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Australian Society for

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t's hard to imagine a more exciting time to be working in Health and Medical Research (HMR). New horizons are being discovered regularly; some, like the human genome project, seem more like new worlds than horizons. There is real hope for breakthroughs in "hard nut" areas like cancer, malaria and many more. And, as usual, Australian researchers are punching well above their weight. The Rudd Government's investment in new HMR infrastructure announced in the 2009 Budget will help to drive an expansion in HMR jobs in coming years. And HMR is right at the centre of discussions over how to respond to the recommendations of the Health and Hospitals Reform Commission.

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As anyone who visits research settings will tell you, the HMR sector relies heavily on the work of female researchers, especially in health services and public health research. That impression is confirmed by an important Workforce report ASMR released at Parliament House last October, and is only set to increase. There is, however, a lack of proportion in women's representation through the different levels of seniority in HMR. While Australia has some spectacular examples of women succeeding at a senior level (Professor Elizabeth Blackburn being a notable case in point) women are under-represented overall in post-doctoral roles.

While a clear majority of NHMRC PhD scholarships are generally awarded to women, it is notable that all nine of the 2010 NHMRC Australia Fellows (the NHMRC's most senior award) were awarded to men. A recent report² for the Federation of Australian Scientific and Technological Studies (FASTS) shows this trend to be true throughout the Science Engineering and Technology (SET) sector. Indeed, the FASTS report indicates that little progress has been made since its last report in 1995.

While some points of the SET sector have especially low numbers of women employed, Australia could do better on female work participation across the workforce. The percentage of Australian women in paid work in general lies well below comparable countries like the UK and Canada; we perform especially poorly in relation to women of child-bearing age.



The Honourable Mark Butler MP, Parliamentary Secretary for Health

That's why Kevin Rudd and Julia Gillard took a "Work/Life" policy to the last election. In the two years since then, Julia Gillard has begun an expansion of child care centres and lifted the child care rebate to 50%, paid quarterly. As one of only two OECD nations without paid maternity leave (along with the US), the Deputy Prime Minister moved to establish a program for its introduction in Australia. And Julia Gillard's new workplace laws include a legislated right to request flexible work arrangements to deal with family responsibilities.

No Government alone can create an environment that encourages women to feel that they are able to stay at work. Cultural change that recognises the needs of (particularly) women with family responsibilities must be generated from within. For some years now, the NHMRC has pursued a number of policies designed to ensure that women are able to "thrive", rather than just "survive", in HMR. These include the appointment of women to grant review panels and, importantly, the assessment of "track record" relative to opportunity.

Reports such as that prepared by FASTS show, however, that more needs to be done. I know that the NHMRC's Council and Research Committee are aware of the need to get a better return on the nation's investment in the education of so many promising young, female researchers. We would all welcome suggestions from ASMR about this challenge and I, for one, am willing to do all I can to help the HMR sector continue to find ways to give the opportunity to young researchers to build long-term, meaningful careers that help to improve health outcomes for our community.

The Honourable Mark Butler MP Parliamentary Secretary for Health

- 1 Schofield D. Planning the Health and Medical Research Workforce 2010–2019. In; 2009. http://www.asmr.org.au/Publications.html
- 2 FASTS Report: Women in Science in Australia: Maximising Productivity, Diversity and Innovation by Sharon Bell (19 October).



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"...our nation faces the unprecedented health challenges of an ageing population, potential impacts of climate change on health and substantial disease-burden amongst indigenous populations."

President's Report

ederal Parliament commenced what is likely to be a testing year ahead with the launch of the 'Intergenerational Report 2010' by the Federal Treasurer, Wayne Swan. As expected, the report makes for sobering reading. At a time of global economic insecurity, our nation faces the unprecedented health challenges of an ageing population, potential impacts of climate change on health and substantial disease-burden amongst

indigenous populations. Finding new ways of enhancing our productivity to make us, in the words of the Treasurer 'more competitive as a nation and more prosperous as a people', will not be easy, and will require a focus on utilising our resources, in particular our human capital, more effectively.

In this context, sustained investment in Australian health and medical research (HMR) presents a very realistic solution to the fiscal pressure from the three 'Ps' identified by the Treasurer — Productivity, Participation and Population — by helping all sections of our society to lead healthier, more productive lives. It is this compelling argument, supported by strong data from the updated Access Economics Report — 'Exceptional Returns II: The Value of Investing in Health Research & Development in Australia', that ASMR has been presenting to Government in the lead up to the Federal Budget in May.

