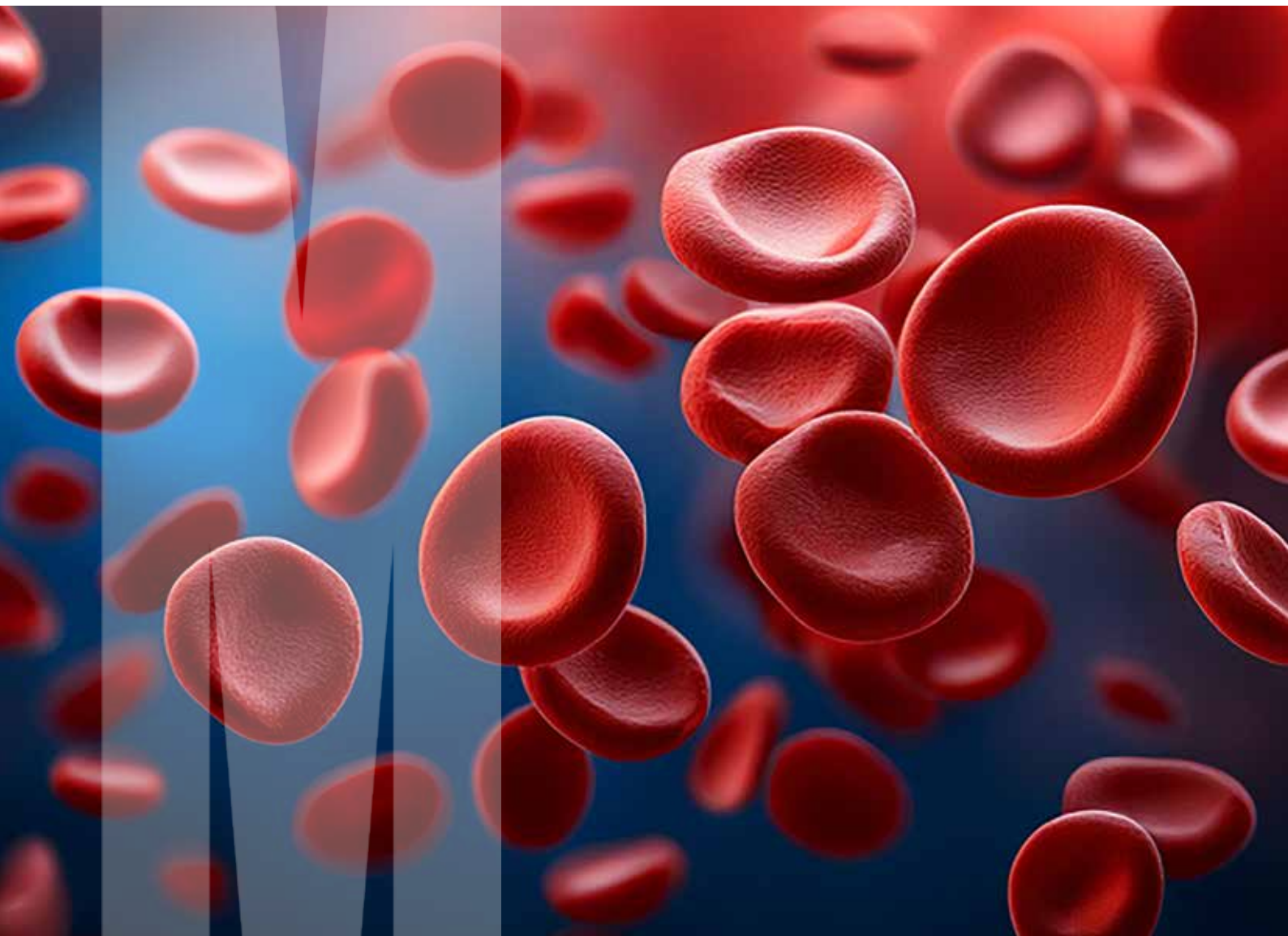


TRANSFUSION RESEARCH UNIT





The Transfusion Research Unit is an internationally recognised, multidisciplinary research team at Monash University's School of Public Health and Preventive Medicine.

We collaborate with clinical and institutional partners to lead national registries, clinical trials, systematic reviews, educational activities and other projects in blood disorders and conditions requiring major or complex transfusion support.

Our work helps the medical and wider community better understand and improve clinical practice and outcomes. We provide data that inform health care policy and practice and contribute to high-quality patient care, improved patient outcomes and better stewardship of precious resources.

“

One in three Australians will need a blood transfusion. Our research drives blood safety, quality, efficiency and accessibility, and improves the quality of life of people living with blood disorders.

”

ABOUT THIS REPORT

This report reflects the research undertaken in the Transfusion Research Unit (2025-2026), and highlights the activities of our staff, students, and research partnerships.

ACKNOWLEDGEMENT OF COUNTRY

We acknowledge the traditional owners of the lands on which we work. We pay our respects to their Elders, past and present, and extend that respect to all Aboriginal and Torres Strait Islander peoples.

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WELCOME

It is my pleasure to share the Transfusion Research Unit (TRU) research report for 2025-26. The report profiles our team and showcases our activities, from research to improve clinical transfusion practice, to delivering better care and outcomes for patients with blood disorders, along with our teaching and engagement.

Transfusion can save and improve lives. Blood products, donated by community volunteers, are precious – they are in limited supply and expensive, and all carry some hazards. However, many aspects of how we use these products are still not evidence-based, and in other cases clinical practice has changed greatly since the original evidence was generated. We’re committed to addressing these evidence gaps.

We are a diverse team of more than 50 people, and part of the Monash School of Public Health and Preventive Medicine – the largest in the Asia-Pacific region. We work with more than 400 collaborators, including individual investigators, hospitals, blood services, governments and public health agencies, research organisations, and community, industry, professional, and philanthropic partners.

We are world leaders in clinical quality registries, clinical trials, qualitative and mixed-methods research, health economics, evidence synthesis, biostatistics and epidemiology. We have access to all the resources of Monash University and our partner networks to support our research and its translation.

We are committed to high-quality research and experienced in managing complex programs. We have been awarded major funding from the NHMRC, including two Synergy grants (and the 2020 Fiona Stanley Award for the top-ranked Synergy application), two Centres of Research Excellence (OPTIMAL CRE and BloodCare CRE), and clinical trials support. We have also received significant funding from the Medical Research Future Fund, Victorian Department of Health, Australian Research Data Commons, Australian and New Zealand Society of Blood Transfusion, and the National Blood Authority.

Our work in blood diseases includes blood cancers, inherited conditions, and rare diseases which require substantial transfusion support. All of these need better evidence to guide policy and practice. Our registries provide vital real world evidence on current practice, and monitor changes, such as uptake of new diagnostics and therapies. We have established new infrastructure and international partnerships, such as the global Lymphoma Registry Alliance (LyRA) and the Asia Pacific Myeloma and Related Diseases Registry. Our clinical trials use novel designs and incorporate innovative biological, qualitative and health economics analyses.

We invest in our people, and are enormously proud of our team. Our group has been awarded multiple investigator grants and postgraduate scholarships from the NHMRC and other highly competitive fellowships. We are committed to teaching, and have won awards for our teaching excellence. TRU is sought out for student projects and attachments, including a highly successful partnership with RMIT University for final-year Pharmaceutical Sciences students.

As experts, we engage broadly and this guides our work, including the 2024 Blood Synergy community consultation to identify national transfusion research priorities. We have been invited to present our research to government, industry, professional and community groups, at national and international scientific meetings, and to the World Health Organization.

Thank you for your support of TRU. I hope you enjoy reading this report, and look forward to your feedback, and your ideas for future collaborations.

Prof Erica Wood AO

Head, Transfusion Research Unit
School of Public Health and Preventive Medicine
Faculty of Medicine, Nursing and Health Sciences
Monash University



WHO WE ARE



Prof Erica Wood AO
Head of Unit



Prof Zoe McQuilten
Deputy Head of Unit (Research)



Mr Neil Waters
Deputy Head of Unit (Operations)



Research Staff

Ms Naomi Aoki, Business Project Manager
Mrs Tatiana Andonegui, Administrative Officer (2026)
Dr Zahra Anwar, Clinical Research Associate
Dr Elham Ashrafi, Senior Research Officer
Ms Sheila Azouji-Benjamin, Senior Project Officer (2026)
Dr Allison Barraclough, Research Fellow
Dr Giannie Barsha, Program Manager
Dr Marija Borosak, Research Fellow
Dr Karina Brady, Program Manager
Ms Kirsten Caithness, Senior Project Officer (2025)
Dr Sara Carrillo de Albornoz, Senior Research Fellow
Ms Melissa Chee, Research Officer
Ms Eliza Chung, Project Manager
Dr Laura Fanning, Senior Research Fellow
A/Prof Lucy Fox, Research Fellow
Ms Vanessa Fox, Registries Program Manager
Dr Brendan Gillespie, Clinical Research Associate
Ms Tasmyn Greentree, Research Officer (2026)
Ms Jennifer Griffiths, Clinical Trials Program Manager
Prof Eliza Hawkes, Professor
Mrs Helen Haysom, Project Coordinator
Dr Adam Irving, Senior Research Fellow
Dr Marie Ishida, Research Fellow (2026)
Ms Jaimee Jalocha, Research Program Officer
Dr Shiyang Jia, Clinical Research Associate
Dr Thao Le, Senior Research Fellow
Ms Jenny Le-Nguyen, Research Officer (2025)
Dr Joanna Loh, Research Fellow
Ms Jessie Lu-Lee, Communications Manager (2026)
Mr Karthik Mandapaka, Data Analyst
Dr Claire Marceaux, Program Manager (2026)
Dr Bayley Matthews, Research Officer (2026)
Dr Yayehirad Melsew, Senior Data Officer
Dr Allison Mo, Research Fellow
Dr Elizabeth Moore, Research Fellow
Dr Catriona Parker, Research Fellow
Dr Galina Polekhina, Research Fellow (2026)
Ms Susi Rosin, Senior Administrative Officer
Mr Aiden Scholey, Research Officer (2025)
Dr Laura Sellick, Research Officer
Ms Prislene Singh, Research Officer (2025)
Ms Robyn Sutherland, Research Officer
Dr Sasha Taylor, Research Fellow
Dr Cameron Wellard, Data Manager
Dr Lauren Young, Program Manager
Dr Tracy Zhang, Research Officer

Clinical Fellows

Dr Gemma Crighton
Dr Victor Lin
Dr Marsali Maclean

Postgraduate Students

Dr Sara Carrillo de Albornoz (2025)
Dr Khai Li Chai
Ms Eliza Chung
Dr Andrew Flint
Mr Jamie Jackson (University of Queensland)
Dr Nathanael Lucas
Dr Aleece McPhail
Dr Allison Mo (2025)
Dr Elizabeth Prime
Ms India Read
Dr Briony Shaw
Dr Jasmine Singh

Undergraduate Students

Ms Tasmyn Greentree (2025)
Ms Claire Smales (2026)

Adjunct & Affiliate Appointments

Prof Cécile Aubron
Ms Linley Bielby
A/Prof Shlomo Cohney
Prof Merrole Cole-Sinclair
Prof Frank Firkin
Prof Chungho Kim
Dr Masa Lasica
Prof Claudia Rutherford
A/Prof Rosemary Sparrow
Prof Judith Trotman
Dr Luke Wang

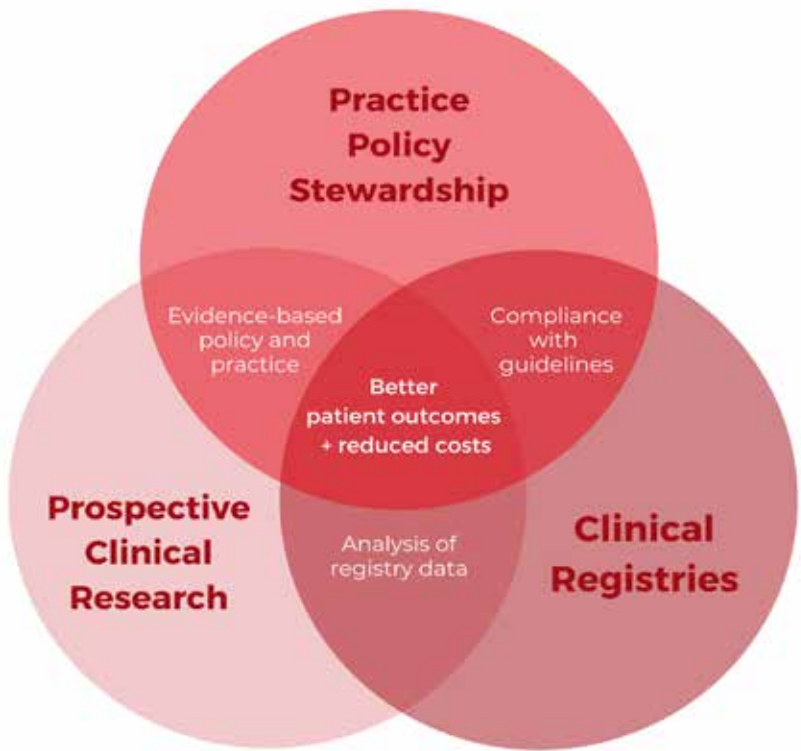
OUR STRATEGIC APPROACH

Vision

To improve the evidence base guiding treatments for people with blood diseases, and the use of blood products for transfusion.

