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We need your help.

Become a monthly donor — As little as \$10 a month can help make a difference to the lives of millions of Australians affected by lung disease. Your regular donation will help us provide ongoing support, education, resources and advocacy on behalf of those living with lung disease and their families. Please call 1800 654 301 or visit www.lungfoundation.com.au to set up your monthly donation.

who we are

We ensure lung health is a priority for all in Australia by:

- Promoting the importance of lung health
- Promoting early diagnosis of lung disease
- Supporting those with lung disease, their families and carers
- Promoting equitable access to evidence-based care
- Funding quality research

We rely on donations, membership, bequests, grants, business and industry support. People's generous gifts mean we can continue to deliver these important services for all in Australia.





WEBSITE VISITS



SOCIAL MEDIA FOLLOWERS

















Clinical Support & Resources







foreword

Welcome to the 2015 Annual Report. This report is presented by Professor Christine Jenkins, Chair, Lung Foundation Australia and Heather Allan, Chief Executive Officer, Lung Foundation Australia.













As we work to finalise Lung Foundation Australia's Annual Report, the Australian Bureau of Statistics has just released its most recent report, *Causes of Death, Australia, 2014*.

In this report, lung cancer (including trachea and bronchus) was listed as the fourth most common cause of death and chronic lower respiratory diseases (COPD, occupational lung diseases, pulmonary hypertension and asthma) were listed as the fifth leading cause. If the two lung disease categories were added together, "lung disease" would be the second leading cause of death after ischaemic heart disease.

Despite these stark numbers, recognition of lung disease in Australia is low. Funding levels for community programs, research and even media interest is low in the context of the impact of lung disease in the Australian community. In the many media stories that came with the release of these data, not once did we hear or see a reference to lung disease.

This is the challenge that has driven (and will continue to drive) the work of the Board and staff of Lung Foundation Australia.

2015 WAS A YEAR OF INVESTMENT IN AWARENESS, ADVOCACY, RESEARCH AND SUPPORT PROGRAMS

2015 was a year of investment to tackle this challenge:

Investing in awareness of the importance of lung health and symptoms of lung disease. The Lung Foundation's *Just One Breath* campaign has grown significantly through social media channels. In

2016, we will take it mainstream so that a wider audience will hear the messages of our lung health champions, including James Morrison, Archie Roach and Christine Anu.

- Investing in advocacy Through the media, direct advocacy, letter writing campaigns and submissions, the Lung Foundation took every opportunity to speak up on behalf of our patient population. We continue to advocate for wider access to pulmonary rehabilitation through the Medical Benefits Schedule (MBS). Our application is at the evaluation stage where the Department of Health assesses the clinical evidence and the economic benefit of the proposed intervention. We are hopeful that, if the Government is serious about reforming MBS to reflect an evidence-base, our pulmonary rehabilitation application will be successful. Then our role will be to educate patients, their families and carers, and health professionals about the benefits of pulmonary rehabilitation.
- Investing in research In 2015, the Lung Foundation increased its support of research by seven per cent compared to 2014 and is poised to grow this even more in 2016. In 2015 we awarded promising researchers more than \$330,000 in research funding.
- Ground work was also laid to develop and launch a collaborative research initiative with the Thoracic Society of Australia and New Zealand (TSANZ) Lungs for Life: Breathing Life into Respiratory Research.
- Investment in new support programs, including a Lung Cancer Support Nurse, peer support program for those with Idiopathic Pulmonary Fibrosis, and C.O.P.E. – our first online COPD self-management education tool, developed in collaboration with BUPA.

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The Lung Foundation's *Just One Breath* campaign has grown significantly through social media channels.



Investing in the financial sustainability of the Lung Foundation by increasing our fundraising capacity. In 2015, we increased funds raised through donations and bequests by 36 per cent. In 2016, our targets are even more ambitious. This work is critical to meeting our goal of an annual contribution to research of \$5 million by 2020.

2015 carried with it some significant challenges for Lung Foundation Australia.

Early in the year, funding from the Department of Health to support two important programs – *Check in With Your Lungs* (raising awareness of the symptoms of lung disease) and our *Better Living With Your Lung Disease* (a patient education program promoting self-management of chronic lung disease) came to an end. Department of Health Flexible Funding program continues to hang in the balance affecting not-for-profits across a wide range of disease areas.

In May 2015, the respiratory community lost a leading light when Lung Foundation Australia's Chairman, Dr David Serisier, died suddenly. David was a loved clinician to his patients, a researcher of international standing, a mentor, a supportive colleague and a strong leader. One of the many legacies that he has left is the Australian Bronchiectasis Registry – an international collaboration to further our understanding of non C-F Bronchiectasis. Thanks to his early work and the network of dedicated researchers he had attracted to the project, the first patients will be included in this international data base in March 2016. By the end of 2016, it is expected that 500 Australian patients and their data will be included.

After David's death, the Lung Foundation Australia Board appointed Mr Andrew Churchill, the Treasurer of the Board, to step in as Acting Chair and to oversee the process to identify and appoint a new Chair. In October, the Board announced the appointment of Professor Christine Jenkins as Chair from 1 January 2016. Mr Andrew Churchill was appointed Deputy Chair.

The Lung Foundation owes a debt of gratitude to Andrew Churchill who capably led the Board during a difficult time. The Board of Directors has provided strong leadership throughout the year.

- O Prof Christine Jenkins, *Chair*
- Mr Andrew Churchill,
 Deputy Chair
- Ms Kathleen Cummings
- O Prof Peter Frith
- Mr Tony Hyams
- O Dr David Michail
- O Prof Martin Phillips
- A/Prof Sarath Ranganathan

Supporting the Board of Directors is the National Council, an important advisory body providing considered advice across a wide spectrum of respiratory and thoracic oncology clinical care.

- A/Prof Matthew Peters
- Or Christopher Worsnop
- A/Prof Lucy Morgan
- O Dr Peter G Gibson
- O Prof Kwun Fong
- O Dr Mark Holmes
- O Prof Gary Anderson
- Prof Christine McDonald
- O Dr James Markos
- O Dr Nicole Goh

The Lung Foundation is grateful for the ongoing support provided by the TSANZ who generously provides us with an office in their Hunter Street premises in the Sydney CBD.

Thanks also to the staff of the Lung Foundation, particularly the Executive Management Team including Chris Emery, Director of Operations; Elizabeth Harper and Kirsten Phillips, Director COPD National Program; and Glenda Colburn, Director Lung Cancer and Rare Lung Disease National Program. Thanks also to Damon Cavalchini, Senior Manager – Lung Health Promotion and Mary Bishop, Fundraising Manager.

Finally, we would like to recognise the hundreds of community and clinical volunteers who generously give their time and expertise.

Thank you for your support in 2015 and we look forward to your support in 2016.

Professor Christine Jenkins

Heather Allan

Huallan

major achievements

In 2015, Lung Foundation Australia continued to build on the significant advances made in 2014.



Just One Breath Hero Quest

Just One Breath is both a celebration of positive health and wellbeing and an invitation to the wider community to think about the importance of healthy lungs.

WE LAUNCHED THE SEARCH FOR JUST ONE BREATH HEROS

Phase two of the *Just One Breath* campaign launched a search for *Just One Breath Heroes* with a two month social media campaign looking for new inspiring stories about what's possible with the power of just one breath. We encouraged people to tell their story by shooting

a short film, writing an inspirational poem, snapping a jaw-dropping photo, writing a song or even illustrating. It resulted in significant social media activity as well as traditional media coverage.

The campaign attracted entries from across the country including an amazing variety of creative works. A Grand Prize, three People's Choice prizes and 15 Highly Commended prizes were awarded. Congratulations to all our *Just One Breath Heroes* and thanks again to everyone who submitted an entry.

OUR SECOND JUST ONE BREATH GALA DINNER RAISED MORE THAN

\$50,000

Just One Breath Gala Dinner

The Lung Foundation held our second *Just One Breath Gala Dinner* at the Opera Point Marquee in Sydney in October. This fundraising event bought together family, friends, colleagues, representatives of the business

community, sponsors and some new faces in support of Lung Foundation Australia. The evening raised more than \$50,000 to provide essential services and resources for patients and families affected by lung disease.

