

# Connecting donors to patients

Annual Report  
2020-2021



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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

The COVID pandemic continues to shape most of what we do and most of how we do it in the ABMDR, as in the rest of life across Australia this year. The waves of infections have hit ABMDR, sometimes like tsunamis and sometimes like crashing breakers on a familiar beach. The impacts are well identified in the annual report, as the team has strived to deliver the service that all Australians need if they are in search of an unrelated Hematopoietic Stem Cell Transplant. Unpredictability is the last thing that any individual wants when faced with one of the diseases best treated by an HSCT, yet that is what has become the norm this year. Unpredictable borders, transport, hospital capacity and clinical services for both donors and recipients have challenged the teams continuously this year. It has not all been bad of course, since the challenges are recognised by everyone and it has proved possible to develop collaboration and rapid national decision making not realisable previously.

In the pages of the report you will learn of the successes with donor recruitment in the Strength to Give program, as well as successes in using cryopreserved instead of fresh cells to defeat the transport vagaries. Against the odds, more people have searched and more transplants have been achieved, providing a real testament to the clinical services, the search teams and the organisational capacity of ABMDR.

The Board of the ABMDR has also been called to assist the work of both stabilisation and renewal. Advising on stabilising the finances and supporting the people who make ABMDR work; stabilising, renewing and protecting the complex IT systems that we use; and building the important relationships and trust by governments across Australia and Registries across the world. The Board membership has evolved during the year and we have bid farewell to some very hard working members who have been with the ABMDR for many years: Sally Gordon, Leonie Walsh and Brian Farmer have been supporters of the ABMDR

for more years than they would care for me to mention. ABMDR would not have become the crucial pillar of clinical hematology that it has become without them and my gratitude goes to each for the service to people in need of a transplant. We have new board members – Stuart Muirhead and Bronwyn Herbert joined this year and Jack Jacobsen and Carmel O'Brien joined us last year. You will find their biographies in the report – each bring special expertise and perspectives to the ABMDR and the Board. We have an excellent, expert and diverse board volunteering their time to ensure the registry performs its roles and tasks under careful governance systems. Thank you to each and every one.

This year, as last, I conclude my report wondering what the year ahead offers us. There are some things that we know and some things that we can only guess at. So much of Australia is again in lockdown as I write this report and so the plans and systems developed a year ago are again in service this year.

We know that vaccination is the route towards normality for the country and the world. We know that vaccinated donors are the best way to safeguard recipients after transplantation. We know that, despite vaccination, COVID can still strike the immunosuppressed transplant patients. We suspect that more variants will challenge us and that more than two vaccine shots will be needed. We must all hope that science will develop solutions faster than the virus develops problems, and we all hope for a more peaceful and less challenging year ahead. One thing is certain: the ABMDR will continue to solve more problems for more people across Australia, thanks to an amazing team of professionals backed by a diverse and capable board working on behalf of all Australians.

**Jeremy Chapman AC,  
Chair ABMDR**



**The ABMDR will continue to solve more problems for more people across Australia, thanks to an amazing team of professionals backed by a diverse and capable board working on behalf of all Australians.**

## CEO's Report



**“By strengthening our practices, we are in a much better position to face the challenges of the decades ahead.**

**I would like to thank my team and our extensive network of transplant professionals and stakeholders for your continuing efforts to improve our services to our donors, and ultimately to our recipients.”**

Alongside managing the complexities and challenges brought about by the pandemic, ABMDR has embarked on a new, and much more positive, journey. It may seem unusual that a donor registry would have little day-to-day interaction with its own donors; but, up until the past year, that’s exactly what was happening.

As ABMDR’s 30th year of operations approached, it was an opportunity for reflection and renewal. Most of our donor-related processes – although reliable - hadn’t changed very much in three decades, embedded following funding decisions taken back in the 1990’s. When we asked our donors how these arrangements worked for them, we heard a lot of great ideas for improvements that could streamline our work and modernise their donation experience. Most alarming though was the proportion of our donors who didn’t even recognise our name.

So we decided to spend our milestone year re-establishing our relationship with our donors, starting with getting to know their core values – their desire to make the world a better place, their strong sense of empathy – and what they understood about the unique requirements of blood stem cell donation.

Our first priority was improving how we communicate. While most donors will never get the call asking them to donate, simply by being on the registry they are increasing the chances of patients finding their best match, and this valuable action needs to be reinforced and celebrated. Having learned that our rather cumbersome name doesn’t resonate with our donors, we launched our successful Strength to Give brand across all donor-facing communications. We

now communicate regularly on topics that our donors want to hear about, like the donation process and real stories from donors and recipients. This will not only maintain their motivation to donate if when called upon, but also remind them of the value of joining the registry and staying in touch with us.

