

Connecting donors to patients

Annual Report
2019-2020



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ABMDR acknowledges Australia's Aboriginal and Torres Strait Islander peoples as the Traditional Custodians of the land on which we work and live and gives respect to their Elders past, present and emerging.

Chair's Report

At the start of the financial year no one, of course, could have seen what was coming in the shape of the fires, the floods and the pandemic. In the face of the pandemic everything has faded into memory because of the enormous challenges that have impacted the haematology world. The greatest international medical collaboration was bound to be badly affected by the sudden and severe drop in air transport. Just as the business world had to adjust to loss of 'just in time' package delivery both internationally and interstate, so the haematology world was turned upside down and previously unthinkable strategies had to be implemented within days. The ABMDR team, as well as the global registries with which we cooperate, transformed in a very short timeframe to procure and cryopreserve stem cells so that shipping delays could be managed. No longer are planes departing for all parts of Australia many times a day from across the world and timing donation to transport became impossible.

The Board of ABMDR applauds our team, the professional haematology and bone marrow transplant societies as well as all the Australian transplant programs and jurisdictions, for pulling together to create an agreed national approach. From great adversity some good things have come – we have been able to demonstrate that we can create a national approach with national goodwill and an intense desire to impact patients as little as possible. It is worth noting the experience of other countries and reflect that, no matter how hard it has been here, it could have been so much worse.

This year has seen the Australian and State governments stabilise the ABMDR funding processes and ensured the safety and security of the supply of unrelated haemopoietic stem cells for Australians. Thank you indeed for the hard work in the nation's capitals to achieve this outcome.

What is ahead – as far as one can predict in these times? Clearly COVID is going to reverberate around the country and the world for some time to come. One must hope that a series of vaccines will allow all governments of the world to gain the upper hand over this virus and allow a semblance of normality to return to international travel and trade. We must however learn the lessons of this crisis to ensure that we do not suffer from avoidable problems the next time a pandemic threatens us all. We must use the lessons and the time to be better prepared, less dependent on international vagaries of travel and capability, and more self-reliant. We must remember how to come together quickly and take decisions nationally rather than disparately and locally. We must also remember how to communicate, rapidly, reliably and authoritatively to everyone in the field, the patients and their families.

No matter what lies ahead, the ABMDR and the Australian haematology teams have been tested this year and have not failed the Australian community.

**Jeremy Chapman AC,
Chair ABMDR**



The Board of ABMDR applauds our team, the professional haematology and BMT societies as well as all the Australian transplant programs and jurisdictions, for pulling together to create an agreed national approach.

CEO's Report



I am pleased to present the Australian Bone Marrow Donor Registry's (ABMDR) Annual Report for 2019-20. This year saw unprecedented challenges for the unrelated blood stem cell transplant sector in Australia; challenges which will continue for at least the next year.

Our work with governments and the transplant community across the country, as well as donor registries around the world, to respond to the critical impacts of COVID-19 was our most significant achievement during the year. Most Australian transplant patients will not find their matching donor in Australia; for these patients we must look to donor registries overseas, particularly across Europe, the UK and US. Finding willing volunteers in these countries was, however, the least of the difficulties faced, even at the height of the pandemic – a remarkable testament to the generosity of blood stem cell donors. The greatest challenge lay in the safe delivery of these cells to Australia.

With the closure of international borders and the grounding of flights, the normal practice of rapidly hand-delivering 'fresh' cells within 2-3 days of donation was no longer viable. For the first time in ABMDR's history, we had no alternative but to suspend the importation of cells while alternative arrangements were urgently established. Although unavoidable, the implications of this delay for patients and their families waiting for a transplant, still weighs heavily.

