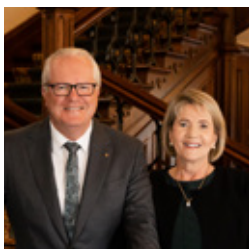




Annual Report

2022-2023

OUR PATRONS



Joint Patrons
His Excellency
The Honorable Chris Dawson AC APM,
Governor of Western Australia
and Mrs. Darrilyn Dawson.



Emeritus Professor George Yeoh
BSc, PhD
Laboratory Head
Liver Development & Cancer,
Harry Perkins Institute of Medical Research.

Dear Friends of the Institute

This past year, the focus has been on the COVID pandemic. Undeniably, its impact on the health of the community as well as medical researchers has been enormous. Directly, everyone has been affected; however, a less obvious, but no less important consequence of the pandemic is the concentration of effort dealing with it resulting in reduced resources to cancer patients. In addition, research laboratories have faced a myriad of issues that have curtailed their work. Delays in obtaining reagents, equipment and a reduced or total lack of access to laboratories to name a few.

It is in the context of these challenges that the efforts of the Institute this past year should be considered. As far as cancer is concerned, it remains true that “prevention is better than cure”, “early detection improves prognosis” and “knowledge is power”; all of which provide better outcomes for patients.

It is pleasing to learn that Institute’s screening program maintains its level of activity and continues to identify life threatening lesions that are referred. It is most certainly contributing towards the need to address the poorer outcome of cancer patients in our rural community. All concerned with this program deserve recognition and our thanks.

Improved outcomes for patients with all types of cancer has come about because of increased knowledge. Identifying causal factors, understanding the progressive stages that produce the cancer and discovering effective anti-cancer agents and incorporating these into treatment protocols are the fruits of research. Research is primarily an activity that relies on engaging dedicated,

hard-working and talented people. It is extremely pleasing to record in this report that the Institute has increased its commitment to supporting researchers by providing an additional Lions-Lotus PhD scholarship to Ms Anjali Ghimire to one awarded to Mr Nathan Main, both working at Curtin University.

It also continues to co-fund student support under the Karen & Joshua Chinnery Scholarship nominated by and together with the Cancer Council of WA. The latest students, Hannah Newnes and Samantha Barnes undertake their studies at the Telethon Kids Institute. There cannot be better ways to invest in research than to support the career advancement of smart West Australians.

In closing, I commend the Board of the Institute for its strategy to improve outcomes for cancer patients and its courage to tackle cancers that are difficult to treat.

To all friends and supporters of the Institute, continue your good work. You are a team that improves the lives of many.

Thank you.

George Yeoh

Patron

BOARD OF DIRECTORS

ELECTED MEMBERS

PDG Michael Wainwright	Chairperson
Lion Christine Walker	Vice Chairperson
PDG Garry Irvine	Director Australia & NZ Liaison
Lion John Osborne	Director Screening Operations Manager
Lion Philip Chinnery	Director Bus. Devlpmt and Public Relations
PDG Pamela Baird	Director
Lion Hans Hoette	Director
Lion Graham Bateman	Director
Lion Jim Foster	Director
Lion David Baird	Deceased

APPOINTED MEMBERS

Lion Robert Garratt	Treasurer
Mr William Crosthwaite	Secretary
Mr Rob Fitzpatrick, FRCS, FRACS	Chair Medical & Scientific Advisory Committee

EX OFFICIO MEMBERS

DG Darren Blackburn	District 201W1
DG Ted Watts	District 201W2
1 st VDG Tim Moore	District 201W1
1 st VDG Peter Kenneday	District 201W2

CO-OPTED, NON-VOTING, MEMBERS

PDG Neil Saunders	Finance & Administration Advisor
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The Lions Cancer Institute (WA) Inc. is a “Not for Profit” medical research institution. The Institute holds an Endorsement from the Australian Tax Office as an income tax exempt, charitable entity (ITEC) and is a deductible gift recipient bracket (DGR). The Institute holds a licence issued under the provisions of the Charitable Collections Act.

Auditor/Accountant is Dharam Ghangas – Auditax Accountants

Institute website: www.lionscancerinstitute.org.au

CHAIRPERSON'S REPORT



PDG MICHAEL
WAINWRIGHT

It gives me great pleasure to provide this report on the Lions Cancer Institute (WA) Inc (LCI) for the period July 2022 to June 2023.

OVERVIEW

I was elected Chairperson of the Lions Cancer Institute (WA) Inc in January 2023. It has been a busy year with many different priorities being set by the Board to advance LCI and to ensure it is viable into the future. LCI provides an essential service for communities in regional WA, if we do not have a plan for the future these communities may suffer.

To ensure that LCI will continue in the future the Board has identified succession planning as being a crucial aspect. The current Board has been associated with LCI for many years and are very aware that we need to have new members join our Board to allow for growth and longevity, to this end the current Board will offer support and guidance for new members. We would be keen to hear from any member of Lions who would like to take on a role on the Board as an assistant to a Board position or attend Board meetings to observe.

The more material aspect of ensuring our future is the procurement of our new screening vehicle. The current one has served us well but is now showing its age and it is no longer fit for purpose owing to some access requirements and conditions for our screeners. I wish to take this opportunity to thank all the clubs of both districts that made pledges of donations over the last three years and have submitted the payments. I also wish to thank the various organisations that have also made donations to the project. Without the generosity of the clubs and donors we would not be able to proceed with the project. Please see the Business Development & PR Annual Report from Director Lion Phil Chinnery for more detail.

We would not be able to do what we do without our fantastic volunteers. As you would be aware there are no paid employees of LCI. Our Board, screeners,

administrators, and drivers are all volunteers and I offer a heartfelt thank you to every one of you, without you we could not offer this service free of charge to our community. In 22/23 screenings were conducted in 39 locations over 45 days with 2,619 people screened and 604 referred to their GP. As you can see there is a need for our service and again, I thank the volunteers for the efforts they put in. Please see the Screening Events Manager Annual Report from Director Lion John Osborne for more detailed information.

On behalf of the Board and volunteers I would also like to acknowledge Lion Susan Mary Goddard on being awarded an OAM this year. Sue has been a supporter and volunteer for LCI over many years.

With the amalgamation of the two districts the Board is reviewing our constitution in regard to the future make-up of the Board and other changes that would benefit LCI this should be finalised in late 23.

LCI has continued to support research through the Karen & Joshua Chinnery Scholarship, and the Lions-Lotus PhD Scholarships. Both scholarships offer hope of advancement in the treatment of cancer into the future. This year the Board is considering expanding the cancers being researched by the PhD students. This is being negotiated at this time and will be announce once finalised.

The Board decided this year to ensure that when conducting screenings in locations which have a local Lions Club, we would invite them to participate in the screening if it had not been organised by the club. This is to allow for local promotion of Lions in the area but also to ensure we have local knowledge of the area and how we can better utilise local facilities.