We also focused on improving our support for those donors who do receive the call telling them that they may be a match for a patient. This involved eliminating as many paper-based processes as possible, not only modernising the experience for our donors but also ensuring that their key information no longer needs to be re-typed into our systems.

Donors reported a lack of consistency in the support they received, a need for more timely communication particularly about delays or the selection of other donors, and greater reassurance throughout their donation journey. So we have also started working directly with collection centres and established a new ‘day of donation’ experience to better meet our donors’ needs and expectations.

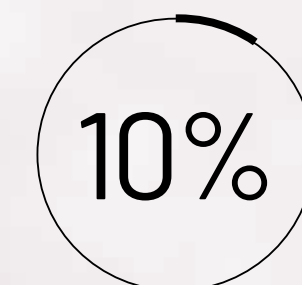
By strengthening our practices, we are in a much better position to face the challenges of the decades ahead. I would like to thank my team and our extensive network of transplant professionals and stakeholders for your continuing efforts to improve our services to our donors, and ultimately to our recipients.

**Lisa Smith,  
CEO**

2020-2021

## At a Glance

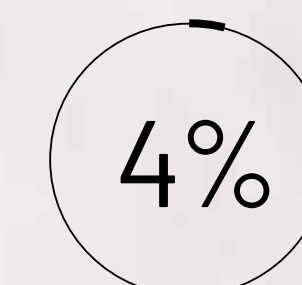
### Key Performance Data



% of donor pool that are young men (18-35 year olds)



% of donor pool known to be ethnically diverse

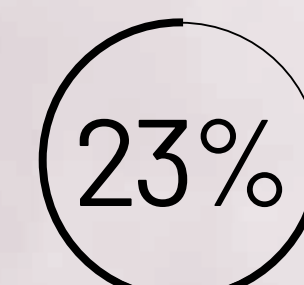


% of donors that are young, male and known to be ethnically diverse



Aboriginal and TSI patients are less likely to find matching donors outside of Australia

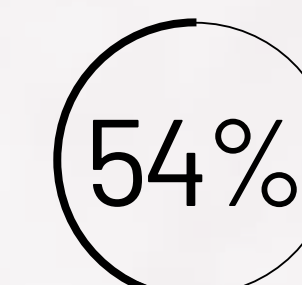
Young (18-35) male donors that match the ethnicity of the intended recipient are clinically preferred donors. Although the proportion of young male donors registered to donate has doubled in recent years due to the Strength to Give program, it remains relatively low, as does the proportion of donors known to be ethnically diverse.



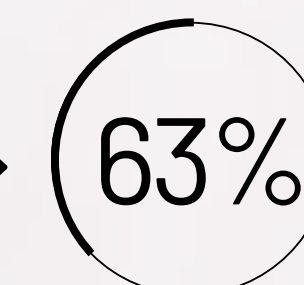
% of Australian recipients receiving transplants from Australian donors



pre-pandemic



% Australian donations made by 18-35 year olds



pre-pandemic



Number of Australians that donated to recipients\*

Of the unrelated transplants completed, slightly more involved Australian unrelated donors than before the pandemic, and more older Australian donors were selected. This is likely because the risks of importing cells donated overseas outweighed the risk of using an older Australian donor.



Number of Australian recipients assisted by ABMDR\*



% change in number of Australian recipients (since last year)\*



% change in searches requested for Australian patients (since last year)

Given Australia's dependence on overseas donors and the risks associated with importing donations made overseas in Australia during the pandemic, fewer Australian transplants involving unrelated donors occurred during 2020-21.

\*Excludes requests for subsequent transplants

## Strength to Give



There are few more devastating conversations than telling a patient that their best – or only – chance of cure is an allogeneic bone marrow transplant but that they have no suitably matched donor available.

In some cases, this means dashing their hope of cure altogether, and in other cases, it can mean adopting an inferior treatment option.

In an era where international borders are increasingly opaque, the logistics of international travel more challenging, and the global geopolitical landscape fraught with complexity, we cannot continue to rely almost exclusively on overseas donors for Australian bone marrow transplants.

Source: Cliff ERS, Szer J. We must grow the Australian Bone Marrow Donor Registry. Internal Medicine Journal 2021; 51: 1771-1772

**In 2021 the Strength to Give cheek swab recruitment program was extended by governments to recruit an additional 6,000 donors. This was achieved within 10 months, and the program has since closed again, while governments consider approving further recruitment.**

Australia has one of the highest transplanting rates in the world, comparable to many European countries, the UK and the USA. Countries with the highest demand for donors also have the highest ethical obligation to be as ‘donor self-sufficient’ as possible. In 2021, Australian governments recognised the need for Australia to become more donor self-sufficient in their National HPC Framework report.

