BACKING

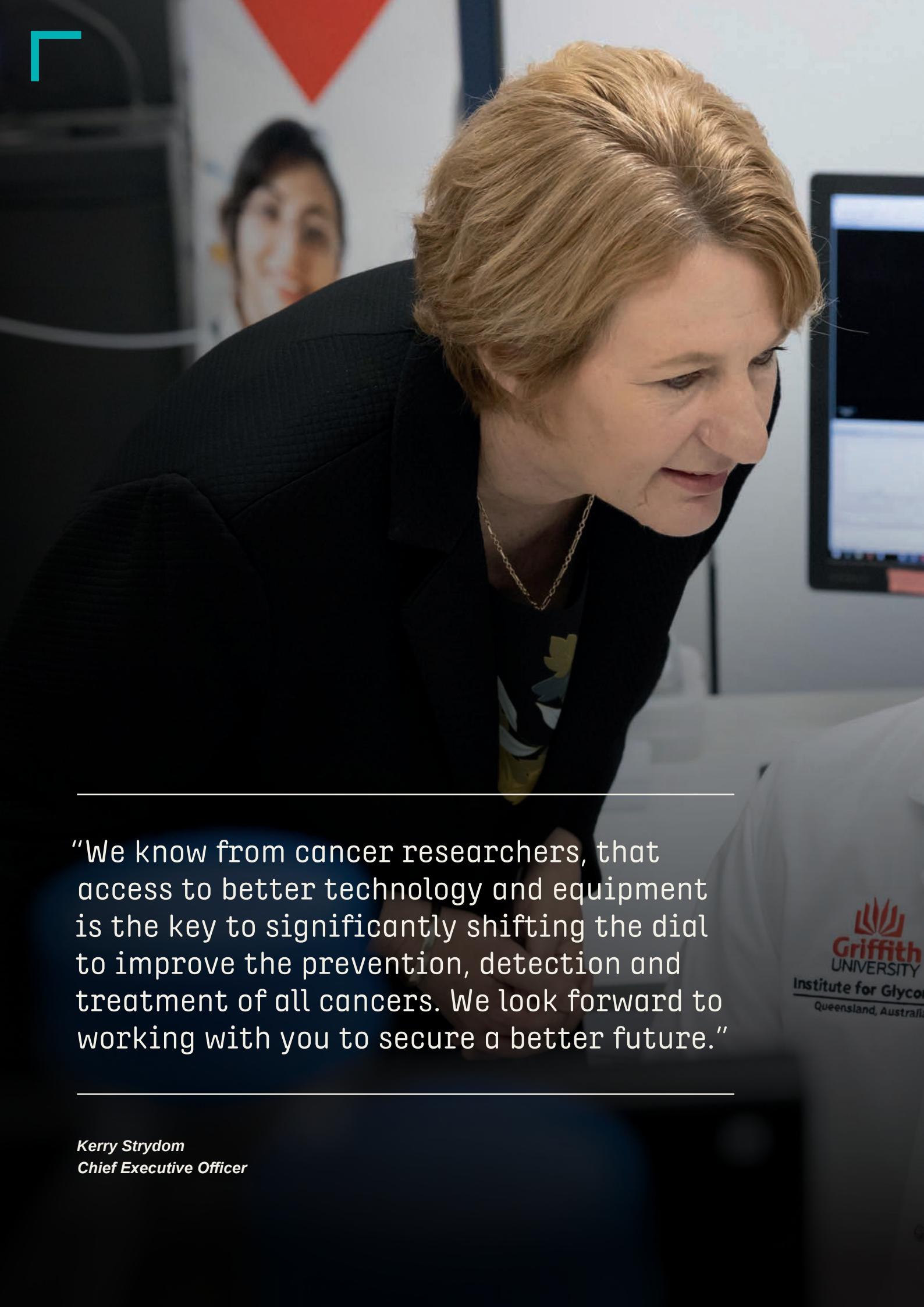
BRILLIANT

ACRF

ACCELERATE

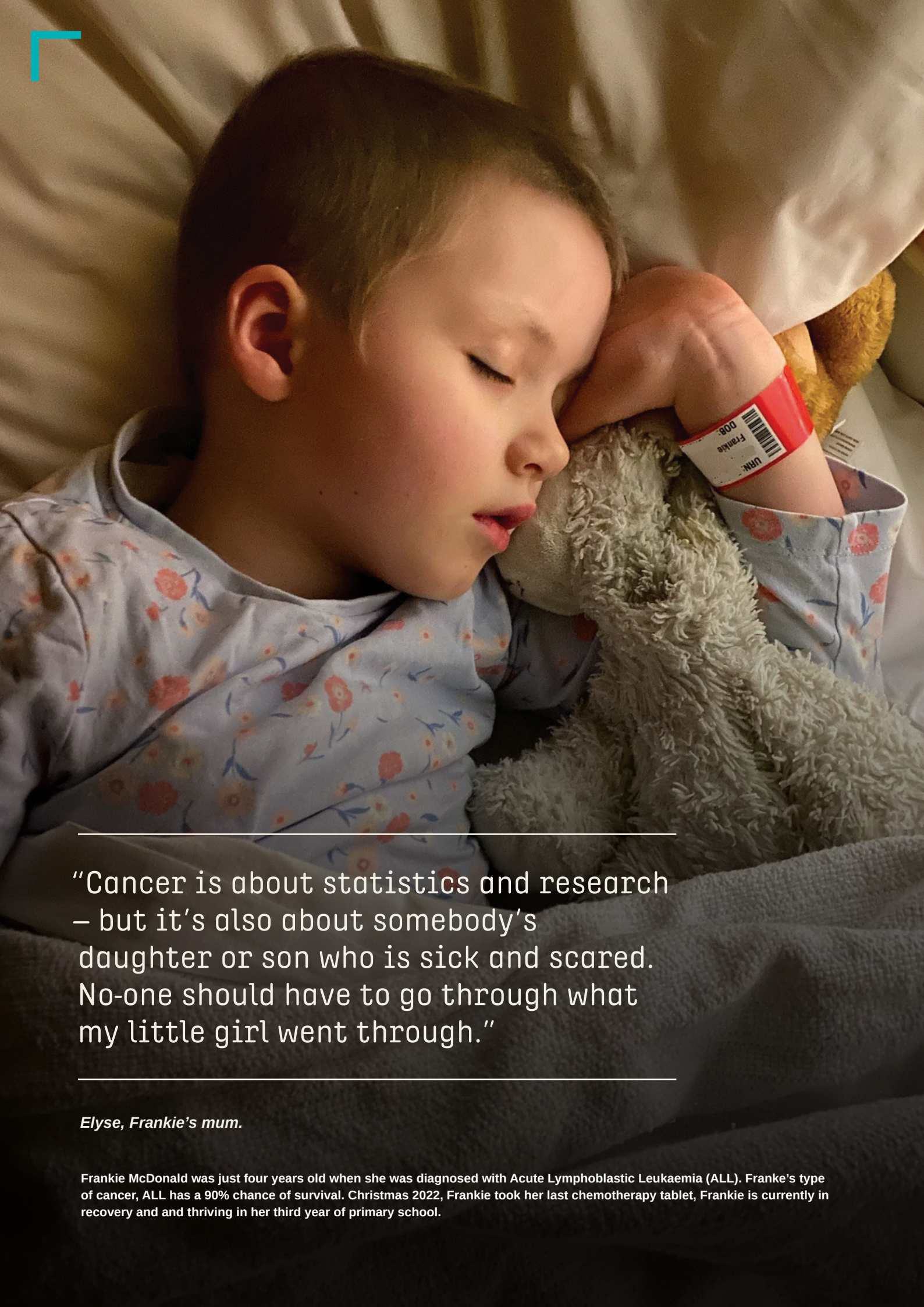
An Impact Philanthropy Initiative

2025



"We know from cancer researchers, that access to better technology and equipment is the key to significantly shifting the dial to improve the prevention, detection and treatment of all cancers. We look forward to working with you to secure a better future."

