LIONS CANCER INSTITUTE

LIONS INTERNATIONAL

Annual Report

2023-2024

OUR PATRONS

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

His Excellency the Honourable Chris Dawson APM was sworn in as the 34th Governor of Western Australia on 15 July 2022.

The Dawson family have been part of the early colonial settlers over five generations of farming and law enforcement. The Governor's great-great-grandparents arrived in the then Swan River colony in Western Australia in 1830.

Christopher John Dawson APM was educated at Perth Modern School before joining the Western Australia Police Force in 1976, going on to provide 46 years of service in Australian law enforcement.

He served in country and metropolitan positions, criminal investigation, training and senior roles. The Queen's Birthday Honours List in 2002 saw him awarded the Australian Police Medal for distinguished service.

After 10 years as Deputy Commissioner, he left WA for a national role in Canberra between 2014 to 2017 as Chief Executive Officer of the Australian Crime Commission, amalgamating several agencies into the Australian Criminal Intelligence Commission. He also served as Director of the Australian Institute of Criminology during this period.

He was appointed Commissioner of the Western Australia Police Force in August 2017, serving until July 2022. During the period of the COVID-19 global pandemic, Commissioner Dawson coordinated the State of Emergency and the Vaccine program.

He is married to Darrilyn Dawson, Education Consultant, with two married children and five grandchildren.

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

Dear Friends of the Institute

The incidence of cancers continues to increase as our population ages. However, the mortality incidence ratio (MIR) of all cancers is declining. Data from the Australian Institute of Health and Welfare show 52% of people with cancer died in 1982. This figure fell to 34% in 2018. Of relevance to this Institute are figures of 17% (1982) and 9% (2018) for melanoma. This decline is largely attributable to research. Research generates knowledge that underpins the development of treatments and lifestyle recommendations that lead to improved outcomes for those in our community with cancer. Undoubtedly, the Institute is doing its bit. By expanding its scholarships scheme LCIWA is increasing its support of the next generation of researchers who will apply new technologies that will ensure the continued decline of the MIRs I have quoted. Immunotherapy to treat cancer has come a long way and this approach will be enhanced by improving its precision and specificity, also its options in combined therapies. The scholarship scheme will support research on this topic.

It is also pleasing to learn that commissioning of the screening vehicle is imminent, especially that it will have an enhanced educational role. This will play a significant role in early detection and prevention of melanoma. The sustained efforts of those dedicated to this cause must be commended by all of us. It delivers outcomes for those in our remote communities who are subjected to poorer outcomes from cancer than our city dwellers.

I commend the Board of the Institute for effectively implementing its vision to improve outcomes for cancer patients and acting on its strategy to attack the enemy on multiple fronts.

To all friends and supporters of the Institute, heartfelt thanks for your sustained effort. You are a vital cog in the research undertaking of the Institute and share in the accomplishments of those it supports.

Thank you.
George Yeoh

BOARD OF DIRECTORS

ELECTED MEMBERS

PDG Michael Wainwright	Chairman
Lion Christine Walker	Vice Chairman
Lion John Osborne	Director Screening Operations Manager
Lion Philip Chinnery	Director Bus. Devlpmt and Public Relations
Lion Hans Hoette	Director
Lion Graham Bateman	Director
Lion Jim Foster	Director
Lion Gail Jenkins	Director

APPOINTED MEMBERS

Lion Robert Garratt	Treasurer
Mr William Crosthwaite	Secretary
Dr Alan Wright, RFD MBBS MFM GCUT	Chair Medical & Scientific Advisory Committee
PDG Garry Irvine OAM	Director Australia & NZ Liason
Ms. Kylie Laverty	Ass. Medical Director
Mr Rob Fitzpatrick, FRCS, FRACS	Medical Advisor

EX OFFICIO MEMBERS

DG Tim Moore	District 201W1
DG Peter Kennedy	District 201W2
2nd VDG Ros Barnes	District 201W1
2nd VDG Tom Oversby	District 201W2

CO-OPTED, NON-VOTING, MEMBERS

PDG Neil Saunders	Finance & Administration Advisor

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Lions Cancer Institute (WA) Inc.

ABN: 26 521 960 054

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

CHAIRMAN'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 2023 to June 2024.

OVERVIEW

I was re-elected Chairman of the Lions Cancer Institute (WA) Inc in January 2024. The Lions Cancer Institute (WA) Inc. continues to provide a vital service to the Western Australian regional and remote communities.

As I stated in last year's report 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. This has been a four-year journey so far, with clubs pledging support over a three-year period with annual donations allowing LCI to move ahead with the new screening vehicle. The LCI are pleased to see that the project is nearly completed with the expected hand over of the new completed vehicle to be in the first six months of 2025. On behalf of the board, I wish to take this opportunity to thank all the clubs of Lions WA 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 club 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 23/24 screenings were conducted in 30 locations over 40 days with 2,306 people screened and 434 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 PDG Gary Irvine on being awarded an OAM this year. Garry has been a on the board in various capacities for over 35 year and has been instrumental in getting LCI to where it is today.

