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AUSTRALIAN BONE MARROW DONOR REGISTRY

# 2018–2019

# CHAIR'S WELCOME



ABMDR continues to meet the needs of around half of all Australians receiving allogeneic Haemopoietic Progenitor Cell (more commonly known as blood stem cell) transplants. Despite this considerable success, there remains room for improvement – of all the searches we conduct for Australians, just over half will not proceed to transplant with an unrelated donor. This is usually related to the unfortunate progression of the patient's illness; but sometimes it is because a fully-matched unrelated donor cannot be found either in Australia's donor pool, or globally.

We have recruited a new Chief Executive Officer who has been transformative in reimagining the directions for ABMDR; and we have further added to our talented Board. Yet I have a sense of unease that I have not felt for many years about the directions of ABMDR and the understanding of the governments of Australia, the States and Territories about the place of ABMDR in the clinical realities of treating Australians with blood cancers.

Lisa Smith has joined us as CEO. She comes to us from consulting and from the world of eHealth as a senior executive in the National eHealth Transition Authority, prior to which she worked at Sydney Ports and Sydney Airport. A wealth of experience in both national and state government circles has been a very important capability that she brings to us. Lisa has tackled the many issues which have arisen during this past year with understanding, skill and determination and I have been so pleased to be able to work with her as we tackle some thorny topics.

The ABMDR Board has both lost and gained talent in the year. John Croucher left us to concentrate on other areas calling for his urgent attention. We were all sad to see him leave us – a very quick mind bringing a very important perspective to the Board, as a recipient of an unrelated bone marrow transplant, he has given us all clear insights into many of the problems that we face. On the other side of the ledger we have been joined by Lucinda Smith who comes to us with a very strong background in health law and has brought us a new approach and mindset that we have been missing on the Board – welcome Lucinda.

A 'sense of unease' is something very alien to me as I look back on the nearly 30 years of the ABMDR. The ABMDR team always carries a sense of 'can do' enthusiasm and achievement as we have grown in accomplishment, grown in capacity and grown in real and important clinical patient outcomes over those years. We have far outstripped the initial expectations, so what has changed?

- 1. Australia's donor pool** has been getting progressively out of date – the donors are ageing and predominantly comprise people tissue typed with old technologies, many of whom are now hard to contact or have forgotten they ever registered. We need a substantial change in the way that Australia's volunteer donors are recruited, tissue typed and retained.
- 2. Overseas donors** are therefore increasingly, disproportionately and expensively utilised for Australian patients. The global registries we work with cannot, however, represent the mixture of Australian ancestries that we need to meet our needs and there are some gaping holes appearing in our ability to find donors for Australians.
- 3. The financial foundations** of the ABMDR are increasingly, and substantially, being shaken. The rigidity of the funding model imposed on the ABMDR, the deteriorating donor pool and the increasingly commercial nature of the linkage between the ABMDR and Australian Red Cross Lifeblood results in a perfect storm of declining revenues and rising costs. ABMDR will continue to strive to address its future sustainability, without damaging the chances of life for people in Australia with blood cancer and with the assistance of the national and state governments.

We will continue, in the year ahead, to explain clearly and logically what the issues are and we will continue to seek solutions for the community and all in need of unrelated Haemopoietic Progenitor Cell transplants.

**Jeremy Chapman AC**  
Chair ABMDR Board

# CEO'S WELCOME



I'm delighted to be introducing ABMDR's 2019 Annual Report; my first as CEO.

Since starting in this role I have been fortunate enough to meet with many of the Registry's stakeholders, discussing the key challenges and opportunities that they see for the Registry in the years ahead. It was clear from these conversations that the Registry is a highly regarded 'safe pair of hands', who reliably manages the search for the best blood stem cell donor options for a patient.

However, stakeholders noted that the pool of donors in Australia, which the Registry searches on behalf of patients, needed urgent and significant improvement, to reverse Australia's dependence on overseas donors and the resulting supply risks and financial impacts.

That's why, in May, ABMDR launched its *Strength to Give* initiative ([strengthtogive.org.au](http://strengthtogive.org.au)) to directly recruit donors and better meet the needs of Australian patients. This initiative is a pilot program, demonstrating to stakeholders – including funders – that modern approaches to donor recruitment are a more efficient and effective way to meet Australian patient needs. *Strength to Give* has already gained strong support from patient and clinical communities alike; and I look forward to progressing conversations about implementing this model on a sustainable basis.

Of course, we remain grateful for the support of Australian Red Cross Lifeblood, who have for many years recruited blood donors onto our Registry.

Operationally, it was another busy year, with record number of donor searches undertaken for Australian patients in need of blood stem cells. We work closely with the international registry community to conduct these searches, as – at least until Australia's donor pool improves – the patient's matching donor will most likely be found overseas. In 2018–19, the Registry facilitated the importation of 299 blood stem cell donations for Australian patients; 75 donations from an Australian donor to Australian patients; and a further 34 Australian donations exported for overseas patients.

Looking ahead, ABMDR established new strategic objectives to support our vision of ensuring that all Australian patients in need a life-saving transplant of blood stem cells can access suitable unrelated donors. These objectives, shown below, respond to the issues faced by ABMDR – such as its continued financial sustainability, and Australia's increasingly unsuited donor pool – and position ABMDR to take a proactive role in resolving these issues.

As ABMDR seeks a renewed path forward, I look forward to deepening our engagement with our many stakeholders and partners, and working collaboratively with national and state governments.