The new method of delivering cells to Australia involves complex, multi-lateral agreements with international registries and governments, specialist cryopreservation laboratories, couriers, airlines and freight handlers. Customised transport routes were painstakingly planned and re-planned as the situation evolved; many of these routes were the stuff of spy novels – with cells from a donor in one European country being driven to the border, handed over to another courier to fly them to a cryopreservation laboratory in a third country, where they were processed and freighted to Australia, arriving weeks later. For each new overseas donor, bespoke new arrangements must be negotiated. The incredible support of the international community in assisting ABMDR and Australian patients – despite the crisis unfolding in their own countries – will not be forgotten. And the round-the-clock efforts of ABMDR's staff were a source of great pride.

Sadly, this period has not been without incident. Freezing cells to ultra-low temperatures, then freighting them long distances, involves a degree of risk. Each damaged delivery was rigorously followed up by ABMDR and our global partners to identify any improvements which could be made to our processes. The rate of cell-damage incidents has now stabilised.

Throughout all of this, ABMDR still managed to facilitate more searches and transplants for Australian patients than we did in 2018-19; and recruit 74% more donors onto the Registry than in the previous year, thanks to our Strength to Give program. The use of local donors for Australian patients also increased from March 2020, as international donors became more difficult to access.

We are grateful for the support of all Australian governments during this period. Their assistance with border approvals, as well as approval for ABMDR to augment its resources and to recruit an additional 6,000 Australian donors through Strength to Give, was greatly appreciated. The year also saw governments improve ABMDR's overall financial sustainability, addressing one of our major concerns of 2018-19.

The pandemic has realised a number of risks regarding Australia's significant dependence on overseas donors. While we expect interstate donations within Australia to largely return to 'fresh' deliveries in early 2021, there appears to be little prospect of moving away from the cryopreservation of imported cells for some time. ABMDR, along with our clinical and patient advocate stakeholders, continues to highlight to governments the urgent need to significantly expand donor recruitment in Australia and add 100,000 new donors by 2025. This will provide Australian patients with a much greater chance of finding a local match.

I hope you will find this report of ABMDR's performance in 2019-20 insightful.

**Lisa Smith,
CEO**

COVID-19 and the Registry

Throughout the COVID-19 pandemic, the primary focus of ABMDR has been to continue to support HPC transplants both for Australian patients and international patients with as little disruption as possible.

In early March 2020, as the scale of the pandemic became clear, ABMDR's Board established an emergency working group – the COVID-19 Australian BMT Group (CABG) - to provide sector-wide guidance on the challenges faced. Led by ABMDR and composed of representatives from governments and the unrelated donor transplant sector, CABG oversaw:

- The switch from the hand-delivery of fresh cells using passenger flights, to the cryopreservation and air-freighting of cells at minus 196°C. This was necessitated by border closures and the significant reduction in passenger flights
- ABMDR's establishment of cryopreservation and transport hubs in Europe, the US and the UK in an effort to standardise the quality of the cryopreservation process
- A nation-wide stocktake of dry shippers as well as a customs broker who helps facilitate the passage of international transplants through to Australia.
- Changes to patient management processes, and in particular delaying the conditioning of patients (i.e. the destruction of most or all of their blood stem cells) until their donor's air-freighted cells had safely arrived and been checked for quality. Unfortunately, the cryopreservation and freighting process does lead to occasional incidents where cells arrive below transplant standards. Each such incident is thoroughly investigated by ABMDR and alternative cell options for the patient are sourced
- Changes to ABMDR's donor protection standards, to limit the potential exposure of Australian donors. This included checking a donor's health remotely prior to attending any face-to-face appointments, reducing the need to attend face-to-face appointments wherever possible, encouraging self-isolation prior to donation, and establishing protocols for the COVID testing of donors (separately from general public COVID-testing centres)
- Changes to the collection processes from international donors, recognising that overseas donors were significantly more likely to be exposed to COVID than Australian donors, that hospital capacity in many overseas countries could not support the use of operating theatres for bone marrow extractions, and that

aviation delays meant that donor blood samples could not reliably be sent to Australia for testing or checking

- The introduction of new measures to ensure that transplant hospitals provided additional assurance about their capacity to transplant and their patient's health status, prior to the donation being made. This is to ensure that the donor's precious gift is not wasted because the hospital is unable to use it in time for the patient.
- ABMDR's involvement in coordinating cell donations from family members unable to travel to their sibling requiring a transplant due to border closures.

