



AUSTRALIAN GENOMICS

Celebrating a 10 year journey





FOREWORD

Australian Genomics launched in 2016 with an NHMRC grant of \$25 million. Looking back, I am still struck by how an investment of \$5 million a year could achieve so much.

While it was small by international standards, that investment gave us the opportunity to develop a cohesive national approach to the evaluation and implementation of genomic technologies. As a result, Australia is now recognised globally as a country with leading expertise in genomic medicine.

Australian Genomics was able to leverage investments in genomics from federal and state governments, philanthropy and industry. It provided a core team of expertise to enable hundreds of research projects around the country, and the generation of evidence to support health technology assessment and the funding of genomics in healthcare in a timely and equitable way.

Most importantly, over the past 10 years, Australian Genomics has created a collaborative clinical and research community that will champion genomic medicine for decades.

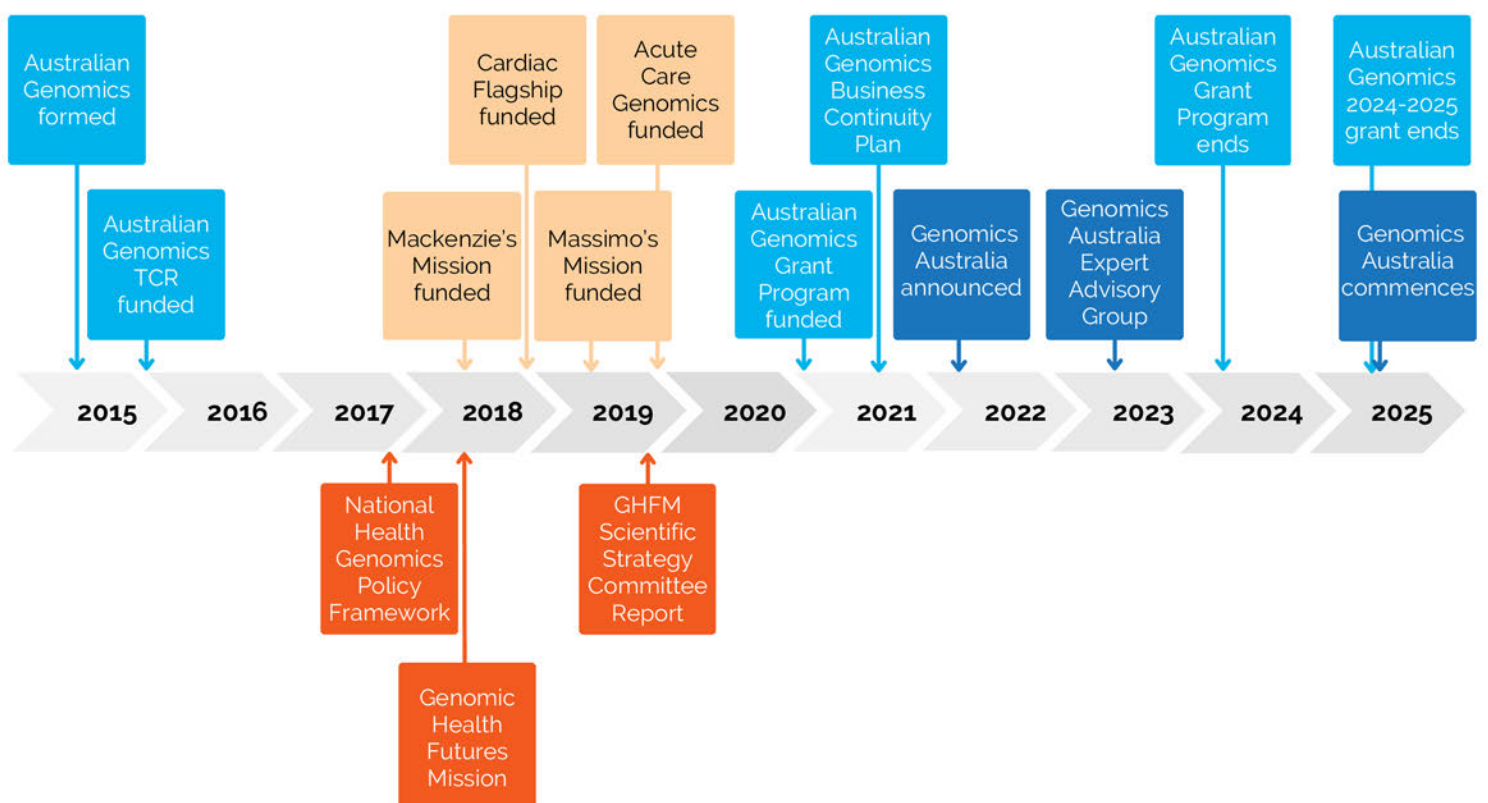
Professor Kathryn North AC

Lead, Australian Genomics
Director, Murdoch Children's Research Institute

EVOLUTION OF A NATIONAL GENOMICS PROGRAM

It began as a small network with a big agenda.