With the amalgamation of the two districts the Board has reviewed our constitution and will be submitting it to the Department for approval shortly, thanks to PDG Neil Saunders and PDG Garry Irvine for their work.

LCI has continued to support research through the Karen & Joshua Chinnery Scholarship (three PhD Students), and the Lions-Lotus PhD Scholarships (one PhD student). Both scholarships offer hope of advancement in the treatment of cancer into the future. In February this year LCI entered into a partnership with Curtin University to start another PhD Student Scholarship into Melanoma Research, The Colin & Sue Beauchamp PhD Scholarship. See the Business Development and Public Relations Report from Director, Lion Phil Chinnery for more information

When conducting screenings in locations which have a local Lions Club, we invite them to participate in the screening. 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 Treasurer Lion Robert Garratt, Screening Manager Lion John Osborne, Medical Director, Dr Alan Wright, Australia & New Zealand Liaison PDG Garry Irvine OAM, Director Business Development & PR Lion Phil Chinnery and our current PhD students.

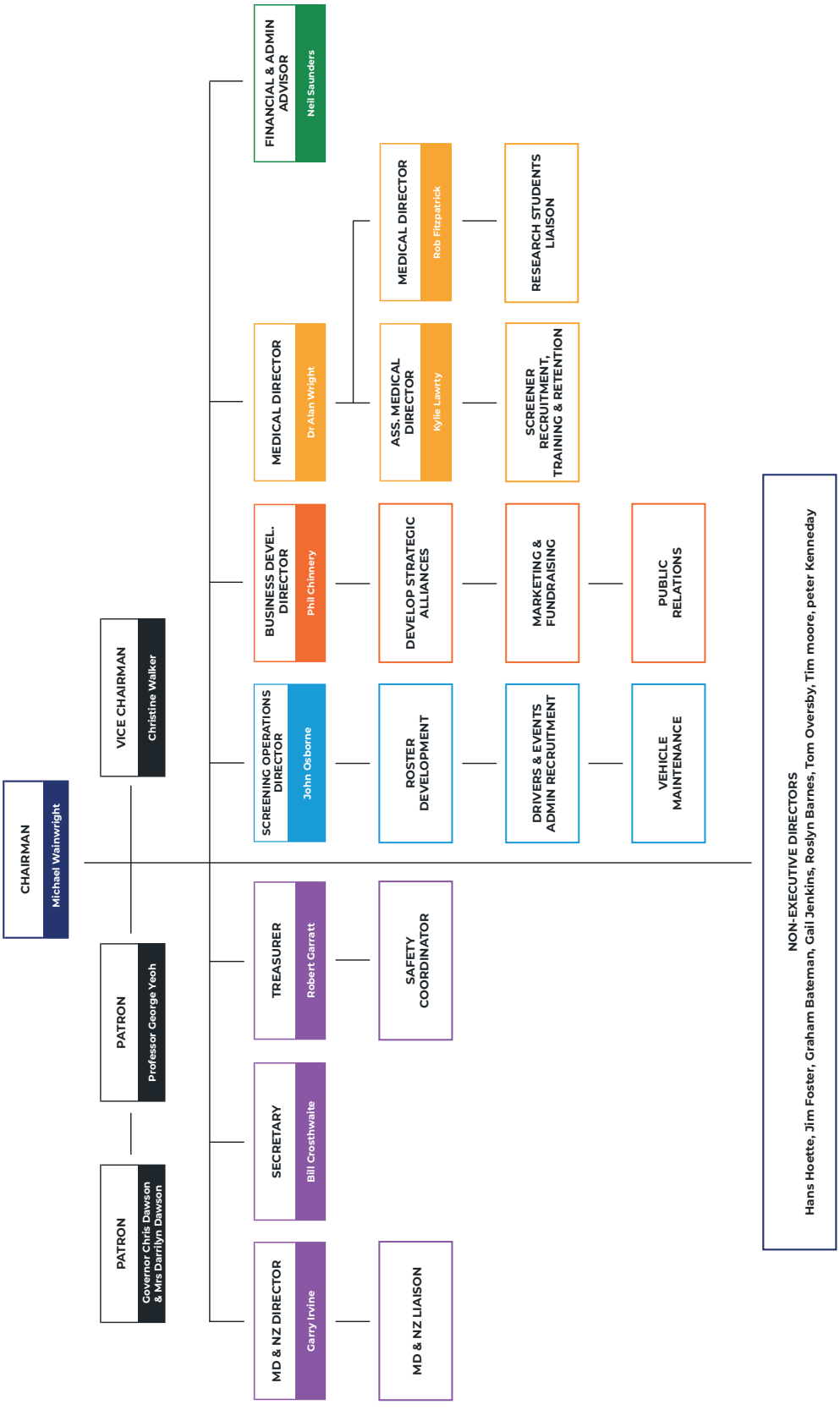
The institute is well served by a Board consisting of both Lions and non-Lion members who consistently offer their time to ensure we continue to provide an excellent service to our community.