Kerry Strydom
Chief Executive Officer



"Cancer is about statistics and research – but it's also about somebody's daughter or son who is sick and scared. No-one should have to go through what my little girl went through."

Elyse, Frankie's mum.

Frankie McDonald was just four years old when she was diagnosed with Acute Lymphoblastic Leukaemia (ALL). Franke's type of cancer, ALL has a 90% chance of survival. Christmas 2022, Frankie took her last chemotherapy tablet, Frankie is currently in recovery and and thriving in her third year of primary school.

Aspiring to a world without cancer

ACRF's Impact Philanthropy Initiative

WELCOME TO THE ACRF ACCELERATE PROGRAM, designed in line with our mission as a leading, independent Australian charity to reach a world without cancer.

The Accelerate program is a structured philanthropic program administered by Australian Cancer Research Foundation (ACRF) that enables generous supporters to make a real impact by supporting some of Australia's most significant and cutting-edge cancer research programs.

ACRF has worked with health economists and financial advisors to present the program in a way that provides prospective donors with a unique philanthropic opportunity to evaluate and provide funding towards promising cancer research projects in Australia today.

To apply a similar due diligence as you would for any significant financial decision and to help you assess the funding opportunities available, a unique model has been created to articulate the anticipated future impact of each project.

This bespoke approach to cancer research funding allows donors to see exactly how their contributions will benefit the lives of others, not only now, but well into the future.

With so much at stake, and so many lives touched by cancer, we invite you to help make a significant difference by selecting a program and pledging your support.

Since 1984, ACRF has facilitated the investment of over **$204M IN 90 CANCER PROJECTS AUSTRALIA-WIDE**

The Foundation provides privately funded grants of between $1.5M and $10M to support **VITAL TECHNOLOGY, EQUIPMENT AND INFRASTRUCTURE** to accelerate cancer research

ACRF's year-on-year philanthropic investment equates to around 30% of all **NON-GOVERNMENT FUNDING IN CANCER RESEARCH INFRASTRUCTURE IN AUSTRALIA**

SEE PAGE 21

ACRF acknowledges the traditional custodians of the land we work on and their continuing connection to land, culture and community. We pay our respects to Elders past, present and future.

LETTER FROM OUR CHAIR

IN MARCH THIS YEAR, I WAS APPOINTED TO THE POSITION OF CHAIR OF AUSTRALIAN CANCER RESEARCH FOUNDATION.

It is an immense honour to take over the reins from Tom Dery AO after his decades of commitment to this remarkable Foundation.

I am proud to be leading an organisation with a 40-year track record of supporting the best and boldest cancer research in Australia. As someone who studied medicine and practiced as a hospital doctor for some years, I understand and appreciate the value that access to cutting edge equipment has, in progressing research and improving patient outcomes.

ACRF has a reputation in the research sector as the great enabler – but really, it is the generosity of our dedicated supporters that enables the best cancer research to be supported across the country.

ACRF Accelerate is a unique program allowing those who can generously support cancer research to gain access to a personalised way of providing that support. When I was initially introduced to the program there were several things that stood out to me:

1. It allows donors to play a critical role at the start of projects, to be part of the team of people who launch new concepts and ideas.
2. You are provided the opportunity to support projects that you are most passionate about – whether drawn by cancer type, research area, institute, location – the choice is in your hands.
3. The impact and outcomes of your contribution is reported on, so you can understand how your support is making a difference. This reporting includes a look at the leverage obtained - with ACRF grants often attracting from other funding bodies upwards of 4x the initial ACRF grant value awarded.

The way an organisation like ACRF continues to grow its impact, is through supporter trust obtained from an unwavering focus on our mission, rigour of operating procedures, strong governance and access to exceptional talent. With our dedicated Board of Trustees and world-class Medical Research Advisory Committee, you can feel confident that progressive research is undertaken and game changing ideas are supported.

As I step into my new role, I encourage others to join me in building their understanding of this amazing organisation and invite you to join us in backing the best and most brilliant research across this country. Australia is a small and mighty player on the world stage – and your support will ensure that we continue to initiate world-class research so that those impacted by cancer can have the best chance of survival.

The team at ACRF are always available to answer questions and discuss your desires and preferences in support of cancer research.

Dr Tim Cooper AM MD

LETTER FROM OUR CEO

PHILANTHROPISTS ARE THE GREAT ENABLERS – UNLOCKING THE POTENTIAL FOR BRILLIANCE.

The extraordinary Professor Ian Frazer AC said it best,: “Philanthropic funding takes the promise of what you might achieve and tries to fund it to help you get there”. **Quite simply, we cannot break through barriers and explore the unknown without the generosity of philanthropists.**

We have developed ACRF Accelerate with you in mind. We want to put you in the driver’s seat of the research. By supporting ACRF Accelerate, you will:

- Have the freedom to choose programs that align to your interests and passions.
- Receive outcome reporting for you to see the impact your support has had.
- Be part of a 40-year history of supporting the best and boldest research across Australia.
- Support pioneering ideas asking questions we have never solved and finding options we can only dream of.

Since ACRF was founded in 1984, there have been significant leaps forward in the way we prevent, detect and treat cancers. Unfortunately, cancer is a complex, deceptive and evolving disease group, and to truly tackle it, we need the brightest minds asking the boldest questions. Questions that allow us to see cancer differently, to treat it more effectively, to understand better and ultimately to disable it.

Each year we leave programs with huge potential un-supported because quite simply, and unfortunately, we are limited by funding. That’s why you and the support you are able to provide is so essential.

Supporting innovation takes courage and risk. This document showcases the rigorous process and professional input applied to each ACRF grant award. We hope this gives you the peace of mind needed to make a contribution to our game changing research.

We look forward to talking further and you joining us in our mission to reach a world without cancer.

Kerry Strydom

"No other organisation in Australia offers the wonderful infrastructure support for cancer research like ACRF. Their funding has, for many research centres in Australia, been so vital to speeding up the discovery process."

Professor Michelle Haber AM, ACRF Medical Research Advisory Committee Co-Chair

Visionary cancer research across Australia

DESPITE MANY ADVANCES in how we treat and manage cancer, it remains one of Australia's leading causes of early death. The emergence of new technologies provides opportunities to advance cancer research like never before. Now more than ever, researchers need access to the latest equipment to accelerate towards a world without cancer.

Since 1984, through ACRF, donors have contributed over $204M to 90 pioneering cancer research projects across 44 institutions in Australia.

Past ACRF funding has a proven track record and has been used, for example, to:

- provide critical funding needed to fast track development of the cervical cancer vaccine
- create new medical devices for cancer imaging and targeted radiotherapy
- deploy CRISPR technology for gene editing (manipulate or repair gene function)
- establish robotics, libraries of known and clinically approved drugs, expanded tumour bank facilities and information management system to investigate new personalised cancer treatments for children diagnosed with high-risk cancer
- investigate early detection of lung cancer using specialised equipment for exhaled breath analysis
- significantly expand the capability of the Australian Synchrotron Micro Crystallography (MX2) beamline for enhanced protein analysis
- develop a library of information to advance scientific discovery and enhance clinical treatment worldwide. This database of tens of thousands of samples (of all types of cancer) will mean clinicians can effectively narrow down the best available treatment to target a cancer patient's individual diagnosis, without having to waste time trialling medications.

Thanks to ACRF's supporters, research discoveries and significant outcomes have already been made possible but there is still so much more work to be done.

A unique model and a proven track record

AS A LEADING INDEPENDENT CHARITY

ACRF brings together outstanding expertise from medical research organisations across Australia to deliver visionary programs of research.

Each year, ACRF seeks to understand what researchers need most to achieve continued outcomes for better prevention, detection and treatment of all cancers.

Initially, the requirement was for ACRF to fund buildings to provide researchers the space to work. Fast forward to today, and the vital need is support in acquiring the latest technology, ranging from equipment to virtual infrastructure.

Technology has proven to play a significant role in improving cancer outcomes. Past projects funded by ACRF have delivered significant outcomes and real, human impact.