It began as a small network with a big agenda. The Australian Genomics Health Alliance, as it was known back then, began in 2015 and was launched in 2016 with a five-year, \$25 million National Health and Medical Research grant. It grew quickly to form a national footprint with 32 clinical sites, 103 organisational partners, and 450 investigators and collaborators. After several grant rounds, Australian Genomics ends on 30 June 2025. Its legacy forms the foundations of a new entity, Genomics Australia, with ongoing funding.





THE FIRST FIVE YEARS



5,200 Patients recruited /
genomic testing



21 Cancer & Rare
Disease studies



100% Results returned



32 Recruitment sites



115 Ethics & site
submissions per year

In 2015 diagnostic genomics across Australia was poorly coordinated and highly variable across states and territories, resulting in inequitable access to services and cost inefficiencies.

In 2016 the National Health and Medical Research Council issued a Targeted Call for Research, Preparing Australia for Genomics Medicine. And with a \$25 million NHMRC grant over five years the Australian Genomics Health Alliance was launched.

AUSTRALIAN GENOMICS: CELEBRATING A 10 YEAR JOURNEY

In response to the fragmentation in genomics, Australian Genomics formed a national diagnostic and research community to build disease-focused networks, evaluate the use of genomics in specific clinical contexts and, where appropriate, develop approaches to inform their sustainable implementation into clinical practice. It drew on the expertise of its members to develop resources and conduct projects of significant value to the genomics community.

This collaborative national network included hospitals, clinical and laboratory genetic services, research institutes, consumer organisations, and professional bodies, all instrumental in advancing the use of genomic testing in the diagnosis and management of rare diseases and cancers.

Using a federated model, Australian Genomics established a network of 32 clinical sites for recruiting research participants across 19 flagship studies. During that period, 5273 individuals with rare diseases and cancers and 2399 relatives underwent genomic testing. The average diagnostic rate in the rare disease flagships was 33 per cent, ranging from 17 to 54 per cent. In the cancer flagships, 48 per cent of findings were clinically actionable.

Four program areas ran in parallel to the research flagships building the evidence to inform policy and practice for a nationally consistent approach to using genomic testing in mainstream healthcare. That infrastructure includes many tools and resources now being exploited by a national and international network of researchers, clinicians, and healthcare services.

They include platforms and resources to promote consistent interpretations of genomic data, clinical, research and dynamic consent, and the increasingly complex and critical area of data storage and sharing. These integrated national data resources are crucial in supporting a "virtuous cycle" between clinical and research genomic delivery, a major legacy of Australian Genomics.

The adoption of a federated model proved successful, particularly in negotiating a national approach across jurisdictions in a nation where responsibility for health is shared between the states, territories and commonwealth governments. The model has been cited as an international exemplar.

Major projects administered by Australian Genomics and supported by its infrastructure in those first five years included the \$20 million Australian Reproductive Genetic Carrier Screening Program, the \$6 million Cardiovascular Genetics Disorders Program, the \$5 million Acute Care Genomics Program and the \$3 million Leukodystrophy Research Program.



A NATIONAL DIAGNOSTIC & RESEARCH NETWORK

A national diagnostic and research community enabled Australian Genomics to build disease-focused networks and evaluate the use of genomics in specific clinical contexts.

These networks included hospitals, state genetic services, laboratories, other research institutions and patient advocacy groups. Australian Genomics drew on the expertise of these members to develop resources and conduct projects of significant value to the genomic community. These included: standardised best practice approaches to clinical and research consent; guidelines for mainstreaming genomic pathology reports; mechanisms for sharing and resolving discordance in clinical variant classification and disease specific gene lists; improved community awareness and consumer support of genomics; the establishment of a national functional genomics network for resolution of variants of unknown significance; and evaluation of the unmet needs for genomic testing.



National diagnostic and research network

National Partners

Australian Research Data Commons
Australian Biocommons
BioPlatforms Australia
Breast Cancer Network of Australia
Centre for Genetics Education
Childhood Dementia Initiative
CSIRO
Genetic Alliance
Human Genetics Society of Australasia
InGeNA
Mito Foundation
National Computational Infrastructure
Omico
The Poche Centre for Indigenous Health at the University of Sydney
Rare Cancers Australia
Rare Voices Australia
Syndromes Without a Name Australia
The Royal College of Pathologists Australasia
Zero Childhood Cancer

International Partners

Broad Institute
Canadian Institute for Health Research
ELIXIR
European Genome-Phenome Archive
GEM Japan
Genomics England
H3Africa-Bionet
Oxford University

Global Partners

Global Alliance for Genomics and Health
World Economic Forum

Northern Territory

Royal Darwin Hospital

Western Australia

Genetic Services of Western Australia
Harry Perkins Institute of Medical Research
PathWest Laboratory Medicine
PathWest QEII Medical Centre
Perth Children's Hospital
Telethon Kids Institute
University of Western Australia

