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Insurance and Care NSW

Dust Diseases Board Grants Program

Year in Review
2020-2021

Foreword

Dr Anna Yeung is a recipient of a Dust Diseases Board Fellowship and was also awarded a Focus grant (FY21) targeting how to reduce the incidence of silica related occupational diseases. Her research project looks at improving work practices towards reducing acute silicosis.

Anna started her research career by investigating how to manage algal blooms in water supplies and bioremediation efforts to clean up contaminants in the environment, before she shifted her focus to investigate coal dust in the lungs. She went on to explore lung tissue models that simulate what happens when coal dust enters the lungs, a condition commonly known as black lung.

This led to her interest in researching silicosis, a condition marked by irreversible scarring of the lung as a result of inhaling respirable crystalline silica. Silicosis, characterised by formation of nodules within the lung may lead to shortness of breath, as well as other health complications. Severe cases may require a lung transplant. As with all occupational dust diseases, silicosis is preventable, something that Anna is passionate about.

Anna's research can be summarised as using a lung cell line model that aims to understand the toxic effects of silica dust in the lungs. Anna will also work with stonemasons to look at improving work practices and the use of respiratory protection to reduce silica exposure.

"Making a positive change by providing funding for support services and researchers striving to find a cure."

One of aim of the study is to compare the performance of cheaper face masks in protecting workers from silica dust particles and whether the face masks clog too easily making it difficult for users to breathe. This is one of the reasons why workers often take off their masks or do not wear them at all. The research is aiming to provide information, in multiple languages, on the correct use of personal protective equipment (PPE) to reduce the inhalation of fine particles of silica dust.

Through funding fellowships and scholarships and research grants, the Dust Diseases Board and icare aims to promote the development of Dust Diseases researchers of the future and aims to reduce the risk of people developing dust diseases and to optimise health and care outcomes for people living with a dust disease and their families.

Acknowledgement

The Dust Diseases Board acknowledges the Australian Aboriginal and Torres Strait Islander peoples of this nation.

> We acknowledge the traditional custodians of the lands on which we conduct our business and their continuing cultural and spiritual relationships to the lands, waters, seas and communities. We pay our respects to ancestors and Elders, past, present and emerging.

Year in Review

Chair's Note

Welcome to the first Dust Diseases Board Year in Review Report. Since my appointment as Chair of the Dust Diseases Board in April 2021, it has been my pleasure to work with the Board and the icare team as we engaged with leading researchers, considered the latest national and international dust diseases research findings, and commenced the development of our grant impact assessment framework. I would like to acknowledge Gavin Bell as the Former Chair of the Dust Disease Board for all of his insightful work in the delivery of the inaugural strategy and the successful launch of each funding stream, bringing the Board's vision and strategy to life. I would also like to extend a warm thank you to Sylvia Kidziak AM who served as the Interim Chair of the Board prior to my appointment and continues to be a long- standing member.

The Dust Diseases Board has provided funding to support research into early disease detection, treatment and management of dust diseases since 1983. During this time research efforts have spanned novel experimental approaches, across all of the different types of research that can be undertaken, with most of the research being basic scientific projects in the laboratory setting. Ultimately, the aim is to translate research findings into the clinical setting to support people living with a dust disease.

In 2019, the Dust Diseases Board expanded its funding strategy to include research into the prevention of dust exposures, to foster up-and-coming researchers whilst maintaining support for more established scientists and clinicians, and to offer an annual funding opportunity for organisations providing support to victims of dust diseases to ensure continuity of their services.

The Dust Diseases Board provides funding via four main streams as follows (and outlined within this report):

- Ideas to Action grants – competitive grants to fund descriptive, laboratory-based and clinical studies into the causes, mechanisms and treatment of dust diseases;
- Focus grants – competitive grants to fund research aligned to specific target areas, which may change annually, and have included research into silica related diseases in recent years;
- Fellowship and Scholarships – stipends to fund the living expenses of the next generation of dust disease researchers; and
- Support Organisation grants – funds organisations that provide education, advice, and support to victims of dust diseases and their families.

Between 2016 - 2021, the Dust Diseases Board has awarded over $8 million across the funding streams and in 2021, four competitive grants, one Fellowship, and one Scholarship were awarded, totalling $2.18 million.

Grants awarded strongly align with the needs of Dust Diseases Care clients including the recent increase in the number of individuals developing silica related diseases.

2022 will see the Board's Focus grants shift from exploring silica related dust diseases to supportive and palliative care for those affected by a dust disease.

> *As Chair, I have had the pleasure of learning about the important work being done in dust diseases research and the support available to those affected. It is clear to me that our grant recipients are wholly committed to upholding the Dust Diseases Board's vision to make a positive difference to those impacted by hazardous dust exposure and dust diseases.*

Researchers continue to strive towards a cure for dust diseases and the Dust Diseases Board is committed to supporting this journey. I look forward to continuing my role in supporting innovative, novel projects in the future, as well as the dedicated researchers, clinicians and supporters behind these projects.

