ANNUAL REPORT
FINANCIAL YEAR 2020

THE BAIRD INSTITUTE

Applied heart & lung surgical research

A MESSAGE FROM OUR PATRON,

The Hon Michael Kirby AC CMG

To all the wonderful supporters of The Baird Institute, I send greetings and good wishes. This has been a truly extraordinary year. Nothing quite like it since the scourge of the Spanish Flu in 1918, which even an old-timer like me did not witness. The grim news of COVID-19 brought frightful danger; the repeated warnings to wash our hands; the sudden appearance of hand sanitiser and facemasks; the daily reports on infection numbers; the terrible statistics of death and suffering; the images of emergency wards; the sudden urgency of ventilators to ward off the fiendish grip that this novel coronavirus takes upon the lungs, especially of elderly victims; the world of lockdown and isolation; the heroic work of the doctors and the nurses and administrative and support staff. All these images enter our minds and we will never forget them, even when COVID-19 has departed. Everyone who has had close connection with The Baird Institute knows of the outstanding devotion of Australia's medical, nursing and healthcare professionals. This message has recently been made vivid in our country and also in England. There, everyone from the Queen, the Prince of Wales, the Prime Minister, the ministers of state and all the ordinary citizens have joined in applauding the heroic work of the health professionals in the NHS. It has been the same in Australia. Fortunately, we took earlier urgent steps to act with resolution and determination. The consequence is that we have not seen the extraordinary numbers of cases evident in other parts of the world nor have we suffered the large number of deaths.

This goes to show how important it is for governments and citizens to give active support to community responses to the necessities of healthcare that protect and save our lives. This is true of a completely new challenge such as COVID-19. But it is also true of heart and lung disease which remains a major health crisis in Australia and will do so long after COVID-19 has departed. Tackling the endemic challenge of heart and lung disease cannot be effective if it is left to health professionals alone. As with COVID-19, it requires their leadership and highly professional care. But it also requires leadership from government. Leadership from civil society. And participation from citizens, patients, their families and friends. If ever we needed to be taught the importance of community participation in responding to a very serious health crisis, COVID-19 has renewed that lesson. Just as citizens came together to support each other in the battle against coronavirus, so we must come together to support each other and The Baird Institute in tackling heart and lung disease. The secret is the same. Brilliant medical leadership; the best of modern technology; candid information and explanations to the community; the use of modern media of communications; and strong political engagement. We must turn the lessons we have learned from COVID-19 to the challenge of heart and lung disease. The Baird Institute deserves our support when the sound and fury of COVID-19 has died away

A MESSAGE FROM OUR CHAIR

Professor Paul Bannon MB BS, FRACS, PhD

COVID-19, in addition to presenting us with many challenges such as dealing with the terrible impact that this disease is having worldwide and how to continue to successfully treat all those other ill patients who do not have the Coronavirus yet still need our care, is also teaching us many lessons, as our patron has detailed, around hygiene and caring for our community and each other.

Earlier this year we heard a lot about the postponement of elective surgery in the media and only allowing category 1 and perhaps category 2 patients to proceed with surgery. It probably comes as no surprise that almost all cardiac surgical patients and patients with lung cancer are category 1 or category 2 at best. The Baird Institute has been actively involved in monitoring our own patients to ensure that they are all being treated effectively and in a timely fashion, looking and thinking outside the box to ensure that they are being operated on in the best place possible and at the earliest stage possible or indeed if they cannot be operated on that they don't deteriorate in that time. We are also contributing to an international data collection program to look at the collateral impact of COVID-19 on all these conditions particularly in the area of surgery. This is an example of the ongoing commitment of The Baird Institute to not only look after the sick patients but also the well ones.

More specifically, The Baird Institute has been funding and conducting research in the Charles Perkins Centre at the University of Sydney where we are looking into the use of new mechanical support devices implanted through small incisions so as to support a patient's heart function, as it has been well recognised that a proportion of patients who are diagnosed with COVID-19 go into heart failure (viral myocarditis) and need extra support. In particular, this research is focusing not just on the device itself, but how to implant the device with as little risk to the frontline healthcare workers. This is using what we call intracardiac echocardiography. This device is introduced through the veins of the neck of the patient. This eliminates the use of x-ray which is very difficult to carry out in an intensive care environment and decreases the risk of aerosol transmission of the virus at the time. So not only are we interested in looking at the rates of development of heart failure in those patients with COVID-19, but also looking at better ways to support these patients with heart failure with as little risk as possible to the frontline workers.