South Australia

Central Adelaide Local Health Network – SA Pathology
Royal Adelaide Hospital
South Australian Health and Medical Research Institute
The University of Adelaide
University of South Australia
Women's and Children's Hospital Adelaide

Queensland

Brisbane Diamantina Health Partners
Genetic Health Queensland
Institute for Molecular Bioscience
Pathology Queensland
Queensland Children's Hospital
Queensland University of Technology IHBI
QIMR Berghofer Medical Research Institute
The University of Queensland
Townsville Hospital and Health Service

New South Wales

Australian Institute of Health Innovation, Macquarie University
Centre for Genetics Education
Children's Medical Research Institute
Garvan Institute of Medical Research
Hunter Genetics – Genetics of Learning Disability Service
Macquarie University
NSW Health Pathology
Royal North Shore Hospital
St Vincent's Hospital
Sydney Children's Hospital Network
The University of Sydney
Victor Chang Cardiac Research Institute
UNSW Sydney

Tasmania

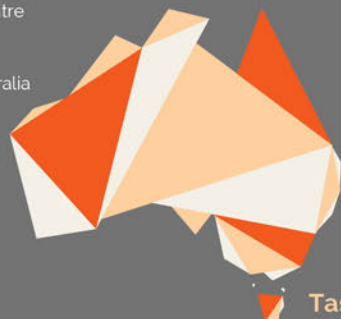
Tasmanian Clinical Genetic Services
University of Tasmania

Australian Capital Territory

Australian National University

Victoria

Deakin University
Genetic Support Network of Victoria
Gen V
Melbourne Genomics Health Alliance
Monash Health
Monash University
Murdoch Children's Research Institute
Peter MacCallum Cancer Centre
Royal Children's Hospital Melbourne
The University of Melbourne
Walter and Eliza Hall Institute of Medical Research



MACKENZIE'S MISSION

Mackenzie's Mission was a \$20 million study into government-funded reproductive genetic carrier screening for Australian couples seeking to have children.



It had the largest number of genes tested for reproductive carrier screening of any study in the world and involved 1000 healthcare professionals, researchers, diagnostic laboratory staff and others spread across all states and territories.

The study, administered by Australian Genomics, tested 9107 couples to see if they had an increased chance of having children with one or more of about 750 severe childhood-onset genetic conditions. One in 50 couples tested were found to be in that category.

The three project leads were Professor Edwin Kirk (NSW Health Pathology, University of NSW), Professor Martin Delatycki (Victoria Clinical Genetic Services, Murdoch Children's Research Institute) and Emeritus Professor Nigel Laing AO (Harry Perkins Institute of Medical Research, The University of Western Australia and PathWest Laboratory Medicine).



L-R: Martin Delatycki, Edwin Kirk, Rachael, Joshua, Johnny & Isaac Casella, Nigel Laing.



'So thankful' for test that let Mairead beat odds

EXCLUSIVE
Kate Asherson

Maddie Thwaites remembers standing at the wall as a genetic counsellor shared the results of a cheek swab she and her husband, Caran McAuley, had done two months earlier and had thought little about since.

In a moment of powerful precision, the Geelong couple were told they carried the same rare gene mutation that meant any child they conceived had a one-in-four chance of having a deadly neurodegenerative disorder.

"We would have been completely blindsided," Thwaites said. "Neither of us has any family history of genetic disorders."

The Thwaites were one of 9007 couples screened for 1500 genes linked to over 750 rare childhood-onset diseases by the Mackenzie's Mission project - an unprecedented in-scale study exploring the feasibility of a nationwide, voluntary genetic reproductive carrier screening program.

The study published yesterday in the *New England Journal of Medicine* found 1.9 per cent (almost one in 50 couples) were at high risk of having children with one or more of these conditions.

Yet 80 per cent of the affected couples were carriers for genetic conditions that would not have been picked up by the Medicare-funded genetic carrier test introduced in November 2022 that screens for spinal muscular atrophy (SMA), cystic fibrosis and fragile X.

The finding bolsters calls for the federal government to establish a free expanded carrier screening program.

Rachael Casella, whose daughter Mackenzie - the inspiration for

Mackenzie's Mission - died of SMA at seven months old, said every couple should have access, regardless of their means, location, cultural background or their doctor's views.

"I want to jump up and down and shout: 'Do you understand how important this is, and the impact this

could have on families?'" Casella said.

Project co-lead Professor Martin Delatycki at the Murdoch Children's Research Institute said Australia could be a world leader, envisioning an expanded genetic reproductive carrier screening initiative akin to the National Bowel Cancer Screening Program.

"By not offering a bigger genetic panel, we know that children will be born with these conditions and that



Caran McAuley and Maddie Thwaites with their two-year-old daughter Mairead. Photo: Joe Arvan

many, but by no means all, couples would want to take steps to avoid that," Delatycki said.