I hope you enjoy reading this first Year in Review report.

Dust Diseases Board Members

John Walsh AO

John is Chair of the Dust Diseases Board, a Non-Executive Director of the icare Board, a Member of the icare Audit and Risk Committee, and a Member of the icare Customer, Innovation and Technology Committee. He has a long history of service to others, particularly in the areas of social policy, health, and disability services. He was instrumental in setting up the Lifetime Care and Support Scheme and is a former Australian Actuary of the Year.

Professor Sanchia Aranda AM

Sanchia was most recently CEO of Cancer Council Australia (2015-2021) and has worked in cancer control for over 40 years. She is a past President of the International Society of Nurses in Cancer Care, (President 2006-2010) and the Union for International Cancer Control (President 2016-2018). She is the inaugural Board Chair for the City Cancer Challenge Foundation. She currently holds a joint appointment as Professor of Health Services Research – Peter MacCallum Cancer Centre/University of Melbourne.

Professor David Currow FAHMS

David is the Chief Cancer Officer of New South Wales and the Chief Executive Officer of the Cancer Institute NSW, the state's cancer control agency. He is a previous president of the Clinical Oncological Society of Australia and was the 2015 recipient of the Tom Reeve Award for Outstanding Contribution to Cancer Care from the Clinical Oncological Society of Australia. He holds the chair of Palliative Medicine at the University of Technology Sydney and is a co-founder of the Australian Palliative Care Outcomes Collaboration.

Abha Devasia

Abha heads the national legal team of the Australian Manufacturing Workers' Union. Prior to joining the Union, she worked at the Dubai Chamber of Commerce and Industry in the United Arab Emirates as a legal advisor, providing legal counsel to the executive on migration and workplace law. She also spent several years as a prosecutor in the Fatalities Unit at the WorkCover Authority of New South Wales, the regulator of workplace safety at the time.

Sylvia Kidziak AM

Sylvia has over 30 years' experience in the field of asbestos-related research, workplace safety and stakeholder engagement. She was a Director of the previous Workers' Compensation (Dust Diseases Board) of NSW and Chair of the Research Grants and Corporate Governance Committees. She was involved in all aspects of the establishment of the Asbestos Diseases Research Institute at Concord NSW and chaired the Board of the Asbestos Diseases Research Foundation. She has received several awards for her work including the Order of Australia, the Bernie Banton Award in recognition of significant contribution in advocating on behalf of those affected by dust related disease, and the National Safety Council Award for distinguished service to occupational health and safety.

Ben Kruse

Ben is employed as a Legal/Industrial Officer for the Construction, Forestry, Maritime, Mining Energy Union. He has worked for over 30 years as a solicitor, initially working as a personal injury lawyer in private practice including dust diseases. He has held a range of legal, management and leadership roles with several state-based unions. Now, focusing principally on industrial law, he has a particular interest in employee representation in work health and safety and the impact of competition on safety standards.

Merylese Mercieca

Merylese is a Business Manager, Co-founder and Occupational Health Nurse at Blue Eco Homes and has a strong interest in the health effects of current building standards. Her background as a senior Respiratory Nurse has given her a different perspective to the health and wellbeing of people. She holds a Master's degree in Health Science from the University of Western Sydney, a Bachelor of Health Science (Nursing), a Graduate Diploma in Respiratory Science and a Certificate IV in Carbon Management.

Ray Petty

Ray is currently the Director of FIFO Capital, an Advisory Board member of Fundsquire Pty Ltd and Director of Prudential Group Holdings and Squirrel Superannuation Services. He has a career in finance, administration and business management spanning some 45 years. In 2010 he was registered to the NSW Prequalification Scheme - Audit and Risk Committee Independent Chairs and Members. He was also an Independent Member of the NSW Safe Work and Support Division, Audit and Risk Committee 2010-2015 and served as Independent Chair and member of NSW Health Care Complaints Commission, Audit & Risk Committee 2012-2020.

Steven Robinson

Steven is a qualified airline avionic engineer, and worked for many years as an engineer for Qantas. He has extensive experience in industrial relations, having worked as an Organiser for the Electrical Trades Union NSW and the Communications, Electrical, Electronic, Energy, Information, Postal, Plumbing & Allied Services Union of Australia. In addition to his appointments to the Dust Diseases Board, he has been an appointed Trustee Director of NESS Super since 2015. Steven served on the Dust Diseases Board previous to the Board's appointment under icare (2015) through to December 2021.

Barry Robson

Barry is the President of the Asbestos Diseases Foundation of Australia, having been appointed in 2002 and elected in 2003. He became a Union delegate of the Waterside Workers' Federation (later the Marine Union of Australia [MUA]) in 1970, and was elected Senior Vice President of the Union in 1988. He was also Alderman to Blacktown City Council 1991-1995, an Assistant Branch Secretary of the MUA Sydney Branch for two terms until 2003. He has been awarded three lifetime memberships to the MUA, St Mary's Baseball Club and Blacktown Mt Druitt Cardiac Support Group.