Finally, the team has been asked to contribute to two publications in relation to heart disease and COVID-19. The first publication relates to the development of guidelines on the access of residents of rural communities to cardiology and cardiac surgical services in the world of COVID-19, with cardiologist Dr Ruth Arnold as the primary driver of this publication. The second publication whose primary author is Cardiologist, Dr Sean Lal, involves a retrospective analysis of the biomarkers of those patients with COVID-19 who developed viral myocarditis and whether these biomarkers or signs are able to predict the potential of a particular patient with the Coronavirus to develop myocarditis. As COVID-19 is likely to be around for some time this is an extremely important study for the future.

I thank the members of The Baird Institute Board, who gave their time and expertise to guide the Institute throughout the year. I would particularly like to thank the following board members who resigned in 2019; Prof Clifford Hughes who has been a board member since 2001 and Ms Michelle Sloane who joined The Baird Institute in 2008 as Executive Director. We are very grateful for their contribution and assistance over the years to help build and grow the Institute. In addition, we are delighted to welcome Ms Erin McMullen who joined as Company Secretary in December 2019. We look forward to a new and exciting year in 2020/2021 with research activities expanding across various disciplines as we continue to realise The Baird Institute's mission, to foster research and apply science to improve the outcomes for patients facing heart or lung surgery.

A MESSAGE FROM OUR CEO

Ms Catherine Rush

This past 6 months has brought unprecedented times. 2020 certainly has been a year like no other, commencing with Australia's devastating bushfires followed closely behind by the Coronavirus pandemic. We are indeed fortunate that Australia has so far escaped the terrible death toll from COVID-19 that other countries have experienced to date.

In order to remain at the forefront of international cardiothoracic research, The Baird Institute must continue to generate innovative research and findings which disrupt existing practices. In this Annual Report, you will read about the innovative research by our surgeon researchers into surgical robotics and minimally invasive surgery in this past year. Our objective has always been to sustain and drive medical research and the money The Baird Institute raises is used to fund this world class research. We know that supporting innovative health solutions is positive for the community at large and leads ultimately to reduced healthcare costs and improved health outcomes and quality of life for patients.

It is important to note that although heart disease may not appear to be as big a threat as COVID-19, it remains the leading cause of death in Australia with approximately 18,000 deaths per year. Heart disease is a steady, lethal, frequently treatable condition that deserves more headlines than it currently receives. In September 2019, the Australian Bureau of Statistics (ABS) reported that Heart disease was the number one cause of death in Australia with 17,533 deaths. This averages out to roughly 48 people per day. Despite this dire statistic, the ABS also reported a decrease in Heart Disease mortality rates of 22.4% since 2009. This is good news, but there is still so much more to be done. Continuing to help reduce these statistics is The Baird Institute's reason for existing and we are doing this in new and revolutionary ways as you will read inside this Annual Report.

I invite you to take a look at our new and improved website – **www.bairdinstitute.org.au** – I think you will find it easy to navigate and to discover everything you wish to know about the Institute and our research and training programs. I am very happy to announce that we have reinvigorated our Scholarship and Grants program and in this past financial year we have issued three educational scholarships and the same number of educational grants. Details on our grant and scholarship recipients and their research are outlined later in this Annual Report.

In February 2020, we moved out of our offices in the RPA Medical Centre at 100 Carillon Ave (where we have been for around 10 years), into the Cardiothoracic Department in Royal Prince Alfred Hospital (RPAH). The Chief Executive of the Sydney Local Health District, Dr Teresa Anderson, has kindly provided us with two offices at RPAH from which to run our administrative operations, resulting in more money being directed to research and training as opposed to administration and of course, a cementing of the very close ties we have with the Cardiothoracic Department and RPAH

On behalf of the team at The Baird Institute, I would like to extend our sincere thanks to all our supporters for their continuing trust and support throughout the past year.

GOVERNANCE

The Baird Institute is registered as a charity with the Australian Charities and Not-for-profits Commission (ACNC). Eligible tax-deductible donations have Deductible Gift Recipient (DGR) status with the Australian Taxation Office.

WHO WE ARE

Established in 2001, The Baird Institute is the only dedicated cardiothoracic surgical training and research institute in Australia. A Sydney-based charitable organisation, the institute is operated by a small, multi-skilled team and supported by a board of pro-bono volunteers.

Our research model is a translational one. As an organisation, we focus on the translation of quality research into improved surgical practice and delivery of long-term public health solutions. This model incorporates expertise in surgical and clinical management with cutting edge research and surgical/health professional training to ensure we have a positive impact at all stages from diagnosis through to treatment and recovery of our patients.

DOUGLAS BAIRD

20 JUNE 1940 – 16 NOVEMBER 1995

"There was no better exemplar of the ideals of science, surgery, sensitivity and skill than Douglas Kevin Baird"

Professor Paul G. Bannon

Professor Douglas Baird was a truly great Australian with a passion for improving heart and lung surgical techniques for the benefit of all. A young Baird developed his passion for cardiothoracic surgery whilst an intern at Royal Prince Alfred Hospital (RPAH) and later became a Fellow of the Royal Australasian College of Surgeons (RACS) in 1971. His commitment to excellence in medicine and surgery was obvious as a medical undergraduate when, at Sydney University, he also completed a Bachelor of Medical Science (BMSc) and won seven prizes including the University Medal. In his eulogy, Baird Institute patron, the Honourable Michael Kirby, described him thus: "Sweet was his nature and noteable his achievements".