While we acknowledge the current fiscal restraints imposed by the global financial crisis, the current funding cycle for the NHMRC has now ended, meaning in real terms, we face a decline in NHMRC funding going forward. This will be nothing short of a catastrophe for HMR in Australia. The sector is already beginning to see the impact of NHMRC budgetary constraints with project grant success rates in 2009 falling to 23% from 27% the previous year, and an unprecedented 65% of Senior Fellowship applicants ranked as 'excellent' (in the top 10% globally) by their



ASMR Presidents Future, Past and Present:
Emma Parkinson-Lawrence (President Elect),
Sarah Meachem (Immediate Past President)
with current ASMR President, Alison Butt

peers remaining unfunded in 2009 (up from 33% in 2008). This potential erosion of our world-class and highly productive workforce to almost unsustainable levels will seriously impede the momentum of discovery and the realisation of prior investment into the sector. It will prevent Australia being able to respond readily and effectively to health challenges like the recent H1N1 pandemic, and result in a loss of our significant, international competitiveness.

Hence, the ASMR is urging the Government to maintain the critical momentum of investment in the NHMRC in the 2010/11 Budget, while giving serious consideration to future realistic and sustained investment in the sector going forward. The ASMR calls on all our members to act now and write to or visit your local MP advocating the case for maintenance of NHMRC funding in May. Also write to the PM, the Health Minister and the Treasurer sending a strong and clear message of the vital role played by HMR in the future health of the nation and the critical importance of maintaining the NHMRC budget in 2010. Details of the campaign including key messages, template letters and email/contact addresses of MPs are all available on the ASMR website. You can make a difference — the stronger our voice in Canberra the more chance we have of being heard.

The ASMR Research Awards

ach award (\$5000 international or \$2000 domestic) will support a postgraduate student member of the Society nearing completion of their studies or a recently graduated postdoctoral member to undertake a short period of research in a laboratory outside their home city. The award *specifically excludes* support for conference attendance and travel for an extended period of postdoctoral studies.

Applicants for **The ASMR Research Awards** must have been members of the ASMR for at least twelve months immediately preceding the year in which the Award application is to be considered. Applicants must have conducted no more than three years active research post their highest degree (career interruptions will be considered). The Award must be taken up during the first six months of the following year.

Application forms available from http://www.asmr.org.au/Researchfund.html



One of the major highlights of the ASMR calendar is ASMR Medical Research Week® (4–11 June, 2010). This is a wonderful opportunity for us to showcase Australian HMR to all sectors of the community, and the state committees are already well underway with preparations for another exciting week of scientific meetings, public lectures, career development programs, high school programs and gala dinners. Please check out the details of events in your state on the ASMR website (http://www.asmr.org.au/MRW.html), and come and join us!

I am delighted to announce that the 2010 ASMR Medallist is Baroness Susan Greenfield, Professor of Synaptic Pharmacology at Lincoln College, Oxford. Baroness Greenfield is a world-leading neuroscientist, as well as a prolific writer, passionate communicator of science, and respected policy advisor. The Baroness will be giving presentations at all ASMR MRW® state gala dinners, and will deliver the televised NAB address at the National Press Club on June 9. More details about Baroness Greenfield and her achievements can be found below.

Another flagship event of ASMR is the biennial Australian Health & Medical Research Congress (AHMRC). The 5th AHMRC is returning to Melbourne at the brand new Convention Centre from 14–18 November, 2010. Under the guidance of Conference Convenor, Rosemary Keogh,

and Program Convenor, Michael Hickey, and including the ASMR National Scientific Conference 2010 on 'Infection and Disease' convened by Gilda Tachedjian, the 5th AHMRC is already shaping up to be another stellar event with a world-class line-up of Plenary, international and national speakers. Please visit the website for more details (http://www.ahmrcongress.org.au/), and make a note of the dates in your diary.

As part of ASMR's continued commitment to fostering the career development of the HMR workforce, we will be holding another of our highly successful national professional development workshops in conjunction with the 5th AHMRC. More details on this event will be available soon. We are also expanding the ASMR web-based mentoring scheme to include both early and mid-career researchers — so if you are interested in getting involved with this, either as a mentor or mentoree, then please sign up on line (http://www.asmr.org.au/Mentor.html).

Finally, to end on a high note, my warmest congratulations to all the recent recipients of NHMRC Australia Fellowships and Australia Day Honours — ample proof of the quality and vibrancy of HMR in Australia!