The annual report contains reports from the treasure Lion Robert Garratt, Screening Manager John Osborne, Medical Director Rob Fitzpatrick FRCS, FRACS, Plastic Surgeon (retired), Finance and Administration Advisor Neil Saunders, Director Business Development & PR Phil Chinnery, and our current PhD students.

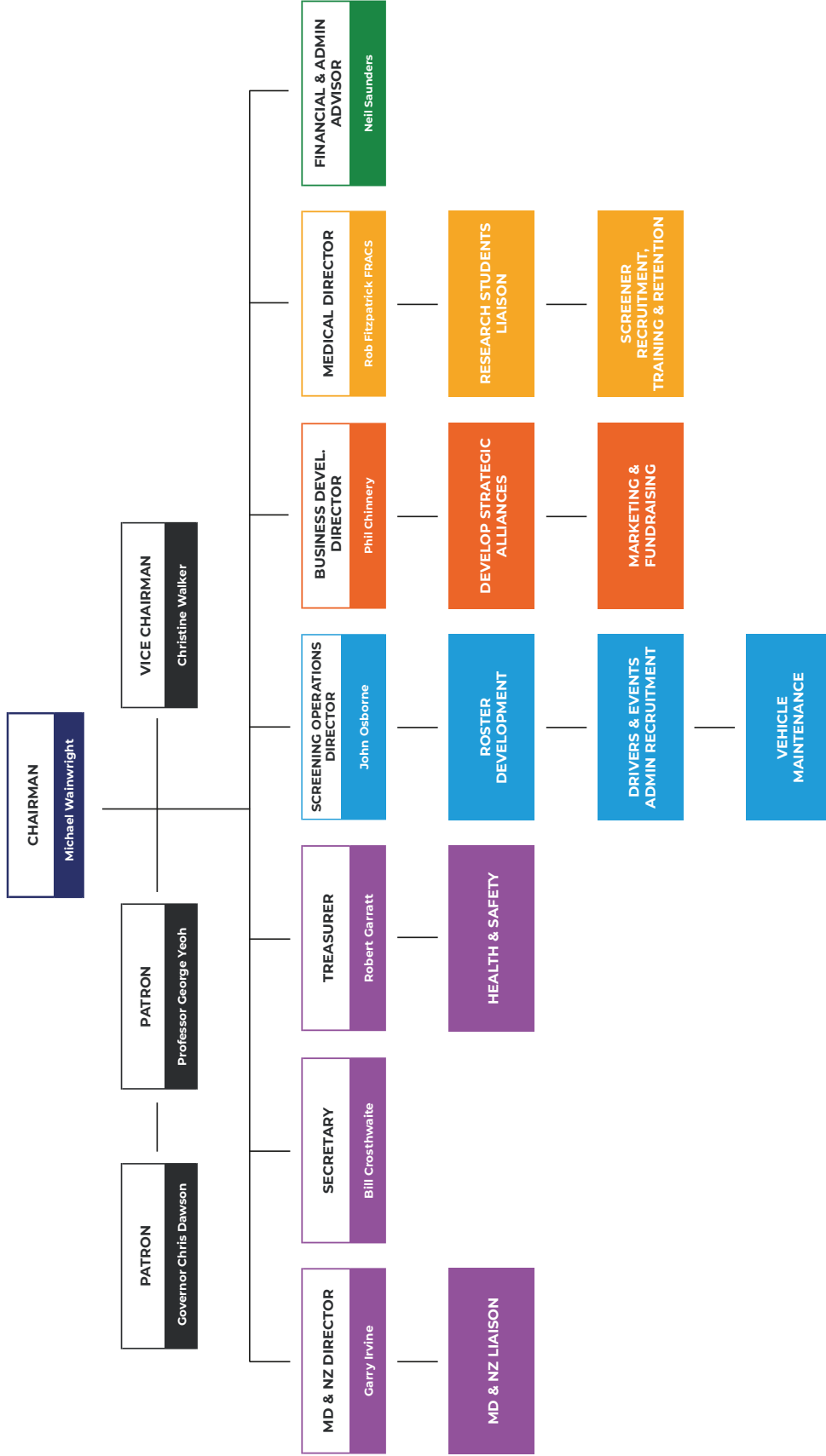
The institute is well served by a Board consisting of both Lions and non-Lion members who consistently offer their time to ensure we continue to provide an excellent service to our community.

I wish to thank our retiring Board members PDG Garry Irvine and PDG Pamela Baird for their hard work and dedication to LCI over long period of time. I also wish to acknowledge Lion David Baird who passed away this year for his dedication and commitment to LCI and Lions.

■ **PDG Michael Wainwright - Chairman**



ORGANISATIONAL CHART



BUSINESS DEVELOPMENT AND PUBLIC RELATIONS REPORT



LION PHIL CHINNERY

In my new role, having completed five years in my former position as Chair of the Lions Cancer Institute (WA) Inc., I provide the following information on the replacement screening vehicle, our support of PhD Students in their studies of cancer disease, and the promotion of the Institute both within Lions and to the General Public.

Former BD & PR Director PDG Garry Irvine has taken on a similar position on the Board to pursue the promotion of our Free Skin Screening project with Lions in 201 Districts other than W1 and W2 (soon to be known as 201WA), and in NZ.

SCREENING VEHICLE REPLACEMENT

Three years ago, an invitation was sent to all Clubs in WA to pledge a yearly donation for three years to provide base funding to replace our aging Unit. At the end of that three-year period Lions in WA have donated a figure in the order of \$242,000. In addition, we received a Grant of AUD\$107,021 from LCIF. On behalf of the Board, I thank those Clubs that have been able to provide their generous support.

This combined with \$505,619 in substantial donations from the corporate, business, and private sector to a total amount of \$854,563 gave the Board the confidence to proceed with final design and place an order in December 2023 to have the new Unit built.

Due to difficulties with having the vehicle classification accepted by Main Roads initially, and now a final design issue bought on by changes to new rules on Front Underrun Protection design introduced by the National Department of Transport, the expected design and build time and consequently costs have increased. Expected delivery of the completed vehicle is likely to be during the second quarter of 2024 and the total cost is estimated to be in the region of \$880,000. An allowance of an additional \$40,000 has been budgeted for insurance, registration, and signage.

PROMOTION

The Institute does report regularly to W1 & W2 Cabinets through the great work by Director Lion Graham Bateman. Information is also provided for inclusion in the District Governor's newsletters in an attempt to keep Club members informed, as well as to Clubs by the 2nd VDG's during their visits to Clubs.

Until recently we were having paid advertisements and articles published a few times a year in publications such as Farmers Weekly and the Have a Go News. Unfortunately, there has been extremely poor response in donations made to the Institute so we will stop this expenditure and seek a better return on other forms of promotion.