OUR PATRON

The Hon Justice Michael Kirby AC CMG

BOARD OF DIRECTORS

Prof Paul Bannon, MBBS PhD FRACS, Chair
Prof Jeffrey Braithwaite, BA, MIR (Hons), MBA, DipLR, PhD, FIML, FCHSM, FFPHRCP (UK), FAcSS (UK), Hon FRACMA, FAHMS
Mr Shaun Clyne, MA LLM (Syd), Non-Executive Director
Prof Richmond Jeremy, MB BS PhD, FRACP, FAHA, FESC, FCSANZ, GAICD, Non-Executive Director
Ms Joanne Wade, BEc, LLB, Non-Executive Director
Prof Clifford Hughes, AO MBBS FRACS FACC FACS FCSANZ Non-Executive Director (Resigned November 2019)
Ms Michelle Sloane, BA MA MBA, Company Secretary (Resigned December 2019)
Ms Erin McMullen, Company Secretary. (Commenced December 2019).

From left to right: Erin McMullen, Sean Lal, Shaun Clyne, Catherine Rush, Richmond Jeremy, Jeffrey Braithwaite, Paul Bannon, Joanne Wade

From left to right: Sue Moore, Catherine Rush, Lorna Beattie, Dan Jackson

STAFF

Prof Paul Bannon - Chair
Ms Catherine Rush - CEO
Ms Lorna Beattie – Clinical Trials Manager
Mr Dan Jackson – Research Assistant & Database Manager
Ms Sue Moore – Administration and Events Manager

OUR VISION

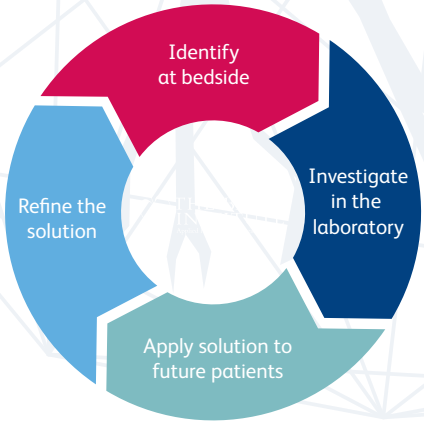
Our vision is to improve the outcomes and enhance the lives of those undergoing heart and lung surgery.

OUR MISSION

The Baird Institute's mission is to foster research and apply science to improve the outcomes for patients facing heart or lung surgery. The money we raise funds research that directly improves the surgical techniques associated with heart and lung surgery. Improvements can include less intrusive procedures as well as techniques that improve survival rates.

Through our commitment to ongoing research and the application of scientific breakthroughs in technology, we can directly impact the quality of life for patients, post-surgery and save lives that may otherwise have been lost.

Founded on the principal that academic surgeons produce better outcomes, The Baird Institute prides itself on continued investment in research and training; enabling it to remain at the forefront of innovation, surgical robotics and revolutionary industry technology.



OUR AIMS

- To Improve Patient Outcomes
- To Innovate
- To Conduct Research
- To Make Advances in Surgical Technology
- To Provide Ongoing Training and Development

EDUCATION & TRAINING PROJECTS

REGISTRAR AND JUNIOR MEDICAL OFFICER TRAINING

2019 has seen an unprecedented reinvigoration in registrar and junior medical officer training in the Cardiothoracic Department at RPAH. Masterclasses have seen guest speakers focus on professional standards and skills in medical training. Dry and wet labs, along with simulation programs conducted in partnership with industry have seen a practical, hands on experience unrivalled in Australian Cardiothoracic Surgical Training. Skills covered to date include macro and microvascular anastomosis, large vessel cannulation and closure, conduit harvest, and pulmonary anatomy and resection. Didactic teaching within the weekly cardiothoracic program continues but now looks to draw from allied specialist fields in cardiology, anaesthesia, critical care and infectious diseases.

SCHOLARSHIP & GRANTS PROGRAM

In October 2019 we issued three scholarships and three grants to cardiothoracic surgical trainees or registrars. The aim of these scholarships and grants is to assist medical students and trainee surgeons who would like to pursue a career in academic surgery. Below are the recipients of our scholarships and grants program and their areas of research:

CHARIS TAN

Charis is a recipient of both a scholarship and a grant. Charis will use her grant to supervise the upkeep and integrity of data entry into the ANZSCTS cardiac database. She is also completing a Masters of Philosophy (Surgery) and her research aims to retrospectively characterise patients with isolated primary severe Tricuspid Regurgitation, who were identified or referred late (symptomatic right heart failure or right ventricular dysfunction for less than 12 months) and to fully understand the impact of our current management strategy on clinical outcomes with the aim being to improve the existing strategy.