All grant applications undergo a rigorous evaluation and selection process by our respected ACRF Medical Research Advisory Committee and esteemed ACRF Board of Trustees. Beyond award, ACRF governance requires grant recipients to report annually on progress and outcomes.

As showcased in the ACRF Accelerate projects, our Foundation's support typically leads to further significant investment by both government and commercial bodies, leading to increased impact of every dollar you donate.

LEARN MORE about ACRF's history and the remarkable research we are proud to support.
Contact: philanthropy@acrf.com.au

"Being awarded a grant by ACRF is some of the highest recognition that's possible to achieve in this field."

Emeritus Professor Ian Frazer AC, University of Queensland and grant recipient for the development of the world's first cervical cancer vaccine.

Your support of the ACRF Accelerate program will help researchers explore visionary ideas

PROJECTS IN THE ACRF ACCELERATE PROGRAM are recommended by the ACRF Medical Research Advisory Committee (MRAC) and approved by ACRF's Board of Trustees.

Previous projects ACRF has funded, with the support of donors, include Professor Ian Frazer's development of a cervical cancer vaccine for which ACRF provided the seed funding. Thanks to a national immunisation program that followed, Australia is set to be one of the first countries to effectively eliminate cervical cancer.

JOIN A PHILANTHROPIC PROGRAM that funds trailblazing pioneering cancer research projects

HAND SELECT and contribute to world-class project/s that are meaningful to you

REQUEST more detail of projects in line with your ambitions

FOLLOW THE PROGRESS at your own pace through updates and reports

ENABLE groundbreaking discoveries that could transform the health and wellbeing of our global community. Join ACRF Accelerate today.

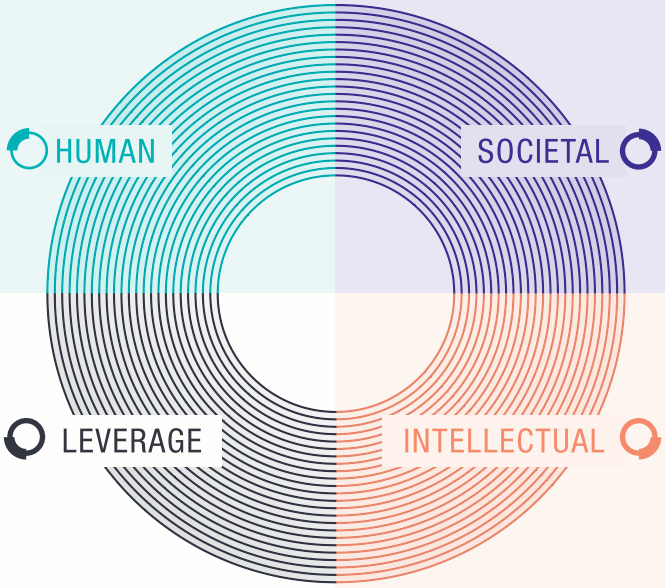
ACRF's framework for measuring impact

TO ESTIMATE THE ANTICIPATED OUTCOMES FOR THE ACRF ACCELERATE PROGRAM, leading health economists have been engaged to assist donors and the broader community to better understand how each project contributes societal, intellectual and financial benefits.

While there is no agreed international framework to determine the value of research programs, it is generally focused on the scientific, social and economic factors.

HUMAN IMPACT is defined as benefits which accrue to the people directly impacted by the investment. This includes direct health benefits such as reductions in the risk of future events, as well as improvements in life expectancy and quality of life. Other indirect human benefits include productivity and financial benefits such as reductions in out-of-pocket healthcare expenditure.

SOCIETAL IMPACT is defined as benefits which accrue to people indirectly impacted by the investment. This includes people within a defined social network, such as carers and family, as well as broader society. Potential benefits include reductions in carer burden and the associated changes in productivity.



LEVERAGE IMPACT is defined as additional financial accretion resulting from the initial investment. This includes additional infrastructure, allied and complementary funding or further in-kind support that is contingent on the investment.

INTELLECTUAL IMPACT is defined as the knowledge and occupational outcomes from the investment in research. This includes new research, medical or scientific jobs and the contribution of these jobs to the institution and the broader economy. Research and knowledge outputs include scientific publications, changes in policy or new technologies and their associated economic impact.

*All estimates provided for the quantitative and qualitative benefits arising from each project were obtained from the researchers and published information and are provided for guidance only.

Cancer research landscape

WHAT IS CANCER

Cancer is described as abnormal cell growth within a person. These cells multiply uncontrollably, invading healthy tissue.

The body has natural systems to prevent the growth of cancerous cells by either repairing the damage to the DNA or forcing the cell to die if the damage is too great. Cancer occurs when these inbuilt defence mechanisms fail. The term 'cancer' describes a group of diseases that share this characteristic. Cancers are usually classified according to the location in the body where the abnormal cell growth began.

WE'VE COME A LONG WAY

The latest report from the Australian Institute of Health and Welfare (AIHW) shared that there are more than one million people alive in Australia who have previously been diagnosed with cancer. Progress in cancer research has meant that outcomes and survival statistics for those diagnosed with cancer in the past 30 plus years has improved considerably (during 1990–1994, 5 in 10 (53%) people survived for at least 5 years after their cancer diagnosis; more recent figures are closer to 7 in 10 (71%) people surviving at least 5 years).

This enormous improvement in survival rates has unfortunately not been consistent across all cancer types – meaning there is still a huge job to be done in better managing and treating this disease.

CANCER IN AUSTRALIA – STATISTICS

The AIHW Cancer in Australia 2023 report estimates:

- Around 164,000 new cases of cancer were diagnosed in Australia. That's about 450 people per day.
- The most commonly diagnosed cancers in males are prostate cancer, blood cancers, melanoma of the skin, colorectal cancer and lung cancer.
- The most commonly diagnosed cancers in females breast cancer, blood cancers, melanoma of the skin, colorectal cancer and lung cancer.
- Devastatingly around 140 people die each day from cancer in Australia. Lung cancer is the leading cause of death from cancer, followed by blood cancers, colorectal cancer, prostate cancer, breast cancer, and pancreatic cancer.
- 1,240 children aged 0–19 years will have been newly diagnosed with cancer in Australia (637 boys and 603 girls).
- The current five-year observed survival rate for all childhood cancers combined is 88% (2015–2019, latest confirmed data). This is a 12% improvement in five-year relative survival rate for all childhood cancers combined since 1990-1994.
- Although the survival rate has increased thanks to research, of those children who do survive, two-thirds will have significant long-term treatment side effects, including organ dysfunction, neurocognitive deficits, impaired fertility, and secondary malignancies.
- In 2023, around three of every ten deaths are estimated to be due to cancer.
- The annual number of cancer cases diagnosed may surpass 240,000 by 2034.

CANCER still claims 140 lives each day in Australia. Please back research to help reduce this number.
Contact philanthropy@acrf.com.au

"Being co-chair of the MRAC carries a lot of responsibility. The future of cancer research is incredibly exciting and to play a role in enabling ambitious projects is a great thrill."

Professor Ricky Johnstone
ACRF Medical Research Advisory Committee Co-Chair

The impact of past funding

Backing capabilities to advance understanding cancer complexities and develop new and improved treatments

– WEHI (Formerly Walter and Eliza Hall Institute of Medical Research)

Over the past 20 years ACRF has proudly supported projects undertaken by the extraordinary team at WEHI. We are proud to have provided over $9 million of funding to investigate cellular protein structures, cancer cell biology, critical mutation identification and gene editing, as well as cancer complexity and therapeutic resistance. This ACRF supported research has led to many important discoveries including:

- Identification of the importance of the protein BCL-2 and its role in helping cancer cells to survive indefinitely.
- Development of the BCL-2 inhibitor, "Venetoclax", which has proven effective in providing remission in patients with advanced leukaemia and for whom conventional treatment options had been exhausted.
- Venetoclax has been approved for treatment of some patients with chronic lymphocytic leukaemia (CCL). From December 2021 this extended to Acute Myeloid Leukaemia (AML).
- Clinical trials are underway to test the application of Venetoclax in other types of blood, breast, prostate and lung cancers.
- Research continues to identify reasons why resistance may emerge in some patients.

