

research
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IMAGINE

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cure
monitoring
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experience
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commitment
support



Highlights 2016



\$20m

Australian Government Funds deployed by JDRF via T1DCRN. \$13 million in additional partnership funds leveraged by JDRF for investment through the T1DCRN

215

Researchers connected to the T1DCRN

12,000

Participants required for clinical research and data sharing, to maintain progress in research over next 3 years

\$9.9m

Investment in mission



36

Research projects supported in Australia

50+

Clinical trials supported by JDRF globally



2,400

Number of people diagnosed with T1D every year in Australia



None

There are no known lifestyle changes that can prevent or reverse T1D

120,000

People in Australia with T1D

Around half

Proportion of people with T1D who will suffer a complication after 25 years with the disease

One third

Average proportion of time spent within a healthy blood glucose range with T1D

10th

Australia's per capita global ranking in incidence of T1D amongst children

24/7

Frequency of best practice blood sugar monitoring and insulin delivery

50%

New cases of type 1 diabetes that are adults

JDRF wants a world without T1D. We work every day to change the reality of this disease for millions of people – and to prevent anyone else from ever knowing it – by funding research, advocating for government support of research and new therapies, ensuring new therapies come to market and connecting and engaging the T1D community.

144

Federal MPs and Senators personally connected to a JDRF Advocate



1,439

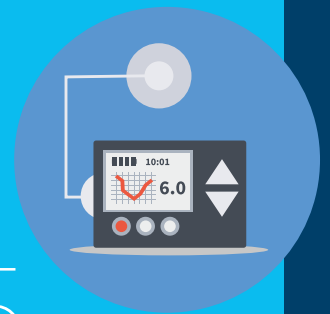
Peer Support contacts made with newly diagnosed members of the T1D community

1,507

people with T1D assisted through JDRF information and support programs

775

Insulin pump subsidies issued since 2007



18

Countries where JDRF funds research



1982

Year JDRF was founded in Australia



7

Countries with JDRF offices

33

JDRF One Walk events

\$1.35m

Funds raised through Community Fundraising

\$1.4m

Funds raised through Major Contributions, including a \$250,000 individual donation



\$1.45m

Funds raised by JDRF Gala Balls

\$1.65m

Funds raised by JDRF One Walk + JDRF One Ride



2,145

People who attended a JDRF Gala Ball

22,500

Number of online donations

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Front cover features Freya from Queensland, who has T1D. Read her mum's story on page 28.

JDRF: Established in 1982 in Australia

Vision: A world without type 1 diabetes

Mission: Accelerating life-changing breakthroughs to cure, prevent and treat T1D and its complications

JDRF is the leading global organisation funding type 1 diabetes (T1D) research. We collaborate with academic institutions, policymakers, and corporate and industry partners to develop and deliver a pipeline of innovative therapies to people living with T1D. We are built on a grassroots model of people connecting in their local communities, collaborating regionally for efficiency and broader fundraising impact, and uniting on an international stage to pool resources, passion and energy.



Rylstone Public School has just 89 students, but their support for six-year old William, who has T1D, is larger than life. Mum Rachel has achieved some remarkable results in her fundraising for JDRF. "We're lucky to have an amazing local community and my biggest joy comes from seeing the kids helping each other."





Mike Wilson

Chief Executive Officer
and Managing Director

CEO's letter

This year, JDRF Australia made substantial progress in our funding, influence, and delivery of research and research outcomes on behalf of the type 1 diabetes community.

In FY16 our total revenue reached \$14.3m, including \$7.3m of fundraising revenue reflecting the hard work of the Board, staff, State Leadership Committees, volunteers, and partners, across a large and changing portfolio of campaigns, programs, and events. This revenue underpins our ongoing investment in research and researchers in Australia.

\$1.6m was generated and invested from key partnerships, an area of growth for JDRF. Our partnership activity includes important relationships between JDRF and organisations such as the Helmsley Charitable Trust, one of the world's largest private foundations, and the Macquarie Group Foundation. This year leaders from the Helmsley Charitable Trust visited Australia to review their partnership with JDRF's Type 1 Diabetes Clinical Research Network (T1DCRN), through which the Trust made their first ever investment in Australian research to support the T1DCRN's ground-breaking study into the environmental causes of type 1 diabetes.

Our engagement with Government is an increasingly important part of JDRF's support for the type 1 diabetes community, both through the generation of direct funding and the influence of policy. Our Government engagement is driven by passionate and committed advocates around the country. The 2016 Federal election provided a focal point for JDRF advocacy this year, this time conducted in collaboration with a coalition of other diabetes stakeholders.

This sustained and focused advocacy produced a remarkable result, achieving significant election commitments from both major parties to fund access to Continuous Glucose Monitoring technology for children and young people under the age of 21. These funding commitments are a huge step forward and provide a great platform to extend access to other age groups over time. JDRF has been asked to be part of an Advisory Group to help bring the \$54m program that will be funded by the Coalition Government to life.

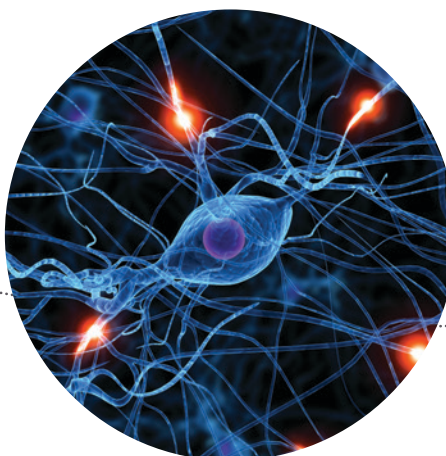
The impact of JDRF management of government investment is clearly evident in our T1DCRN, which has delivered substantial progress in FY16. A high point in the year was the announcement of \$14 million in competitive grants commitments to five high impact projects spanning multiple states, on top of the payment of a further \$4.8m to existing Government-funded projects, contributing to a substantial and diverse national program of clinical research.

To support our continued growth, we have been through a process of managed renewal of our Board and organisational strategy. A recent highlight was the appointment of a new Chair, Richard Goyder AO. Mr Goyder is Chief Executive Officer and Managing Director of Wesfarmers, one of Australia's largest listed companies, and is one of the most respected business leaders in Australia. I welcome Richard to our Board and thank Paul Heath for his contribution in the role and for accepting the ongoing role of Vice Chair. JDRF is fortunate to have a Board comprising directors of significant experience across business and science, which positions us well for the future.

My final word is to extend my thanks to our volunteers, Committee members, supporters, partners and staff. All the achievements listed in the following pages are only possible thanks to your efforts.

Mike Wilson

Chief Executive Officer and Managing Director



JDRF is the only organisation with the scale, expertise and relationships required to translate research into life-changing outcomes for people with T1D.

I am delighted in my first letter as Chair of JDRF Australia to reflect on a year in which JDRF Australia achieved some significant milestones. I come to the position as Chair with a profound sense of the importance of our mission. As the parent of a child with type 1 diabetes, this cause is very close to my heart. I hear and identify with the ambitions, hopes, and fears, of the type 1 diabetes community.

This year has seen the development by the Board and executive of a new strategic plan for JDRF Australia, which features a clear and well-defined focus on delivering patient impact by influencing the system that must work effectively for that to happen. The plan includes four key pillars:

- Bridging key gaps in the research system
- Supporting tools and talent to accelerate research progress
- Measuring and promoting impact
- Engaging our community and partners for funding and influence

Support for research and researchers is at the core of this plan. We recognise that in addition to supporting basic research we need to support clinical research and the advocate for the reimbursement of the therapies and devices that are developed through research.