SAM KHADRA

Sam is a medical student who has been working as a research assistant at the Cardiothoracic Department at RPAH and has received a grant from The Baird Institute to continue his work on a project to integrate peri-operative data on cardiothoracic surgery performed at Strathfield Private with the Central Sydney database. The cardiothoracic data at Strathfield Private stretches back to its inception and captures a history of procedures and hosting this data will allow broad accessibility and ensure it can be used in valuable research in the future.

NICHOLAS MCNAMARA

Nicholas is a cardiothoracic registrar at RPAH and is currently completing his Masters of Surgery (Cardiothoracic Surgery). This research grant will assist in his work on the thoracic surgery database under the guidance of A/Prof Christopher Cao. This database is undergoing an evolution and as more data is being included pertaining to longer term outcomes in patients' pain and postoperative function, this information will be used to better determine which operative and anaesthetic practices lead to improved pain and function, which will ensure the best possible outcomes for patients.

KEI WOLDENDORP

Kei has been involved with the Baird Institute since 2012 under the mentorship of Prof Paul Bannon and is completing a Masters of Philosophy (MPhil) with a focus on Cardiothoracic surgery. His thesis is on the prevention and treatment (particularly new methods) of stroke after cardiac surgery, although rare, this can still present a devastating complication of underdoing heart surgery. He is particularly focusing on atrial fibrillation and looking at improved ways to manage patients who develop atrial fibrillation and particularly looking at more effective and safe ways to help reduce the risk of stroke associated with this heart rhythm.

MATHEW DOYLE

Mathew is a registrar at RPAH and prior to studying medicine he studied exercise physiology and rehabilitation. His experience in both cardiac exercise rehabilitation and current cardiothoracic surgical training provides a unique opportunity to bring novel exercise therapies into the acute care setting. Mathew's research involves the development of exercise equipment and exercise protocols for patients in the first week after cardiac surgery. He is hoping that this mode of exercise may provide a means of maintaining leg muscle strength for those patients unable to walk around the ward post surgery, as patients who are older or physically deconditioned can rapidly lose strength in their leg muscles due in inactivity.

SUPPORT GROUPS

In 2019 we established two patient support groups - one named 'Heart to Heart' specifically for heart surgery patients and the other for lung surgery patients, named 'Take a Deep Breath'. These groups provide education and support to both patients, and their families, carers and friends. Our first 'Heart to Heart' meeting was held in October 2019 and this was very well attended, and guests were particularly interested in hearing stories of how other heart surgery patients coped with life after surgery.

'Take a Deep Breath' had their first meeting in November 2019 and again this was well attended. Assoc Prof Lissa Spencer (physiotherapist) talked to the group about the importance of exercise pre and post-surgery.

As a result of the Coronavirus pandemic there have been no meetings for our support groups in 2020.

Heart to Heart

Take A Deep Breath

THE HUMAN CADAVER COURSE

MINIMALLY INVASIVE CARDIOTHORACIC SURGERY

There has been a significant paradigm shift towards increasing minimal access surgery within the field of Cardiothoracic Surgery. Training in minimally invasive techniques is important for the future of our specialty program. Our academic surgeons, Tristan Yan, Brian Plunkett, Christopher Cao and Martin Misfeld held the first Minimally Invasive Cardiothoracic Surgery course – The Human Cadaver Course - on 19th and 20th October, 2019. Prof Martin Misfeld is the Co-Director of Cardiac Surgery at Leipzig Heart Centre, and an internationally recognised expert in minimally invasive cardiac surgery, who has recently joined RPAH as a VMO cardiac surgeon to enhance our Minimally Invasive surgical program. The objective of this bi-annual hands-on course is to train our young surgeons in how to perform minimally invasive cardiothoracic surgical procedures, utilizing a human cadaver model. Support for these educational and training courses for our young surgeons is much appreciated

RESEARCH UPDATE

CLINICAL TRIALS

The cardiovascular and thoracic research team at Royal Prince Alfred Hospital has welcomed 2 new members this year. Lisa Turner is currently on maternity leave and has been replaced by Carmel Vanderham, while our new Research assistant Dan Jackson has recently jumped on board. The Baird Institute continues to support the 6 Cardiothoracic trials and databases and 4 vascular trials and databases which are managed by the research team. Approximately 6 trials have closed out in the first 6 months of the 2019/2020 financial year. The **Co-POC trial**, a prospective, randomized, double-blind, placebo -controlled study, that will evaluate the efficacy and safety of the medication colchicine in decreasing peri-operative myocardial damage and for the primary prevention of Post Pericardiotomy Syndrome, postoperative effusions, and Post-Operative Atrial Fibrillation, continues at RPAH and, after a short break and slight changes to the study, has now recommenced recruiting. The **VISION** study (a large international study looking at Vascular events in patients having Cardiac surgery) continues and will reach completion late this year or early next year and the first publication will follow shortly after. The clinical trials research team at RPAH made a significant contribution to this study recruiting 500 patients over 3.5 years.

