2018 Research Impact Report

Giving hope to Australians through research now and in the future

Lung Foundation Australia

Welcome

On behalf of the Lung Foundation Australia Board we thank you for your support of lung health research in Australia.

The Lung Foundation Australia Research Impact Report is designed to showcase how your donations and support are making a tangible difference. We are proud to showcase the impact of our research program and celebrate how our collective efforts are making a real difference in the lives of the seven million (almost one in three) Australians living with lung disease.

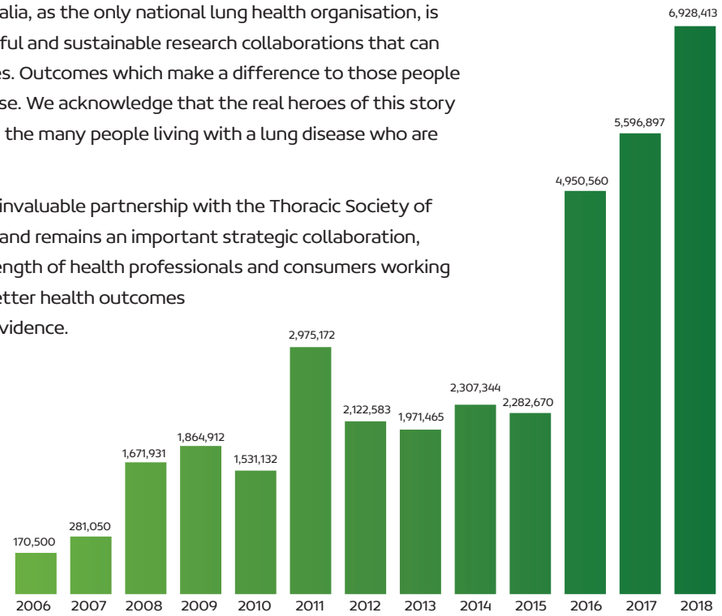
Lung Foundation Australia recognises that the burden of lung disease impacts almost all Australians in one way or another. Lung disease touches so many people, sometimes for a short time but for others it has lifelong consequences. It not only impacts the patient, but also their extended family and the broader Australian community.

Our research agenda is simple: to advance diagnosis, treatment, and prevention, and find a cure for lung diseases including lung cancer.

Lung Foundation Australia, as the only national lung health organisation, is committed to meaningful and sustainable research collaborations that can deliver timely outcomes. Outcomes which make a difference to those people impacted by lung disease. We acknowledge that the real heroes of this story are our researchers and the many people living with a lung disease who are supported by them.

Our long-standing and invaluable partnership with the Thoracic Society of Australia and New Zealand remains an important strategic collaboration, demonstrating the strength of health professionals and consumers working together and driving better health outcomes through research and evidence.

Since 1990, Lung Foundation Australia has invested $17.6 million into our research program.



Total research investment

Chairperson Professor Christine Jenkins and Lung Foundation Australia CEO Mark Brooke.

Our strategic aim is to increase our awards and grants program to $5 million per annum with the assistance of government, industry, research and development contributions and/or by way of matched funding through domestic and international research collaborations.

We warmly congratulate the various research recipients funded in 2019. We know that your research will make a substantial contribution to people living with a lung disease and the wider community, as well as helping us to achieve our research objectives.

Lung Foundation Australia acknowledges and thanks the thousands of Australians, and our corporate supporters, for their donations and generous gifts to fund these research projects.

Research keeps hope alive, and with your support we can help many Australians living with a lung disease through our research program.

Professor Christine Jenkins AM
Chairperson

Mark Brooke
Chief Executive Officer

SPOTLIGHT 1

Research in Translation

Professor Anne Holland, Physiotherapist, Alfred Health and La Trobe University, Melbourne

Recipient: Professor Anne Holland

Partner organisation: Boehringer Ingelheim

Award: Lung Foundation Australia/Boehringer Ingelheim Fellowship in Chronic Obstructive Pulmonary Disease (COPD)

Duration: 2011/2012

Amount funded: $160,000

Project: Benefits and costs of home-based pulmonary rehabilitation in COPD.