Previous Board Members

From the commencement of the Dust Diseases Board as a function of icare NSW in 2016, the following members performed an integral role, with many serving numerous consecutive years.

We would like to thank these members for their time, expertise and dedication to the Dust Diseases Board and acknowledge the valuable contribution that each individual has made.

- Brian Eichhorn
- Gavin Bell (Chair 2016- 2021)
- Kate Minter
- Professor Ken Takahashi
- Professor Nico van Zandwijk
- Rod Smith
- Dr Ryan Hoy
- Shay Deguara
- Steve Robinson
- Dr Susan Miles
- Vanessa Seagrove

About the Dust Diseases Board

The Worker's Compensation (Dust Diseases) Act defines the selection process, roles and responsibilities of the Dust Diseases Board (DDB). In accordance with this legislation the DDB consists of:

- three persons appointed to represent employers,
- three persons appointed to represent employees,
- representatives of dust diseases sufferers' support, advocacy or awareness groups or organisations,
- persons involved in research into dust diseases or in academic matters relating to dust diseases,
- health professionals, and
- an independent Chairperson.

The DDB meets quarterly and is authorised to make grants from the Worker's Compensation (Dust Diseases) Fund. They are also responsible for critically assessing and deliberating on grant applications. These grants support academic research or clinical work relating to the prevention and treatment of dust diseases, as well as for the provision of assistance to groups or organisations that provide support for victims of dust diseases or their families.

The DDB's annual grants round attracts significant interest from across the country. It is critical, therefore, that the DDB's deliberations be based on a solid strategic framework, and the grants portfolio represent the most diverse and cutting-edge dust disease research in Australia and abroad.

All grants awarded by the DDB must be for the purposes of supporting individuals affected by one or more of the scheduled dust diseases under the Act:

- Aluminosis
- Asbestos-related diseases including
  - asbestosis,
  - asbestos related pleural diseases
  - asbestos-induced carcinoma, and
  - mesothelioma
- Bagassosis
- Berylliosis
- Byssinosis
- Coal Dust Pneumoconiosis
- Farmers' Lung
- Hard Metal Pneumoconiosis
- Silicosis and silico-tuberculosis
- Talcosis
- Other diseases affecting the lung, pleura or peritoneum caused by the same dusts that cause the above diseases.

Relationship to Insurance and Care NSW

Insurance and Care NSW (icare) is a Public Financial Corporation within the NSW Government sector responsible for delivering the State's insurance and care schemes. icare is governed by an independent board of directors appointed by the Portfolio Minister, which includes the Chief Executive and up to eight non-executive Directors.

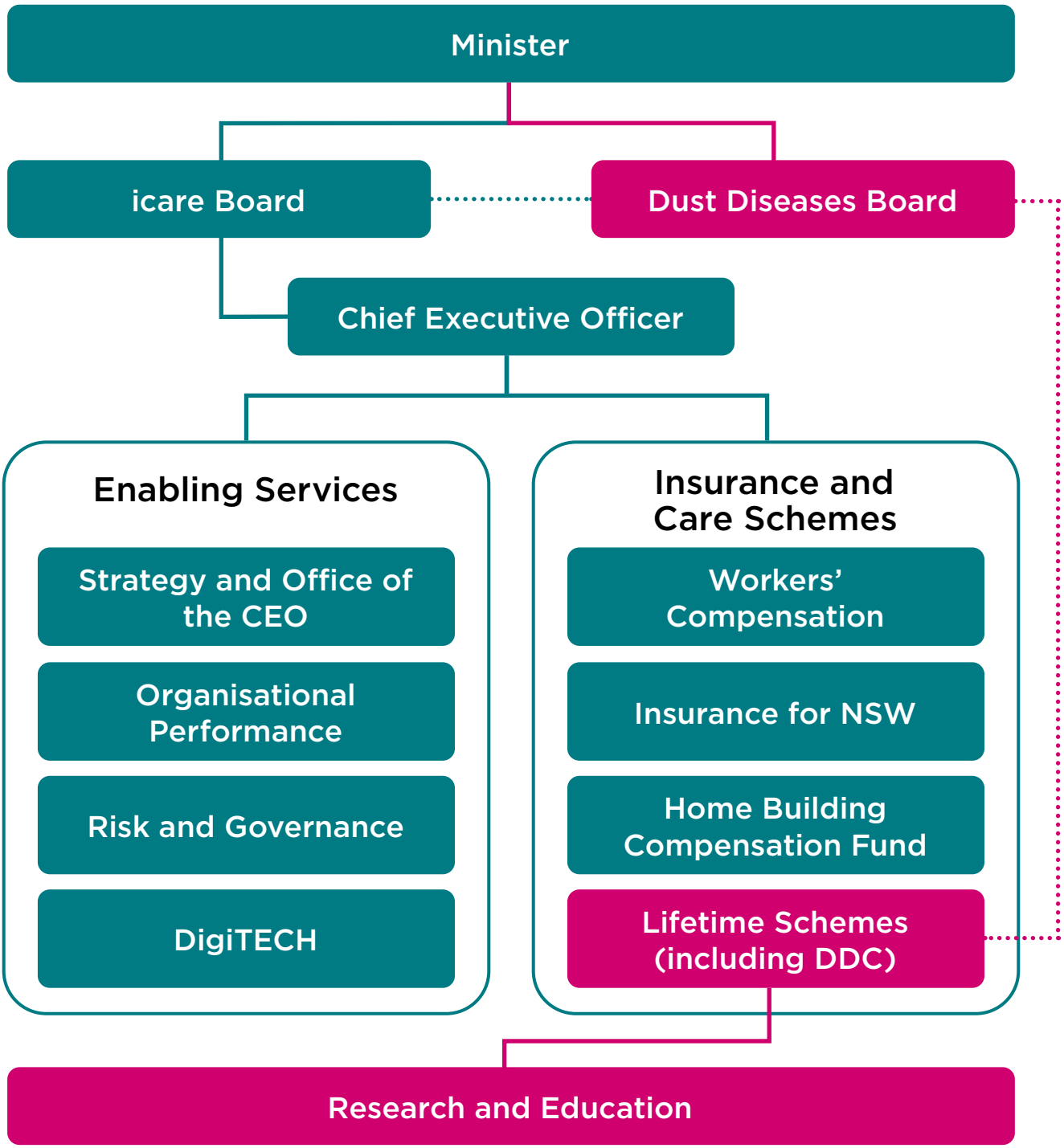
icare delivers insurance and care services to people with injuries under the NSW Workers' Compensation Scheme, the Lifetime Care and Support Authority, the Workers' Compensation (Dust Diseases) Authority, the NSW Self Insurance Corporation and NSW Sporting Injuries Compensation Authority. The Chief Executive of the Dust Diseases Authority is also the Chief Executive of icare NSW and is responsible to the icare Board.