We are continuing our experience with blood conservation surgery by looking to contribute to the CLIP II trial which investigates the safety and efficacy of liquid cryopreserved platelet transfusions, which if positive, promises to dramatically increase the accessibility to such an important resource in regional centres.

We've also been asked to become a principal site in the upcoming TRICS - 4 study looking specifically at younger aged groups and whether they would benefit from a lower threshold for blood transfusions in the perioperative period after cardiac surgery.

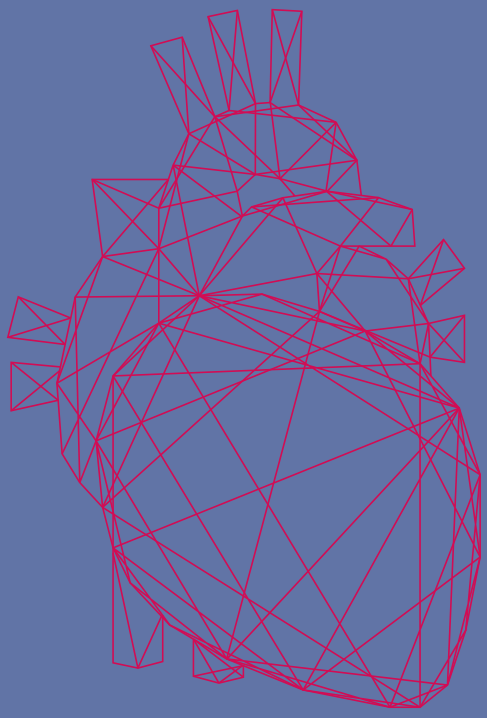
Prof Cao made a substantial contribution on the Investigator Team for the **COLDICE** study, an international randomised trial comparing Transbronchial lung cryobiopsy - a recently developed technique to open surgical biopsy for patients with interstitial lung disease. Pending positive results, the landscape for ILD diagnosis will be changed for the better. This trial has now been completed with 15 patients participating at RPAH, approximately a quarter of the total number of patients. Prof Cao is also heavily involved in the design and establishment of two upcoming randomised neoadjuvant immunotherapy trials providing new treatment options for RPAH patients which have been diagnosed with resectable non-small cell lung cancer.

We continue our involvement in the **VISION** study, a large international trial looking at the use of biomarkers to predict perioperative mortality and we continue our involvement in the Advanced Cardio-respiratory Therapies Improving OrgaN Support (ACTIONS) Centre for Research Excellence program with Professor John Fraser and the University of Queensland, as well as all of the other clinical trials we have been involved with over the years.

VIRTUAL REALITY RESEARCH

The Baird Institute's collaboration with leading Australian start-up medical technology company, Vantari VR, has started to make an impact in hospitals around Australia. Due to the support of The Baird Institute, in addition to being awarded a highly competitive federal grant, Vantari now boasts a talented team of 9 and has progressed its product offering to producing VR simulation for students and doctors to practice life-saving procedures. Considering the pandemic, there hasn't been a better time to look at remote education and training and Vantari certainly provides a powerful solution.

Over the last 6 months, Vantari has been trialled for critical care education and training at a variety of hospitals around Australia. With plenty of insights and learnings from their partnerships, Vantari is launching a brand-new platform to provide its software free for the second half of this year to help students, doctors and frontline staff around Australia. Combined with its state-of-the-art virtual trainer and AI data portal giving real time feedback, Vantari is doing its part to support hospitals and universities and help patients during this challenging COVID-19 period.



ROBOTIC MITRAL VALVE REPAIR

There has been tremendous evolution and innovation in cardiac surgery. In the early years of the specialty, innovation focused on decreasing mortality and expanding the pathologies that surgeons could address during heart operations, while in the current era, with operative mortality for routine procedures exceedingly low, the focus has shifted to decreasing perioperative complications, improving perioperative quality of life, and maximizing long-term outcomes. As a result, the onus has fallen on surgeons to shift away from the traditional sternotomy (a type of surgical procedure in which a vertical inline incision is made along the sternum, after which the sternum itself is divided) and offer equally effective operations through less invasive approaches.