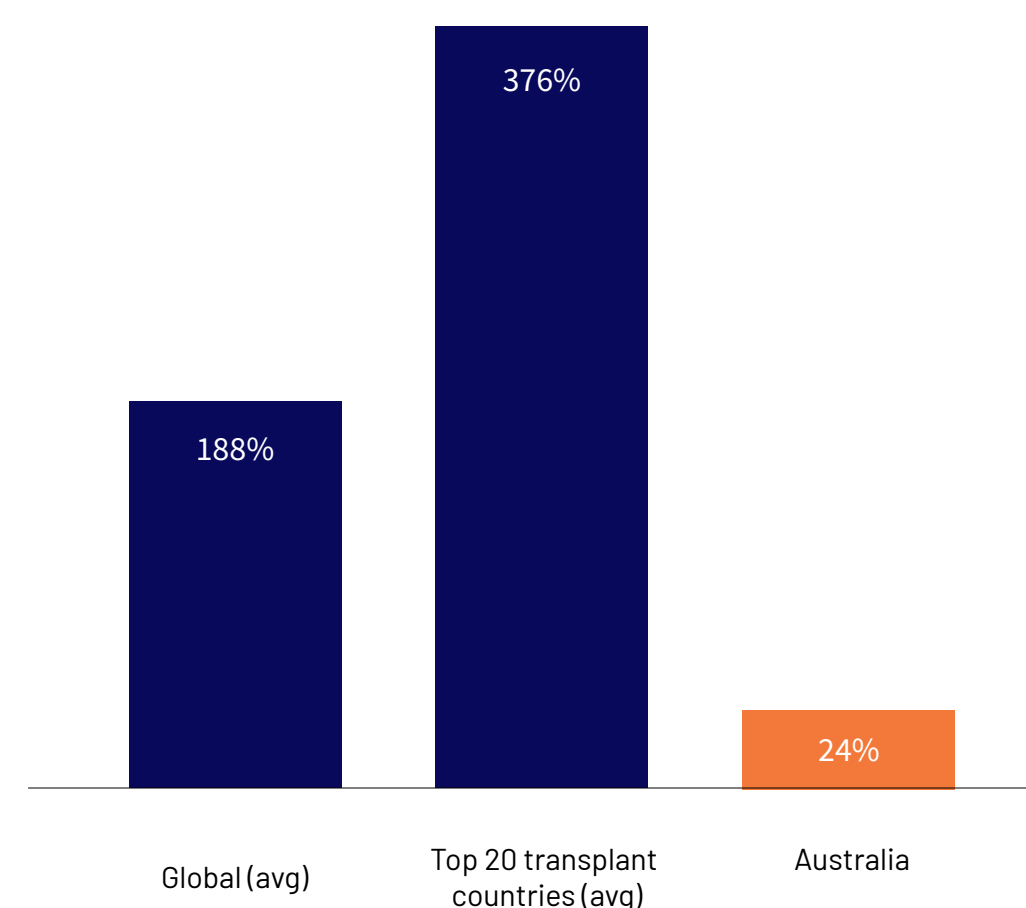
And yet Australia’s donor recruitment lags far behind comparable nations. Between 2016 to 2020, comparable nations almost quadrupled the size of their donor pools; whereas Australia’s increased by just 24% – which was almost entirely due to our Strength to Give demonstration projects.

As a result, while the rest of the world has spent a decade reducing their dependency on overseas donors, Australia’s dependency has only increased – despite the logistical challenges in having cells travel so far. The pandemic has further highlighted the risks of this dependency, in terms of reduced access to overseas donors and increased risk of transport delays and damage.