Working to Provide Broader Access to Pulmonary Rehabilitation on the MBS

The campaign to provide broader access to pulmonary rehabilitation by having it listed on the Medical Benefits Schedule (MBS) continued. As part of the application process, members of the community were invited to comment on the draft protocol. More than 120 pieces of feedback were submitted to the Medical Services Advisory Committee (MSAC) supporting our application. Our campaign extended to federal parliamentarians to help them understand how pulmonary rehabilitation improves quality of life for people living with chronic lung disease and helps keep people out of hospital.

Jill Hall MP and Ken Wyatt MP generously hosted a Parliamentary Friends Breakfast Briefing in Canberra in September so we could spread the word to as many politicians as possible. We also met Members of Parliament in smaller face-to-face meetings to advocate for the MBS item numbers during this time.

Thoracic Alliance for Cancer Trials Launched

Lung Foundation Australia's lung cancer research initiative, the Australasian Lung cancer Trials Group (ALTG), led the establishment of the Thoracic Alliance for Cancer Trials (TACT) at the 16th World Conference on Lung Cancer in Denver Colorado in September. TACT is an international

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If it wasn't for the referral to call the Lung Foundation I would have continued to flounder with my symptoms. Thank you for listening, kindness and guidance. Lung cancer patient, Regional Australia



collaboration and its formation is the culmination of a two-year process involving more than 25 national and trans-national groups working in thoracic cancer clinical research. With its global reach, TACT is well-positioned to address the increasingly complex landscape of lung cancer diagnosis and novel treatment approaches by enabling lung cancer researchers worldwide to work together on joint research projects and clinical trials.

Lung Cancer Support Nurse

Lung Foundation Australia was successful in the 2015 Supporting People with Cancer funding round from Cancer Australia to establish a lung cancer support service led by a dedicated Lung Cancer Support Nurse. This role provides clinical support and information for patients diagnosed or living with lung cancer in urban, rural and remote areas. This new position builds on the excellent service our Information and Support Centre provides by offering timely and confidential telephone support and clinical advice to patients living with lung cancer, mesothelioma or rarer thoracic cancers and their families.





patient and community support

As the only national charity dedicated to supporting anyone with a lung disease, we provide a first point-of-call linking patients to important information and services in the community.



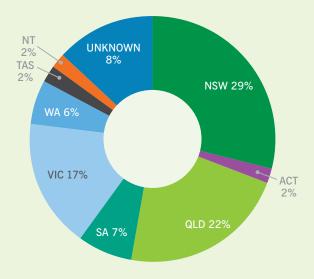
Information and Support Centre

In 2015 we continued to see growth in the Information and Support Centre with almost 5,600 enquiries received

5,600
ENQUIRIES FROM
PATIENTS, CARERS
AND HEALTH
PROFESSIONALS

from patients, carers and health professionals via our freecall 1800 number, enquiries email, or social media. Our Lung Care Nurse provided confidential support, information and advice to telephone enquirers and continues to enhance the work of the Information and Support Centre.

Providing a national enquiry service



LungNet News

The number of subscribers to our quarterly newsletter increased by 12 per cent with 17,520 recipients now on our database including 5,402 now receiving eLungNet News.

NUMBER OF SUBSCRIBERS TO LUNGNET NEWS 17,520 INCREASED 12% TO

Lung Health Patient Education Seminars

Our regular Patient Education Seminars were held once again with seven seminars across all states and the ACT as well as three extra events which took place in Darwin, Alice Springs and

716
PEOPLE
ATTENDED PATIENT
EDUCATION SEMINARS

on the Gold Coast. These were well supported with 716 people attending to hear presentations from guest speakers on topics like:

- Managing activities of daily living
- · Fitness to travel and fly
- Medicines and their instructions: what they mean and are they important?
- Asbestos awareness in our country

33

I thought the topics were really relevant — with lots of practical help — well done!

Seminar attendee Campbell Town Tasmania

7/7/



C.O.P.E. - COPD Online Patient Education

June saw the launch of our first e-learning program for patients with COPD and their carers. C.O.P.E. – *COPD Online Patient Education* was developed to enable patients who do

MORE THAN 2,300 PEOPLE HAVE USED C.O.P.E.

not have access to a pulmonary rehabilitation program to undertake the educational component of the program online from the comfort of their own home and regardless of where they live in Australia. Developed in conjunction with the BUPA Health Foundation, more than 2,300 people have used C.O.P.E. in the eight months since its launch.

Patient Voice in COPD

Ian Venamore, a good friend and volunteer, represented Australians living with COPD at public events on two separate occasions, eloquently advocating the benefits of pulmonary rehabilitation. This included our Parliamentary Breakfast in Canberra and an international patient summit in Paris hosted by the COPD Global Foundation. Ian shared his experience living with COPD, promoted our resources and brought back interesting ideas following discussions with patients from other countries. We are extremely grateful for lan's time and dedication and delighted that he has committed to doing more advocacy work in 2016.

National Air Pollution Summit

In November, Lung Foundation Australia attended the National Air Pollution Summit and Workshop in Melbourne. Air pollution in Australia is inadequately regulated, monitored and enforced and has been identified as an area of increased interest for Lung Foundation Australia. It has been estimated

that each year more than 3,000 Australians die prematurely from urban air pollution. A recent Senate Committee inquiry concluded that despite improvements in Australian air quality over the last two decades, air quality is still a significant problem in many parts of Australia and is a key area of concern for people with lung conditions.

Lung Cancer Telephone Support Groups

FOUND THE SUPPORT GROUPS VERY USEFUL AND WOULD RECOMMEND THE

SERVICE TO OTHER

Lung Foundation Australia's lung cancer Telephone Support Group (TSG) service expanded in 2015 which was partly due to Cancer Council NSW migrating their lung cancer service to Lung Foundation Australia. We are now offering three telephone support group calls each month. Every group call runs at capacity and the pool of patients using this support service is growing.

Our lung cancer TSGs aim to reduce the emotional burden on individuals living with lung cancer in urban, rural and remote Australia.

IPF Peer Support Program

PATIENTS

In mid-2015, Lung Foundation Australia's Idiopathic Pulmonary Fibrosis (IPF) Peer Support Program was launched. The peer-to-peer support program provides an opportunity for people living with IPF to connect with peer supporters who are living with the same disease to share their experiences and provide mutual support.

Better Living With Your Lung Disease

Better Living With Your Lung Disease, our three year self-management project finished in June. As a result, several educational tools were developed to support people with chronic lung disease to better manage their condition. These included:

- 10 short patient-centred educational videos which underpinned the entire self-management project
- A Facilitator's Guide for patient support groups to incorporate the videos into their regular meetings
- A Health Professional Kit to provide a visual resource to assist health professionals incorporate the videos and the self-management topics into their care for patients.

clinical support

Lung Foundation Australia continued to support health professionals throughout 2015 by holding conferences, events and developing and maintaining resources including online training and decision-support tools.

Our online training continued to be in high demand with more than 630 clinicians signing up for one of our e-learning programs in 2015, up from 420 in 2014. The Asbestos Related Lung Disease/Mesothelioma Nurse Online Training

Course (ARLD/MPM) accredited by the Australian College of Nurses was re-evaluated and approved for an increase in CPD points from 9.5 to 18.

630 CLINICIANS SIGNED UP FOR OUR E-LEARNING PROGRAMS

Our online training includes:

- COPD Nurse Online Training
- COPD Pharmacy Online Training
- Heart Failure Online Training
- Lungs in Action Full Instructor Training as well as Theory Training
- · Pulmonary Rehabilitation Online Training
- Asbestos Related Lung Disease/Mesothelioma Nurse Online Training

COPD-X Guidelines

Lung Foundation Australia continued to develop and maintain

9,000

REGISTERED COPD-X
USERS AND MORE THAN
70,000

WEBSITE VISITS

one of the most regularly updated COPD guidelines in the world, The COPD-X Plan: Australian and New Zealand Guidelines for the Management of COPD. We ensure evidence-based revisions are conducted every quarter. The guidelines are shared with more than 9,000 registered users and the website received more than 70,000 visits in 2015.

COPD Active Learning Modules

The Lung Foundation recognises the importance of face-to-face education for primary care health professionals through the delivery of workshops, conference presentations and trade stands. In 2015, we developed and ran a new hands-on Active Learning Module (ALM) for GPs titled, *The Latest in COPD Diagnosis and Management,* and which is supported by a clinical audit for GP practices.