Mission

We are committed to conducting research that underpins policies and practices supporting high-quality patient care and outcomes for people living with a range of blood diseases, and those requiring blood transfusions, as well as better stewardship of precious blood product resources.



WHAT WE DO

Areas of Excellence

Priorities

Major Collaborative Programs - Blood Synergy - OPTIMAL Centre of Research Excellence - BloodCare Centre of Research Excellence	- Generating new knowledge - Building research capacity - Translating research findings into policy and practice - Informing future research
Health Economic Analyses - EpiMAP Myeloma - EpiMAP Lymphoma - TRUST-Ig - TRUST-MDS	- Identifying the full costs of treatment - Modelling and monitoring demand for high-cost therapies
Data Linkages - National Transfusion Dataset (NTD) - Clinical registry, administrative datasets & other linkages	- Establishing reseach infrastructure - Novel methods
Clinical Trials - RATIONAL Platform Trial (incl. the RATIONALISE trial) - FEISTY II - REDDS2 - DIAAMOND - FRAIL-M - MY-PROMPT-2 - ITACS - REMAP-CAP & ASCOT - PLATYPUS	- Closing evidence gaps - Delivering patient-centered care - Building clinical trials infrastructure - Incorporating biological, qualitative and health economics analyses to capture a broad spectrum of key outcomes
Clinical Registries - Aplastic Anaemia & Other Bone Marrow Failure Syndromes Registry (AAR) - Asia-Pacific Myeloma & Related Diseases Registry (APAC MRDR) - Australia & New Zealand Myeloma & Related Diseases Registry (ANZ MRDR) - Haemoglobinopathy Registry (HbR) - Lymphoma & Related Diseases Registry (LaRDR) - Neonatal Alloimmune Thrombocytopenia (NAIT) Registry - Thrombotic Microangiopathies (TMA) Registry	- Clinical benchmarking - Identifying variations in practice and access to care - Monitoring disease trends and outcomes - Monitoring uptake of new diagnostics and novel therapies - Contemporary Australian health economic analyses - Opportunities to capture patient-reported outcomes and patient-reported experiences
Registry Programs Global Lymphoma Registry Alliance (LyRA)	- Knowledge sharing - Data intraoperability
Observational Studies & Evidence Synthesis - Cochrane reviews - Blood use in ICU (incl. InPUT) - Immunoglobulin replacement (incl. PAIRS) - ASPREE-CHIP	- Identifying knowledge gaps - Informing future research - Emerging diseases and treatments

AWARDS & RECOGNITION 2025-2026



Haematology Society of Australia and New Zealand (HSANZ), Albert Baikie Award

Dr Jasmine Singh received the 2025 Albert Baikie award and memorial medal at the Blood 2025 meeting for her presentation on the ASPREE-CHIP study. The award recognises the best presentation by an HSANZ new investigator.



International Society for Blood Transfusion (ISBT) Award 2025

Dr Allison Mo and Prof Erica Wood received the 2025 ISBT award as members of the joint ISBT and Systematic Reviews Initiative (SRI) Transfusion Evidence Round-Up Program. The award was presented in recognition of the team’s leadership in development of this initiative which has “significantly improved the way transfusion professionals access and share scientific knowledge”.



Biomedical Excellence for Safer Transfusion (BEST) Collaborative, Dana Devine Fellowship

Dr Allison Mo was recipient of an inaugural Dana Devine Fellowship, through which Allison will receive support to attend BEST events such as the BEST meeting in Edinburgh, Scotland in May 2025.



Monash University School of Public Health & Preventive Medicine (SPHPM), Consumer Excellence Award

Ms Janne Williams was awarded the SPHPM Consumer Excellence Impact Award for her contribution to research as a consumer representative for LaRDR, and the RATIONALISE and RATIONAL PT clinical trials, and her role in shaping the Blood Synergy’s community consultation, as well as the EpiMAP Lymphoma and LyRA data mapping projects.



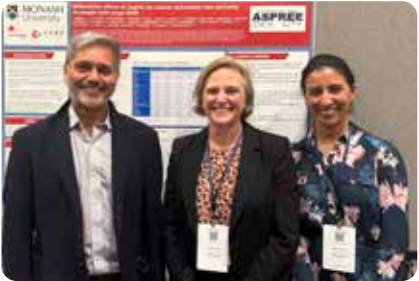
Funding success for Prof Eliza Hawkes

Prof Eliza Hawkes was the recipient of major MRFF, NHMRC and Cancer Australia funded grants as Chief Investigator across the Radio-GLO, BrainCAR and iLIMM studies. Together, these projects have attracted over \$7 million in research funding.



International Society for Blood Transfusion (ISBT) Award 2026

Professor Erica Wood received the 2026 ISBT award, which recognises individuals who have made outstanding contributions to both the International Society of Blood Transfusion and the fields of transfusion medicine and science.



The Cancer Prevention Research Conference 2026 Poster Prize

Dr Jasmine Singh received the prize for her presentation on the effect of aspirin for cancer prevention in people with CHIP. The conference is convened by Cancer Research UK and the American Cancer Society.



2026 HESTA Excellence Award

Dr Catriona Parker was a member of the winning team based at Monash Health that received the 2026 HESTA Excellence Award for Aged Care (Team Excellence), in recognition of their work embedding specialist palliative care nursing within hospital residential aged care in-reach services.



2025 Early-career Cancer Researcher Fellowship

Dr Adam Irving was awarded a Cancer Research Fellowship from Cancer Council Victoria and the Victorian Department of Health. The fellowship supports early-career and mid-career researchers who undertake high-quality cancer research. This fellowship will support his EpiMAP Lymphoma health economics modelling project.



Leukaemia Foundation Implementation Science Grant

Prof Claudia Rutherford was awarded an Implementation Science Grant from Leukaemia Foundation to lead LaRDR’s PRO Pilot project, implementing patient-reported outcome measures into clinical practice.

BLOOD SYNERGY PROGRAM



bloodsynergy.org

Author: Dr Karina Brady

The Blood Synergy is a collaborative research program focused on generating new evidence to make better, more effective use of blood products, including red cells, platelets, plasma, and immunoglobulin. The program, which is funded by the NHMRC and managed by the Transfusion Research Unit, brings together a multidisciplinary network of over 50 Australian and international investigators, working group members, students, and staff. This collaborative team spans clinical specialties and methodologies, including haematology, transfusion medicine, emergency and trauma, critical care, anaesthesia, laboratory science, public health, epidemiology, biostatistics, health economics, and health systems research, alongside critical input from individuals with lived experience of blood transfusion.

Originally established in 2020 to address Australia’s national transfusion research priorities, the Blood Synergy continues to provide vital new insights into how blood is utilised across the healthcare system, ultimately working to improve patient outcomes, safety, and cost-effectiveness.

The program’s flagship research activities include the National Transfusion Dataset (NTD), the FEISTY II clinical trial, the InPUT study, and the RATIONAL platform trial. The Blood Synergy also supports many smaller projects (some described later in this report), including the true cost of transfusion studies (TRUST-MDS, and TRUST-Ig), and immunoglobulin use in post-allogeneic stem cell transplantation study (PAIRS). Together, the outcomes from these studies and our broader collaborative work have given rise to over 95 publications to date.

The 2025–2026 period marks a major milestone for the Blood Synergy as it transitions into its second five-year cycle of clinical, infrastructural, and translational research. Following its initial recognition with the inaugural Fiona Stanley Synergy Grant Award, the team successfully secured a second NHMRC Synergy Grant for the 2025–2029 period, making it the first synergy grant program to receive a second round of funding through this scheme.

In 2025 the program once again hosted its annual Open Meeting, with nearly 200 participants joining from around the world. This hybrid event showcased research outcomes from the team and our collaborators, as well as facilitating discussion between clinicians, scientists, researchers, policy-makers, and the wider community. The keynote speaker was our UK-based investigator Prof Simon Stanworth, who spoke about using data to guide transfusion practice. Among the many highlights of the day were talks on trial emulation, challenges in paediatric transfusion, designing adaptive platform trials, and prehospital decision-making.

The 2026 Open Meeting was co-hosted by the Blood Synergy and OPTIMAL Centre of Research Excellence, and attended by over 250 participants in person and online. The program explored why transfusion research matters, how current research is reframing immunoglobulin use, and new research endeavours to improve blood product use and patient outcomes.

A cornerstone of the Blood Synergy is its commitment to fostering the next generation of transfusion research leaders.

Over the last two years, the team has proudly celebrated a number of PhD completions. Reflecting the program’s strong academic mentorship and supportive network, many of the early-career researchers are continuing their post-doctoral research journeys with the program, to drive our ongoing studies and trials.



NATIONAL TRANSFUSION DATASET



Author: Ms Sheila Azouji-Benjamin

transfusiondataset.com

The National Transfusion Dataset (NTD) collects information about where, when, and how blood products are used across all clinical settings, and as the number of contributing hospitals and analysed NTD data increase, is forming the first integrated national database of blood use in Australia.

The dataset includes clinical and laboratory data on all adult recipients (18+ years) transfused any type of blood component during their hospital admission with the aim of closing the vital haemovigilance loop.

Formed in 2021 by merging the established Australian and New Zealand Massive Transfusion Registry (ANZ-MTR) with a pilot Transfusion Database project, the National Transfusion Database is forming Australia's first integrated vein-to-vein national database of blood use by collecting information on where, when, and how blood products are used across all clinical settings. The NTD gathers and analyses clinical and laboratory data on all adult patients who receive any type of blood component transfusion during their hospital admission. These data will contribute to closing the vital haemovigilance loop.

The recent focus of the NTD has been on establishing robust database infrastructure, expanding data collection efforts and refining processes to support long-term project development and sustainability. As part of this expansion, several sites are now providing annual data extracts to support ongoing dataset development. The NTD currently includes more than 40 participating sites, with governance approvals pending at additional sites.

Using ANZ-MTR data we have published a pilot interactive blood usage dashboard (available on the NTD website) showcasing massive transfusion data. Following the success of the ANZ-MTR dashboard development and site-specific hospital reports we are focusing on replicating this using NTD data. Both the report and dashboard are strategic tools that will aid the local reporting of transfusions at NTD hospital sites and allow sites to benchmark their performance.

The NTD has been partnering with Bayside Health to pilot the application of the CogStack platform; a natural language processing (NLP) and artificial intelligence (AI) technology that extracts information in any format, including structured and unstructured information within a scanned document or image. NLP is a branch of AI that allows computers to understand, interpret and manipulate written or spoken human language. The NTD-CogStack pilot examines the feasibility of using information from unstructured data such as medications, point-of-care testing results and transfusion-related adverse events from electronic medical records, to supplement transfusion data in the NTD. This partnership will strengthen the data coverage and quality of data in the NTD.

Throughout 2025 and 2026, the NTD/ANZ-MTR has actively contributed to transfusion research through presentations, publications, and stakeholder engagement. At the joint Blood2025 and International Society of Blood Transfusion (ISBT) Congress in Perth, the NTD research team presented a poster describing the inclusion of the first Tasmanian hospital site. The NTD will have an even larger presence at Blood2026 with three posters and an oral presentation. reporting on NTD projects, including posters describing progress in building the NTD, reports on the utilisation of albumin and cryoprecipitate, and exploring the use of artificial intelligence to detect transfusion-associated circulatory overload.

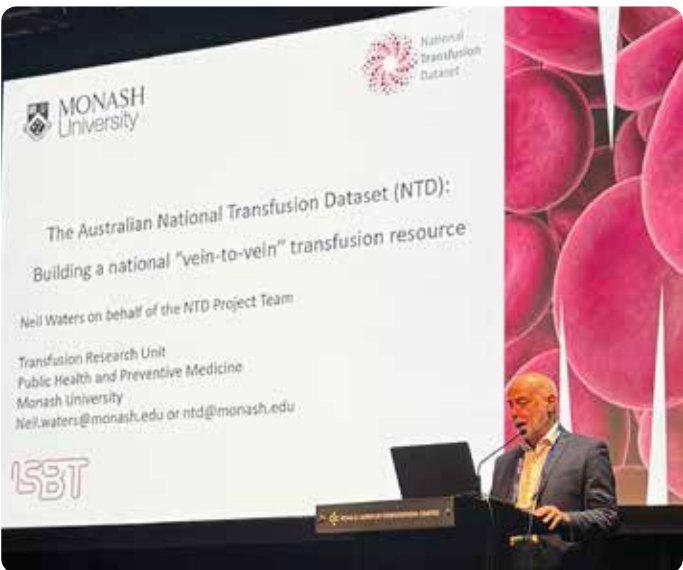


Dr Joanna Loh was featured in *thelimbic* editorial discussing 'Outcomes of massive transfusion recipients administered ABO-incompatible fresh frozen plasma', a manuscript published in *Transfusion*.