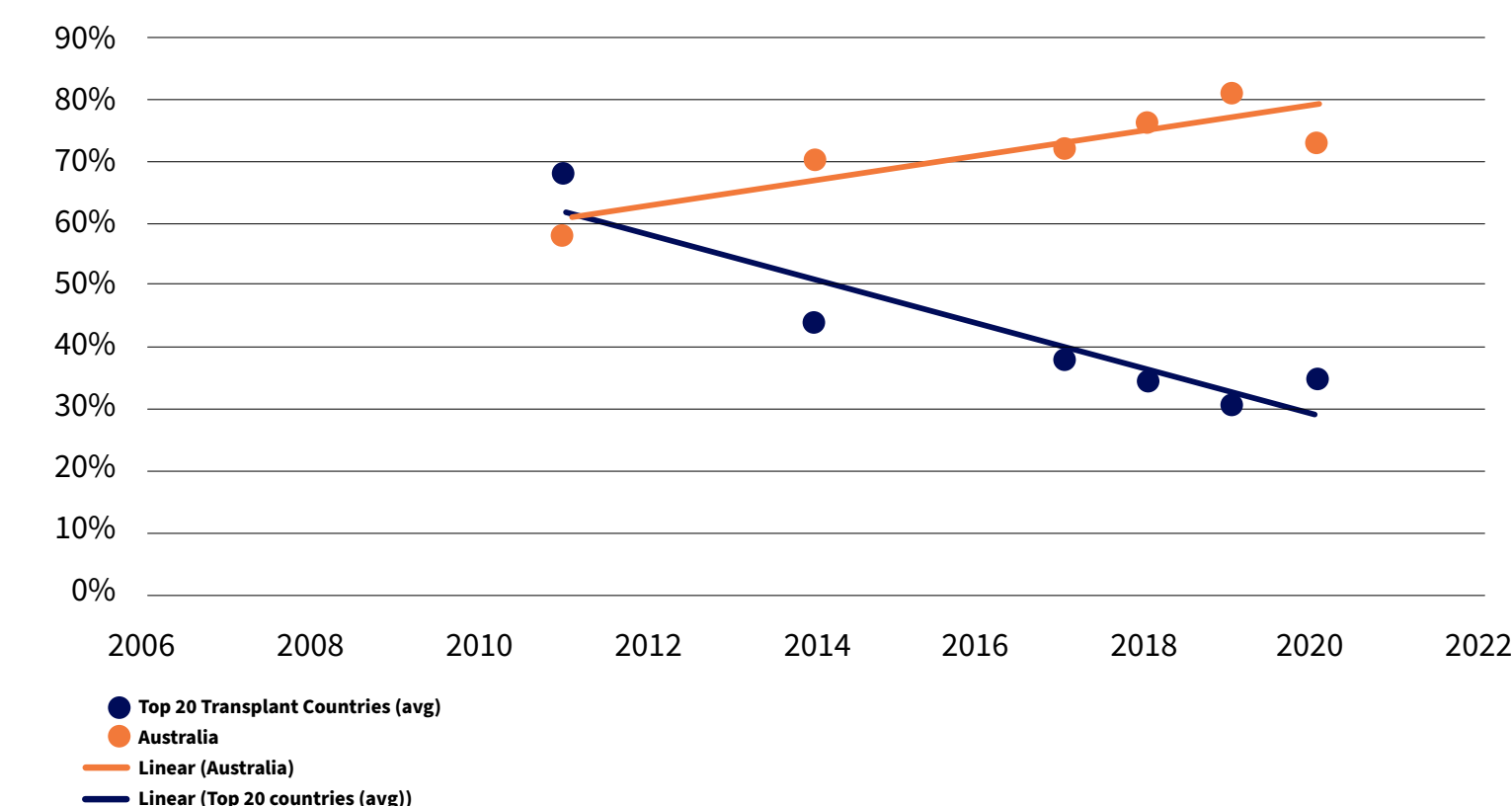
Australia urgently needs to increase the scale of its donor recruitment. ABMDR has set a goal for the donor pool to contain 3% of Australia’s eligible (18-35 year old) population within 5 years. This will ensure we increase Australia’s donor self-sufficiency, and:

- Reduce transplant risks and better meet the needs of Australian patients
- Improve equity of health outcomes as many Australian patients cannot find suitable matching donors through overseas registries
  - Indigenous patients may not be matched through global donor pools
  - Patients with ethnicities common in Australia are often not well represented in the global donor pool
- Protect blood stem cell supply during crises, and
- Uphold Australia’s ethical obligations to the global community.