"With targeted therapies we are at the dawn of the era of understanding how to use these new, smart anti-cancer drugs. Over the next decade or so we will work out how best to use them to address cancers and metastases."

Professor Andrew Roberts
Joint lead investigator for the ACRF Program for Resolving Cancer Complexity and Therapeutic Resistance.

"I'm so thankful to have this hope. There are still so many things to look forward to in my children's lives."

Fiona, cancer survivor.

By investigating cancers at a single cell level, using equipment funded by ACRF, researchers seek to deal with the diversity of cancers and variability in the way that patients like Fiona respond to therapies.

At 49 years of age, Fiona received news that she had renal cell carcinoma – a rare cancer diagnosis for a woman. Of course, she was devastated at what the cancer could mean for her family; and she so wanted to see them grow up and be part of their futures.

As an oncology nurse, herself, Fiona has devoted her life to caring for other people with cancer, so she knew what to expect. Placing herself in the expert hands of her colleagues, she underwent gruelling surgery to remove her kidney and hoped that was the end of her terrifying brush with cancer.

Six months later, when she began experiencing neurological symptoms, suspecting the worst, a CT scan showed the cancer had metastasised to her brain.

The cranial surgery was a success – and thanks to research a breakthrough in cancer treatment gave her the option of a new oral medication. For 10 years, she took that drug every day and it kept the cancer at bay.

Sadly, the cancer returned, and a biopsy revealed the tumour was another recurrence of her renal cancer - the treatment keeping her cancer in check for 10 years had failed.

Continuous research gives hope to people like Fiona, investigating options for different, targeted therapies through a better understanding of treatment resistance.

"This was a child destined to die.
But a few years on, Ellie is healthy,
a normal child in every respect."

Professor Michelle Haber AM,
Executive Director, Children's Cancer Institute.

A bold and heart-warming mission of zero deaths from childhood cancer

– CHILDREN'S CANCER INSTITUTE

Since 2014, ACRF has been a proud supporter of a world-leading precision medicine program for children with high-risk cancers – The Zero Childhood Cancer Program (ZERO). Based on the premise that every child's cancer is unique, the program aims to provide personalised treatment for each child – giving them the best possible chance of survival.

ZERO began in 2015 with funding from ACRF. The pilot study was in NSW, during which the platform needed to create a comprehensive and integrated precision medicine pipeline was set up and validated.

In 2017, a three-year national clinical trial was launched for children and young people up to 21 years of age with high-risk, rare and relapsed cancers – those with a less than 30% chance of survival. The aim of this trial was to test the practicality and impact of providing a comprehensive testing platform (including genomic analysis, drug screening and drug testing) to identify precision medicine treatments for children and young adults with high-risk cancer. Patients from all eight of Australia's children's hospitals were involved in the trial, which generated some truly remarkable results.

Precision medicine therapy recommendations are being provided for over 70% of patients, covering various tumour types including brain tumours (34%), sarcoma (27%), leukemia/lymphoma (15%), other (17%), and neuroblastomas (7%).

Average turnaround time in 2021 from enrolment to delivery of Multidisciplinary Tumour Board report back to clinicians was 9.7 weeks. Data and discoveries from the research have been shared extensively, all around the world.

In 2024, ZERO expanded progressively to become available to all Australians aged 0 to 18 years with cancer.

The same year, a major $5 million grant launched The ACRF Childhood Cancer Early Detection, Prevention and Treatment Program looking at cancer redisposition will build on ZERO's discoveries.

Above all, this program provides hope to the children and families who receive the life-changing news of a high-risk cancer diagnosis, children like Ellie.

"We know that if Ellie had been diagnosed with this cancer a few years ago, she would have died. She is only alive today because of the Zero Childhood Cancer program."

Mina, Ellie's mother

Ellie was just eleven months old when doctors found a giant tumour in her chest. The mass was so huge it was pushing her tiny heart and lungs aside. Within a day she could no longer breathe by herself and was rushed into intensive care.

Ellie's cancer was rare, aggressive and resistant to chemotherapy. Time was running out, and her devastated parents, Rob and Mina, faced the unthinkable prospect of having to say goodbye to their baby girl.

Researchers from the Zero Childhood Cancer program, an initiative that was kick-started by ACRF funding, went straight to work analysing the genetics of Ellie's tumour.

Using everything they'd learned about Ellie's cancer, doctors and researchers working together identified the exact drug to target the tumour. Before her parents' eyes, she came back from the brink of death.

Ellie continued to recover and today she's a happy, healthy little girl – all thanks to generous people like you.

In 2023, support was provided for the ACRF Spatial Immune-oncology Research Program to investigate immunotherapy for children.

Outcomes from a few ACRF Grants

OPTIMISING TREATMENT FOR CANCER PATIENTS

In 2015, ACRF awarded $10 million for six cutting-edge machines to establish the ACRF International Centre for Proteome of Cancer (ProCan™) at the Children's Medical Research Institute. The machines are custom-built to analyse tens of thousands of cancer protein samples from across the globe. The project will develop the first ever large pan-cancer database of proteomic and clinical outcome data. From this database of cancer proteins, doctors will be able to glean insights into which treatment options will be most effective for their patients, based on the unique make-up of their cells.

"The ProCan™ database will allow the development of tools that will improve the accuracy of cancer patients' diagnosis and better tailoring of the treatment plan for individual patients, which will eventually improve patient outcomes"
- Professor Roger Reddel AO

KEY OUTCOMES

The ProCan™ team has generated the world's largest pan-cancer database of proteomes and associated clinical outcome data. Since September 2016, the six mass spectrometers funded by the ACRF grant have been operating continuously (i.e. 24 hours a day, seven days per week), except when they require servicing.
The database contains over 23,000 samples of more than 100 cancer types. It has established 112 collaborations including 34 international collaborations in first world locations, representing 141 studies/projects.

The project was enabled by an additional ~$40 million in grant support from a range of Australian funding agencies and philanthropists, thus leveraging the ACRF grant by a ratio of 4:1.

Over the past seven years, ProCan has undergone many transitions, as it grew from a research program with an outstanding proteomics laboratory, but only one full-time staff member, to a multi-disciplinary team with more than 40 members.

In a typical project, a discovery cohort of cancer samples and accompanying clinical and pathology data is used to search for a protein "signature" that predicts outcome (e.g. recurrence-free survival and/or overall survival after treatment) in a specific clinical scenario (e.g. early-stage non-small cell lung cancer treated by surgical resection). The predictive performance of the signature is then tested in one or more validation cohorts, usually from different institutions.

A major milestone for ProCan was its August 2022 Cancer Cell publication of the proteomic analysis of 949 human cancer cell lines. The result of a multi-year collaboration with the Wellcome Sanger Institute in Cambridge, UK, this paper describes the largest cancer proteomic resource of its kind.

High quality predictions with high accuracy from machine learnings will provide treatment response predictions with clinical relevance.

Work is underway to progress this research into the clinics.

FIND OUT MORE about the pioneering research ACRF is currently backing.
Email philanthropy@acrf.com.au

THE WORLD'S FIRST CERVICAL CANCER VACCINE

In 1999 Professor Ian Frazer set out on a moon-shot mission to eradicate cervical cancer. Professor Frazer recognised that in order to eliminate this deadly disease, he would need to target Human Papillomavirus (HPV), the virus responsible for causing cervical cancer. In a project seed-funded by ACRF, Professor Frazer and his team discovered how to make HPV vaccine particles, which formed the basis of the world's first cervical cancer vaccine. The vaccine protects young women from the cancer-causing strains of the HPV virus, significantly reducing the potential of a cervical cancer diagnosis.

"Observations from over the past ten years are that the HPV vaccines, if delivered effectively to the majority of 10-12 year old girls in the developing world from today forward, should lead to the global elimination of new cervical and other HPV associated cancers by 2050."