In 2019, Professor Tristan Yan was appointed as the clinical lead of the Minimally Invasive and Robotic Cardiothoracic Surgery Program at RPAH. He has performed more than 1000 minimally invasive cardiothoracic procedures with excellent clinical outcomes. To enhance the RPAH Minimally Invasive Cardiothoracic Surgical Program, Professor Martin Misfeld, the co-director of Leipzig Heart Centre (Europe's largest cardiac centre) was also appointed as a senior cardiac surgeon at RPAH. Together, they performed the first robotic mitral valve repair at RPAH. "Mitral valve surgery is one area that has seen some of the most impressive progress over the last two decades. With the advent of new technology, including peripheral cannulation systems, specially designed instruments, and robotic-assistance, complex valve repair and replacement can now be performed through small access incisions in the right chest without disturbing the skeleton. Minimally invasive surgical approaches offer patients gold standard results with fewer complications and a faster recovery, ensuring that despite the growth of transcatheter technologies, patients and cardiologists will not have to make the choice of trading long-term efficacy for short-term gains", said Professor Misfeld.

One of the research projects currently under investigation is examining the advantages of minimally invasive surgery including less bleeding, enhanced cosmesis, shorter ICU and hospital length of stay, better respiratory function, less transfusion requirements, less infectious complications and faster return to work. The project also analyses the possible complications and the reasons for the robotic approach not gaining widespread use, which may include the complexity of procedure, and the cost asso-

ciated with greater initial investment, maintenance, disposable instruments and retrograde cardioplegia catheters. In the study, it has been suggested that this may be compensated for by the overall economic advantages of a robotic approach, specifically shorter hospital stay and faster return to work. The available literature has clearly shown that the costs associated with robotic-assisted mitral valve surgery are in no way prohibitive. The potentially increased costs relative to traditional approaches are easily offset by the many advantages of the evolving technology.

Given the present cost-conscious healthcare climate, the appraisal of the economics of robotic surgery, supported by The Baird Institute will only intensify and, as adoption broadens and more surgeons become facile with the technique, the balance will likely continue to move in favour of this impressive technology. Future robotic mitral operations will be customized for each patient and will be based on their valve pathology, comorbidities, fragility, and age as well as their surgeon's ability. The less invasive era in cardiac surgery is here, we need to keep an open mind and adapt to change!

THE SYDNEY HEART BANK

The Charles Perkins Centre, The University of Sydney

The Sydney Heart Bank (SHB) is the largest repository of cryopreserved human hearts in the world (17,000 samples). It was established in 1989 by Cris Dos Remedios (Emeritus Professor University of Sydney) and the Late Victor Chang AC (Cardiothoracic surgeon at St. Vincent's Hospital Sydney). It has been housed and maintained by the University of Sydney since 1989 and it currently resides on campus in state-of-the-art bio-banking facilities at the Charles Perkins Centre, with Dr Sean Lal as the Director of the SHB.

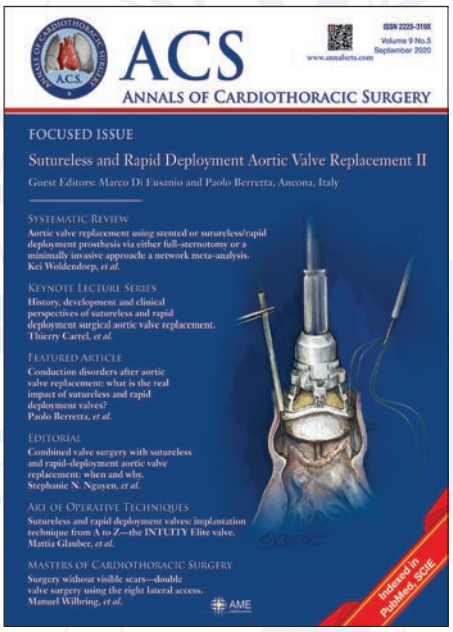
A photo of the Charles Perkins Centre where the Sydney Heart Bank is housed - a 2-minute walk from the Cardiothoracic operating theatres at Royal Prince Alfred Hospital. The close proximity highlights a world-class bio-banking standard.

Comprised of failing hearts (heart failure) of many different causes, as well as donor hearts (non-diseased hearts) for comparison (control group), the SHB is completely not-for-profit, with the sole mission to foster national and international research collaboration into the causes of heart failure. Today, Dr Lal and Professor Paul Bannon, Chair of The Baird Institute, are expanding this biobank to include heart tissue from patients undergoing all forms of cardiac surgery at Royal Prince Alfred Hospital, with the aim to undertake the world's largest multi-sequencing (gene, protein, enzymes, metabolite) study of human heart failure to-date in collaboration with a team of scientists at the Charles Perkins Centre. This will almost certainly lead to new discoveries as to the pathways that cause heart disease and hence the development of therapies to treat and reverse it.