Asbestos/Mesothelioma Health Professional Workshops

Lung Foundation Australia worked with the Asbestos Safety and Eradication Agency (ASEA) to develop, manage and deliver

a national asbestos-related lung disease including mesothelioma educational workshops for health professionals. We delivered 28 workshops throughout Australia including regional and remote locations reaching an audience of 600 health professionals.

28 WORKSHOPS
THROUGHOUT AUSTRALIA
REACHING 600
HEALTH PROFESSIONALS

Australian Rare Lung Disease Short Course

Lung Foundation Australia hosted the second biennial *Australian Rare Lung Disease Short Course* (ARLDSC) in Sydney in October. The ARLDSC program consisted of scientific and clinical presentations from leading Australian and New Zealand voices in rare lung disease and presentations by international keynote speaker, Professor Kevin Flaherty from the University of Michigan, USA.

The event was well attended by 148 health professionals. We also added a successful patient education seminar, which attracted 70 patients and carers, some of whom travelled from across the country to attend.









research

Research has been identified by the Board of the Lung Foundation as a key priority area for growth.

Last year, we increased our investment in research to almost a quarter of our total expenditure, increasing our investment by seven per cent to more than \$1.4 million. This included our funding support of research awards as well as our funding of research infrastructure, including clinical trials groups and two registries.

Over the past 25 years, we have directly invested almost \$11 million in research. An additional \$7.5 million of research funding has been generated through lung cancer clinical trials administered by the Australasian Lung cancer Trials Group (ALTG).

In 2015 we received 64 excellent applications across 16 different research awards, and provided promising researchers more than \$330,000 to support their work.

Lung Foundation Australia congratulates our 2015 research award winners:



Presented by Wes Cook, Boehringer Ingelheim and Dr David Serisier, Chair, Lung Foundation Australia.

Dr Katherine Baines will research the benefits and costs of home-based pulmonary rehabilitation in COPD. Katie is a post-doctoral researcher in the Department of Respiratory and Sleep Medicine, Hunter Medical Research Institute, and the Priority Research Centre for Asthma and Respiratory Disease, the University of Newcastle. The fellowship is now in its 20th year with almost \$2 million awarded to recipients during that time.



Presented by Julie Ellis, A Menarini and Dr David Serisier, Chair, Lung Foundation Australia.

Kanika Jetmalani's project will focus on detecting smokers at risk of developing COPD.

∪ Lung Foundation Australia / A Menarini Australia COPD
 Travel Grant 2015



Primary Care and/or Rural/ Remote – Mr Richard Parsons



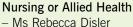
Young Investigator

– Ms Melisa Lau

OVER **\$1MILLION** INVESTED INTO **RESEARCH PLATFORMS** IN 2015

- **\)** Lung Foundation Australia / A Menarini Australia COPD Travel Grant 2015
- **\)** Lung Foundation Australia / Australian Cochrane Airways Group Scholarship 2015







Ms Samantha Garginer

- Grant-in-Aid 2015 - Dr Helen Jo
- \(\) Lung Foundation Australia / Lizotte Family Research Award 2015 - A/Prof Anne Holland
- for Physiological Research 2015 – A/Prof Professor David Johns
- Lung Foundation Australia / LCCG Grant-in-Aid for **Lung Cancer Research** – Anna Tierney
- \ Lung Foundation Australia / Ivan Cash Research Grant-in-Aid Award - Dr Helen Jo

Lung Foundation Australia would like to acknowledge the four Universities currently partnering with us to undertake PhD Scholarships in Lung Cancer Research. Lung Foundation leveraged funds received in memory of Mr Neville Bantoft. The Lung Foundation provides \$15,000 per year, per scholarship over a three year period with each university matching these funds.

The four research institutes supporting these PhD Scholarships are:

- The University of Queensland Thoracic Research Centre
- University of Tasmania
- Edith Cowan University
- Federation University Australia

Research Platforms

In addition to the direct funding provided to researchers in the form of awards, grants, and scholarships, we also fund important research platforms. Last year we invested \$1,005,596 an increase of almost \$171,000 over 2014.

These platforms include our lung cancer trials groups (ALTG and TACT), and our IPF and bronchiectasis registries.

Lung Cancer Trials Groups

2015 was a year of growth and momentum for the Lung Foundation's lung cancer research initiative, Australasian Lung cancer Trials Group (ALTG). We reached our key milestone of 500 clinical members. We also started several new trials, engaged in activities to translate research into practice and raise awareness of the unmet need in lung cancer research.



Expanding on the work done by ALTG, in September we launched the Thoracic Alliance for Cancer Trials (TACT), a unique international collaboration that, with its global reach, will ensure lung cancer researchers worldwide are able to work together on research programs and clinical trials. TACT's worldwide network provides an opportunity to ensure that research can be conducted efficiently in an increasingly complex landscape as the understanding of lung cancer evolves and new treatment approaches are developed.

The inaugural ALTG Preceptorship in Lung Cancer was held in Sydney in April. Forty-nine advanced trainees and junior consultants engaged in an intensive, interactive learning program. This will be an annual event.

Idiopathic Pulmonary Fibrosis Registry

The depth of data collected by the Australian Idiopathic Pulmonary Fibrosis (IPF) Registry on the more than 630 participants continued to increase. This comprehensive data collection, together with the linked biobank with blood samples collected from many of these participants, has proven to be of strong interest to researchers and research funders.

Biobank samples and registry data are being shared under a collaborative international study with the University of Colorado. This global biobank will be used to examine genetic factors contributing to IPF.

Australian Bronchiectasis Registry

Dr Lucy Morgan was appointed as the Chair of the Australian Bronchiectasis Registry which has recently received ethical clearance. Following ethics approval, the Consortium received permission from the Department of Human Services to access Medicare and PBS data. By combining this data, we can provide researchers a rare and exceptional opportunity to learn more about healthcare utilisation and costs associated with bronchiectasis as well as access to patient behaviours and outcomes.

spreading the message



Shine a Light on Lung Cancer

During International Lung Cancer Awareness Month in November, Lung Foundation Australia supported the Shine a Light on lung cancer awareness events. More than 30 diverse events held around the country, double those held in 2014. These included information stands in hospitals, community walks, a fun run, morning or afternoon teas, cake stalls and many more hosted by patients, their carers and health professionals. These events raised more than \$42,000 which will go directly to fund lung cancer research.



MORE THAN
207K
WEBSITE
SESSIONS IN 2015

Website and Social Media Growth

The Lung Foundation Australia website continued to attract strong levels of activity, with more than 207,000 sessions in 2015. Our clinical resources saw more than 103,000 page views in 2015 and our combined patient resource pages were accessed more than 170,000 times. The Lung Health Checklist usage also remained strong with more than 30,000 people checking in with their lungs and taking the two minute checklist online.

lungs and taking the two minute checklist online.

Lung Foundation Australia social networks on Facebook, Twitter and Instagram helped us communicate messages about our upcoming events, campaigns, information and resources. The Lung Foundation Australia Facebook page continued to grow with an 18 per cent increase in followers over 2014. Our Just One Breath

and Lung Cancer Network Australia

Facebook pages as well as our

Instagram and Twitter accounts

also saw an increase in followers.

MORE THAN

103K

PAGE VIEWS

OF CLINICAL

RESOURCES

OUR FACEBOOK PAGE
CONTINUED TO GROW
WITH AN 18%
INCREASE IN 18%
FOLLOWERS TO
5.978

Lung Foundation Australia Facebook Followers 2013 - 2015



Pneumonia Awareness Week

Our national campaign for Pneumonia Awareness Week was themed *Lungs4Life* and ran from 17 – 24 May. It was designed to raise community awareness of pneumococcal pneumonia among at-risk groups, including those aged 65 years and older, and the importance of protecting against pneumonia, including vaccination.

The campaign attracted extensive support from the professional community, with representation from leading pneumococcal experts nation-wide.

Quit4october

Quit4october was a month-long campaign encouraging people to quit smoking with the support of their health professional.

The initiative was piloted in four areas across Australia including Ballarat (Victoria), Toowoomba (QLD), Dubbo and Ryde (NSW) and received extensive media coverage with 32 traditional media pieces of coverage reaching a potential audience of 1.32 million.



World COPD Day

World COPD Day in 2015 was our biggest year yet. We had 350 events registered across Australia which was a significant 45 per cent increase on 2014. People participated from all over, staging events from walks to cupcake stalls, all working to raise awareness of COPD. More than 500 COPD packs were distributed including educational resources to health professionals and community groups across the country.