RESEARCH

The Institute is continuing to support through the Karen & Joshua Chinnery Scholarship, two PhD students attending Curtin University. Samantha Barnes is in the final year of her studies and new student Nathaniel Barry was selected for top up funding support for two years commencing mid-2023. Medical Director Rob Fitzpatrick will maintain contact with them during their time under the scholarships.

The Lions-Lotus PhD Scholarship, fully funded by The Lions Cancer Institute is based in the Curtin Health Innovation Research Institute (CHIRI), at Curtin University. Nathan Main will complete his studies in the prevention and treatment of liver cancer later this year. A second Student, Anjali Ghimire was awarded a position with CHIRI last year for a three-year term. Her research has the aim of developing a new approach to detect early signs of future liver cancer development.

The Institute is in discussion with Curtin University to enter a similar scheme as CHIRI to fund a student in the study of skin cancers such as Melanoma, and/or eye cancer Uveal Melanoma. We hope to bring this to fruition in early 2024.

■ Lion Phil Chinnery



AUSTRALIAN AND NEW ZEALAND LIAISON REPORT



PDG GARRY IRVINE

As I have decided to not nominate for a position as an Elected Director at the upcoming District Convention this will be my final Report in that capacity.

I am taking a liberty after some 33 years to relate in this moment what my experiences have been both as a Lion, an elected Director, an administrator over these many years and as a Dermoscopist over more recent years. I am proud to have enjoyed the role as inaugural Chairman and together with Prof. Bruce Nathaniel Gray, then the Head of the Department of Surgery at Royal Perth Hospital been able to play my part in establishing the Lions Cancer Institute and then introduce it as a District Project in 1990 at the 201W2 Merredin Convention.

Firstly, I acknowledge every Lion and non-Lion who accepted a role in building this wonderful Project to the position we enjoy today. Our history is so valuable for we have enjoyed the company of so many who shaped this entity. In the early 90's, as a then Bull Creek Club member we had Board members from that Club including my close friend PDG John Roberts who also served as Chairman and later PDG Ron Vaughan and PDG Bob Huey as Sec/Treasurer and alongside in those early years, PDG Colin Beauchamp AM and Lion Phil Chinery leant their support with Colin going on to serve as Chairman for many years. After we launched the screenings, we had volunteer pilots who offered their personal time to fly our screeners to many screening locations within this State. Lion Murray Fletcher was one of our volunteer pilots. Thanks to those many Lions and their Clubs who accommodated our teams as we began our screening services under the leadership of PDG Colin Beauchamp AM. He was such a driving force from the early days until he stepped down a couple of years ago, he was supported by wife Lion Sue Goddard who recently received an OAM for her services to community. PDG Darrel Mainard was a long serving and dedicated contributor, as a driver, ensuring our mobile screening units arrived at the many locations we screened at. Our many volunteer Screeners like Associate Professor Kurt Gebauer OAM who still serves today, so many of whom have now passed like

Dr Alistair Turner, a Plastic Surgeon, who I became a patient of for many years and our long serving current Medical Director Robert Fitzpatrick FRCAS also a retired Plastic Surgeon with whom I have shared time at many screening. Chris Lowings and wife Siva both South Australian residents, came over to WA and screened with us for many years - each and all recognised by our Institute for their services. It was Chris and PDG Colin who in the early years of our Institute travelled to Europe with support from the Institute to receive training from some of the best Dermatologists in the world and together they established a training programme at Flinders University with A/Prof. Clare Harvey who later transferred to Napier NZ Eastern Institute of Technology where PDG Colin and Chris made contact again with her and other professionals to discuss training and screening services for NZ.

The Institute became associated with the University of WA for a period, a move to create an 'identity' for the then fledgling Institute to assist with possible funding applications, more recently we enjoy a strong relationship with Curtin University, and we continue to fund research with a new focus on skin cancer.

We have shared these times with so many persons both Lions and non-Lions who have supported us to reach where we are today, we have built a valuable community service project without Government funding. This service we established in WA, and we have promoted it to other States and have been successful in supporting South Australia and Victoria to set up their free skin cancer screening services, we continue to work with other States in the hope they might do the same. We were able to entice Ms Deborah Hutton, a national media personality and a skin cancer sufferer, to be our Lions Ambassador. We still have unfinished business with NSW and QLD, so we have yet to find the Lions who have the passion for this valuable service. I enjoyed screening with PDG Colin in SA and working alongside PDG's Mick and Marion Miller both with an OAM, they are two of the SA Lions of those early formative years.

Some 10 years ago we offered our support to NZ, and we continue to pursue those early introductions, PDG Paul O'Connor who drives the Project with his national Committee intends to launch their skin screening programme in 2024.

To conclude, if I forgot to mention the names of others who contributed I apologize in advance, I thank every Lion and non-Lion I have worked with since my involvement and know that with the ongoing support of our Lions Clubs we will continue this service.

■ PDG Garry K Irvine

MEDICAL DIRECTOR'S REPORT



ROBERT FITZPATRICK
FRCS, FRACS.

The Lions Skin Cancer Screens have been performed for 33 years. In that time there have been over 80,000 people screened in all parts of Western Australia, from Kununurra in the North to Esperance in the South. Recently an experienced screener found 2 suspected melanomas on the same day. Hopefully if those two patients attend the GP soon, another two lives will be saved. This will save the community a great deal of Health Care as dealing with early melanoma costs far less than with advanced disease; \$1,680 for early stage and \$115,000 for advanced stages back in 2017. Unfortunately, Government does not recognize this fact and will not support the service we give to the community. Although the service which screens an average of about 120 people per weekend costs about \$2000 daily to run, discovery of those two melanomas may have saved the governments over \$300,000 in present day terms. The Government has not contributed to the new coach which should hit the road in 2024. Their reason is because Lions Cancer Institute cannot provide hard evidence that it is an economic service, even though between 1 in 4 and 1 in 5 people are referred for review by their GP. If the GP screened this many patients, it would cost the government upwards of \$4500.00.

We continue to recruit Screeners, but our retention rates are not satisfactory. Quite a few recent medical graduates have applied, but do not realise their workload in the training years. I am loathe to waste money on their Dermoscopy training which provides them with extra skills which are not used as promised when they sign on to the program. The ideal screener is somebody with plenty of free time and a medical or nursing background. It is disappointing that older doctors are not volunteering! We have had no new volunteers from older doctors. On the

other hand, we have had a couple of recently retired nurses who have participated in the training and hopefully will be at a screening before the end of the year.

The new coach will be an opportunity to revamp and renew our delivery to an aging population as it will have facility to bring an immobile patient into an examination room. This is an important part of our service. Recently in a young, mining related cohort we had a zero-referral rate! The service needs to be selective as in the mining communities there is a notable reduction in referrals as the population is younger, aware, and covered up during their working hours. It is for this reason the service needs to target the older population. In the past some of our funding was from companies with a large donation. The companies become more demanding and our fund raising can cover costs at present. It is possible that the companies saw the service as a cheap way of fulfilling their obligations towards Health and Safety!