In addition to its role in grant making, the DDB provides advice to the icare Board and the Dust Diseases Authority in relation to the grants strategy, budget and research priorities.

Dust Diseases Research Team

As grant support specialists and researchers, the Research Team partners with its stakeholders to support researchers and support organisations to inform internal business processes, policies and customer focused service delivery.

The team's role is to support the Board achieve its vision to make a positive difference to those impacted by hazardous dust exposures and dust diseases. In particular, the team operates the four funding streams from the commencement of funding calls, assessment of applications through to funding agreement execution. The team administers the DDB's portfolio of grants. Evaluation and monitoring is a fundamental component of the teams work, with the team regularly liaising with grantees to monitor project progress.



Roles and Responsibilities:

- Operationalise DDB Grants Strategy
- Administer DDB Grants Schemes
- Conduct and Evaluate Dust Diseases Research

Dust Diseases Board Grants Strategy

Vision

"To make a positive difference to those impacted by hazardous dust exposure and dust diseases"

Mission

- Funding research and other activities into the causes, mechanisms, diagnosis, treatment and prevention of dust diseases, to reduce the risk of people developing a dust disease and to optimise health and care outcomes for people with a dust disease.
- Funding organisations that support people with a dust disease and their families, to inform and educate people about dust diseases and the dust diseases scheme; support people through the compensation process; and optimise the wellbeing of people with a dust disease.

Principles

1. Benefits NSW workers with dust diseases and their families and contributes to a better quality of life of workers with dust diseases
2. Develop a better understanding of dust diseases in NSW, including epidemiology, to prevent the development of dust diseases among people at risk
3. Contributes to the effective administration and sustainability of the scheme
4. Provides funding for novel and innovative benchtop research, new treatments and pilot programs to improve health outcomes and quality of life
5. Supports early stage innovations and ideas that can be turned into impact
6. Advances and accelerates the translation of research into policy and practice, delivering meaningful outcomes to workers.
7. Fosters collaboration to develop and broaden expertise and leverage investment to increase impact
8. Builds capacity and capability; developing dust disease researchers of tomorrow.