The NTD/ANZ-MTR has also co-authored with Australian Red Cross Lifeblood, with an abstract accepted for Pathology Update 2025 examining "National cryoprecipitate usage in massive haemorrhage". The NTD website continues to be an avenue for keen researchers to submit access requests for transfusion-related research projects.

In addition to these research contributions, the NTD maintains strong connections with the transfusion community and stakeholders, including providing an NTD project update at the 2025 Blood Synergy Planning Day, the Blood Synergy & OPTIMAL CRE Open Meeting 2026, and presenting to the National Blood Authority (NBA) and New Zealand Blood Service. NTD continues to provide data to Blood Safe to contribute to educational material looking at critical bleeding.

The NTD has recorded over 200,000 transfusion episodes to date and continues to grow. With more than 40 sites approved to participate across Australia, efforts are underway to access additional data from sites to support expanded uses, including registry linkages, donor data, and prehospital insights.





OPTIMAL CENTRE OF RESEARCH EXCELLENCE

Authors: Dr Lauren Young & Dr Giannie Barsha



optimalcre.org

The OPTIMAL Centre of Research Excellence (CRE) is Australia's dedicated national research program focused on optimising immunoglobulin (Ig) use and improving patient outcomes. Funded by the NHMRC, OPTIMAL brings together researchers, clinicians, consumers, health economists, policy-makers and industry partners to address evidence gaps in Ig therapy across two broad streams addressing Ig use in different clinical areas: (1) Ig replacement to prevent infection in patients with blood cancers and (2) high-dose immunomodulatory Ig in two exemplar patient groups, Kawasaki disease and myasthenia gravis.

During 2025-2026, OPTIMAL strengthened Australia's Ig research ecosystem through cross-disciplinary research, stakeholder engagement, consumer partnership and workforce development.

Through clinical research, health economics, implementation science and co-design, OPTIMAL researchers generated evidence to support equitable, sustainable and evidence-based use of Ig across Australia. Key achievements include work towards a core outcome set for use in immunoglobulin research and practice, continued development of health economic evaluations and patient preference studies, establishment of new immunoglobulin dosing and immune-profiling initiatives, and implementation of service re-design projects examining models of immunoglobulin delivery in patients with blood cancers. A co-design workshop led by PhD candidate India Read engaged 29 stakeholders to map current immunoglobulin services and identify opportunities for future improvement.

OPTIMAL delivered its inaugural Open Meeting in August 2025, attracting approximately 95 attendees from across Australia, including clinicians, researchers, consumers and policy stakeholders. The meeting showcased emerging research findings within the program, while fostering new collaborations and discussion around future evidence-informed policy and practice. Our Open Meeting 2026, co-hosted with the Blood Synergy program, was attended by over 250 participants in person and online. The program explored why transfusion research matters, how current research is reframing immunoglobulin use, and new research endeavours to improve blood product use and patient outcomes.

Key stakeholders were further engaged with the program via the establishment and ongoing operation of the OPTIMAL Stakeholder Advisory Committee. Chaired by Dr Paul Strengers from the Netherlands, this committee brings together representatives from government, professional societies, patient advocacy organisations and the national blood sector to provide strategic guidance on research priorities and translation opportunities.

Consumer partnership represents a central part of the program. Myeloma Australia and Leukaemia Foundation participate in the Stakeholder Advisory Committee and Blood Cancer Working Group. Further, in collaboration with the Kawasaki Disease Foundation Australia and Myasthenia Alliance Australia, OPTIMAL co-delivered several community-focused education and engagement events, including the Kawasaki Disease Information Day, Kawasaki Disease Research Workshop and Introduction to Myasthenia Gravis Webinar. These events brought together patients, families, clinicians and researchers, ensuring lived experience informed both research priorities and future service improvements.

OPTIMAL is building capacity in Australian Ig clinical research by supporting PhD candidates India Read (Service Re-Design) and Jamie Jackson (Ig Dosing), and the appointment of Dr Marie Ishida in Kawasaki Disease. Early- and mid-career researchers are further supported through workshops, webinars, site visits, and access to seed funding and travel grants.



BLOODCARE CENTRE OF RESEARCH EXCELLENCE



Author: Dr Claire Marceaux

bloodcarecre.org

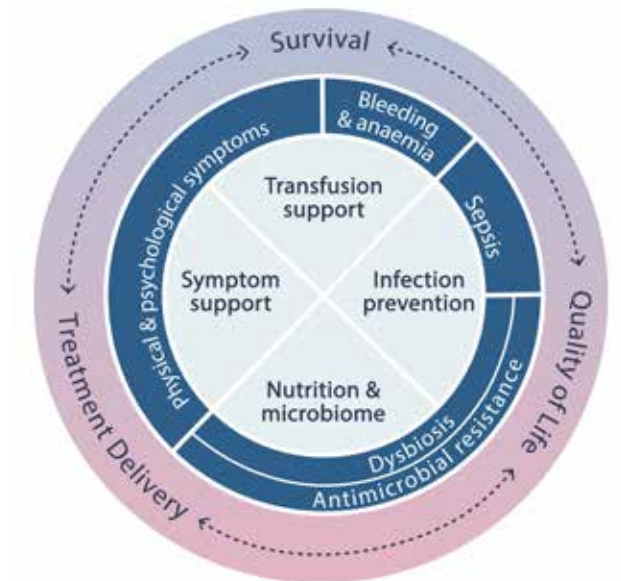
The BloodCare Centre of Research Excellence (CRE) is an NHMRC-funded program established in 2026, to coordinate Australian supportive care research focussed on blood cancers. The BloodCare CRE aims to develop research capacity and infrastructure to drive better supportive care for patients and their families living with blood cancer. The program works towards achieving better patient outcomes, embedding research, building capacity and informing health policy and practice.

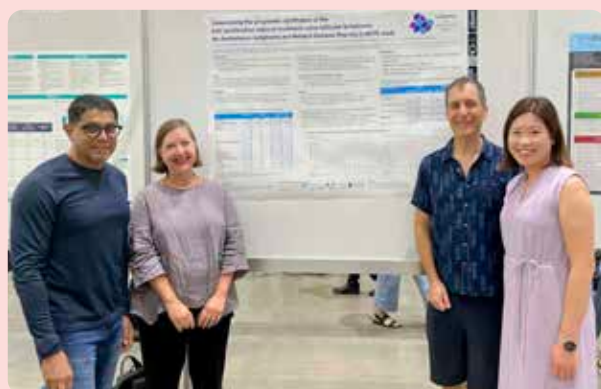
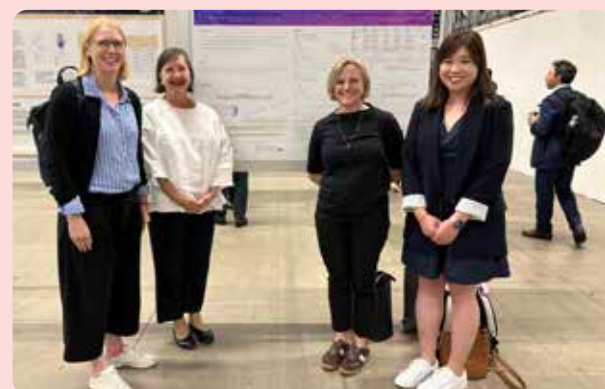
The BloodCare CRE has four key pillars:

- Transfusion support
- Infection prevention
- Nutrition and microbiome
- Symptom control and psychological support

The program, led by Prof Zoe McQuilten, is supported by the contributions and expertise of a multidisciplinary investigator team, consumer partners, working groups, stakeholder advisory committee, and a network of health professionals and researchers across Australia.

Key partners include the Australasian Leukaemia and Lymphoma Group (ALLG), Cancer Symptom Trials, Leukaemia Foundation, Lymphoma Australia, and Myeloma Australia.





LYMPHOMA & RELATED DISEASES REGISTRY



Authors: Ms Eliza Chung & Dr Bayley Matthews

lardr.org

LaRDR celebrated its 10-year anniversary in June 2026, marking a decade of generating real-world data to improve outcomes for lymphoma and chronic lymphocytic leukaemia (CLL) patients. This would not have achieved without the ongoing support from the over 10,000 participants from 42 hospitals across Australia and New Zealand.

LaRDR Investigators published 10 peer-reviewed manuscripts across 2025-2026. Notably, Dr Zoe Loh's study on treatment variations in mantle cell lymphoma was featured in *thelimbic*, highlighting the importance of using real-world evidence to inform clinical practice.

The team showcased LaRDR research progress at both national and international conferences, with a total of 15 abstracts presented during 2025-2026. This included research dedicated to informing prognostic significance of Ki67 proliferation in follicular lymphoma, which was selected for an oral presentation at the Blood2025-ISBT Congress in Perth, Australia. LaRDR's involvement in international collaborative studies came to fruition with 6 abstract presentations at the European Hematology Association (EHA) 2026 Congress in Stockholm, Sweden.

LaRDR supports multiple major funded studies, including the Radio-GLO and Brain CAR studies. Led by Prof Eliza Hawkes (Lymphoma Lead of LaRDR) and A/Prof Colm Keane (LaRDR Steering Committee member, Principal Investigator at Princess Alexandra Hospital), these MRFF- and NHMRC-funded trials are using registry data as comparator groups to evaluate new immunotherapy combinations in diffuse large B-cell lymphoma and primary central nervous system lymphomas.

The latest Cancer Australia-funded iLIMM study is assessing the rising incidence of incurable lymphomas in young people and investigating whether exercise improves the immune systems ability to control the cancer. These studies have collectively attracted over \$7 million in research funding to improve outcomes in lymphoma.

The registry is also the key data source for the EpiMAP Lymphoma health economics modelling project, led by Dr Adam Irving, Early-Career Fellow from Cancer Research

The Lymphoma and Related Diseases Registry (LaRDR) is a clinical registry collecting health information on patients diagnosed with non-Hodgkin (NHL) and Hodgkin lymphomas (HL), and related diseases, including chronic lymphocytic leukaemia (CLL).

The aims of the registry are to:

- Monitor access to care;
- Benchmark outcomes nationally and internationally;
- Explore variation in practice, process and outcome measures;
- Monitor trends in incidence and survival;
- Explore the factors that influence outcomes including survival and quality of life; and
- Act as a resource for clinical trials.

Steering Committee Chair: Prof Stephen Opat

Fellowships Victoria. The developed model will forecast lymphoma trends and treatment outcomes across Australasia.

The PRO Pilot project is funded by Leukaemia Foundation. Led by Prof Claudia Rutherford (expert in clinical research methodology), LaRDR will test the implementation of patient-reported outcome measures to ensure the captured information can be meaningfully fed back to inform clinical practice.

Meaningful engagement with stakeholders and consumers remains central to LaRDR's work. The annual Lymphoma Breakfast Meeting, co-hosted with the Australasian Lymphoma Alliance (ALA) and Lymphoma Australia (LA) at Blood2025-ISBT, brought together 110 clinician-researchers, industry and consumer advocates to share their work to improve patient outcomes. Additionally, LaRDR Consumer Representative Ms Janne Williams received the inaugural Monash University's Consumer Excellence Award in recognition of her outstanding contributions to multiple research projects.

GLOBAL LYMPHOMA REGISTRY ALLIANCE



Authors: Ms Eliza Chung & Dr Bayley Matthews

lymphomaregistryalliance.org

LyRA's growing membership spanned 49 registries and organisations across 35 jurisdictions worldwide during 2025-2026. Investigator meetings held virtually in November 2025 and in person at the International Conference on Malignant Lymphoma 2025 provided valuable opportunities for LyRA to share updates and engage with members.

This year, LyRA hosted an investigator workshop prior to the European Hematology Association (EHA) Congress at the Karolinska University Hospital, welcoming over 40 patient advocates, researchers, clinicians and registry leaders. The workshop featured presentations from the Swedish Lymphoma Register, Romania's Cluj-Napoca Lymphoma Registry, and the Taiwan National Health Insurance Database for Diffuse Large B-Cell Lymphoma. The workshop provided an excellent forum to foster international networks and generate future direction to enhance the capacity of member registries.

The LyRA roadmap, in a form of a white paper (Hawkes *et al. Haematologica*), was published in August 2026, marking LyRA's first peer-reviewed manuscript and is a significant research milestone. This paper outlines LyRA's plan to maximise the value of lymphoma registries in improving patient outcomes and supporting data-driven healthcare planning, while reinforcing LyRA's role as a global platform for collaboration, research and innovation in lymphoma care.