Apart from this service the Institute supports cancer research through the Cancer Council and the Curtin University. At the moment the Lions support 3 students performing studies for PhD's. Their progress will be documented in this annual report. Negotiations are proceeding for a second student at Curtin.

Finally, I would like to thank the volunteers who make this service run, the screeners, the drivers and the administration, in particular John Osborne and Rob Garratt who have worked tirelessly to organize the schedule and IT. I would also thank Kylie Laverty once again for the contribution she has made to training revision and reform.

■ Robert Fitzpatrick FRCS, FRACS—Plastic Surgeon (Retired)



SCREENING EVENTS MANAGER REPORT



LION JOHN OSBORNE

Southern, the Goldfields, the Eastern and Northern Wheatbelts. Screening clinics were held in 39 locations over 45 Days. Screening clinics for most locations are a single day event while for the larger towns events are held over 2 days.

The backbone of the screening program is the volunteer screening teams. From the screening panel we had fourteen individuals put up their hand to take part in the screening program. This is a generous commitment as it usually meant a commitment over four days, with traveling on the Fridays and Mondays. The same generous commitment is shown by the Driver/Administration team. This part of the screening program was covered by Twelve volunteers. Over the year 1214 hours were spent screening and a further 133 hours driving 10,000 Kilometres around the State.

SCREENING RESULTS 2022-2023

Males	1115
Females	1504
Total	2619
Met Criteria	1064
Referred	604
Life Threatening Lesions	250
% Referred	23%

2619 TOTAL SCREENED

Last screened within 6 months	80
Last screened 6 - 12 months	286
Last screened over 12 months	1556
Never Screened	692

SCREENING CLINIC LOCATIONS 2022-2023

Boyanup, Boyup Brook, Hyden, Kulin, Lake Grace, Pingrup, Esperance, Hopetoun, Jerramungup, Wellstead, Albany, Denmark, Mount Barker, Wagin, Dumbleyung.

Quairading, Corrigin, Wandering, Boddington, Baldavis, Perry Lakes, Jandakot, Claremont, Lancelin, Gingin, Kalgoorlie, Menzies, Leonora, Leinster, Cunderdin, Kellerberrin, Dowerin, Wyalkatchem, Morawa, Three Springs, Mingenew, Dongara & Geraldton

INFORMATION AND TECHNOLOGY

During the year the Cancer Institute set up a dedicated server. This allows remote users access to the applications in use by the Institute. Screening data is now recorded in a purpose-built application directly from the screening unit. This information is readily available to the authorised users. The Screening event management application is also available on the server.

SCREENING UNIT

No major maintenance work was required on the Screening unit during the year.

Servicing continues to be done by Austransit (Mandurah Bus charters) at their Mandurah Depot.

■ John Osborne—Screening Events Manager

LIONS-LOTUS PHD SCHOLARSHIP CHIRI PHD STUDENT REPORT



ANJALI GHIMIRE

PROJECT TITLE

Predicting liver cancer prior to its development to improve early detection and survival

PROJECT COMMENCED

March 2022

EXPECTED COMPLETION

September 2025

PROJECT SUMMARY

Hepatocellular carcinoma (HCC), the most prevalent form of liver cancer, is responsible for approximately 10% of cancer-related deaths worldwide. In Australia, HCC is the fastest increasing cause of cancer-related death. HCC typically arises as a consequence of pre-existing chronic liver conditions, including viral hepatitis, alcoholic liver disease, and increasingly, non-alcoholic fatty liver disease (NAFLD). Presently, there are no reliable means to anticipate which patients are at a high risk of developing HCC in the future, other than subjecting cirrhotic patients to abdominal ultrasound. Consequently, there is a lack of surveillance initiatives for early HCC detection, especially in the non-cirrhotic population, leading to delayed diagnosis and low patient survival rates. Therefore, my research is focused on creating a novel approach to identify early indicators of future liver cancer development before current diagnostic methods can detect the disease.

Cancer evolves gradually through a sequence of alterations that transform a normal cell into a cancerous one. Our research group has recently conducted an extensive analysis of the molecular profile of cells that are on the verge of becoming cancerous in the liver. My investigation aims to create techniques for identifying and measuring the pres-

ence of these precancerous cells in individuals with liver diseases. We have reason to believe that these precancerous cells can be identified well before the onset of liver cancer, especially in individuals at high risk. Detecting them early could be a transformative breakthrough for liver cancer patients, potentially enhancing both their survival rates and overall quality of life.

RESEARCH PROGRESS

In my research, I'm using advanced genomic sequencing technology (Oxford Nanopore Technology, PromethION 2 Solo) to identify and assess the levels of precancerous cells. I am simplifying complex DNA sequencing data collected from samples of cancerous and precancerous human liver tissue to look for unique molecular markers that can distinguish

precancerous cells from healthy ones. So far, I have successfully sequenced and decoded the DNA profiles from these liver samples.

Now, my focus is on developing strategies to pinpoint these specific markers for precancerous cells within the vast amount of DNA data we have collected. I am also working towards detecting these markers in patients' blood as human blood contains fragments of DNA from all dying cells in the body, including liver cells. Ultimately, my goal is to create a simpler and more reliable blood-based method for identifying and quantifying precancerous liver cells in patients before they undergo cancerous changes.

If successful, this approach could revolutionise the way we identify high- and low-risk liver disease patients, who need surveillance to detect early signs of liver cancer.

■ Anjali Ghimire PhD student Curtin University



LIONS-LOTUS PHD SCHOLARSHIP CHIRI PHD STUDENT REPORT



HANNA NEWNES

Research Report: Cancer Council WA Research Program

Cancer Council WA Student PhD Top Up Scholarship (2021)

PROJECT TITLE

Harnessing the functional diversity of individual type I interferons to eliminate cancer.

PROJECT DESCRIPTION

Immunotherapies work by boosting the immune system to clear tumours. While there have been impressive results, unfortunately many patients fail to respond. This project aimed to understand the immune response which drives the elimination of cancer versus the immune response which allows the cancer to grow unchecked. A commonly held view is that patients either have a 'hot' immune active tumour which is responsive to therapies or a 'cold' immune inactive tumour which is unresponsive to therapy. Our data suggests for successful treatment patients require a balance of both 'hot' and 'cold' signals to drive a finely tuned 'warm' environment. An 'overheated' response drives a short but ultimately ineffective immune response, which may explain why some patients with a 'hot' tumour fail to respond to therapy. Using current technology, we investigated the mechanisms driving 'warm' responses to recapitulate them in the laboratory. Using this knowledge, we can deliver personalised therapies to switch them from 'overheated' tumours to 'warm' tumours to improve their response to current therapies. Project update: AIM 1 To understand the differences between 'overheated', 'warm' and 'cold' tumours at the cellular level. To do this we have developed protocols to which allows us to look at the cells within each tumour and understand how they may be working. We use flow cytometry which allows us to take tumour samples and identify individual cells by tagging them with special fluorescent markers. We can then identify different cell types, determine if they are working properly and then compare this across