**Lisa Smith**  
CEO

## OUR VISION

To ensure all Australian patients needing a life saving transplant of blood stem cells can access suitable unrelated donors

## OUR STRATEGIC OBJECTIVES

Reliable delivery	Trusted expertise	Sustainable Registry services	Collaborative partnerships	Expand influence
Ensuring efficient and reliable access to suitable, diverse, well-typed donors and cords for all Australian patients.	Leadership through credible expertise, clear standards, robust compliance requirements and risk-based governance.	Develop and promote a sustainable funding and operational model for Registry services.	Maintain local and international partnerships to effectively meet patient and sector needs; support research to treat underlying disease.	Strengthen awareness of the challenges facing the sector and leverage expertise to inform policies that better meet the needs of patients and governments.

## OUR NETWORK

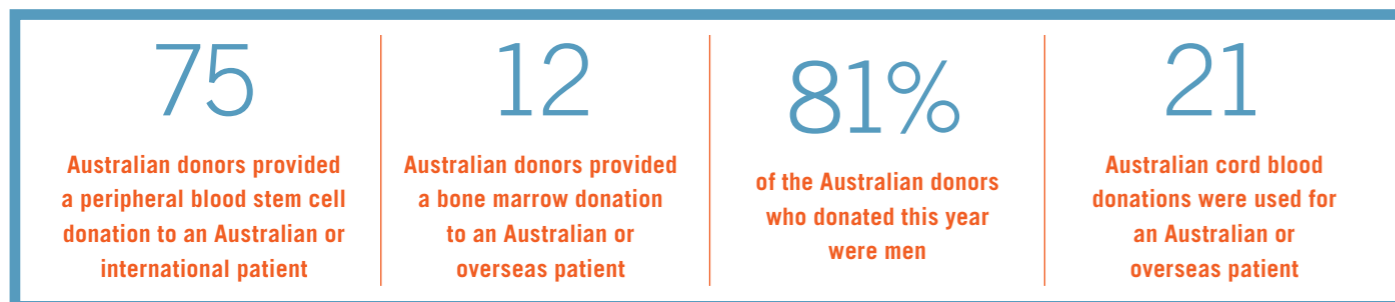
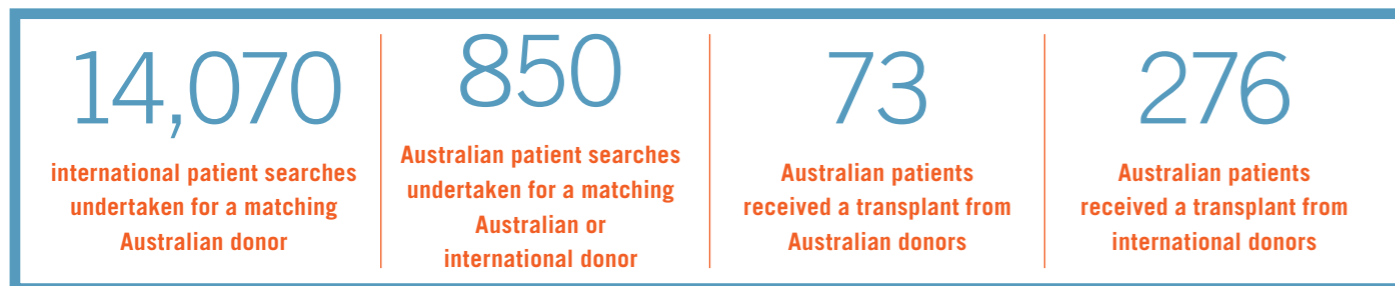
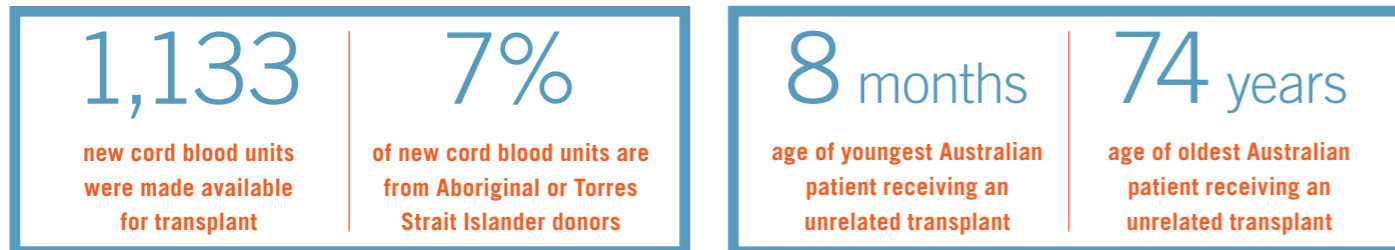
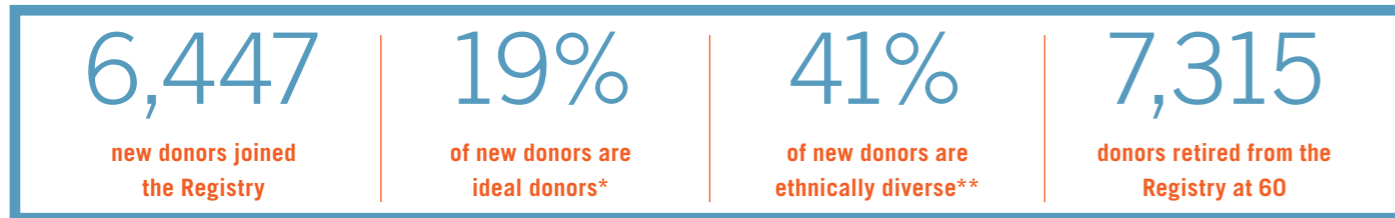
We rely on the following sector partners:

- ▶ Australian Red Cross Lifeblood
- ▶ Tissue typing laboratories
- ▶ Transplantation and collection centres (public hospitals)
- ▶ Cord blood banks
- ▶ International registries

## OUR FUNDERS

We rely on the Commonwealth and State/Territory governments to provide and coordinate funding across the sector.