The federal government-funded study, co-ordinated by Australian Genomics, provided affected couples with counselling sessions with genetic counsellors, clinical geneticists, and other medical specialists who explained their results, enabling couples to ask questions and make informed decisions.

About 80 per cent of affected couples who were not yet pregnant chose to undergo a free IVF cycle, test their embryos (known as preimplantation genetic testing) and use only unaffected embryos to have children. The Thwaites were among them after learning that they were carriers for a disorder that killed most affected children before they had finished primary school.

"This was more heartache and grief than we were willing to risk,"

Maddie said.

"Now that we have our daughter, I am just so thankful that we got to be parents," she said, having conceived Mairead, now aged two, from their first IVF embryo transfer. "It drives home just how lucky we are."

Couples could otherwise choose to conceive without IVF and undergo prenatal testing or test their child after birth. They could also choose to use donor eggs, sperm or embryos, adopt or choose not to have children.

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Mackenzie's Mission was named after Rachael and Jonathan Casella's daughter, Mackenzie, who died of spinal muscular atrophy in 2017 when she was seven months old. The Casella's have run a vigorous campaign calling for free reproductive genetic carrier screening for all prospective parents who wish to have it.



At first, I struggled to understand what Australian Genomics was – despite attending multiple talks. Then Mackenzie's Mission happened, and it all became clear. AG was the scaffolding on which we built Mackenzie's Mission (and on which many other projects were built). Without it, we'd never have been able to get the job done.

PROFESSOR EDWIN KIRK
NSW Health Pathology

MACKENZIE'S MISSION
REPRODUCTIVE GENETIC CARRIER SCREENING

Co-leading Mackenzie's Mission since 2018 has been an extraordinary realisation of something I have wanted to do for >30 years. The New England Journal of Medicine publication last November, and the reaction to it, suggests Mackenzie's Mission succeeded. Implementing Mackenzie's Mission as a national screening program early in the new Genomics Australia era would help so many couples. It must happen.

EMERITUS PROFESSOR NIGEL LAING AO
The University of Western Australia





ACUTE CARE GENOMICS

The Acute Care Genomics study pioneered a national approach to delivering ultra-rapid genomic testing for babies and children admitted to intensive care with suspected genetic conditions, coupled with a comprehensive economic, implementation and psychosocial evaluation.

Established in 2018, the study set out to build a network of hospitals, diagnostic laboratories, and multi-disciplinary teams of medical and genomic specialists to deliver timely and accurate answers for families with babies and children in intensive care.

Over four years, the program provided genomic testing to 450 families with critically ill infants and children. The average time to result was three days, with a diagnostic yield of over 50 per cent.

The study findings were published in more than 50 manuscripts, including JAMA and Nature Medicine, and led to the discovery of over 10 gene-disease discoveries.

Professor Zornitza Stark and Associate Professor Sebastian Lunke of the Victorian Clinical Genetics Services led the study.



450 infants
& children



Trio whole exome/
genome sequencing



Time to report
<3 days



>50%
diagnostic yield

"...there is so much angst waiting for results and this is compounded by caring for a very sick child. Having the test come back quickly lifted an incredible weight and stress from our shoulders."



Left: Project Leads Professor Zornitza Stark & A/Professor seb Lunke.

Below: Evie Wagner.

In 2019, then seven-year-old Evie Wagner, became critically ill with a life-threatening liver condition. From the intensive care unit at The Royal Children's Hospital, Evie was referred to Australian Genomics' Acute Care study for ultra-rapid genome sequencing. The results showed she had a rare recessive genetic condition called Wilson's disease.

The rapid diagnosis set Evie on an extraordinary journey that has seen her circle back to the family's dairy farm in Western Victoria where once more she leads a happy, healthy life.



It has been such a privilege to be part of the Australian Genomics community over the past 8 years! I am hugely proud of what we have achieved in building world-class evidence for the implementation of genomics into healthcare and creating national resources but most of all I will cherish the collaborative relationships I have built with so many amazing people from all around Australia.

PROFESSOR ZORNITZA STARK
Victorian Clinical Genetics Services





In 2021 Australian Genomics entered its second phase.

It successfully transitioned from conducting and evaluating human cohort studies to leveraging its research capabilities and its National Coordination Network. During this period, it delivered comprehensive plans and resources across many areas of activity including data infrastructure, community involvement in research, clinical consent, workforce education, and partnerships with Indigenous communities. Some 220 unique research initiatives received Australian Genomics support in more than 1800 different activities. It continued its original mission to inform evidence-based policy and practice. And as other nations advanced their genomic healthcare efforts, Australian Genomics expanded its international partnerships and collaborations.