We also see the importance of investing in the next generation of researchers, and providing key research tools and infrastructure that others can't or won't do, to help make them successful.

As an organisation that exists for people with type 1 diabetes, we have also determined to better measure the impact and benefit we deliver. This will help focus, evaluate, and prioritise our activities, and how we report back to those who are supporting us to justify and validate their support.

Building partnerships and relationships with like-minded organisations is an important element of the future, as the scale of our ambitions will often require coordination with others. We have already seen strong international and local partnerships being developed for funding and influence, with particular success this year in collective advocacy to Government.

This plan reinforces JDRF's mission and our focus on delivering the benefits of research into the lives of people with type 1 diabetes. The Board and organisation are now committed to the delivery and resourcing of this plan. I would like to thank my predecessor as Chair, Paul Heath for his leadership of the Board renewal and strategy development process for JDRF Australia. Paul commenced his term as Chair in 2013 and remains a Director and Vice Chair of JDRF Australia. He has now also joined the Board of JDRF International. I would also like to thank the other outgoing Directors for their long term contribution to JDRF Australia.

My involvement with JDRF allows me to observe the many thousands of people who have made a commitment to JDRF. I join Mike in thanking to all those who have supported JDRF this year in many ways. Some are featured in the pages of this document, many others are not, but all are appreciated.



Richard Goyder,
Chairman

Chairman's letter

JDRF Australia is going through an exciting period of organisational and strategic change and growth.



Richard Goyder
Chairman of JDRF Australia

The year's top 10 highlights

from JDRF funded research

1

**REUSE,
RECYCLE**

2

**NO FEAR WITH
THE RIGHT GEAR**

3

**WRAPPED
AND READY**

4

**GREY
POWER**

5

**GANG
WARFARE**

1. Reuse, recycle – Existing drug could protect insulin cells

For years insulin has been the only real treatment for T1D. New work supported by JDRF is finding other ways that management can become safer and easier. Results from a clinical trial showed people with newly diagnosed T1D who took existing psoriasis drug alefacept for 24 weeks needed less day-to-day insulin, had fewer hypoglycaemic events and had higher levels of a marker that indicates insulin production, even over a year after stopping the medication. The study may indicate that this drug could help protect insulin-producing cells in people with T1D by altering the immune system. Next steps? Further studies in a real-life setting in a larger group of people to confirm the safety of using alefacept to help manage T1D.

2. No fear with the right gear – New technology combinations make the difference

Fear of hypoglycaemia affects quality of life and can lead to protective behaviours that promote hyperglycaemia and risk of long-term diabetes complications. A T1DCRN-funded study compared the effectiveness of Sensor-augmented Pump Therapy (SAPT) with SAPT plus Predictive Low Glucose Management (PLGM). SAPT combines an insulin pump with a continuous glucose monitoring (CGM) sensor and PLGM suspends insulin

delivery in response to low blood glucose levels. The study found that SAPT plus PLGM reduced the number of hypos substantially, without increasing average blood glucose levels. Further studies will test the robustness of the system in real-life situations. These technology combination studies are an important step towards a full artificial pancreas system.

3. Wrapped and ready – Researchers team up to encapsulate insulin cells

Transplants of insulin producing cells can restore glucose control in people with T1D, sometimes removing the need for insulin injections. Transplantation is currently limited by the supply of donor islets and the need for lifetime immune suppression to prevent transplant rejection, however cell encapsulation could change this. Collaborative research between cell biologists and engineers saw early testing of a new encapsulation method where insulin-producing cells produced from human embryonic stem cells were encased in specially modified capsules that shield them from an immune attack in the body. Cells were implanted into animals and began producing insulin. The cells maintained healthy blood glucose levels until they were removed six months later.

4. Grey power – Old beta cells produce more insulin

Ageing is generally associated with

reduced overall function however a recent study found that the opposite appeared to be true with beta cells. Research on both mouse and human beta cells found that by activating a particular gene (p16) that regulates the maturation process of cells, the insulin-producing ability of beta cells improved. These findings provide a basic understanding to drive further research on what happens to beta cells during maturation, and highlights a new mechanism by which beta cell function and insulin secretion in people with residual secretion may be enhanced in remaining beta cells in type 1 diabetes.

5. Gang warfare – ‘Joined up’ peptides stimulate killer immune cells

Small molecules called peptides produced by beta cells can stimulate a response from the immune system's "killer" cells, leading to beta cell death. Previous vaccines targeting these peptides haven't been successful in preventing beta cell death. A recent study investigated whether different peptides that have joined together, called hybrid insulin peptides (HIPs), may have more of a role in stimulating "killer" cells. They found that killer cells are stimulated thousands of more times by HIPs than single peptides. The presence of HIPs needs further investigation to understand but it may prove to be important in the development of vaccines to prevent or cure T1D or other autoimmune diseases.

6

WAKE UP

7

BLESS
YOU

8

WHAT'S YOUR
NUMBER?

9

IF BABY HAS
THE GENES...

10

MAPPING THE
WORLD OF HbA1c

6. Wake up – Older kids seem to have more ‘sleeping’ islet cells

Research has found a connection between the age of diagnosis and the number of remaining beta cells in the pancreas. Diagnosis in later life may mean a significantly higher number of remaining beta cells, compared with that of younger children (under 7 years). It appears that these beta cells survive, but lose the ability to produce insulin and are effectively ‘asleep’. There may be far more cells capable of making insulin in older children than previously suspected, which leads the way for research to understand how and why these cells go to sleep, and more importantly, how we could wake them up to help restore glucose control in the body.

7. Bless you – Nasal spray glucagon could replace the need for a ‘rescue’ needle

The treatment of severe hypos, when the patient has suffered a loss of consciousness or is having a seizure, is currently mainly through a muscular injection of glucagon. These injections require reconstitution immediately prior to delivery. Glucagon has the opposite action to insulin and works to increase blood glucose levels. It's often vital for treating a severe hypo. Results from a recent clinical trial found that intranasal glucagon was found to be highly effective in treating insulin induced hypoglycaemia in adults with T1D. The next step is a larger trial in real-life settings.

8. What's your number? New classification system for T1D

The usual course of a T1D diagnosis is the onset of acute symptoms, most often culminating in a hospital visit. We know that long before diagnosis, beta cell numbers are declining and glucose control is impaired. Researchers have proposed a new disease staging classification to better encourage strategies to prevent, or slow down, the progression of T1D. The three distinct stages are 1) multiple pancreatic islet autoantibodies present in the body, 2) glucose intolerance due to dysfunctional pancreatic beta cells and 3) symptomatic T1D. Researchers are now looking at ways to predict, measure and prevent progression from one stage to the next, which could help health care professionals with faster diagnoses and promote research in to interventions earlier in the course of disease, keeping people out of hospital and avoiding diabetic ketoacidosis.

9. If baby has the genes, probiotics could be on the menu

Findings from the Environmental Determinants of Diabetes in the Young (TEDDY) study found an association between probiotic consumption by babies in the first few weeks of life and a lower risk of developing T1D. At-risk children who were given probiotics as part of their diet within the first 27 days of life had a 60% reduction in the risk of developing islet autoimmunity compared to consumption

after 27 days, or not at all. This only had an effect in children with the highest risk of T1D. Understanding the types of genes that increase the risk of people getting T1D combined with the micro-organisms found in the gut will allow us to better understand the possible triggers or causes of T1D.