PUBLICATIONS

Please go to our website for a current list of our publications - https://bairdinstitute.org.au/research/our-publications/

ANNALS OF CARDIOTHORACIC SURGERY



Recently The Baird Institute and Royal Prince Alfred Hospital began supporting The Annals of Cardiothoracic Surgery (ISSN 2225-319X), an international bi-monthly peer-reviewed publication, dedicated to the field of cardiothoracic surgery, with the primary aim of providing critical analysis and comprehensive overview of contemporary topics within the field. The interplay of best clinical evidence, surgical education and global impact makes the Annals of Cardiothoracic Surgery (ACS) the leading contemporary surgical journal, setting it apart from traditional journal formats.

The ACS is proud to announce that it has received its inaugural Impact Factor of 2.895. This excellent result places ACS as the fourth most highly ranked journal dedicated to cardiothoracic surgery. This Journal Impact Factor reflects ACS' drive for best clinical evidence through comprehensive systematic reviews/meta-analyses in all aspects of cardiovascular and thoracic surgery; a commitment to surgical education through highly-cited keynote lectures, multimedia videos and detailed illustrative articles; and a vision for global impact, achieved by working closely with our esteemed Editors and Authors. The Editor-in-Chief, Professor Tristan Yan, commented recently, "We look forward to continuing our work in delivering the most comprehensive and educational resource to the cardiothoracic community".

OUR SUPPORTERS

Since its inception, The Baird Institute has been privately funded by bequests left by former patients of the surgeons who are associated with the Institute, corporate funding from our partners and donations received from our supportive group of donors who provide both donations to continue our research and their time in organising fundraising events for The Baird Institute.

CORPORATE SUPPORTERS

Special thanks go to our corporate partners - Medtronic, Baxter, Abbott and Edwards who are providing assistance in the form of educational grants for research scholarships and grants to trainee cardiothoracic surgeons.

Abbott Baxter Edwards Medtronic

PHILANTHROPIC SUPPORTERS

Lin Huddlestone Charitable Foundation
Pro Choice Safety Gear – The Bird family

PRO SAFETY GEAR prosafetygear.com

The Lin Huddleston Charitable Foundation

BEQUESTS

Terence Arthur Owen passed away on 23 June 2018 and in September 2019, The Baird Institute received a bequest of $344,000. Terence was a patient of Professor Paul Bannon over the years and had mitral valve surgery and 4 coronary artery bypasses in 2002. His very generous bequest will assist The Baird Institute in continuing to fund research into improving the outcomes for heart and lung surgery patients. We are very grateful to Terence and his family for their very generous support.