Alison J. Butt President, ASMR Imagine
"a society where
to talk about
science is as
natural as
talking about

Baroness Susan Greenfield

ASMR Medallist 2010 — Baroness Susan Greenfield

aroness Susan Greenfield is Professor of Synaptic Pharmacology at Oxford University. Her research concentrates on understanding brain functions and disorders, such as Parkinson's and Alzheimer's diseases, as well as the physical basis of consciousness. Baroness Greenfield is also Director of the Institute for the Future of the Mind.

Born in London, Baroness Greenfield studied experimental psychology at St Hilda's College, Oxford. After receiving her DPhil in 1977, she undertook research at the University of Oxford and the Collège de France, Paris, before being appointed a Junior Research Fellow at Green College, Oxford, in 1981. In 1985 she was elected a Fellow of Lincoln College, Oxford, and Lecturer in Synaptic Pharmacology, becoming Professor in 1996. Baroness Greenfield was awarded a CBE in 2000 for services to the public understanding of science, and granted a non-political Life Peerage in 2001. She has written a number of books disseminating science to academic

as well as non-academic sectors, exploring topics that include the basis of consciousness and human nature. Baroness Greenfield has a widely acknowledged reputation as one of the most influential women in the world. *The Guardian* named her as one of the 50 most powerful women in Britain, and *Harpers & Queen* magazine ranked her 14th on its '50 Most Inspirational Women in the World' list. She was the first woman to deliver the world-famous Royal Institution Christmas lecture in 1994, and the first female Director of the Royal Institution in its 205-year history.

Baroness Greenfield is a passionate advocate for the greater communication of science — imagining 'a society where to talk about science is as natural as talking about football'. She also has a strong interest in science policy, heading a British Government task force to promote the recruitment of women into careers in science that resulted in the Greenfield report, 'SET Fair: A Report on Women in Science, Engineering, and



Baroness Susan Greenfield
— 2010 ASMR Medallist

Technology'. In 1999, she gave a consultative seminar to the then Prime Minister, Tony Blair, on the future of science in the UK. Baroness Greenfield is currently advisor to the Social Issues Research Centre in the development of a Code of Practice for science and health reporting.



Translational Science: An emerging new branch of medicine



Professor Julio Licinio, Director, John Curtin School of Medical Research, ANU

ranslational science is an emerging new branch of medicine that has been developed to address the abyss between fundamental discovery and clinical applications. Since the late '90s, the United States National Institutes of Health (NIH), where I used to work and have since consulted for, developed a gradual pathway to simultaneously address two hitherto intractable problems: (i) the paucity of an adequately trained workforce of clinician-investigators; and (ii) the drying up of the pipeline for new treatments in spite of enormous progress in basic biomedical research. In 1999 NIH started to issue Requests for Applications (RFAs) for institutional programs for career development structures including novel curricula, Masters and Doctoral level programs, and generous stipends for clinically-based investigators. Other RFAs were targeted at the development of cross-disciplinary infrastructure for clinical research. In 2005 these steps were all integrated into one major new initiative, the Clinical and Translational Science Awards (CTSAs).

The ultimate objective of the CTSA program is the development of a novel and distinct discipline of translational science, with its own body of knowledge, specifically trained practitioners, vocabulary and structures, and community engagement. The NIH's vision was that instead of a plethora of small, often fragmented programs, there would be a total of 60 CTSAs, which would become the academic home for the novel discipline of translational science. Such homes would provide the following infrastructure with nine key components:

- 1. development of novel clinical and translational methodologies;
- 2. cores for translational technologies and resources;
- 3. funding for pilot and collaborative translational and clinical studies;
- 4. biomedical informatics;
- 5. cores for design, biostatistics, and clinical research ethics;
- 6. regulatory knowledge and support;
- 7. specialized inpatient and outpatient clinical research settings;
- 8. community engagement; and importantly
- 9. research education, training and career development.

Forty-six centers offering this infrastructure for translational science are already established. Another eight will be funded in 2010. Each CTSA receives substantial funding which is a combination of the merger of existing, NIH-funded programs with new monies. Harvard's CTSA for instance has total funding

over five years that exceeds USD\$100 million. The smallest CTSAs receive \$20 million over 5 years.

The implications of these new structures are considerable. Instead of a multitude of fragmented and dispersed programs that cannot by themselves develop a new branch of medicine and effect a paradigm shift in medical science, there will be in the USA in 2010 fifty-four cohesive academic centers for translational science. If we look at this on a population basis, the USA CTSA initiative is as radical as condensing Australia's disparate medical research structure into four large centers, each with the full capacity to provide a seamless transition from bench to bedside to clinic to communities to healthcare quidelines and health policy. What a revolution!