10. Mapping the world of HbA1c – a new global view of glycaemic control

Improved glycaemic control in people with T1D is known to reduce short and long-term complications. Previously, it was not known how well control is achieved in various countries with different treatment regimes. A new study compared the data of more than 300,000 people from Australia, NZ, Europe, UK and USA. Results showed overall that HbA1c levels were slightly better in older individuals (above 25 years) compared to teens and kids. Australia sits in the top half of countries achieving median HbA1c closest to the target range. This data highlights the urgent need to address barriers in achieving optimal glucose control globally, particularly in younger adults and children, in order to reduce the risk of complications and provides an opportunity to learn from regions where glucose control is more effective.

Spotlight on Smart Insulin

What's smart?

Insulin that knows when it's needed

The discovery of insulin was one of the most important medical advances of the 20th century and the medical application of this hormone saves millions of lives each year. However, insulin is not a cure for T1D, and daily management of this disease remains a significant burden. The calculation of insulin dosing is endlessly changeable because food, exercise, illness and hormonal changes all play a role in levels of blood glucose (BGLs). JDRF is working to find solutions.

Insulin is not a cure

If you don't have diabetes, the insulin produced by your body is closely responsive to changes in your BGL, resulting in a tight range of normal values. Unfortunately, injected or pumped insulin is unable to synchronise in the same way. In daily life with T1D, it is often impossible to predict exactly how much insulin is needed to keep within the target range of BGL. Mismatches between insulin delivery and the body's needs lead to either hyper (high) - or hypo (low) glycaemia.

Regular high BGLs will increase the risk of long-term complications, while extreme low BGLs can also be very serious and, if left untreated, lead to death. Severe hypoglycaemia (low BGLs), in which assistance from another person is required, affects more than one third of people with T1D.

Glucose Responsive Insulin is a revolution

Glucose responsive insulin (GRI) or "smart" insulin means insulin that is automatically activated when blood glucose levels rise and deactivated when blood glucose levels fall. And it's not that far off. GRI therapy would coordinate insulin delivery with BGLs, keeping glucose levels within the normal range and taking away the daily burden of treatment, carb counting, dose calculations and fear.

New major partnership

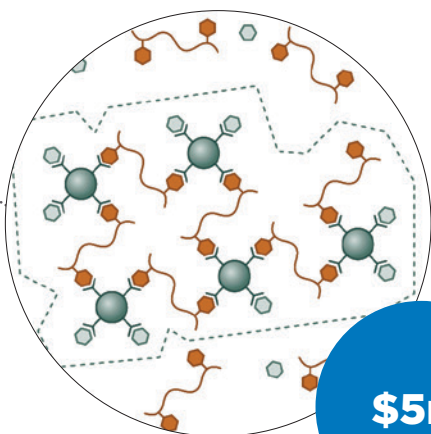
Back in 2008 JDRF partnered with a company called SmartCells Inc. to pursue the concept of insulin that could automatically react to changing BGLs. Two years later, Merck & Co acquired Smart Cells and began early clinical trials on Smart Insulin. JDRF has continued to support further research into smart insulin to investigate its effectiveness and more effective methods of delivery.

And this year saw a significant development: JDRF has now partnered with Sanofi to commit \$5 million over 3-4 years to researchers involved in smart insulin research, including Australia's Dr Christoph Hagemeyer at Monash University. Dr Hagemeyer was one of only four researchers chosen globally for his special expertise in nanoparticles and his project will seek to refine nanoparticles that will respond to blood glucose by releasing insulin.

What will it mean?

Instead of multiple daily injections or 24/7 insulin pump use, a next-generation GRI might be a single daily, weekly or even monthly injection. Or even a tablet. Fewer needles, less thinking and monitoring, means a significantly reduced burden of T1D.

JDRF has now partnered with Sanofi to commit \$5 million over 3-4 years to researchers involved in smart insulin research



Ranjeny Thomas' scientific career has been driven by an interest in the puzzle of autoimmune disease, with much of her work done on the relationship between Dendritic Cells (DCs) and immune system disease. DCs are part of the immune system's early response to bacteria or viruses. They engulf these bacterial or viral 'intruders', breaking them down and then activating helper T cells, which in turn alert the rest of the immune system.

Professor Thomas and her team have developed nanoparticle technology to target and modify DCs, working with the body's own immune system to fight disease. They have already developed a way of identifying patients at high risk of rheumatoid arthritis (RA) and ways to monitor responses to different immunotherapies at a cellular level. Her commercial initiative is currently developing new targeted therapies to treat autoimmune RA and the hope is that the next steps will be applications for other autoimmune diseases, including T1D.

Ranjeny has been working for many years with paediatric endocrinology colleagues, Andrew Cotterill and Mark Harris, to translate clinical advances in RA to T1D. One of these has been setting up a dedicated clinic for recent-onset T1D. This has been an effective new approach to focussed clinical practice at the critical early stage of disease. It also provides the opportunity to educate and recruit patients for research studies and clinical trials of new therapies.

Currently the lead on two JDRF-funded research projects, Professor Thomas is looking at how DCs could prevent the immune system's attack on insulin-producing beta cells that takes place during T1D. She's also investigating how biomarkers can predict the length of the honeymoon period and the effectiveness of new therapies used soon after diabetes onset.

A new clinical trial is about to launch under Professor Thomas' leadership, which is funded through the United States government's NIH-funded Immune Tolerance Network, in partnership with the JDRF Type 1 Diabetes Clinical Research Network. The trial will test an existing drug that could preserve beta cell function in newly diagnosed children, to slow or prevent progression of T1D.



Ranjeny Thomas

Principal Investigator for two current JDRF-funded research projects

How did you come to be interested in type 1 diabetes research?

There is a huge clinical need in T1D. I have been very interested to apply learnings from treatment of rheumatoid arthritis to T1D. This includes looking at inflammatory biomarkers as well as adapting our immunotherapy platform technology for treatment and prevention of T1D.

What outcomes are you hoping to achieve for people with type 1 diabetes?

Quite a few! These include being able to extend the honeymoon period so that the need for insulin is reduced or removed, preventing the onset of disease in high risk individuals, predicting at or close to birth those children who are on a high risk path to diabetes development. I believe that diagnosing those at risk of T1D is important, because they could be treated with an antigen-specific immunotherapy, with the goal of preventing the onset of disease.

What do you expect to see in your field in the next 5 years?

A number of important things! These include the launch of trials to test a number of immunotherapies, the development of robust predictive biomarkers for T1D, and also trials that will test antigen-specific immunotherapies in children and adults with predictive genetic and antibody biomarkers and some early signs of disease.

What's the outlook?

Immunology research has reached a very exciting stage, where the development of new 'designer therapies' for prevention and treatment of inflammatory diseases that affect the life of millions of people across the world is becoming a real possibility. Some stunning successes in the field of cancer immunotherapy have generated excitement and optimism right across the field, which is illuminating autoimmune diseases like T1D. It's both a privilege and an enormous challenge to be a part of that.

What will this mean for patients?

The field of immunology is really the end-game for T1D, this is where we are working towards what is sometimes called the 'biological cure' for T1D. If you stop the immune system attack on the beta cells, you really stop the disease. JDRF talks about a world without type 1 diabetes, and its most likely that we'll need immunology to achieve that.

Ranjeny Thomas

Professor Thomas is the Principal Investigator for two current JDRF-funded research projects.

Highlights of FY16

The Type 1 Diabetes Clinical Research Network (T1DCRN) came about because JDRF Australia, the research community, patients and Government together agreed that support for clinical trials was crucial in bringing treatments and therapies closer to patients.

It was initiated by JDRF because clinical research works best if it is done collaboratively on a national scale.

With the input of researchers and clinicians, JDRF recognised the need for more funding and a better way to connect T1D researchers with each other and the world – to make clinical research faster and more accessible to patients.