I wish to thank our retiring board member Rob Fitzpatrick, FRCS FRACS, for his hard work and dedication to LCI over a long period of time.

We are looking forward to a great new year with our new screening vehicle and providing this essential service to our regional community in WA

■ **PDG Michael Wainwright - Chairman**

ORGANISATIONAL CHART



BUSINESS DEVELOPMENT AND PUBLIC RELATIONS REPORT

LION PHIL CHINNERY

In my role of Director, Business Development & Public Relations 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.

SCREENING VEHICLE REPLACEMENT

Four 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.

After having to abandon the original plan to build the vehicle body onto a conventional bus chassis, we worked with the builder Omnibus and Volvo Trucks dealer Truck Centre WA to design a body to build onto a Volvo truck chassis. The design generated led to the Institute Board approving in February 2024 to place an order for a Volvo 6 X 2 cab chassis, and to award a contract to Omnibus Services in Canning Vale to build the screening body.

The unit is expected to be completed in February 2025 at the cost of approximately $880,000 inclusive of GST.

PROMOTION

The Institute does report regularly to District 201WA Cabinet through the great work by Director Lion Graham Bateman. Information is also provided for inclusion in the District Governor's newsletters.

To attract more medically trained volunteers to join the skin screening team we recently placed paid advertisements in the community newspaper Have a Go News, and also in the Australian Nursing & Midwifery Federation journal.

The initial response from the Have A Go advertisement in the August edition has been encouraging with three enquiries received shortly after publication. The ANMF Journal will be circulated to most nursing staff in October.

RESEARCH

The Institute is continuing to support through the Karen & Joshua Chinnery Scholarship, two PhD students attending Curtin University. Nathaniel Barry is in the final year of his studies and new student Jordan Fyfe was selected for top up funding support for three years commencing early 2024.

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. Student Anjali Ghimire is in the second year of a three-year term. Our first recipient Nathan Main has completed his studies and remains with Curtin University.

During 2023 we enquired with Curtin University about forming another Scholarship targeting skin cancer, primarily melanoma. The University agreed and in February 2024 the Lions Cancer Institute Colin & Sue Beauchamp PhD Scholarship in Melanoma Research was established under a formal agreement. The Institute will fund this at $33,000 per annum for up to 3.5 yrs.

Student Sona Nayyar is devoting the next three-and-a-half years of her life under this scholarship to delve deeper into the intricacies of melanoma biology with the goal of understanding how cancer cells are able to evolve following drug treatment. PhD students will be overseen at the Curtin Health Innovation Research Institute by Lead Researchers Pieter Eichhorn and Danielle Dye.

■ **BD & PR Director Lion Phil Chinnery**

AUSTRALIAN AND NEW ZEALAND LIAISON REPORT

PDG GARRY IRVINE OAM

NATIONAL

The old saying of 'time flies while when your having fun' seems to apply in our case as we continue to grow the work of the Institute and another 12 months drifts by.

Our voluntary skin full body skin screening services continue to be active here in WA as well as South Australia and Victoria with all mobile units actively servicing country and regional locations, it was great to see the SA Mobile Facility in Darwin in May of this year attending the National Lions Convention, these moments promote our Association to the public and share the values around volunteering, a significant and to be encouraged feature of our society and way of life. In each State the Lions manage every facet of these screening days with input from Lions Clubs and other local groups within the country and regional areas who are happy to link in with additional support.

As we progress the plan to expand into NSW & Qld we work with local Clubs and Lions members to seek out those who see the value in establishing screenings by offering a well proven template but inevitably there can be moments where this is prejudiced by attempts to attract some folk who would seek attention rather than action, this can be frustrating but we continue to persist in our efforts.

NZ

Our early days working with partners is now paying dividends since Past District Governor Paul O'Halloran, MBE(Milit.) and his Team came on board and started to focus on establishing an actual plan and we now have the first of two mobile units being fitted out in Christchurch, the first for the South Island and eventually the second for the North Island. Under Paul's direction the Lions have formed the Skin Cancer Trust and with the continuing financial support from the NZ Clubs they are making great progress. They have held discussions with MelnetNZ around offering opportunities for their members to participate in screenings as volunteers together with MoleMapNZ who have enthusiastically offered their Melanographers, both these negotiations continue as Paul and his Team prepare for the service to be launched in 2025.

It is worthwhile noting that since Lions Clubs in WA launched our Institute in 1989 and carried out our first screening in 1993 that Lions have become prominent now in three States with mobile units, that said there are and will be new providers that will compete in this space, these will be a mix of pay for and free services, different from our volunteer services but nevertheless offering to engage in the world of finding and assisting people suffering from skin cancer in all its many forms.

■ **PDG Garry K Irvine OAM, Director**

MEDICAL DIRECTOR'S REPORT

DR ALAN WRIGHT
RFD. MBBS. MFM. GCUT

In January 2024, Mr Rob Fitzpatrick retired from the position of Medical Director. He occupied the position for many years and his contribution has been outstanding. Rob remains on the Board of LCI as an adviser.

