ANNUAL REPORT 2022

DELIVERING VALUE

Te Kohinga Ora

Middlemore Clinical Trials

CONTENTS

ABOUT US

Te Kohinga Ora, Middlemore Clinical Trials (MMCT), is New Zealand's largest clinical trial unit based at Middlemore Hospital in the heart of South Auckland.

MMCT is an independent charitable trust that administers both commercial and grant funded research in partnership with Counties Manukau Health.

MMCT was established more than 20 years ago with the belief that the best health outcomes are achieved through clinical research. We are passionate about bringing clinical research to Middlemore Hospital so that our community can benefit from the opportunity to be part of leading-edge science and novel therapies from around the world.

As we focus solely on clinical trials, we understand the needs and requirements of the sponsors and the researchers. Importantly we know how to engage with potential participants within our diverse local community. With the amalgamation of the District Health Boards into Te Whatu Ora - Health New Zealand, we believe the future is bright for clinical research opportunities. We welcome future partnerships in both device and biopharmaceutical trials.

We provide a centralized service for all types of trials from Phase I to Phase IV clinical trials in all departments, as we work with 25 different departments in Middlemore Hospital. This makes MMCT New Zealand's largest research units.

Our staff comprise of experienced, highly trained research nurses, trial coordinators and support staff including: finance, management, IT, phlebotomy, dedicated pharmacists and regulatory specialists.

The world of clinical research is expanding at an unprecedented rate, accelerated by the COVID-19 pandemic. The pandemic has driven our implementation of remote monitoring, virtual visits and adaptive trial management.

We aim to be the partner of choice for all sponsors wishing to conduct Clinical Research in Australasia.

FOREWORD /From the Chair

As with the prior year, the 2022 financial year continued to see challenges thrown up by COVID-19, with further lock downs and other restrictions hampering the start up of new trials in the first half of the year. Nonetheless as predicted, as the rest of the world moved on from COVID-19, activity levels picked up, particularly in the second half of the year.

Not only were operations hampered by COVID-19 restrictions, Middlemore Clinical Trials celebration of its 20 year anniversary was also unfortunately cancelled due to those same restrictions.

It is pleasing to report that the pipeline of enquiries and new trials continues to grow and is currently the strongest it has ever been. Once again this is a credit to the team who have had to quickly adapt. The growth in number of trials also reflects the increasing number of sponsors and CRO's that the organization deals with, and the number of department and researchers that Middlemore Clinical Trials is partnering with continues to grow also.

In addition, it is pleasing to report that activity in non-commercial or grant funded trials also increased again towards historic levels.

The combination of record levels of activity in commercial trials and non-commercial trial activity returning to historic levels, resulted in Middlemore Clinical Trials achieving a new record financial result. With such a strong platform laid, activity levels in the new financial year point to another strong year ahead.

It is also gratifying that record numbers of people could benefit from a treatment that exceeded the standard of care for their particular health issue.

The board would like to again thank the team for their extraordinary efforts this year, which are even more extraordinary in the context of the organizational change that was undertaken and the significant number of new staff who were initiated and trained, while record numbers of subjects were seen. The shift to having more science trained graduates as trial coordinators is paying dividends in this regard.

Special thanks must also be made to the core group of physicians whose expertise provides significant support for the Trust's activities.

On 1 July 2022 Te Whatu Ora - Health New Zealand, commenced its operations, taking over each of the DHB's. In Middlemore Clinical Trials case, this meant that its 20 year partnership with Counties Manukau DHB was succeeded by a relationship with Te Whatu Ora. While it will continue its 20 year relationship with Middlemore Hospital, Middlemore Clinical Trials is focused on looking forward to the opportunities that are likely to arise in the public health sector as result of these changes.

Greg Batkin

CHAIR

SENIOR MANAGEMENT TEAM /
and Resident Investigators

Dr Edward Watson
Chief Executive Officer

Dr John Baker
Clinical Director

Karen Carter
Research Operations Manager

Emani Setefano
Company Accountant

Alan Smith
Information Systems Manager

Kate Msiska
Business Manager

MMCT Resident Investigators

Dr Aritra Ray **Dr John Baker** **Dr Ian Rosen** **Dr Joanna Wojciechowska**

Dr Renate Koops (not pictured) Dr Farid Shaba (not pictured)

YEAR IN REVIEW / From the CEO

The last 12 months have been the most successful year ever for MMCT, Te Kohinga Ora. We have undertaken more clinical trials and recruited more clinical trial participants than at any time in our 21-year history.

Our commercial revenues grew by more than 50% and our grant funded research program by more than 75%.

This reflects many factors but includes New Zealand being viewed positively as a place to perform clinical research by our international partners. However, it also is acknowledgement of the expertise of our staff and capability that we have built at MMCT as we strive to attract clinical trials that help address some of the health inequity that is clearly prevalent in our community.

Addressing health inequity is a huge motivator for our staff who have had to be resilient as we navigated the choppy waters of a world coming out the other side of a global pandemic. The evolution of the unit from being a hospital-based research unit to a fully functional international standard clinical trial unit has continued. Our capability to perform both biopharmaceutical and device trials, be they commercial or investigator-initiated trials, is reaching a standard that means our community can benefit from more and more sophisticated, cutting edge clinical trials and technologies.

In 2022 we welcomed many new staff members with a high number of PhD and MSc trained university graduates. Their natural project management skills provided the unit with a mix of transferable research skills to complement and partner our experienced research nurses. During the year we also welcomed Karen Carter as our new Research Operations Manager. Karen's huge experience in the world of clinical trials, her desire to succeed and her management skills means she will have a significant contribution to the unit's ongoing success.

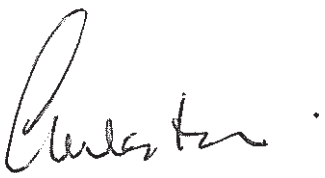
To Health New Zealand we have lost our highly valued and respected board member Margie Apa as she takes up the post of CEO of Te Whatu Ora. Margie has been an inspired contributor to the units development. Her insights, knowledge, and desire to understand the complexity around clinical research within a public health system made her invaluable.

It is with gratitude that Dr Pete Watson who while he has, like Margie moved to Health New Zealand, will remain on the MMCT board and that we will continue to benefit from his insights and guidance.

We thank our colleagues, the clinicans and staff of Middlemore Hospital for their expertise and support. Their drive to make more opportunities available to their patients has never been more evident.

We also thank our industry partners for their ongoing trust in sharing their trials with us. We understand the responsibility that this entails and work hard to produce the highest quality data possible.

The next twelve months will revolve around MMCT broadening our approach to community including ensuring that we engage more with the diverse community to which we serve. Diversity is a global theme across all clinical research which hopefully results in greater benefit to all from the exciting opportunity of improved health outcomes from clinical trials.



Dr Edward Watson

CEO


CLINICAL TRIAL
CLINICAL TRIAL
CLINICAL TRIAL
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CLINICAL TRIAL
CLINICAL TRIAL
Trial Kit
Trial Kit
Trial Kit
Trial Kit
Trial Kit

GENERAL PERFORMANCE DASHBOARD / FY22

MMCT Staff

Total Staff
Total staff including Contractors who worked at MMCT during FY22

51

Research Staff
Includes Nurses, Clinical Trial Coordinators, Phlebotomist & Pharmacists

38

Trial Metrics

Commercial Trials
Total number of Commercial trials underway in FY22

73

Grant Funded Trials
Total number of Grant funded /Investigator led trials

54

New Trial Activations
Commercial Trials activated during FY22

25

Commercial Feasibilities
Total feasibilities received during FY22

104

Participant Metrics

New Trial Participants
New entries into trials FY22

350

Total Participants
Includes ongoing multi-year trials

579

Our Revenues

Total Revenue
$8.1m

Reserves
$6.04m

Grant Revenues
Designated/Restricted Reserves Spent During the year

$2.1m

Reserves Spent
Designated/Restricted Reserves Spent on Research Activities During the year

13%

Community Contributions

Reimbursements to our community
For taking part in Clinical Trials

$204,000

CLINICAL PERFORMANCE DASHBOARD / FY22

Hospital Activity

Active Departments

Number of Hospital Departments we worked with in FY22

25

Active Investigators

Number of Principal Investigators involved in Commercial trials in FY22

64

Trial Activity

Commercial Trials by Department

Top 12 Performers in FY22

Haematology **22**	Gastroenterology **2**
Rheumatology **8**	Diabetes **3**
Cardiology **6**	Hepatology **12**
Interventional Radiology **2**	Renal **2**
Clinical Lipidology **3**	Orthopaedic **2**
Vaccinology **6**	Radiology **2**

Outpatient Activity

Outpatient Visits

Total outpatient visits during the course of trials

3,983

Money Saved

Estimated Money saved by Service Outpatient Visits

$1.4m

WHAT WE DO / The Main Types of Research We Undertake

Commercial Trials

Commercial clinical trials are the backbone of our unit.

COMMERCIAL TRIALS INCLUDE:

MEDICATIONS

INFUSIONS

MEDICAL DEVICES

Grant Funded Trials

Grant Funded trials vary in size, length and complexity. They are funded by external granting agencies (e.g. Health Research Council), departmental research reserves or other research groups/ providers.

COLLABORATIVE GROUP TRIALS

Collaborative Group Trials, typically consist of a group of investigators working together in their research field. Trials can be regionally, nationally, or internationally based.

INVESTIGATOR INITIATED TRIALS

These are smaller grant trials, where the investigator conceives the research idea, develops their own protocol and seeks their own funding.