Outcomes

The research findings were positive, showing that people living with COPD who undertook pulmonary rehabilitation at home saw an improvement to their overall well-being and reduced hospital admissions. It also found that the costs to deliver the program were very similar across both the home-based and community models.

The study has also been recognised internationally, and implemented in two locations in Australia, which highlights the importance of access to exercise programs worldwide for people living with a chronic lung condition.

The problem or unmet research need

This research project sought to better understand whether pulmonary rehabilitation undertaken at home could improve the quality of life for people with COPD to the same extent as a traditional centre-based program, at a reasonable cost. Anne and her research team developed the HomeBase model, which involved one home visit from a physiotherapist, followed by seven weekly telephone calls, to assist with setting goals and progressing with the exercise program.

Why invest in pulmonary rehabilitation and COPD?

Research has shown that exercise, such as pulmonary rehabilitation, is highly beneficial for people living with a chronic lung disease. It helps to maintain fitness, improve well-being and reduce symptoms such as breathlessness.

The issue being addressed

Unfortunately, less than 10% of the 1.45 million Australians who have some form of COPD have access to or have completed pulmonary rehabilitation. There is a shortage of programs and staff available, particularly outside of metropolitan areas, and where programs do exist, there are barriers such as travel and transport preventing people from participating.

"The funding from Lung Foundation Australia was instrumental in establishing my research program investigating new models of rehabilitation for COPD. It provided the resources to test an idea that I believed could make a difference for people with lung disease, and to refine and improve it so that it was ready for prime time (major grant funding). As a direct result of this fellowship I was successful in obtaining a larger grant from the National Health and Medical Research Council (NHMRC) the following year. The NHMRC funding allowed us to expand the trial and has underpinned subsequent research projects."

– Professor Anne Holland

SPOTLIGHT 2

Research in Action

Doctor Clare Weeden, Walter and Eliza Hall Institute of Medical Research

Recipient: Doctor Clare Weeden

Partner organisation: Walter and Eliza Hall Institute of Medical Research

Award: Lung Foundation Australia/Deep Manchanda Early Career Fellowship in Lung Cancer

Duration: 2018/2019

Amount funded: $320,000

Project: Deep profiling of lung cancer, metastasis and the immune system to identify novel therapeutic targets.

This award was made possible thanks to a generous donation from the Manchanda Family in memory of Deep Manchanda who died of lung cancer.

The problem or unmet research need

Clare's research project, which began in 2018 and is now half-way through, is profiling the cancer and immune cells from primary and secondary (metastatic) sites within people living with lung cancer. It is hoped that this project will help to uncover new therapeutic targets and improve treatment options for the majority of lung cancer patients who present with inoperable tumours.

The issue being addressed

More than 70% of people living with lung cancer present with cancers that have spread from the 'primary' lung cancer to other parts of the body, making their cancer inoperable. These people rely on chemotherapy, radiotherapy and more recently immunotherapy to slow the growth of their tumours, however these treatments are not a cure.

Why invest in lung cancer research?

There is a desperate need to find new treatments to target cancers that have spread. This requires an understanding of the unique features that make up these cancer cells and their microenvironment.

"Our work relies on the generosity of lung cancer patients, and collaboration between clinicians and scientists. Funding opportunities for young researchers can be scarce. The Lung Foundation Australia/Deep Manchanda Early Career Fellowship in Lung Cancer is crucial in supporting me to continue my work in lung cancer and lung diseases. The fellowship will allow me to ask challenging research questions and perform state-of-the-art experiments to answer them. Having dedicated funding support for lung diseases attracts more researchers to tackle these projects. With more research comes more discoveries that have the potential to improve the health of patients living with lung diseases."

– Doctor Clare Weeden

Finding Breakthroughs Through Clinical Trials

Clinical trials play a key role in driving discoveries for new treatments, ways to manage conditions and to search for a cure. Lung Foundation Australia initiates and facilitates clinical trials in lung cancer and Idiopathic Pulmonary Fibrosis (IPF) to provide hope for the many people living with these conditions who may have exhausted several other options already available to them.