Research shows people who achieved their goal of being smoke free for 31 days were at least five times more likely to become a permanent ex-smoker. Central to the pilot program was an interactive website where they could gather information about quitting smoking, conduct a virtual lung health check and download a checklist to support their conversations with their GP or pharmacist.

In addition, people were encouraged to share their *Quit4october* journey on social media by tagging and uploading inspiring photos of how quitting smoking positively impacted their lives.

80 per cent of participants who responded to our post campaign survey quit smoking in October, with 50 per cent of them going on to remain smoke free since the end of the campaign.

Have the CHAT

Our *Have the CHAT* pilot campaign, supported by AstraZeneca, helped patients who have COPD recognise the early symptoms of an exacerbation. Targeting six geographical regions, we engaged whole communities by involving Primary Health Networks, hospitals, health professionals and community organisations like clubs and libraries. More than 800 General Practitioners (GPs) in nearly 250 GP practices signed up to 'chat' to their patients about recognising and managing the onset of exacerbations.

Fundraising

We continued to receive outstanding support from communities across Australia raising funds and awareness on our behalf. Whether it was a large fundraiser, a cake stall or a walk to fly the flag, we thank you all for your support.

The 2015 Tax Appeal was a success, raising more than \$36,000 up from the \$20,000 in 2014. For the first time, we sent a direct mail to our supporter base, encouraging them to donate and help people living with a lung disease. We extend our thanks to Sian Gleeson for allowing us to share her story. We saw improved results across the board with more donors in 2015, 372 people contributed to the appeal, compared with 280 last year. The average donation in 2015 was \$97 per person, compared with \$73 per person in 2014.

In addition to the Lung Foundation's annual Tax Appeal, we ran a more extensive Christmas Appeal, focusing on the story of Brett Torcetti and his family. This was sent out in late 2015. We would like to extend our sincere thanks to Brett for allowing us to share his story and for helping us to raise almost \$22,000. This superceded a 47 per cent increase in donations over the Christmas Appeal in 2014.



corporate partners and acknowledgements

Corporate Partners and Supporters

Foundation Partners

- A Menarini
- O Boehringer Ingelheim
- Roche Products, Pty Limited

Principal Partners

- AstraZeneca Australia
- Merck Sharp & Dohme
- Air Liquide Healthcare
- O Bristol-Myers Squibb
- Novartis Pharmaceuticals
- O COPD Foundation, USA
- C EMBARC The European Bronchiectasis Registry
- Maurice Blackburn Lawyers
- CSL Bio

Corporate Partners

Oxygen Solutions

Audit Partners

○ KPMG

Project Partners

- O Pfizer
- GlaxoSmithKline
- Aradigm Corporation
- Bayer Healthcare
- Gilead
- Slater & Gordon Lawyers

Government/Granting Bodies

- O Cancer Australia
- O Department of Health
- Commonwealth Government
- Asbestos Safety and Eradication Agency
- Queensland Health State Government of Queensland
- Camden Council
- O Council of the City of Gold Coast
- **DESCRIPTION** BUPA Health Foundation

Supporting Partners

- Clayton Utz Lawyers
- Pharmaceutical Society of Australia
- O Pharmacy Guild of Australia
- Royal Australian College of General Practitioners
- Australian College of Rural and Remote Medicine
- Australian Association of Consultant Pharmacy
- MedImmune
- Golden Door
- Treasury Wine Estates
- Segenhoe
- TopDog Advertising
- Matt Hall Racing
- Edelman
- Grey Healthcare Group
- Actelion
- SanofiPasteur
- ResMed
- O Philips Healthcare
- O Professionals
- Alfred Health Solutions
- Alfred Health
- Central Adelaide Local Health Network Inc.
- Royal Adelaide Hospital

 Institute of Respiratory
- Health, WA

 Noyal Prince Alfred Hospital
- Royal Prince Alfred HospitaUniversity of Queensland
- Northside Clinical School
- The Prince Charles Hospital
- University of TasmaniaEdith Cowan University
- Federation University
 Australia

We acknowledge the generosity of the Thoracic Society of Australia and New Zealand, Concord Repatriation General Hospital and Royal Prince Alfred for their contribution of office space.

Acknowledgements

Board of Directors

- Dr David Serisier (Chair)
- Mr Andrew Churchill (Acting Chair)
- Prof Martin Phillips
- O Prof Peter A Frith
- Ms Kathleen Cummings
- Prof Christine Jenkins
- Dr David Michail
- A/Prof Sarath Ranganathan
- Mr Tony Hyams

National Council

- A/Prof Matthew Peters
- A/Prof Lucy Morgan
- Prof Kwun Fong
- Prof Gary Anderson
- Dr James Markos
- Or Christopher J Worsnop
- Or Peter G Gibson
- Dr Mark D Holmes
- Prof Christine McDonald
- O Dr Nicole S L Goh

Australian Bronchiectasis Registry Principal Investigator Group

- A/Prof Lucy Morgan (Chair)
- Prof Anne Chang
- A/Prof Graeme Maguire
- Or Cameron Hunter
- Dr Chien-Li Holmes-Liew
- O Dr Paul King
- Prof Grant Waterer
- A/Prof Peter Holmes
- Or Rachel Thomson
- Dr Lucy Burr
- Prof Scott Bell
- A/Prof Peter G Middleton
- O Daniel Smith

ALTG Consumer Advisory Panel

- Mr Andrew Bowen (Chair)
- Mr Ian Stubbin
- Mrs Susan Ann McCullough
- Mrs Rosemary Taylor
- Ms Lillian Leigh

ALTG Management Advisory Committee

- A/Prof Paul Mitchell (President)
- A/Prof Benjamin Solomon
- Or Martin Stockler
- Mr Ian Stubbin
- Dr Annette Tognela
 A/Prof Gavin Wright
- Ms Sonia Yip
 Mr Mark Donoghoe
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- Or Peey Sei Kok
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- A/Prof Paul Mitchell
 Prof Michael Millward
- Dr Guy Bannink
- Dr Cameron HunterMs Beth Ivimey
- Prof Craig Lewis
 Dr Nick Pavlakis
- Dr Shankar Siva
- O Dr Emily Stone

ALTG Scientific Advisory Committee

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- Or Jeffrey Bowden
 Mr Andrew Bowen
- Or Michael Boyer
- Ms Christine Cocks
 Dr John Andrew Davidson
- O Dr Michael Franco
 O Mrs Ann Livingstone
- A/Prof Mark McKeage
 Prof Michael Millward

Australia & New-Zealand Lung Cancer Nurses Forum

- Ms Mary Duffy (Chair)
- Ms Yolande Cox
- Miss Anne Fraser
- Ms Renae Grundy
- Ms Beth Ivimey
- Mrs Kirsten Mooney
- Mrs Paula Nelson
- Ms Judy Rafferty
- Ms Vanessa Brunelli
- Ms Kylie Tilbury
- Miss Kim Greco

Australian Idiopathic Pulmonary Fibrosis (IPF) Registry Steering Committee

- A/Prof Tamera Corte (Chair)
- Dr Ian Glaspole (Chair)
- Dr Sally Chapman
- Ms Samantha Ellis
- Or Nicole S L Goh
- Or Peter Hopkins
- Dr Annabelle MaharA/Prof Yuben P Moodley
- Prof Paul Reynolds
 Prof Haydn Walters
- Or Christopher J Zappala
- Or Chris Grainge
 Or Greg Keir
- A/Prof Wendy Cooper

Australian IPF Registry Histopathology review panel

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- A/Prof Wendy Cooper
 Dr Edwina Duhig
- Or David Godbolt
- Prof Douglas Henderson
- A/Prof Sonja Klebe
 O Dr Annabelle Mahar

Australian IPF Registry

- Radiology review panel
- Ms Samantha Ellis
 Dr Sam McCormack
- A/Prof Stefan Heinze
- Or Anne Miller
- Or Bernard Ng
 Ms Hannah Rouse

C. O. P. E. Clinical Advisory Group

- O Prof Peter A Frith
- Mr James Walsh
 Dr SanDra Mendel

Ms Helen SealeC. O. P. E. Clinical

- Working Group

 Ms Coralie Brannelly
- Mrs Helen Cameron-Tucker
- Ms Corinne French
- Ms Pauline Hughes