WHY WE DO WHAT WE DO

At MMCT we believe we can promote health equity in New Zealand by helping to remove barriers to health access and building confidence in world class clinical research.

New Zealand is a land of contrasts and increasingly we see the inequity in people's access to high quality health care. We bring value to our community by improving access to clinical trials to address these inequities. We can help participants better understand their health and as a result, better health outcomes. MMCT demonstrates the benefits of research, thereby planting the seeds of confidence in medicines and research that will not only help today's patients but future generations.

We do this by partnering with some of the largest and most innovative biopharmaceutical and medical device companies in the world to bring their novel and innovative therapies to New Zealand for those in our community.

New Zealand is becoming the preferred location for our global sponsors to conduct clinical research. We offer a highly experienced research workforce with the passion to improve the health outcomes of our communities.

WHAT WE DO / Commercial Clinical Trials

MMCT is a specialist research unit with highly trained research staff. We are dedicated to research - that is all we do.

Our continued production of high-quality research data means that the investment sponsors have made in us is rewarded. This is demonstrated in sponsor audits, which consistently rate us as an international class clinical trials unit.

Speed is of the essence in clinical trials. Returning trial feasibilities, agreeing contracts, assisting the process of obtaining ethics approval are all events we ensure occur as swiftly as possible. This means that the study is activated on time.

We pride ourselves in our speed of recruitment of participants to our clinical trials, where on average for the last financial year we achieved 105% of the target recruitment.

We value our participants, CRO partners and sponsors. We pride ourselves in the relationship we develop with our participants to ensure they adhere to completing the clinical trials they are involved in. We value our relationship with CROs and sponsors by delivering the recruitment target and high quality data.

Our Strengths

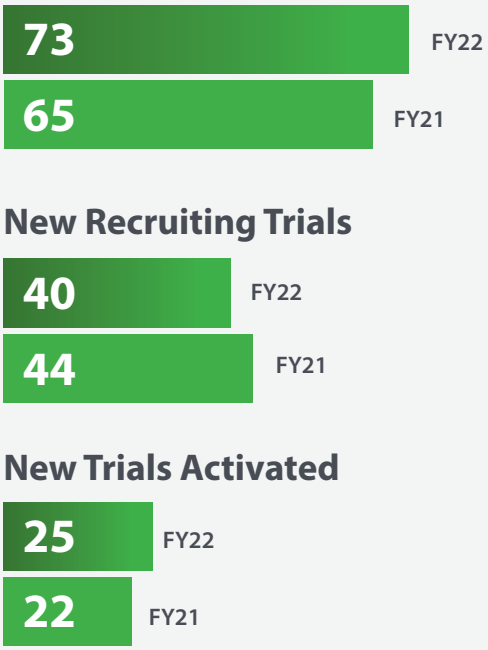
- Partnership with leading clinicians across 25 hospital departments
- Highly trained and experienced research staff who work within the ICH GCP guidelines and standard operating procedures of our unit
- Speed of trial set up from our start up team:
  - Rapid feasibility completion
  - Smooth transition through Institutional Review Board (IRB)/Independent Ethics Committee (IEC) processes
  - Start-up Specialists to ensure timely agreement in budget and contract negotiations
- Recruitment team to develop bespoke recruitment plans for each trial and to ensure recruitment to agreed target
- Access to motivated participants within our diverse community including:
  - Strong partnerships with Middlemore Hospital and the local Primary Care Organisations
  - Sophisticated social media and advertising channels
- Dedicated research pharmacy and laboratory staff means no delay in IP preparation and sample processing
- Generation of high-quality data for our global partners with the ability to:
  - Generate paperless regulatory and participant files
  - Provide remote monitoring access 24/7
- We perform decentralized clinical trials with the ability to perform all or part of the clinical trial in the community

Our Commercial Clinical Trials 2022

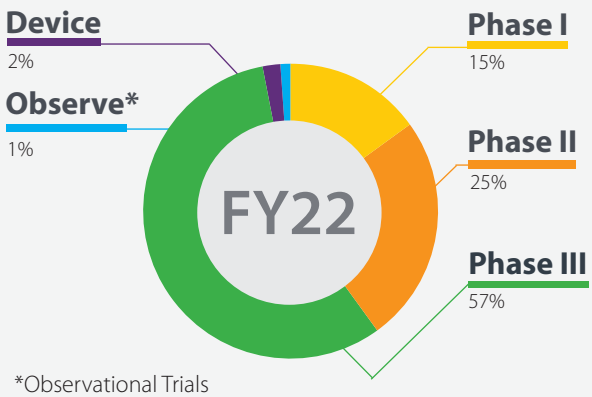
In FY22, MMCT managed 73 commercial trials. These included a mixture of Phase I to Phase III including both pharmaceutical and medical devices. Our infusion unit ensures that any early Phase trial is performed to the highest safety standards and undistracted from the service requirements of our surrounding large hospital.

Vaccines have been a hot topic due to COVID-19. We received increased feasibilities and conducted more investigational vaccine trials. As always, we performed many of the major medical discipline trials especially in the areas of malignant haematology, hepatology, metabolic disease, and chronic illnesses that are prevalent in our community.

FY22 MMCT Commercial Trials Overview

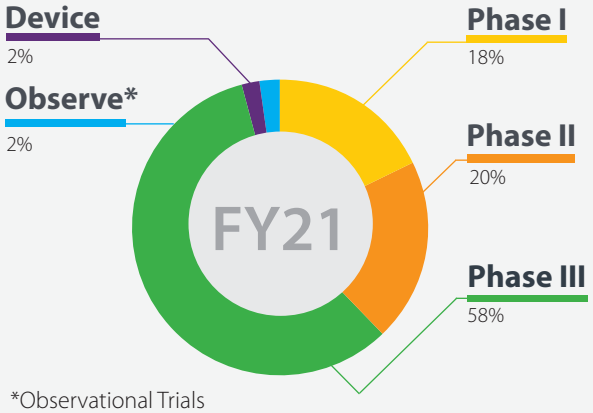


FY22 Commercial Trials by Study Phase/Type



*Observational Trials

FY21 Commercial Trials by Study Phase/Type



*Observational Trials

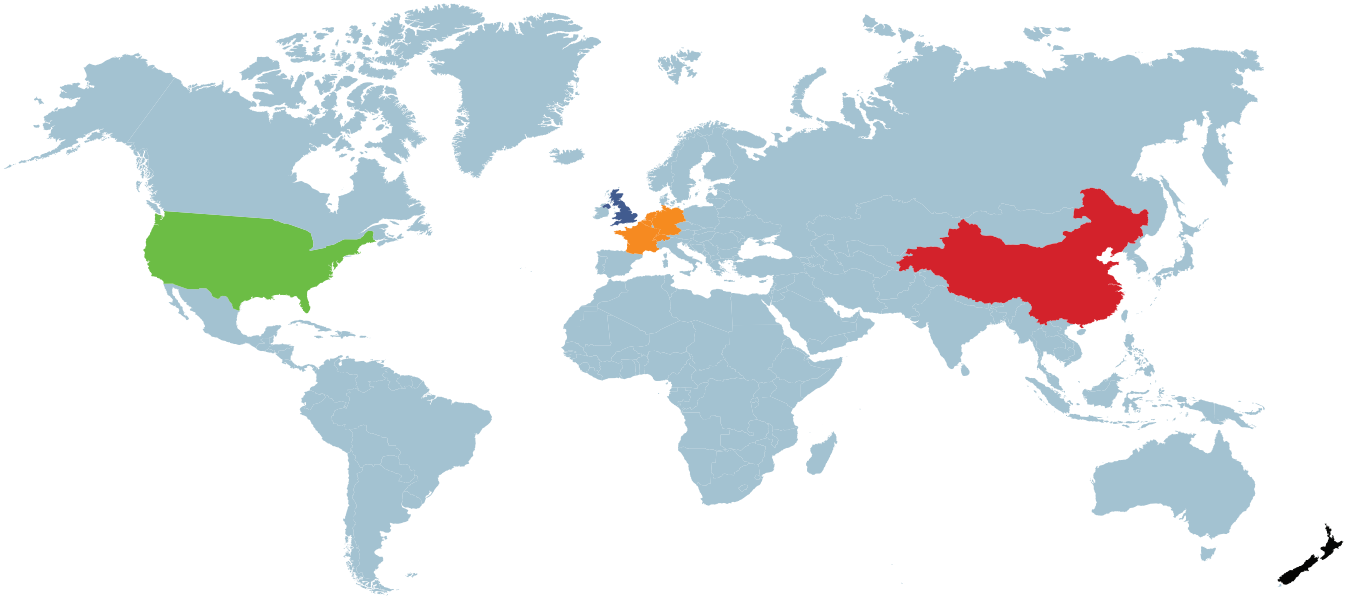
WHAT WE DO / Commercial Clinical Trials

Top Recruiting Departments at CM Health in FY22

Commercial Trials FY22 by Department	Number of Trials	Number of Participants
Cardiology	6	64
Clinical Lipidology	3	7
Diabetes	3	19
Gastroenterology	2	22
Haematology	22	51
Hepatology	12	35
ICU	1	1
Neonatal	1	0
Orthopaedics	2	23
Paediatrics	1	14
Plastics	1	10
Radiology	2	1
Renal	2	11
Respiratory	1	6
Rheumatology	8	37
Vaccinology	6	163
Grand Total	73	464