conditions. We have been able to look at each of the tumour types and have identified a profile associated with 'overheated' and 'warm' tumours. We then used this knowledge to create better therapies that can convert 'overheated' or 'cold' tumours into 'warm'. AIM 2 Identify targets in 'overheated' and 'cold' tumours that can be augmented to improve response. Results from aim 1 have allowed us to identify pathways that can be targeted to 'cool down' overheated tumours. We have shown in preclinical models that targeting these pathways leads to reduced cancer development. We have shown that by making the tumour express this molecule we can reduce tumour development which even led to cures in up to 70% of mice. We have also shown that expression of this molecule changes the cell types in the tumour making them more like a 'warm' tumour. AIM 3 Improve adoptive cellular therapy (ACT) protocols. ACT is a type of immunotherapy in which T cells (a type of immune cell) are given to a patient to help the body fight cancer. We can now engineer these T cells by selectively 'deleting' genes which inhibit their function and adding in extra 'weapons' which generate functionally superior T cells. We have developed a genetic editing platform in our lab to edit T cells which we can then use in preclinical models to treat cancer. Using the knowledge gained from aims 1 and 2 we have added in 'weapons' which could combat an 'overheated' tumour to improve response rates. Recent results have

shown that addition of the molecule identified in aim 2 into T cells, makes them better fighters, and can significantly reduce tumour burden compared to T cells without addition of this 'weapon'. We

are very excited about the results from this project and believe it will lead to significant findings which will change the way we treat cancer. We are now working on identifying this 'overheated' or 'warm' signature in large cohorts of melanoma patients. Preliminary results suggest that patients with an 'overheated' signature have worse overall outcomes compared to patients with a 'warm' signature. Using these findings, we can stratify patients to deliver more targeted immunotherapies to ultimately improve patient outcomes. In addition to the exciting research results I am glad to report that I submitted my PhD thesis in April 2023, have passed and due to graduate at the end of the year. I would like to acknowledge the support from both the Cancer Council of WA and Lions Cancer Institute, which has enabled me to complete my thesis and I look forward to continuing this work.

■ Hannah Newnes PhD student Telethon Kids Institute

KAREN AND JOSHUA CHINNERY SCHOLARSHIP PHD STUDENT REPORT



SAMANTHA BARNES

PROJECT TITLE

Supercharging natural killer (NK) immune cells to eliminate leukaemia.

SUMMARY

Therapies that harness the patient's own immune system to fight cancer (known as immunotherapies) have shown remarkable success for patients with advanced leukaemia. However, these therapies are expensive, time-consuming, and not all patients are able to donate their own cells. This means there is an urgent need for an alternative approach. Our solution is to use the cancer killing immune cell, the natural killer (NK) cell, which can be collected from healthy donors, stored for later use, and given to multiple patients as soon as treatment is required. In this project we will develop new methods to enhance the activity of NK cells against leukaemia using immune-boosting molecules known as interferons [Aim 1]. We will also use cutting-edge genetic technologies to understand why some NK cells are better at killing leukaemia than others [Aim 2], and we will then use this information to "supercharge" NK cells to further enhance and refine their cancer killing abilities [Aim 3]. Our long-term goal is to create a highly effective NK cell therapy to ensure all patients can receive this life-saving treatment.

PROJECT UPDATE - SEPTEMBER 2023

Aim 1

We previously screened all the different types of interferons and found that IFN 14 was the most effective subtype at boosting NK cell activity against leukaemia, both in the lab and in our preclinical mouse models of NK cell therapy. We believe that with further research, this finding could significantly improve the response rates of future NK cell therapies. This work was successfully published in December 2022 in *Frontiers in Immunology*.

Aim 2.

In this aim we are using several cutting-edge sequencing technologies to identify new targets which can be used to improve NK cell activity against leukaemia. We have performed several major sequencing experiments on healthy donor NK cells with "high" and "low" abilities to eliminate leukaemia to identify the major genes and pathways that control NK cell activation. From our bulk analyses we have identified a gene "signature" that we believe drives improved NK cell function (investigated in Aim 3). From our single-cell analyses we have identified a population of NK cells that are enriched in donors with "high" function, and have also identified a panel of additional candidate target genes that we are currently investigating. We are continuing to analyse this data and hope to have more results soon.

Aim 3

Results from Aim 2 have allowed us to identify a novel target that we believe is a critical regulator of NK cell function. Using drugs that either activate or inhibit this target pathway, we have shown that several important aspects of NK cell biology are reliant on this pathway including proliferation, responses to immune molecules, and anti-cancer function. In particular, we found that inhibiting this pathway significantly reduces the ability of NK cells to eliminate leukaemia in the lab even in the presence of known NK cell activators. We are currently investigating the mechanisms through which this pathway controls NK cell function and hope to publish these findings next year.

We continue to be excited by the results from this project and believe these findings have significant implications for the field of NK cell therapy. We hope these results will lead to the development of more effective cellular therapies which will improve outcomes for patients with leukaemia.

■ Samantha Barnes PhD student Telethon Kids Institute



NATHANIEL BARRY

PROJECT TITLE

Using artificial intelligence combined with medical image data to improve glioblastoma patient outcomes

PROJECT SUMMARY

Glioma is a cancer of the brain and glioblastoma is the most aggressive form of glioma. Glioblastoma is difficult to treat and has poor survival rates with treatment involving surgery to remove as much tumour as possible, followed by chemotherapy at the same time (and after) radiotherapy. Doctors use medical images to inform treatment decisions, such as magnetic resonance imaging (MRI). Doctors visually inspect these images and make a judgement on whether current treatment is effective or not. These assessments inform on predicted patient survival and guide further treatment decisions. Doctors don't use the digital data available within medical images, which are made up of hundreds to thousands of numbers. Advancements in computing has opened an additional avenue of research where we believe that artificial intelligence can process this data to inform on a glioblastoma patient's predicted survival or tumour recurrence. This can act as an additional set of tools for doctors so that they can confidently pivot patient treatment earlier and with more accuracy, which is expected to improve survival. These approaches will be applied to positron emission tomography (PET) combined with a radioactive tracer with demonstrated beneficial properties in glioma imaging called O-(2[18F]-fluorethyl)-L-tyrosine (FET), on data accrued from the ongoing national, multi-centre FET PET in Glioblastoma (FIG) trial. In parallel, we will also investigate the use of an automated artificial intelligence pipeline applied to a relatively new MRI sequence using amide proton transfer (APT), which has also shown promising predictive power for patient survival.