But is the USA completely off? What have other countries done? The United Kingdom has, since the development of the CTSA program in the USA, created its own counterpart that has conceptual similarities and differences with the American program. The UK Academic Health Science Centers (AHSCs) bring together not only academic programs like in the USA, but also integrate them with National Health System (NHS) components, so there is a large basis of patient care. As an example of consolidation, London, which used to have over twelve independent medical schools (does anyone remember St Bartholomew's, Charing Cross, St Thomas', Queen Mary's, and others?) now has three AHSCs based at King's College, University College, and Imperial College. All of Scotland is now integrated into a single AHSC. The Netherlands created one translational structure serving the entire country and integrating several of its structures. Sweden has also joined the translation/integration pathway.

The big elephant in our Australian living room is then the key issue of how this country can maintain international competitiveness in biomedical research that is inexorably moving towards large-scale consolidations aimed at facilitating the emergence of the new discipline of translational science. Can we foster and further develop medical research here without such massive institutional consolidation? Is our structure of multiple institutions and independent medical research institutes (MRIs) conducive to translation? As the world moves towards consolidation aimed at building translational science, there will be major shifts in the landscape of Australian institutions. What will the final outcome be? Stay tuned.

Professor Julio Licinio
Director, John Curtin School of Medical
Research
The Australian National University



How you can help protect investment in health and medical research in the 2010–2011 budget

The ASMR calls on all members to act now! The burden of disease is rising and it is essential that we keep pace in terms of health and wealth and that investment in human capital be protected. There will be a 4-fold increase in the number of Australians over 85 years old in 3 decades¹, and ageing and health pressures are projected to result in an increase in total government spending from 22.4 per cent of GDP in 2015–16 to 27.1 per cent of GDP by

2049–50². Engaging with politicians, key bureaucrats and policy makers is an important way for ASMR to achieve its goal of a stable and appropriate funding environment to maintain an internationally competitive health and medical research (H&MR) program in Australia. *The dialogue is not just about dollars.* It is also about educating and informing our political leaders so they become motivated champions for our cause.

What can you do?

- Urge your colleagues and family to take action in support of sustained NHMRC investment, plus a modest increase.
- Engage your local MP
- Write to the Prime Minister, Treasurer and Health Minister

Further information from

http://www.asmr.org.au/campaign.html

Health and Medical Research returns Exceptional Value¹

- Australia has the third-highest life expectancy in the world
- HMR provides 117% return on investment, second only to the mining and wholesale/retail sectors
- Australia delivers first-class medical research
- \$30 billion economic benefit of health and medical research

What is the impact of health and medical research?

- Save lives and prevent suffering
- New and better preventative screening strategies and intervention
- Longer and more productive lives
- Increase GDP and increase tax revenues through healthy and productive ageing
- Decrease Medicare and PBS costs
- · Decrease hospital stays

What will the decline in health and medical research funding do in Australia?

- · Decline in health and economic benefit
- · Loss of return on investment
- · Erode workforce investment
- · Loss of global competitiveness

Tips for engaging politicians

- Have clear messages to convey emphasize the value of H&MR to community
- Be well prepared know you politician and the electorate (eg blue collar, marginal, rural)
- Know what you want and what your politician can do for you
- Provide background briefing material case studies, Access Economics Report, and Fact Sheet are all available from

http://www.asmr.org.au/campaign.html

- Use examples from your own research ensure you use PLAIN English
- Be enthusiastic, factual, brief (expect meetings of 20–30 mins), and use a bi-partisan approach
- Don't use jargon, raise problems without solutions, ask too much, ask too late for what you want, or use incorrect facts.
- Access Economics. Exceptional Returns II: The Value of Investing in Health Research and Development in Australia. In: 2008. http://www.asmr.org.au/campaign.html
- 2 Intergenerational Report. February, 2010

ASMR Mentoring Program

Are you a mid-career researcher without a mentor? The Australian Society for Medical Research would like to invite members who are 5-12 years postdoctoral to participate in the ASMR Mentoring Program. This program was initiated as a result of feedback from participants attending the ASMR Professional Development program. Members will be matched with an appropriate Career Development Mentor. For more information and application forms please visit

www.asmr.org.au/ mentor.html

Please note that applications are accepted all year round and the program is free to ASMR members.