To align with LyRA's main goal to enhance data interoperability across members, a data mapping project was initiated. This project aims to understand the characteristics and variabilities of member registries and identify opportunities to enhance international collaborations. This project commenced with mapping of administrative attributes from 21 registries across 16 jurisdictions, the preliminary results of which were presented in LyRA's first abstract during the EHA Congress 2026. LyRA is now in the process of finalising this for publication and proceeding to the next stages of the mapping of data fields.

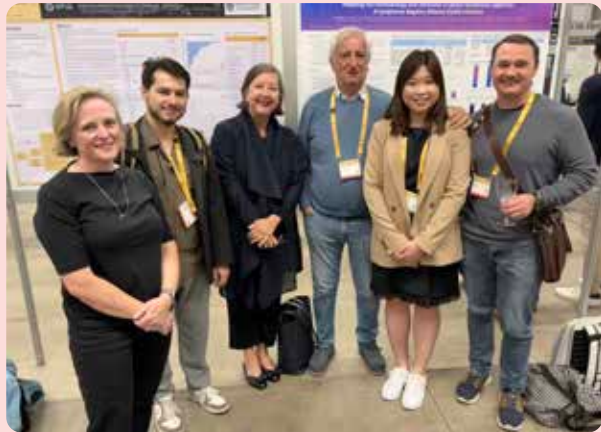
LyRA members are encouraged to collaborate across the network, with two local registries-led projects recently initiated, focusing on mantle cell lymphoma and centenarian patient outcomes.

The Global Lymphoma Registry Alliance (LyRA) is a collaboration of lymphoma registries and consortia to synergise knowledge and enhance data interoperability. The membership of LyRA consists of over 35 jurisdictions.

LyRA aims to build a network of:

- People for knowledge sharing
- Registries through formal collaborations
- Datasets with streamlined mechanisms to enable collaborative research

LyRA is proudly supported by the Lymphoma Coalition, our founding sponsor and a worldwide network of non-profit patient organisations which promote evidence-based practice in lymphoma care.



AUSTRALIAN & NEW ZEALAND MYELOMA & RELATED DISEASES REGISTRY



mrdr.net.au

Authors: Dr Elizabeth Moore & Dr Tracy Zhang

Over 2025–2026, the Australia and New Zealand Myeloma and Related Diseases Registry (MRDR) continued to strengthen its role as a leading source of real-world evidence to improve the care of people with multiple myeloma. The registry expanded to 63 participating sites across Australia and New Zealand and now includes more than 9,500 participants. In 2025, the registry supported 25 investigator-initiated research requests, reflecting its growing value as a national research resource.

The registry has an established data request system and pipeline of research projects at different stages of development. The MRDR welcomes, encourages and provides support to researchers. During 2025-2026, registry investigators published eight peer-reviewed papers spanning topics including the impact of socioeconomic status and rurality on treatment and survival, validation of a new international staging system for high-risk myeloma, and comparisons of treatment patterns and outcomes between Australia and New Zealand.

Beyond publications, the registry continues to influence health policy. MRDR analyses contributed to the successful Medical Services Advisory Committee (MSAC) listing of CAR T-cell therapy for reimbursement in multiple myeloma in 2026. The registry also demonstrated value in informing Pharmaceutical Benefits Advisory Committee (PBAC) reimbursement decisions, with registry data supporting two successful Pharmaceutical Benefits Scheme (PBS) listings for elranatamab in relapsed myeloma and daratumumab for first-line treatment. Building on this, the registry now provides independent evidence reports for new myeloma therapies undergoing PBAC assessment.

The Myeloma 1000 Biobank, a sub-project of the MRDR that links biological samples with clinical registry data, is supporting two Medical Research Future Fund (MRFF) grants. These projects aim to identify biomarkers for earlier detection of multiple myeloma and to evaluate novel therapies for patients with functional high-risk disease through a platform trial. The MRDR is also supporting the MRFF-funded MY-PROMPT-2 trial by collecting long-term follow-up data through the registry.

The Myeloma & Related Diseases Registry (MRDR), established in 2012, is a clinical quality registry dedicated to improving outcomes for patients with multiple myeloma and related conditions, such as plasmacytoma, plasma cell leukaemia, and monoclonal gammopathy of undetermined significance (MGUS).

Through the collection and analysis of real-world data from over 60 participating centres across Australia and New Zealand, the MRDR is building a robust evidence base for optimising diagnosis, treatment, and patient support.

Participating sites receive six-monthly reports comparing their data to the rest of the cohort, enabling clinicians to identify variation in treatment and areas for improvement. Additionally, MRDR data are widely used in research to drive advances in myeloma care and outcomes.

Steering Committee Chair: Prof Andrew Spencer

The MRDR hosted its well-attended annual hybrid open meeting where the latest registry progress and projects were presented followed by lively open discussion. The meeting attracted ~100 attendees representing clinicians, researchers, consumer advocacy groups, industry partners and other collaborators.

The registry also contributed to 15 presentations over 2025-2026 at national and international research meetings including the American Society of Hematology Annual Meeting, the European Hematology Association Congress, the International Myeloma Society Annual Meeting, and the Australia and New Zealand Blood conference. The registry was also well-represented at our partner, Myeloma Australia's National Scientific Meetings in 3 presentations and in their statewide Victorian consumer meeting. Together, these activities reinforce the MRDR's role in supporting benchmarking, advancing research, informing policy, and improving outcomes for people living with myeloma.



ASIA-PACIFIC MYELOMA & RELATED DISEASES REGISTRY



Author: Ms Naomi Aoki

apacmrdr.org

The Asia-Pacific Myeloma and Related Diseases Registry (APAC MRDR) was established in 2018 by Monash University, in collaboration with clinical and research representatives from member countries.

The registry collects comprehensive health data on patients diagnosed with multiple myeloma and related conditions, such as plasmacytoma, plasma cell leukemia, and monoclonal gammopathy of undetermined significance (MGUS), in the Asia-Pacific region.

The registry has participating sites in each of China, Korea, Malaysia, Singapore and Taiwan. The APAC MRDR is a parallel study to the Australian and New Zealand (ANZ) Myeloma and Related Disease Registry.

Steering Committee Chair: Prof Andrew Spencer

Enrolment in the registry continues to increase, with more than 1,500 patients registered since 2025, bringing the current total to 4,000 patients. Thirty-one hospitals across the participating regions have contributed data, and more hospitals and countries continue to express interest in participating.

Across 2025 and 2026, registry-derived analyses generated six abstracts which were presented at local and regional conferences, with further presentations delivered at regional haematology meetings in India and Korea. Two manuscripts have also been accepted for publication in peer-reviewed journals in 2026.

The APAC MRDR held its annual Open Meetings in August 2025 and September 2026 which successfully showcased research using registry data and brought together investigators, study coordinators, industry partners, and researchers from Australia, New Zealand, and the broader Asia-Pacific (APAC) region. These meetings broaden regional engagement and highlight opportunities for academic and industry collaboration.

This expanding APAC network and maturing dataset is strengthening the registry's ability to support high-quality research and improvements in patient care at a site, country and regional level.

Looking ahead, priorities for the registry include enhancing data quality and completeness, undertaking regional analyses that leverage the expanding cohort, and supporting investigators with their research proposals using APAC MRDR data.



APLASTIC ANAEMIA & OTHER BONE MARROW FAILURE SYNDROMES REGISTRY



Author: Ms Vanessa Fox

aaregistry.org.au

The Aplastic Anaemia and Other Bone Marrow Failure Syndromes Registry (AAR) is a clinical quality registry which collects data on diagnosis, treatment and clinical outcomes for individuals diagnosed with aplastic anaemia and a range of inherited bone marrow failure syndromes (BMFS).

The Registry aims to understand the epidemiology of these rare conditions and to help patients get the best possible care. The AAR is important national infrastructure and its national coverage and comprehensive dataset provide vital information to improve practice and enable research.

Steering Committee Chair: Prof Frank Firkin

The registry currently has 37 approved sites, and over 700 patients. The registry continues to grow and has recently expanded to include New Zealand, with 6 sites joining across both islands. We look forward to enrolling our first New Zealand patient in the near future.

The AAR also provides important infrastructure for the Australian Marrow Failure Biobank (AMFB). Both the AAR and the AMFB are funded by Maddie Riewoldt's Vision, in collaboration with Prof Melissa Southey and Biobanking Victoria. This important resource combines clinical data from the registry, with linked biological samples from participants with an established or newly presenting diagnosis of BMFS. We are pleased to share that the biobank continues to grow, with 4 active sites and an additional 3 sites joining in 2026. Baseline samples have been banked from 14 participants and the AMFB Data and Biologicals Access Committee has recently approved the release of samples for the first research project request, an exciting achievement for the biobank.

In 2025 the AAR welcomed two PhD students - Dr Nathanael Lucas and Dr Elizabeth Prime - to work with our team. Dr Lucas' BOoMERANGz project (BOne Marrow failure, Epidemiology, Rare mutations in Australia and NZ) aims to expand the AAR to include New Zealand sites and patients, as well as examine and develop testing methods to enhance diagnostics in Australasia. Dr Prime's project investigates how to optimise the use of patient-reported outcome measures (PROMS) in immune aplastic anaemia (iAA), and adapt their use for paediatric populations.

The team was well represented at the annual American Society of Hematology (ASH) meeting in Orlando (USA) in December 2025, with three presentations. A/Prof Lucy Fox presented findings from the IBMDx study, a MRFF-funded study which has used the AAR infrastructure to facilitate long term follow up of patients. Her presentation was entitled "Whole genome transcriptome sequencing in inherited bone marrow failure syndromes and related diseases – the IBMDx study" and highlighted the power of whole genome and transcriptome sequencing to achieve diagnoses for patients with suspected inherited bone marrow failure syndromes.

Data from the AAR were also included in a presentation of the international collaborative study of the Leukaemia risk in Shwachman-Diamond Syndrome, and the international collaborative study of ANKRD26-Related Thrombocytopenia: Hematologic Malignancy Characteristics, Outcomes, and Precursor States.



NEONATAL ALLOIMMUNE THROMBOCYTOPENIA REGISTRY



Author: Mrs Helen Haysom

Neonatal alloimmune thrombocytopenia (NAIT) is an uncommon but serious condition that can lead to severe haemorrhage in a fetus or newborn.

The Australian NAIT registry, established in 2009, collects real-world data about clinical management and outcomes of NAIT pregnancies in Australia. It aims to better define the incidence, natural history, and clinical outcomes of NAIT and provide information on the range of therapeutic strategies (such as immunoglobulin and platelet transfusions) used in the treatment of NAIT patients. This includes exploring factors influencing clinical outcomes and better defining optimal management of NAIT patients in order to inform and inspire future hypothesis-driven research in this area.

Steering Committee Chair: Dr Helen Savoia

The NAIT registry recently participated in the international FREESIA 2 study, which aims to characterise the clinical course of pregnancies at risk of NAIT through a retrospective analysis of real-world data. The registry contributed by providing de-identified Australian data on the management of anticipated NAIT cases between 2018 and 2024. A key objective of the study will be to identify the effectiveness of treatments for NAIT, which can be used to inform analysis of new treatments such as nipocalimab (currently in clinical trial).

As part of the FREESIA 2 study, the registry also conducted a pilot test of a new REDCap database with the aim of upgrading the registry platform to allow for easier data entry, data management and analysis.

In 2025-2026 the team were approached by the family organising the ‘Run for Rui’ fundraiser, a community awareness and fundraising event held in memory of baby Rui who died as a result of NAIT. The registry were honoured to collaborate closely with a family with lived experience, and have formalised a continuing role with the registry as part of the NAIT steering committee.



HAEMOGLOBINOPATHY REGISTRY



Authors: Mrs Helen Haysom & Ms Melissa Chee

The Australian Haemoglobinopathy Registry (HbR) was established in 2013 as a collaboration between patients, clinicians, hospitals and Monash University to describe the epidemiology, management and clinical outcomes for Australians (children and adults) living with haemoglobinopathies including thalassaemia and sickle cell disorders.

The HbR aims to provide benchmarking for clinical care, assist with health service planning and to provide a platform for further collaboration and clinical research including for clinical trials of new treatments. A number of important questions remain unanswered for people living with haemoglobinopathies and for those who provide their care and support services. This is especially important given the absence of a comprehensive national picture of the health needs of people living with haemoglobinopathies and whether these needs are being adequately met and, what can be done to improve treatments and services. Data collected through HbR will help address these knowledge gaps and guide future improvements in care.

As numbers of participants increase and move from paediatric to adult care, the team has developed a process to manage patient transitions to different care sites. In addition, the database has been updated to streamline data entry and capture information about curative therapies.