RESEARCH PROGRESS

FET PET

To date, manuscripts have been developed on the Nuclear Medicine and Radiation Oncology credentialing data from the FIG trial. One manuscript has so far been accepted for publication in the European Journal of Nuclear Medicine and Molecular Imaging (DOI: 10.1007/s00259-023-06371-5) with another currently submitted to the journal Radiotherapy and Oncology. The development of both manuscripts resulted from active collaboration with 21 Nuclear Medicine Physicians and 19 Radiation Oncologists across 10 institutions in Australia. These works will contextualise future progress on artificial intelligence projects which will utilise data that becomes available as part of ongoing patient recruitment.

APT MRI

Steady progress has been made for the APT MRI arm of the PhD. Upon receiving approval for our retrospective study protocol, 73 glioblastoma patients from Sir Charles Gairdner Hospital met our inclusion criteria and their respective imaging, demographic, treatment, and outcomes data have been retrieved. The imaging data has since been used to validate an artificial intelligence based, open-source, automatic brain tumour segmentation toolkit, conducted with direct consultation from an experienced neuroradiologist. A plugin for the medical imaging computing platform "3D Slicer" was also created for user-friendly execution of this toolkit and has been made available to other researchers. The work conducted so far has been accepted for oral presentation at the Engineering and Physical Sciences in Medicine conference (2023). Future steps are to apply these automatically generated segmentations to APT MRI and extract informative data from the tumours of each of the patients, which will be used in combination with survival data to develop a prognostic model.

■ Nathaniel Barry

COMMUNITY EVENTS





TREASURER'S REPORT



LION ROBERT GARRATT

Another year gone by with plenty of activity in our finances. Pledges have been well supported by the clubs with \$65,000 being received during the year. We also received the LCIF grant of \$107,023 and from CBH \$10,000. At the end of 2022-23 year with have \$831,106 towards our much-needed replacement vehicle. Well done all clubs.

Our level of auditing has been reduced back to Tier 2 after changes by the Tax Office which gives us reduced audit fee's.

I have spent time with our accountant to help me follow what he looks for in our figures from Xero.

With the increase in interest rates, I am keeping as many funds as possible in the Cash Reserve Account now getting 1.55% P.A. on daily balance, paid monthly.

Just a note for the Financial Report – on the **Assets and Liabilities Statement - Other non-current assets** is the deposit for our new vehicle.

OPERATIONAL ACCOUNTS

I have continually found more advantages of using Xero. I can now produce more user-friendly reports for us to be able to follow readily.

The Telemarketing group are once again major contributors to our funds of \$278575. This was some 5% over the previous year. The expectations are that donations will reduce with higher interest rates.

We have an operating surplus of \$380,772.09 which includes the LCIF Grant of \$106,986.02. Taking the LCIF grant our we have a result of \$273,786.07 which includes Pledge monies paid within the financial year. The portfolio increases of \$52197.26 is also included, as can be seen in the P&L.

I have rationalised the number of small accounts into general accounts hoping it make these P&L and Balance sheets easier to follow.

The introduction of the QR code for donations is being used well for receiving of donations.

PORTFOLIO

Having changed our fund management at the beginning of the year, we have now averaged a return of about 7.31% giving us the increase of \$52,578.45 as per below performance report, we had a late expense from the previous portfolio managers of \$381.19 which results in the P&L showing only \$52197.26 return. We are following the advice of the fund managers.

A BIG THANK YOU

The support from Dharam (Our Accountant & Auditor) has been fantastic, PDG Neil for his wise words and understanding of processes. I will miss Lion David Baird who did great work handling the many Telemarketing transactions every day.

■ Lion Robert Garratt – Treasurer

LIONS CANCER INSTITUTE
(WA) Inc
ABN 26 521 960 054
Directors' Report

Your directors present their report on the Institute for the financial year ended 30 June 2023.

The Lions Cancer Institute Inc was renamed to Lions Cancer Institute (WA) Inc

The names of the Directors in office at the date of this report are:

Elected members:

PGD Michael Wainwright. Chairman.
Lion Christine Walker. Vice Chairman
Lion Phil Chinnery: Director Business Development.
PDG Garry Irvine.
Lion Pamela Baird. Director.
Lion Hans Hoette. Director.
Lion Jim Foster. Director.
Lion John Osborne. Director Screening Event Coordinator.
Lion Graham Bateman. Director.

Appointed members:

Lion Robert Garratt. Treasurer
William Crosthwaite. Secretary
Mr. Rob Fitzpatrick, FRCS, FRACS. Chair Medical & Scientific Advisory Committee

Ex Officio members:

DG. Peter Kennedy District 201W2.
DG Tim Moore District Chairman 201W1.
2nd VDG Tom Oversby
2nd VDG Roslyn Barnes

Co-opted, Non-voting, members:

PDG Neil Saunders.

Changes in Directors during the 2022/2023 Financial Year.

DG Dot Jacobs. End of term.
Lion Pip Dargaville. End of term.
Lion David Turnell. End of term.
Lion David Baird Deceased

No significant changes in the Institute's state of affairs occurred during the financial year.

The Lions Cancer Institute (WA) Inc. is a "Not for Profit" medical research institution. The Institute holds endorsements for the Australian Taxation Office as an Income Tax exempt Charitable Entity (ITEC) and is a Deductible Gift Recipient (DGR). The Institute is also registered with Australian Charities and Not for Profits Commission (ACNC)

The Institute holds a current West Australian Charitable Collections Licence under the provisions of the Charitable Collections Act 1946.

No significant change in the nature of these activities occurred during the year.

No matters or circumstances have arisen since the end of the financial year which significantly affected or may significantly affect the operations of the Institute, the results of those operations, or the state of affairs of the economic entity in future financial years.

Signed in accordance with a resolution of the Board of Directors:



PDG Michael Wainwright
Chairman

Place: Mandurah Dated: 25.08.2023



Lion Robert Garratt
Treasurer

Place: Mandurah Dated: 25.08.2023



FINANCIAL REPORT

INCOME AND EXPENDITURE STATEMENT FOR THE YEAR ENDED 30 JUNE 2023

Account	Notes	2023	2022
Trading Income			
Donations	2	109,789	228,702
Telemarketing		275,739	93,469
Total Trading Income		385,528	322,171
Gross Profit		385,528	322,171
Other Income			
Interest	3	6,353	1,322
Portfolio		52,197	-33,531
Grants			
Record LCIF Grant MAT20023/201-W2		106,986	
Total Other Income		165,536	-32,208
Operating Expenses			
Accounting and audit		8,100	5,861
Admin		11,476	12,453
Depreciation		8,647	6,537
GST & Sundry Debtors Adjustmen		45	122
Insurance		2,787	4,936
Public Relations		8,750	5,828
Scholarship Expenses		44,482	54,000
Screening Vehicle Expenses		85,007	94,701
Various training costs		998	
Total Operating Expenses		170,292	184,438
Net Surplus		380,772	105,524

ASSETS AND LIABILITIES STATEMENT AS AT 30 JUNE 2023

	NOTES	30 JUN 2023	30 JUN 2022
Assets			
Current Assets			
Cash and cash equivalents		296,364	1,738,901
Trade and other receivables	4	-	19,900
GST receivable		25,804	2,214
Other current assets	5	6,352	5,432
Total Current Assets		328,520	1,766,447
Non-Current Assets			
Financial assets	6	1,463,332	-
Plant, equipment and vehicles	7	28,159	27,734
Other non-current assets		217,739	-
Total Non-Current Assets		1,709,229	27,734
Total Assets		2,037,749	1,794,181
Liabilities			
Current Liabilities			
Credit card liabilities		859	537
Trade and other payables	8	2,429	139,955
Total Current Liabilities		3,288	140,493
Total Liabilities		3,288	140,493

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2023

1. STATEMENT OF SIGNIFICANT ACCOUNTING POLICIES

(a) Basis of Preparation

This financial report is a special purpose financial report prepared in order to satisfy the requirements of Board members to prepare a financial report. The Board members have determined that the Association is not a reporting entity. The financial report has been prepared in accordance with the requirements of Association Incorporation Act 2015 (WA), association regulations.