Over \$14 million in competitive grants to five multi-state high impact projects

- 35 research institutions and universities
- Collaboration in almost all Australian states and territories
- More than 50 researchers who will be supported in local jobs
- Over 1500 people with T1D will have the opportunity to access new treatments and therapies
- Announced by then Minister for Education the Hon. Christopher Pyne MP

International partnerships leveraged

- With funding from prestigious US partner the Helmsley Charitable Trust, making their first Australian research grant, ENDIA is able to significantly expand recruitment. This unique study is Australia's largest into the causes of T1D
- This FY, ENDIA gained momentum towards its goal of recruiting 1400 pregnant women and their infants
- Expansion of ADDN, the Australasian Diabetes Data Network, will continue to add paediatric patients as well as linking adults and hospitals into the database
- ADDN will build from 4000 children in the Network to over a projected 10,000 registrants
- ADDN is the only prospective diabetes database in the southern hemisphere
- 6000 consent to participate in national data registry

World class review panel and new collaborative groups

- JDRF Australia convened a T1DCRN Review Panel which included 11 of the world's leading T1D researchers
- Panel members shared global expertise with the local researchers
- 4 Consortia established to foster collaboration in the areas of glucose control, prevention, complications and cure
- 19 clinical centres joined consortia
- New joint strategies for communication, data sharing and access, intellectual property and others

Moving ahead with vision and dedication

- Innovation focus: Request for Applications for research that represents cutting-edge innovation, falling outside current T1D research paradigms
- Productivity imperative: T1DCRN will focus on working with funded projects to meet benchmarks, timelines and agreed targets
- Building clinical trial interest: a nationwide community engagement strategy will be implemented to drive T1DCRN clinical trial recruitment and participation

Next generation research leaders recognised and nurtured

- T1DCRN built upon its commitment to nurturing the next generation of research leaders
- Awarded nearly \$2 million for salaries and projects

“The T1DCRN model of collaboration and oversight is demonstrating its value. Over the next three years, the T1DCRN is set to expand and further increase the connectivity, collaboration and excellence of clinical research that will positively impact the lives of people with type 1 diabetes.”

Dr Dorota Pawlak,
Director of the T1DCRN

A quick summary of Lachie's hobbies, alongside debating, art and technology, include being an accomplished sportsman on field and in pool. He also does a little kite-surfing in his spare time. But there's one interest that Lachie always makes time for, and that's clinical research into type 1 diabetes.

His mum Shelley says being part of clinical research gives him a lift. "Recently I picked him from a day-long trial session, and he'd been plugged into two cannulas for six or seven hours, being monitored while doing various tasks. He absolutely bounced out of the hospital, with a spring in his step."

Lachie has had T1D since he was three years old and he has a healthy sense of balance about it. "He says to me, 'Mum, there are people worse off than me'. But he was diagnosed so young that this life is all he really knows."

Shelley reflects on the early days after diagnosis. "I can't say that it was easy. I remember thinking, 'My children are perfect, how could this happen to me?' But I've done a lot of reading over the years; I now understand more about the complexity of the environmental factors at play in T1D, and I'm cautiously excited by the technology we're now seeing."

Lachie is the only one of three siblings with T1D but it is something of a family affair. "As a family we maintain a positive attitude about T1D, for Lachie. We try to bear some of the burden by doing

overnight testing, and I always let him make his own food choices. He's actually got no hang-ups about it whatsoever, he tests whenever he needs, wherever he is."

Lachie now has a bit of a reputation for clinical research at the hospital that manages his T1D, in a good way. Shelley says with modest pride, "He always says yes. He ended up on TV with Professor Tim Jones, and was pleased as punch to have the chance to tell so many people at once about trials."

Ultimately for the whole family, there is one big reason to be part of clinical trials.

"It's about the cure. Lachie wants to help to find it, and he also knows it can be hard to get people into trials."

But happily, that's not the only benefit to participating in clinical trials.

"I also think being part of clinical trials is really good for children and young people because it allows them to become more involved with their diabetes; they feel like they own their disease a bit more. They are exposed to different healthcare professionals, who help them manage in different ways and tell them how much they are helping others, helping the research."

So Lachie's feeling good because he's helping other people and I'm feeling good because he's learning to manage his condition better."

Lachie is not too busy

Sixteen year old Lachlan has such a busy life that if we listed all his hobbies and interests here, we'd have no room for anything else.

There's one interest that Lachie always makes time for, and that's clinical research into type 1 diabetes.



Advocacy results in FY16

JDRF Advocacy is driven by members of the type 1 diabetes community, supported by our commitment. New technologies and therapies will only get regulatory approval, and become available for all, if they are championed by our community together.

JDRF's Advocacy program has our community at its centre, and our role is to coordinate their voices and support the delivery of a coordinated message about medical research and access to new therapies and devices. For our Advocates it begins with the task of increasing understanding of life with T1D amongst representatives and policy makers. This is most effective when achieved through personal relationships between MPs and members of our community.

We achieved significant successes in 2016, and these results build on years of planning and more than a decade of sustained advocacy by a national network of people with type 1 diabetes and their families. JDRF Advocacy reflects a consistent program of collaborative bipartisanship and relationship building.

JDRF increasingly builds health economics and health system considerations into our advocacy dialogue and submissions. When building our case to Government for funding, regulatory approval and access, we are both visionary and responsible. We highlight benefits across the dimensions of budget management, technology support, industry development and social wellbeing, all of which can be readily derived from investment in clinical research, and new access to diabetes technology and therapies.

In 2016, JDRF Advocates worked with the broader T1D community and achieved the following:

- Government committed to a high priority setting for access pathways for new and emerging diabetes technologies
- Federal election commitment of \$54m from the Coalition to fund a continuous glucose monitoring access program for people under 21 with T1D in clinical need
- Federal election commitment of \$79.4m from the ALP Opposition to fund a continuous glucose monitoring access program – as well as a further \$4m to expand the existing Insulin Pump Program
- MPs and staff were involved in rolling out the Type 1 Diabetes Clinical Research Network across various sites around Australia
- 88% of all Federal MPs had personal contact with JDRF Advocates during the recent campaign including:
 - 200 Advocate meetings with MPs or Senators
 - 100 JDRF staff meetings with MPs
 - 11 MPs in attendance at JDRF One Walk events



Senator Zed Seselja
and staff member Mel at
Canberra One Walk 2015

After the remarkable achievement of securing significant election commitments from both major parties in the recent federal election, JDRF was thrilled to share news recently that progress on the Government's election promise on increased access for Continuous Glucose Monitoring for young Australians with type 1 diabetes is forging ahead.

Health Minister Sussan Ley has made this program a key priority and the Department has moved into the initial stages of program implementation. The program is aiming to provide access from 2017.

Josh is father to Zoe, who has type 1 diabetes, and met with Prime Minister Malcolm Turnbull at the election announcement. He said that it's been incredibly rewarding for him and Zoe to be part of an awareness building campaign that is now coming to life in the form of new access to CGM for people with type 1 diabetes.

"Diabetes technology is an essential part of Zoe's day to day life and if we were not able to afford these things, I think our fears about

her health would be much greater. We all have to pull together to make life with T1D as safe and free of burdens as we can. This is just a step on the road. My family will keep going, hopefully until there's no more T1D!" – Josh

Mike Wilson has said that the funding commitment is a huge step forward, and provides a platform to extend access to other age groups over time. CGM is a life-changing technology and JDRF is working towards extending this benefit to as many people as possible.

JDRF's approach to advocacy is a consistent program of collaborative bipartisanship and relationship building. In FY16 JDRF partnered with the Australian Diabetes Educators Association, the Australian Diabetes Society, Diabetes Australia and the Australian Paediatric Endocrine Group, amongst others. We've coordinated hundreds of meetings with JDRF Advocates and JDRF leaders over several years and this year we saw that effort achieve results that are increasing access to life-changing technologies.