# 2018–19 AT A GLANCE



\* Ideal donors are males aged 18–30 years

\*\* Ethnically diverse donors are of a background other than North-West European or who have multiple ethnicities

# ABOUT US

The Australian Bone Marrow Donor Registry (ABMDR) is a company limited by guarantee and a registered charity under the Australian Charities and Not-for-profits Commission.

Every year in Australia, more than 600 people receive blood stem cells from someone else to treat their leukaemia or other bone marrow related disease. These blood stem cell transplants are generally a last-resort option for the medical treatment of these patients. Many of these patients will find someone in their family to donate their cells. But more than half will rely on ABMDR to find them a volunteer donor with a matching immune system. These blood stem cell transplants aim to save the patient's life and cure their disease.

The chances of finding a match for Australians in need depends on the characteristics of the donors. To find the best possible match, patients need a donor from an ethnic background similar to their own. Some Australians will find a matching donor in countries like the UK, US or Europe; for others, a matching donor will only be found in Australia.

Once a matching donor is found, the transplant will have the best chance of success if the donor is young –i.e. 18–30 – and ideally male. Currently, less than 5% of the 170,000 Australian donors on the Registry fit these characteristics. As a result, the majority of stem cells donated to Australian patients come from overseas donors.

## What we do

### We give patients a chance of life

We help patients who are in need of a stem cell transplant and have not found a donor among their relatives.

We do this by providing a centralised and cost efficient search and match service, which matches Australian patients to volunteer donors or cord blood from Australia and around the world. This allows Australian transplant clinicians to identify the best transplant option for their patients.

### We facilitate blood stem cell donations

When a potential match is found, we facilitate further testing of these donors or cord blood, and the collection and delivery of donated blood stem cells. We also manage requests from overseas registries to search for a matching donor in Australia, the export of any resulting donation and the reimbursement of Australian health sector costs associated with such exports.

In delivering our services, we work closely with a number of public hospitals across Australia that provide transplants and collect the blood stem cells from donors. We set the standards for the management and welfare of our volunteer donors, as well as the donation process in general; and we comply with international standards and obligations for operating an unrelated blood stem cell donor registry.

We also work alongside Australian Red Cross Lifeblood, who are engaged by State governments to recruit Australian donors onto our Registry, and manage and support local donors throughout the donation process.

### We administer funding

We administer funding provided by the Australian government for the searching and testing of suitable overseas donors – including family members – for Australian patients.

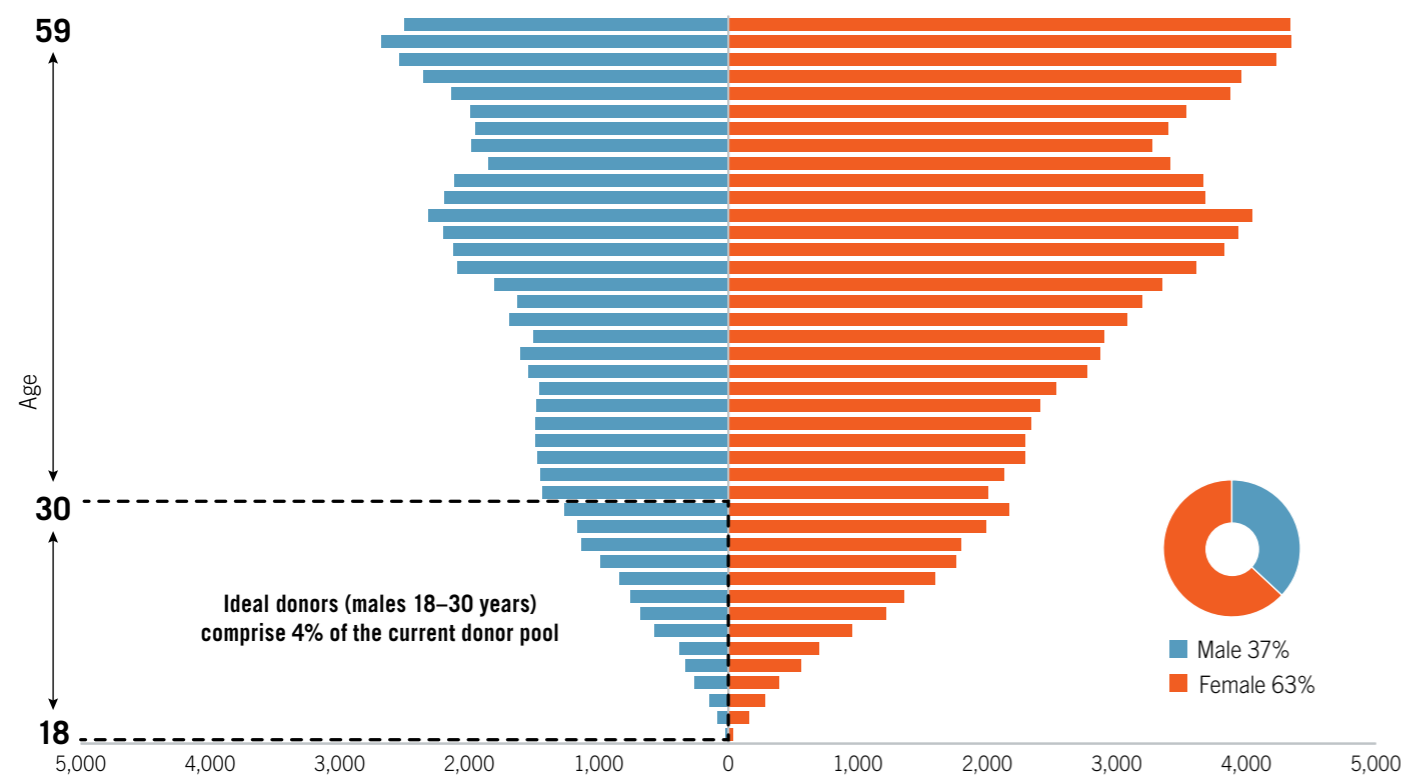
We also administer State and Commonwealth funding to the network of public cord blood banks in Australia; and the Australasian Bone Marrow Transplant Recipient Registry.