The HbR team maintains close links with the consumer advocacy groups Thalassaemia and Sickle Cell Australia (TASCA) and Australian Sickle Cell Advocacy (ASCA) and presented at the ASCA forum in Perth in October 2025. The HbR team are also members of the Sickle cell and Thalassaemia Australian and New Zealand Alliance (STANZA) clinician working group who are developing position statements to support best-practice care for people living with haemoglobinopathies.

Haemoglobin disorders, such as thalassaemia and sickle cell disease are worldwide issues affecting millions of people. Many patients require substantial support with red cell transfusion. However, how many people are living with these conditions in Australia, their clinical management and outcomes are unknown.

Steering Committee Chair: Prof P. Joy Ho, AM



THROMBOTIC MICROANGIOPATHIES REGISTRY



Author: Dr Shiyang Jia

monash.edu/medicine/sphpm/tma

Thrombotic Microangiopathies (TMA) are a collection of rare but very serious diseases including thrombotic thrombocytopenic purpura (TTP), haemolytic uremic syndrome (HUS) and atypical haemolytic uremic syndrome (aHUS).

Many fundamental questions regarding the true incidence and natural history of these conditions, and the best treatment approaches, remain unclear. The relative rarity of these diseases makes it difficult to improve our understanding, or to conduct trials of new therapies. The national registry of patients provides an important community resource to gather data about these conditions, and so improve the care of patients with TMA. The TMA registry is a live database, and is active at 41 sites.

Steering Committee Chair: A/Prof Shlomo Cohney

The TMA Registry was established in 2008 and continues to be an important resource for advancing research into thrombotic microangiopathies (TMA). At present the registry has enrolled 441 patients.

The sub-study TMA Survey has been undertaken since 2009. Surveys were distributed to clinicians and nurses approximately every 5 years, aiming to better understand evolving practices and trends in TMA diagnosis and management across Australia.

To support ongoing recruitment and research activities, we are preparing a major amendment to seek a waiver of consent for deceased patients. We are also exploring collaboration opportunities with early-career researchers and industry partners to further expand research into this rare and complex disease.

RATIONAL PLATFORM TRIAL & RATIONALISE TRIAL



Author: Dr Zahra Anwar

rationaltrial.com

The RATIONAL platform trial and RATIONALISE trials are closely related studies evaluating infection prevention strategies in patients with blood cancers and low immunoglobulin levels.

Despite the widespread use of immunoglobulin replacement therapy, high-quality evidence supporting its optimal use remains limited, particularly in the context of modern haematological treatments. These studies aim to determine the comparative safety, effectiveness, timing, duration, and dosing of immunoglobulin therapy versus alternative strategies, such as oral antibiotics. They will also evaluate patient perspectives, cost-effectiveness, immune function, and the pharmacokinetic and pharmacodynamic effects of immunoglobulin therapy to address critical evidence gaps.

The RATIONALISE (Stop-Ig) trial commenced recruitment in 2023, representing a major milestone in addressing long standing evidence gaps in infection prevention for patients with blood cancers. Building on this achievement, the trial program expanded to investigate immunoglobulin (Ig) initiation and dosing, culminating in the development of the RATIONAL platform trial. This innovative adaptive platform integrates three complementary domains - Start-Ig, Dose-Ig, and Stop-Ig (RATIONALISE) - within a single trial framework, enabling multiple treatment strategies to be evaluated more efficiently than conventional trial designs. The platform allows interventions to be assessed as evidence emerges while providing the flexibility to incorporate additional treatment domains as new research questions arise.

In 2025, the trial team successfully established the RATIONAL platform trial, initiating recruitment across six Australian sites and activating a further eleven sites nationally. Additional Australian sites are expected to commence recruitment as a result of strong interest from investigators and participating institutions across the country. This momentum has also extended internationally through collaborative partnerships with leading investigators in Canada and New Zealand. We are proud to have commenced recruitment in Canada in August 2026, with additional work underway to activate up to 15 international sites across both Canada and New Zealand. These achievements reflect the exceptional commitment of the trial management team, investigators, research staff, consumers, and collaborators, and position the RATIONAL platform trial as a pioneering international platform trial that will generate high-quality evidence to guide future clinical practice in infection prevention for patients with blood cancers.



Author: Dr Adam Irving

The EpiMAP programme (Epidemiological Modelling of Australian Patients) develops forecasting tools to help Australia plan and fund blood cancer care.

Following the success of the EpiMAP Myeloma project, the newly funded EpiMAP Lymphoma project extends this work to lymphoma. It combines three approaches: projecting future lymphoma diagnoses; simulating individual patient treatment journeys using data from the Lymphoma and Related Diseases Registry; and measuring the true cost of care.

The outputs will inform government funding decisions and help patients and clinicians weigh treatment options.

The period of 2025-2026 marked an important transition for the EpiMAP project. In 2025, the team published the second paper from EpiMAP Myeloma in *PharmacoEconomics*. Building on this, Dr Adam Irving was awarded a Cancer Council Victoria Early Career Cancer Research Fellowship — a competitive three-year award supporting the launch of EpiMAP Lymphoma. The Fellowship directly responds to Australia's 2024 Health Technology Assessment Review, which called for disease-specific models that follow patients across the full course of care.

Other highlights from the period included:

- Commencing population-level forecasting using Australian Institute of Health and Welfare cancer incidence data dating back to 1982, in collaboration with Cancer Council New South Wales.
- Commencing development of the lymphoma model, beginning with diffuse large B-cell lymphoma — the most common aggressive subtype.
- Releasing an updated open-source version of the EpiMAP Myeloma simulation software, enabling international research groups to adapt the model.
- Partnering with Lymphoma Australia to ensure patient priorities shape the research.



TRUE COST OF TRANSFUSION

Authors: Dr Sara Carrillo de Albornoz & Dr Karina Brady

The True Cost of Transfusion (TRUST) projects aim to estimate the total healthcare-related costs associated with transfusion, beyond the cost of the blood product alone. To do so, we measure all the hospital resources used (for example, pharmacy and laboratory testing and consumables) and accurately map the time it takes hospital staff to complete the different activities and processes involved in the delivery of blood products to the patient.

During 2025-2026, two parallel TRUST projects successfully transitioned from data collection to final analysis and publication.

TRUST-Ig: Comparing Intravenous and Subcutaneous Immunoglobulin Costs

Published in *Supportive Care in Cancer* (March 2026), the TRUST-Ig study compared the total cost of providing immunoglobulin (Ig) therapy to patients with haematological malignancies in an Australian healthcare setting. Led by Sara Carrillo de Albornoz as part of her PhD studies, the study employed time-driven activity-based costing (TDABC) methodology to evaluate the cost differences between intravenous Ig (IVIg), which is administered in a hospital day-unit, and subcutaneous Ig (SCIg), which is self-administered by the patient at home.

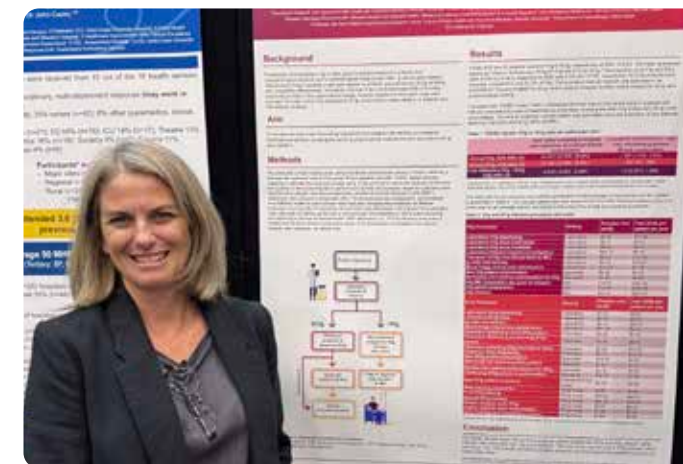
The findings indicated higher annual direct costs per patient treated with SCIg compared to IVIg. Although IVIg administration is associated with substantial in-hospital

infrastructure and staff costs, the overall annual cost was higher in the SCIg cohort due to the higher doses of immunoglobulin required. These insights provide crucial real-world data to support sustainable funding models and assist clinicians in tailoring patient-centred Ig delivery systems.

TRUST-MDS: Mapping the Economics of Outpatient Red Cell Transfusion

The TRUST-MDS study evaluated the true economic burden of outpatient red blood cell (RBC) transfusions for patients with myelodysplastic syndromes (MDS). This project, led by Allison Mo as part of her PhD studies, was published in the *British Journal of Haematology* (2026) in a paper titled "The true cost of red cell transfusion for patients with myelodysplastic syndromes: A time-driven activity-based costing study".

This TDABC study mapped the resource-intensive transfusion pathways typically required by this older, transfusion-dependent patient cohort. By quantifying the hidden costs of outpatient delivery, the TRUST-MDS study provides clinical and administrative stakeholders with a robust economic framework. These findings are particularly vital for informing value-based care pathways and evaluating the cost-effectiveness of alternative clinical strategies, such as weekly transfusion schedules being trialled in the REDDS-2 feasibility study.



PLATYPUS



Author: Dr Allison Mo

The PLATYPUS (PLAtelet transfusion versus Tranexamic acid study to Prevent bleeding in outpatients with bone marrow failure Syndromes) trial is a novel feasibility study evaluating optimal bleeding prevention strategies for patients with severe thrombocytopenia due to bone marrow failure syndromes, designed in partnership with consumer representatives and clinicians.

Bone marrow failure syndromes are rare and serious disorders, often leading to low platelet levels that can cause dangerous bleeding and affect quality of life. These include diseases like myelodysplastic syndromes (a type of blood cancer) and aplastic anaemia.

Current patient blood management guidelines do not support long-term regular platelet transfusions as benefits are unclear. There have been no previous completed clinical trials testing whether regular platelet transfusions can reduce bleeding in this patient group. Platelet transfusions can also

cause harm, for example: transfusion reactions, transfusion-transmitted infections and development of antibodies which may make future platelet transfusions less effective. However, in practice, doctors still use them, often because there are not many alternative options.

There is a pressing need for clinical trials to investigate how to best manage patients with low platelet counts, including whether platelet transfusions are effective and safe, and when to use them.

The PLATYPUS trial uses a personalised N-of-1 design comparing three arms: 1) tranexamic acid (TXA) tablets, a low-cost and widely available medication that reduces bleeding 2) regular platelet transfusions and 3) current standard care. This is fundamental work that will provide essential information to design a high-quality larger clinical trial.

The PLATYPUS trial was awarded a grant from the National Blood Authority in 2026, and commenced trial planning and governance in July 2026.



DIAAMOND

Author: Ms Robyn Sutherland

The DIAAMOND-Ava trial is a single-arm, open-label registry-based Bayesian Optimal phase II trial examining the use of the thrombopoietin-receptor agonist avatrombopag with immunosuppressive therapy (IST) in patients with severe aplastic anaemia.

The trial is being conducted to determine whether oral thrombopoietin-receptor agonist avatrombopag can increase blood counts and reduce the need for blood transfusions and supportive care, including hospital admissions. It also evaluates the safety of adding avatrombopag to IST in the treatment of severe aplastic anaemia.

Analysis of results from trial participants who are treatment naive (a cohort defined as DIAAMOND-FIRST) are currently being prepared for publication. Whilst preliminary analysis of results from trial participants who are relapsed or refractory to treatment (defined as the DIAAMOND-NEXT cohort) were presented at the European Haematology Association (EHA) meeting in Italy, May 2025.

In 2025 the DIAAMOND-Ava trial also received approval to begin a long-term follow-up phase. This phase monitors the long-term effectiveness and safety of avatrombopag over a five-year period following each participant's end of treatment visit.

ASPREE-CHIP-XT STUDY

Author: Dr Jasmine Singh

Clonal haematopoiesis of indeterminate potential (CHIP) is an age-associated condition in which somatic mutations accumulate in blood stem cells without overt signs of a haematological malignancy. While CHIP is known to increase the risk of haematological blood cancers, emerging evidence demonstrates its critical involvement in non-haematological diseases and inflammatory pathways.

Building on the foundation established during the ASPREE (Aspirin in Reducing Events in the Elderly) trial, the ASPREE-CHIP program has achieved major research milestones in 2025–2026, publishing several high-impact studies across cardiovascular, renal, and infectious outcomes.

Cardiovascular outcomes: In a landmark study published in *JAMA Cardiology* (McQuilten et al. 2025), the team demonstrated how CHIP status influences underlying cardiovascular disease and major bleeding risks, evaluating whether aspirin therapy provides differential protection based on an individual's CHIP profile.

Sepsis: Analysis published in *Leukemia* (Singh et al. 2026) identified a significant association between CHIP clones and increased sepsis risk among older adults, highlighting potential immune dysregulation mechanisms driven by somatic mutations

Renal comorbidities: A secondary cohort evaluation in *Kidney International Reports* (Singh et al. 2025) mapped the impact of CHIP on kidney function, expanding our understanding of CHIP as a systemic biomarker of multi-organ vulnerability in older populations.