THE SECOND PHASE OF AUSTRALIAN GENOMICS



Research

- Research resources
- CTRL dynamic consent
- Coordination
- Translation
- National collaborative networks



Data

- Digital platforms
- Shariant
- PanelApp Australia
- NAGIM
- Clinical data capture
- International standards



Community

- Patient partnership
- Involve Australia
- International collaboration
- SING Australia
- Co-design with Indigenous & CALD communities
- Genomics in schools



Practice

- National test directory
- Quality Assurance
- Clinical consent
- Improving accessibility of genomic health
- Workforce education
- Traineeships



Evidence

- Implementation science
- Bioethics
- Health economics
- HTA consultations
- Landscape analyses

AUSTRALIAN GENOMICS' INTERNATIONAL PARTNERS



Australian Genomics has established a reputation as a leader and key collaborator in global genomics efforts. It built this reputation through many partnerships and collaborations across research, data, governance and in international memberships and agreements.

As a Driver project of the Global Alliance for Genomics and Health, Australian Genomics plays an important role in helping to set global standards and policies for expanding genomic data use. Its other international achievements include establishing a Memorandum of Understanding with Genome Canada, membership of the World Health Organisation's Technical Advisory Group on Genomics, and participation in other key international entities, such as the World Economic Forum.





Australian Genomics



Australian Genomics Summit 2023

Sunday 16 July 2023 | Melbourne Convention & Exhibition Centre


Australian Genomics Seminar Series

DNA dialogue

Be at the genomics conversation (B-ATGC)



CREATING THE FOURTH CHAPTER OF HUMAN GENOMICS



Dr Eric Green
Director, National Human Genome Research Institute,
National Institutes of Health (US)

Australian Genomics

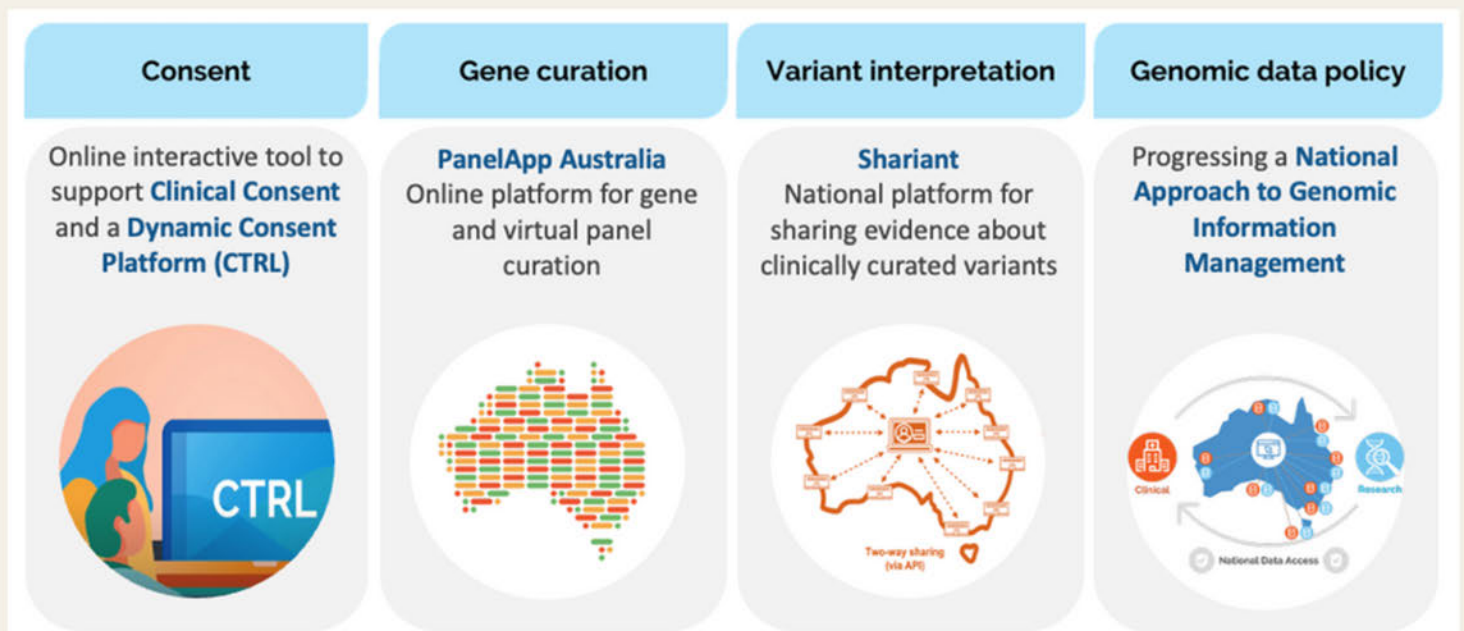
12pm - 1pm
Tuesday 2 July 2024



DATA INFRASTRUCTURE

Australian Genomics invested significantly in building genomic data infrastructure informed by clinical and diagnostic sector needs. It is evidence based and leverages international standards and collaborations.

Some of these tools have been designed to support participant autonomy and inform patients undergoing clinical genomic testing. Others improve the efficiency and quality of diagnostic genomic practice and progress prototypes and recommendations to inform a national approach to managing genomic information in Australia.