The financial statements have been prepared on an accruals basis and are based on historic costs and do not take into account changing money values or, except where specifically stated, current valuations of non-current assets.

The following material accounting policies, which are consistent with the previous period unless otherwise stated, have been adopted in the preparation of the financial statements.

(b) Cash and Cash Equivalents

Cash and cash equivalents include cash on hand, deposits held at call with banks, other short term highly liquid investments with original maturities of three months or less.

(c) Property, Plant and Equipment

Leasehold improvements and office equipment are carried at cost less, where applicable, any accumulated depreciation.

The depreciable amount of all PPE is depreciated over the useful lives of the assets to the association commencing from the time the asset is held ready for use.

Leasehold improvements are amortised over the shorter of either the unexpired period of the lease or the estimated useful lives of the improvements.

(d) Impairment of Assets

At the end of each reporting period, the Board reviews the carrying amounts of its tangible and intangible assets to determine whether there is any indication that those assets have been impaired. If such an indication exists, an impairment test is carried out on the asset by comparing the recoverable amount of the asset, being the higher of the asset's fair value less costs of disposal and value in use, to the asset's carrying amount. Any excess of the asset's carrying amount over its recoverable amount is recognised in the income and expenditure statement.

(e) Accounts Receivable and Other Debtors

Accounts receivable and other debtors include amounts due from members as well as amounts receivable from donors. Receivables expected to be collected within 12 months of the end of the reporting period are classified as current assets. All other receivables are classified as non-current assets.

(f) Revenue and Other Income

Revenue is recognised when the amount of the revenue can be measured reliably, it is probable that economic benefits associated with the transaction will flow to the entity and specific criteria relating to the type of revenue as noted below, has been satisfied.

Revenue is measured at the fair value of the consideration received or receivable and is presented net of returns, discounts and rebates. For this purpose, deferred consideration is not discounted to present values when recognising revenue.

Interest revenue is recognised using the effective interest method, which for floating rate financial assets is the rate inherent in the instrument. Dividend revenue is recognised when the right to receive a dividend has been established.

Grant and donation income is recognised when the entity obtains control over the funds, which is generally at the time of receipt.

If conditions are attached to the grant that must be satisfied before the association is eligible to receive the contribution, recognition of the grant as revenue will be deferred until those conditions are satisfied.

Other revenue is recognised when the institute is entitled to the funds.

All revenue is stated net of the amount of goods and services tax.

(g) Leases

Leases of PPE, where substantially all the risks and benefits incidental to the ownership of the asset (but not the legal ownership) are transferred to the association, are classified as finance leases.

Finance leases are capitalised by recording an asset and a liability at the lower of the amounts equal to the fair value of the leased property or the present value of the minimum lease payments, including any guaranteed residual values. Lease payments are allocated between the reduction of the lease liability and the lease interest expense for that period.

Leased assets are depreciated on a straight-line basis over the shorter of their estimated useful lives or the lease term. Lease payments for operating leases, where substantially all the risks and benefits remain with the lessor, are charged as expenses in the periods in which they are incurred.

(h) Goods and Services Tax (GST)

Revenues, expenses and assets are recognised net of the amount of GST, except where the amount of GST incurred is not recoverable from the Australian Taxation Office (ATO).

In these circumstances, the GST is recognised as part of the cost of acquisition of the asset or as part of an item of the expense.

Receivables and payables are stated inclusive of the amount of GST receivable or payable. The net amount of GST recoverable from, or payable to, the ATO is included with other receivables or payables in the statement of financial position.

(i) Financial Assets

Investments in financial assets are initially recognised at cost, which includes transaction costs, and are subsequently measured at fair value, which is equivalent to their market bid price at the end of the reporting period. Movements in fair value are recognised through an equity reserve.

(j) Accounts Payable and Other Payables

Accounts payable and other payables represent the liability outstanding at the end of the reporting period for goods and services received by the association during the reporting period that remain unpaid. The balance is recognised as a current liability with the amounts normally paid within 30 days of recognition of the liability.

(k) Provisions

Provisions are recognised when the association has a legal or constructive obligation, as a result of past events, for which it is probable that an outflow of economic benefits will result and that outflow can be reliably measured. Provisions are measured at the best estimate of the amounts required to settle the obligation at the end of the reporting period.

(l) Income Tax

Lions Cancer Institute Inc. is exempt from income tax and registered as deductible gift recipient.



FINANCIAL REPORT

	2023	2022
2. Donations		
Donations, all other sources	67,721	96,149
Vehicle replacement	42,068	128,305
Total Donations	109,789	224,454
	2023	2022
3. Other Income		
Fuel tax credits	724	1,244
Bank Interest	5,629	89
Miscellaneous Income	-	155
Total Other Income	6,353	1,488
	2023	2022
4. Trade and Other Receivables		
Trade debtors	-	19,900
Total Trade and Other Receivables	-	19,900
	2023	2022
5. Other Current Assets		
Franking credits refundable	5,888	5,432
Fuel tax receivable	464	-
Total Other Current Assets	6,352	5,432
	2023	2022
6. Financial Assets		
Portfolio investments	1,423,648	-
Change in portfolio market value	39,684	-
Total Financial Assets	1,463,332	-

	2023	2022
7. Plant and Equipment, Motor Vehicles		
Plant and Equipment		
Plant and equipment at cost	9,072	31,547
Accumulated depreciation	(1,566)	(30,447)
Total Plant and Equipment	7,506	1,101
Motor Vehicles		
Motor vehicles at cost	335,341	335,341
Accumulated depreciation	(314,689)	(308,708)
Total Motor Vehicles	20,653	26,633
Total Plant and Equipment, Motor Vehicles	28,159	27,734
	2023	2022

8. Trade and Other Payables

Trade payables	1,150	138,513
Other payables	1,279	1,442
Total Trade and Other Payables	2,429	139,955