Cancer prevention: Evaluating the role of low-dose aspirin for individualised cancer prevention in older adults, the paper published in *JAMA Oncology* (Thao et al. 2025) investigated how underlying biological profiles, including CHIP status, influence clinical response and inform tailored preventive strategies.

VITT STUDY

Author: Ms Robyn Sutherland

Vaccine-induced Immune Thrombocytopenia (VITT) is a rare but serious complication associated with the AstraZeneca COVID-19 vaccine, affecting around 2 in 100,000 people after their first dose. This study aims to understand why VITT develops and identify factors that influence its severity. A total of 290 control participants and 28 people with VITT have consented to participate, with recruitment through the Alfred Health Vaccination Hub and participating clinics.

During 2025–2026, the study received Human Research Ethics Committee (HREC) approval to seek consent from participants with VITT to access additional clinical information held by AusVaxSafety, Australia's national active vaccine safety surveillance system. These data include vaccination history, demographic information and relevant medical details, and will support future analyses to improve understanding of factors associated with VITT.

FEISTY-II



Author: Dr Karina Brady

The FEISTY II trial is run in collaboration with the Australian & New Zealand Intensive Care Research Centre (ANZIC-RC) and is a flagship trial within the Blood Synergy program. Recruitment to FEISTY II commenced in 2023, and in July 2026 the trial enrolled the final patient, reaching its recruitment target of 850 trauma patients. Analysis of trial outcomes will commence upon completion of the 90-day follow-up period for the final patient.

Alongside the trial, a cohort of trauma patients and their carers have participated in a qualitative sub-study that aims to identify patient-important outcomes for bleeding trials in the setting of trauma. Interviews were conducted with participants 3-12 months after the traumatic injury event to explore which outcome measures used in the FEISTY II trial are important to patients, and why. Preliminary results of the sub-study will be presented at the Trauma 2026 meeting convened by the Australian & New Zealand Trauma Society in Sydney, October 2026.

The FEISTY II trial is a phase III randomised controlled, open-label trial evaluating fibrinogen replacement in severe injured trauma patients across major Australian and New Zealand trauma centres. Bleeding adult trauma patients who present with low fibrinogen levels are randomised to receive either fibrinogen concentrate (FC) or standard care (cryoprecipitate). The trial's primary clinical endpoint is defined as the number of days alive and out of hospital at day 90 after injury.

MY-PROMPT-2



Author: Dr Shiyang Jia

Routine monitoring of patient-reported symptoms for people with solid tumours can improve outcomes, such as health-related quality of life, symptom control, and the tolerability of chemotherapy. However similar data for haematological malignancies, and particularly multiple myeloma, remain limited. Data from the Myeloma & Related Diseases Registry (MRDR) indicate that premature therapy cessation can reduce survival benefits that would otherwise be achieved with optimal duration on therapy.

MY-PROMPT-2 aims to assess if increasing the awareness of emerging patient symptoms by feeding back the results of a patient-reported questionnaire to clinicians leads to more timely intervention and optimised duration of therapy.

The MY-PROMPT-2 study is currently recruiting across seven active trial sites in Australia, with an additional three sites in the process of being established. In 2026 the team expanded the eligibility criteria to include newly diagnosed multiple myeloma (MM) patients. Preliminary results from the study will be presented at the Blood 2026 conference in Auckland, New Zealand.

REDDS-2



Author: Dr Shiyang Jia

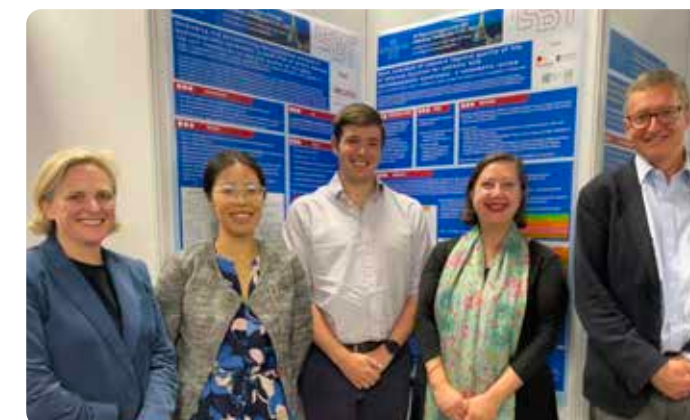
REDDS2 is a feasibility study evaluating differences in red blood cell (RBC) transfusion schedules for patients with transfusion-dependent myelodysplastic syndromes (MDS).

The primary aim of this study is to investigate the feasibility of a weekly RBC transfusion schedule compared to standard of care transfusion practice, which typically involves transfusions every 3-4 weeks. The study also aims to better understand the experiences of patients and staff members with weekly transfusions compared to standard of care.

monash.edu/medicine/redds2

The trial currently has three active sites in Australia and six active sites in the UK, with 24 patients recruited to date.

In May 2026, the team held an educational session focused on updates in the management of myelodysplastic syndromes and transfusion care. The guest speakers included Dr Marlijn Hoeks, who discussed the European MDS Registry, A/Prof Anoop Enjeti, who presented updates in MDS care, and Dr Matthew Poynton, who provided insights into the current use of wearable technologies and future opportunities in this field.



SYSTEMATIC REVIEWS & EVIDENCE SYNTHESIS

The Transfusion Research Unit conducts systematic reviews to evaluate the evidence base for transfusion support and for practice across a range of blood disorders, and to identify priority gaps to be addressed. Many of these are led by PhD students or early/mid-career researchers. These include reviews undertaken in partnership with the Oxford-based Systematic Reviews Initiative and the Cochrane Haematology group, and provide opportunities for collaboration with international experts.

During the 2025–2026 period, TRU researchers published and progressed several key reviews and scoping reviews across major thematic areas:

Clonal Haematopoiesis of Indeterminate Potential (CHIP)

- Risk Factors for CHIP: Identifying the clinical and demographic variables associated with the presence and clonal growth of CHIP
 - Singh J, Li N, Ashrafi E, Thao LTP, et al. *EJHaem* 2025

Bone Marrow Failure Syndromes

- Thrombopoietin Receptor Agonists in Aplastic Anaemia: Evaluating the efficacy and safety of combining TPO-RAs with standard immunosuppressive therapy for patients with severe aplastic anaemia
 - Ashrafi E, Young L, Fox LC, et al. *EJHaem* 2026

Myelodysplastic Syndromes (MDS)

- Anaemia Treatments and Quality of Life: Assessing whether pharmacological interventions for anaemia improve health-related quality of life and physical function outcomes in MDS patients
 - Mo A, Poynton M, Kimber C, et al. *Cochrane Database Syst Rev* 2026

Clinical Trial Design & Registry Interoperability

- Definitions of Tumor Bulk in Lymphoma: Synthesising how Phase 3 clinical trials define and employ the term “tumor bulk” to establish standardised quality indicators across global lymphoma registries
 - Wang L, Chung E, Wellard C, et al. *Blood Adv* 2025
- Global Lymphoma Registry Alliance Roadmap: Transforming lymphoma outcomes through international real-world data collaborations
 - Hawkes EA, Chung E, Bishton MJ, et al. *Haematologica* 2026

Blood Transfusion & Haemostatic Practices

- Haemostatic Interventions in Major Trauma: Evaluating the clinical outcomes associated with diverse hemostatic interventions administered to severely injured traumatic patients
 - Winearls J, Ashrafi E, Wang E, et al. *J Trauma Acute Care Surg* 2026
- Perioperative Transfusion in Oncologic Surgery: Synthesising evidence on the impact of perioperative red blood cell transfusions following high-risk oncologic tumor resection surgeries
 - Chapalain X, Zaïna M, Metges JP, et al. *Transfus Clin Biol* 2026

COVID-19 Support and Anticoagulation

- Anticoagulation in Hospitalised COVID-19 Patients: Appraising global clinical trial evidence to determine the safety and effectiveness of systemic anticoagulation strategies:
 - WHO Rapid Evidence Appraisal for COVID-19 Therapies (REACT) Working Group. *Ann Intern Med* 2025

Palliative Care and Supportive Oncology

- Clinician Engagement in Hospital Palliative Care: Mapping the structural, cultural, and professional barriers and facilitators to engaging hospital-based clinicians in palliative care services within Australian hospitals
 - Meehan E, Parker C, Ayton D, et al. *Am J Hosp Palliat Care* 2025
- Models of care for palliative care in residential aged care facilities
 - de Silva I, Parker C, Poon P. *BMC Geriatr* 2026

Clinical Practice Guidelines

Our team also supports the translation of findings directly into national and international clinical guidelines to standardise practice and improve patient safety. Landmark guidelines co-authored or contributed to by TRU members include:

- **AABB & ICTMG Platelet Transfusion Guidelines:**
 - Metcalf RA, Nahirniak S, Guyatt G, et al. *JAMA* 2025
- **AABB Red Cell Transfusion in Acute Myocardial Infarction:**
 - Pagano MB, Stanworth SJ, Dennis J, et al. *Ann Intern Med* 2025
- **Antibacterial Prophylaxis in Neutropenia:**
 - Lindsay J, Yeoh D, Teh BW, et al. *Intern Med J* 2025
- **Global Thalassaemia Management Guidelines:**
 - Shah F, Wood E, Maggio A. In: *Guidelines for the Management of Transfusion-Dependent β -Thalassaemia (TDT) 5th ed.* 2025

BUILDING CAPACITY WITH OUR EARLY & MID-CAREER RESEARCHERS

Biostatistics

Dr Thao Le is a biostatistician with expertise in prediction modelling, complex survival data analysis and clinical trial design. She holds a joint appointment with the Transfusion Research Unit and the Australian Trials Methodology Research Network (AusTriM), and is a core researcher of the Victorian Centre for Biostatistics (VicBiostat), and a member of the Statistics in Trials Interest Group, Australian Clinical Trials Alliance (ACTA STInG). Thao is an investigator on the Blood Synergy program and OPTIMAL CRE, as well as the ASPREE-CHIP-XT study.



Dr Thao Le
BPharm, MStat, PhD (University of Oxford)
Senior Research Fellow

Health Economics

Senior Research Fellows Dr Laura Fanning, Dr Adam Irving, and Dr Sara Carrillo de Albornoz are health economists who work across both the Transfusion Research Unit and the Centre of Health Economics (Monash Business School). Laura is a an investigator on the RATIONALISE and RATIONAL-Platform clinical trials, OPTIMAL CRE and VALUE-Ig project. Her research expertise includes causal inference using healthcare administrative data, economic evaluation alongside clinical trials, discrete choice experiments, and conducting health technology assessment evaluations.



Dr Laura Fanning
BPharm(Hons), MPH, PhD (Monash University)
Senior Research Fellow

Adam is an investigator on the Blood Synergy program and OPTIMAL CRE, and lead modeller on the EpiMAP projects. Adam’s expertise is in conducting economic evaluations using both clinical trial and observational data including for health technology assessment. His current research interests include the economics of blood disorders and blood products.



Dr Adam Irving
BEconSc, MSc, PhD (Monash University)
Senior Research Fellow

Sara is a member of the Blood Synergy program and VALUE-Ig project, and an investigator with the OPTIMAL CRE. Her expertise is in health technology assessment, with a focus on economic evaluations in haematological malignancies and immunoglobulin use.



Dr Sara Carrillo de Albornoz
BSc, MPH, PhD (Monash University)
Senior Research Fellow

Dr Marie Ishida joined the health economics team in mid-2026, as an OPTIMAL CRE Research Fellow. In a partnership between the OPTIMAL CRE and the Kawasaki Disease Foundation Australia, Marie’s fellowship focuses on health economics, epidemiology, and applied econometrics in Kawasaki disease.



Dr Marie Ishida
BN, MPH, PhD (University of Melbourne)
Research Fellow

Patient Outcomes

Dr Cat Parker is a qualitative and mixed-methods researcher with interests in patient experience and outcomes. Her expertise is in cancer survivorship care, and she also has a background as a medical scientist specialising in transfusion medicine and haematology. Cat works across a number of studies including the FEISTY II trial, MY-PROMPT-2, and RATIONALISE trial, and she is a member of the Blood Synergy program and OPTIMAL CRE, and an investigator on the BloodCare CRE.



Dr Catriona Parker
BAppSc(MLS), MAppSc(MedSc), PhD (Monash University)
Research Fellow

Dr Liz Moore’s research expertise is in registry science, clinical trials, and patient-reported outcomes. She has a background in critical care nursing and managing critically ill cancer patients. Liz is Research Manager for the ANZ and Asia-Pacific MRDR and is involved in MRDR project management. She is an investigator on the MY-PROMPT-2 trial and a member of the APAC MRDR Steering Committee.