I have replaced Rob in this position and my aim is to maintain the high standards that he has set.

SKIN SCREENING

During the reporting period from 1 July 2023-30 June 2024 the screening unit achieved:

8641Km travelled from as far north as Port Hedland, south as far as Albany, east as far as Newman and Southern Cross and with points in between.

119.29 hours of driving.

1020 hours of screening.

2306 people screened with 434 referred to their local GP with suspicious lesions, of which 164 were suspected of being life threatening. This represented a referral rate of 19%.

This screening was carried out by 11 screeners supported by 9 driver/admin people. All of these people were volunteers

OTHER ACTIVITIES RELATED TO SKIN SCREENING

Formal clinical governance documentation was introduced in accordance with National Guidelines.

Kylie Laverty attended the Dermoscopy Masterclass 2024 conference run by HealthCert. This will inject the latest knowledge into the screening team.

Formalisation of the "onboarding process" for new volunteer screeners. This coincides with the current recruitment push for more screeners. The response to this so far has been encouraging.

EDUCATION FOCUS FOR NEW VEHICLE

The education focus for people waiting to be screened will focus more on measures they can take to remain skin safe. One of the things I have noticed is the generational change in the prevalence of skin cancer. The younger generations of miners/farmers and other outdoor workers shows that the message relating to slip/slop/slap seems to be getting through and this is a reflection of the PPE they wear while at work. The education material in the new vehicle will reinforce this.

SCHOLARSHIPS

A number of scholarships have been funded for PhD research in the reporting period. These are covered in detail elsewhere in the Annual Report of the LCI.

■ **Dr Alan Wright RFD, MBBS, MFM, GCUT—Medical Director**

SCREENING EVENTS MANAGER REPORT

LION JOHN OSBORNE

The screening program commenced in Northampton this year and moved north to Port Hedland before returning. Screenings were conducted in Northampton, Kalbarri, Exmouth, Onslow, Pannawonica, Karratha, Wickham, Roebourne, Port Hedland, Tom Price, Paraburdoo and Newman. The screening scheduled for Carnarvon was abandoned due to the inbound Flight being cancelled just prior to departure.

From October on screenings were conducted in the southern half of the State.

Screenings Conducted in Rockingham, Southern Cross, Merredin, Toodyay, Wongan hills, Waroona, Brunswick, Australind, Beverley, Brookton , Collie, Darkan, Donnybrook, Narrogin, Kojonup, Tambellup and Albany.

In total 40 days of screening in 30 locations was conducted during the year.

SCREENING RESULTS 2023-2024

Males	1066
Females	1240
Total	2306
Met Criteria	959
Referred	434
Life Threatening Lesions	164
% Referred	19%

2306 TOTAL SCREENED

Last screened within 6 months	101
Last screened 6 - 12 months	255
Last screened over 12 months	1283
Never Screened	665

VOLUNTEERS

During the course of the year 11 Screeners volunteered their time to cover the 40 days of screening. The same number of volunteers filled the Driving and administration functions. Volunteer hours recorded for the screening program amounted to over 1200 hours. We must thank the volunteers for their continued support and dedication, that allows this valuable program to happen.

INFORMATION AND TECHNOLOGY

During the year we used the online booking service for most of the screening events. This has resulted in less numbers of “no shows” on the screening day. Further improvements have been made to the Planning of Screening Events. The planning process can now be undertaken by multiple volunteers. Screening Clinic results are updated in real time from the Screening unit.

SCREENING UNIT

Maintenance over the year included replacing rear tyre, replacing brake are relief valve, replacing sway bar bushes and replacing coolant hoses.

■ **Lion 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 TIMELINE

March 2022 - September 2025 (Expected Completion).

PROJECT SUMMARY

Hepatocellular carcinoma (HCC), the most common type of liver cancer, accounts for approximately 10% of cancer-related deaths worldwide. In Australia, HCC is among the fastest-growing causes of cancer mortality. It often arises from chronic liver conditions such as viral hepatitis, alcohol-related liver disease, and metabolic dysfunction-associated fatty liver disease (MAFLD). Unfortunately, current methods do not reliably predict which patients will develop HCC, apart from using abdominal ultrasounds in cirrhotic patients. This limitation results in delayed diagnoses and poor survival outcomes.

My research aims to identify early signs of liver cancer before existing methods can detect them. Our research team has recently discovered a specific cell type in the liver at high risk of becoming cancerous, termed disease-associated hepatocytes (daHeps). I am working to develop techniques to detect these daHeps in individuals with liver disease, potentially enabling earlier detection and significantly improving patient outcomes.

RESEARCH PROGRESS

Using long-read Oxford Nanopore sequencing, my current work is characterising the whole genome methylation landscape of human pre-cancerous daHeps. I have been analysing these complex DNA sequencing data to identify molecular markers that distinguish precancerous cells from healthy ones. So far, I have successfully sequenced and interpreted DNA profiles from several liver samples.