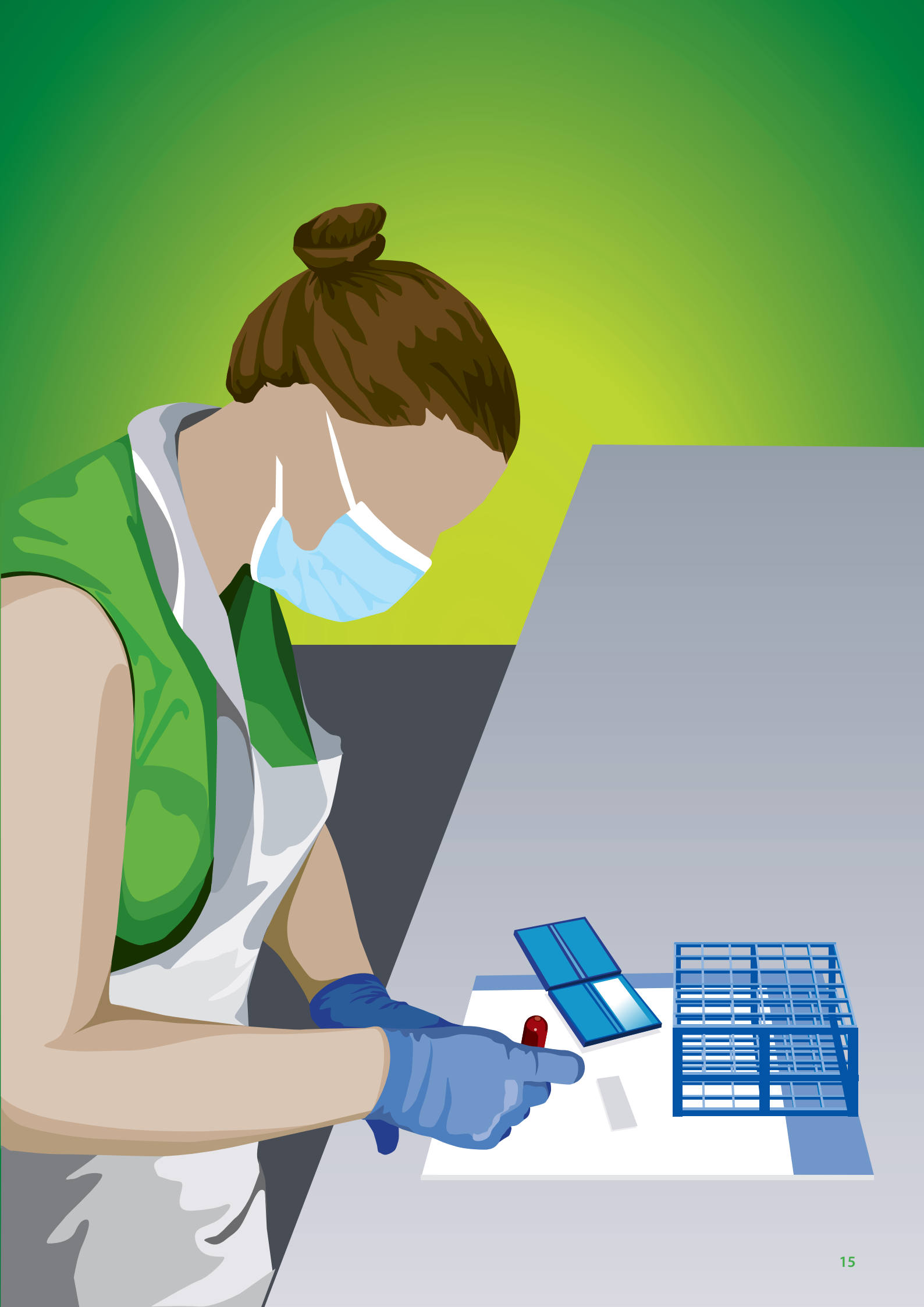
FY22 Trial Highlights

- Pfizer COVID-19 and Flu Vaccine trial – over recruited our target by 97%.
- GossamerBio CNS Lymphoma – first patient randomised globally
- The OSCAR Study – first patient randomised in this national trial



Domiciliary origin of Sponsors that MMCT worked with in FY22

- United States (46)
- United Kingdom (6)
- Belgium (2)
- Germany (1)
- The Netherlands (4)
- France (3)
- Switzerland (3)
- China (5)
- New Zealand (1)

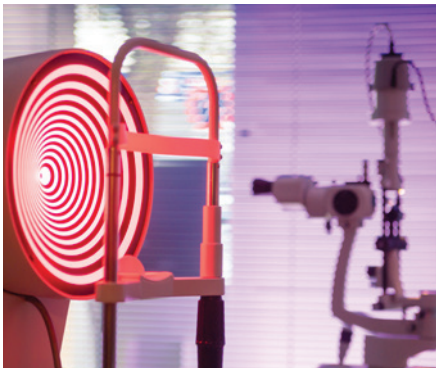


WHAT WE DO / Grant Funded Research

The Grant Research portfolio consists of trials that are initiated by the investigators within the hospital, collaborative research groups from around the world, or industry in response to a need within the community we serve. Grant research is performed by our Principal Investigators from many different clinical backgrounds including Clinicians, Nurses, Midwives, Physiotherapists, Occupational Therapists and Pharmacists. The Grant research team works in partnership with Te Whatu Ora, Counties Manukau to support grant funded research at Middlemore Hospital.

Over the last year, several Counties Manukau Health investigators were successful in their bids for grant funding resulting in public-good research trials. A few of these are outlined here.

The second phase of the **Adolescent Bariatric Study** has been awarded funding by both the Potter Masonic Trust and the Perpetual Guardian Trust. Compared to other regions in New Zealand, Counties Manukau Health has a disproportionately high prevalence of morbidly obese people, particularly amongst adolescents and children (National Health Survey data 2012). The Counties Manukau Health region also has a high prevalence of obesity-related pre-diabetes, type 2 diabetes and related long-term health conditions. The Adolescent Bariatric Study is a pilot study to evaluate the benefit of an intensive lifestyle intervention (low calorie diet and exercise) with or without bariatric (weight-reduction) surgery in high-risk adolescents with morbid obesity. The study is led by MMCT Clinical Director, **Dr John Baker,** and is managed by Diabetes Foundation Aotearoa, Manukau SuperClinic and General Surgery clinics at Counties Manukau Health. The study was redesigned in 2020 due to COVID-19 restrictions but has now successfully recruited all 20 participants. A key part of the program is a cost-benefit analysis which will be used to prepare a business case for ongoing funding of the program by Te Whatu Ora, Health New Zealand and the Ministry of Health.



Corneal topographer

The Potter Masonic Trust awarded ophthalmologist, **Dr Rasha Altaie,** funding for Phase 2 of the **Artificial Intelligence and Keratoconus (AI and KC) Study**. Keratoconus is a disease that alters the shape of the cornea leading to vision loss and in some cases, blindness. NZ has a high burden of this disease that disproportionately affects Maaori and Pasifika children and requires a highly experienced specialist to diagnose the condition. As early detection is key to preventing the devastating effects of keratoconus, the aim of this study is to develop an AI platform that can detect KC through evaluation of corneal topographic images without the need for specialist input. The Potter Masonic Trust funded Phase 1 of the study whereby the AI algorithm was designed and tested. The final neural network algorithm, which was enhanced by risk factor data, has a 4-level accuracy of 86.6%. During Phase 2 of the study, the team will perform a Prospective clinical validation of the AI model. During the prospective trial, two corneal specialists will screen approximately 1,000 eyes over a 3-month period using both a corneal tomographer (Pentacam) and a low-cost topographer. All of these eye assessments will be performed as part of routine care for patients that have been referred for a variety of reasons including suspected KC. The AI model will be linked to the corneal tomographer at the Manukau SuperClinic and will grade the images in the background. At the end of the trial period, the performance of the AI will be checked against the clinical gold-standard – diagnosis by two corneal specialists using images from the corneal tomographer. Technology such as this can drastically shift healthcare as it would allow for the rapid and inexpensive detection of conditions like this in community-based eye care settings.

Notable studies currently recruiting at Middlemore Hospital include:

SNAP – the ***Staphylococcus aureus*** **Network Adaptive Platform trial,** is a multi-centre randomised adaptive platform clinical trial comparing standard of care treatments for *Staphylococcus aureus (S. aureus)* bloodstream infection. The annual incidence of *S. aureus* bloodstream infection in New Zealand is one of the highest in the world, yet the optimal management strategy for infections is uncertain, with few published studies that compare available treatments. Currently, all patients are hospitalized and require a minimum of 2 weeks IV antibiotics. The overall sponsor of the study is the University of Melbourne, but the New Zealand arm of the study is funded by the Health Research Council, and led by General Medicine and Infectious Diseases consultant, **Dr Genevieve Walls.** The study is supported by Grants Portfolio Manager, Dr Hannah Burden, who is the SNAP NZ Trial Manager. The New Zealand arm of the study aims to recruit 1,100 participants from 10 sites over 4 years. Middlemore Hospital is the lead site for the study and the recruitment is coordinated by ICU Research Nurse, Rima Song. **SNAP-PY**, the paediatric arm of SNAP, has recently opened to recruitment and aims to recruit around 180 patients aged 16 years and under into the trial. SNAP-PY is funded by the University of Melbourne and the CMH Tupu grant.

Kidz First has received a number of grants for research into child health equity, RSV research, Maaori child health and respiratory research. Funders include the Paul W Stevenson Memorial Trust, the Tindall Foundation, Perpetual Guardian Trust, and Fisher and Paykel Healthcare.

The Emergency department have received funding for two trials currently recruiting: **BIPED** (treatment of infants with bronchiolitis), and **CRANIAC** (concussion recover assessment). And a further three trials ready to start in the next month: **Arise Fluids** (sepsis evaluation), **PRoMPT Bolus** (Septic shock) and **SONIC** (neck injuries in children).