- *Emeritus Professor Ian Frazer AC, University of Queensland*

KEY MILESTONES

- **2006:** The Therapeutics Goods Association (TGA) approves the world's first cervical cancer vaccine, Gardasil, protecting young women form the strains of HPV that cause 70% of cervical cancers.
- **2007:** The Australian Government implements the HPV Vaccination Program, vaccinating girls aged 12-13 years with Gardasil. In 2013 the Program is extended to boys aged 12-13 years.
- **2018:** The TGA approves the Gardasil vaccine 9, which is subsequently rolled out in schools across Australia as parts of the HPV Vaccination Program. The vaccine protects young women from the HPV strains that cause 90% of cervical cancers.
- **2021:** The Federal Government commits an additional $5.8 million of funding, to reach its goal of eliminating cervical cancer by 2035.
- **To date:** The vaccine has been dispensed 250 million times and will one day mean the disease will be virtually non-existent.The WHO predicts that a combination of screening, vaccinations and treatment could save 5 million lives by 2050.

"Early detection is the key to saving lives. Initiatives like this are a crucial step towards achieving our vision of a world without melanoma. ACRF's supporters make our life-changing work possible."

Professor H. Peter Soyer,
ACRF ACEMID Chief Investigator

Vectra WB360 Imaging System

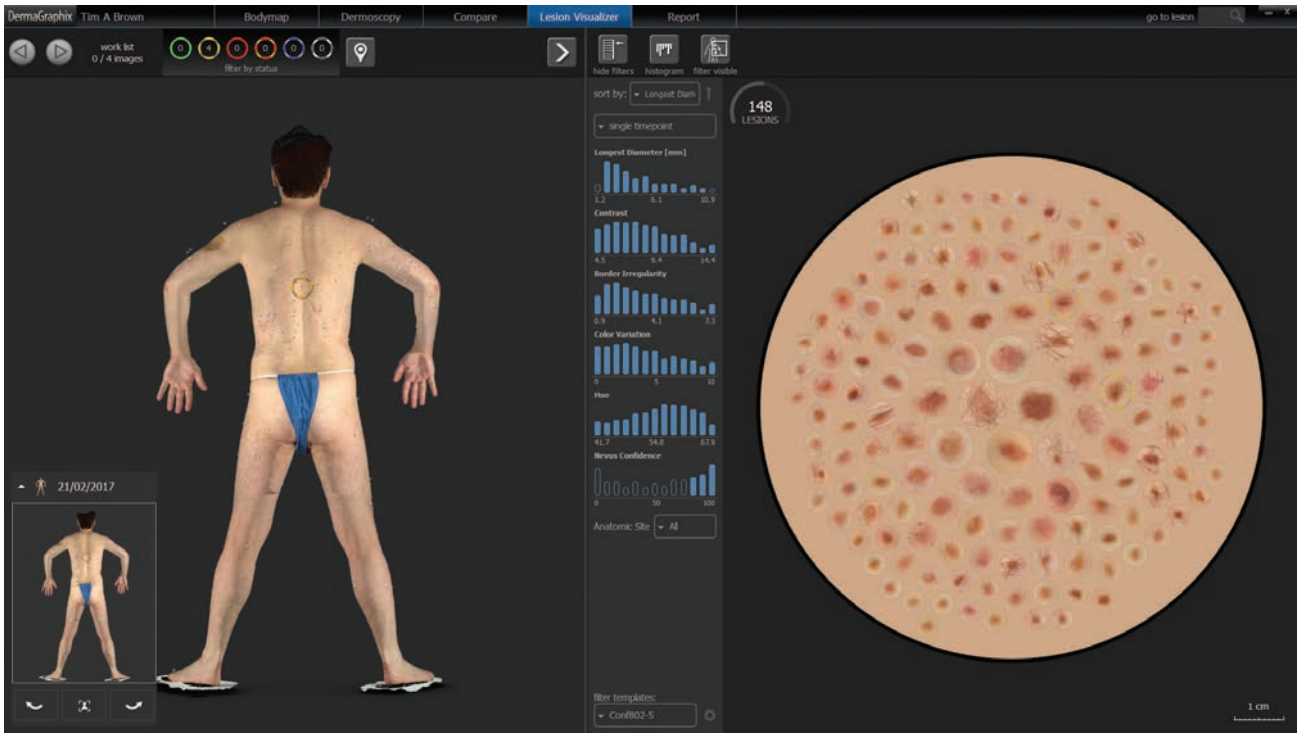
REVOLUTIONISING THE EARLY DETECTION OF MELANOMA

Melanoma kills more Australians each year than roadside accidents. To tackle this national health epidemic, ACRF granted $9.9 million to the University of Queensland in 2018 to establish the ACRF Australian Centre of Excellence in Melanoma (ACEMID). ACEMID uses sophisticated 3D imaging systems to produce whole-body scans that can be monitored over time. The imaging systems are being rolled-out in 15 research nodes across three Australian states, and will be used to produce patient 'avatars'.

The medicine network allows specialist doctors to view a patient's scans from any location, helping patients in rural and remote areas who may not have access to specialist care as most dermatologists are located in urban areas. The project will build 100,000 patient avatars, providing a comprehensive diagnostic tool for skin specialists and will be the largest database of melanoma in the world. Artificial intelligence will be developed to aid clinicians in diagnosis and ongoing monitoring of skin lesions enabling the earlier detection of melanoma.

KEY MILESTONES

- **2021**: ACEMID is officially launched. ICT for telemedicine network developed. Delays incurred due to Covid-19 in procurement and installation of site Vectra's (3D imaging units).
- **2023**: 13 ACRF ACEMID sites installed with 11 sites actively recruiting patients for the clinical trial and 5,400 to end January 2024.
- **2025**: The project database of 100,000 avatars will be the largest in the world.
- **Into the future**: The ACEMID project is anticipated to reduce the number of people diagnosed with late-stage melanoma by 30%.



3D imaging of a patient's skin surface for early detection of melanoma.

LEARN MORE about the projects revolutionising cancer detection. Contact philanthropy@acrf.com.au

Leading Australian cancer charity

FOUNDATION HISTORY

Australian Cancer Research Foundation (ACRF) was founded in 1984 by the late Sir Peter Abeles AC and the late Lady Sonia McMahon. The Foundation's focus was established following a survey of several science and medical professionals asking what they needed most to progress cancer research in Australia.

> **ACRF grants awarded between 2016 and 2018 accounted for a significant 31% of all private non-profit expenditure on cancer research in Australia**

At the time, the need was for physical buildings to conduct research activities. Joining Sir Peter Abeles AC and Lady Sonia McMahon in establishing ACRF were the late Mr John Boettcher OAM and the late Sir Ian Turbott AO CMG CVO. Both were well respected, prominent contributors to the Australian philanthropic community.

Sir Peter Abeles AC also enlisted the assistance of a trusted business associate, Mr Tom Dery AO, who remains a driving force in the Foundation serving as its chair for more than 25 years. Tom retired in March 2025, Dr Tim Cooper AM has been appointed as the new Chair.

By 1988 ACRF had raised its first $1 million and, after careful consideration, awarded its first grant to the St Vincent's Medical Research Institute in Sydney. The grant's focus was to establish the 'Centre for Immunology' for research into immune mechanisms in cancer, including biochemical regulation of growth factors, utilising leukaemic, bladder and colon cancer cells.

Since 1984, ACRF has provided grant funding of over $204 million to 90 projects in 44 institutions across Australia. A network of bright minds the Foundation is incredibly proud to support.

ACRF'S APPROACH TO FUNDING:

Without any direct government funding, ACRF relies solely on donations to support its grant awards. With the current economic climate, shifts in government spending and decline in university budgets for capital, ACRF has become an even more crucial part of the Australian cancer research funding environment. The Foundation provides some of Australia's brightest minds with the resources, tools and technology to enable ground-breaking discoveries that will have significant and long-term impacts on the lives of Australians, and the broader global community. (See page 11 for ACRF's Project Impact Modelling.)