**Growth in 18-35yo donors: 2016 to 2020**

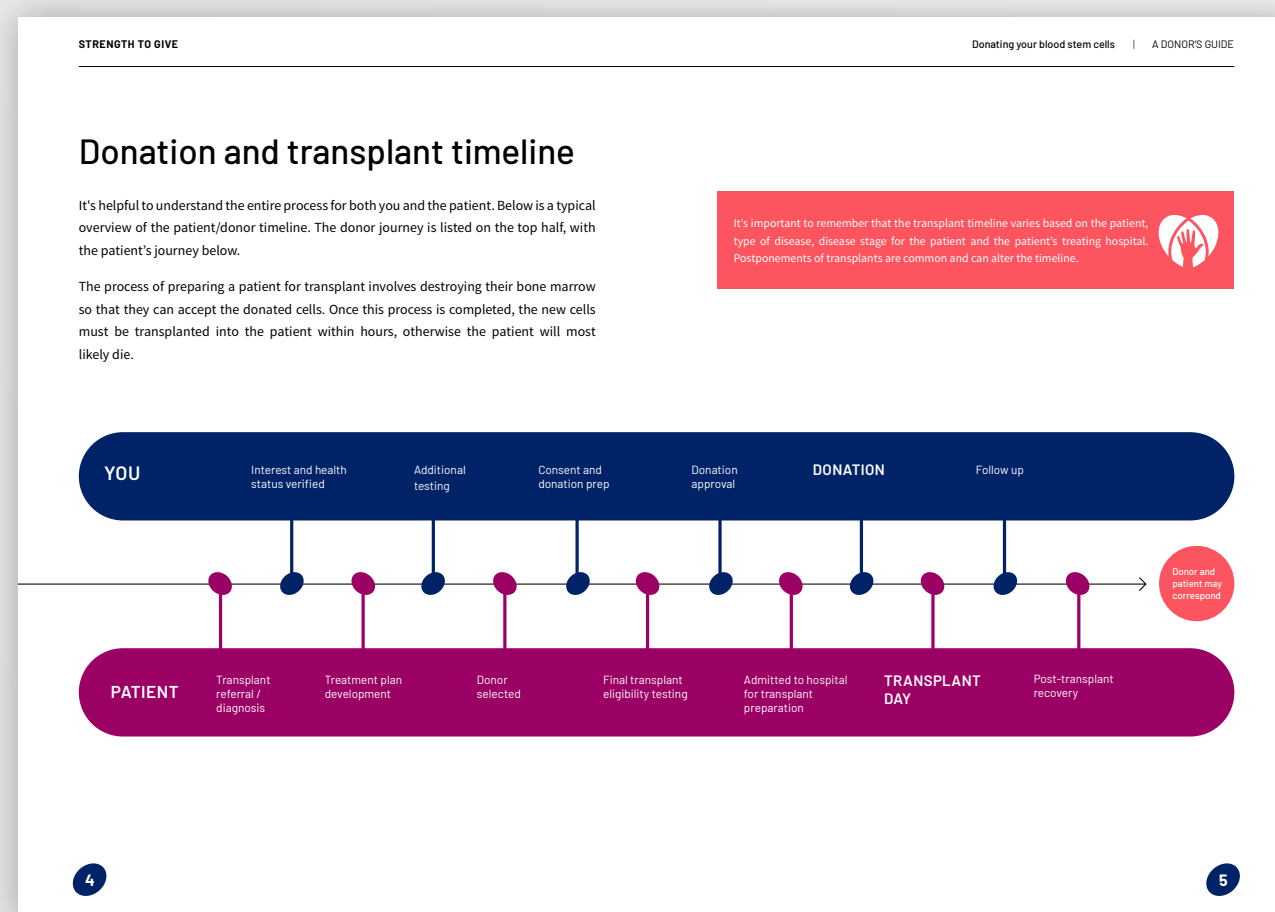
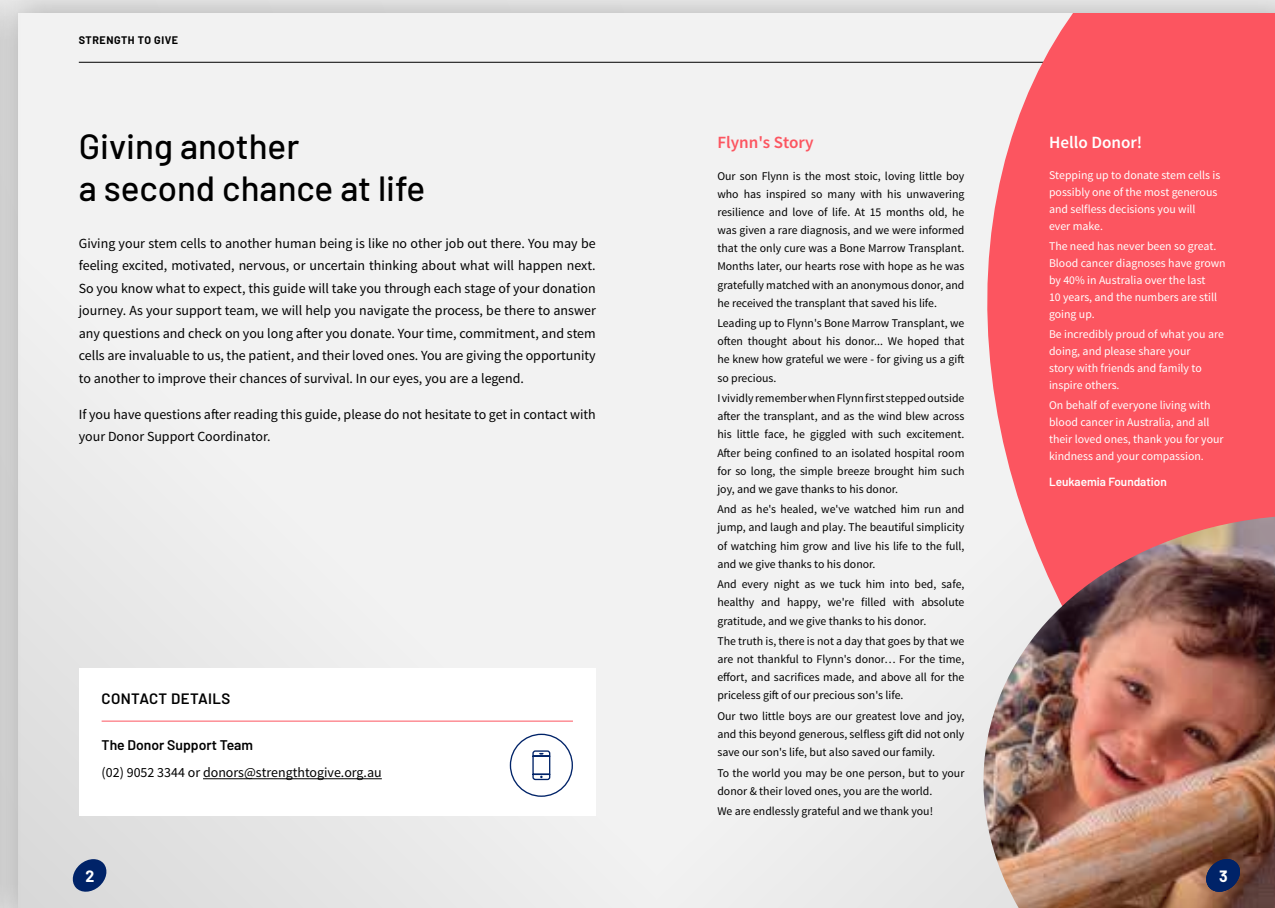
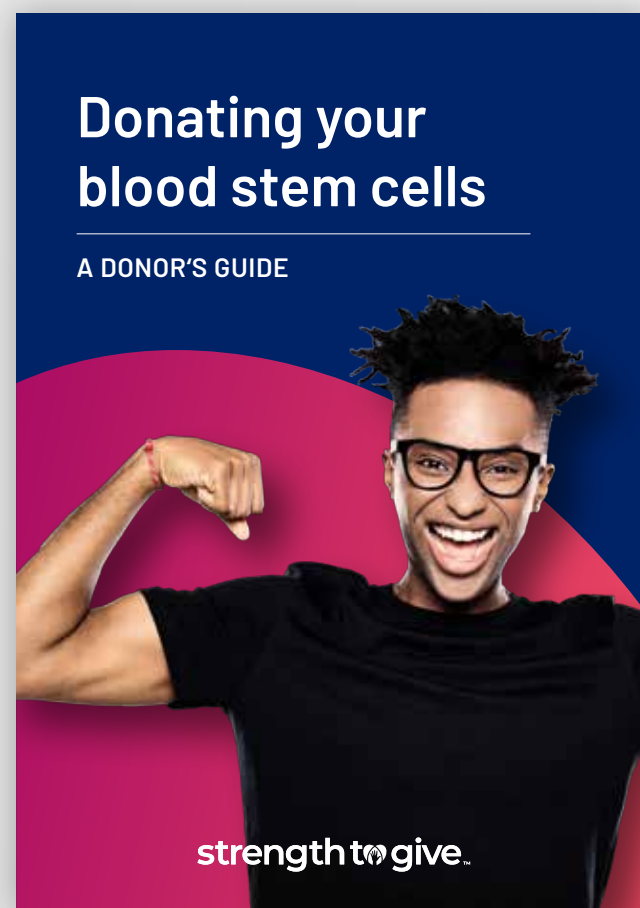