FY22 Grant funded trials - by department

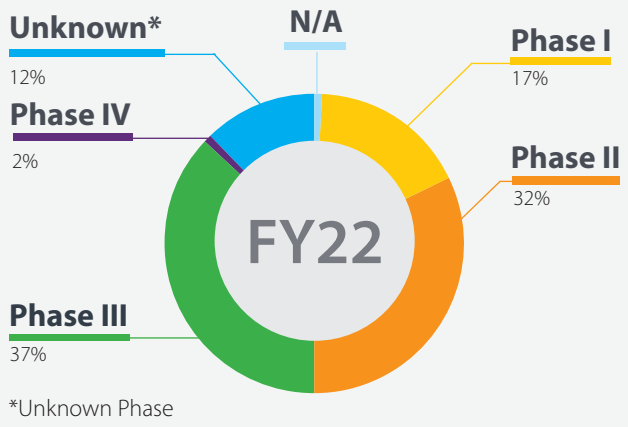
Hospital Department	Total Trials
Allied Health	1
Cardiology	4
Diabetes	1
Emergency Department	4
Gastroenterology	1
Haematology	7
Home Health	1
Infectious Disease	2
Intensive Care	6
Neonatal	1
Oncology	1
Ophthalmology	2
Paediatrics	13
Plastics	1
Renal	3
Respiratory	5
Womens Health	1
Grand Total	54

FEASIBILITIES / MMCT Performance on New Trials

New Trial Feasibilities Received in FY22

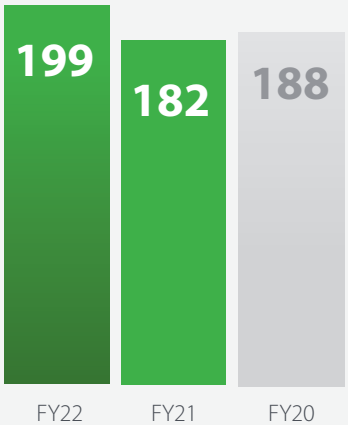
Therapeutic Area	Phase I	Phase I/II	Phase II	Phase III	Phase Unknown	Phase n/a	Phase Total
Cardiology		7	8		5	1	21
Clinical Lipidology	2	3	1				6
Dermatology		4	3	1		1	9
Diabetes		1	1		1		3
Emergency Department		1					1
Gastroenterology	3	8	9		2		22
General Medicine		1	1		1		3
Haematology	15	8	14	1	1		39
Hepatology	2	6	2		1		11
Infectious Disease			2		1		3
Intensive Care			1	1	1		3
Oncology	4	3	3				10
Ophthalmology	1				1		2
Orthopaedics		1					1
Paediatrics	1	2	2		2		7
Radiology					1	1	2
Renal		3	2		1		6
Respiratory	4	8	10		3		25
Rheumatology		4	4		3		11
Stroke			2				2
Vaccinology	1	4	6				11
Womens Health			1				1
Total	33	64	72	3	24	3	199

FY22 New Feasibilities Received by Phase



*Unknown Phase

New Feasibilities for Clinical Trial's Received



FEASIBILITIES / Engagement During FY22

Sponsors and CRO's that engaged with MMCT during FY22

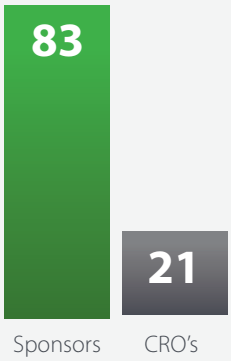
Sponsors FY21

AbbVie Inc
Abivax
AesculaTech
Akesobio Australia Pty Ltd
AmMax Bio
AM-Pharma B.V.
Angion Biomedica Corporation
Antengene Corp
Antios Therapeutics
Arena Pharmaceuticals
Aridis Pharmaceuticals
Arrowhead Research
Ascentage Pharma Group
Aslan Pharmaceuticals Pte Ltd.
Astex Pharmaceuticals
AstraZeneca AB
Avalyn Pharma Inc.
Bayer HealthCare AG
BeiGene
Bellus Health Inc.
Bluejay Therapeutics
Boehringer Ingelheim GmbH
Bridge Biotherapeutics
Clip Health
Clover Biopharmaceuticals
CSL Behring LLC
Daiichi Sankyo Company
Eidos Therapeutics
Elixir Medical Corporation
Enanta Pharmaceuticals
Epitek
Eucure (Beijing) Biopharma Co., Ltd
Finch Therapeutics
Genentech
GlaxoSmithKline
Gossamer Bio Inc.
Hovid Berhad
HUYA Bioscience International
IGM Biosciences, Inc
Imago Biosciences
Immunic AG
IMV Inc
Institut Pasteur de Lille
Intech Biopharm
Intellia Therapeutics
IQVIA
i-Sens Inc
Janssen-Cilag Pty Ltd
Kintor Pharmaceutical Ltd.
La Jolla Pharmaceutical
Labcorp
Loxo Oncology
Medpace
Merck
Merit Medical Systems Inc.
Microba Pty Ltd.
MicuRx Pharmaceuticals
ModernaTx, Inc.
MorphoSys AG
Otsuka Pharmaceutical Co Ltd
Parexel
Pfizer Inc
RevoImmune Therapeutics
Rhizen Pharmaceuticals
Roche
Salix Pharmaceuticals
Sana Biotechnology
Savara
Shaanxi Micot Technology
SK Bioscience Co Ltd
Suzhou Connect Biopharma Ltd
Telix Pharmaceuticals
TG Therapeutics
TriSalus Life Sciences
Valneva
Vaxart
Ventyx Biosciences
Versanis Bio
VIR Biotechnology
Wantai
WoolAid
Worldwide Clinical Trials
Zentalis Pharmaceuticals Australia Pty Ltd.

CRO's FY22

AbbVie New Zealand
Avance Clinical Pty Ltd
Boehringer Ingelheim
Covance
George Clinical
ICON Clinical Research New Zealand
iProcess Global Research
IQVIA (Quintiles)
Labcorp
Medpace
Novotech
PAREXEL International
PharmaSols
PPD
PRA Health Sciences
Precision For Medicine
Premier Research Australia
PSI-CRO
Syneos Health New Zealand Limited
Worldwide Clinical Trials (WCT)

FY22 Commercial Engagements Received by Source



BENEFITS / To Our Community

The convenient location of our unit at Middlemore Hospital makes clinical trials more accessible to the community of South Auckland.

Participants in our clinical trials report a very positive experience. Factors that might influence such a positive participation experience in a clinical trial include:

- **Personalisation of care**

  Hospital or GP clinic visits often feel rushed and impersonal. In contrast, time is not the focus in clinical trials but building a relationship with specialist nurses, coordinators and doctors is the focus. It is important for the patient to feel heard and understand their medical condition. This leads to greater adherence both to the treatment visits and compliance with the medical treatment.

- **Better health outcomes**

  Being part of a clinical trial can lead to better health outcomes than what is otherwise experienced receiving standard of care. In a study performed at Middlemore Hospital patients on interventional diabetic and cardiovascular clinical trials had a 55% reduction overall in death over the 3 years studied and an 80% decrease in cardiovascular related deaths when compared to the patients receiving standard treatment.*

- **Earlier access to modern medicines and treatments**

  The New Zealand government entity, PHARMAC, has very tight restrictions on the funding of novel medications. This means often the only way patients can access leading edge medical advancements for their disease (which may be standard of care in other

countries) is through clinical trials. Additionally, some medicines that are not funded by PHARMAC can be hugely expensive. However, a participant receiving the medicine through a clinical trial normally receives the medicine free of change.

- **Access to dedicated research doctors and nurses**

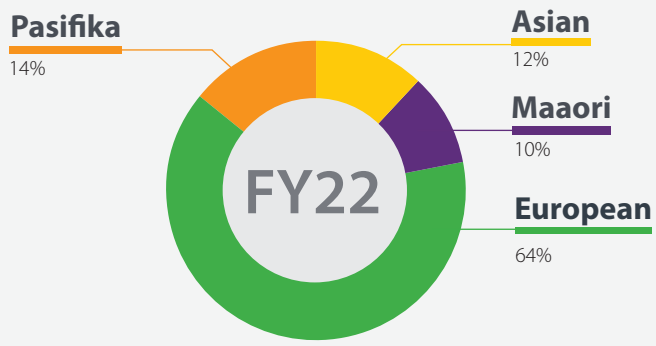
  Early access to novel treatments and better health outcomes is also a driver for both doctors and nurses to be involved in clinical research as part of what they offer their patients. Hospital departments that have a strong research culture tend to attract high quality staff. These staff acknowledge the opportunity to offer their patients more care options that can be available through clinical trials and to learn about treatments other than what is standardly available.

- **Addressing health inequity**

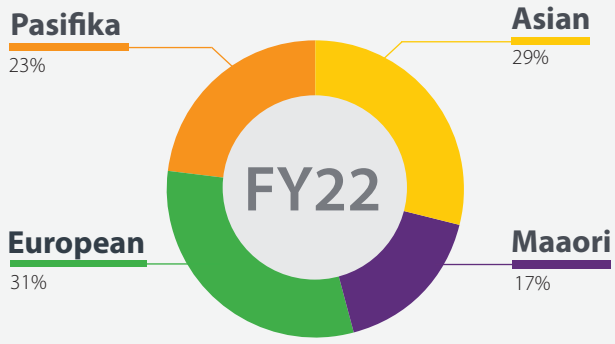
  Health inequality is linked to economic factors, social deprivation, and access to healthcare. A significant number of our community in Counties Manukau have poorer outcomes than other parts of the country. This is particularly important for the Pasifika and Maaori communities in Counties Manukau. Clinical trials can provide access to novel treatments years in advance as to potentially when they otherwise would, combined with producing better health outcomes for participants. These factors can help address some of the barriers to better care.