### We support research

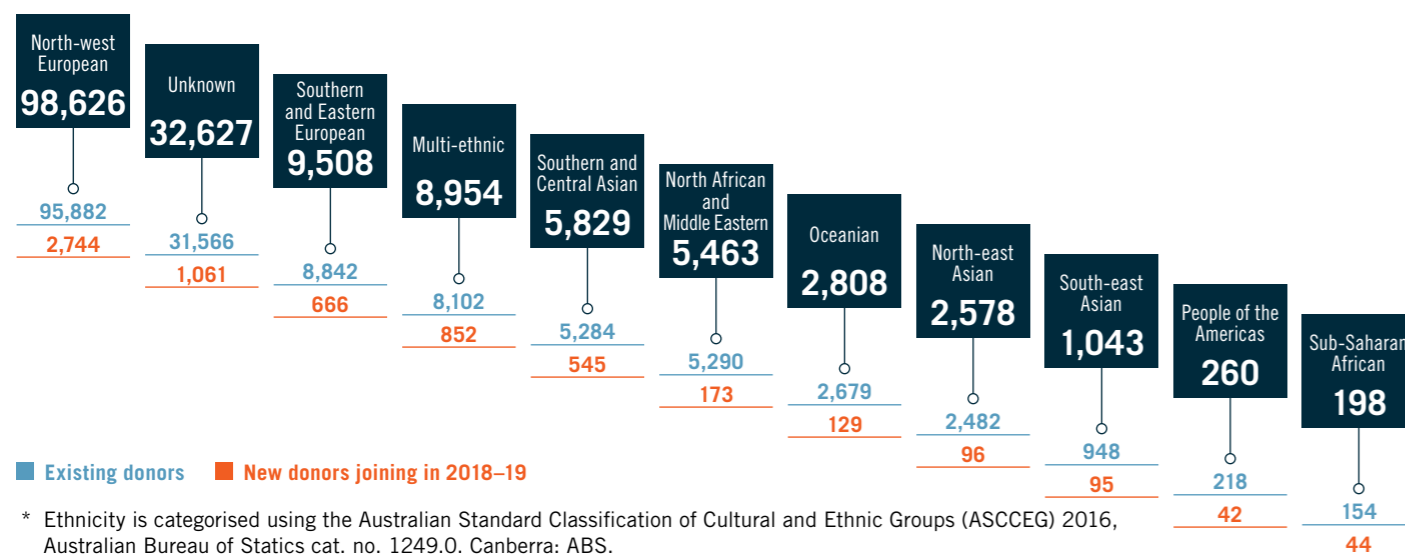
We provide the scientific community with access to consenting donors for ethically-approved research, under appropriate governance arrangements.

