617	225,003

Notes to the Financial Statements

For the Year Ended 30 June 2014

Note 1 Accounting policies

1a General information

The directors have prepared the financial reports on the basis that the company is a non-reporting entity because there are no users who are dependent on its general purpose financial reports. These financial reports are therefore special purpose financial reports that have been prepared in order to meet the requirements of the *Australian Charities and Not-For-Profit Commission Act 2012*. The company is a not-for-profit entity for financial reporting purposes under Australian Accounting Standards.

BioGrid Australia Limited is a company limited by guarantee, incorporated and domiciled in Australia. Such accounting policies are consistent with those of previous periods unless stated otherwise.

1b Basis of preparation

The financial reports have been prepared in accordance with the requirements of the mandatory Australian Accounting Standards applicable to entities reporting under the *Australian Charities and Not-For-Profit Commission Act 2012* and the significant accounting policies disclosed below, which the directors have determined are appropriate to meet the needs of members.

The financial reports, except for the cash flow information, have been prepared on an accruals basis and are based on historical costs unless otherwise stated in notes. Material accounting policies adopted in the preparation of these financial statements are presented below and have been consistently applied unless stated otherwise. The amounts presented in the financial statements have been rounded to the nearest dollar.

Note 1 Accounting policies continued

1c Revenue

Revenue from the rendering of services is recognised upon delivery of the service to customers.

Grant revenue is recognised in the statement profit or loss and other comprehensive income when the entity obtains control of the grant and it is probable that the economic benefits gained from the grant will flow to the company and the amount of the grant can be measured reliably.

Donations are recognised as revenue when received.

All revenue is stated net of the amount of goods and services tax (GST).

1d Property, plant and equipment

Plant and equipment

Plant and equipment are measured on the cost basis less depreciation and impairment losses. Cost includes expenditure that is directly attributable to the asset.

Depreciation

The depreciable amount of all plant and equipment is depreciated on a straight-line basis over the asset's useful life to BioGrid Australia Limited commencing from the time the asset is held ready for use.

1e Cash and cash equivalents

Cash and cash equivalents include cash on hand, deposits held at call with banks, other short-term highly liquid investments with original maturities of three months or less, and bank overdrafts. Bank overdrafts are shown within short-term borrowings in current liabilities in the statement of financial position.

1f 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 Tax Office. In these circumstances the GST is recognised as part of the cost of acquisition of the asset or as part of an item of the expense. Receivables and payables in the statement of financial position are shown inclusive of GST.

Cash flows are presented in the statement of cash flows on a gross basis, except for the GST component of investing and financing activities, which are disclosed as operating cash flows.

1g Income taxes

No current or deferred income tax assets or liabilities have been raised by the company as it is exempt from income tax under Division 50 of the Income Tax Assessment Act.

1h Comparative figures

When required by Accounting Standards, comparative figures have been adjusted to conform to changes in presentation for the current financial year.

1i Trade and other payables

Trade and other payables represent the liability outstanding at the end of the reporting period for goods and services received by the company during the reporting period which remain unpaid. The balance is recognised as a current liability with the amounts normally paid within 30 days of recognition of the liability.

1j New accounting standards for application in future periods

The AASB has issued new and amended Accounting Standards and Interpretations that have mandatory application dates for future reporting periods. The directors have decided against early adoption of these Standards, but do not expect the adoption of these standards to have any impact on the reported position or performance of the company.

	Note	2014 \$	2013 \$
Note 2 Revenue			
Operating revenue			
– Government grants		300,000	500,000
– Commercial-led projects		582,000	485,021
– Investigator-led projects		71,753	36,919
– Member subscriptions		172,373	224,950
– Interest received		3,075	14,137
– Donations		241	40,000
– Other income		12,684	591
Total Revenue		1,142,126	1,301,619
Note 3 Surplus from ordinary activities			
Expenses			
Remuneration of auditor			
Auditing or reviewing the financial report		5,250	5,250
Other services		1,700	1,700
		6,950	6,950
Note 4 Cash and cash equivalents			
Cash at bank		35,617	225,003
		35,617	225,003
Note 5 Trade and other receivables			
CURRENT			
Trade receivables		146,474	203,256
Receivable from Melbourne Health		–	200,000
GST receivable		49,458	–
		195,932	403,256
Note 6 Other assets			
CURRENT			
Prepayments		174,642	–
		174,642	–
Note 7 Property, plant and equipment			
Plant and equipment			
At cost		34,727	9,458
Accumulated depreciation		(13,182)	(3,678)
Total plant and equipment		21,545	5,780

	Note	2014 \$	2013 \$
Note 8 Trade and other payables			
CURRENT			
Unsecured liabilities			
Trade payables		304,651	75,219
GST payable		–	2,796
Accruals		33,950	92,938
Other payables		11,646	–
		11,646	–
		350,247	170,953

Note 9 General reserve

The general reserve records funds set aside as a contingency should the company decide to wind up.