These changes upturn established standards that have been in place for decades, and the support of the sector throughout this period has been outstanding. We have all had to work together to design and formulate new processes, testing and learning under immense pressure, in order to ensure the best results and highest standard of care for our patients and donors. For this, ABMDR is truly grateful.

The pandemic situation remains unstable. As 2020 draws to an end, ABMDR is seeing our highest levels of international donors either COVID-19 positive or in close contact with someone who is. Although we have seen Australian clinicians choosing more local donors this year than any year since 2016/17, the fact remains that a clinically-preferable, younger male donor is more likely to be found in an overseas donor pool than in Australia. When these overseas donor pools become difficult to access, the Australian donors being selected tend to be older and/or female, because we do not have enough young men signed up. The need to recruit large numbers of young Australian donors has never been greater; fortunately ABMDR's Strength to Give program - the home-delivered swab kit recruitment method, launched in 2018-19 – has proved the ideal way of recruiting Australian donors during a pandemic.

ABMDR's network and international relationships have strengthened even further during 2019, as a result of increased collaboration with both our local and international networks. We have all had to work together to design and formulate new processes, and test and learn under immense pressure in order to ensure the best results and highest standard of care for our patients and donors.



The stem cells Josh Dickinson was relying on had to be frozen and sent as freight to Australia after borders closed.

2020-2023

ABMDR Strategy

Our Vision

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

Our Strategic Objectives



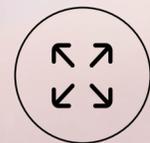
Sustainable delivery

Ensure efficient, safe and reliable access to unrelated blood stem cells for all patients.



Acknowledged expertise

Provide acknowledged strategic leadership, maintaining credible expertise in unrelated donor transplantation.



Expand registry

Expand the registry operating model to renew, manage and sustain an optimal donor pool.



Collaborative partnerships

Create and foster collaborations across the sector to facilitate our objectives, and the work & research of others.



Expand influence

Advocate for policy changes that better meets the needs of Australian patients and protects Australian donors.

Our Network

We rely on the following sector partners:

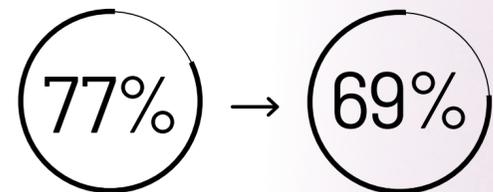
- Australian Red Cross Lifeblood
- Tissue typing laboratories
- Transplantation and collection centres (public hospitals)
- Cord blood banks
- International registries

Our Funders

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

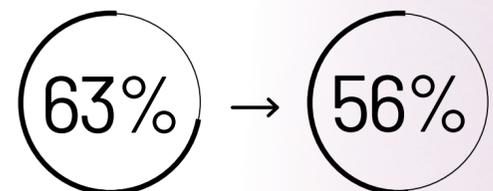
2019-2020

At a Glance



% Australian donations from men (pre-pandemic)

% Australian donations from men (pandemic)



% Australian donations from 18-35 year olds (pre-pandemic)

% Australian donations from 18-35 year olds (pandemic)

Australian patients relying on ABMDR compared to 2018-19



Notes:

The 'pandemic' period is 12 March 2020 to 30 June 2020; differences between pre-pandemic and pandemic data may not be statistically significant given the low number of Australian donations.

* Ideal donors are males aged 18-35 years.

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

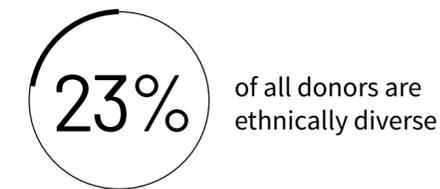


97

Australian donors provided blood stem cells to a patient

18

Australian cord blood donations provided to a patient



The best patient outcomes tend to result from donors who are young (aged 18-35), male (because they usually produce more cells per donation) and from an ethnic background similar to the patient.