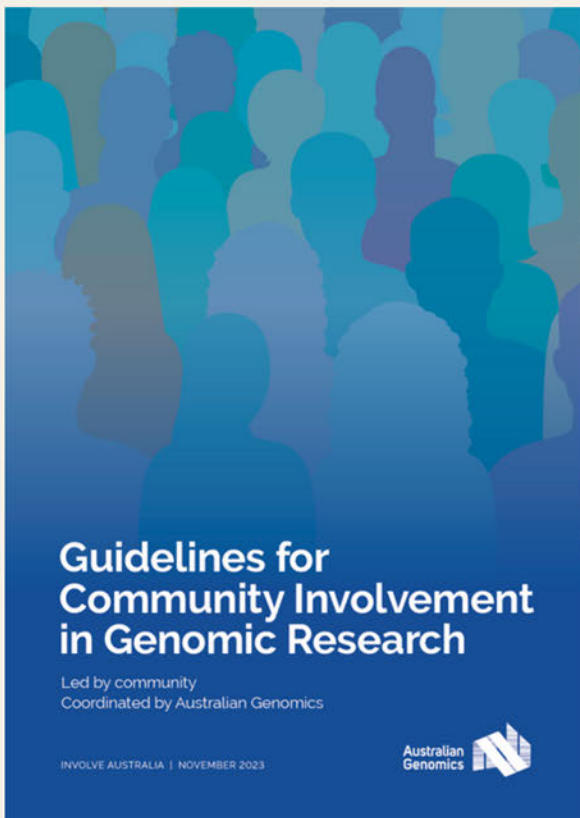
I have had the immense privilege of contributing to the transformative space of genomic data. From its inception, Australian Genomics advocated for and supported responsible genomic data sharing – not shying away from the many challenges (technical, ethical, legal, social) to work towards solutions, knowing there is huge impact from achieving ethical health data sharing for improving patient care.

MARIE-JO BRION
Data Manager





COMMUNITY INVOLVEMENT

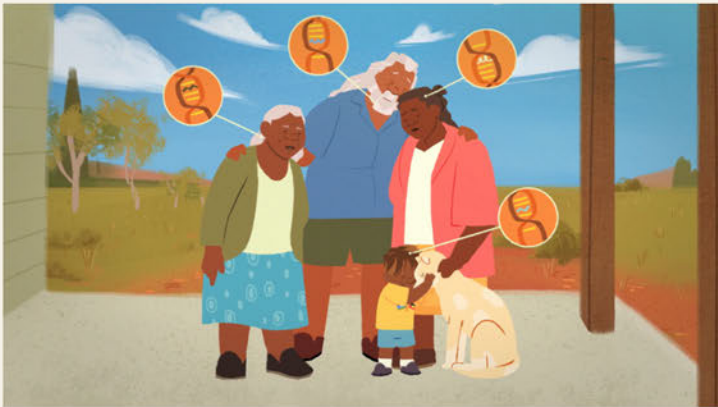


Since its inception Australian Genomics has recognised the critical role of community members, patient support and advocacy groups whose involvement underpins the success of many AG projects.

Among the tools and resources developed by Australian Genomics to advance this relationship are patient consent materials, a public-facing website for genomic testing, guidelines for community involvement in genomic research, recommendations for health and medical funders and institution to better support community involvement and a remuneration policy for community members.



Ensuring and enabling Indigenous peoples' control and sense of ownership over genomic research and healthcare is a key factor in community involvement. In partnership with communities the National Centre for Indigenous Genomics (NCIG) rolled out a suite of resources to help people seeking to understand genetic conditions, genetic testing and genomics research, and to navigate the sometimes-complex pathways to these.



Through an enduring, inclusive and positive partnership, the Australian Genomics teams amplified our incredibly important work nationally and internationally. With the policy team we were able to develop joint submissions that not only advocated for the needs of Aboriginal and Torres Strait Islander peoples but articulated existing barriers many face in accessing genetic and genomic health services and research.

LOUISE LYONS
Senior Manager, Strategy and Policy, Indigenous Genomics



OUR IMPACT



Australian Genomics is a national collaboration supporting the translation of genomic research into clinical practice

[What we do](#) [What we offer](#)

Tools & resources

We offer a range of tools, resources, publications and datasets for genomic researchers

[Explore all](#) [Our publications](#)

AUSTRALIAN GENOMICS THE FIRST FIVE YEARS



RESEARCH HIGHLIGHTS

Our story is your story too

Australian Genomics Health Alliance

NATIONAL APPROACH TO GENOMIC INFORMATION MANAGEMENT (NAGIM)

IMPLEMENTATION RECOMMENDATIONS OVERVIEW

Shariant

Shariant is a controlled access platform designed to allow Australian laboratories and clinical services to automate sharing of detailed and structured scientific evidence about clinically variant variants; communicate in real-time to resolve variant interpretation differences; and access gene- and disease-focused expertise.