CGM access is just around the corner

JDRF Advocates tell the story of the day that the Coalition made Australia's first-ever Government commitment of \$54m to fund a continuous glucose monitoring access program.



JDRF Advocate Zoe, aged 11,
and the Hon Malcolm Turnbull MP,
Prime Minister of Australia

Thank you to our supporters

Without our supporters, JDRF would not be able to advance our research. There are many ways to support JDRF, but there's only one reason – we are the organisation that will turn Type One into Type None.

Major Supporters	Companies, Foundations and Trusts		
Peter & Rosemary Appleton Gwennyth Baker Karen Barfoot James Best Tim & Vanessa Bednall Gavin Bird Robert Bollen Peter Bot Richard Bryden Helen Bunning Josh & Yvonne Butterfield Malcolm Clift Joanne Crosby & Carey Lyon Leslie G Cupper Noel Day Rebecca Davies Judith Dean Carol Dickenson Peter Donkin Roy Edwards David Gowan Janine & Richard Goyder Dr Jill Harrisberg Linda & Paul Heath Lyn Herriot Rosanna Hindmarsh Natalie Hood Rosemary Houseman Gabrielle Krohn Chris Lennon Robert Loder Laurence & Natasha Mandie Carole McIntyre Wendy Mead Lorna Mellor Bruce Mills Mark Monk Marianne, Peter & Simon Nestor Ian Rose Lee-arne & Jonathan Salmon Ann & Frank J Shelton Eva Scheinberg Sumithira Thavapalan Heather & William Webster Elspeth Westwood Brian White Robert J Wylie Tom Wiley Mandy & Edward Yencken	1666 Foundation A1 Blinds Abbott Diabetes Care ACCORP Adai Pty Ltd (Archidiom Architects) All Souls Opportunity Shop Alto Recruitment AMSL Diabetes Apartments Actually ASP Sheet Piling AUDI Centre Perth Austo Constructions Pty Ltd Australian Communities Foundation Australian Executor Trustees Australian Philanthropic Services Foundation B&P Surveys Bennelong Foundation Beyond Bank Big Run Events Pty Ltd Blackwell Public School Boral Born 2 Run Foundation Brisbane Broncos Bunnik Tours Bunnings Canberra Labor Club Canterbury Leagues Club Chain Reaction Challenge Foundation Chamberlains Law Firm Channel 9 City Beach Australia Coles Pty Ltd Cooper Energy Count Charitable Foundation Crown Resorts Foundation CSR Gyprock Danks Trust DB Life Diabete-ezy Direct Connect Australia Pty Ltd Emorgo Foundation Fitzpatrick Family Charitable Trust FoodCo Ford Motor Company of Australia	GB Landfill H V McKay Charitable Trust Hacket Foundation Harvey Norman Haselgrove Wines Hidden Harbour Motor Yacht Squadron Association Holcim Pty Ltd HomeGroup WA Infinitas Asset Management Limited IPSHA J P Stratton Trust Jefferson Automotive Group Kemp Strang Kmart Knox Grammar School Lacetree Pty Ltd Leafmore Garden Society Lettisier Foundation as Trustees for the Evans Foundation Liberty International Underwriters Lions Club of Leeuwin Luscombe Family Foundation Macquarie Group Foundation Malouf Pharmacies Maple-Brown Family Charitable Foundation Media Partners Medibank Medtronic Australasia Pty Ltd Merivale Miracle Saints Motorola Mukinbudin District High School Myer – Eastern Creek DC News Corp Nova Entertainment People's Choice Credit Union Peta Seymour Foundation Perpetual Charitable Fund Pierce Armstrong Foundation Pizza Hut Pharmaco Presbyterian Ladies' College PriceWaterhouseCoopers QBD The Bookshop Ray White Runaway Bay	Rees Family Foundation Ritchies Stores Pty Ltd Roche Diagnostics Australia Rotary Club of Maitland Sunrise Inc. Rylstone Public School Sanofi Australia New Zealand Shaw and Partners Foundation Shaw and Partners Limited Jack and Merleen Sheedy Foundation Sheehan-Birrell Foundation Pty Ltd Shore Plumbing (QLD) Pty Ltd Short Punch & Greatorix Snippers Lawnmowing Sonata Tiling Pty Ltd Southern Cross Austereo Specsavers Pty Ltd Star Track Sunshine Automotive Tap Doctor South Pty Ltd Telstra The Commonwealth Bank of Australia The G W Vowell Foundation Limited The Marian & E. H. Flack Trust The Moore Philanthropic Foundation The Pace Foundation The Philip Bushell Foundation The Ray Macdonald Family Trust The Shirley W Greathead Foundation The Tom Efkarpidis Foundation Thermo Fisher Scientific Inc UBS Australasia uHealth Viatek Webb & Brown-Neaves Home Builders Wesfarmers Limited, WA Westpac Woodend Foundation Wylie Wynnum Golf Club Inc. Zen Building Contractors Pty Ltd

Café of love

JDRF is very fortunate to have the support of Peter Bot, who has remained steadfast in his commitment to our research for over 15 years. He shares the story of how his teenage daughter didn't always like to eat breakfast, and how his interests have evolved over many years of philanthropy.

Fifteen years ago in one Victorian family, the father of a teenage girl with type 1 diabetes decided to eat breakfast with his daughter every day. Seeing his daughter eat gave him the confidence that her blood glucose levels were safe enough for her to go off to school. Their morning routine was to eat breakfast together and do a BGL test, sharing an easy, quiet moment before the day began. They jokingly called it the Café of Love.

The father was long-time JDRF supporter Peter. "I've told my daughter so many times that if I could have taken type 1 diabetes from her and had it myself, I would have done it in a flash. It was devastating to have to give her injections and fingerpricks every day, to keep her alive. Unless you know someone with type 1 diabetes, you can't really understand how serious it is."

Those experiences prompted in Peter a commitment to philanthropy that has stayed consistent over nearly 20 years, and in tandem with the success of his business, his giving to JDRF now exceeds half a million dollars. He's humble about his generosity.

"If I don't help, then I'm not doing anything to fix the problem.

There's a selfish part of this for me, I am thinking about my family. I know that things may not change in time to help my daughter. But it might help my grandkids, or even their kids."

Medical research into type 1 diabetes used to be a bit of a hobby. "I used to cut out articles about research but not so much anymore. I know that when the cure really comes we will find out, I don't need the clippings to keep me going."

These days one his main hobbies is spending time with his grandkids. The daughter with T1D is grown up now, with children of her own. She knows her father has done a great deal to support research.

"We don't talk about my giving a lot but I think it makes her happy. She still calls our get-togethers the Café of Love. I suppose that was the silver lining to type 1 diabetes."