**Trend in the proportion of patients depending on overseas donors**



2020-2021

# Donor Management Update



2021 - Strength to Give Donor's Guide, information packs

*When the big day arrives, the donor's clinical care team will make sure that the donor and their support person are comfortable and well looked after.*

## Stages in the donation journey - an overview



## Sophie's Story

I was diagnosed with Leukaemia on 1st August 2019. My doctor had noted something was a bit off with a routine blood test and referred me to the haematology department at the hospital. Two days later, I was called, whilst I was at work and told that I had to come to the emergency department immediately as my bloods could bottom out shortly, that I should bring someone with me for support, I would be staying overnight, and I was booked in for a bone marrow biopsy the next day. The next memories I have played out like snippets from a movie - a kind nurse holding my hand, wailing in shock after being given the news in a sterile room, The Bachelor playing on TV as I told my brother what had just happened. I've replayed the events of these two days over and over again in my head. This day bridges the gap between my life BC (before cancer) and AC (after cancer). My life changed beyond comprehension at this point; the life that I once knew was gone.

Extensive googling and lots of crying sessions ensued. I soon learnt that my cancer would not respond to chemo; I would have to have a stem cell transplant to have any chance of survival. My body was no longer making blood correctly and so would be wiped out with some of the most potent chemo doses out there, enough to destroy my bone marrow and then be replaced with someone else's. Someone else's stem cells would need to be harvested and transplanted into me. I was told I would be dead in a matter of months if I didn't have the transplant.