Background

Decoding the clinical significance of DNA variants is complex and challenging, and is impeded by the variation of clinical information across data silos. It is currently difficult for one Australian laboratory to know if others hold evidence to support or refute the clinical impact of a variant they have assessed. Failure to share information leads to the risk of missing a diagnosis or misdiagnosing a variant.

Further, sometimes members of the same family, tested by different laboratories, can receive differing variant interpretations and thus different medical advice. Another advantage of sharing data is that pooling information across laboratories can consolidate interpretation of a variant that might otherwise be considered clinically uncertain – that is, the whole is greater than the sum of its parts. Altogether data sharing facilitates important changes to patient treatment.

Project aims

Sharing variant interpretation: Australian governing bodies. However, submission to existing and new centralising, meaning a testing laboratory does not have the clinical impact of a variant they have assessed. Failure to share information leads to the risk of missing a diagnosis or misdiagnosing a variant.

PanelApp Australia

PanelApp Australia is an open platform that allows Australian laboratories, clinicians and researchers to share structured gene-disease validity assessments, to create and compare evidence-based virtual gene panels for genomic analysis, and contribute towards national and international efforts to establish consensus gene-disease relationships.

Background

Evidence that a gene is linked to a particular disease is a key component of genomic analysis and variant interpretation. Assessing analysis on genes known to be causative for a particular clinical presentation, such as genomic encephalopathy or primary immunodeficiency, increases diagnostic, genetic and therapeutic relevance. Knowledge regarding gene-disease relationships is constantly evolving in light of new gene discoveries, making the creation and maintenance of knowledge databases a resource-intensive, largely manual process. Many Australian laboratories, clinical services and research groups create and maintain their own lists of genes associated with particular conditions, which are then used as part of genomic data analysis and interpretation. Similar efforts are under way by many international groups including the Genomics England PanelApp, the ClinGen consortium, OMIM, Orphanet and the OMIM database.

These gene-disease validity assessments are not in readily sharable format, leading to duplication of effort and inefficiency. Sharing gene-disease validity information on a national and international scale has the potential to promote evidence-based practice and to accelerate the

Research Snapshot

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Research Snapshot

Dynamic Consent

Australian Genomics responded to a need to improve the consent process for genomic research studies by coordinating a multi-disciplinary effort to deliver a product inspired by the principles of dynamic consent.

Background

Australian Genomics is committed to improving the experience of participants enrolled in genomic research programs and extending genomic testing. We recognise that traditional, paper-based models of consent are not optimal and in many respects don't capture the complexities of medical genomics for research participants. This is why we have developed a new online research consent and engagement platform for our participants called CTR (Consent).

The platform is based on **dynamic consent** – an emerging mechanism which enables study participants to choose from more granular consent options, and to give and revoke consent in real time. They can also use the platform to interact more fully in the research if they choose.

Project aims

We developed this new approach to consent over the course of 12 months by bringing together a multi-disciplinary working group, which includes the University of Sydney team who first introduced dynamic consent, consumer representatives and experts in the fields of genomics, research ethics, clinical genomics and bioethics, in partnership with the digital health technology company Sensei Systems.

Helping you understand genomic testing

The following webpage aims to give you information about genomic testing and what it may mean for you and your family. We hope that this information, alongside a discussion with your health professional, will help you make an informed decision about whether to have testing.

The key information about genomic testing can be found on this page. If you are interested in learning more, visit the diagnostic arm of each section for more detailed information.

Please note that while this webpage explains genomic testing, your health professional may or may not offer you testing in your appointment. You will be required to attend a separate time if you decide to undergo testing.

If you have any questions about the information on this webpage, please contact your health professional or ask them during your appointment.

On this page you will find information on:

- How is the test done?

Both genomic and **genomic** tests need a blood sample. Blood and saliva samples are the most common sample types. You do not need to fast for this blood test. You cannot eat or drink for 2 hours before collecting a blood sample.

Key findings

The core features of the CTR website have been developed and are available for use, allowing participants to:

- update their profile and contact details
- make and change consent choices
- access patient experience surveys
- contact the researchers through a messaging system
- keep up-to-date with news and information, and follow their progress through the study.

The use of CTR to support consent and recruitment into the Australian Genomics study has been approved by our Human Research Ethics Committee and patients are signing up.

We encourage everyone to access a **demo version** of the site at demo.ctr.austgenomics.org.au

The Science Within Us

A digital learning resource exploring our genetic identity

REFLECTIONS



Here we are at the end of Australian Genomics.

I'm deeply grateful for the opportunities, experiences and relationships that have been built through Australian Genomics. Despite the hard work, I've loved working with you all on this, and am so proud of all we have achieved, the skilled team we've built, and the incredible community we've developed.

I am feeling enthusiastic that Genomics Australia will build upon our collective efforts of the last decade, and it feels like the right time for national health genomics efforts to move from research into Government.