Mrs Lyn Joseph	Mr John Ruttle	Lung Cancer	Mrs Jane Millard
Ms Meredith King	Mr Dean Sherry	Consultative Group	Mr Jarrod Middleton
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Ms Kay Farquharson	Mr Michael J M Watteau	A/Prof Louis B Irving	Ms Corinne French
·	Mrs Carol Huxley	O Dr Narayan Karanth	Ms Julie Barnes
C. O. P. E. Patient/Carer	Mr John Poletti	A/Prof Sonja Klebe	Ms Julie Adsett
Working Group	Mr Winston Carter	O Dr Edmund Lau	Ms Nhi Vuong
Ms Anne Baigent	Mr Wyn Thomas	O Dr Nick Pavlakis	Ms Ruth Morrison
Mr Ross Lloyd	Mrs Ann Buckley	2. Their ariane	Ms Gurpreet Luthera
Mr Ian Mills			Ms Helen Seale
Mrs Sandie Parter	COPD Pharmacy Committee	The Brace II o Hobilicon	Mrs James Mcinnes
Ms Helen Reynolds	Mr Peter Guthrey (Chair)	in lan classiii	Ms Abigail Yao
Ms Caroline Polak-Scowcroft	Prof Carol Armour	Prof Nico Van Zandwijk	~
Mrs Megan Rushton	Ms Jenny Bergin	Ms Beth Ivimey	Ms Lydia Chiodze Ms Tanya Thompson
Mr Dean Sherry	Ms Simone Diamandis	Ms Mary Duffy	
Mr Ian Venamore	O Dr Kerry Hancock	Dr Robert Tam	,
Mr Michael J M Watteau	Mrs Karin Nyfort-Hansen	A/Prof Paul Mitchell	ino ratano traisir
Mr & Mrs Phillip & Thelma	Ms Debbie Rigby	Ms Caitlin Broderick	2 mo omiouna marrialo
Nicholson	Mr Andrew Robinson	Dr Peter Cole	Miss Caroline Hanley
NICHOISON	O Dr Russell Wiseman	Prof Jane Ingham	Ms Shirley Hu
COPD Coordinating	Mr Simon Carroll	A/Prof John Litt	Ms Rebecca Cesnik
Committee	Mr Grant McGill	Mr Dean Vuksanovic	Ms Erin Kelsey
Prof Christine McDonald (Chair)	Ms Kirrily Chambers	Lung Concer Notwork	Ms Alisa Paine
A/Prof Brian Smith	Vivis Kirrily Chambers	Lung Cancer Network	Mr Rohan White
(Deputy Chair)	COPD Primary Care	Management Committee	Mrs Jennifer Patrick
Prof Peter A Frith	Nurse Committee	A/Prof Matthew Peters (Chair)	Dr Lissa Spencer
O Dr Ian Yang	Mrs Tod Adams (Chair)	Ms Allison Hatton	Mr Ben Wiessner
Prof Michael Abramson	Mrs Helen Cameron-Tucker	Mr Nick Johnston	Mr Stefan Mutavdzic
Mrs Tod Adams	Or Kerry Hancock	Ms Jane Phillips	Mr Samuel Leveridge
O Dr Helen Bell	Ms Anne James	Mrs Sandy Sampson	Ms Liz Mair
O Dr H John Fardy	Ms Colleen McGolDrick	Mr Andrew Bowen	Ms Karmeen Kansara
	O Dr Julia Walters	Mr Ryan Wilson	Ms Anita Jurjevic
2 5151 5.1159	Ms Janet Williams	Lungs in Astion	Ms Joelie Parker
	The carret rrimarile	Lungs in Action	Ms Rachel Crompton
a = a ,		Clinical Committee	Ms Johanna Madden
7,7 For Farrocca Mice Chara	Ms Rhona Macdonald	Dr Lissa Spencer (Chair)	Ms Kylie Ballantyne
	COPD-X Guidelines Committee	Ms Julie Adsett	Ms Lauren Farrugia
	Or Ian Yang (Chair)	Or Kate Pumpa	Ms Mary Roberts
	O Dr Eli Joseph Dabscheck	Ms Menaka Sabaratnam	Mr Simon Halloran
Or Lissa Spencer	(Deputy Chair)	Or Andrew Williams	Ms Lesley Howard
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Or Kerry Hancock (Chair)	A/Prof Vanessa McDonald	Mr Trent Young	Ms Ellen Gibson
A/Prof Amanda Barnard	Prof Christine McDonald	J IVII HEIIL TOURS	Ms Angela Hutchinson
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	Prof Nick 7war	Lungs in Action Mentors	Ms Caroline Dickins
Dr David Batt	Prof Nick Zwar A/Prof Brian Smith	Lungs in Action Mentors Mr Mark Tran	Ms Caroline Dickins Ms Anne Rowlands
Or David Batt Prof Ian Charlton	Prof Nick Zwar A/Prof Brian Smith	Mr Mark Tran	Ms Anne Rowlands
Or David Batt Prof Ian Charlton Dr H John Fardy		Mr Mark Tran Ms Tamara Matulick	Ms Anne Rowlands Ms Hayley Crute
Or David Batt Prof Ian Charlton Dr H John Fardy Dr Steven Rudolphy	A/Prof Brian Smith	Mr Mark Tran Ms Tamara Matulick Ms Jenine Adlerstein	Ms Anne Rowlands Ms Hayley Crute
Or David Batt Prof Ian Charlton Dr H John Fardy Dr Steven Rudolphy Dr Victoria Smith	A/Prof Brian Smith Cough – Infants, Children,	Mr Mark Tran Ms Tamara Matulick Ms Jenine Adlerstein Ms Sarah Mayrhofer	Ms Anne Rowlands Ms Hayley Crute Ms Sally Wootton Ms Ruth Whale
Or David Batt Prof Ian Charlton Dr H John Fardy Dr Steven Rudolphy Dr Victoria Smith Dr Noela Whitby	A/Prof Brian Smith Cough – Infants, Children, Adults Diagnosis and Assessment	Mr Mark Tran Ms Tamara Matulick Ms Jenine Adlerstein Ms Sarah Mayrhofer Ms Bob Barnard	Ms Anne Rowlands Ms Hayley Crute Ms Sally Wootton Ms Ruth Whale LungNet State Coordinators
Or David Batt Prof Ian Charlton Dr H John Fardy Dr Steven Rudolphy Dr Victoria Smith Dr Noela Whitby Dr Russell Wiseman	 △ A/Prof Brian Smith Cough – Infants, Children, Adults Diagnosis and Assessment △ Dr Peter G Gibson 	Mr Mark Tran Ms Tamara Matulick Ms Jenine Adlerstein Ms Sarah Mayrhofer Ms Bob Barnard Ms Maria Schofield	Ms Anne Rowlands Ms Hayley Crute Ms Sally Wootton Ms Ruth Whale
 Dr David Batt Prof Ian Charlton Dr H John Fardy Dr Steven Rudolphy Dr Victoria Smith Dr Noela Whitby Dr Russell Wiseman Dr Chris Hogan 	A/Prof Brian Smith Cough – Infants, Children, Adults Diagnosis and Assessment Dr Peter G Gibson Prof Anne Chang	Mr Mark Tran Ms Tamara Matulick Ms Jenine Adlerstein Ms Sarah Mayrhofer Ms Bob Barnard Ms Maria Schofield Ms Menaka Sabaratnam	Ms Anne Rowlands Ms Hayley Crute Ms Sally Wootton Ms Ruth Whale LungNet State Coordinators
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 Dr David Batt Prof Ian Charlton Dr H John Fardy Dr Steven Rudolphy Dr Victoria Smith Dr Noela Whitby Dr Russell Wiseman Dr Chris Hogan 	A/Prof Brian Smith Cough – Infants, Children, Adults Diagnosis and Assessment Dr Peter G Gibson Prof Anne Chang A/Prof Robert Berkowitz Prof Nicholas Glasgow	Mr Mark Tran Ms Tamara Matulick Ms Jenine Adlerstein Ms Sarah Mayrhofer Ms Bob Barnard Ms Maria Schofield Ms Menaka Sabaratnam Ms Narelle Humphries Ms Rachel Bowe	Ms Anne Rowlands Ms Hayley Crute Ms Sally Wootton Ms Ruth Whale LungNet State Coordinators Mr Paul Cafarella Dr Rosemary Moore Dr Lissa Spencer