The next phase of my research involves detecting these markers in blood samples. Since blood contains DNA fragments from dying liver cells, my goal is to develop a simple blood test that can identify and quantify these precancerous cells (daHeps) early.

In addition to DNA sequencing, I am utilizing spatial transcriptomics (GeoMx Digital Spatial Profiler) to explore the spatial organization of daHeps. Using this technique, I have mapped the locations of daHeps in the liver tissues of patients with cirrhosis and liver cancer. My findings indicate that daHeps are concentrated in areas of fibrotic damage and immune activity, suggesting that these cells play a crucial role in the progression of liver disease. By charting their distribution within the liver, I aim to better understand their function and enhance their use as early biomarkers of liver cancer. This could lead to substantial advancements in the management of chronic liver disease, facilitating earlier diagnoses and more personalized treatment plans, ultimately improving patient outcomes.

■ **Anjali Ghimire — PhD student Curtin University**

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 2024

Aim 1 - Completed December 2022

Aim 2.

In this aim we have used 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 kill leukaemia to identify the major genes and pathways that control NK cell function. From our sequencing analyses we have identified a target gene that we believe drives improved NK cell responses against leukaemia (investigated in Aim 3). We have also performed a more in-depth analysis at the single cell level to further explore the genes and pathways that control different populations of NK cells. From these experiments, we have found a panel of target genes that we are currently exploring in the lab. We hope to have some exciting results from these experiments soon.

Aim 3

Results from Aim 2 have allowed us to identify a target gene that we believe is a critical regulator of NK cell function. Using drugs that either activate or block this target, we have shown that several important aspects of NK cell biology can be controlled including proliferation, metabolism, responses to immune molecules, and anti-cancer function. Notably, we found that blocking this target significantly reduces the ability of NK cells to kill leukaemia in the lab even in the presence of known NK cell activators. We are currently writing a paper about this project which we hope to submit for publication by the end of the year.

We continue to be excited by the results from this project and believe that our new findings will significantly impact the field of NK cell therapy. We hope these findings can be used to create more effective and safer cell therapies that will improve the outcomes for patients with leukaemia.

■ **Samantha Barnes —PhD student Telethon Kids Institute**

KAREN AND JOSHUA CHINNERY SCHOLARSHIP PHD STUDENT REPORT

NATHANIEL BARRY

PROJECT TITLE

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

PERIOD COVERED BY THIS REPORT

30 September 2023 - 30 September 2024.

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. However, the digital data available within medical images can be harnessed to unlock further information about a patients prognosis. This process is called radiomics, which is often used to enhance predictive modelling. However, the methodology in radiomics studies can be highly variable, which complicates clinical feasibility; therefore, I have pivoted my work to explore how to best apply radiomics and artificial intelligence (AI) in a way that will increase the likelihood of clinical impact, described below under “radiomics modelling”. Specifically, radiomics is important for positron emission tomography (PET) when combined with a radioactive tracer in glioma imaging called O-(2[18F]-fluorethyl)-L-tyrosine (FET). Preparation for radiomics modelling will be conducted in parallel with credentialing analysis from the ongoing Australian, multicentre FET PET in Glioblastoma (FIG) trial. I am also investigating the use of an automated artificial intelligence pipeline applied to a relatively new MRI sequence called amide proton transfer (APT), which has also shown promising predictive power for patient survival.

RESEARCH PROGRESS

RADIOMICS MODELLING

To best understand the key steps for clinical translation of radiomics models I needed to utilize available tools for evaluating radiomics publications. We found this was crucial before conducting radiomics analysis on either FET PET or APT MRI data. One prominent tool in the literature is called the Radiomics Quality Score (RQS), which consists of 16 criteria that measure clinical feasibility and is used by researchers when reviewing published radiomics research. However, a comprehensive meta-analysis (grouping results from multiple publications) of this tool across different cancer types had not been conducted.

Therefore, I systematically evaluated 130 reviews which applied the RQS in their reporting. A total of 3258 quality scores were extracted from these reviews and the subsequent analysis provided an update on the progress of radiomics research and identified that progress has occurred with newer publications, although this progress has been slow.

A manuscript was drafted of this systematic review and meta-analysis, which is currently under review in European Radiology. This work was also accepted as a poster for the European Association of Nuclear Medicine Congress 2024, which I will be attending. Additionally, this paper allowed me to identify what the general pitfalls and shortcomings are in radiomics research, which was then used as evidence in a set of guidelines; up-to date best-practices to conduct robust and realistic radiomics modelling moving forward. These guidelines have been turned into a draft manuscript, which is currently in the latter stages of revisions by co-authors.

FET PET

In my previous report, the Nuclear Medicine Physician credentialing analysis was accepted for publication in the European Journal of Nuclear Medicine and Molecular Imaging (DOI: 10.1007/s00259-023-06371-5). Since then, the Radiation Oncology credentialing analysis was accepted for publication in Physics and Imaging in Radiation Oncology (DOI: 10.1016/j.phro.2024.100568). Since I am yet to obtain a sufficiently sized dataset, with patient outcomes, from the ongoing FIG trial to conduct radiomics modelling, I focused on developing an automatic FET PET segmentation network.