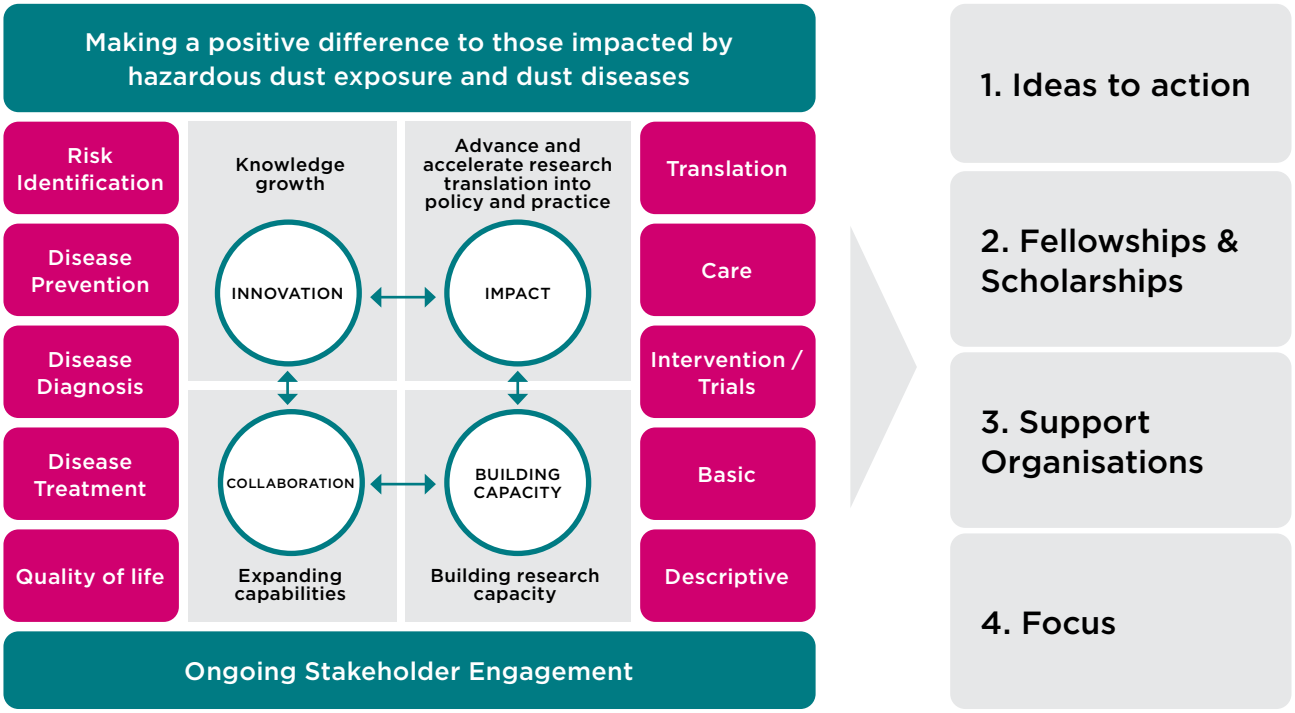
The Strategy puts those impacted by hazardous dust exposure and dust diseases at the centre of all grant funding. The Strategy incorporates four strategic priorities: Innovation, Impact, Collaboration and Building Capacity. All successful grants align with the DDB's vision, strategic priorities and principles.

Innovation in research leads to knowledge growth and all research findings, including those that are negative, contribute to a better understanding within the context of disease development and possible treatment approaches for prevention or halting disease progression. As yet, dust diseases have no cure, with palliative care the only option.

Impact is the degree by which the research conducted affects policies, strategies and the actions of business, governments, non-profit organisations and community groups to maximise and spread the benefits of research more broadly into society. In response to the greater need to measure impact beyond traditional measures (e.g. publication in high-impact academic journals, citation counts), the DDB is working to develop an Impact Measurement Framework to better understand the impact of its funded portfolio.

Collaboration is crucial for the success of research programs, especially between research scientists and clinicians in the hospital setting. Researchers funded by the DDC typically have strong local, interstate and international collaborative networks, which has lead to exceptional outputs. This is demonstrated by the ability of DDB-funded researchers to go on to attract highly competitive national grants employing a robust, multi-disciplinary approach to dust diseases research.

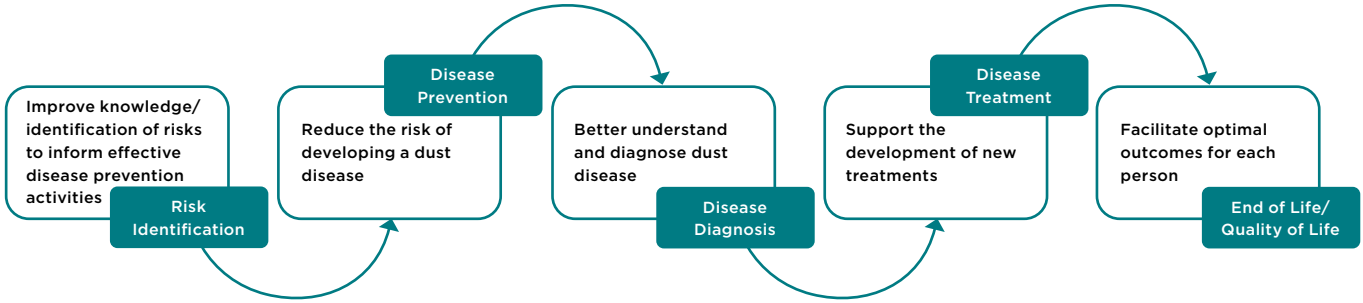
Building Capacity refers to the culmination of the first three strategic priorities in order to provide continued support of dust diseases research. By supporting innovative and impactful research, researchers can attract further funding and collaborative opportunities to expand their knowledge, reach and expertise. In doing so they also provide an opportunity to support and mentor the next generation of researchers, and to ensure that Australian dust diseases research remains relevant and cutting-edge.