Lung cancer: looking for a cure

The Australasian Lung Cancer Trials Group (ALTG) is an initiative of Lung Foundation Australia that was established in 2004. The ALTG unites leading clinicians and researchers from across Australia and New Zealand to design, conduct and analyse clinical trials that will help find new advances in the diagnosis, treatments and management of lung cancer.

$22.8 million in research funding has been generated by the ALTG since establishment in 2004.

Associate Professor Peter Hopkins, Director of The Queensland Lung Transplant Service and Pulmonary Fibrosis Australasian Clinical Trials Network Steering Committee member

RESEARCH IN ACTION

STIMULI clinical trial: action against Small Cell Lung Cancer

There are two types of lung cancer, with Small Cell Lung Cancer (SCLC) being the less common of the two, making up about 15% of lung cancer diagnoses. This devastating form of cancer also spreads quickly. In 2018, the ALTG initiated and continued funding for one new international trial, STIMULI, which works to assess whether it is effective to use two immunotherapies called nivolumab and ipilimumab after having standard treatment of chemotherapy/radiotherapy in people living with limited-stage SCLC and increase their overall survival.

The trial will involve 325 participants and it is hoped that the findings will also look at how safe and severe the side effects are for standard treatment alone when compared to adding in the two immunotherapies. There are over 20 sites in Australia alone taking part in this important study.

DREAM clinical trial: new discoveries for people living with mesothelioma

The benefits of research on improving outcomes in cancer are undisputed. Mesothelioma is a rare and aggressive form of cancer associated with asbestos exposure, which has no cure. In fact, Australia has one of the highest incidence rates of mesothelioma in the world.

In 2018, the ALTG conducted a Phase 2 clinical trial (called the DREAM study) which looked at how safe and effective it was to combine standard treatment which involved chemotherapy, with a new immunotherapy treatment called durvalumab. The study completed enrolment rapidly with 54 patients enrolled in 10 centres in less than 12 months.

The initial results were encouraging with 48% of patients having substantial reductions in the size of their tumours (called partial responses). The combination appeared to be effective in controlling the disease with 65% of mesothelioma patients having no evidence of disease progression at six months.

Following on from these successful results a Phase 3 clinical trial (called DREAM3R) is planned for 2019 to further evaluate this combined treatment in comparison to standard chemotherapy alone for mesothelioma patients. This international collaborative trial, lead by the ALTG and Lung Foundation Australia, will look to enrol over 400 participants worldwide and potentially result in a new standard of care for patients with mesothelioma.

Idiopathic Pulmonary Fibrosis: searching for cutting-edge treatments

The future of Idiopathic Pulmonary Fibrosis (IPF) therapy and understanding the condition further lies with well-designed clinical trials to evaluate the ability of new therapies to stop or reverse existing lung scarring.

The Pulmonary Fibrosis Australasian Clinical Trials Network (PACT), proudly supported by Lung Foundation Australia, was established in 2017 as a key objective for the Centre for Research Excellence in Pulmonary Fibrosis (CRE-PF). It unites leading clinicians and researchers from across Australia and New Zealand to design, conduct and analyse clinical trials that will help find new advances in the diagnosis, treatments and management of Pulmonary Fibrosis.

Research Capacity Building

Investing in the next generation of lung cancer researchers.

4th Preceptorship in Lung Cancer

The Australasian Lung Cancer Trials Group (ALTG) held its fourth annual preceptorship in lung cancer in Melbourne featuring an intensive two-day active learning program. It provided the opportunity for 40 early career researchers, advanced trainees and junior consultants to further their skillset in critical thinking and assessment to apply to research and evaluate key evidence supporting the evolution of clinical practice.

Participants were divided into small groups with an allocated preceptor, who is a senior ALTG member with clinical expertise in lung cancer management. Participants presented a clinical study of high importance to clinical practice to their peers, followed by a group discussion. Preceptors provided feedback and guidance which lead to an interactive demonstration of designing a trial to address a clinical question relating to the study.