# REGISTRY ACTIVITY

Donors on the Registry as at 30 June 2019

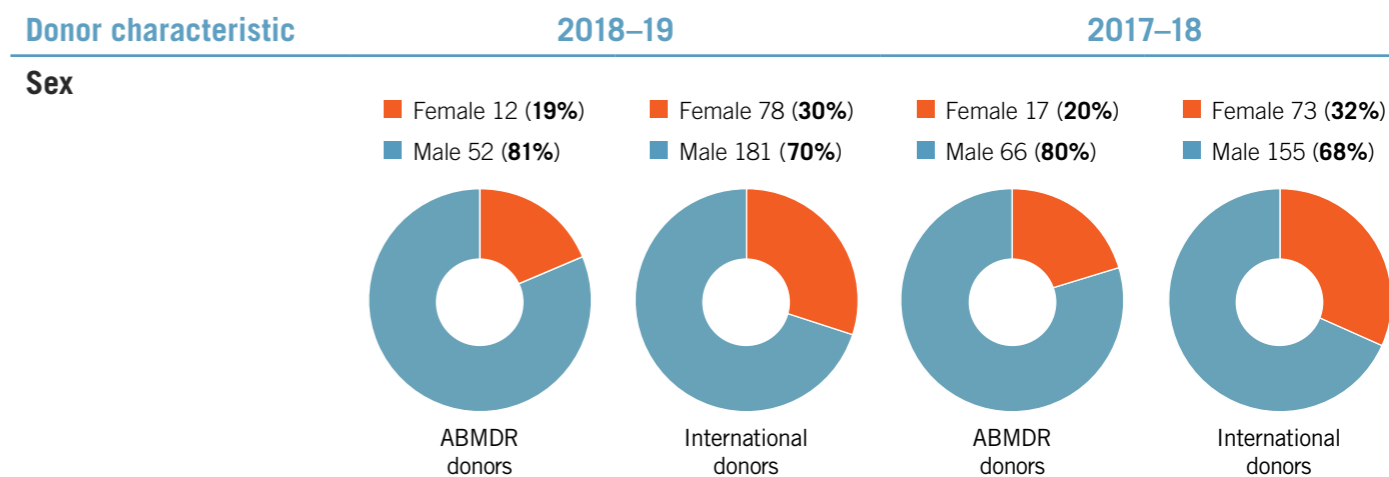
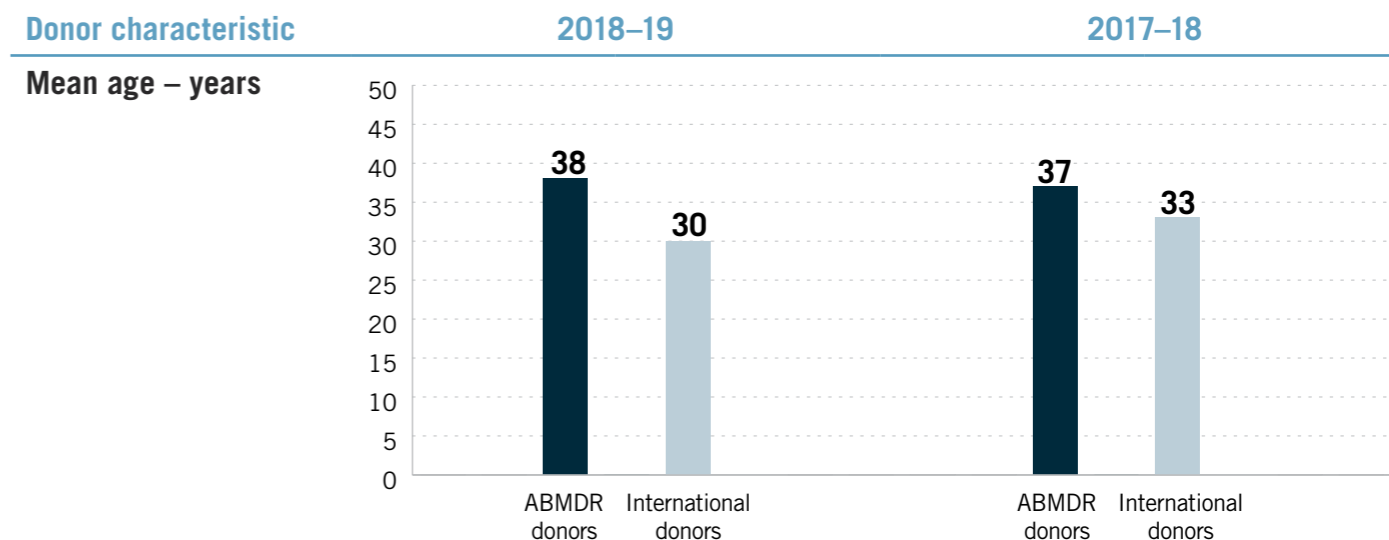


Donor ethnicity as at 30 June 2019



\* Ethnicity is categorised using the Australian Standard Classification of Cultural and Ethnic Groups (ASCCEG) 2016, Australian Bureau of Statistics cat. no. 1249.0. Canberra: ABS.

Donors used to transplant Australian patients



Note: Count excludes subsequent donations – i.e. “top-ups” – which account for < 10% of the count each financial year

# strength give™



In a first for Australia, ABMDR has launched a new method of recruiting donors onto the Registry through the Strength to Give campaign. To join, donors simply need to go to the *Strength to Give* website, request a cheek swab kit to be sent to them, and post back their completed swabs. There is no need for those interested in joining the Registry to be a regular blood donor, be able to donate blood, or even be eligible to donate blood – in fact, potential donors don't even have to leave their house to join the Registry.

The *Strength to Give* campaign is based on successful recruitment approaches used by 95% of registries around the world. International registries have long recognised that recruiting only regular blood donors to become blood stem cell donors unnecessarily reduces recruitment rates, and limits a registry's ability to efficiently meet patient needs.

Promotion of the *Strength to Give* recruitment program targets young men, raising awareness of the need for blood stem cell donors, the unique nature of blood stem cell donation and what the ideal donor looks like – i.e. 18–30 years old and preferably male. A number of relevant, highly motivated not-for-profit organisations have come forward to partner with us to promote the *Strength to Give* campaign – in particular, the Leukaemia Foundation, Ur the Cure and the TLR Foundation.

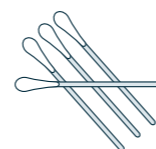
*Strength to Give* also aims to dispel myths about what it's like to donate. The misconception that blood stem cells are only collected by extracting bone marrow under a general anaesthetic prevents many in the target audience from considering joining the Registry. Educating potential donors on the typical donation process – i.e. that cells will be filtered out of their blood over a few hours – aims to reduce this barrier.

As ABMDR has limited funds of its own to support *Strength to Give*, it is hoped that the program will demonstrate to governments that Australia's donor pool can be quickly and cost-effectively modernized to meet the needs of Australian patients; and in doing so, reduce Australia's dependence on expensive imported cells.

**IT DOESN'T HURT TO SAVE A LIFE**  
How Donation Really Works.

[REGISTER](#)

## What's involved with being a donor



To register you'll just have to provide a tissue sample using a cheek swab. We'll then send this off to see what your tissue type is.

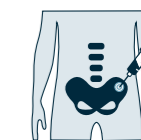


If your tissue type matches with someone you can help, you'll either donate blood stem cells or bone marrow.



**90%**

of the time, donations are blood stem cell donations which are just like giving blood, except it's done in hospitals in major cities around Australia as an outpatient procedure.



**10%**

of donors are asked to donate bone marrow and usually it is for a child. Bone marrow is taken from the back of your hip in a short procedure performed under general anaesthetic, so you won't feel a thing!

# strength give™

## PARTNER STORIES



### URtheCURE

#### About Pamela

“When my Doctors told me that my last chance to cure my cancer was a stem cell transplant, it was terrifying to hear.

What was even more terrifying was hearing the words, “it may not be possible because we need to find you a stem cell match, and because your background is Lebanese you have less chance of finding a match”.