The Dust Diseases Board Grants Framework

The DDB's strategy is delivered by four funding streams covering risk identification, disease prevention, disease diagnosis, disease treatment and Quality of life/wellbeing (the Disease Lifecycle). The strategy also fosters the different types of methodologies used by researchers to perform and validate their investigations from descriptive and basic research through to interventions/clinical trials, care and translation (the Research Lifecycle).

The Disease Lifecycle refers to the progression of a disease and the stage at which as research project may aim to alleviate the burden of that disease. Risk identification, which was incorporated in 2019 to broaden the Board's research grant strategy, aims to detect potential new and emerging hazardous dust exposures across various industries and occupations. The intent is to highlight and prevent workers from being exposed prior to reaching exposure levels that cause disease to develop.

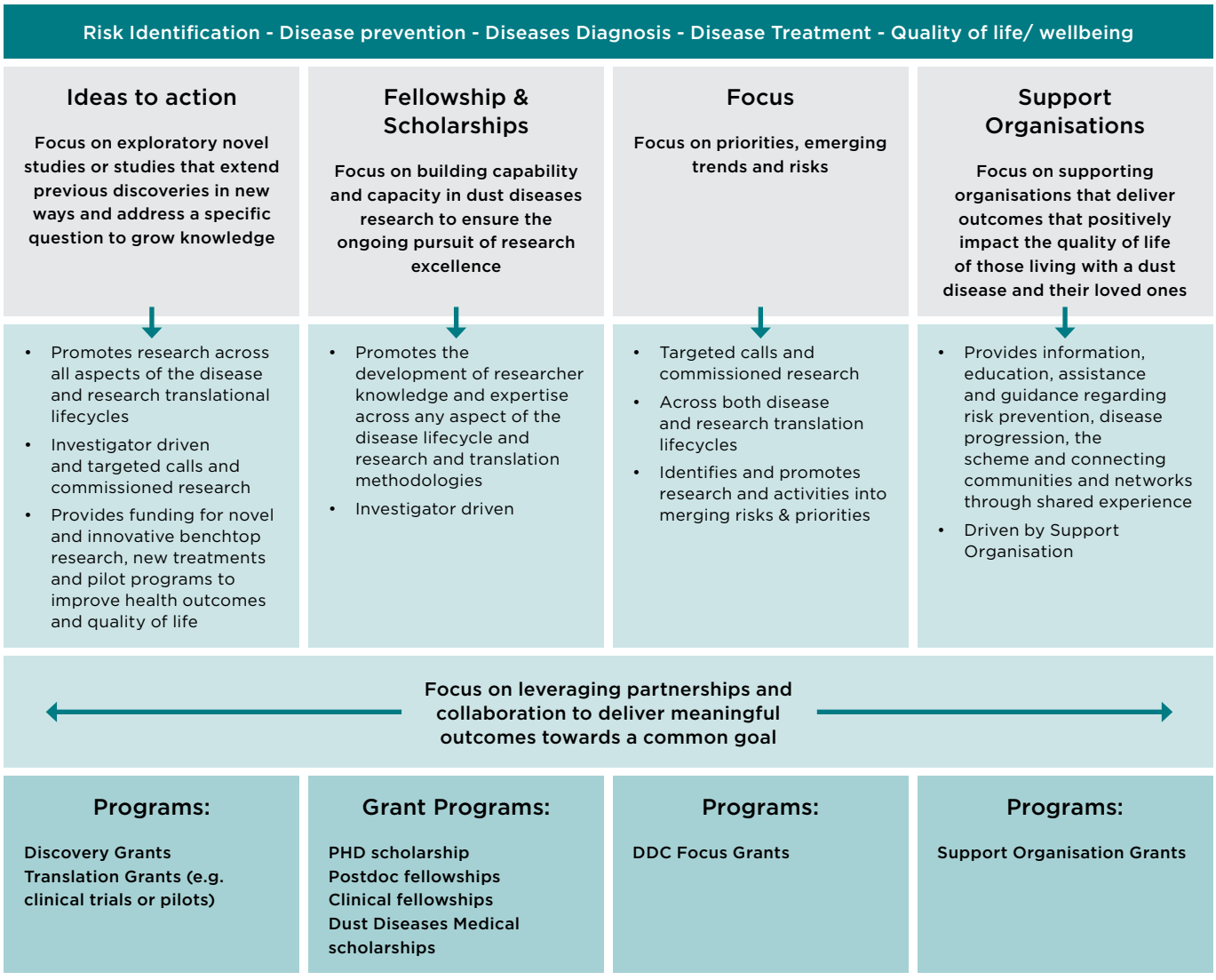


The Ideas to Action and Fellowship & Scholarship grants are investigator driven with knowledge and service gaps identified by the applicant. Focus grants specifically target dust diseases priorities, emerging trends and risks.