* Baker, J. R., Vandal, A. C., Yeoh, J., Zeng, I., Wong, S., & Ryan, S. N. (2013). Clinical trial participation improves outcome: a matched historical cohort study. Clinical trials (London, England), 10(5), 735–743. https://doi.org/10.1177/1740774513496915

FY22 Ethnicity Mix of Trial Participants at MMCT

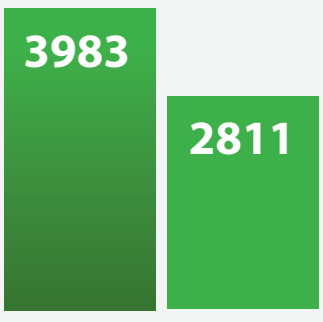


FY22 Ethnicity Mix of Local Resident Population



Data Supplied by Population Health team at Counties Manukau Health

Outpatient Visiting Activity at MMCT

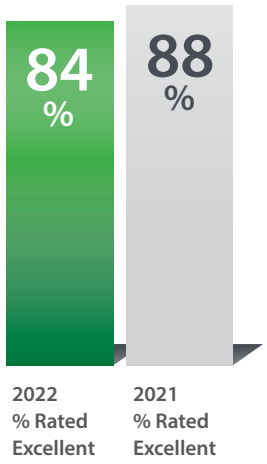


Estimated Money Saved from Outpatient Visits

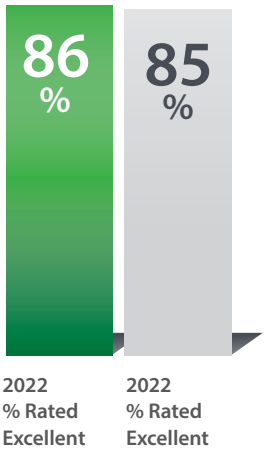
Cost of Outpatient Visits

PARTICIPANT INSIGHTS / Surveys

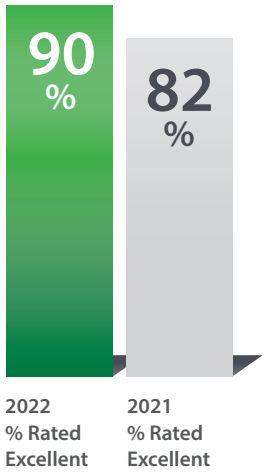
Rate your overall satisfaction with MMCT



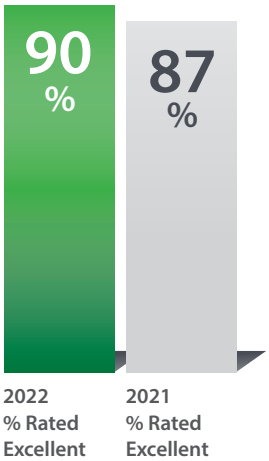
Rate your overall experience in being involved in a clinical trial



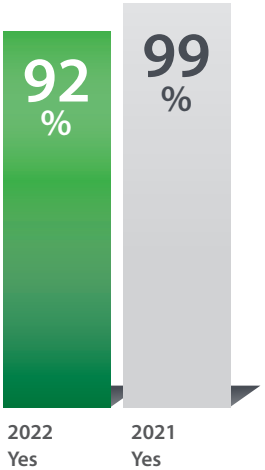
Rate the caring concern of our staff to you and helping you understand your condition



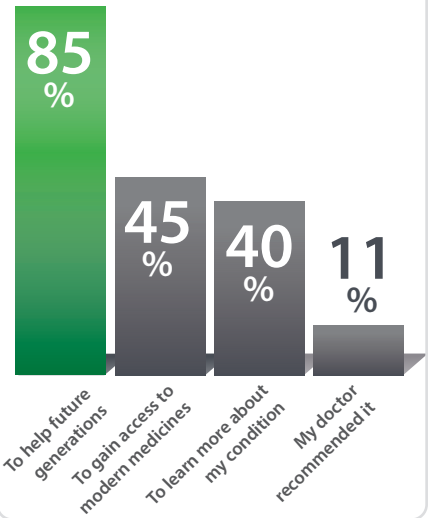
Rate the friendliness of our staff to you and your whanau



Would you recommend being involved in clinical research to others?



What is the reason you took part in a clinical trial?



PARTICIPANT INSIGHTS / Story

Christine S.

1 How did you find out about the clinical trial?

I actually saw an ad on Facebook quite a few times before I decided to apply.

2 What was your experience like being on a clinical trial?

I have never been on a trial before so had no expectations but it was very easy to take part. Everything was explained in great detail and I knew that I could say I didn't want to take part at any stage. All staff were friendly and went out of their way to make sure I was comfortable with what was happening and that I understood. Nothing was too much trouble from being collected in hallways when I got turned around and couldn't remember where to go. The reimbursement and vouchers were an added bonus.

3 Would you recommend others to be part of a clinical trial?

I have shared my experience with friends and family and have said if ever they get an opportunity they should give it consideration

4 Any comments you would like to make?

Thanks for the opportunity to help. Vaccines are part of protecting our families.

Te Kohinga Ora
Middlemore Clinical Trials

MMCT STAFF AWARDS / FY22

THE MMCT AWARD RECIPIENT 2022

Kate Msiska
Business Manager

For consistently demonstrating the Company Core Values through their thoughts and actions.

CERTIFICATE OF EXCELLENCE

Anne Kendall
Research Team Lead

For consistently demonstrating excellence through their efforts and interactions with other staff.

CERTIFICATE OF EXCELLENCE

Katie Seto
Research Nurse

For consistently demonstrating excellence through their efforts and interactions with other staff.

Left to right - Kate Msiska, Anne Kendall, Katie Seto.

AREAS OF RESEARCH / Activity by Department in FY22

HAEMATOLOGY

Clinical Lead: Dr Sharon Jackson

The Haematology Department has had another outstanding year in research, receiving the most feasibilities of any department and performing the most clinical trials. The department is active in both commercial and grant-funded research and their portfolio covers a range of haematological diseases. There are ongoing clinical trials investigating treatments for myelofibrosis, B-cell non-Hodgkin's lymphoma, CNS (central nervous system) lymphoma, chronic lymphocytic leukaemia/small lymphocytic lymphoma, multiple myeloma and more. Many of these trials provide patients with access to treatments that are otherwise not available in New Zealand.

RESEARCH TEAM

MMCT

Nicola Jackson PhD (Grants Portfolio Manager)
Anne Kendall (Research Nurse)
Ella Liang (Research Nurse)
Harriet Howard (Research Nurse)
Katie Seto (Research Nurse)
Liz Walker (Research Nurse)
Komal Manerkar PhD (Clinical Trial Coordinator)
Rebecca McMillan PhD (Clinical Trial Coordinator)

CM Health

Dr Gordon Royle (Investigator)
Dr James Liang (Investigator)
Dr Kirsty Marshall (Investigator)
Dr Rajeev Rajagopal (Investigator)
Dr Samar Issa (Investigator)
Dr Sharon Jackson (Investigator)

GASTROENTEROLOGY AND HEPATOLOGY

Clinical Lead: Dr Anurag Sekra

With 14 ongoing trials in the last year, the Gastroenterology and Hepatology Department has had another busy year. The department's portfolio is made up of predominantly commercial trials, with a significant focus on therapies for chronic hepatitis B and NASH (non-alcoholic steatohepatitis). Other current research interests of the department include NAFLD (non-alcoholic fatty liver disease), cirrhosis and Crohn's disease.

RESEARCH TEAM

MMCT

Dr John Baker (Investigator)
Cyrene Sto Domingo (Research Nurse)
Jamie Duckworth (Research Nurse)
Liz Walker (Research Nurse)
Maryam Griffin (Research Nurse)
Emma Dorsey (Clinical Trial Coordinator)
Kieran Latto (Clinical Trial Coordinator)

CM Health

Dr Ashok Raj (Investigator)
Dr Sriharan Selvaratnam (Investigator)
Dr Tien Huey Lim (Investigator)

PAEDIATRICS

Clinical Lead: Dr Richard Matsas

The Paediatric Department's research portfolio consists mostly of grant-funded trials. It has been an outstanding year for the department with 13 ongoing trials. Clinicians from Kidz First Children Hospital lead these trials which focus on diseases that are prevalent in our local community including RSV, bronchochiolitis, bronchiectasis, influenza and acute rheumatic fever.