However, rather than developing this on the limited data available, a senior researcher from the Institute of Neuroscience and Medicine in Juelich, Germany, reached out to collaborate to validate a segmentation network that

they had already developed on a much larger dataset. Therefore, I conducted a collaborative study which looked at how well this segmentation network performed on a set of FET PET images of glioblastoma patients from our local institution. Although the network performed very well, it demonstrated a bias towards underestimating tumour volumes and sometimes segmented regions of the brain that weren't tumour. This provided important insight, as this indicated that model fine-tuning or manual adjustment will be necessary if this network is to be deployed nationally. A manuscript has been drafted with planned submission to the Journal of Nuclear Medicine.

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 —PhD student**

KAREN AND JOSHUA CHINNERY SCHOLARSHIP PHD STUDENT REPORT

JORDAN FYFE

PROJECT TITLE

Boosting immune cells to find and kill pancreatic cancer cells.

PROJECT SUMMARY

Pancreatic cancer (PC) is one of the deadliest cancers that has a 5-year survival rate of only 11%. PC is usually detected very late, due to the cancer cells' rapid growth and early metastatic capacity. PC is also very hard to treat and the therapies currently used don't often work. With the number of people diagnosed with PC on the rise, we urgently need to improve our ways of detecting and treating this fatal disease.

My research focusses on understanding how PC cells transform the body's immune cells by sending tiny 'bubbles', called exosomes. Exosomes are naturally released by all cells and carry many different molecules (proteins, lipids, genetic information and other substances). Cells use exosomes as a way of communicating by delivering molecules from one cell to another.

RESEARCH PROGRESS

In my PhD, I am examining how PC cells use exosomes to transport biologically active lipids to immune cells, and if this contributes to disease progression. Our recent study revealed that PC cells, but not normal pancreatic cells, release exosomes containing an important lipid called sphingosine-1-phosphate (S1P). S1P is involved in many cell processes, and is also a key player in controlling the movement and function of immune cells.

The first part of my project has focussed on understanding whether S1P is involved in shaping the immune responses induced by PC-derived exosomes. I am currently looking at if these exosomes prevent macrophages (a type of immune cell) from polarising into anti-tumour phenotypes, which are involved in recognising and killing tumour cells. To study this, I have treated macrophages in different resting states (pro- or anti-tumour) with exosomes isolated from PC cell lines. These macrophages have then been analysed using different techniques to assess protein and DNA expression, to determine how the exosomes are affecting macrophage phenotype and function. In addition to this, I have treated the cells with inhibitors specific to the S1P receptors to see if blocking S1P prevents the effect of the exosomes. Interestingly, my data shows that when two of these receptors are blocked together, the effect of the exosomes is significantly decreased and the anti-tumour activity is rescued. In the next part of my project, we will validate if exosomes from PC patients contain abnormal amounts of S1P. If confirmed in the clinic, this will provide a novel marker for detecting PC.

OUTCOME / IMPACT

In whole, this project will add valuable insight into how exosomes promote PC development and progression. Exosomes are also an attractive source for disease-specific markers as they appear very early in disease and are found in all body fluids (blood, urine, saliva, tumour ascites), meaning samples can be collected early and non-invasively. Our data can provide novel, non-invasive markers to aid in detecting PC during its early stages. These results may also offer new ways to predict or track how different patients will respond to treatment, guiding the use of personalised therapies. As a result, this may improve the poor outcomes seen in PC by increasing patient survival and quality of life. Indeed, we believe this project can aid in the fight against pancreatic cancer.

■ **Jordan Fyfe — PhD student**

LCI COLIN AND SUE BEAUCHAMP PHD SCHOLARSHIP IN MELANOMA RESEARCH

SONA BASSI

PROJECT TITLE

Exploring the role of deubiquitinating enzymes to MAPK pathway inhibitor resistance in BRAF mutant melanoma.

PROJECT TIMELINE

May 2024 - November 2027 (Expected Completion).

PROJECT SUMMARY

Cutaneous melanoma is the third most diagnosed cancer in Australia, with rising morbidity and mortality rates observed worldwide. Despite advancements in melanoma therapies, the disease's heterogeneity underscores the need for personalized treatment approaches. The hyperactivation of the MAPK pathway, particularly through the BRAFV600E mutation, is a hallmark of melanoma, prompting the development of targeted therapies. However, the efficacy of these targeted therapies is often hindered by primary or acquired resistance.

Recent research has highlighted deubiquitinating enzymes (DUBs) as critical regulators of melanoma progression and therapeutic resistance. DUBs control protein stability by removing ubiquitin modifications, influencing key processes like cell survival, proliferation, and metastasis in melanoma progression. DUB inhibitors have shown potential in preclinical studies, promoting apoptosis and reducing tumour growth. However, developing selective and potent DUB inhibitors remains a challenge due to the complexity of DUB functions and potential off-target effects. Further research is required to refine these inhibitors, explore combination therapies, and fully understand DUB-related mechanisms of resistance in melanoma. This project aims to investigate the role of DUBs, particularly USP9X, in melanoma progression and resistance to MAPK-targeted therapies. By advancing our understanding of these molecular pathways, we hope to contribute to the development of more effective, personalized treatment strategies for melanoma.