Peter and his daughter,
who is now a mother herself

Fundraising to turn type one into type none



Gala

- more Gala Balls than ever before: Perth, Sydney, Brisbane, Melbourne and Adelaide
- total raised for Fund a Cure donations: \$461k



One Ride

- Spirit Award: Sinclair Taylor, Anthony Zimmerman
- Cubed Teamwork Award: Microsoft
- Highest Corporate Fundraising team: Team Telstra





Community Fundraising

- best result from a new fundraising partner: \$165k Shaw and Partners, with special thanks to Earl Evans
- biggest fundraising event: Big Red Run \$205k, with special thanks to Greg Donovan

One Walk

- top family team: J Walkers \$24k
- top individual fundraiser: Julie Merrett \$15k
- top regional Walk: Newcastle \$24k
- top state: VIC \$200k
- national ambassador and all-round hero: Rob Palmer



Board of directors

Director's name	Qualifications, experience & other information
Richard Goyder AO Year appointed: Qualifications and experience:	Chair, Member of the Advisory Board 2016 Managing Director, Wesfarmers; Director, Gresham Partners Holdings; Director, Business Council of Australia; Director, University of Western Australia Business School Advisory Board; Council Member, Australian Business and Community Network; Commissioner, Australian Football League. Father of a son with type 1 diabetes.
Natasha Mandie Year Appointed: Qualifications and Experience:	Director, Vice Chair 2009 (resigned December 2015) B Comm (Hons), LLB (Hons), GAICD Managing Director, EM Advisory; Non-executive Director of a number of private technology companies; Former Director of Corporate Advisory Solutions, Credit Suisse. Has type 1 diabetes.
Stuart Green Year appointed: Qualifications and experience:	Treasurer, Chair of the Finance and Audit Committee 2010 B.A. (Hons), MBA, FCA, ACMT Executive Director, Macquarie Group Limited; Group Treasurer, Macquarie Group Limited.
Mike Wilson Year appointed: Qualifications and experience:	Director, Company Secretary and CEO 2011 BSc, BEc (Hons), GAICD Director, Somark Innovations; CEO of JDRF Australia since 2004.
Kate Aitken Year appointed: Qualifications and experience:	Director, Chair of the Talent Committee 2015 Managing Director, Asia Regional Co-Head Human Capital Management, Goldman Sachs; Advisory Member of Pride in Diversity's Strategic Executive Forum.
Professor James Best AO Year appointed: Qualifications and experience:	Director, Member of the Research Committee 2014 MB BS, MD (Melb), Hon MD (St Andrews), FRACP, FRCPPath, FRCP (Edin) Dean, Lee Kong Chian Schools of Medicine, Singapore; Former Professor of Medicine and Head of the School of Medicine, University of Melbourne; Former Chair of Research Committee, National Health and Medical Research Council.
Jeffrey Browne Year appointed: Qualifications and experience:	Director, Member of the Advisory Board 2015 LLB Former Director, Sky News Limited; Former Managing Director and Director, Nine Network Australia Pty Ltd; Chairman, carsales.com Limited. Father of two children with type 1 diabetes.

Director's name	Qualifications, experience & other information
Philip Chronican Year appointed: Qualifications and experiences:	Director, Member of the Advisory Board 2015 Chairman of the NSW Treasury Corporation; Non Executive Director, National Australia Bank; Former CEO, ANZ Australia; Former CEO, Westpac Institutional Bank; Former CFO, Westpac Group. Husband of late wife with type 1 diabetes.
Mike Chuter Year appointed: Qualifications and experiences:	Director, Chairman of Victorian Corporate Committee 2013 Joint Managing Director, Publicis CUBED; Founding Partner, CUBED Communications Co-Founder, Thankful; Former Board Director, Association of Data driven Marketing and Advertising; Former Board Director, Comic Relief Australia. Father of a daughter and son of a father both with type 1 diabetes.
Rebecca Davies Year appointed: Qualifications and experience:	Director, Chair of the Research Committee; Member of the Advisory Board 1997 LLB (Hons), BEc, FAICD Company Director; Former Partner and board member of a major national law firm; Director and chair of various companies in the arts, hospitals, medical research and health sectors; Member of the Medical Innovations and Australian Health Ethics Committees of the National Health and Medical Research Council; Former member of the Board and current Chancellor, JDRF International; Member of the JDRF International Nominating and Governance Committee. Mother of a daughter with type 1 diabetes.
Paul Heath Year appointed: Qualifications and experience:	Director 2012 CEO, Koda Capital; Member, Endowment Investment Committee of the Benevolent Society; Former CEO, JBWere Pty Ltd. Father of a daughter with type 1 diabetes.
Selina Lightfoot Year appointed: Qualifications and experience:	Director, Member of the Talent Committee 2016 BA/LLB Consultant, Herbert Smith Freehills; Director, Queen Elizabeth Centre; Advisory Board Member, Nuchev Pty Ltd; Advisory Board Member, TLC Aged Care Pty Ltd.
Jonathan Salmon Year appointed: Qualifications and experience:	Director, Chair of the Funding Committee; Member of the Research Committee 2012 MAICD Managing Director, Viatek Technology; Director, Adscensio; Director, Unlisted Marketplace; Founder, DNS IT and Hosted IT. Father of a son with type 1 diabetes.
Cathryn Urquhart Year Appointed: Qualifications and Experience:	Director 2013 (resigned March 2016) B Juris, LLB Learning and Development Consultant, Adjunct Lecturer, College of Law; Former Lawyer – Professional Development and Risk Management, Law Society of Western Australia; Former Senior Associate, Allens Arthur Robinson. Mother of a son and wife of a husband both with type 1 diabetes.

Advisory Board

Name	Experience
Richard Goyder AO (co-chair)	CEO & Managing Director, Wesfarmers Chair, JDRF
Ian Narev (co-chair)	CEO, Commonwealth Bank
Tim Bednall	Partner and Ex-Chairman, King & Wood Mallesons
Jeff Browne	Chair, Carsales
Phil Chronican	Director, NAB, Chair TCorp
Rebecca Davies	Ex-Partner and Board Member, Freehills
Professor Ian Frazer AC	Director, Diamantina Institute, University of Queensland
Matthew Grounds	CEO, UBS Australia
Paul Heath	Vice-Chair, JDRF
Steve Higgs	Former Chair, JDRF
Belinda Hutchinson AM	Chancellor, University of Sydney
Shaun Larkin	Managing Director, HCF
Peter Mason AM	Ex-Chairman, AMP and David Jones
Simon McKeon AO	Chancellor, Monash University
Nicholas Moore	CEO, Macquarie Group
Sir Ralph Norris	Director, Origin Energy
Rod Pearse OAM	Ex-CEO & Managing Director, Boral
Andy Penn	CEO, Telstra
Professor John Shine AO	Chair, CSL
Mark van Dyck	Regional Managing Director, Compass Group
Bill Wavish	Former Executive Chair, Myer
Mike Wilson	CEO & Managing Director, JDRF
Peter Wilson	Ex-CEO, Spotless Group

Kirilly's unforgettable moment

Volunteers like Kirilly hold our community together, and are quite simply an essential part of our organisation. For a hit of inspiration, read Kirilly's positive approach to her T1D diagnosis, and her commitment to helping other kids.

The first year of high school is challenging enough, without being diagnosed with type 1 diabetes (T1D) halfway through. Kirilly was forced to suddenly adapt to a "new schooling lifestyle and then a whole different way of living". Here's how she went from there, to becoming JDRF's National Young Volunteer of the Year in 2015.

"Instead of letting diabetes get the best of me I choose to tackle it head on. I had always been a very community-minded person and after reflecting on the challenges I was faced with when diagnosed and adapting to the changes, I decided to help people and their families when recently diagnosed, and by bringing the community together to help children understand there are others out there just like them.

At the age of 16, I started my own support group for the children in the Campbelltown area to help them with their diabetes journey, as in the Campbelltown area we do not have a great amount of support for those with T1D. I also began a high school orientation program for those with T1D transitioning from primary to high school in my local area.

When I received the phone call saying I had won 'National Young Volunteer of the Year' for JDRF, it was a moment I'll never forget. I had no idea I had even been nominated for the award as I did all my work alone, very quietly, not wanting a large fuss brought about.

This award has helped build my confidence to go out and keep going to help the community with T1D and continue my support for JDRF."