Before my diagnosis, I didn't fully understand what Leukaemia was, let alone a stem cell transplant, and I had no idea that there was a registry of donors out there who would willingly give up some of their stem cells to save a stranger's life.

First, my brother and sister were tested in the UK to see if they were a match. We waited patiently, hoping, but neither were (there's only a 1 in 4 chance of a sibling being a match). Then the search began through the Registry, firstly in Australia and then worldwide if a match wasn't found.

I remember my Stem Cell Coordinator coming to my room and telling me I had a match, it felt surreal, and I was overwhelmed with gratitude. I was very lucky to have found a donor in Australia as around 80% of Australian patients typically find their match overseas.

My life at this point was literally now in an unknown stranger's hands.

I thought of my donor daily, imagining what they were doing, what they were thinking. As the days got closer, I thought of them out in Australia somewhere, preparing to donate stem cells, travelling to the donation centre, sitting in the chair for a few hours whilst their stem cells were collected, and returning home knowing they had helped save my life. I wondered what brought them to sign up to the Registry, what their journey was, and hoped they knew how much their donation meant to my loved ones and me.

I don't think any words can convey the gratitude and love I have for my donor. I carry them in my thoughts with me every day. Instead of words, I would love to give them a feeling - the feeling when I'm hugging my family, as I'm watching my nieces grow up, when I'm belly laughing with friends when I'm singing in the car with the windows open, watching the sunset at the beach, when I'm out hiking in nature. These are the little moments I cherish the most, the moments that fill me with joy, the moments that blood cancer almost snatched from me, but my donor gave me back.

If you're thinking about joining the Registry and becoming a donor, please do. There is no more extraordinary gift than the gift of life, and to be able to do so gives people like me the chance to enjoy the little things again. It provides us with a shot at life. There are not many chances that you get to be able to give that opportunity to someone.

To save a life is truly a gift and one that I am so grateful for receiving.

Watch Sophie's story 

<https://www.youtube.com/watch?v=u--JIU8IB4U>

*I don't think any words  
can convey the gratitude  
and love I have for my donor.*







## DONOR STORY - Alexander Reeves

# Donating blood stem cells is “empowering”, says medical student

“All anyone wants to do is be able to improve the lives of people around them...” says Alexander Reeves.

The university medical student says it was exciting, rewarding and even enjoyable to donate blood stem cells to someone who desperately needed them. At 19 years old, Alexander signed up to Strength to Give (The Australian Bone Marrow Donor Registry’s recruitment program) after seeing a private call-out on a Facebook discussion page. The social media post was about the scarcity of compatible donors and it was enough to spur Alexander into action. Inspired to have “a meaningful impact on someone else’s life”, he followed the link to the Strength to Give website.

### The good news

The first step toward donating was a simple cheek swab sent in the post. Then, just a few months after he had sent his cheek swab kit back to Strength to Give, Alexander had been matched with a patient. To confirm the match, he gave a blood sample at a local clinic and says he felt empowered to have the ability to, potentially, save someone’s life.

“This made me feel useful and inspired, which sounds slightly silly but not just anyone could do this; it could only be someone who matched, rather than just any Joe Blow,” Alexander says.

There are thousands of patients with blood cancers and other deadly diseases desperately searching for their genetic match – someone willing to donate life-saving blood stem cells. Despite the seriousness of these patients’ situations, the process to donate is surprisingly simple and painless. In Australia, 90 percent of people donate their blood stem cells, not their bone marrow, and it’s a process that’s comparable to giving blood. Along with feeling

empowered, Alexander had a strong support network around him, making the experience – from registration to donation – a positive one.

“My friends and family were super supportive throughout the whole process,” he says.

“A lot of research was done by everyone around me to really understand what was happening.

“Everyone who knew about the donation always showed an interest throughout the process and provided assistance wherever it was needed, and for this I’m obviously super grateful.”

### The donation

After Alexander had been confirmed as a genetic match, he day-tripped to Sydney for a general health check-up. He was making a peripheral blood stem cell donation, which involves encouraging the production of more stem cells to be released into the blood stream. On the eve of the procedure, Alexander and a mate returned to Sydney, staying at a hotel next door to Royal North Shore Hospital, where the donation would be made. The stay was courtesy of the registry and came with an invitation to enjoy room service, adding a little fun to the donor journey.

“We got milkshakes, butter chicken; we got everything, every meal...” Alexander laughs.

“So, three meals a day, three milkshakes a day. It was pretty good.”

When it was time to check into hospital, Alexander was fascinated.

“...Being able to see a hospital environment first-hand really gave the donation a whole different perspective.

“The team at Royal North Shore (Hospital) and Strength to Give made the whole process super easy and relaxed.