ACRF has agreements with several other cancer organisations to create combined impact. This collaborative funding is typically applied to personnel and other project elements that do not fall within ACRF's funding scope. This derives incremental value through increasing efficiency in the cancer research sector in Australia.

To date, bilateral agreements are in place with several key Australian organisations including the Cancer Institute NSW, Ovarian Cancer Research Foundation, RULE Prostate Cancer, Snowdome Foundation, the Cancer Research Trust and the Australian Gynaecological Cancer Foundation.

ACRF'S PIVOTAL ROLE IN RESEARCH FUNDING

ACRF provides grants of between $1.5M and $10M for technology, equipment and infrastructure for cancer research. Its goal is to enhance, enable and accelerate cancer research across Australia to the maximum extent possible each year in order to achieve the vision of a world without cancer.

ACRF activities are conducted effectively and efficiently by four groups: members of the Medical Research Advisory Committee (MRAC) and the Board of Trustees who all volunteer their time; our small team of fundraisers, marketing and administrative staff; and professional services support, where some services are provided probono.

Donations made through the ACRF Accelerate program may be allocated to selected research projects.

The Australian Bureau of Statistics (ABS) report titled "Research and Experimental Development Government and Private Non-Profit Organisations, Australia 2018-2019" identifies private non-profit capital expenditure on medical research from 2014 to 2019 of $168M. ACRF grants awarded in this period totalled $64.9M, a significant 19% of this total amount. When removing land and buildings, this increases to 28%.

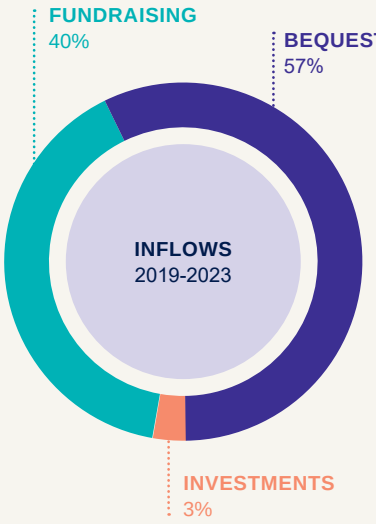
The ABS report shows that while the importance of investment in medical and health is recognised and government spending on Research and Development (R&D) is increasing overall (including labour and operating costs), there is reduced government spending on capital expenditure for R&D.

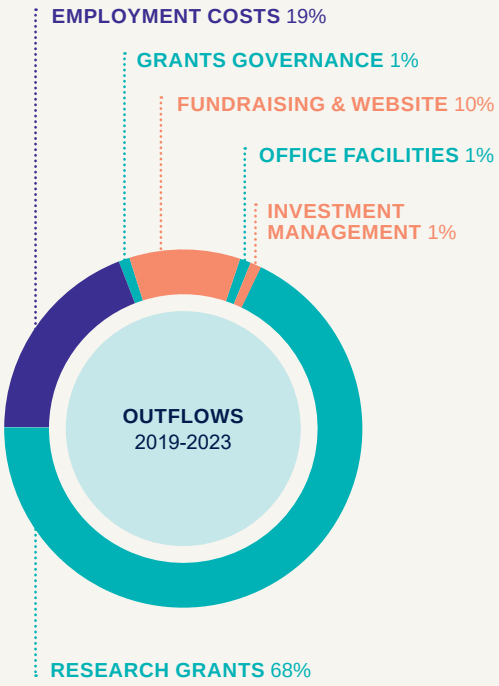
The Cancer Australia report titled "Cancer Research in Australia 2016 to 2018" indicates that private funding made up 26% of investment in cancer research projects.

Of this, 31% was provided by ACRF. This data supports what ACRF hears from researchers about the difficulty in securing capital funds for research and the importance of ACRF funding in the cancer ecosystem.

Typically, the number of valuable and worthy projects submitted to ACRF for funding outweighs the amount of funding available.

SUMMARY OF CASH FLOWS





ACRF Grant Journey

THE RIGOROUS GRANT SELECTION PROCESS

begins with grant submissions for potential research projects.

Grant applications are shortlisted by the expert ACRF MRAC through a competitive evaluation.

PRINCIPLES

ACRF grant funding is based on the following principles, designed to manage risk and ensure maximum impact of investment in cancer research:

- To consider all aspects of cancer control - prevention, early detection, treatment and/or management - through research.
- To provide single capital investment grants for major scientific equipment and new research infrastructure.
- To invest in research by institutes, hospitals and universities with outstanding credentials and/or potential in cancer research, to facilitate new and sustainable programs and to provide platforms that will add to Australia's cancer research capacity.
- To invest in projects that can demonstrate clarity of research vision and planning, strong leadership and experienced management.
- To drive collaboration and efficiencies by encouraging joint applications that pool the efforts of teams and institutions, so research questions can be answered more effectively and efficiently.
- To identify projects that can leverage ACRF grants to secure additional funding to deliver and sustain the project.

CATEGORIES

ACRF funds vital technology, equipment and infrastructure needed to develop better prevention, earlier detection and more effective treatment methods across all cancer types. Funding is available within the following categories:

- Technology / major scientific equipment and laboratory instruments.
- Virtual infrastructure such as cloud based storage capacity to support research projects.
- Capital works such as new buildings or additions to existing buildings.
- Specialised operating essentials (<25% budget) e.g. reagents (chemicals used in laboratory testing), or specialised software.
- Salaries of technical experts to operate and optimise the use of technologies and equipment. (Limited to $100,000 per annum for 3 years.)

ACRF has a commitment to achieving the best possible clinical outcomes through high quality basic and translational research. Grant applications in support of this general philosophy are encouraged.

The ACRF MRAC evaluates each project using these criteria:

- Research excellence - cancer research program proposed is novel and exciting, how it is potentially impactful and how it will add value
- Platform – how use of the technology/equipment applied for will benefit the program
- Vision and planning – necessary skills, expertise in place, track record of the Chief Investigators in cancer research and in applying technology
- Fit with cancer - idea, approach or capacity that is at the forefront of cancer research nationally / internationally
- Collaborative gain – new, existing and emerging collaborations that will benefit the program and galvanise cancer research
- Synergies/Amplified outcomes - how the proposed grant leads to synergy with other programs, or how it may amplify the outcomes of other programs
- Management and governance - institutional commitment in place to ensure success and sustainability
- Budget
- Opportunity to leverage funds - money obtained in the last five years and expected leverage if the grant is awarded
- Proposed plans for the recognition and profiling of ACRF

The ACRF MRAC performs a detailed and competitive evaluation and interview process.

The ACRF MRAC recommends projects to the ACRF Board of Trustees who determine the funding allocation.

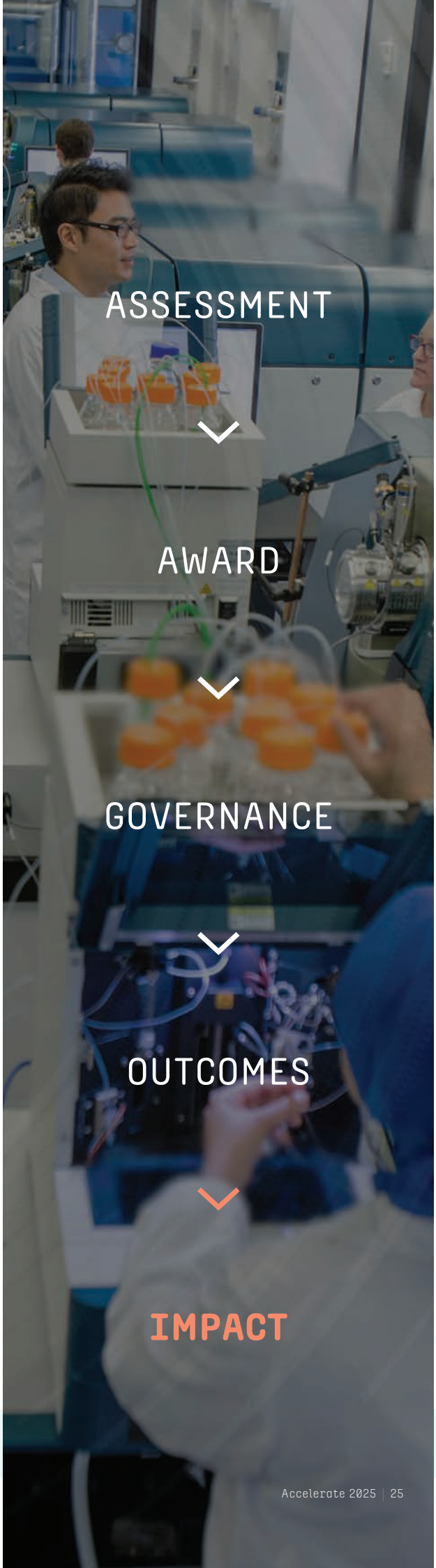
Grant awards are announced at a prestigious ceremony.