The topics discussed ranged from early stage lung cancer to treatments such as chemotherapy and immunotherapy in lung cancer mutations, including EGFR and ALK as well as palliative care.

Lung Cancer Symposium

In 2018, the ALTG held its third annual one-day symposium in Sydney which featured the latest cutting-edge innovations in research and therapeutics and translated them into clinical practice. Education was provided to 115 lung cancer multidisciplinary health professionals, including consultants, advanced trainees and practitioners through a comprehensive program presented by well-respected international and local experts.

The theme for the symposium was *transforming outcomes in lung cancer with immunotherapy and targeted therapy* and saw the program focus on key topics including immunotherapy and targeted therapy in Non-Small Cell Lung Cancer (NSCLC), the latest in mesothelioma, and a new treatment model for advanced NSCLC.

Doctor Tan Nguyen, Walter and Eliza Institute of Medical Research

Understanding Lung Disease Through Research Registries

Leading two national disease registries.

These registries provide researchers with a platform of rich longitudinal data for Idiopathic Pulmonary Fibrosis (IPF) and bronchiectasis.

Idiopathic Pulmonary Fibrosis Registry

Our Australian Idiopathic Pulmonary Fibrosis Registry is a unique research platform that collects information on more than 765 patients living with IPF to better understand this rare and complex disease. To improve our understanding, participants generously contribute information about their health regularly so that it can be used to undertake a wide range of research projects. The registry provides a central source of rich data that is being used in both national and international studies. The information collected by the registry is used to address many different research questions including the incidence and prevalence of IPF as well as searching for improved treatment options and a cure.

Key research undertaken in 2018 using the IPF Registry data included:

Examining IPF guidelines in practice

Dr Helen Jo, Respiratory Physician at the Royal Prince Alfred Hospital, completed her PhD in IPF in 2018 using data from the Australian IPF Registry. One study titled, *Implications of the diagnostic criteria of Idiopathic Pulmonary Fibrosis in clinical practice: analysis from the Australian Idiopathic Pulmonary Fibrosis Registry,* was published in Respirology, an Asia Pacific scientific journal in October 2018. The research examined how international disease guidelines work in everyday medical practice, looked at their importance and considered the value of guidelines to help classify and diagnose disease. An accurate respiratory diagnosis is important so that patients receive the most appropriate treatment, including medications and care.

Identifying IPF signals to improve outcomes

The IPF Steering Committee members received research funding to undertake the study, *Molecular phenotyping of IPF to improve patient outcomes,* thanks to the National Health and Medical Research Committee. This project aims to identify and investigate specific blood and other markers (or biomarkers) that reliably indicate lung disease, which in the future could potentially be used to help doctors diagnose IPF or predict the progression of this disease.

The role of genetics in IPF

In 2018, the Australian first *Genetic Research in IPF (GRIPF)* study started thanks to funding that will support a collaborative five-year research study with the Menzies Institute for Medical Research. Although factors such as environmental and occupational pollutants, as well as smoking, are known to contribute to the risk of developing IPF, researchers are yet to fully understand how this disease arises and what influences its progression. While it appears most cases of IPF are sporadic and occur without a pattern, there are cases where multiple people within a family have the disease, known as familial IPF.

This research is the first step towards determining the role of genetics specific to IPF and aims to identify underlying genetic drivers. The research is using contemporary approaches such as whole genome sequencing. The study aims to discover rare genes associated with IPF and will also search for known genes related to IPF in the Australian participants. Research using registry data will improve our understanding about IPF and so better inform the approach to improved detection, treatment and prevention of this devasting disease.

Australian Bronchiectasis Registry

There is little information about the incidence, diagnosis and mortality rates of bronchiectasis in Australia, which is crucial to make any advancement in finding new treatments and searching for a cure. Lung Foundation Australia is working to fill this gap through our Australian Bronchiectasis Registry which collects data on people living with bronchiectasis to facilitate research, improve clinical management practices and maximise opportunities for patients to participate in clinical trials. Registry data will also be combined with Medicare and pharmaceutical data, enabling Lung Foundation Australia to provide researchers with a rare and exceptional opportunity to learn more about healthcare utilisation and costs associated with bronchiectasis and treatment outcomes.