Roger Yazbek and Juliet Taylor, ASMR Directors



Neurogenetics on the Apple Isle

Conferences

New Directions in Leukaemia Research Conference 2010 March 28-31, 2010 Sunshine Coast, Queensland, Australia Further information: www.ndlrconference.com

Lowry Symposium - Discovering Cancer Therapeutics

May 16-18, 2010 John Niland Scientia Building, UNSW Kensington Campus

Further information: www.lowysymposium.org

XI International Congress in Reproductive Immunology August 15-19, 2010

August 15-19, 2010 Novotel Palm Cove Resort, Cairns

Further information: www.icri2010.org

ISEH Society for Haematology & Stem Cells

September 15 - 18 2010 Melbourne Convention and Exhibition Centre

Further information: http://iseh.org

Australian Health & Medical Research Congress

November 14-18, 2010 New Melbourne Convention and Exhibition Centre (MCEC)

www.ahmrcongress.org.au/ Further information: mo@asnevents.net.au

he 2009 ASMR National Scientific Conference, Neurogenetics on the Apple Isle, was held in Hobart from the 15-17 November. Over 135 registrants enjoyed a tremendous program focused on neurogenetic research taking place in Australasia and internationally. The Firkin Orator, Professor Jonathan Flint (University of Oxford, UK), gave an incredible talk on biases in genetic association studies. Professor Flint presented data demonstrating that the degree of bias is related to the geographical origin of the work and the amount of funding supporting the research and that there is a positive association between the impact factor of journals where the work is published and degree of bias. The AWT Edwards Orator, Professor Charles Watson (Curtin University, Australia), presented a fascinating talk that highlighted how modern molecular techniques are informing one of the oldest areas of medical research — neuroanatomy. The meeting also showcased an array of outstanding invited speakers including Sharon Byers, John Christodoulou, Brian Dean, Jozef Gecz, Glenda Halliday, Tony Hannan, Martin Lavin, Kathy North, Peter Schofield, Ingrid Scheffer and Jim Stankovich. Much credit for this outstanding list of presenters must be given to Chair of the Scientific Program Committee, Nigel Laing. The conference participants enjoyed an excellent social program including a reception at Government House hosted by the Governor of Tasmania, His Excellency, The Honourable Peter Underwood, AC. The conference dinner was held at the stylish Marque IV.

Congratulations to Campion Ma Playoust award winner Dr Jerome Staal (Clinical School, Menzies Research Institute) and student poster prize winner Catherine Blizzard (University of Tasmania).

Martin Delatycki and Kristen Nowak, Co-convenors, ASMR NSC



Firkin Orator, Professor Jonathan Flint presenting on biases in genetic association studies



ASMR NSC Convenor Professor Martin Delatycki with the 2009 AWT Edwards Orator, Professor Charles Watson



ASMR President Dr Alison Butt presenting the Campion Ma Playoust award to Dr Jerome Staal

Join ASMR and work towards the future of health and medical research!

o you know colleagues who aren't members of ASMR but should be? Now is the perfect time to invite them to join to share in ASMR's long distinguished history and to help carry our Society forward into the future.

For more information, go to

http://www.asmr.org.au/membership.html



ASMR President Dr Alison Butt presenting the student poster prize to Catherine Blizzard



5th Australian Health & Medical Research Congress





14–18 November 2010 Melbourne Convention & Exhibition Centre www.ahmrcongress.org.au

The 5th Australian Health & Medical Research Congress (AH&MRC) returns to Melbourne from 14–18th November this year. An ASMR initiative started in 2000, the AH&RMC is based on the Experimental Biology congress in the USA, providing a unique forum for societies to come together and jointly run their annual scientific meetings.

We are thrilled to be holding the 5th AH&MRC in the new state-of-the-art Melbourne Convention & Exhibition Centre. 24 societies, including ASMR, will participate representing cancer, matrix, stem cell, bone and joint, thoracic, reproductive and vascular biology as well as immunology, infectious diseases, HIV medicine, human genetics, experimental pathology, sleep and transplantation to name just a few!

Our program convenor, Associate Professor Michael Hickey is developing a bumper program with many shared sessions and cross-disciplinary symposia. Already we have secured four stellar international plenary speakers; Professor Reinhard Fassler (Max Planck Institute of Biochemistry, Germany; integrins), Professor Brigid Hogan (Duke University, USA; stem cells), Associate Professor Vivek Mittal (Cornell University USA; cancer metastases) and Associate Professor David Sinclair (Harvard University, USA; ageing) — plus many more leading international researchers!