Dr Elizabeth Moore
PGDipNurs(CritCare), MPH, PhD (Monash University)
Research Fellow

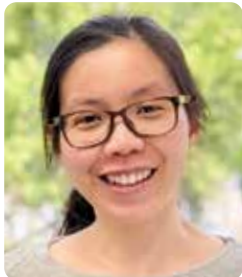
Transfusion Medicine & Public Health

Dr Allison Mo is a clinical and laboratory haematologist with an interest in transfusion, anaemia, haemostasis and thrombosis. Her research focuses on optimising transfusion support in myelodysplastic syndromes. Allison leads the PLATYPUS trial, and is an investigator in the Blood Synergy program and BloodCare CRE.



Dr Allison Mo
MBBS, FRACP, FRCPA, PhD (Monash University)
Research Fellow

Dr Joanna Loh is consultant clinical and laboratory haematologist with research interests in haemoglobinopathies / red cell disorders, obstetric haematology and public health. Joanna is a member of the National Transfusion Dataset (NTD) team, where she leads projects on patterns of platelet transfusion.



Dr Joanna Loh
MBBS / BMedSci, MPH, FRACP, FRCPA
Research Fellow

Dr Sasha Taylor is a public health physician with extensive experience in clinical, government and academic settings. Sasha has expertise in research and data analysis, stakeholder engagement and translation of evidence to guide policy and practice. She works on the National Transfusion Dataset (NTD), and is a member of the Blood Synergy program.



Dr Sasha Taylor
MBBS (Hons), MPH, FAFPHM
Research Fellow

PHD STUDENTS



Dr Andrew Flint
Platelet transfusions in critically ill and bleeding patients

Supervisors:
Prof Michael Reade
Prof Erica Wood
Prof Zoe McQuilten

Andrew’s PhD investigates platelet transfusions in critically ill and bleeding patients, particularly in intensive care units (ICUs). ICUs are the clincical areas which are the second-largest users of platelet transfusion, and platelets are the second most common transfusion in the ICU. Despite their prevalence, evidence to guide platelet transfusion decisions is limited, and much is unknown about their benefits and harms. Andrew’s PhD includes multiple studies (including point prevalence studies, systematic reviews, and observational cohort studies) that investigate platelet transfusion use, current evidence, and the potential benefits and harms in this patient cohort. His PhD projects were supported by a project grant from National Blood Authority.



Dr Aleece MacPhail
Predicting and preventing sepsis in patients with haematological malignancies

Supervisors:
Prof Zoe McQuilten
Dr Claire Dendle
Prof David Picher
Prof Monica Slavin
Dr Niccolò Buetti

Aleece’s PhD aims to produce a broad overview of sepsis epidemiology and risks, current strategies to reduce infections, and targets for intervention. Amongst the strategies she’s examining are immunoglobulin replacement, infection prevention and control (IPC) approaches to reduce hospital-acquired bloodstream infections, and vaccination. Her research methods include registry data, data linkage, cohort studies and surveys of practice. Aleece’s PhD studies are supported by a NHMRC postgraduate scholarship.



Dr Briony Shaw
Novel approaches to transfusion to improve supportive care for patients with blood cancers

Supervisors:
Prof Erica Wood
Prof Zoe McQuilten
Dr Catriona Parker

Briony’s PhD focuses on identifying novel approaches for improving the quality of life and supportive care practices for patients with blood cancers (such as lymphoma, leukaemia and myeloma). This includes connecting with patients and caregivers through qualitative interviews and co-design approaches to identify how patients receive information and make decisions regarding their healthcare and explore current supportive care practices. This information will be used for a pilot study of transfusing blood products in patients’ homes to improve patient comfort. Briony is supported by a NHMRC postgraduate scholarship.



Dr Khai Li Chai
Developing new evidence for antibody therapy in the prevention of infections

Supervisors:
Prof Erica Wood
Prof Zoe McQuilten

Khai Li’s PhD project aims to synthesise evidence to optimise immunoglobulin replacement and other prophylactic interventions from clinical trials, describe current approaches to immunoglobulin replacement in real-world clinical practice, and explore the acceptability of immunoglobulin replacement from the perspectives of people with blood cancers. The project also aims to evaluate the role for convalescent plasma and hyperimmune immunoglobulin in the treatment of SARS-CoV-2 infection. The results will assist clinicians and researchers in designing future clinical trials as well as support the future planning and provision of immunoglobulin resources. Khai Li received a Leukaemia Foundation/HSANZ New Investigator PhD Scholarship.



Ms Eliza Chung
Improving the quality of global lymphoma registry data to measure and benchmark patient outcomes

Supervisors:
Prof Eliza Hawkes
Prof Erica Wood
Prof Zoe McQuilten

Eliza’s PhD aims to synthesise the existing quality indicators in lymphoma care and synergise the datasets of international lymphoma registries. Standardisation of the core datasets can improve data interoperability to facilitate real-world research and reporting of patient outcomes. By leveraging the infrastructure of the Australian and New Zealand Lymphoma and Related Diseases Registry (LaRDR) and the Global Lymphoma Registry Alliance, she will conduct a scoping review and a data mapping project. Future definition of quality indicators routinely captured and reported by LaRDR is also planned. Eliza is the recipient of a Monash University PhD Scholarship.



Dr Nathanael Lucas
BOne Marrow failure, Epidemiology, Rare mutations in Australia and New Zealand: BOoMERANGZ Project

Supervisors:
Prof Erica Wood
Prof Zoe McQuilten
Dr Lucy Fox
Dr Siobhan Cross

Nate’s PhD aims to expand the Aplastic Anaemia & Other Bone Marrow Failure Syndromes Registry (AAR) to include New Zealand data, develop a model to distinguish between germline and acquired bone marrow failure, and investigate mutations that may be more common in Indigenous populations. His research will enhance diagnostic precision and provide insights into the broader implications of these conditions for patients and their families. Nate is supported by an HSANZ New Investigator PhD Scholarship.

PHD STUDENTS



Ms India Read
Codesigning transfusion futures: a stakeholder-driven approach to human-centered healthcare systems
Supervisors:
A/Prof Leah Heiss
Dr Catriona Parker
Prof Erica Wood

India’s PhD will explore how stakeholder-driven co-design can enable safer, more equitable, and sustainable immunoglobulin delivery in Australia. It will investigate how co-design projects can support delivery of robust, systemically-oriented solutions to complex health problems, as well as generate value for engaged stakeholders beyond the explicitly-stated goals. Through ethnographic research, participatory design, service design, and futures thinking, the study will seek to generate a replicable co-design model that enhances stakeholder engagement in healthcare innovation and helps shape integrated, human-centered health futures. India received an OPTIMAL CRE PhD Scholarship to undertake her studies.



Dr Elizabeth Prime
Medium to long-term outcomes in aplastic anaemia
Supervisors:
Prof Zoe McQuilten
Prof Erica Wood
Dr Catriona Parker
A/Prof Lucy Fox

Lizzie’s PhD is focused on outcomes beyond 5 years in patients treated with immunosuppressive therapy. In particular her research will investigate quality of life in aplastic anaemia and the use of disease-specific patient related outcome measures, with an aim to encourage their use in clinical practice and trials.



Mr Jamie Jackson
Optimising immunoglobulin dosing in secondary immunodeficiency due to haematological malignancies
Supervisors:
A/Prof Andrea Henden
Prof Jason Roberts
Prof Erica Wood
Dr Midori Nakagaki

Jamie’s PhD is focusing on how immune profiling can identify patients who are most likely to benefit from immunoglobulin therapy and inform the best dosing and treatment duration. Studies in people with blood cancers combine measures of immune function with pharmacokinetic and pharmacodynamic analyses, with the aim of supporting more personalised treatment. Jamie received an OPTIMAL CRE PhD Scholarship to undertake his studies.



DOCTORAL COMPLETIONS 2025-2026



Dr Jasmine Singh
PhD (2026)
Determining the risk factors and consequences of clonal haematopoiesis of indeterminate potential (CHIP)
Supervisors:
Prof Zoe McQuilten
Prof Erica Wood
Prof David Curtis
Dr Thao Le

Jasmine’s PhD focused on understanding clonal haematopoiesis of indeterminate potential (CHIP) - an age-associated, asymptomatic condition where individuals carry acquired mutations in blood cancer-associated genes without an overt blood disorder. Alongside a systematic review and meta-analysis examining CHIP as a prognostic factor (published in *Blood Advances*), her project investigated associations between CHIP and non-blood cancer outcomes in a large cohort of >9,000 community-dwelling older adults enrolled in the ASPREE trial. These analyses evaluated organ-specific and clinical outcomes including kidney function (published in *Kidney International Reports*), cardiovascular disease and bleeding risk (published in *JAMA Cardiology*), and sepsis susceptibility (published in *Leukemia*), aiming to define the clinical implications of CHIP and the risk factors associated with the presence and growth of CHIP clones. Jasmine’s studies were supported by a Leukaemia Foundation/HSANZ New Investigator PhD Scholarship.



Dr Sara Carrillo de Albornoz
PhD (2025)
Health economic evaluations in haematological malignancies and immunoglobulin use
Supervisors:
Prof Zoe McQuilten
Prof Dennis Petrie
A/Prof Lisa Higgins

Dr Carrillo’s project assessed the cost and cost effectiveness of immunoglobulin (Ig) in haematological malignancies. Alongside a systematic review on this topic (published in the *International Journal of Technology Assessment in Health Care*), her PhD included a trial-based economic evaluation of Ig versus antibiotics (published in *Blood Advances*), and a time-driven activity based costing study of intravenous and subcutaneous Ig in patients with haematological malignancies (published in *Supportive Care in Cancer*). Sara also conducted a real-world analysis of administrative data from Victorian hospitals to understand the infection burden, Ig treatment patterns and hospital costs in chronic lymphocytic leukaemia - a patient group with one of the highest use of Ig (published in *Blood Advances*). Sara’s studies were supported by a Blood Synergy PhD scholarship.



Dr Allison Mo
PhD (2026)
Anaemia in Myelodysplastic Syndromes: optimising management and transfusion practices
Supervisors:
Prof Erica Wood
Prof Zoe McQuilten
Prof Jake Shortt

Dr Mo’s PhD investigated the optimal usage of blood products (in particular, red cell and platelet transfusion) in patients with myelodysplastic syndromes (MDS), and how to improve transfusion-related clinical outcomes, including patient-oriented quality of life and physical function outcomes. Allison’s work included systematic reviews (published in *Blood Reviews*), observational studies (published in the *European Journal of Haematology*), data-linkage analyses (published in the *European Journal of Haematology*), health economics analyses (published in the *British Journal of Haematology*) and the REDDS2 novel pilot randomised clinical trial (protocol published in *Transfusion*). Allison’s PhD was supported by a HSANZ New Investigator Scholarship, NHMRC postgraduate scholarship, and NBA National Blood Sector Research and Development Pilot scholarship.



COLLABORATIONS & PARTNERSHIPS

The Transfusion Research Unit has an international reputation for transfusion and haematology research and this is reflected in our collaborations.

Within Monash Public Health, we are part of the Division of Acute and Critical Care, and we work closely with the following groups at Monash University:

- ASPREE (ASpirin in Reducing Events in the Elderly) Research Unit
- Australian & New Zealand Intensive Care Research Centre (ANZIC-RC)
- BioPRIA
- Biostatistics Unit
- Cancer Research Program
- Centre for Health Economics, Monash Business School
- Clinical Registries Groups
- Epidemiological Modelling Unit
- Infectious Diseases
- Monash Art Design and Architecture (MADA)
- Prehospital, Emergency & Trauma Unit
- Public Health Genomics Program

We have strong community partnerships, including with:

- Australian Sickle Cell Advocacy
- Kawasaki Disease Foundation
- Leukaemia Foundation
- Lymphoma Australia
- Maddie Riewoldt’s Vision
- Myasthenia Alliance Australia
- Myeloma Australia
- Rare Voices Australia
- Thalassaemia and Sickle Cell Australia

We are active members of societies and collaborate with colleges including the:

- Australian & New Zealand Society of Blood Transfusion
- Australian & New Zealand Intensive Care Society
- Australian & New Zealand College of Anaesthetists
- Haematology Society of Australia & New Zealand
- International Society of Blood Transfusion

We conduct clinical studies with the Australasian Leukaemia and Lymphoma Group (ALLG), Australasian Lymphoma Alliance (ALA), and the Australasian Myeloma Research Consortium (AMaRC), as well as the Canadian Cancer Trials Group (CCTG) and Canadian Transfusion Trials Group (CTTG).

We collaborate with the National Blood Authority, the Blood Matters program (Victorian Department of Health), and the national blood services of Australia (Australian Red Cross Lifeblood), New Zealand, UK, the Netherlands, and Canada.

Our partnerships include many Australian universities and research institutes and the leading international academic groups in transfusion research, such as:

- University of Oxford (UK)
- Queen Mary University of London (UK)
- Queen’s University (Canada)
- Université de Bretagne Occidentale (France)
- Amsterdam University Medical Centers (Netherlands)
- Leiden University (Netherlands).