The registry continued to grow in 2018 with 1,200 participants to-date. This is made up of 67% adults and 33% paediatric patients, allowing us to collect data on a wide variety of demographics.

The Australian Bronchiectasis Registry is nationally and internationally recognised for contributing data to a number of research projects.

Some of the highlights from 2018 include:

Better understanding bronchiectasis

In 2018, Dr Simone Visser from the Royal Prince Alfred Hospital in Sydney led the study, *Baseline characteristics of Australian patients with bronchiectasis*, which was supported by the Australasian Bronchiectasis Consortium. The project, whilst aiming to broadly describe bronchiectasis in Australia, primarily focuses on defining the impact of disease symptoms and characteristics on quality of life of people living with bronchiectasis. This research will help to better understand bronchiectasis in Australia and work to identify treatment gaps and improve outcomes for people living with the condition.

Guidance for physiotherapy clinical practice

National and international guidelines recommend physiotherapy, in particular airway clearance therapy, for children and adults with bronchiectasis as part of daily treatment, to improve quality of life and exercise capacity and reduce cough and sputum volume. The current best-practice management for airway clearance technique, exercise prescription as well as the use of mucolytics is not clearly known in Australia.

In 2018, Dr Annemarie Lee from Monash University began research titled, *Identifying the physiotherapy practice for people with bronchiectasis,* which aims to provide insight into the best-practice physiotherapy for people with bronchiectasis. This includes approaches and predictors for airway clearance therapy, as well as supporting effective management techniques.

It is hoped that the Australian Bronchiectasis Registry data will help identify the phenotype characteristics for airway clearance physiotherapy and provide further guidance for clinical practice in Australia.

Designing pulmonary rehabilitation with patients

Pulmonary rehabilitation is the cornerstone intervention to reduce symptoms, increase exercise tolerance and improve quality of life for people living with a chronic respiratory disease. While most of the evidence for pulmonary rehabilitation relates to Chronic Obstructive Pulmonary Disease (COPD), there is emerging research to support its role for people with bronchiectasis.

In 2018, Dr Annemarie Lee from Monash University led another key piece of research titled, *What education topics in pulmonary rehabilitation are important to people with bronchiectasis?.* This research takes an approach not previously identified that aims to explore the patient's perspective on the education topics included in pulmonary rehabilitation.

This information will directly inform the structure of pulmonary rehabilitation programs who accept people with bronchiectasis. Additionally, it may also directly inform the multidisciplinary team members of the information and knowledge people with bronchiectasis are looking for and supports the update of educational material which may be provided beyond the scope of pulmonary rehabilitation.

Doctor Clare Weeden,
Walter and Eliza Institute
of Medical Research

Collaborating to Find a Cure

Lung Foundation Australia funds cutting-edge research projects supported through a competitive, peer-reviewed awards and grants program. These research projects can focus on prevention, early diagnosis, treatment, psychological management or cure for a lung disease.

Lung Foundation Australia and the Thoracic Society of Australia and New Zealand (TSANZ) have successfully collaborated for over 25 years and partnered in research. Lung Foundation Australia provides opportunities for early-career and senior leaders through fellowships, PhD scholarships, project grants, grants-in-aid and travel grants allowing researchers to make significant advances in the field of lung disease research and showcase their work nationally and internationally. These investments are strategically important as they provide a tangible boost to researchers' careers and are multiplied substantially as additional grants funding is secured.

In 2018, Lung Foundation Australia raised and invested $787,600 into this program, funding 24 research awards, including eight new awards.