This year an exciting new initiative for ASMR members is the incorporation of the ASMR professional development day as a satellite meeting during the AH&MRC. There will be special registration discounts for members attending both the PDD and AH&MRC.

With something for everyone, the 5th AH&MRC is certainly an event not to be missed. Mark your diaries now and plan to join us in Melbourne!

Rosemary Keogh, Convenor 5th AH&MRC



Professor Reinhard Fässler



Professor Brigid Hogan



Associate Professor Vivek Mittal



Associate Professor David Sinclair



49th Annual ASMR National Scientific Conference

16-18 November 2010 Melbourne Convention & Exhibition Centre

www.ahmrcongress.org.au

"Infection and Disease"

his year the ASMR National Scientific Conference (NSC) is being held as part of the 5th Australian Health & Medical Research Congress. With the theme of "Infection and Disease" this conference will bring together virologists, bacteriologists, parasitologists, mycologists and immunologists to explore cross cutting themes in the area of microbial replication, innate immunity and pathogenesis. NSC Convenor, Associate Professor Gilda Tachedjian, and NSC Program Convenor, Dr Richard Ferrero, are developing an exciting program exploring how viruses, bacteria, parasites and fungi, which cause disease in humans, invade the host and the innate immune responses that attenuate microbe replication.

Shared sessions with the Australian Societies for Infectious Diseases and HIV Medicine will provide a fantastic forum for attendees to interact with potential collaborators and leaders in these fields and there will opportunities for ASMR members to present posters and free communications. Once again, the prestigious Campion Ma Playoust Memorial Award will be presented for the best oral and/or poster presentation by a student member or member under 30 years of age. Travel grants will also be available for student members.

We are thrilled to announce the ASMR Firkin Orator will be Associate Professor David Sinclair and the ASMR Edwards Orator will be Professor Alan Cowman. Associate Professor Sinclair is Professor of Pathology and Co-Director of the Paul F. Glenn Laboratories for the Biological Mechanisms of Aging at Harvard Medical School. HIs team are working to devise ways

to prevent and treat the major diseases of society by manipulating genes that control how fast we age. Professor Cowman is an NH&MRC Australia Fellow, Howard Hughes International Research Scholar and Head of the Division of Infection and Immunity at the Walter and Fliza Hall Institute of Medical Research. His lab is interested in understanding the function of proteins in Plasmodium falciparum, and how they are involved in the pathogenesis of malaria in humans. In collaboration with Seattle Biomedical Research Institute and Walter Reed Army Institute they are attempting to develop a live genetically attenuated malaria vaccine and Phase 1 clinical trials in humans are due to commence in April.

The call for abstracts and registrations will open soon so keep checking the website for details: www.ahmrcongress.org.au. We look forward to having you join us in Melbourne!





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Contact details from www.asmr.org.au/Statebranch.html

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Australian and New Zealand Association of Neurologists Australian and New Zealand Bone & Mineral Society

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Australian and New Zealand Society for Blood Transfusion

Australian and New Zealand Society for Cell & Developmental Biology Inc

Australian and New Zealand Society of Nephrology

Australian Atherosclerosis Society

Australian Diabetes Society Australian Neuroscience Society Inc

Australian Physiological Society

Australian Rheumatology Association Australian Society for Biochemistry and Molecular Biology Inc Australian Vascular Biology Society

Cardiac Society of Australia and New Zealand Clinical Oncological Society of Australia Ear Science Institute Australia

Endocrine Society of Australia Fertility Society of Australia Haematology Society of Australia and New Zealand

High Blood Pressure Research Council of Australia

Human Genetics Society of Australasia

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National Association of Research Fellows

Nutrition Society of Australia Inc Paediatric Research Society of Australia and New Zealand

Perinatal Society of Australia and New Zealand Royal Australian and New Zealand College

of Obestetricians and Gynaecologists

Royal College of Nursing Áustralia

Society for Free Radical Research (Australasia)

Society of Obstetric Medicine of Australia and New Zealand

The Australian College of Ambulance Professionals

The Australian Medical Students' Association Ltd

The Australian Medical Students' Association Ltd
The Australian Society for Parasitology
The Royal Australian and New Zealand College of Radiologists
The Royal Australian and New Zealand College of Psychiatrists
The Royal Australiasian College of Physicians
The Royal Australian College of General Practitioners
The Royal College of Pathologists of Australasia
The Society for Reproductive Biology
Thoracic Society of Australia and New Zealand
Transplantation Society of Australia and New Zealand
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