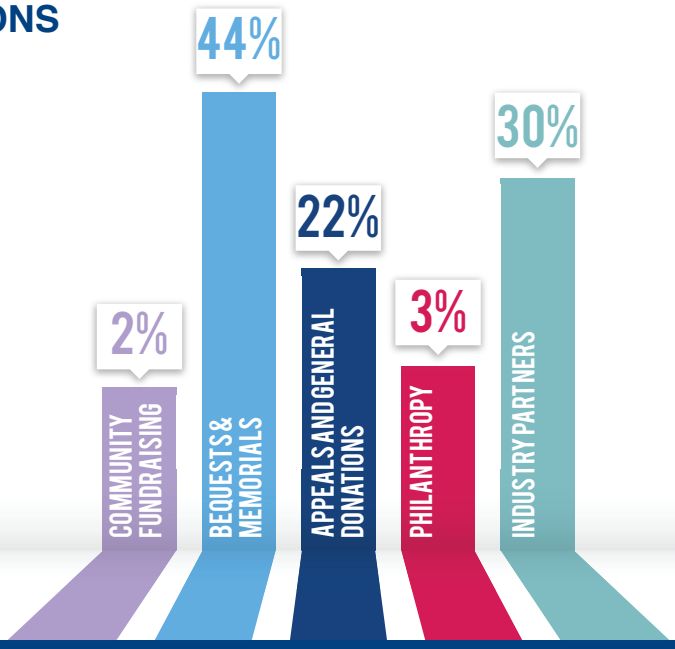
FINANCIAL SUMMARY

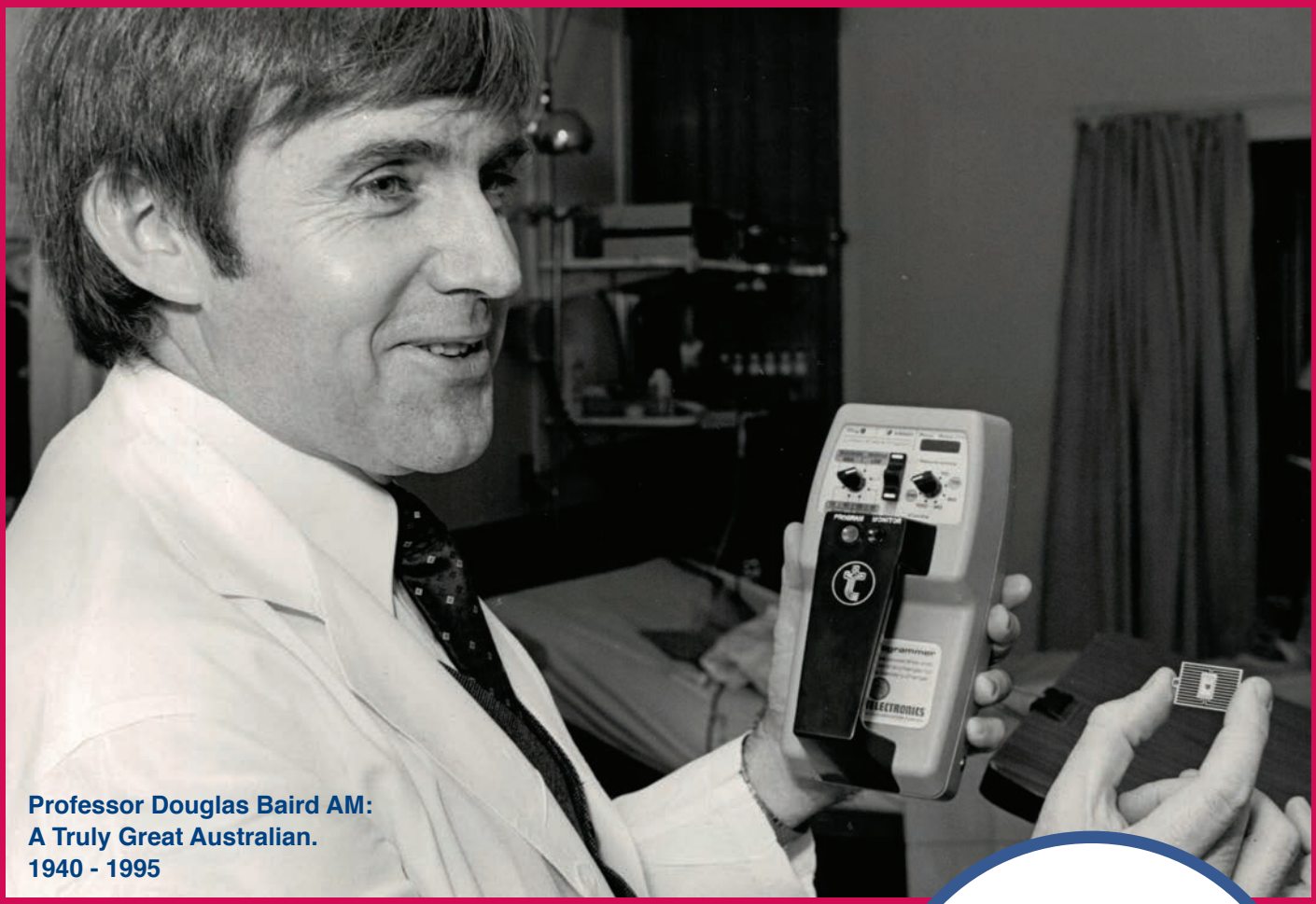
Profit & Loss Statement	2019-2020	2018-19
Revenues		
Research and Training	$231,971	$272,705
Donations and Fundraising	$522,275	$224,797
Miscellaneous	$ 28,865	$ 20,992
Interest	$ 11,303	$ 8,493
Government Covid Stimulus	$ 72,780	$ 0
TOTAL	**$867,194**	**$526,987**
Expenses		
Employee benefits	$ 310,475	$249,657
Research consumables/equipment	$ 33,569	$ 71,944
Office expenses	$ 71,839	$ 64,667
Depreciation	$ 1,349	$ 1,100
Miscellaneous	$ 26,820	$ 71,216
TOTAL	**$444,052**	**$458,584**
Surplus/Deficit for the period	***$423,142***	***$68,403***

Balance Sheet	30/6/2020	30/6/2019
Assets		
Cash and cash equivalents incl. Term Deposits	$1,053,778	$611,680
Trade and other receivables	$ 36,392	$ 10,579
Other current assets	$ 1,857	$ 1,786
Property, plant and equipment	$	$ 1,349
Other non-current assets	$	$ 8,720
TOTAL	**$1,092,027**	**$634,114**
Liabilities		
Trade and other payables	$ 25,383	$ 8,445
Employee entitlements	$ 22,523	$ 4,690
Other liabilities	$ 5,600	$ 5,600
TOTAL	**$ 53,506**	**$ 18,735**
Net Assets	***$1,038,521***	***$615,379***

The figures above have been taken from the audited financial statements of The Baird Institute for the relevant periods.

ORIGIN OF DONATIONS
2019-2020





Professor Douglas Baird AM:
A Truly Great Australian.
1940 - 1995

For a full list of all research publications of

The Baird Institute, please go to our website

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