Ethnicity is an important factor when searching for a match. I wondered how something like my heritage could discriminate so much against me to the point that I might not have the chance to live. It came down to the fact that there are not enough potential donors of Middle Eastern and other ethnic backgrounds registered on the worldwide bone marrow registries for my Doctors to search.

**The wait for my match was agonising.**

This is why Ur the Cure was established – in the hope that no person has to feel the same despair that they may not find their lifesaving match simply because of their ethnic background. It was during my recovery time after my transplant that I started to do some research and found that nearly all patients struggling to find their match was due to their culturally diverse background. I found that there was a real gap and not one organisation actively promoting The Registry or advocating for these patients, so I founded UR the Cure. Through education and awareness, we can give these people hope, an incredibly important gift when you are facing a life-threatening illness. It’s about giving them the gift of life.

The cure to their cancer exists in your body. You are the “ur” in the cure! “

**Pamela Bousejean, cancer survivor and founder of URtheCURE**

#### ABOUT URtheCURE:

There are 2 main areas we focus on to help us achieve our mission – Advocacy Work and Education + Recruitment.

Advocacy: UR the Cure partakes in advocacy work to make it easier for people to join the Registry, and particularly advocate for those with culturally diverse backgrounds.

Education + Recruitment: We do this through many different ways; social media, workplace education, we have done work with community groups, schools and universities, running stalls and drives. We also support and empower others to run events, education at their organisations and drives.

We are also often contacted by patients and their loved ones searching for a match and sometimes we are just there to lend an ear and answer questions.

#### About the URtheCURE and Strength to Give Partnership

Partnering with ABMDR’s *Strength to Give* campaign was a huge milestone and something we are very proud of. Back when I first had the idea to start UR the Cure, I actually printed out an image of the UR the Cure logo and the ABMDR logo side by side. I stuck it up on the wall in the study at my parent’s house where it all started!



### Every 40 MINUTES

someone in Australia is diagnosed with blood cancer, and for many, a blood stem cell transplant from a complete stranger is their only hope.

We have been working towards this goal for many years so we are extremely proud and happy to be working closely with ABMDR. I truly commend them for the fantastic work now happening with the *Strength to Give* campaign, and I am excited to see what the future holds!

# strength give™

## PARTNER STORIES



### About Trace Richey

“We met back in 2005. In 2013 Trace was diagnosed with MDS, a blood disorder which often turns into leukaemia. He spent most of 2014 going through rounds of chemo, but nothing worked. The doctors told him his only chance of survival would be to have a stem cell or bone marrow transplant. I’m almost embarrassed to say I’d never heard of that before.

We were told that they had found two donors, one that was a perfect match and the other a back-up. Unfortunately, that perfect match pulled out at the last minute, so the doctors had no choice but to use the backup and in February of 2015, he had his stem cell transplant.

Sadly, the back-up stem cells weren’t the match everyone had hoped for and after an epic battle, just 42 days later, he took his final breath with his sister and me by his side. We lost him. He had just turned 50 years old. It might sound old to you but I turn 50 next year too. If there had been a better match out there, he could still be here.” Neil Pennock. Partner of Trace and Founder of the TLR Foundation.

### About the TLR Foundation

The TLR Foundation was set up to help people with blood cancers, bone marrow disorders and other diseases treatable by a bone marrow/stem cell transplant. Many patients must rely on finding generous people to donate their stem cells but finding a match can prove incredibly difficult for some. We at TLR want to help increase their chances by finding more donors.

We also recognise the vital role the nurses play in caring for both patients and the family around them and it is with love and gratitude we intend to fund further education for as many nurses as possible.

Established in 2017, the foundation was named in memory of Tracy Lee Richey, or Trace as he was known.

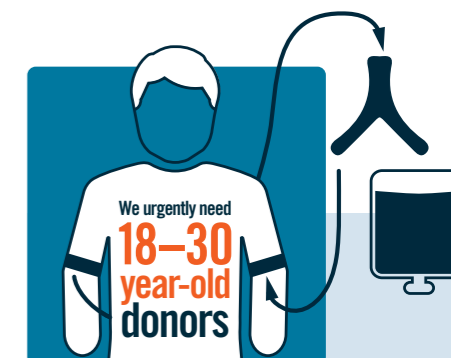
### About the TLR and Strength to Give Partnership

We are extremely grateful to be partnering with ABMDR on their *Strength to Give* campaign. We understand the donors who give patients the best transplant outcomes and the best quality of life post-transplant are in the 18-30 year age group. We also understand that many 18-30-year-olds already have an amazing social responsibility and want to give back, they just live in a world where convenience is key. Having an online registration portal where cheek swab kits can be sent in the post check all these boxes.

TLR appreciates everything the ABMDR does – they are already making a big difference to the lives of people here in Australia and all around the world, and we are proud to be sharing their message of diversity and inclusion.



**TLR FOUNDATION**  
Giving bone marrow • Giving hope



Younger donors result in better outcomes for patients, so we urgently need 18-30 olds to register and increase their chances of finding the best possible match. Ethnic diversity is also important as patients are more likely to find a match with a donor from the same ethnic background.

Young men make particularly important donors – as they often weigh more, they literally have more to give.



# CORD BLOOD BANKS

Cord blood banks were established in Australia during the 1990s to meet the demand for donors for patients requiring a Haematopoietic Progenitor Cell (HPC) transplant.

Even today it can be difficult for patients from ethnic minority groups to find a suitably-matched donor and cord blood remains a vital donor source. Cord blood has the advantage of being an “off the shelf” product that can be readily shipped to transplant centres. The chance of a cord blood unit being used and the likelihood of the best transplant outcome are dependent on the number of cells and the degree of matching with the patient. Recent advances in molecular techniques with the use of Next Generation Sequencing for high resolution tissue typing allows improved matching between donor and patient and superior outcomes.