Dr David Batt Prof Ian Charlton Dr H John Fardy Dr Steven Rudolphy Dr Victoria Smith Dr Noela Whitby Dr Russell Wiseman Dr Chris Hogan A/Prof Sanjiva Wijesinha COPD Patient Advocate Group	A/Prof Brian Smith Cough – Infants, Children, Adults Diagnosis and Assessment Dr Peter G Gibson Prof Anne Chang A/Prof Robert Berkowitz Prof Nicholas Glasgow Prof Louis L Landau	Mr Mark Tran Ms Tamara Matulick Ms Jenine Adlerstein Ms Sarah Mayrhofer Ms Bob Barnard Ms Maria Schofield Ms Menaka Sabaratnam Ms Narelle Humphries Ms Rachel Bowe Ms Rebecca Francis	Ms Anne Rowlands Ms Hayley Crute Ms Sally Wootton Ms Ruth Whale LungNet State Coordinators Mr Paul Cafarella Dr Rosemary Moore Dr Lissa Spencer Pulmonary Interstitial Vacular
Dr David Batt Prof Ian Charlton Dr H John Fardy Dr Steven Rudolphy Dr Victoria Smith Dr Noela Whitby Dr Russell Wiseman Dr Chris Hogan A/Prof Sanjiva Wijesinha COPD Patient Advocate Group Mr Ross Lloyd (Chair)	A/Prof Brian Smith Cough – Infants, Children, Adults Diagnosis and Assessment Dr Peter G Gibson Prof Anne Chang A/Prof Robert Berkowitz Prof Nicholas Glasgow Prof Louis L Landau Dr Stuart Mazzone	Mr Mark Tran Ms Tamara Matulick Ms Jenine Adlerstein Ms Sarah Mayrhofer Ms Bob Barnard Ms Maria Schofield Ms Menaka Sabaratnam Ms Narelle Humphries Ms Rachel Bowe Ms Rebecca Francis Ms Holly Pedersen	Ms Anne Rowlands Ms Hayley Crute Ms Sally Wootton Ms Ruth Whale LungNet State Coordinators Mr Paul Cafarella Dr Rosemary Moore Dr Lissa Spencer Pulmonary Interstitial Vacular Organisation Taskforce
Dr David Batt Prof Ian Charlton Dr H John Fardy Dr Steven Rudolphy Dr Victoria Smith Dr Noela Whitby Dr Russell Wiseman Dr Chris Hogan A/Prof Sanjiva Wijesinha COPD Patient Advocate Group Mr Ross Lloyd (Chair) Ms Anne Baigent	A/Prof Brian Smith Cough – Infants, Children, Adults Diagnosis and Assessment Dr Peter G Gibson Prof Anne Chang A/Prof Robert Berkowitz Prof Nicholas Glasgow Prof Louis L Landau Dr Stuart Mazzone Dr Peter Newcombe	Mr Mark Tran Ms Tamara Matulick Ms Jenine Adlerstein Ms Sarah Mayrhofer Ms Bob Barnard Ms Maria Schofield Ms Menaka Sabaratnam Ms Narelle Humphries Ms Rachel Bowe Ms Rebecca Francis Ms Holly Pedersen Ms Elizabeth Havyatt	Ms Anne Rowlands Ms Hayley Crute Ms Sally Wootton Ms Ruth Whale LungNet State Coordinators Mr Paul Cafarella Dr Rosemary Moore Dr Lissa Spencer Pulmonary Interstitial Vacular Organisation Taskforce Dr Nicole S L Goh (Chair)
Dr David Batt Prof Ian Charlton Dr H John Fardy Dr Steven Rudolphy Dr Victoria Smith Dr Noela Whitby Dr Russell Wiseman Dr Chris Hogan A/Prof Sanjiva Wijesinha COPD Patient Advocate Group Mr Ross Lloyd (Chair) Ms Anne Baigent Mr Ian Mills	A/Prof Brian Smith Cough – Infants, Children, Adults Diagnosis and Assessment Dr Peter G Gibson Prof Anne Chang A/Prof Robert Berkowitz Prof Nicholas Glasgow Prof Louis L Landau Dr Stuart Mazzone Dr Peter Newcombe Prof Peter P van Asperen	Mr Mark Tran Ms Tamara Matulick Ms Jenine Adlerstein Ms Sarah Mayrhofer Ms Bob Barnard Ms Maria Schofield Ms Menaka Sabaratnam Ms Narelle Humphries Ms Rachel Bowe Ms Rebecca Francis Ms Holly Pedersen Ms Elizabeth Havyatt Mrs Jo McLaren	Ms Anne Rowlands Ms Hayley Crute Ms Sally Wootton Ms Ruth Whale LungNet State Coordinators Mr Paul Cafarella Dr Rosemary Moore Dr Lissa Spencer Pulmonary Interstitial Vacular Organisation Taskforce Dr Nicole S L Goh (Chair) A/Prof Adam Jaffe
Dr David Batt Prof Ian Charlton Dr H John Fardy Dr Steven Rudolphy Dr Victoria Smith Dr Noela Whitby Dr Russell Wiseman Dr Chris Hogan A/Prof Sanjiva Wijesinha COPD Patient Advocate Group Mr Ross Lloyd (Chair) Ms Anne Baigent Mr Ian Mills Ms Helen Reynolds	A/Prof Brian Smith Cough – Infants, Children, Adults Diagnosis and Assessment Dr Peter G Gibson Prof Anne Chang A/Prof Robert Berkowitz Prof Nicholas Glasgow Prof Louis L Landau Dr Stuart Mazzone Dr Peter Newcombe Prof Peter P van Asperen Dr Anne Vertigan	Mr Mark Tran Ms Tamara Matulick Ms Jenine Adlerstein Ms Sarah Mayrhofer Ms Bob Barnard Ms Maria Schofield Ms Menaka Sabaratnam Ms Narelle Humphries Ms Rachel Bowe Ms Rebecca Francis Ms Holly Pedersen Ms Elizabeth Havyatt Mrs Jo McLaren Ms Tarryn Mair	Ms Anne Rowlands Ms Hayley Crute Ms Sally Wootton Ms Ruth Whale LungNet State Coordinators Mr Paul Cafarella Dr Rosemary Moore Dr Lissa Spencer Pulmonary Interstitial Vacular Organisation Taskforce Dr Nicole S L Goh (Chair) A/Prof Adam Jaffe A/Prof Tamera Corte
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Dr David Batt Prof Ian Charlton Dr H John Fardy Dr Steven Rudolphy Dr Victoria Smith Dr Noela Whitby Dr Russell Wiseman Dr Chris Hogan A/Prof Sanjiva Wijesinha COPD Patient Advocate Group Mr Ross Lloyd (Chair) Ms Anne Baigent Mr Ian Mills Ms Helen Reynolds	A/Prof Brian Smith Cough – Infants, Children, Adults Diagnosis and Assessment Dr Peter G Gibson Prof Anne Chang A/Prof Robert Berkowitz Prof Nicholas Glasgow Prof Louis L Landau Dr Stuart Mazzone Dr Peter Newcombe Prof Peter P van Asperen Dr Anne Vertigan	Mr Mark Tran Ms Tamara Matulick Ms Jenine Adlerstein Ms Sarah Mayrhofer Ms Bob Barnard Ms Maria Schofield Ms Menaka Sabaratnam Ms Narelle Humphries Ms Rachel Bowe Ms Rebecca Francis Ms Holly Pedersen Ms Elizabeth Havyatt Mrs Jo McLaren Ms Tarryn Mair	Ms Anne Rowlands Ms Hayley Crute Ms Sally Wootton Ms Ruth Whale LungNet State Coordinators Mr Paul Cafarella Dr Rosemary Moore Dr Lissa Spencer Pulmonary Interstitial Vacular Organisation Taskforce Dr Nicole S L Goh (Chair) A/Prof Adam Jaffe A/Prof Tamera Corte