For FY20/21, the Board continued to focus on silica exposure awareness, prevention, silica related disease incidence and support, in response to the rising numbers of silicosis cases being identified in Australia. The specific statements were:

- How can we create greater awareness around the dangers of working with silica containing materials?
- How can we reduce the incidence of silica related occupational disease?
- How can we best support workers who are diagnoses with a silica related disease?

Funding rounds for each funding stream are open for applications on an annual basis.



Our journey toward Grant Impact Assessment

Since inception in 2016, the Dust Diseases Board (DDB) have been delivering grant funding through icare NSW.

Measuring the impact of funded research studies and support projects is an integral part of the Board's 2020-24 Grant Strategy.

The DDB welcomes public interest in research and how public spending is translated into tangible benefits to quality of life for workers and families affected by dust disease.

The Grant Impact Assessment Framework and protocol supports researchers to plan their research and impact activities and provides standardised metrics for reporting to external stakeholders.

The Board assesses impact against the four domains of Knowledge, Health, Societal and Economic, using guidance from the National Health and Medical Research Council (NHMRC):

Knowledge impacts are the output which demonstrate the benefits emerging from adoption, adaption or use of new knowledge to inform further research, and/or understanding of what is effective.

Health impacts are improvements in health through new therapeutics, diagnostics, disease prevention or changes in behaviour; or improvements in disease prevention, diagnosis and treatment, management of health problems, health policy, health systems, and quality of life.

Economic impacts are improvements in the nation's economic performance through creation of new industries, jobs or valuable products, or reducing health care costs; improving efficiency in resource use or improving the welfare/well-being of the population within current health system resources. An economic impact may also contribute to social or health impacts, including human capital gains and the value of life and health.

Social impacts are improvements in the health of society, including the well-being of the end user and the community. This may include improved ability to access health care services; to participate socially (including empowerment and participation in decision making) and to measure improvements in the health of society.

> *Through my studies, I became aware that there is a lot that we don't know about the immune system, internal pathways and cells. We know least about cancer and treatments. Driven by my annoyance that we don't know as much as we should, I wanted to pursue a career in research to add to the sphere of knowledge*

Joel Kidman | PhD Scholarship recipient

DDB Grant Portfolio - FY16-21

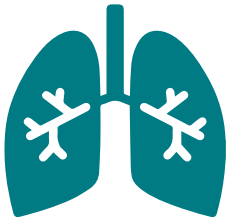
Since 2016, the DDB has awarded 37 grants, totalling $8,47M. Most of the projects funded by the DDB use basic research techniques aimed at developing and testing new treatments for dust disease, most mesothelioma. Several projects are also interventional in nature. These projects aim to develop new screening techniques, modify current work practices, or validate new surgical techniques in patients with dust diseases. The rest of the portfolio is made up of descriptive and translational studies which have a much shorter time to impact and tend to focus on the earlier and late stages of the disease lifecycle. The current portfolio closely follows the current trends in dust diseases research. This is important as it demonstrates that the DDB is committed to developing research teams which are exploring the most current and innovative topics in dust diseases research.

Discovery and Translational Grants

24 grants awarded
$5,812,224.11 approved funding

Focus Grants

4 grants awarded
$440,623 approved funding



Fellowships

4 grants awarded
$813,360 approved funding

Scholarships

2 grants awarded
$240,000 approved funding

Support Organisations

5 grants awarded
$1,166,912.06 approved funding

Grant Highlights

Project	Aiming for the Achilles heel – discovering an effective drug against mesothelioma
Chief Investigator	Chief Investigator: Associate Professor Willem Lesterhuis
Funding	Funding: $280,000 – 3 Years
Project status	Complete

Mesothelioma is a cancer affecting the lining of the lungs, which can also rapidly spread to tissues around the heart and ribcage. Our lab previously identified two related proteins which control how far and how fast mesothelioma spreads. In this project, we aimed to design drugs that bind to these proteins, turning them off and therefore slowing down the spread of mesothelioma.

We found several compounds that could bind strongly to the two proteins and were able to kill mesothelioma cells grown in the lab. Some of the compounds found were able to switch off both proteins, while others could only switch off one or the other. From this we were able to determine what parts of the compounds' chemical structure were most effective in turning off the proteins. With our colleagues at Monash University, we were also able to determine whether these compounds could be absorbed and broken down effectively in the body, and therefore make useful drugs for treating mesothelioma. One of the compounds was tested in laboratory animals to determine if it could be an effective treatment. Unfortunately, we found that it wasn't able to stop the spread of mesothelioma in the animals.