After contracts are finalised, the project can get underway and will include:

- Commissioning of equipment
- Official facility opening
- Key results measured and recorded
- Progress reports written annually for seven years

Each project evidences potential for future impacts in these four key areas:

- Human
- Societal
- Intellectual
- Financial



Medical Research Advisory Committee

Professor Michelle Haber AM, BSc (Psych) (Hons), PhD, Hon DSc (UNSW), FAHMS, FAA

Co-Chair of the ACRF Medical Research Advisory Committee. Appointed to the MRAC in 2012.

Executive Director, Children's Cancer Institute Australia, Sydney; Head of Program, Experimental Therapeutics; Conjoint Professor, Faculty of Medicine, University of NSW.

Professor Ricky Johnstone, PhD, FAHMS

Co-chair of the ACRF Medical Research Advisory Committee. Appointed to the MRAC in 2019.

Executive Director Cancer Research, Peter MacCallum Cancer Centre; Professorial Fellow (Professor), The Sir Peter MacCallum Department of Oncology, University of Melbourne; Associate Director of Laboratory Research, Peter MacCallum Cancer Centre; NHMRC Senior Principal Research Fellowship. The Peter MacCallum Cancer Centre; Senior Fellow in the Department of Biochemistry, University of Melbourne; Assistant Director of Research, Peter MacCallum Cancer Centre; Co-Head, Cancer Therapeutics Program, Peter MacCallum Cancer Centre.

Associate Professor Pratiti (Mimi) Bandopadhayay, MBBS, PHD

Appointed to the MRAC in 2025.

Pediatric neuro-oncologist and scientist within the Dana-Farber/Boston Children's Cancer and Blood Disorders Center, an Associate Professor of Pediatrics at the Harvard Medical School, and an Institute Member of the Broad Institute of MIT and Harvard. She also serves as a faculty member for the Harvard Medical School PhD Program.

Professor Michael Brown MBBS, PhD, FRACP, FRCPA

Appointed to the MRAC in 2016.

Director, Cancer Clinical Trials Unit, and Senior Consultant, Department of Medical Oncology, Royal Adelaide Hospital Cancer Centre; Clinical Professor, School of Medicine, The University of Adelaide; Affiliate Professor, School of Biological Sciences, The University of Adelaide; Adjunct Professor, School of Pharmacy and Medical Sciences, University of South Australia; Head, Translational Oncology Laboratory, Centre for Cancer Biology, SA Pathology, Adelaide.

Professor Geoff Hill MBCHB, MD, FRACP, FRCPA

Appointed to the MRAC in 2008.

NHRMC Aust Fellow. Full Member José Carreras / E. Donnall Thomas Endowed Chair for Cancer Research; Clinical Research Division, Fred Hutchinson Cancer Research Center; Director of Hematopoietic Stem Cell Transplantation, Seattle Cancer Care Alliance; Professor of Medicine, Division of Medical Oncology, University of Washington.

Professor Peter Leedman AO, MBBS, PHD, FRACP, FAHMS

Appointed to the MRAC in 2019.

Director, Harry Perkins Institute of Medical Research, WA; Professor of Medicine, University of WA.

Professor Angel Lopez MBBS, PHD, FRCPA, FAA

Appointed to the MRAC in 2014.

Centre for Cancer Biology; Head of Division of Human Immunology, Centre for Cancer Biology, Adelaide.

Professor Marina Pajic, MSC (Hons), PHD

Appointed to the MRAC in 2025.

Co-Director of the Translational Oncology Program, Garvan Institute of Medical Research; Conjoint Professor, Faculty of Medicine University of New South Wales Sydney; Head of the Personalised Cancer Therapeutics laboratory, Garvan Institute. Snow Medical Research Fellowship and NHMRC Investigator in understanding and targeting therapeutic resistance of pancreas cancer, Garvan Institute.

Professor Helen Rizos BSc (Hons1), PhD

Appointed to the MRAC in 2019.

NHMRC Senior Research Fellow; Head of Department, Biomedical Sciences, Faculty of Medicine and Health Sciences, Macquarie University.

Professor Clare Scott MB AM BS PHD MELBOURNE FRACP

Appointed to the MRAC in 2019.

Joint Division Head, Clinical Translation (Cancer), Walter & Eliza Hall Institute; Chair, Gynaecological Cancer, Faculty of Medicine, University of Melbourne; Laboratory Head, Victorian Cancer Agency Clinical Fellow, Cancer Biology and Stem Cells Division, Walter & Eliza Hall Institute.

Professor Alexander Swarbrick, BSC (HONS), PHD

Appointed to the MRAC 2025.

Laboratory Head and co-Director, Cancer Ecosystems Program, Garvan Institute of Medical Research. Conjoint Professor, Faculty of Medicine, UNSW.

Professor Christopher Sweeney, MBBS, DHS, FRACP

Appointed to the MRAC 2025.

Director, South Australian Immunogenomics Cancer Institute and Professor of Medicine University of Adelaide, Australia, Consultant Medical Oncologist Royal Adelaide Hospital, Adelaide, Australia.

Professor.dr Sjoerd Van Der Burg PHD

Appointed to the MRAC in 2017.

Advisor for the immunomonitoring of spontaneous and immune therapy induced immune responses at the Dutch Cancer Institute, Amsterdam, The Netherlands. Full professor in the immunotherapy of solid tumours at the University of Leiden. Head of the laboratory of Experimental Oncology of the departments of Clinical Oncology and Ophthalmology, Leiden University Medical Center, The Netherlands.

Associate Professor Nicole (Nikki) Verrills, BSC (HONS), PHD

Appointed to the MRAC 2025.

Professor of Cell Biology and Biochemistry and Deputy Head of School, School of Biomedical Sciences & Pharmacy, University of Newcastle and Hunter Medical Research Institute.

Professor Karen Vousden, PHD, CBE, FRS, FRSE, FMEDSCI, FAACR

Appointed to the MRAC in 2025.

Principal Group Leader, the Francis Crick Institute, London in Biological and Biomedical Sciences (BBS), and as the Director of the DFCI Pediatric Low-Grade Glioma Program.

Dr Nic Waddell BSc, PHD

Appointed to the MRAC in 2022.

Head of the Medical Genomics group and coordinator of the Cancer Program at QIMR Berghofer Medical Research Institute in Brisbane, Queensland; Member, Executive Committee for Australian Genomic Technologies Association; Member, Australian Genomics; Research Committee Member, Cure Cancer Australia; Member, Queensland Genomics Community Advisory Group; Co-founder and Board Member, genomiQa; Cancer Institute NSW Research Committee; Associate Member, Australian Academy of Health and Medical Sciences Mentoring Scheme.

Emeritus Professor Ian Frazer AC, MBChB (Edin), MD, FRS, FAA

Appointed to the MRAC in 2005, Chairman 2009-2017. On sabbatical.

Professor, School of Medicine, The University of Queensland; Head, Cancer Immunology Program, UQDI; Board Chair, TRI Foundation; Chair, Advisory Board, Medical Research Future Fund.