- Or Adrian Havryk A/Prof Peter Holmes Dr Mark D Holmes Dr Peter Hopkins O Dr Michael Musk
- O Dr Susanna Proudman
- Dr Jeremy Wrobel Dr Christopher J Zappala
- Dr Tanya McWilliams O Dr Greg Keir

Pulmonary Rehabilitation Guidelines Executive

- A/Prof Jennifer Alison (Chair)
- Mr Paul Cafarella Prof Peter A Frith
- Ms Catherine Hill
- A/Prof Anne Holland
- A/Prof Sue Jenkins
- Dr Kylie Johnston
- Dr Lissa Spencer
- Ms Zoe McKeough Ms Renae McNamara
- A/Prof Vanessa McDonald

Pulmonary Rehabilitation Guidelines Writing Group

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- Ms Mary Roberts
- Ms Corinne French
- Ms Judith Murrells
- Mr Andrew Chan
- Ms Catherine Granger
- Mrs Nola Cecins

- Or Christian Osadnik
- Mr James Walsh Mr Peter Jung
- Ms Tamara Matulick
- O Michelle Brooke
- Ms Renae McNamara
- Ms Regina Leung
- Mr Simon Halloran
- A/Prof Sue Jenkins
- 0 Dr Lissa Spencer
- 0 Mr Paul Cafarella
- Dr Kylie Johnston
- A/Prof Vanessa McDonald Ms Zoe McKeough
- Ms Catherine Hill
- A/Prof Anne Holland
- Ms Kylie Hill
- O Prof Peter A Frith

Pulmonary Rehabilitation Network State Representatives

- A/Prof Jennifer Alison
- Ms Cecily Barrack
- Mr Paul Cafarella
- 0 Ms Coralie Brannelly
- Mrs Nola Cecins
- 0 Ms Georgina Drewery
- Ms Allison Eastman
- Ms Elizabeth Forbes
- Ms Catherine Hill
- A/Prof Anne Holland A/Prof Sue Jenkins
- O Dr Kylie Johnston

- Mrs Lyn Joseph
- Ms Amanda McKinnon
- Ms Renae McNamara
- Ms Mary Roberts Ms Helen Seale
- Or Lissa Spencer
- Mr Richard Talbot
- Mrs Louise Tate
- Mr James Walsh
- Ms Nadia Zalucki Mr Simon Halloran

Rare Lung Disease **Advisory Committee**

- Dr Nicole S L Goh (Chair)
- A/Prof Adam Jaffe
- 0 A/Prof Tamera Corte
- Or lan Glaspole
- Or Adrian Havryk
- Or Peter Hopkins
- O Dr Michael Musk
- O Dr Susanna Proudman Or Christopher J Zappala
- Or Christopher J Zappala
- Dr Mark D Holmes
- O Dr Tanya McWilliams

RID Group

- Prof Scott Bell
- Prof Anne Chang
- Or Chien-Li Holmes-Liew
- Or Cameron Hunter
- O Dr Paul King
- A/Prof Graeme Maguire
- A/Prof Lucy Morgan

- A/Prof Peter Holmes
- Or Rachel Thomson
- O Prof Grant Waterer

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- Ms Mary Roberts
- O Prof Geoffrey Mitchell
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- Ms Deidre Morgan
- Ms Bronwen Hewitt
- A/Prof Jennifer Phillip
- A/Prof Greg Crawford
- Prof Patsy Yates
- Ms Gail Alvarez
- Or Yvonne Luxford

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- Or Tony Mok, Hong Kong
- Dr Marianne Nicolson, UK
- Or Mary O'Brien, UK Dr Suresh Ramalingam, US
- O Dr Rolf Stahel, Switzerland
- O Prof Virginie Westeel, France O Prof Gerard Zalcman, France

volunteers

As you have read throughout our report hundreds of volunteers generously donate their time to Lung Foundation Australia activities throughout the year which significantly helps Lung Foundation Australia achieve our goal to make lung health a priority for all.

OUR VOLUNTEERS DONATED MORE THAN In 2015, we conducted a survey to find out exactly how much time is generously contributed by our volunteers. We found that they collectively donated more than 9,250 hours. This translates into 230 working weeks, more than four years of donated time!

Whether our volunteers are a member of our committees, assisting with our

LungNet program or helping out with events, their continued contribution to the success of the Lung Foundation is very much appreciated.



The Information and Support Centre particularly acknowledges the time and effort devoted by the LungNet News volunteer team. Once again, they took on and completed the task of labelling and mailing all four editions of the newsletter, as well as collating education day invitations and advertising material to accompany it.

For almost 10 years we have been privileged to have the services of Eileen Perry who has generously volunteered her time for two days a week. Eileen is a valuable member of the Lung Foundation team and her commitment is greatly appreciated.

Lung Foundation Australia relies on the guidance and expertise of the clinical committees (all of whom are cited on the previous pages). Thank you.

vale



Dr. David Serisier

Dr. David Serisier, Chair of Lung Foundation Australia, died suddenly and unexpectedly on 30 May 2015. David was 45 years old. Lung Foundation Australia, the respiratory community and patients lost a respected clinician and leader, a researcher of international standing, a mentor, a supportive colleague, a trusted doctor, and a friend. David's family

lost the father to Hugo, Charlotte and Henry, the husband to Elaine and son to Tissa and Bruce Serisier.

David was a respiratory physician at Mater Adult Hospital in Brisbane and held an Associate Professorship with the University of Queensland. His chosen areas of practice and research focused on bronchiectasis and cystic fibrosis as well as infectious disease.

At his funeral, David's friend and mentor, Dr Simon Bowler, paid tribute to his extraordinary achievements in a career cut short. He had been a major investigator in a large number of pharmaceutical trials in both cystic fibrosis and bronchiectasis as well as other infectious diseases. His involvement in international trials had allowed cystic fibrosis patients to get early access to exciting new drugs for this condition.

In the last nine years, he was the primary author of 31 papers published in peer reviewed journals and twice that number of abstracts and presentations. He was a member of the editorial board of the revered international medical journal *Lancet Respiratory*.

In 2006, he became the Treasurer of the Thoracic Society of Australia and New Zealand (TSANZ). Simultaneously, he was on the Board and then vice-president of Cystic Fibrosis Australia. In 2012, he joined the Board of Lung Foundation Australia and became Chair shortly after that, succeeding long-time Board Chair, Dr Bob Edwards. David's leadership of the Lung Foundation was energetic and visionary.

He was committed to developing a research strategy, the purpose of which was to galvanise the respiratory community behind a common and aspirational research goal. This work was in its infancy. He wanted to ignite the community's imagination about what is possible with research. He also felt strongly that we should support early career researchers – to attract the brightest young researchers into respiratory and keep them.

David's other passion during his Chairmanship of Lung Foundation Australia was to establish an international registry of patients diagnosed with bronchiectasis. The purpose of the registry is to facilitate collaborative international research into this relatively common condition with no known cure. He is greatly missed.

Also sadly missed by Lung Foundation Australia

Ian Mills

Ian was the Tasmanian COPD Patient Advocate Group member and sadly passed on 31 March 2015. Ian was an active member of the group and a passionate advocate for lung disease.

Helen Bill

Helen was one of the founding members of the Pink Panters and was co-Chair for the last 10 years and lost her battle with COPD in April aged 81 years. Helen volunteered tirelessly to support others with chronic lung disease.

Geoff Bicknell

Geoff Bicknell, former leader of the SWILS Patient Support Group in Bunbury, Western Australia passed in June 2015. Geoff, who had COPD, was generous with his time, both in supporting others with respiratory conditions and advocating for respiratory health within the wider community.

Dean Sherry

Dean was the Adelaide COPD Patient Advocate Group member and sadly passed in July 2015. Dean enjoyed his volunteer work and engagement with the Lung Foundation and was excited about his involvement in the COPD advocacy and awareness campaigns.

Ross William Lloyd

Ross was diagnosed with COPD in March 2010 which was followed by a subsequent diagnosis of pulmonary fibrosis. His health quickly deteriorated but, in May 2013, he received the gift of life – a double lung transplant. Following his transplant, Ross became a passionate advocate for the work of Lung Foundation Australia and was Chair of COPD Patient Advocate Group.

Lung Foundation Australia acknowledges all of those who were lost to lung disease.

Summary Financial Statement

for the year ended 31 December 2015

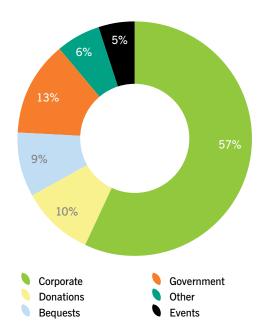
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Statement of Cash Flows	20

The unaudited summary financial statement has been prepared for presentation in the 2015 Annual Report of Lung Foundation Australia for the year ended 31 December 2015. It has been prepared on an accruals basis and is based on historical costs modified by the revaluation of financial assets and financial liabilities for which the fair value basis of accounting has been applied.