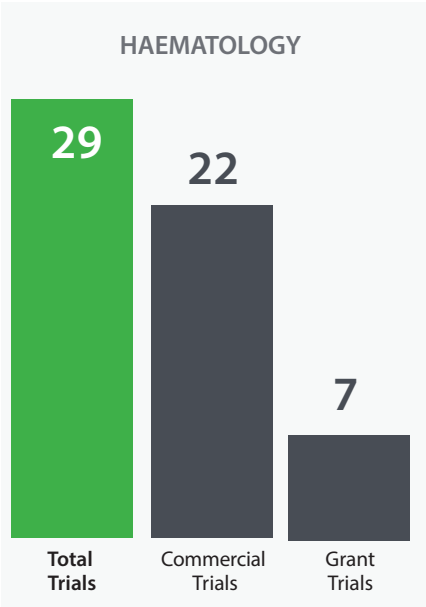
RESEARCH TEAM

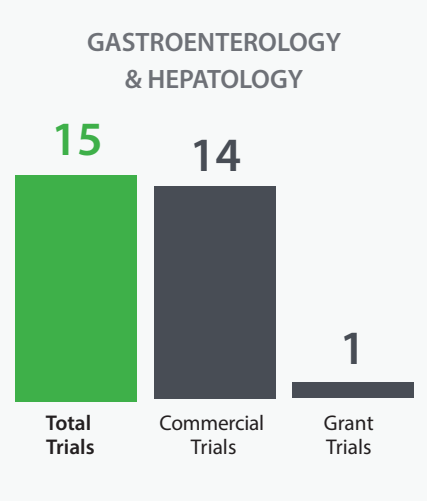
MMCT

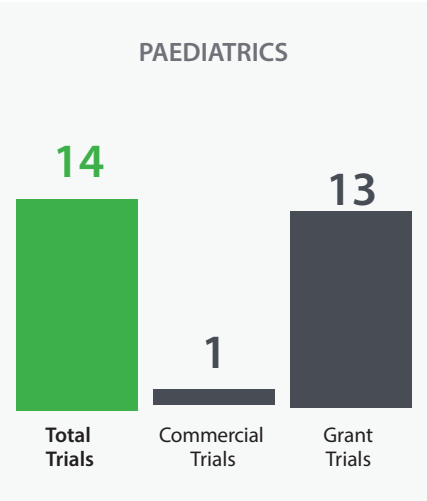
Renee Railton PhD (Grants Portfolio Manager)
Nicola Jackson PhD (Grants Portfolio Manager)

CM Health

Dr Adrian Trenholme (Investigator)
Dr Jocelyn Neutze (Investigator)
Dr Rachel Webb (Investigator)
Dr Tim Hill (Investigator)
Dr Catherine Brynes (Investigator)
Amanda Retter (Research Nurse)
Gail Spence (Research Nurse)
Maricar Maminta (Research Nurse)
Miriam Manga (Research Nurse)
Renee Clark (Research Nurse)
Shirley Lawrence (Research Nurse)







AREAS OF RESEARCH / FY22

RHEUMATOLOGY

Clinical Lead: Dr Sunil Kumar

The Rheumatology Department's research portfolio focuses on a wide range of conditions, including systemic lupus erythematosus, rheumatoid arthritis, polymyalgia rheumatica, psoriatic arthritis, axial spondyloarthritis and giant cell arteritis. It has been a very busy and rewarding year for the department. These trials often provide patients with access to treatments that are otherwise not available in New Zealand and can have life-changing impact on a patient's condition.

RESEARCH TEAM

MMCT

Mary Paul (Research Nurse)
Clarence Vivar-Bacani (Research Nurse)
Cyrene Sto Domingo (Research Nurse)
Indu Muniraj (Clinical Trial Coordinator)

CM Health

Dr Sunil Kumar (Investigator)
Dr Mark Sapsford (Investigator)

INTENSIVE CARE UNIT

Clinical Lead: Dr Alex Kazemi

In the last year, the ICU Department has had several ongoing clinical trials. It has been a busy year for Dr Alex Kazemi and Dr Tony Williams, each leading a number of trials in the department with support from research nurse, Rima Song. The focus of research in the department is primarily on comparing different interventions for blood infections, community acquired pneumonia and resuscitation with the aim of reducing mortality and increasing favourable outcomes for critically ill patients.

RESEARCH TEAM

MMCT

Dana de Krester (Clinical Trial Coordinator)
Renee Railton PhD (Grants Portfolio Manager)
Sharon Cheung (Study Start-Up Specialist)

CM Health

Dr Alex Kazemi (Investigator)
Dr Tony Williams (Investigator)
Rima Song (Research Nurse)
Vivian Lai (Research Nurse)
Dinurag Girijadevi (Research Nurse)

VACCINOLOGY

MMCT has had six vaccine trials funded by the MMCT reserve. It was a busy but successful year with trials for vaccines targeting COVID-19, RSV, urinary tract infections and *Staphylococcus aureus* infections.

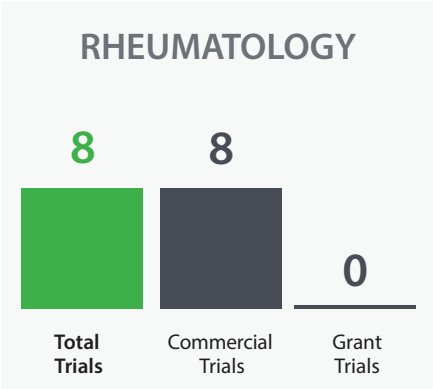
RESEARCH TEAM

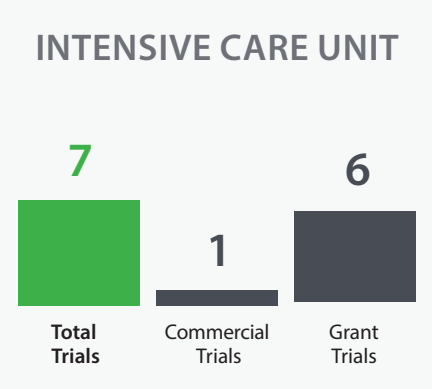
MMCT

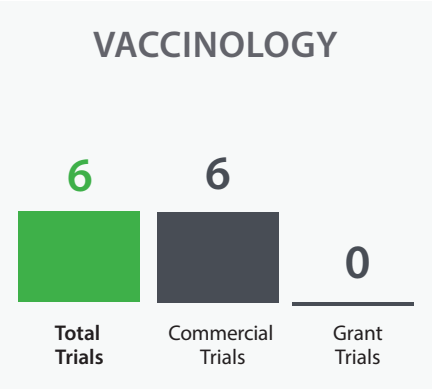
Dr Ian Rosen (Investigator)
Dr Joanna Wojciechowska (Investigator)
Dr John Baker (Investigator)
Dr Renate Koops (Investigator)
Dr Aritra Ray (Sub-Investigator)
Nicola Jackson PhD (Grants Portfolio Manager)
Naomi Siddall (Research Midwife)
Anastasia Andreianova (Clinical Trial Coordinator)
Emma Dorsey (Clinical Trial Coordinator)
Indu Muniraj (Clinical Trial Coordinator)
Kieran Latto (Clinical Trial Coordinator)
Namita Iyer (Clinical Trial Coordinator)
Jaya Macha (Clinical Trial Coordinator)
Lisa Chang (Research Pharmacist)
Prenisha Pillay (Research Pharmacist)
Farah Sarwar (Research Pharmacist)

CM Health

Dr Justine McCullum (Sub-Investigator)
Dr Katherine Rix-Trott (Sub-Investigator)
Dr Robert Cortesi (Sub-Investigator)
Dr Tim Hill (Sub-Investigator)
Dr Zahra Al-Khudairi (Sub-Investigator)
Lucy Lu (Research Midwife)
Sauiluma Tiatia (Research Midwife)
Amanda Retter (Research Nurse)
Gail Spence (Research Nurse)
Shirley Lawrence (Research Nurse)







RESPIRATORY

Clinical Lead: Dr Stuart Jones

It has been another busy year for the Respiratory Department. Their portfolio, consisting of both commercial and grant-funded trials, focuses on investigating treatments for COPD (chronic obstructive pulmonary disease), asthma and bronchiectasis. A grant-funded research study, led by Dr Conroy Wong, is also examining the clinical characteristics of bronchiectasis in adults and children to better understand this disease and how it can be treated.

RESEARCH TEAM

MMCT

Nicola Jackson PhD (Grants Portfolio Manager)
Uditi Pandya (Research Nurse)
Clarence Vivar-Bacani (Research Nurse)
Jaya Macha (Clinical Trial Coordinator)

CM Health

Dr Conor O'Dochartaigh (Investigator)
Dr Conroy Wong (Investigator)
Dr Elaine Yap (Investigator)
Dr Stuart Jones (Investigator)
Dr Paul Dawkins (Investigator)
Dr Leon Chang (Sub-investigator)
Dr Leon Huang (Sub-investigator)

RENAL

Clinical Lead: Dr Chris Hood

The Renal Department has a very inclusive research culture. Most of the clinicians in the department are involved in research, engaging in both commercial and grant-funded trials. The current research portfolio includes treatment for hypertension, chronic and end stage kidney disease, as well as investigating standard of care procedures for patients on dialysis.

RESEARCH TEAM

MMCT

Dr John Baker (Sub-investigator)
Nicola Jackson PhD (Grants Portfolio Manager)
Cyrene Sto Domingo (Research Nurse)
Emma Dorsey (Clinical Trial Coordinator)
Sumudu Ranasinghe PhD (Clinical Trial Coordinator)
Indu Muniraj (Clinical Trial Coordinator)

CM Health

Dr Hari Talreja (Investigator)
Dr Jamie Kendrick-Jones (Investigator)
Dr Kalpa Jayanatha (Investigator)
Dr Mark Marshall (Investigator)

EMERGENCY DEPARTMENT

Clinical Lead: Dr Matthew Clarke

The Emergency Department has had a successful year with multiple ongoing trials led by Dr Eunicia Tan and Dr Chris Lash. Dr Eunicia Tan has been very active in increasing research in the department and is the lead investigator in multiple trials due to start this year. The current research portfolio includes treatment for infants with bronchiolitis, investigating recovery from concussion in children and adolescents and investigating the occurrence of adverse events following emergency department visits.