Independent auditor's report to the members of JDRF Australia

Report on the financial report

We have audited the accompanying financial report of JDRF Australia (the company), which comprises the statement of financial position as at 30 June 2016, the statement of profit or loss and other comprehensive income, statement of changes in equity and statement of cash flows for the year ended on that date, a summary of significant accounting policies, other explanatory notes and the directors' declaration.

Directors' responsibility for the financial report

The directors of the company are responsible for the preparation of the financial report that gives a true and fair view in accordance with Australian Accounting Standards – Reduced Disclosure Requirements and the *Australian Charities and Not-for-profits Commission (ACNC) Act 2012*. The *Charitable Fundraising Act 1991 (NSW)* and the *Charitable Fundraising Regulations 2008 (NSW)* and for such internal control as the directors determine is necessary to enable the preparation of the financial report that is free from material misstatement, whether due to fraud or error.

Auditor's responsibility

Our responsibility is to express an opinion on the financial report based on our audit. We conducted our audit in accordance with Australian Auditing Standards. Those standards require that we comply with relevant ethical requirements relating to audit engagements and plan and perform the audit to obtain reasonable assurance whether the financial report is free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial report. The procedures selected depend on the auditor's judgement, including the assessment of the risks of material misstatement of the financial report, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial report 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 entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by the directors, as well as evaluating the overall presentation of the financial report.

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

Auditor's Opinion

In our opinion, the financial report of JDRF Australia is in accordance with the *Australian Charities and Not-for-profits Commission (ACNC) Act 2012*, the *Charitable Fundraising Act 1991 (NSW)* and the *Charitable Fundraising Regulations 2008 (NSW)*, including:

- (a) giving a true and fair view of the company's financial position as at 30 June 2016 and of its performance the year ended on that date; and
- (b) complying with Australian Accounting Standards – Reduced Disclosure Requirements, and
- (c) presenting a true and fair view as required by the *Charitable Fundraising Act 1991 (NSW)* of the financial result of fundraising appeals for the financial year ended 30 June 2016; and
- (d) its associated records have been properly kept, in all material respects, in accordance with the *Charitable Fundraising Regulation 2008 (NSW)* for the financial year ended 30 June 2016; and
- (e) money received as a result of fundraising appeals conducted by the company during the year ended 30 June 2016 has been properly accounted for and applied, in all material respects, in accordance with the *Charitable Fundraising Act 1991 (NSW)* and the *Charitable Fundraising Regulation 2008 (NSW)*; and
- (f) there are reasonable grounds to believe that the company will be able to pay its debts as and when they fall due.



PricewaterhouseCoopers



SJ Bourke
Partner, Sydney, 25 October 2016

Financial statements

Statement of profit and loss and other comprehensive income
for the year ended 30 June 2016

	2016 \$	2015 \$
Revenue		
Fundraising revenue	7,262,931	7,406,485
Government grants	6,408,096	3,742,324
Other revenue	639,906	599,306
	14,310,933	11,748,115
Expenses		
Administration expenses	(301,546)	(310,790)
Advertising, promotion and printing expenses	(230,372)	(211,641)
Communication and technology expenses	(187,279)	(188,688)
Depreciation and amortisation	(112,080)	(100,661)
Employee benefits expense	(3,174,499)	(3,053,144)
Education and support expenses	(143,192)	(135,232)
Fundraising expenses	(1,239,206)	(1,337,546)
Occupancy expenses	(303,357)	(295,225)
Research, travel and pump grants expenses	(8,557,742)	(6,255,138)
	(14,249,273)	(11,888,065)
Surplus (deficit) before income tax	61,660	(139,950)
Income tax expense	-	-
Surplus (deficit) for the year	61,660	(139,950)
Other comprehensive income	-	-
Total comprehensive income (loss) for the year	61,660	(139,950)

Statement of financial position as at 30 June 2016

	2016 \$	2015 \$
ASSETS		
Current assets		
Cash and cash equivalents	22,181,005	18,714,790
Trade and other receivables	717,269	421,222
Inventories	-	20,514
Total current assets	22,898,274	19,156,526
Non-current assets		
Property, plant and equipment	124,189	109,574
Intangible assets	21,098	59,405
Total non-current assets	145,287	168,979
Total assets	23,043,561	19,325,505
LIABILITIES		
Current liabilities		
Trade and other payables	7,932,293	6,914,696
Provisions	37,422	50,128
Total current liabilities	7,969,715	6,964,824
Non-current liabilities		
Trade and other payables	10,795,713	8,161,710
Provisions	97,692	80,190
Total non-current liabilities	10,893,405	8,241,900
Total liabilities	18,863,120	15,206,724
Net assets	4,180,441	4,118,781
FUNDS		
Accumulated funds	4,180,441	4,118,781
Total funds	4,180,441	4,118,781

Statement of cash flows for the year ended 30 June 2016

	2016 \$	2015 \$
Cash flows from operating activities		
Receipts from fundraising activities	6,878,347	7,576,785
Government and partnership grants received	10,956,329	10,178,508
Interest received	587,186	384,350
Other revenue	41,801	47,635
Payments to suppliers and employees	(6,208,126)	(6,915,652)
Grants and travel awards paid	(8,700,934)	(6,390,370)
Net cash inflows from operating activities	3,554,603	4,881,256
Cash flows from investing activities		
Purchase of property, plant and equipment	(88,388)	(129,425)
Purchase of intangible assets	-	(44,573)
Net cash (outflows) from investing activities	(88,388)	(173,998)
Net increase in cash and cash equivalents	3,466,215	4,707,258
Cash and cash equivalents at the beginning of the financial year	18,714,790	14,007,532
Cash and cash equivalents at the end of the financial year	22,181,005	18,714,790

A national research program

Research currently supported by JDRF

Investigator	Title	Institution
Prof Carol Pollock	KCa3.1 as a therapeutic target in diabetic nephropathy	University of Sydney
A/Prof Shane Grey	Islet dependent tolerance for insulin independence without immunosuppression	Garvan Institute of Medical Research
Dr Michael Ward	Mitochondrial dysfunction in diabetic kidney disease	Mater Research
Dr Katie Edwards	Novel corneal nerve tests in diabetic neuropathy; growth rate and mapping	Queensland University of Technology (QUT)
Dr Emma Hamilton-Williams	A genetic link between gut microbial flora and T1D susceptibility	University of Queensland
Dr Jane Mullaney	A link between the gut microbiome and type 1 diabetes	University of Queensland
Prof Ranjeny Thomas	Antigen-specific peptide immunotherapy targeting dendritic cells in type 1 diabetes	University of Queensland
Prof Ranjeny Thomas	Biomarker signature in children with recent-onset T1D	University of Queensland
Dr Ahmed Mehdi	Developing models of T1D progression by integrating clinical and genomic data	University of Queensland
Prof Jennifer Couper	Environmental Determinants of Islet Autoimmunity (ENDIA)	University of Adelaide
Prof Jennifer Couper	Centre of Research Excellence for pancreatic beta-cell protection and preservation	University of Adelaide
Prof Patrick Coates	Vascularised Biodegradable Temporizing Matrix as an Alternative Site for Islet Transplantation	Royal Adelaide Hospital
Dr Christoph Hagemeyer	Smart insulin delivery with glucose responsive nanomaterials	Monash University
Dr Gavin Higgins	Impaired MnSOD causes dysregulation of mitophagy and accumulation of dysfunctional mitochondria in diabetic nephropathy	Baker IDI Heart & Diabetes Institute
A/Prof Melinda Coughlan	Targeting the C5a-CD88 axis in diabetic nephropathy	Baker IDI Heart & Diabetes Institute
Prof Karin Jandeleit-Dahm	Nox5 is a new target for diabetic nephropathy	Baker IDI Heart & Diabetes Institute
Dr Bryna Chow	The therapeutic potential of Compound 21 (Angiotensin II type 2 receptor agonist) in diabetic nephropathy	Baker IDI Heart & Diabetes Institute
Dr Eliana Marino	Gut permeability, inflammation and microbiota modulate type 1 diabetes	Monash University
Prof Anthony Purcell	A peptidomics approach to understanding the fate and antigen presentation of post-translationally modified proteins in type 1 diabetes	Monash University