Board of Trustees

Dr Tim Cooper AM MD MSc, MBBS, MD, MBA, MRCPE, FAICD

Chair – Trustee since 13 March 2024.

- Managing Director, Coopers Brewery Limited
- Governor, Coopers Brewery Foundation Incorporated
- Chair, Brewers' Association of Australia
- Chair, Morgan's Brewing Company Limited

Dr Ian Brown BSc, MSc, PhD, Dip Bus Stud, Dip Ed, FTSE, FAST

Trustee since 23 March 2022

- Director, Preserve Health Pty Ltd (Adelaide)

Dr Dashiell Gantner BSc, MBBS, PhD, FCICM, FRACP

Trustee since 10 December 2019.

- Staff Specialist in Intensive Care, Medical Organ Donation Specialist, Alfred Health Adjunct Senior Lecturer, Department of Epidemiology and Preventive Medicine, Monash University • Director, Alfred Intensive Care Unit Pty Ltd • Director, Cassandra Gantner Foundation • Chair, Jianguo, K-OSSS and K-OSSS II Pty Ltd • Director, Nuco, Boqueria, Adela International Pty Ltd • Director, Black Gantner Asset Management LLC

Air Chief Marshal Sir Angus Houston AK AFC (Ret'd)

Trustee since 23 November 2011.

- Chancellor, University of the Sunshine Coast • Chair, Canberra Symphony Orchestra • Chair, UNSW Canberra Advisory Council • Chair, Murray Darling Basin Authority • Chair, Supershock • Advisory Board Member, Lowy Institute Board • Member, GreaterGood Canberra • Director, Sunshine Coast Mind and Neuroscience Thompson Institute • Consultant, Ernst and Young • Visiting Fellow, Australian National University – National Security College • Senior Councillor, The Cohen Group • Patron, Sunnyfield Independence • Patron, Stand Tall for PTS • Patron, Australian American Association (Canberra Division) • Patron, Bravery Trust • Patron, Bomber Command • Patron, European Alliance Against Depression Australian Chapter (WA) • Patron, The Centenary of ANZAC Centre • Patron, Tropical Brain and Mind Research Foundation, Townsville • Patron, Kimberley Brain and Mind Foundation • Patron, Literacy Acquisition for Pre-Primary Students (Kimberley, WA) • Ambassador, ShelterBox Australia • Patron, ACRF International Centre for Cancer Glycomics

Ms Gitanjali Bhalla BA, LL.B. (Hons), MIB, MAICD

Trustee since 5 June 2024.

- Chief People Officer, Seven Group Holdings
- Director, Coates • Director, WesTrac
- Director, Carriageworks

Mr Tim Crommelin BCom QLD, A.M.P. Hawaii, FSIA, MSAFAA

Trustee since 29 March 2000.

- Chair, Morgans Holdings (Australia) Limited • Chair, Eagers Automotive Limited • Deputy Chair, The Morgans Foundation • Director, The Brisbane Lions Foundation • Director, Senex Energy Limited • Director, University of Queensland Endowment Foundation • Advisory Board, Queensland Brain Institute • Chair, University of Queensland Investment Advisory Board

Ms Jennifer Hewett BA, MA

Trustee since 20 September 2012.

- National Affairs Columnist, The Australian Financial Review

Mr Peter Jones BSurv, LLB, FCIS, FGIA

Trustee since 20 June 2005.

- Senior Commercial Counsel, Hall & Wilcox

Mr Pat McCafferty BBus, MBA (exec), GAICD

Trustee since 26 November 2024.

- Managing Director, Yarra Valley Water
- Chair, Thriving Communities Australia
- Deputy Chair, WaterAid Australia

Mrs Cassandra Michie BEc, BComm, LLB, FCA

Trustee since 29 October 2019.

- Director, PwC Foundation Pty Ltd
- Director and Chair, Finance and Property Committee for the Wayside Chapel

Ms Carmel Mulhern BA, LLB, LLM, FCIS

Trustee since 28 November 2023.

- Director, Methodist Ladies College, Kew
- Member, Advisory Board, Ninian Stephen Program Centre for Artificial Intelligence & Digital Ethics, University of Melbourne

Mr Adrian Redlich BEc

Trustee since 13 March 2024

- Director, Merricks Capital
- President, Caulfield Grammar School Foundation
- Member, Caulfield Grammar Investment Committee
- Deputy Chair, Murdoch Children's Research Institute Investment Committee

Mr Mark Tims BComm, CISA, MAICD

Trustee since 5 June 2024.

- Partner, KPMG

ACRF Patron

Her Excellency the Honourable Ms Sam Mostyn AC Governor-General of the Commonwealth of Australia

Ms Sam Mostyn AC was sworn in as Australia's 28th Governor-General on 1 July 2024.

A businesswoman and community leader, Ms Mostyn is known for her exceptional service to the Australian community. She has a long history in executive and governance roles across diverse sectors, including business, sport, climate change, the arts, policy and not-for-profit.

"This is where heartfelt donations from people wanting to solve the problem of cancer come together with projects that have the potential to do just that."

ACRF Philanthropy Team

Your giving journey with ACRF

IF YOUR JOURNEY WITH ACRF AND THE ACRF ACCELERATE PROGRAM HAS JUST BEGUN,

or you're already one of our valued donors, everyone at ACRF is thrilled to have your generous support.

Whether yours is a one-off or ongoing contribution, or you're planning to leave a gift in your Will, you'll be assigned a relationship manager who will be your personal contact at the organisation.

You will be in control of how often we contact you, and in what way. For example you can choose to receive regular electronic or printed updates, an annual report on your selected research project, or periodic phone call updates.

At ACRF, we're committed to ensuring you get what you need, when you need it, and in the manner you'd like to receive it.

We love sharing news and success stories with our donors. If these are of interest to you, you'll also receive invitations to a range of special events throughout the year such as laboratory tours and openings, webinars and other special activities.

We respect our donors' privacy and will not share your personal details with any other charity.

BE THE DRIVER of your donation experience when you support the ACRF Accelerate program

With your own **DEDICATED RELATIONSHIP MANAGER,** shape your personal experience by selecting your preferred updates, information and experiences

DEPENDING ON YOUR PREFERENCES, you can join us for lab tours, project openings, webinars and other engaging events

How to get in touch with ACRF

We look forward to meeting you to discuss your preferred contribution to the ACRF Accelerate program. To start this process, please contact us via email philanthropy@acrf.com.au

Kerry Strydom
CEO
Email: kstrydom@acrf.com.au
Mobile: 0414 266 598

Kerry joined ACRF in 2017 moving from a commercial career spanning global clinical research, FMCG and professional services. A Chartered Accountant (KPMG) with experience across business functions, Kerry leads the ACRF team with passion, focus and a personal commitment to advance to a world without cancer.

Victoria Bonsey
Philanthropy Manager - National Lead
Email: vbonsey@acrf.com.au
Mobile: 0401 510 181

Victoria has been a professional fundraiser for over 23 years in the Australian charity sector. Since 2017 Victoria has been delighted to inform and connect supporters with ACRF, helping them back brilliant cancer research for accelerated outcomes and maximum impact.

Carly du Toit
General Manager
– Fundraising and Marketing
Email: cdutoit@acrf.com.au
Mobile: 0422 044 801

Carly is passionate about the impact of our supporters' generous contributions, raising funds for cancer research and delivering engaging, outcomes-focused donor communications and helping tell the stories of all the people who contribute to the extraordinary world of ACRF.

ACRF OFFICE
Suite 903, 50 Margaret Street,
Sydney, NSW 2000

GPO Box 9989 Sydney, NSW 2001

Web: acrf.com.au/philanthropy
Phone: 1300 884 988

CFN 13585 **ABN 27 076 461 360**

AUSTRALIAN CANCER RESEARCH FOUNDATION

REGISTERED CHARITY
acnc.gov.au/charityregister

BACKING

BRILLIANT

AUSTRALIAN
CANCER
RESEARCH
FOUNDATION

www.acrf.com.au