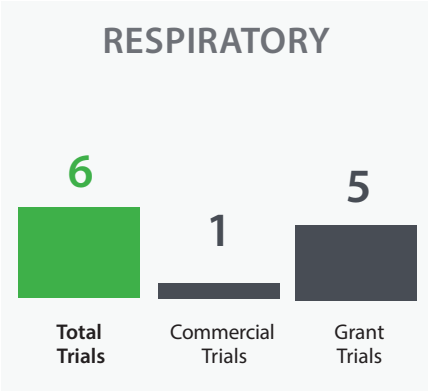
RESEARCH TEAM

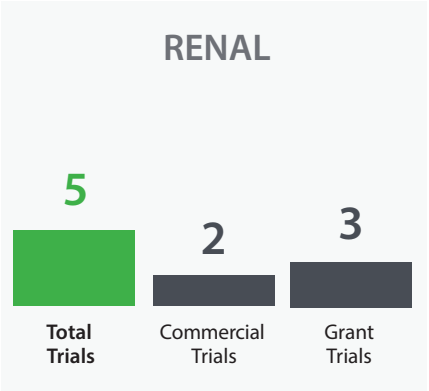
MMCT

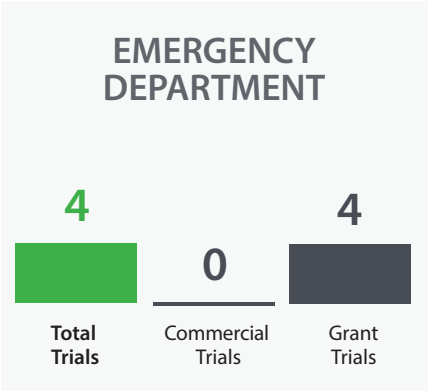
Renee Railton PhD (Grants Portfolio Manager)

CM Health

Dr Eunicia Tan (Investigator)
Dr Chris Lash (Investigator)
Dr Andrew Brainard (Sub-investigator)
Sandra Neva (Research Nurse)
Helen Barrett (Research Nurse)







AREAS OF RESEARCH / FY22

CLINICAL LIPIDOLOGY

Clinical Lipidology involves the diagnosis and management of lipid and lipoprotein disorders. Trials in this department are funded by the MMCT reserve, with Dr John Baker and Dr Joanna Wojciechowska as lead resident investigators for these trials. The current research portfolio includes treatments for mixed dyslipidemia, severe hypertriglyceridemia and familial chylomicronemia syndrome.

RESEARCH TEAM

MMCT

Dr Joanna Wojciechowska (Investigator)
Dr John Baker (Investigator)
Liz Walker (Research Nurse)
Maryam Griffin (Research Nurse)
Indu Muniraj (Clinical Trial Coordinator)
Sumudu Ranasinghe PhD (Clinical Trial Coordinator)

INFECTIOUS DISEASES

Clinical Lead: Dr Chris Luey

The Infectious Diseases Department has been involved in two ongoing grant-funded studies. Dr Susan Morpeth leads ASCOT, investigating potential treatment options for COVID-19 patients who are admitted to hospital but do not require intensive care. Dr Genevieve Walls leads the SNAP study which aims to identify the effect of a range of clinical interventions on all-cause 90-day mortality of a *Staphylococcus aureus* bloodstream infection.

RESEARCH TEAM

MMCT

Dana de Krester (Clinical Trial Coordinator)
Hannah Burden PhD (Grants Portfolio Manager)
Nicola Jackson PhD (Grants Portfolio Manager)

CM Health

Dr Genevieve Walls (Investigator)
Dr Susan Morpeth (Investigator)
Dr Christopher Hopkins (Sub-investigator)
Dr Christopher Luey (Sub-investigator)
Dr David Holland (Sub-investigator)
Dr Stephen McBride (Sub-investigator)

NEONATAL

Clinical Lead: Dr Richard Matsas

Engaging predominantly in grand-funded research, the Neonatal Department has had another great year. The department currently has ongoing trials investigating a vaccine for RSV (respiratory syncytial virus), standard of care procedures for neonates and a medical device for breathing support.

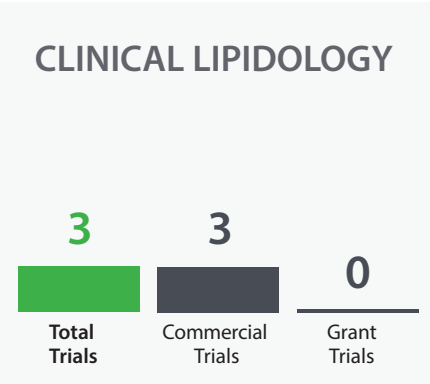
RESEARCH TEAM

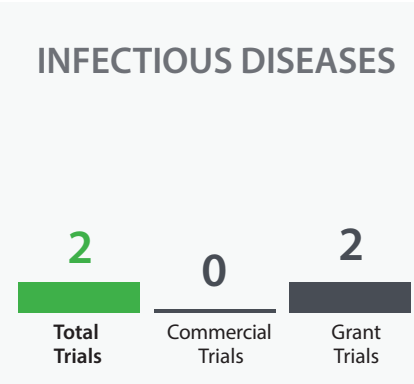
MMCT

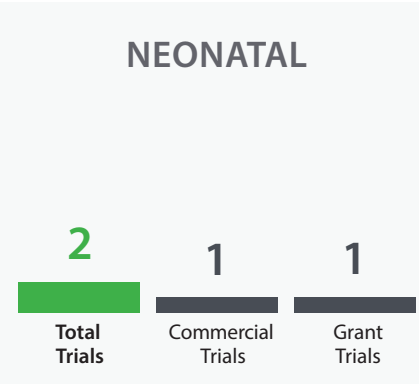
Dana de Krester (Clinical Trial Coordinator)
Rebecca McMillan PhD (Clinical Trial Coordinator)
Naomi Siddall (Research Midwife)
Renee Railton PhD (Grants Portfolio Manager)

CM Health

Dr Mike Meyer (Investigator)
Dr Elizabeth Nevill (Investigator)
Dr Chris McKinlay (Investigator)
Dr David Hou (Investigator)
Kelly Roczniak (Research Nurse)







DEPARTMENT SPOTLIGHT / Cardiology

Cardiovascular diseases (CVDs) are defined as diseases which affect the heart or blood vessels. There are numerous types of CVDs, some of which are serious and if left untreated, can be fatal. CVD is the leading cause of death worldwide with rates continuing to increase each year. In the Counties Manukau region alone, it is estimated that over 32,400 people have chronic CVD. Socio-economic, environmental, and behavioural factors, as well as genetic pre-disposition all have an influence on the development of CVDs. Although public health policies may help reduce rates of CVDs, for some, the development of disease is inevitable.

Regardless, the effect of CVDs on quality of life, and consequently, economic burden to society and the healthcare system is significant. Thus, novel and improved medicines and interventions are essential.

DEPARTMENT SPOTLIGHT / Cardiology

The Cardiology Department

The Cardiology Department at Middlemore Hospital together with MMCT participate in both commercial and grant funded trials. The department's research portfolio covers a range of cardiovascular conditions, including acute coronary syndrome, heart failure, hypertension, transthyretin amyloid cardiomyopathy and Takotsubo syndrome.

The diversity of the research portfolio reflects the special interests of the Principal Investigators and would not be possible without them and the Middlemore Catheterisation Laboratory team led by charge nurse Sandi Graham. Currently, there are nine Cardiologists who are Principal Investigators on trials: Dr Selwyn Wong (clinical lead), Dr Ruvin Gabriel, Dr Andrew Kerr, Dr Jen-Li Looi, Dr Tim Sutton, and Dr Mansi Turaga, who are general cardiologists, and, Dr Wil Harrison, Dr Patrick Kay and Dr Douglas Scott, who are interventional cardiologists. These Principal Investigators are supported by MMCT research nurse Kavita Gounder, and study coordinator Indu Muniraj.

Active Trials

It has been a busy year for the Cardiology Department with active trials in:

- Acute coronary syndrome (4)
- Stent interventional devices (3)
- Hypertension
- Transthyretin amyloid cardiomyopathy
- Takotsubo syndrome

Acute coronary syndromes are conditions where there is sudden reduction of blood flow through the coronary arteries or blood vessels which supply the heart muscle. To restore blood flow, patients may receive drugs or undergo an interventional procedure in which a device called a stent can be placed in the artery to hold it open. Dr Douglas Scott is leading the three trials investigating stent devices for people with acute coronary syndromes, DESyne BDS which is currently enrolling participants and DynamX Sirolimus and the European Bioadaptor study which are in the follow-up period. All devices have a unique structure which allows the devices to accommodate the artery's dynamic and natural movement. The hope is that this feature, in combination with drug-eluting capabilities of the device, will improve recovery following the procedure, restore coronary artery function and prevent future acute coronary syndrome events. Dr Andrew Kerr, Dr Ruvin Gabriel, Dr Patrick Kay and Dr Selwyn Wong are leading the ongoing trials looking at the effects of genetics and environment on acute coronary syndrome events and their outcomes (MENZACS), techniques for diagnosis of acute coronary syndrome (CRITICAL-ACS) and medications to reduce the occurrence of another cardiovascular event following diagnosis (DUAL-ACS and AEGIS-II), respectively.

Acute coronary syndrome events, especially if occurring more than once, will generally lead to heart failure. Even with the significant therapeutic improvements that have been made, the prognosis for patients with heart failure remain poor. Heart failure can develop from other or a combination of CVDs, for example hypertension or transthyretin amyloid cardiomyopathy. The present standard of care for patients with hypertension is medication and lifestyle modifications, however non-adherence is common. Dr Wil Harrison is leading DeLIVER an interventional trial we have in progress involving nerve denervation with the aim of permanently lowering blood pressure. Dr Tim Sutton leads the trials ATTRibute-CM and ATTRibute-CM open label extension which are investigating a medication for transthyretin amyloid cardiomyopathy, a progressive and fatal disease that can be inherited in which there is currently no funded medications for in New Zealand.