TRU is also the only Australian academic institutional member of the international Biomedical Excellence for Safer Transfusion (BEST).



FOSTERING FUTURE TALENT

Our team are highly committed to building research capacity and engaging broadly with the wider community. Over 2025–2026, our researchers and students actively mentored secondary school students through several key initiatives designed to inspire the next generation of scientific and healthcare leaders.

Ecolinc Women in STEM Program

In 2026, Dr Catriona Parker, Dr Aleece MacPhail, and Dr Lauren Young visited the Ecolinc Science and Technology Innovations Centre in Bacchus Marsh to participate in the Women in STEM program. The event was attended by more than 100 Year 9 and 10 students from across Victoria. Engaging in a dynamic “career speed dating” format, our team met with small groups of students to share personal career journeys, demystify clinical and research pathways, and answer questions about pursuing professions in science, technology, engineering, and mathematics (STEM).



St Catherine’s School Partnership

The team also contributed to the i-WISH (Inspiring Women in Science and Health) program run by St Catherine’s School, Toorak.

In 2025, Dr Allison Mo paired with Year 10 students, mentoring them to develop a strategic advocacy project focused on a real-world piece of scientific research. In 2026, Mrs Helen Haysom joined the judging panel for Year 12 students presenting innovative STEM and health proposals. In this role, she facilitated critical discussions with the students regarding ethical decision-making and leadership within the health and STEM sectors.

Sustaining this connection, a select cohort of St Catherine’s students attended the Blood Synergy Open Meeting 2025, and the Open Meeting 2026 co-hosted by the Blood Synergy program and the OPTIMAL Centre of Research Excellence. The students were given a glimpse into the breadth of research undertaken - clinical trials, registries, observational studies and health economics - and the issues facing the research community and policy-makers in their effort to improve patient outcomes and the judicious use of blood products.

In addition, Dr Briony Shaw and Mrs Helen Haysom presented two sessions on ethics in research to all St Catherine’s Year 9 students in May and June 2026.



World Health Organization (WHO)

- Advisory Group on Blood Regulation, Availability and Safety: Prof Erica Wood (co-Chair)
- Advisory Group on Global Patient Safety Action Plan 2021-2030: Prof Erica Wood
- Expert Advisory Panel in Transfusion Medicine: Prof Erica Wood
- Working Group on Developing Tools for Costing Blood Establishments: Dr Adam Irving, Mr Neil Waters
- Guideline Development Group – Anaemia: Prof Erica Wood
- Guideline Development Group for the creation of WHO Donor Human Milk Banking guidelines: Prof Erica Wood

International Society for Blood Transfusion (ISBT)

- International Scientific Advisory Committee: Prof Erica Wood (Chair)
- Transfusion Evidence Round-Up Project Manager: Dr Allison Mo
- Awards and Prizes Committee: Prof Erica Wood (Chair)
- Nominations Committee: Prof Erica Wood

American Society for Hematology (ASH)

- Scientific Committee on Transfusion Medicine: Prof Erica Wood
- Associate Editor of *Blood*: Prof Erica Wood
- Editorial Board of *Blood*: Prof Eliza Hawkes
- Editorial Board of *Blood Advances*: Prof Eliza Hawkes

Association for the Advancement of Blood and Biotherapies (AABB, USA)

- Associate Editor of *Transfusion*: Prof Zoe McQuilten
- Red Cell Guidelines Working Group: Prof Erica Wood
- Platelet Guidelines Working Group: Prof Erica Wood

British Society of Haematology

- Associate Editor of *eJHaem*: Prof Eliza Hawkes

Biomedical Excellence for Safer Transfusion (BEST)

- Honorary Lifetime Member: A/Prof Rosemary Sparrow
- Member: Prof Erica Wood

US National Heart Lung Blood Institute

- Myelodysplastic Syndrome (MDS) International Guideline Steering Committee: Prof Zoe McQuilten

International Collaboration on Transfusion Medicine Guidelines (ICTMG)

- Executive Committee: Prof Erica Wood

Systematic Reviews Initiative, NHS Blood & Transplant/University of Oxford

- International Steering Group: Prof Erica Wood

Transfusion Medicine

- Editorial Board: Prof Erica Wood

Transfusion Medicine Reviews

- Associate Editor: Prof Zoe McQuilten
- Editorial Board: Prof Erica Wood

Commonwealth Government of Australia

- Medical Services Advisory Committee, Evaluation Subcommittee: Prof Erica Wood
- Therapeutic Goods Administration, Advisory Committee on Biologicals: Prof Erica Wood (Chair)
- National Haemopoietic Progenitor Cell Sector Clinical Advisory Group: Prof Erica Wood

National Blood Authority (NBA)

- Haemovigilance Advisory Committee: Prof Erica Wood (Chair)

Australian Red Cross Lifeblood

- Advisory Committee: Prof Zoe McQuilten

Blood Matters

- Advisory Committee: Prof Zoe McQuilten (Chair)
- Serious Transfusion Incident Reporting (STIR) expert working group: Prof Erica Wood

Australian & New Zealand Society of Blood Transfusion (ANZSBT)

- Research Committee: Prof Erica Wood, Dr Catriona Parker
- Engagement and Learning Committee: Dr Allison Mo
- ANZSBT representative on the The Australian Institute of Medical and Clinical Scientists (AIMS) Australasian Professional Acknowledgement of Continuing Education (APACE) committee: Mrs Helen Haysom

Australasian Leukaemia & Lymphoma Group (ALLG)

- Scientific Advisory Committee: Prof Zoe McQuilten
- Supportive Care Working Group: Prof Zoe McQuilten (Chair), Dr Catriona Parker, Dr Khai Li Chai, Dr Briony Shaw, Dr Allison Mo

Australasian Myeloma Research Consortium (AmaRC)

- Steering Committee: Prof Erica Wood

Australian Clinical Trials Alliance (ACTA)

- Registry Special Interest Group: Ms Eliza Chung, Ms Vanessa Fox, Dr Elizabeth Moore
- Adaptive Platform Trial Operations Special Interest Group: Ms Jennifer Griffiths, Dr Zahra Anwar

Maddie Riewoldt’s Vision (MRV)

- Scientific Advisory Committee: Prof Zoe McQuilten

Cancer Nurses Society of Australia (CNSA)

- Research Standing Committee: Dr Elizabeth Moore (Chair)

RMIT University

- Pharmaceutical Science Industry Advisory Committee: Mr Neil Waters

Health Studies Australian National Data Asset (HeSANDA)

- Monash Node, Steering Committee: Ms Vanessa Fox

Monash University

- Research Committee: Prof Erica Wood
- Good Clinical Quality Registry Practice Guide, Working Group: Ms Vanessa Fox (Group Lead)

Monash University, Centre of Health Economics (CHE)

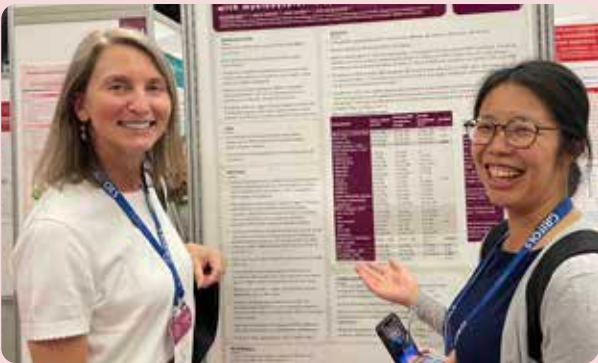
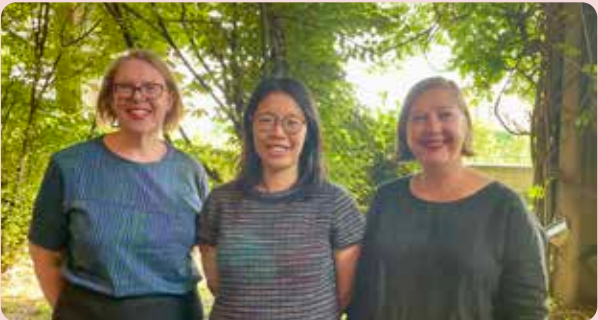
- Advisory Committee: Prof Erica Wood

Monash University, School of Public Health & Preventive Medicine (SPHPM)

- Senior Management Committee: Prof Erica Wood, Prof Zoe McQuilten
- Research Strategy and Governance Committee: Prof Erica Wood
- Research Governance Committee: Dr Elizabeth Moore
- Supporting Lived Experience Engagement Committee: Prof Erica Wood, Dr Catriona Parker (Secretary), Dr Karina Brady
- Early/Mid-Career Researcher Committee: Prof Erica Wood
- Professional Managers Network Committee: Mr Neil Waters, Ms Susi Rosin
- Research & Project Manager forum: Ms Vanessa Fox, Ms Naomi Aoki, Ms Jennifer Griffiths, Dr Lauren Young, Ms Eliza Chung, Mrs Helen Haysom, Dr Karina Brady
- Management Fundamentals for Clinical Trials: Ms Vanessa Fox
- SPHPM Equity Diversity and Inclusion Committee: Dr Lauren Young

KEY PRESENTATIONS 2025-2026

- American Society of Hematology (ASH) Clinical Research Training Day, Yokohama (Japan), February 2025:
 - Prof Eliza Hawkes
- Thai Red Cross Society National Blood Center, 31st National Scientific Conference on Blood Transfusion Services, Bangkok (Thailand), March 2025:
 - Prof Erica Wood
- Palliative Care Clinical Studies Collaborative (PaCCSC) & Cancer Symptom Trials (CST) Research Forum 2025, Sydney, March 2025:
 - Prof Zoe McQuilten
- 4th National Symposium on Bone Marrow Failure Syndromes, Melbourne, May 2025:
 - Prof Zoe McQuilten
 - A/Prof Lucy Fox
- International Society for Blood Transfusion (ISBT), Milan (Italy), May-June 2025:
 - Dr Allison Mo
 - Dr Catriona Parker
 - Prof Erica Wood
- International Conference of Malignant Lymphoma, Lugano (Switzerland), June 2025:
 - Prof Eliza Hawkes
- Maddie Riewoldt’s Vision Patient and Family Educational Session, Melbourne, July 2025:
 - Prof Erica Wood
- South African National Blood Transfusion Conference, Johannesburg (South Africa), August 2025:
 - Prof Erica Wood
- Blood 2025 / ISBT Congress, Perth, October 2025:
 - Prof Erica Wood
 - Prof Zoe McQuilten
 - Dr Allison Mo
 - Ms Eliza Chung
 - Dr Adam Irving
 - Dr Sara Carrillo de Albornoz
 - Dr Jasmine Singh
 - A/Prof Lucy Fox
- Australian & New Zealand Trauma Society (ANZTS) Trauma 2025 Conference, Wellington (New Zealand), October 2025:
 - Prof Zoe McQuilten
- Australian Sickle Cell Advocacy, 4th Scientific Conference Perth, October 2025:
 - Prof Erica Wood
- American Society of Hematology (ASH) Annual Meeting, Orlando (USA), December 2025:
 - Prof Zoe McQuilten
 - A/Prof Lucy Fox
- American Society of Hematology (ASH) Clinical Research Training Day, Kuala Lumpur (Malaysia), February 2026:
 - Prof Eliza Hawkes
- International Bone Marrow Failure Meeting, Vellore (India), March 2026:
 - A/Prof Lucy Fox
- Leukaemia Foundation Lived Experience Education Program (LEEP), Melbourne, April 2026:
 - Ms Eliza Chung
 - Prof Eliza Hawkes
- Trauma Hemostasis & Oxygenation Research (THOR) Annual Symposium 2026, County Wicklow (Ireland), June 2026:
 - Prof Zoe McQuilten
- Cancer Nurses Society of Australia (CNSA) Congress, Perth, June 2026:
 - Dr Elizabeth Moore
- Cancer Prevention Research Conference, Atlanta (USA), June 2026:
 - Dr Jasmine Singh
- European Hematology Association (EHA) 2026 Congress, Stockholm (Sweden), June 2026:
 - Prof Eliza Hawkes
- International Society for Blood Transfusion (ISBT), Kuala Lumpur (Malaysia), June 2026:
 - Dr Allison Mo
 - Dr Catriona Parker
 - Mr Neil Waters
- Australian & New Zealand Transplant & Cellular Therapies (ANZTCT) Annual Scientific Meeting 2026, Melbourne, August 2026:
 - Prof Erica Wood
- Singapore Lymphoma Scientific Symposium, Singapore, August 2026:
 - Prof Eliza Hawkes
- Australian & New Zealand Children’s Haematology & Oncology Group (ANZCHOG) Annual Meeting, Newcastle, August 2026:
 - A/Prof Lucy Fox
 - Dr Nathanael Lucas
- Australian & New Zealand Trauma Society (ANZTS) Trauma 2026 Conference, Sydney, October 2026:
 - Dr Catriona Parker



PUBLICATIONS 2025-2026

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