Congratulations to the 2019 Research Award Recipients

GRANT TYPE	GRANT TITLE	RECIPIENT & PARTNER	RESEARCH PROJECT TITLE
LUNG CANCER			
Fellowship $200,000 over 2 years co-funded by Queensland University of Technology (matched funding of $100,000)	Lung Foundation Australia Shine a Light on Lung Cancer Early Career Nursing Fellowship in Lung Cancer Research 2019	**Ms Vanessa Brunelli** Queensland University of Technology	Expectations, standards and performance framework to evidence the role and practices of the Australian specialist lung cancer nurse.
PhD $120,000 over 3 years co-funded by Melbourne Health (matched funding of $60,000)	Lung Foundation Australia Shine a Light on Lung Cancer PhD Scholarship 2019	**Dr Kanishka Rangamuwa** Melbourne Health/Royal Melbourne Hospital	Bronchoscopic ablation and ablative immunotherapy in Non-Small Cell Lung Cancer.
Grant-in-Aid $10,000 – 12 month project	Shine a Light on Lung Cancer Grant-in-Aid 2019	**Dr Surein Arulananda** Olivia Newton-John Cancer Research Institute	Targeting the apoptosis pathway in a patient derived xenograft mesothelioma model.
INTERSTITIAL LUNG DISEASE (ILD)			
Grant-in-Aid $10,000 – 12 month project	Lung Foundation Australia/ Eleanor Greenwood Memorial Grant-in-Aid for ILD Research 2019	**Dr Yet Hong Khor** Austin Health	Improving symptomatic care for ILD – Look ahead and beyond oxygen therapy.
Grant-in-Aid $5,000 – 12 month project	Lung Foundation Australia/ Lizotte Family Grant-in-Aid for Idiopathic Pulmonary Fibrosis Research 2019	**Dr Leona Dowman** Latrobe University	High intensity interval training in fibrotic interstitial lung disease: A randomised controlled trial.
IDIOPATHIC PULMONARY FIBROSIS (IPF)			
PhD $90,000 over 3 years co-funded by University of Tasmania – School of Health Sciences (matched funding of $45,000)	Lung Foundation Australia/David Wilson PhD Scholarship in IPF Research 2019	**Ms Archana Gaikwad** University of Tasmania	Role of endothelial to mesenchymal transition (EndoMT) in Pulmonary Hypertension and interstitial fibrosis in IPF.
Grant-in-Aid $5,000 – 12 month project	Lung Foundation Australia/ Ivan Cash Grant-in-Aid for IPF Research 2019	**Dr Adelle Jee** University of Sydney and Royal Prince Alfred Hospital	Utility of biomarkers of interstitial lung disease in systemic sclerosis and IPF.
Travel Grant $3,000 – International Colloquium on Lung and Airway Fibrosis (ICLAF) Conference	Lung Foundation Australia/ Eleanor Greenwood Memorial ILD Travel Grant	**A/Prof Cecilia Prele** The Institute for Respiratory Health – Western Australia	Plasma cell and regulatory B cell-infiltration in the lungs of bleomycin-treated mice.
Travel Grant $3,000 – ICLAF Conference 2018	Lung Foundation Australia/ Eleanor Greenwood Memorial ILD Travel Grant	**Dr Michael Schuliga** University of Newcastle	The involvement of mitochondria in lung fibroblast senescence: alternate targeting opportunities in the treatment of IPF.
Travel Grant $3,000 – ICLAF Conference 2018	Lung Foundation Australia/ Eleanor Greenwood Memorial ILD Travel Grant	**Dr Jade Jaffar** The Alfred Hospital/ Monash University	Fibroblasts derived from lung apices are more sensitive to pirfenidone compared to fibroblasts derived from lung bases in patients with IPF.
ADULT ASTHMA			
Grant-in-Aid $5,000 – 12 month project	Lung Foundation Australia/ Ludwig Engel Grant-in-Aid for Research in Respiratory Physiology 2019	**Ms Katrina Tonga** Woolcock Institute of Medical Research	Identification of novel pathways leading to fixed airflow obstruction in asthma.
CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD)			
Travel Grant $3,000 – American Thoracic Society Conference (ATS) 2018	Lung Foundation Australia/A Menarini Australia Pty Ltd Travel Grant – ATS Conference 2018	**Ms Razia Zakarya** Woolcock Institute of Medical Research	Role of histone acetylation in fibrosis in COPD.
Travel Grant $3,000 – European Respiratory Society Conference (ERS) Conference	Lung Foundation Australia/A Menarini Australia Pty Ltd Travel Grant – ERS Conference 2018	**Mr Jack Bozier** Woolcock Institute of Medical Research	Lung cells from people with COPD are hyper responsive to e-cigarette vapour.
Travel Grant $3,000 – ERS Conference	Lung Foundation Australia/ A Menarini Australia Pty Ltd Travel Grant – ERS Conference 2018	**Miss Hannah O'Farrell** University of Queensland	Association between bacterial load and inflammatory gene expression in COPD exacerbations.
Travel Grant $3,000 – Asian Pacific Society of Respirology Congress (APSR) Conference	Lung Foundation Australia/ A Menarini Australia Pty Ltd Travel Grant – APSR Conference 2018	**Mrs Leanne Ross** Geraldton Regional Aboriginal Medical Services	Aboriginal health/comprehensive primary health care management for patients with COPD and other respiratory conditions.
Travel Grant $3,000 – APSR Conference	Lung Foundation Australia/A Menarini Australia Pty Ltd Travel Grant – APSR Conference 2018	**Dr Hai Bac Tran** Royal Adelaide Hospital and University of Adelaide	Immunolocalisation of zinc transporters and metallothioneins supports a potential role of zinc in endothelial-smooth muscle cross talk in vascular physiology and COPD.
Travel Grant $3,000 – APSR Conference	Lung Foundation Australia/A Menarini Australia Pty Ltd Travel Grant – APSR Conference 2018	**Dr Thomas Altree** Royal Adelaide Hospital	Safety of pre-operative pulmonary function testing in left main coronary artery disease.
Scholarship $2,500 – 12 month review	Lung Foundation Australia/ Cochrane Airways Australia Scholarship 2019	**Miss Jenifer Liang** Monash University	Educational interventions for health professionals managing COPD in primary care.
BRONCHIECTASIS			
Abstract Prize **$1,000**	David Serisier Memorial Award for Translational Research in Bronchiectasis	**To be awarded at the 2019 TSANZ conference**	
Abstract Prize **$500**	John Read Prize for Physiological Research	**To be awarded at the 2019 TSANZ conference**	