11,199

Donors joined in 2019-20 consisting of
4,360 ethnically diverse donors**
2,503 young men*
Recruitment increased by 74% on 2018-19 levels, due to Strength to Give .

6,820

Donors retired at 60
For the first time in many years ABMDR recruited more new donors than we retired



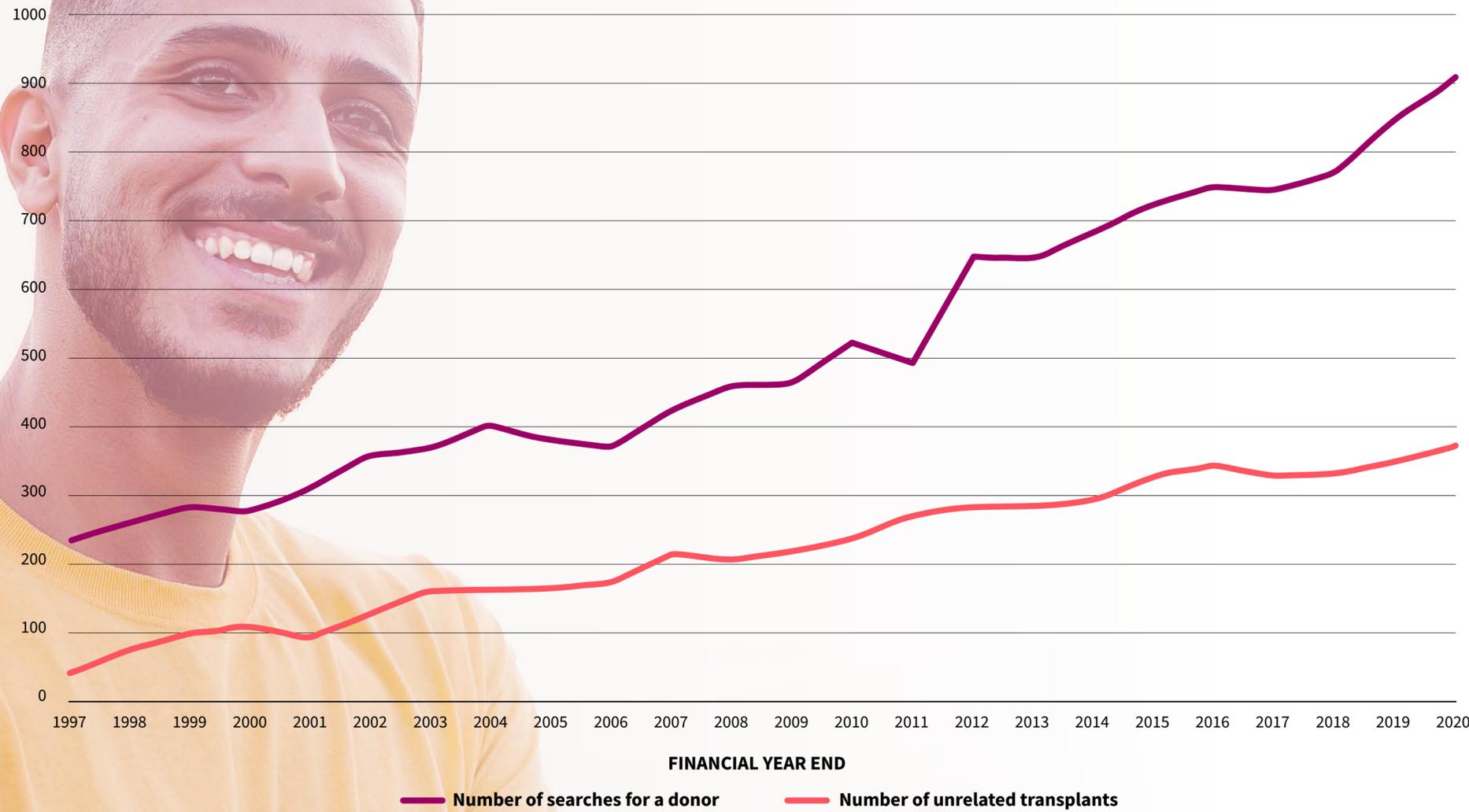
171,843

Total donors on the Registry

As at 30 June 2020

Registry Activity

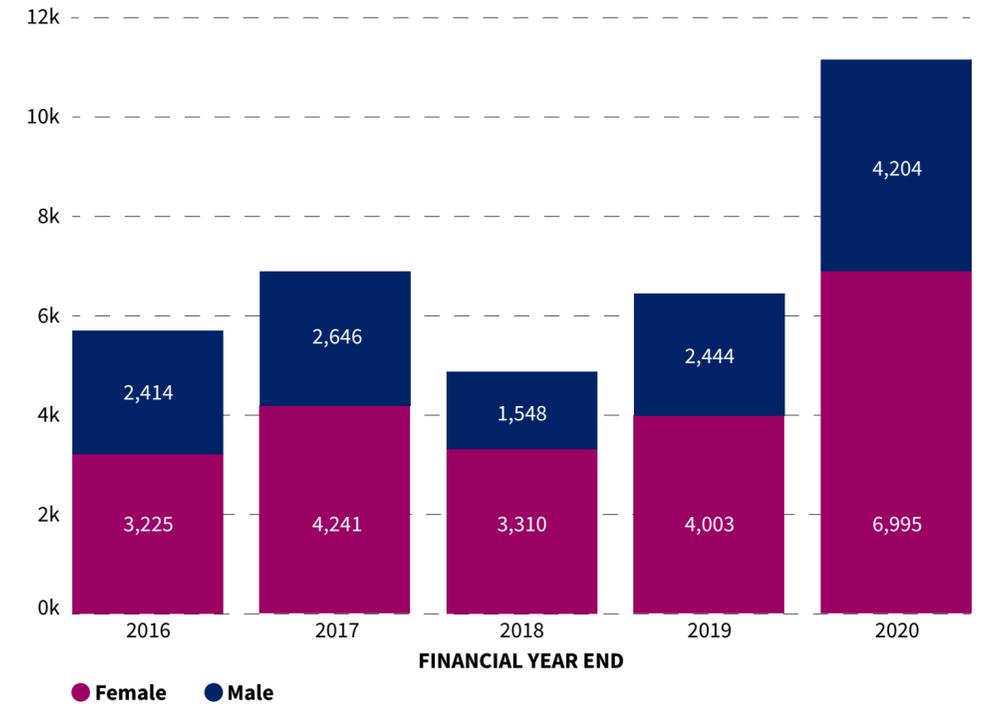
Australian Patients Relying on ABMDR



Notes:
 1. Excludes subsequent donor searches, which are approximately less than 10% of donor searches per financial year
 2. Excludes subsequent transplants used to promote engraftment of the initial donor cells; these are approximately less than 10% of transplants per financial year

Donors Recruited, by Gender

2020 saw the launch of ABMDR's Strength to Give recruitment campaign, which contributed 5,300 donors to the Registry. The remaining donors are recruited by the Australian Red Cross Lifeblood, who facilitate blood donors seeking to join.



Strength to Give

strength give™

ABMDR is pleased to report that the Strength to Give donor recruitment campaign had an overwhelming response from young Australians.

Funded from ABMDR's own cash reserves, we could only support the recruitment of around 5,000 new donors - well below the 100,000 new donors needed, but important to demonstrate how the larger goal could be achieved.

Following an independent evaluation of the campaign, governments stepped in to fund a small extension, allowing ABMDR to recruit an additional 6,000 new donors in 2020-21.