Note 10 Cash flow information

Reconciliation of cash flow from operations with net current year deficit			
Net surplus(deficit) for the year		(360,597)	(601,199)
Cash flows excluded from surplus attributable to operating activities			
– Depreciation		9,503	3,153
Changes in assets and liabilities			
– (Increase)/decrease in trade and term receivables		207,323	(282,721)
– (Increase)/decrease in other assets		(174,642)	–
– (Increase)/decrease in trade payables		179,295	4,950
– Increase/(decrease) in other liabilities		(25,000)	157,890
		(164,118)	(717,927)

Note 11 Company details

The registered office of the company is:

BioGrid Australia Limited
6 North, Main Building, The Royal Melbourne Hospital
300 Grattan St, Parkville 3050
Victoria

Note 12 Members' guarantee

The company is registered with the *Australian Charities* and *Not-For-Profit Commission* and is a company limited by guarantee. If the company is wound up, the constitution states that each member is required to contribute a maximum of \$10 each towards meeting any outstanding obligations of the company. At 30 June 2014 the number of members was 28.

Directors' Declaration

The directors have determined that the company is not a reporting entity and that this special purpose financial report should be prepared in accordance with the accounting policies described in Note 1 to the financial statements.

The directors of the company declare that::

1. The financial report and notes, as set out on pages 21 to 25, are in accordance with the *Australian Charities and Not-For-Profit Commission Act 2012* and:
 - (a) comply with Accounting Standards applicable to BioGrid Australia Limited; and
 - (b) give a true and fair view of the company's financial position as at 30 June 2014 and of its performance for the year ended on that date in accordance with the accounting policies described in Note 1 to the financial report.
2. In the directors' opinion, there are reasonable grounds to believe that the company will be able to pay its debts as and when they become due and payable.

This declaration is made in accordance with a resolution of the Board of Directors.



Bryan Williams

Director

3 October 2014



Robert Merriel

Director

Independent Audit Report to the Members of BioGrid Australia Limited

Report on the Financial Report

We have audited the accompanying financial report, being a special purpose financial report, of BioGrid Australia Limited (the company), which comprises the statement of financial position as at 30 June 2014, and the statement of profit or loss and other comprehensive income, statement of changes in equity and statement of cash flows for the year then ended, a summary of significant accounting policies, other explanatory information and the directors' declaration.

Director's Responsibility for the Financial Report

The directors of the company are responsible for the preparation and fair presentation of the financial report and have determined that the accounting policies described in 1 to the financial report, are appropriate to meet the requirements of the *Australian Charities and Not For Profit Commission Act 2012* and are appropriate to meet the needs of the members. The directors' Responsibility also includes internal control as the directors determine is necessary to enable the preparation of a financial report that is free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

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

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial report. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial report, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the company's preparation of the financial report that gives a true and fair view in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by the directors, as well as evaluating the overall presentation of the financial report.

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

Basis of Opinion

Qualification

We draw attention that the company sustained a deficit of \$360,597 for the financial year ended 30 June 2014 and, as of that date, the company's net assets amounts to \$77,489. These conditions indicate the existence of a material uncertainty that casts significant doubt about the company's ability to continue as a going concern.

Auditor's Opinion

In our opinion, except for the effect on the financial statements of the matter referred to in the preceding paragraph, the financial report of BioGrid Australia Limited:

- giving a true and fair view of the company's financial position as at 30 June 2014 and of its performance for the year then ended in accordance with the accounting policies described in Note 1; and
- has been prepared in accordance with Division 60 of the *Australian Charities and Non-For-Profit Commission Act 2012*.

Emphasis of Matter

Basis of Accounting

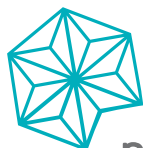
Without modifying our opinion, we draw attention to Note 1 to the financial report, which describes the basis of accounting. The financial report is prepared to assist BioGrid Australia Limited to meet the requirements of the *Australian Charities and Not-For-Profit Commission Act 2012*. As a result, the financial report may not be suitable for another purpose.

Saward Dawson Chartered Accountants



Tim Flowers
Partner

Blackburn, Victoria 3130
3 October 2014



**BIOGRID
AUSTRALIA**



BioGrid Australia

ABN: 31 136 185 647

6 North, Main Building
The Royal Melbourne Hospital
300 Grattan Street
Parkville 3050
Victoria, Australia

T: +61 (0)3 9342 3167
F: +61 (0)3 9342 8548

enquiries@biogrid.org.au
www.biogrid.org.au

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