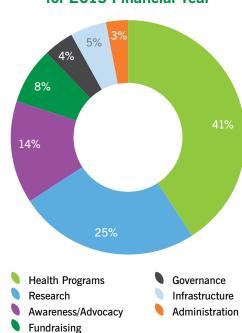
The unaudited summary financial statement, not including the graphical representation at the bottom of this page, has been derived from the audited financial report for the year ended 31 December 2015, which has been passed by the Board of Directors, who are responsible for the preparation and presentation of the financial report and the information that is contained therein. The graphical representation at the bottom of this page has been derived from the management accounts prepared for the Board and are included to provide additional information regarding the sources of our revenue and the areas upon which our funds have been expended.

The unaudited summary financial statement is not a financial report in accordance with the *Australian Charities and Not-for-profit Commission Act 2012*, and as such, reading the summary financial statement is not a substitute for reading the audited financial report of Lung Foundation Australia for the year ended 31 December 2015. Members of Lung Foundation Australia are able to obtain a full financial report, directors report and auditors report by contacting Lung Foundation Australia, PO Box 1949, Milton QLD 4064.





Combined Expenditures for 2015 Financial Year



Statement of Profit or Loss and other Comprehensive Income

For the year ended 31 December 2015

	2015 \$	2014 \$
Continuing operations		
Revenue from projects	3,555,004	4,312,555
Revenue from donations and bequests	724,634	467,394
Revenue from specifically designated funds	246,609	313,116
Other income	634,403	588,693
Total revenue and other income from continuing operations	5,160,650	5,681,758
Project expenses	(3,555,004)	(4,312,554)
Specifically designated fund expenses	(246,609)	(313,116)
Other expenses	(1,588,361)	(1,198,283)
Surplus/(deficit) from continuing operations before finance income	(229,324)	(142,195)
Finance income	63,406	86,750
Net surplus/(deficit)	(165,918)	(55,445)
Other comprehensive income		
Items that may be reclassified subsequently to profit or loss:		
Fair value gains/(losses) on available-for-sale financial assets	(42,403)	28,455
Total comprehensive income / (loss)	(208,321)	(26,990)
Net surplus/(deficit) for the year is attributable to:		
Non-controlling interest	-	-
Members	(165,918)	(55,445)
	(165,918)	(55,445)
Total comprehensive income for the year is attributable to:		
Non-controlling interest		-
Members	(208,321)	(26,990)
	(208,321)	(26,990)

Impact of Research Awards (unaudited)

Prior to 31 December 2013, Lung Foundation Australia had a specifically designated reserve which represented funds that had been set aside from retained earnings for specific research award payments that would be made in future financial periods. Effective 1 January 2014, the balance of the specifically designated reserve was transferred into Opening Retained Earnings. For all future research award payments that are made from the funds that formed a part of the specifically designated reserve prior to

1 January 2014, the impact of these research award payments is not able to be offset by an allocation of the specifically designated reserve into revenue. Hence, revenue was recognised when it was received and expenditure related to these research rewards is only recognised when incurred, which may be in a subsequent financial year. The following reconciliation illustrates the impact these research award expenses have had on the financial results for the last two years.

2015 \$	2014 \$
(165,918)	(55,445)
(99,136)	(66,750)
(66,782)	11,305
	(165,918) (99,136)

Statement of Financial Position

As at 31 December 2015

	2015 \$	2014 \$
Current assets		
Cash and cash equivalents	1,450,465	1,537,023
Receivables	496,856	476,109
Inventories	7,348	22,491
Financial assets	1,406,108	1,748,771
Total current assets	3,360,777	3,784,394
Non-current assets		
Financial Assets	1,178,729	651,254
Property, plant and equipment	159,467	180,506
Intangible assets	53,031	89,000
Total non-current assets	1,391,227	920,760
Total assets	4,752,004	4,705,154
Current liabilities		
Payables	2,171,894	1,890,503
Employee benefits	190,680	185,810
Total current liabilities	2,362,574	2,076,313
Non-current liabilities		
Payables	58,444	62,644
Employee benefits	65,208	92,098
Total non-current liabilities	123,652	154,742
Total liabilities	2,486,226	2,231,055
Net assets	2,265,778	2,474,099
Equity		
Retained earnings	2,263,181	2,429,099
Available-for-sale financial assets reserve	2,597	45,000
Total equity	2,265,778	2,474,099

Statement of Cash Flows

For the year ended 31 December 2015

To the year chaca of becomber 2010		
	2015 \$	2014 \$
Cash flows from operating activities		
Receipts from operating activities	5,968,659	6,752,277
Dividends received	60,696	15,909
Interest received	65,274	93,311
Payments for operating activities	(5,926,472)	(6,807,884)
Net cash flows from operating activities	168,157	53,613
Cash flows from investing activities		
Investing in term deposits	-	(1,748,771)
Proceeds from term deposits	382,380	-
Acquisition of securities and equities	(609,595)	(758,396)
Proceeds from sale of securities and equities	-	347,518
Proceeds from sale of plant and equipment	-	1,523
Acquisition of plant and equipment	(17,000)	(16,980)
Acquisition of intangible assets	(10,500)	(89,000)
Net cash flows used in investing activities	(254,715)	(2,264,106)
Net increase/(decrease) in cash and cash equivalents held	(86,558)	(2,210,493)
Cash and cash equivalents at the beginning of the financial year	1,537,023	3,747,516
Cash and cash equivalents at the end of the financial year	1,450,465	1,537,023

looking ahead... plans for 2016

As was the case for 2015, 2016 will be a further year of investment in the growth of Lung Foundation Australia.

Our objectives for growth are:

- To provide support to more patients
- To provide support across a wider range of disease areas
- To work with health professionals across the healthcare continuum to ensure they have access to the most up-to-date evidence-based recommendations for care
- To encourage the wider community to think about their lung health and to make decisions that promote healthy lungs
- To support research that improves outcomes for those with lung disease

The priorities driving our work for 2016 include:

- **1. Investment in research** the Board has made a commitment to increasing our contributions to research over the coming five years
 - By 2020, we aim to have an annual contribution of \$5 million – supporting research awards and our research platforms (all of which have produced excellent research outcomes over the years and will continue to do so)
 - We will be working collaboratively with the Thoracic Society of Australia and New Zealand (TSANZ) to achieve this aim
 - We will increase the amount of matching funds we can attract from the university sector to make our contributions go further
 - We will be actively working with government and philanthropic organisations to encourage their support of lung research

2. Investment in awareness of the importance of lung health

- The next phase of our Just One Breath campaign will be announced in 2016 with a new partnership that we are very excited about. So watch this space
- Lung Health Awareness Month will be bigger than ever
- Quit4october For the second year, we will support
 a smoking cessation program in October. Building on
 our pilot of 2015, we will be rolling this program out to
 more regional centres with national support on-line
- A new program in air quality
- 3. Investment in advocacy Lung Foundation Australia will speak out regularly on issues of importance including protecting lung health. Reducing the impact of those affected by lung disease and the relative under-funding of respiratory research

- Changing the Face of Lung Cancer is a program that aims to reduce the stigma associated with lung cancer and start to educate patients about the changing treatment landscape
- Improving outcomes for lung cancer patients At the Australian Lung Cancer Conference (18-20 August in Melbourne), we will launch a position statement on areas for improvement in the identification, diagnosis and management of lung cancer
- Wider access to pulmonary rehabilitation We continue to work with the Department of Health on widening access to pulmonary rehabilitation through funding on the Medical Benefits Schedule
- **4. Investing in fundraising capacity** To achieve what we have planned over the coming years and, in particular, to meet our objective of increased funding into Research, we need to invest in our capacity to raise funds in the community. Watch for the following events:
 - Just One Breath Cycle Challenge 26 August, Brisbane
 - Just One Breath Gala Dinner at the Museum of Contemporary Art – 22 October, Sydney
 - Love Your Lungs Fun Run and Walk 27 November, Melbourne event and national virtual event

Lung Foundation Australia: Ensuring lung health is a priority for all in Australia





Lung Foundation Australia