RESEARCH PROGRESS

Our current research focuses on evaluating the efficacy of a novel USP9X inhibitor in treating various metastatic melanoma cell lines harbouring the BRAFV600E mutation. We are using a cell viability assays to assess the sensitivity of different cell lines to this inhibitor. Thus far, 3 out of 5 cell lines have shown sensitivity to the treatment, while the remaining two have exhibited resistance. To expand our dataset and improve the robustness of our findings, we are exploring a potential collaboration with Edith Cowan University (ECU) to gain access to additional melanoma cell lines.

In parallel, we are conducting western blot analyses to identify specific biomarkers that may be modulated by the USP9X inhibitor in the sensitive cell lines. This will help us better understand the molecular mechanisms underlying the observed responses.

As we approach Milestone 1 (due at the end of October), we are also preparing for the upcoming candidacy review. Looking ahead, our next steps will involve testing the USP9X inhibitor in combination with a targeted BRAF inhibitor to explore potential therapeutic synergy between the two treatments. If successful, this approach has the potential to transform the treatment landscape of melanoma, leading to improved patient outcomes and a significant enhancement in their quality of life.

■ **Sona Bassi — PhD student**

PHOTOS FROM 2023 - 2024

Sue and Colin Beauchamp.
The Lions Cancer Institute Colin and Sue Beauchamp Phd Scholarship in Melanoma Research has been named in their honour.

Garry Irvine, John Osborne, Adrian Boeve TCWA, Mick Wainwright, Phil Chinnery
Cheque handover for new screening vehicle

Chairman Mick and Curtin University Professor Melinda (Lindy) Fitzgerald, Deputy Vice Chancellor Research. Signing the new PhD Scholarship

New screening vehicle

Lions Cancer Institute Board members with Curtin University staff and students

New vehicle subframe

TREASURER'S REPORT

LION ROBERT GARRATT

TREASURER'S STATEMENT

Another year gone by with plenty of activity with our finances. We have still been receiving some forgotten pledges. Club donations have been a big support of the Institute.

Following clubs donated in 2023-24 year. Others have donated early in July 2024 which will be reported next Annual report.

Dardanup L.C.	Port Kennedy L.C.
Kingsley Woodvale L.C.	Australind L.C.
Donnybrook L.C.	Wagin L.C.
Boddington L.C.	Hannans Goldfields L.C.
Dardanup L.C.	Pinjarra L.C.
Busselton L.C.	Toodyay L.C.
Lions Club of Wantirna	Mandurah L.C.
Falcon L.C.	Gingin-Chittering L.C.
Albany South Coast L.C.	East Fremantle L.C.
Broome L.C.	Booragoon L.C.
Baldivis L.C.	Duncraig L.C.
Carnarvon L.C.	Tambellup L.C.
Lions Club of Woolgoolga	Lions Club of La Pledge
Narembeen L.C.	North Beach L.C.
Collie L.C.	Kalgoorlie L.C.
Cowaramup L.C.	Moora L.C.
Canning City L.C.	Manjimup L.C.
Whitford L.C.	Bridgetown L.C.
Lancelin & District L.C.	

Scholarship Donations received by:

Armadale-Kelmscott L.C

Susan Goddard family

Special Private Donations from Peter and Robyn Chinnery as well as Prue Andrus, BD and RA Kelly and Hopetoun Men's Shed.

Donations from Screening Service came to $12,000 including $2,000 from QR and $2,000 from EFTPOS.

Our auditor has done a great job to have completed his work before many others.

OPERATIONAL ACCOUNTS

I keep finding easier ways of processing invoices and bill with Xero as they also improve the process. Incoming emails can now be posted directly into Xero.

The Telemarketing group are once again major contributors to our funds of $260,300. This was slightly less than the previous year as was what our expectations were that donations will reduce with higher interest rates.

We have an operating surplus of $274,300. The result is funding for the new vehicle is well covered as we expected.

The portfolio increase of $117,696 is the result of higher interest and a great performing market.

■ **Lion Robert Garratt – Treasurer**

DIRECTORS REPORT

LIONS CANCER INSTITUTE
(WA) Inc
ABN 26 521 960 054
Directors' Report as at 30.06.24

Your directors present their report on the Institute for the financial year ended 30 June 2024.
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 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 2023/2024 Financial Year.
Pamela Baird. End of term.