How You Can Support Us

Invest in the Future

Scientific breakthroughs can take years to accomplish. Invest in a future free from lung disease by leaving a bequest or gift as part of your Will. Leaving a bequest is a way of ensuring you can continue to support the causes that are special to you, even after you're gone. Equally, talking with your family about a Gift in Memoriam celebrates your life and gives hope to others.

Find a Cure

Your donation can help us understand the causes and future treatments of lung disease. Regular giving is our most precious source of revenue. It gives us certainty and continuity in an unpredictable funding environment and provides an independent source of funding. A donation of $5.00 per week goes a long way. Put simply regular donations allow great science to flourish.

Get Involved

More than ever, Australians are aware of the need to increase research funding to fight lung disease and give hope to their fellow Australians. Share your story, become a Lung Foundation Australia Ambassador or join workplace giving. There are many ways you can support Lung Foundation Australia and make a difference.

Philanthropy & Partnerships

Lung Foundation Australia is proud to partner with philanthropists, companies, trusts and foundations to raise vital funds for lung disease research. We focus on forming personalised connections with donors and supporters to achieve our mission. We are outcomes focused and ensure your investment is tracked against measurable goals. As with all our support, we keep you up-to-date on progress. This is our promise.

Community Fundraising

Celebrate hope and support your loved one, friend or work colleague by doing something you love. Join our team, take part in a fun run, cycle or hold an event.

References

1. AIHW, 2018, https://www.aihw.gov.au/getmedia/20d53684-98f3-4863-b95d-d56ac7a4cd66/aihw-can-121.pdf.aspx?inline=true

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