“The way all the personnel involved approached this process really heightened my interest and made the whole thing really enjoyable and exciting to be a part of.”

### The next phase

Elated, Alexander says the entire donation process was easy and he feels fortunate to have been a donor.

“...The main emotion associated with the whole experience was overall gratefulness that I could be involved, as well as empowerment...”

“...I was able to seriously contribute to someone else’s life in a unique way that lots of other people wish they had the opportunity to do,” he says.

His advice to others is to sign up.

“Odds are, you’ll never be asked to donate but, on the chance you do, you can hopefully have a remarkable impact on the life of someone else in a way that few other people can, and with the process being as easy as it is, it’s just another bonus.”



*My friends and family were super supportive throughout the whole process*

## About Us

**The Australian Bone Marrow Donor Registry (ABMDR) is 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.



## ABMDR Board



**Professor Jeremy Chapman AC,  
MB BChir MD FRACP FRCP FAHMS - Chair**

Professor Jeremy Chapman is a nephrologist, Past Director of Medicine and Cancer, Westmead Hospital and Western Renal Services, Chairman of the Australian Bone Marrow Donor Registry, Chair Westmead Research Hub Council, Advisory Member of The WHO Expert Advisory Panel on Human Cell Tissue and Organ Transplantation Past President of The Transplantation Society, Past Deputy Chair of the WSLHD Board, Past Secretary General and Past President of the WMDA and founding Co-Chair of the Declaration of Istanbul Custodian Group.

Professor Chapman remains actively involved in the academic field as Editor-in-Chief for Transplantation and Transplantation Direct. He is a Clinical Professor at the University of Sydney, Fellow of the Royal College of Physicians in the United Kingdom, Fellow of the Royal Australasian College of Physicians, and Fellow of the Australian Academy of Health and Medical Sciences.



**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.



**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.



**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 Clinical Haematologist at Peter MacCallum Cancer Centre and The Royal Melbourne Hospital and has a Professorial appointment in the University of Melbourne, Department of Medicine. He was Director of the Western and Central Melbourne Integrated Cancer Service from 2008 until July 2021.

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

Jeff has chaired the Scientific Expert Advisory Committee of the ABMDR for over 20 years. He chairs the COVID-19 Australian BMT Group (CABG, formed to address the challenges of the pandemic) and co-chairs the Clinical Activities and Requirements Australian Review Team (CARAT).

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 380 papers in the field of marrow transplantation and blood disorders.

## ABMDR Board



**Greg Wilkie**

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

Prior to joining 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 Group 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 deputy chair of the Retirement Living Committee (NSW) of the Property Council and a member of the St Vincent's Hospital Sydney Bioethics Committee. Lucinda is the past independent chair of the Sydney Adventist Hospital clinical school.



**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 working for Queensland Health.



**Associate Professor Carmel O'Brien**

Carmel O'Brien is a Principal Scientist with specialist knowledge in stem cell technologies. She brings more than 20 years' leadership and stakeholder engagement experience from working in clinical IVF, stem cell biotech, and biomedical research sectors.

Carmel led the derivation of Australia's first human embryonic stem cell lines for global research distribution (Stem Cell Sciences, Melbourne IVF, Australian Stem Cell Centre), and has contributed to mapping Government policies for emerging stem cell technologies. In her current appointment with the CSIRO (2009-), and as an adjunct to the Australian Regenerative Medicine Institute (Monash University 2010-), Carmel has led numerous cross-organisation and international research programs, as well as stakeholder R&D partnerships.

Carmel's other governance roles include a national Research Integrity Advisor Network (CSIRO), Advisory Board Member (Women in Science & Engineering), Company Secretary (Fight Cancer Foundation), Executive Committee Member & Building Redevelopment Portfolio (CSIRO Holiday Club Inc.).



**Stuart Muirhead**

Stuart is an experienced strategic adviser and project director in the social infrastructure sectors, especially health and tertiary education. As the Director of Advisory Services at Capital Insight, he has advised major public and private organisations on business strategy and led the planning, feasibility assessment, procurement and implementation of multiple, large health, research and university campus developments in Australia.

He has also undertaken several reviews of cancer services and been the transaction manager for a number of public-private collaborations in cancer, cardiac and aged care services.

He is an executive director of Capital Insight and joined the ABMDR board in 2021.



**Bronwyn Curtin**

Bronwyn is a broadcast journalist who has worked for the Australian Broadcasting Corporation for 15 years. She has reported from Perth, Sydney and Canberra. Bronwyn now works as a regional reporter covering issues in northern NSW where she lives on a macadamia farm with her young family. Bronwyn is also a board member of the charity 'Our Kids' which helps to improve health services for children in the Northern Rivers.


Bronwyn is a member of the Australian Institute of Company Directors and joined the ABMDR board in 2021.


## 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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