AusCord cord blood banks developed a strategic plan for the network towards 2020 to improve the quality and diversity of the AusCord repository of frozen cord blood products and to increase the likelihood of their use in Australian patients in need of a HPC transplant.

## Strategic Goals Towards 2020

### Contribute to best transplant outcomes for Australian patients

- › 1,312 units released by 30 June 2019

### Provide safe, high quality cord blood units

- › Therapeutic Goods Administration licensure
- › Foundation for the Accreditation of Cellular Therapy accreditation

### Increase the quality and diversity of AusCord inventory

- › AusCord has a repository of 36,945 cord blood units at 30 June 2019
- › In 2018–19 45% of units banked were from Non-North West European donors
- › High resolution tissue typing by Next Generation Sequencing implemented



**Associate Professor Robyn Rodwell**  
Director,  
Queensland Cord Blood Bank At The Mater  
Chair, AusCord



**Associate Professor Ngaire Elwood**  
Director,  
BMDI Cord Blood Bank



**Dr Guy Klamer**  
Director,  
Sydney Cord Blood Bank

# AUSTRALIAN RED CROSS LIFEBLOOD

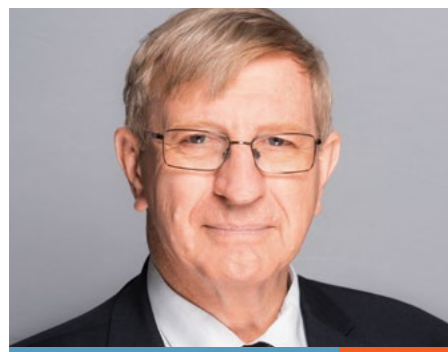
Australian Red Cross Lifeblood is responsible for donor recruitment, as well as arranging donor assessment, collection and donor follow-up for all bone marrow and peripheral blood stem cell donations made by volunteer donors in Australia.

2018–19 saw Australian Red Cross Lifeblood conduct a number of donor drives that specifically targeted young males for recruitment. In Queensland, Lifeblood partnered with the Queensland Rugby League Intrust Super Cup, and on the weekend of 6 April 2019, teams wore red socks to raise awareness of the importance of blood donation and the Australian Bone Marrow Donor Registry.

In Western Australia, Australian Red Cross Lifeblood partnered with a very motivated community group called ‘G’s Army’ to run several recruitment drives throughout the year. Drives at Bayswater Soccer Club and ATI Martial Arts Club in Joondalup were particularly successful in targeting young males for recruitment to the Australian Bone Marrow Donor Registry. In addition, an education session was held at the Sikh Temple in Dayton, Perth during March.

Overall, these activities made for a very successful and busy 2018–19.

# ABMDR BOARD



**Professor Jeremy Chapman AC – Chair**

Deputy Chair Western Sydney Local Health District Board. Recently retired as Clinical Director of Medicine and Cancer, Westmead Hospital and as Director of Western Renal Services. Jeremy's current interests involve research and teaching at the University of Sydney, he is also a board member in a number of not for profit entities. He continues to work in consult roles and as Editor in Chief of the journals *Transplantation* and *Transplantation Direct*.

Jeremy has been involved with the Tissue Typing Laboratories and the Australian Organ Donation program for more than thirty years. He chaired the creation of the Australian Bone Marrow Donor Registry in 1991 and continues in that role today.



**Lisa Smith**

Lisa Smith is the Chief Executive Officer of the ABMDR. Lisa has spent a decade as a senior executive in Australia's National E-Health Transition Authority, and brings a wealth of experience in working with government and stakeholders to fund and deliver collaborative outcomes. In her various roles across both government and the private sector, she has directed national implementation programs, and has led strategy and business development functions, as well as stakeholder engagement and communications.

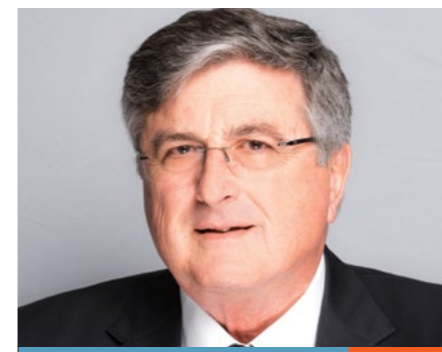


**Associate Professor Peter Bardy**

Associate Professor Peter Bardy trained in Clinical, Laboratory and Research Haematology at the IMVS (1987) and subsequently the Vancouver General Hospital and Terry Fox Laboratories in Vancouver Canada from 1992–1995.

His first consultant position was as a clinical haematologist in the Leukaemia and Bone Marrow Transplantation service at the Royal Melbourne Hospital from 1995 to 1997. Since returning to Adelaide in 1997, he has held positions at Australian Red Cross Lifeblood and clinical positions at both the Royal Adelaide Hospital and The Queen Elizabeth Hospital.

Since 2005 he has held leadership roles in the Public Health sector including; Medical Head of the Division of Medicine at The Queen Elizabeth Hospital (2006–2008), Chief Medical Officer in the Central Northern Adelaide Health Service (August 2008 – July 2010), Chair of the South Australian Clinical Senate (2010 and 2011), Interim Clinical Director Cancer Centre Royal Adelaide Hospital since October 2010 and appointed Clinical Director of Cancer Services in Central Adelaide Local Health Network from 1st November 2012. He also chairs the State Blood Management Council.