Grant Funded Research

The Cardiology Department's grant funded research portfolio is expanding. Out of the current active trials, four are grant funded. A unique aspect of grant funded trials is that not all trials involve investigating a therapy. For example, the MENZACS study or the InterTAK Registry study led by Dr Jen-Li Looi which is investigating the clinical characteristics of Takotsubo Syndrome, a CVD whose pathophysiology is currently not well understood. Furthermore, grant funding gives Principal Investigators the opportunity to not only initiate their own research, but also collaborate with research groups from New Zealand and around the world. The CRITICAL-ACS and DUAL-ACS trials are co-ordinated by the Christchurch Heart Institute and funded by the Health Research Council. Thus, both Principal Investigators and MMCT have and continue to build a strong collaborative link with the Christchurch Heart Institute. Regardless, the focus of all these studies is to better understand these diseases and answer important questions related to standard of care to result in improved service delivery for patients.

Dr Andrew Kerr is also the principal lead and chair of the All NZ Acute Coronary Syndrome Quality Improvement (ANZACS-QI) programme. This continues to provide world class data to guide treatment and standards for acute coronary syndrome in New Zealand with regular reporting and several peer-reviewed articles published each year. This work has contributed to Dr Andrew Kerr recently being appointed as an Honorary Professor by the University of Auckland.

Dr Timothy Sutton, Cardiologist

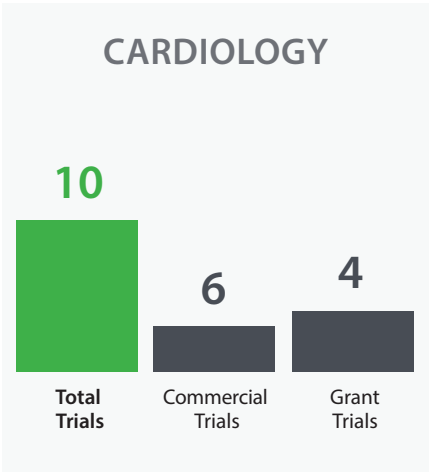
Commercial Trials

New trials investigating oral drugs for heart failure and atrial fibrillation are expected to begin in the next year. Last year there were 21 commercial feasibilities for the Cardiology Department and there are a number of other potential trials in the pipeline.

The involvement of the Cardiology Department in commercial trials allows the Principal Investigators to stay up to date with cutting edge research as well as potential new therapies. It also provides our patients with new and possibly improved therapies. It is rewarding to see the patients benefit from being involved in clinical trials, especially when conventional therapies have not been effective for them or there are none available.

The Cardiology Designated Research Fund grows through the department's involvement in commercial trials which provides funding for the department to sponsor their staff to attend research courses and conferences which benefits the department as a whole. Additionally, the Designated Research fund helps to grow investigator-led research within the Cardiology Department.

The Cardiology Department is well supported by the Middlemore Clinical Trials and we look forward to working with them for future studies.



TRUST OUTCOMES / FY22

Middlemore Clinical Trials is a Charitable Trust. Our Charitable Trust status requires that we demonstrate ongoing investment in research initiatives and capability building within CM Health.

Trust funds are held as either general reserves or departmental funds.

Designated/Restricted Reserves

The majority of the granting spent from designated reserves during the fiscal year was to support the development of Research capacity within the various hospital departments. It includes but not limited to the cost of research personnel such as Fellows and Nurses. The Trust also supported hospital staff attending medical related conferences that can benefit both the departments and patients.

General Reserves

As of 30 June 2022, total general reserves were $1,192,618 ($996 thousand, 30 June 2021).

Departmental Breakdown of Granting from Designated/Restricted Reserves

Spend FY22	$
Research Fellow	464,282
Research Nurse	227,090
Conferences/Seminar	25,362
Publications	6,868

Granting spend summary from Designated/Restricted Reserves in FY22

Department	Opening Balance $	Granting FY22 $	% of Grant Used %	Closing Balance $
Cardiology Restricted Reserve	1,213,066	48,857	4%	1,167,304
Cardiology Capex Designated Reserve	387,850			416,132
Cardiac Catheter Lab Nurses Education Reserve	19,320			19,320
Dermatology Research Reserve	31,655	4,334	13.7%	27,535
Diabetes Reserve	61,408			59,017
Emergency Care Clinical Research Reserve	46,310	4,097	9%	42,213
Gastroenterology and Hepatology Research Reserve	154,454	29,805	19%	181,562
Haematology Research and Special Purposes Reserve	860,510	1,210	0.1%	911,681
Home Health Reserve	20,333			20,333
Intensive Care Unit Reserve	393,927	45,545	12%	558,621
Infectious Diseases Research and Education Reserve	100,091	983	1%	114,439
Kidz First Research Development Reserve	1,196,751	360,344	30%	1,153,453
Spinal Unit Reserve	24,318			24,318
Microbiology Reserve	17,843			17,843
Neonatal Research Reserve	53,300	3,882	7%	100,445
Oropharyngeal Department Reserve	6,924			6,924
Hand and Upper Limb Research	156,184	47,198	30%	149,865
Radiology Research Reserve	2,163			1,703
Renal Reserve	72,726	29,805	12%	93,554
Respiratory Research Reserve	708,769	150,002	21%	582,423
Rheumatology Research Reserve	255,431	29,805	12%	245,579
Stroke Outcomes Reserve	50,920			50,920
Womens Health Reserve	54			2,372
AT&R Research Reserve	288			288
Orthopaedics Reserve	3,037			74,138
Plastics Reserve	1,200			3,000
Midwifery Reserve	1,300			1,300
Others				7,484
Total	**5,840,144**	**755,858**	**12.9%**	**6,040,719**

* The Haematological Department designated reserve also spent $54,730 on the sponsorship of haematological clinical trials.

BOARD OF TRUSTEES / FY22

Greg Batkin

Chair of the Board of Trustees MMCT

Greg brings to the board a range of commercial, financial and strategic skills. Greg has had exposure to a wide range of business sectors including automotive, energy, agriculture and life sciences. In addition to his role as Chairperson of Middlemore Clinical Trials, Greg is Deputy Chair of Safer Sleep (an anaesthetic software company), a large private business based in South Auckland and is Vice Commodore of the Outboard Boating Club of Auckland.

Dr Pete Watson

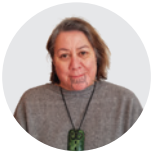
Pete is a medical graduate of Otago University. Pete commenced as a Consultant at Counties Manukau Health as a University of Auckland clinical academic in 1996. Pete has remained at CMH since 1996, working across Child and Youth Health, Mental Health & Addictions and most recently Medical Management. Pete has held various local, regional and national clinical leadership roles. He was appointed Interim District Director-Te Whatu Ora Counties Manukau and Interim Te Whatu Ora National Medical Director.

Sanjoy Nand

Sanjoy is currently the Chief of Allied Health Scientific and Technical at Te Whatu Ora, Counties Manukau. He is an experienced health sector leader having held clinical and operational leaderships roles in New Zealand Public Health care setting. Originally trained as a pharmacist, Sanjoy also has extensive pharmaceutical sector knowledge and experience. He is also a strong advocate for equity and diversity.

Kevin Wightman

Kevin is originally from the UK and has worked in Australia for over 20 years. He is passionate about improving the way clinical trials are delivered to better meet patients' needs. Kevin has more than 25 years' experience in leading Pharma, CRO, Site, and patient centric solutions providers across Asia Pacific, US and Europe. With industry association and not-for-profit Board Director experience, Kevin brings unique perspectives, stakeholder networks and insights from both industry and site angles.



Whetumarama Parore

Ngāti Whātua, Ngāpuhi and Ngāti Kahu

Marama has worked in the New Zealand health sector for over 30 years in a range of organisations such as the Central Regional Health Authority, Health Funding Authority and Plunket. Marama is currently the Director Maaori Health for Kaahui Tuitui Taangata – TAS. Marama has worked in roles as the General Manager, Maaori Health and Access & Optimal Use for PHARMAC and Pou Ahorangi – CEO for Te Rau Matatini, the National Maaori Mental Health and Addiction workforce. Marama was Director of Maaori Health in Healthcare NZ where the focus was on Advancing Equity across Healthcare NZ to support and enhance whaanau Maaori well-being. Marama is a member of Te Roopu – the Maaori Advisory Group for Health, Quality, Safety Commission.

Michael James

Michael's international career has spanned commercial and financial leadership roles across the hi-tech and innovation industries in both public and private sectors. He is an experienced director in the infrastructure and innovation sector. Michael brings a wealth of commercial and strategic thinking expertise to the Board.

PUBLICATIONS / FY22

From research funded by the MMCT Trust

1: "Association between convalescent plasma treatment and mortality in COVID-19: a collaborative systematic review and meta-analysis of randomized clinical trials."

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9: "Effect of Ejection Fraction on Clinical Outcomes in Patients Treated With Omecamtiv Mecarbil in GALACTIC-HF."

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Te Kohinga Ora

Middlemore
Clinical Trials

Address: Esme Green Building, Middlemore Hospital, 100 Hospital Road, Otahuhu, Auckland 2025, NEW ZEALAND.
Contacts: Ph +64 9 270 9758 Email: info@middlemoretrials.nz Postal: Private Bag 93311, Otahuhu, Auckland 2025

www.middlemoretrials.nz