Investigator	Title	Institution
A/Prof Stuart Mannering	Molecular and functional analysis of human islet-infiltrating T cells	St Vincent's Institute of Medical Research
Prof Len Harrison	Methylation and miRNA expression as biomarkers in type 1 diabetes	Walter and Eliza Hall Institute of Medical Research
Dr John Wentworth	Type 1 Diabetes TrialNet International Site – Australia/New Zealand	Walter and Eliza Hall Institute of Medical Research
Prof Len Harrison	Intranasal Insulin Trial II	Walter and Eliza Hall Institute of Medical Research
Dr Sih Min Tan	Targeting the C5a-C5aR1 signalling axis in diabetic nephropathy	Baker IDI Heart & Diabetes Institute
Prof Mark Cooper	New targets and therapies in diabetic complications	Baker IDI Heart & Diabetes Institute
Dr Jay Jha	The relative role of NADPH oxidase-Nox5 versus Nox4 in type1 diabetic nephropathy: in vitro and in vivo studies	Baker IDI Heart & Diabetes Institute
A/Prof Helen Thomas	Blocking the interaction between T cells and beta cells using JAK inhibitors	St Vincent's Institute of Medical Research
Dr Eliana Marino	Dietary Manipulation of Gut Microbial Metabolites Mitigate Type 1 Diabetes	Monash University
A/Prof Helen Thomas	Investigating whether endogenously-derived cytosolic nucleic acids trigger type 1 diabetes	St Vincent's Institute of Medical Research
Dr Esteban Gurzov	The role of Protein Tyrosine Phosphatases in pancreatic beta cell function and survival	St Vincent's Institute of Medical Research
Dr Jinhua Li	Targeting Smad3 acetylation in the treatment of diabetic nephropathy	Monash University
A/Prof Helen Thomas	Preventing beta cell-T cell interactions with Jak inhibitors	St Vincent's Institute of Medical Research
A/Prof David O'Neal	Overnight Closed-Loop in the Home: Metabolic Control	The University of Melbourne
Dr Esteban Gurzov	The role of PTPN2 & PTPN22 in pancreatic β -cell function and survival.	St Vincent's Institute of Medical Research
Prof Tim Jones	Improving the lives of young people with Type 1 Diabetes Care using State-of -the Art Therapies	The University of Western Australia
Prof Tim Jones	Adolescent diabetes intervention trial: Australia	The University of Western Australia

Supporter story: T1D mum – and life coach

Jackie shares some of her philosophy on living well with T1D, as well as how she came to be dedicated to raising awareness and funds for T1D. A participant of several JDRF campaigns, Jackie has also started a couple of her own. Her story could spark the motivation you may need to get your own fundraising awareness campaign moving this year.

Jackie is a working mum of two from the Sunshine Coast, and daughter Freya has T1D. She blogs about family, love, life, and parenting through type 1 diabetes.

“Sometimes I think I should have been a personal trainer – or life coach! I’m a mum to a child with type 1 diabetes and the list below is our daily mantra. Our family has all embraced a healthy lifestyle – which for the most part makes diabetes more manageable, but it is never easy.

- Focus 24/7
- Low GI
- Carb counting
- Long term benefit over short term pleasure
- Just do it!
- Believe in yourself

Freya is now seven years old. She was diagnosed with T1D nearly seven years ago. Her pancreas stopped working properly and that was that. There was nothing we could do to change it and nothing we could have done to prevent it.

Each night for the past seven years, my husband, mother or I have tested Freya at around 11pm, 2am and again before 5am. We’re always mindful that long term high blood glucose levels can mean loss of limbs and all sorts of serious medical conditions. The impact of low blood glucose levels is more immediate.

The risks of hypos at night are real and something that people with T1D, as well as their parents, partners and carers have to live with every day. I know it sounds very dramatic, but it can be. Children and adults die from complications due to diabetes every week in Australia. I remind myself often that most live happy, healthy and fully functional lives.

What we would really love is a cure. That and a good night’s sleep. The technology becoming available is going to change lives, though at great expense. I’m interested in finding ways for this benefit to get to all people in Australia with T1D.

There are 120,000 people in Australia, plus their families, who would dearly love a cure. Their lives have been forever changed by genetic glitches and environmental triggers that still have scientists baffled. That’s why the work of organisations like JDRF is so important.

My daughter has had at least five injections of insulin a day; over the past seven years. That’s over 12,000 injections. She has also tested her blood (via her finger tips) up to 10 times a day in the same period (over 25,000 finger pricks to draw blood). She is seven and does this to stay alive. Sometimes she gets frustrated, but mostly just gets on with it.

My daughter is truly an inspiration for me. She’s the reason that for the past six years, I have organised an annual fundraising or awareness event for diabetes. I want to find a cure but if I can’t find a cure, I want Freya and all people with diabetes to live in a country where people don’t judge them for having diabetes. Freya is smart, healthy, super fit and fun to be around. She can and will do whatever she wants in life.

Diabetes can be a life threatening and life changing disease but if we all band together, we can make a difference.”



Ways to get in touch with JDRF



www.jdrf.org.au



info@jdrf.org.au



[facebook.com/
jdrfoz](https://facebook.com/jdrfoz)



[linkedin.com/company/
jdrf-australia](https://linkedin.com/company/jdrf-australia)



[@jdrfaus](https://instagram.com/jdrfaus)



[@jdrfaus](https://twitter.com/jdrfaus)

State	Street address	Mail address	Phone
NSW	Sydney Level 4, 80-84 Chandos St St Leonards NSW 2065	PO Box 183 St Leonards NSW 1590	Ph: 02 9020 6100 Fax: 02 9966 0172
QLD	Brisbane Suite 3 Level 4, 49 Sherwood Road Toowong QLD 4066	PO Box 254 Toowong QLD 4066	Ph: 07 3046 2700
VIC	Melbourne Whitten Oval 417 Barkly Street Footscray West VIC 3012	PO Box 6101 Footscray West VIC 3012	Ph: 03 8374 6200
WA	Perth Unit 5 2 Centro Ave Subiaco WA 6008	PO Box 1205 West Leederville WA 6901	Ph: 08 6444 0700
SA	Adelaide Unit 3, 497 Marion Road South Plympton SA 5038	PO Box 2062 South Plympton SA 5038	Ph: 08 8490 0100
ACT	Canberra Block D, Suite 204 Canberra Technology Park 49 Phillip Avenue Watson ACT 2602	Block D, Suite 204 Canberra Technology Park 49 Phillip Avenue Watson ACT 2602	Ph: 02 6109 4900

Thank you

to the many supporters who help JDRF achieve its mission to accelerate life-changing breakthroughs to cure, treat and prevent type 1 diabetes and its complications.

Community members, fundraisers, donors, committee members, volunteers, social media supporters, staff members, corporate and industry partners, trusts and foundations.



“To me it’s very clear what you’ve achieved. And it’s incredible. The research, clinical trials, the achievements of government advocates. It’s vast.”

Julie, mother to Noah, Christian and Joshua

ABN 40 002 286 553
DGR 042 753

JDRF IMPROVING
LIVES.
CURING
TYPE 1
DIABETES.