The campaign makes use of proven 'register online and swab' recruitment techniques that have been standard practice overseas for a decade. The evaluation found that the campaign demonstrated clearly that:

- it recruits donors that compare favourably to those delivered by Australia's current (blood donor only) recruitment method - both in terms of their age and gender, and their level of commitment
- the approach can be readily scaled-up to recruit the 100,000 new donors recommended by ABMDR to reduce Australia's dependence on overseas donors
- it allows for the recruitment of 100,000 donors within the funds currently held by ABMDR on behalf of governments (as described in our accompanying 2019-2020 Financial Report); and
- the program has strong stakeholder support to continue.

All of which is really good news. Extending Strength to Give recruitment allows ABMDR to continue to target young Australians, raising awareness of the need for blood stem cell donors, the unique nature of blood stem cell donation and what it takes to be a donor.

Strength to Give's online registration means that potential donors don't even have to leave their house to join the Registry - which proved particularly valuable during the pandemic. COVID-19 also reinforced the need to recruit local donors and reduce the reliance on overseas donors. As borders closed and stories emerged of transplants being at risk, these messages resonated with young Australians and local media, resulting in a spike in Strength to Give registrations.

Overseas registries across the UK, US and Europe make use of 'register online and swab' recruitment to sign up millions of donors each year. These registries provide the overwhelming majority of donors to Australian patients; and have been amongst the countries hardest hit by the pandemic. It is hoped that Australian governments will agree to the continuation of this approach, to better meet the needs of Australian patients.

ABMDR wants to thank all the wonderful people who have had the Strength to Give and registered to be potential donors. Just by joining the Registry, you have given hope to the thousands of Australians who have a blood cancer or disorder.

*It doesn't hurt
to save a life.*



Ben's Donor Story

“When I saw that a friend had shared a post about Strength to Give on Facebook, I was immediately curious. I’ve always wanted to help other people in any way I can. I’m currently an organ donor, but despite being in a happy, loving, long-term relationship, being a same-sex one, I am restricted from donating blood. I was thrilled to learn that your sexuality makes zero difference to whether you can be a blood stem cell donor or not.

Being a doctor, I am acutely aware of the impact that blood stem cell donation can have on some of our sickest patients. I can only imagine the feeling of being a patient and needing a cure, and playing the waiting game, waiting desperately for a match. I figured if I joined the Registry, that would improve the chance, if only slightly, for someone to be given a second chance at life.

I couldn’t believe it when I got the call from the Registry letting me know that I am someone’s match, I was so excited to be starting the journey! I felt lucky that I could be giving another person such a gift. I immediately said “YES!”. I was willing to do whatever was required of me to get this happening. I remember feeling really lucky like I’d been handpicked or was “the chosen one”. I was about to give the gift of life to a perfect stranger.

The level of emotion and pride I felt post-donation surprised me. I didn’t expect to feel so strongly. When I thought about it, the few hours involved in the donation process equated to such a life-changing impact for the patient. If tables were turned, and I needed a match, I could only imagine being told the news that someone out there was going to save my life. That’s what affected me the most, I think.

To anyone thinking about registering with Strength to Give, I say do it! There aren’t very many ways that you can make this sort of impact on the life of another person. So many people are in need of a donor match and the more people on the Registry means, the higher the chance of finding their lifesaver. The donation process is super easy, just like giving blood. I had no hesitation, and I have zero regrets.”

To anyone thinking about registering with Strength to Give, I say do it!

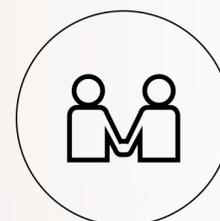


Being a Donor

What's involved with being a donor



To register you just have to register your details at **strengthtogive.org.au** and provide a tissue sample using a cheek swab or ask to sign up when you next donate blood and provide an extra blood sample. We'll then test to see what your tissue type is.



For every new patient, we search through all donor tissue types to find a match. If your tissue type matches with someone, you'll be asked to donate.



Around 90% of the time, donation is through a dialysis-like process, where your blood stem cells are filtered from your blood over a few hours.