**Brian Farmer**

Brian is a bone marrow donor (donating in 1993) and was a member of the ABMDR's Ethics Committee. Brian is an engineer by training and a project manager by profession. He is a Churchill Fellow, has been Chairman of the Sydney University International House Council and Chairman of Standards Australia's Contracts Committee which produced the AS2124/AS4000 suites of contracts. He is a past Managing Director of Capital Insight Pty Ltd.



**Sally Gordon**

Sally Gordon is a registered nurse whose career was in the field of transplantation for twenty eight years in the areas of solid organ, tissue and bone marrow donation. During that time she was one of two state organ donor coordinators at the Red Cross Blood Transfusion Service. She was also seconded to the NSW Department of Health on a project investigating the feasibility of a state-wide tissue banking service. In 1991 she was appointed the first Executive Officer of the Australian Bone Marrow Donor Registry when it was established. Sally retired from this position in 2013 but remains on the National Management Board.



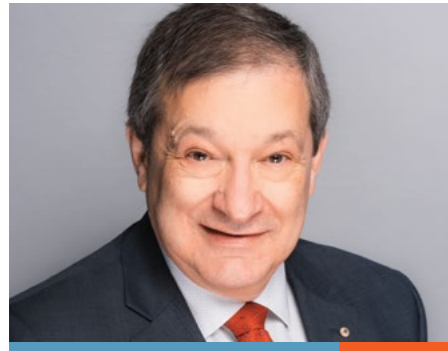
**John Roach PSM**

John has had over 41 years of experience working within the NSW Public Service. Throughout his career his interest has been in improving financial management at an operational and executive level and developing commercially focused approaches to the delivery of corporate services and public infrastructure.

John has held senior financial positions across NSW Government in transport agencies and as Financial Controller of the 2000 Olympic Coordination Authority. Most recently, John held the position as Chief Financial Officer and Deputy Secretary, Financial Services and Asset Management for NSW Health before his retirement in 2018.

Along with his appointment to the ABMDR Management Board, John's other governance roles include Chair, HealthShare NSW, board member of Health Infrastructure NSW and board member of South Western Sydney Local Health District.

# ABMDR BOARD



## Professor Jeff Szer AM

Jeff was the foundation Professor/Director of the Department of Clinical Haematology & Bone marrow Transplant Service of the Royal Melbourne Hospital until August 2016 when the Victorian Comprehensive Cancer Centre integration with Peter MacCallum Cancer Centre Haematology service was completed. He continues as a Disease Group Lead in the Integrated Haematology Service and with his appointment in the University of Melbourne, Department of Medicine and has been Director of the Western and Central Melbourne Integrated Cancer Service since 2008.

He was the foundation President of the Bone Marrow Transplant Society of Australia and New Zealand and remains a member of the steering committee of the Australasian Bone Marrow Transplant Recipient Registry. He is immediate past President of the Worldwide Network for Blood and Marrow Transplantation and is now President of the World Marrow Donor Association.

Jeff is Editor in Chief of the Internal Medicine Journal and a member of editorial boards of Bone Marrow Transplantation, Blood Reviews and BioMed Central. He has published more than 340 papers in the field of marrow transplantation and blood disorders.



## Lucinda Smith

Lucinda is a corporate lawyer who focusses on the health, aged care and seniors living industries. Lucinda is a partner of the national law firm Thomson Geer. In addition to her work as a lawyer, Lucinda has an active engagement with industry bodies and committees. Lucinda is currently the independent chair of the Sydney Adventist Hospital clinical school, deputy chair of the Retirement Living Committee (NSW) of the Property Council and a member of the St Vincent's Hospital Sydney Bioethics Committee.



## Greg Wilkie

Greg Wilkie is the Executive Director of Manufacturing and Quality at Australian Red Cross Lifeblood. Greg has experience leading operational teams, as well as establishing the National Contact Centre in Adelaide and, more recently, driving a lean continuous improvement culture in Manufacturing.

Prior to joining Red Cross Lifeblood, Greg was predominantly in business improvement and customer service operations within the logistics, transport and energy industries, including the role of Transfers Operations Manager at AGL Energy and various leadership roles with the Royal Mail in the UK.



## Leonie Walsh

In addition to Leonie's role as Non-Executive Director on the ABMDR, Leonie is the President and Chairman of the Fight Cancer Foundation.

Leonie is an experienced leader and adviser in technological innovation with a background that spans more than 30 years of experience both locally and internationally across a diverse range of industries and applications.

More recently, Leonie completed a three-year term as Victoria's inaugural Lead Scientist from 2013 to 2016. In this capacity Leonie was a contributing member on the Future Industries Ministerial Advisory Council, helped establish the Inspiring Women Fellowship program, represented Victoria on the Forum of Australian Chief Scientists and participated as an industry expert on a range of Government grant programs.

Leonie continues to focus on strategic science and technology issues including innovation efficiency, technology commercialisation, the future skilled workforce and women in science through a range of related boards, advisory committee and advocacy activities.

Leonie Walsh has received a BSc and an MSc from Swinburne University, an MBA (Exec) from the Australian Graduate School of Management and a Graduate Diploma from the Australian Institute of Company Directors.

Leonie is a Fellow of the Australian Academy of Technology and Engineering, was the inaugural Ambassador for Women in STEMM Australia and in 2014 Leonie received an Honorary Doctorate (HonDUniv) from Swinburne University of Technology for contributions and leadership in scientific enterprises, innovation and the community.

# THANK YOU

The following groups have all played an important part in assisting ABMDR provide services to the transplant sector:

Registered bone marrow donors

Cord blood donors

Transplant centres

Collection centres

Cord blood banks

International registries

Australian Red Cross Lifeblood

ABMDR committees

On behalf of our patients, thank you to these organisations and their staff.

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