Thank you,
Tiffany Boughtwood



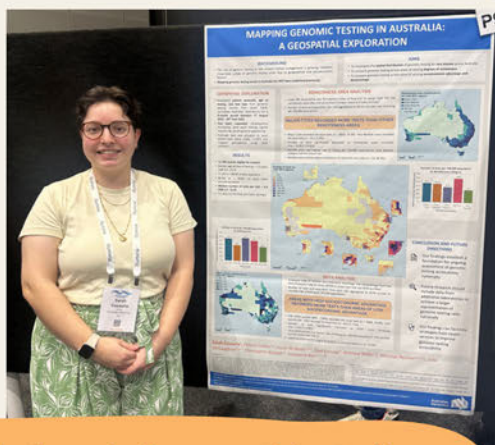
We set out to demonstrate that it was possible to bring genomic medicine into the Australian healthcare system, and we certainly delivered on our four major objectives: demonstrating patient benefit and cost effectiveness of the technologies in the rare disease and cancer arenas, understanding what is needed to bring genomic medicine into our health system, and building Australia's translational research genomics capacity.

John Christodoulou



While it's bittersweet to see the Australian Genomics chapter come to an end, I look back with so much pride in everything we've achieved together. We've truly helped change the face of genomics in this country, and I think we can all be really proud of that.

Kirsten Boggs



While the winding up of Australian Genomics is a milestone, it has been but a beginning with ever improving infrastructures (national databases for example) and emerging technologies such as AI, long read sequencing, spatial and multiomic technologies still to be brought systematically to the clinical interface.

Hamish Scott



AUSTRALIAN GENOMICS: CELEBRATING A 10 YEAR JOURNEY





It's hard to summarise or pick out individual key achievements as highlights, because for me, it all comes back to developing the genomics network in Australia – it's the partnerships with organisations and relationships with individuals that have driven progress. Without the commitment and motivation of the people who've engaged in our work, we wouldn't have reached where we are today.

Matilda Haas



Through research, national collaboration and community involvement, Australian Genomics has enabled a real and sustained change in clinical practice for the benefit of thousands of families experiencing genetic conditions.

Ilias Goranitis



Australian Genomics has been such a catalyst for progress in genomic research, translation and implementation in Australia. Being part of this over the past few years is something that many of my colleagues and I will remember fondly and cherish. In the area of kidney health, the lofty and aspirational goals we had only a few short years ago have now been achieved.

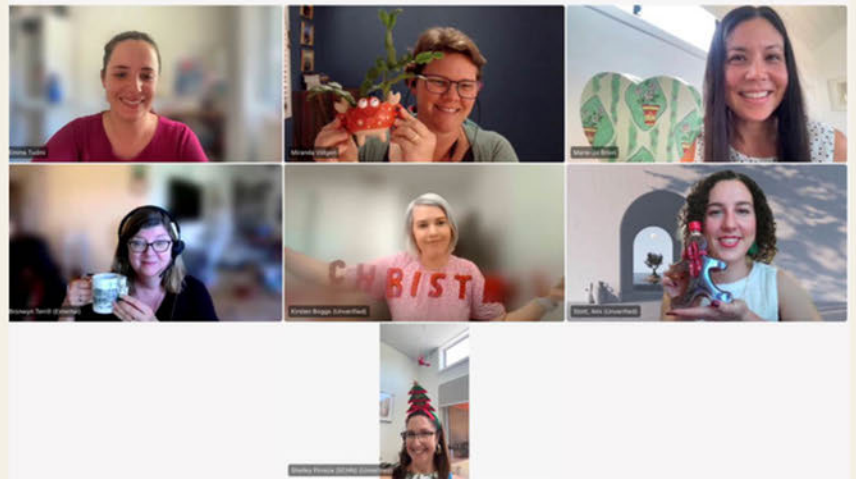
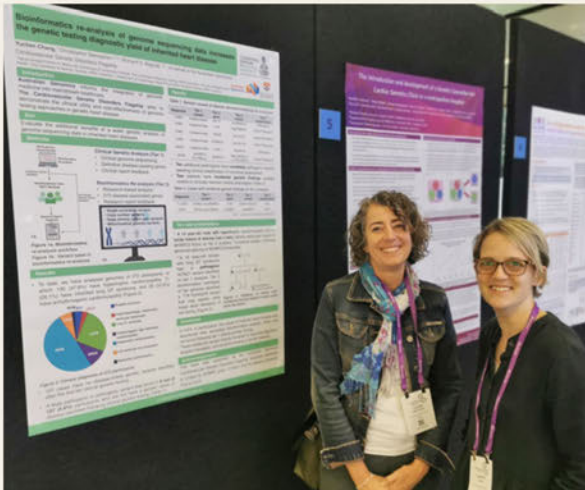
Andrew J. Mallett



When Australian Genomics began as the Australian Genomics Health Alliance in 2016, genomic cancer medicine was in its early infancy. The work that was conducted by those of us working at the coalface of genomic cancer medicine has laid the foundations for mainstreaming genomics into the diagnosis, treatment and risk management of cancer patients.

David Thomas







australiangenomics.org.au