Around 10% of donors will be donating to a patient that needs bone marrow - usually when the patient is a child. Bone marrow is taken from the back of your hip in a short procedure performed under general anesthetic, so you won't feel a thing!

About Us

The Australian Bone Marrow Donor Registry (ABMDR) is a company limited by guarantee and a registered charity. We are economically dependent on Commonwealth, state and territory governments for our operations.

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. 18–35 – 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 provide blood testing and donor support processes.



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 Associates



AusCord Cord Blood Banks Report

The AusCord cord blood banks were established during the 1990's to collect and store cord blood for patients requiring a blood stem cell transplant. Stored cord blood does not need to be a perfect match for a recipient and is a vital donor source for patients who are unable to find a perfectly matched bone marrow donor. Because it can be stored at minus 196°C for at least 25 years without the cells losing potency, stored cord blood is essentially an “off the shelf” product, readily available to be shipped frozen anywhere around the world where needed.

The AusCord banks have played an important role during the COVID-19 pandemic, where availability of adult bone marrow donor product has been impacted by the pandemic and its effect on travel and donor availability at the time needed. As a consequence of this, stored cord blood is now often identified and worked up as a back-up product for bone marrow donors in case something should happen at the last minute and the bone marrow donor product not be available. Between January – June 2020 a two-fold increase in search requests for, and release of, stored cord blood to Australian patients was observed compared to the same period in 2019. The coronavirus pandemic has highlighted that banked cord blood is a useful stem cell source during global emergency situations. As of the 30th June 2020 there are 37,960 AusCord stored cord blood units available for search on the international bone marrow donor registry and over the past decades AusCord banks have released 1,316 units for stem cell transplant; 422 to Australian patients and 894 to patients around the world.

In November 2019 the AusCord banks were sad to farewell upon her retirement A/Prof Robyn Rodwell, Director of the Queensland CBB at The Mater for the past 22 years, and an even longer-serving staff member of the Mater Hospital. Robyn established the Queensland CBB, worked tirelessly in the pursuit of excellence for CB donors and patients, served a lengthy period of time as Chair of AusCord and successfully led the government – funded AusCord Alignment project such that the AusCord banks are well-placed to continue serving the needs of patients requiring stem cell transplants long into the future.

**A/Prof Ngaire Elwood,
Chair, AusCord and Director, BMDI Cord Blood Bank**

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

**Mr Phillip Johnson,
Director of Operations / Scientific Director,
Queensland Cord Blood Bank at The Mater**

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 Blood Service 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 including 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.



Greg Wilkie

Greg Wilkie is the Executive Director of Manufacturing and Quality at the Australian Red Cross Blood Service. 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 the Blood Service, 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.



Lucinda Smith

Lucinda is a corporate lawyer who focuses 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.



Dr Jack Jacobson

Jack joined the ABMDR Board in financial year 2020-21, and is a bone marrow donor (donating PBSC in 2016). He has remained involved with ABMDR by participating in promotional activities, including the recent Strength to Give campaign. He is strongly community-minded and has a long history of volunteering with the Red Cross Community Visitors Scheme. Jack has recently completed his medical studies at the University of Sydney and is currently a junior doctor in the Hunter New England Local Health District.



Associate Professor Carmel O'Brien

Carmel O'Brien (MSc, PhD) also joined the ABMDR Board in financial year 2020-21. Carmel is a Principal Research Scientist with specialist knowledge in human stem cell technologies and brings over 20 years leadership experience from working in the biotechnology, clinical and medical research sectors.

In her current appointment with the CSIRO (2009-), Carmel provides direction of academic & industry research programs investigating human stem cells, neural and viral infection models, and bioengineered tissue regeneration systems.

Thank You

ABMDR wants to extend our heartfelt thanks to our incredible registry members. To those who have donated their blood stem cells and given a person a second chance at life, and to those who have joined and are standing by, ready and willing to donate when called upon.

Thank you. Without your generosity and heart, lives cannot be saved.



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