However, we did find that turning off one of the proteins might help the body's own immune system fight cancer and make current mesothelioma drugs more effective. We tested this in animals and found that turning off the protein of interest did make certain drugs better at killing mesothelioma. This is a very exciting area of research that we are continuing to work on in the lab.

Thanks to the Dust Diseases Board grant, we have been able to identify important information on the role of these proteins in mesothelioma, as well as several compounds which we can hopefully develop into effective mesothelioma drugs in the future.

Project	Improving exposure science and dust control for engineered stone workers
Chief Investigator	Dr Sharyn Gaskin
Funding	$224,872 – 2 Years
Project status	In progress

The introduction of engineered stone products has led to increased numbers of workers with silicosis, with shorter exposures than has been seen in those who work with natural stone, such as granite or sandstone. In this project we aim to compare the different properties of engineered and natural stone dusts and identify ways in which the risk of silicosis can be reduced when working with these products.

We will collect dust samples produced when cutting, grinding, and polishing engineered and natural stone and examine them for differences in dust size, charge and composition. The amount of dust produced while working with these products will be measured using different dust control techniques to determine which are most effective at reducing silica exposure.

Finally, we will determine whether engineered stone dust is more toxic to lung cells than natural stone dust, and if fresh dust is more toxic than dust which has been allowed to settle or age.

To date, we have found that fresh engineered stone dust is more toxic than natural stone dust, as well as settled/aged dust. However, settled dust maintains its level of toxicity for up to 21 days after it is produced.

In addition, we have compared dry cutting and wet cutting of engineered stone and found that wet-cut stone dust is slightly larger and with a larger surface area than dry-cut stone. We are continuing to perform experiments to better understand the differences between dry-cut and wet-cut dusts.

The results of our study will be presented in a report, which will also provide recommendations on the best ways to reduce risks to workers who use engineered stone products. We are also in the process of writing an article describing these results, to be published in an academic journal prior to the end of the project.

Project	Psychosocial experiences and needs of mesothelioma patients and carers
Chief Investigator	Associate Professor Lauren Breen
Funding	$32,207 – 2 Years
Project status	In progress

Mesothelioma is associated with complex psychological impacts on patients that are different to other kinds of cancer. In our project, we aim to better understand the psychological experience, needs and priorities of people with mesothelioma and their families. We also aim to document these findings in a way which can guide how doctors and health professionals care for mesothelioma patients in the future.

We interviewed 34 people with mesothelioma and 25 family members about their experiences and needs, and had them complete several questionnaires to better understand their symptoms, quality of life and psychological health. Both patients and carers described wanting better access to information about mesothelioma, more support groups, a better compensation process and better communication between doctors, health professionals, organisations, and carers.

We also reviewed other studies that had similar aims as ours, to identify if other researchers reported similar patient and carer needs to those found in our study. Similar to our findings, the review found that patients most want emotional support, better information about mesothelioma progression and death, and to meet others with mesothelioma. They also want improved delivery of diagnoses and access to palliative care. Carers expressed a need for one-on-one practical and emotional support.

This project is the largest study of the psychological needs of mesothelioma patients and carers to date. We found that many of the needs expressed by patients and their carers are consistent across studies, but that there are few studies available that focus specifically on mesothelioma. Our next step is to publish our findings, to encourage further research and help guide best practice in managing the needs of this unique group of individuals.

FY21 Awarded Grants

Ideas to Action (Discovery and Translational)

Curtin University	Project: Psychosocial experiences and needs of mesothelioma patients and carers Chief Investigator: Lauren Breen Funding: $32,206.85
University of Western Australia	Project: Identifying biomarkers of response to chemo immunotherapy in mesothelioma Chief Investigator: Jonathan Chee Funding: $264,652.51
Asbestos Diseases Research Institute (ADRI)	Project: Circular RNAs as potential biomarkers for malignant pleural mesothelioma Chief Investigator: Yuen Yee Cheng Funding: $295,000.00
Asbestos Diseases Research Institute (ADRI)	Project: Is epigenetic alteration implicated in the treatment response of Pembrolizumab Chief Investigator: Steven Kao Funding: $277,800.00
University of Sydney	Project: Extracellular Vesicles as Gateway to precision Immunotherapy Chief Investigator: Elham H Beheshti Funding: $470,213.00

Focus Grants

University of Western Australia	Project: Ultra low-dose CT in silicosis screening Chief Investigator: Fraser Brims Funding: $103,551.00
Woolcock Institute	Project: Improving work practices towards reducing acute silicosis in Australia Chief Investigator: Anna Yeung Funding: $55,200.00

Fellowships and Scholarships

Monash University	Project: Towards therapeutic interventions against silicosis Chief Investigator: Christina Begka Funding: $240,000

Support Organisations

Asbestos Diseases Research Institute (ADRI)	Project: Mesothelioma Support Coordinators Funding: $170,000
Asbestos Diseases Foundation Australia (ADFA)	Project: Mesothelioma Support Coordinator Funding: $279,234

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