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: 20.09.2024

Lion Robert Garratt
Treasurer
Place: Mandurah Dated: 20.09.24

INCOME AND EXPENDITURE STATEMENT FOR THE YEAR ENDED 30 JUNE 2024

	NOTES	2024
Income		
Grants received		-
Donations		66,644
Show account income		1,303,347
Portfolio distribution income		41,242
Other income	2	4,387
Increase/(decrease) in market value of investments		117,697
Total Income		**1,533,317**
Gross Surplus		**1,533,317**
Expenditure		
Accounting and audit		6,282
Advisor fees		8,627
Computer and software costs		1,121
Depreciation		9,991
Fundraising expenses		1,054,531
Public relations expenses		1,629
Scholarship and award expenses		57,213
Screening expenses		106,940
Vehicle maintenance		3,744
Admin costs		8,938
Various training costs		-
Total Expenditure		**1,259,016**
Current Year Surplus/ (Deficit) Before Income Tax Adjustments		**274,301**
Current Year Surplus/(Deficit) Before Income Tax		**274,301**
Net Current Year Surplus After Income Tax		**274,301**

ASSETS AND LIABILITIES STATEMENT AS AT 30 JUNE 2024

	NOTES	30 JUNE 2024	30 JUNE 2023
Assets			
Current Assets			
Cash and cash equivalents		271,790	296,364
Trade and other receivables		-	15,450
GST receivable		3,314	25,804
Other current assets	3	3,149	6,352
Total Current Assets		**278,253**	**343,970**
Non-Current Assets			
Financial assets	4	1,810,702	1,463,332
Plant, equipment and vehicles	5	19,757	28,158
Other non-current assets		217,738	217,739
Total Non-Current Assets		**2,048,197**	**1,709,229**
Total Assets		**2,326,450**	**2,053,199**
Liabilities			
Current Liabilities			
Credit card/Bank liabilities		1,877	860
Trade and other payables		1	1,150
Other Current Liabilities	6	361	1,279
Total Current Liabilities		**2,239**	**3,289**
Total Liabilities		**2,239**	**3,289**
Net Assets		**2,324,211**	**2,049,910**
Equity			
Accumulated surplus			
Current Year Earnings		274,301	396,222
Prior Years Surplus/Deficit		2,049,910	1,653,688
Total Accumulated surplus		**2,324,211**	**2,049,910**
Total Equity		**2,324,211**	**2,049,910**
Equity			
Opening Balance		2,049,910	1,653,688
Increases			
Surplus for the period		274,301	396,222
Total Increases		**274,301**	**396,222**
Total Equity		**2,324,211**	**2,049,910**

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2024

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.

	2024	2023
2. Other Income		
Fuel tax credits	481	724
Bank Interest	3,906	5,629
Total Other Income	**4,387**	**6,353**

	2024	2023
3. Other Current Assets		
Franking credits refundable	2,943	5,888
Fuel tax receivable	206	464
Total Other Current Assets	**3,149**	**6,352**

	2024	2023
4. Financial Assets		
Portfolio investments	1,688,694	1,423,648
Change in portfolio market value	122,008	39,684
Total Financial Assets	**1,810,702**	**1,463,332**

	2024	2023
5. Plant and Equipment, Motor Vehicles		
Plant and Equipment		
Plant and equipment at cost	10,661	9,072
Accumulated depreciation	(6,327)	(1,566)
Total Plant and Equipment	**4,334**	**7,506**
Motor Vehicles		
Motor vehicles at cost	335,341	335,341
Accumulated depreciation	(319,918)	(314,689)
Total Motor Vehicles	**15,423**	**20,652**
Total Plant and Equipment, Motor Vehicles	**19,757**	**28,158**

	2024	2023
6. Other Current liabilities		
Fuel Card	361	1,279
Total Other Current liabilities	**361**	**1,279**

7. 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 financials institutions, investments in money market instruments maturing withing less then 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

	2024	2023
Net current year surplus income after income tax	**274,301**	396,222
Depreciation and amortization	9,991	8,647
(Increase)/Decrease in market value of investments	(117,697)	(39,684)
(Increase)/Decrease in Trade and other receivables	41,143	(20,060)
Increase/(Decrease) in Trade and other payables	(1,050)	(137,204)
Cash flow from operations	**206,688**	**207,921**

DIRECTORS DECLARATION FOR THE YEAR ENDED 30 JUNE 2024

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 30/06/2024 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: 21/9/24

Lion Robert Garratt

Treasurer

Dated: 21/9/24

AUDITOR'S REPORT FOR THE YEAR ENDED 30 JUNE 2024

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 2024, 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 2024 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 FOR THE YEAR ENDED 30 JUNE 2024

· As part of an audit in accordance with the Australian Auditing Standards, we exercise professional judgement and maintain professional scepticism throughout the audit. We also:

· Identify and assess the risks of material misstatement of the financial report, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.

· 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: 20 Sep 2024

PDG Garry Irvine OAM	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 PRACTIONER
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
Lion Philip Chinnery	BD & PR DIRECTOR

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.

All SunSense sunscreens are Australian made in Braeside, Victoria and Australian family owned.

Visit www.sunsense.com.au for more information.

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.

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

Lions Cancer Institute (WA) Inc.
PO Box 2195,
MANDURAH DC, WA 6210

Chairman
Mobile: 0407 422 714
Email: chairman@lionscancerinstitute.org.au

Treasurer
Mobile: 0450 288 221
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