9. Cash Flow Information

For the purpose of the statement of cash flows, cash includes cash on hand and in at call deposits with banks or financial institutions, investments in money market instruments maturing within less than two months net of bank overdrafts.

a. Reconciliation of Cash

Cash at the end of the reporting period as shown in the statement of cash flows is reconciled to the related items in statement of financials positions as follows :

b. Reconciliation of Cash Flow From Operations with Net income

	2023	2022
Net current year surplus income after income tax	380,772	105,524
Depreciation and amortisation	8,647	8,491
Increase/(Decrease) in market value of investments	(39,684)	73,742
(Increase)/Decrease in Trade and other receivables	(4,610)	(16,828)
Increase/(Decrease) in Trade and other payables	(137,204)	137,551
(Gain)/Loss sale of assets	-	-
Cash flow from operations	207,921	308,480



DIRECTOR'S DECLARATION

DIRECTORS DECLARATION FOR THE YEAR ENDED 30 JUNE 2023

The Board of Directors have determined that the Association is not a reporting entity and that this special purpose financial report should be prepared in accordance with the accounting policies outlined in Note 1 to the financial statements, the attached special purpose financial statements have been prepared for the purpose of complying with the Association Incorporation Act 2015 (WA), the Australian Charities and Not-for-Profits Commission Act 2012 and association regulations.

The directors of the Association declare that:

1..The financial statements and notes attached give a true and fair view of the financial position as at 30/06/2023 and its performance for the year ended on that date in accordance with the accounting policies described in Note 1 to the financial statements.

2.In the director's opinion there are reasonable grounds to believe that the incorporated association will be able to pay its debts as and when they become due and payable.

This statement is made in accordance with a resolution of the Board of Directors and is signed for and on behalf of the directors by:

PDG Michael Wainwright

Chairman

Dated: 19 Sep 2023

Lion Robert Garratt

Treasurer

Dated: 19 Sep 2023

AUDITOR'S REPORT FOR THE YEAR ENDED 30 JUNE 2023

Independent Auditors Report to the members of the Association

Opinion

We have audited the financial report of Lions Cancer Institute Inc. (the association), which comprises the assets and liabilities statement as at 30 June 2023, the income and expenditure statement, movements in equity, statement of cash flows for the year then ended, notes comprising a summary of significant accounting policies and other explanatory information, and the directors declaration on the annual statements giving a true and fair view of the financial position and performance of the association.

In our opinion, the accompanying financial report gives a true and fair view of the financial position of Lions Cancer Institute Inc. as at 30 June 2023 and of its financial performance for the year then ended in accordance with the accounting policies described in Note 1 to the financial statements, and the requirements of The Associations Incorporation Act 2015 (WA).

Basis for Opinion

We conducted our audit in accordance with Australian Auditing Standards. Our responsibilities under those standards are further described in the *Auditor's Responsibilities for the Audit of the Financial Report* section of our report. We are independent of the association in accordance with ethical requirements of the Accounting Professional and Ethical Standards Board's APES 110: *Code of Ethics for Professional Accountants* (the Code) that are relevant to our audit of the financial report in Australia. We have also fulfilled our other ethical responsibilities in accordance with the Code.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Emphasis of Matter - Basis of Accounting

We draw attention to Note 1 to the financial report, which describes the basis of accounting. The financial report has been prepared to assist the association to meet the requirements of The Associations Incorporation Act 2015 (WA). As a result, the financial report may not be suitable for another purpose. Our opinion is not modified in respect of this matter.

Responsibilities of the Board of Directors for the Financial Report

The board of directors is responsible for the preparation and fair presentation of the financial report in accordance with the financial reporting requirements of The Associations Incorporation Act 2015 (WA) and for such internal control as the board of directors determines is necessary to enable the preparation and fair presentation of a financial report that is free from material misstatement, whether due to fraud or error.

In preparing the financial report, the board of director is responsible for assessing the association's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the board of directors either intends to liquidate the association or to cease operations, or have no realistic alternative but to do so. The board of directors is responsible for overseeing the association's financial reporting process.

Auditor's Responsibilities for the Audit of the Financial Report

Our objectives are to obtain reasonable assurance about whether the financial report as a whole is free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with the Australian Auditing Standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of this financial report.



AUDITOR'S REPORT

AUDITOR'S REPORT FOR THE YEAR ENDED 30 JUNE 2023

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the association's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the board of directors.
- Conclude on the appropriateness of the board of directors' use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the association's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial report or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the association to cease to continue as a going concern.
- Evaluate the overall presentation, structure and content of the financial report, including the disclosures, and whether the financial report represents the underlying transactions and events in a manner that achieves fair presentation.

We communicate with the board of directors regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.



Dharam Ghangas

Auditax Accountants

Dated: 19 Sep 2023

LIFE FELLOWS OF THE LIONS CANCER INSTITUTE INC.

PDG Garry Irvine	DIRECTOR, DERMOSCOPIST
Mr Robert Fitzpatrick MBBS FRCS FRACS (Retired)	DIRECTOR, PLASTIC SURGEON
Mr Barrie Lykke MBBS FRACS FRACS (Retired)	PLASTIC SURGEON
Professor Kurt Gebauer MBBS FACD	PROFESSOR OF DERMATOLOGY
Dr Lester Cowell MBBS	PRIMARY CARE SKIN CANCER PRACTITIONER
Mrs Monika Cowell	DERMOSCOPIST
Lion Susan Goddard BA APP. Sc. FRCNA OAM (Retired)	REGISTERED NURSE
PDG Colin Beauchamp AM.JP	DERMOSCOPIST
PDG RON VAUGHAN (Deceased)	
Mr DON PHILLIPS (Deceased)	
Mr Alister Turner MBBS FRCS FRACS (Deceased)	PLASTIC SURGEON



30 years of Australian research and development ensures that SunSense sunscreens are for real Australian conditions and real Australian lifestyles. Developed to suit individual needs, SunSense sunscreens not only provide SPF protection, but offer the added benefits of moisturising Vitamin B3. The SunSense range is specifically formulated using high quality ingredients to provide specialised choices for all ages and skin types including sensitive skin and the delicate skin of young children.

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Kwik Kopy Canning Vale has been established in the heart of Canning Vale since 1998. The owner, Céline, brings 15 years of print industry experience, with an extensive graphic design and production background.

Céline prides herself on the customer experience and loves nothing more than working together to find the best solutions to all your prickly problems “I believe the road to success of any project begins with a detailed understanding of the customer’s needs and expectations, it’s more than customer service, we become part of a team with our clients to achieve success”.

We invite you to bring Céline your impossibles today and see just what the new team at Kwik Kopy Canning Vale can do for you.



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When UV is 3 or above Be SunSmart

Visit myUV.com.au for your UV forecast.



SAVING
lives **IN YOUR**
COMMUNITY THROUGH
screening **AND**
RESEARCH.



Lions Cancer Institute (WA) Inc.

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Chairman

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Treasurer

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