



BioGrid

2025 Impact Report

JULY 2024 – DECEMBER 2025

Contents

Members and Collaborators	3
Chair's Report	5
CEO's Report	7
About BioGrid	9
BioGrid's 20 year celebration	10
Projects	14
Timely application of insights from data	14
Innovative use of patient data to drive future health benefits	21
Supporting translational research	25
Technology	32
People	34
Governance	35
Financial Summary	40



Members and Collaborators

BioGrid Australia Ltd is a not-for-profit company limited by guarantee. Its members are health services, universities and research institutes. At the time of this report, BioGrid's overarching evergreen collaboration agreement has been executed with 42 institutions (representing 82 sites across Australia) covering the management of governance, intellectual property, data access, undertaking projects, commercialisation and publications.



ACT Health
Canberra Hospital

AlfredHealth

Alfred Health
The Alfred
Caulfield Hospital
Sandringham Hospital



Austin Health
Austin Hospital
Heidelberg Repatriation
Hospital



Baker Heart &
Diabetes Institute



Barwon Health
University Hospital Geelong



Bendigo Health
Bendigo Hospital



Central Adelaide
Local Health Network
Royal Adelaide Hospital
The Queen Elizabeth Hospital



Eastern Health
Angliss Hospital
Box Hill Hospital
Healesville Hospital
Maroondah Hospital



Gold Coast Hospital and
Health Service*
Gold Coast University Hospital
Robina Hospital



Genesis Care



Goulburn Valley Health



Grampians
Health Ballarat
Ballarat Base Hospital
Queen Elizabeth Centre



Hudson Institute of
Medical Research



Latrobe Regional Hospital



La Trobe University*



Mater Health
Services Brisbane
Queensland Diabetes and
Endocrine Service
Mater Hospital Brisbane



Melbourne Health
The Royal Melbourne Hospital



Metro North Hospital
and Health Service
Royal Brisbane and
Women's Hospital
Prince Charles Hospital

*Non-Member Collaborator of BioGrid Australia



Members and Collaborators

Projects

Chair's Report

Technology

CEO's Report

People

About BioGrid

Governance

BioGrid's 20 year celebration

Financial Summary

MEMBERS AND COLLABORATORS



Metro South Hospital and Health Service*
Princess Alexandra Hospital



Monash Health
Monash Medical Centre, Clayton
Monash Medical Centre, Moorabbin
Casey Hospital
Dandenong Hospital



Monash University*



Murdoch Children's Research Institute



Northern Adelaide Local Health Network
Lyell McEwin Hospital
Modbury Hospital

Northern Health

Northern Health
The Northern Hospital



Peninsula Health
Frankston Hospital
Rosebud Hospital



Peter MacCallum Cancer Centre



RMIT University



South Metropolitan Health Service*
Fiona Stanley Hospital



South Western Sydney Local Health District
Bankstown, Bowral, Camden, Campbelltown, Fairfield and Liverpool Hospitals



St Vincent's Hospital, Melbourne



St Vincent's Hospital, Sydney*



Sydney Local Health District
Royal Prince Alfred, Concord Repatriation General, Balmain, Canterbury and Sydney Dental Hospitals



Tasmanian Government Department of Health and Human Services
Royal Hobart Hospital
Launceston General Hospital



The Royal Children's Hospital



The Royal Women's Hospital



The University of Melbourne



The University of New South Wales



The University of Western Australia



The Walter & Eliza Hall Institute of Medical Research



Victorian Comprehensive Cancer Centre Alliance



Western Health
Footscray Hospital
Sunshine Hospital
Williamstown Hospital



West Moreton Hospital and Health Service*
Ipswich Hospital

*Non-Member Collaborator of BioGrid Australia



[Members and Collaborators](#)

[Projects](#)

[Chair's Report](#)

[Technology](#)

[CEO's Report](#)

[People](#)

[About BioGrid](#)

[Governance](#)

[BioGrid's 20 year celebration](#)

[Financial Summary](#)

Chair's Report

Welcome to our 2025 Impact Report, our first after our adjustment to a January to December financial year. The change to our financial year was approved by the Australian Charities and Not-for-profits Commission (ACNC) and the BioGrid Board to enable BioGrid to better align with reporting cycles of key funding partners, members and stakeholders.

I'm pleased to report that for this reporting period, we recorded an operational surplus of \$13,799, reflecting strong operational performance and continued focus on disciplined financial management. Importantly, BioGrid has committed contracted revenue of \$4.53m over the next 12 months, providing a stable pipeline of activity and supporting confidence in BioGrid's ongoing operations and service delivery.

The past 18 months were significant for BioGrid. We celebrated the 20th anniversary of the establishment of our organisation with a very successful event on 26 November 2024. It was a wonderful opportunity to celebrate the realisation of the original vision of the Molecular Medicine Informatics Model (MMIM), a pilot project funded by Victorian Government.

This vision was based on a prescient understanding of the potential benefits of creating a way to safely and securely access distributed clinical data sets for research, which resulted in BioGrid's unique federated model. Today, the vision is more relevant than ever with the increasing digitisation

of clinical records of all types. In fact, the ability to link different types of clinical data is now unlocking the ability to access unique data types such as genomic, biospecimen and patient imaging data.

In a timely testament to the value of BioGrid's services, this year we announced a landmark partnership with the Snow Centre for Immune Health. BioGrid is delivering a next-generation digital platform, the Aridhia Digital Research Environment (DRE). This partnership will enable Snow Centre researchers to securely access and collaborate on patient biospecimen samples, and associated research data – all from a single, secure hub.

This is an important progression against BioGrid's growth and sustainability strategy. While many in our sector still work on physically local infrastructure for their data needs, it is increasingly recognised that Australian clinical research must move to secure, cloud-based research environments to enable scalability and collaboration with international partners.

Dr Rob Grenfell



We also received welcome news in February 2025 that the Australian Rare Cancer (ARC) Portal would be funded for another four years by the Australian Government, after the original five-year funding ended in early 2024. The ARC Portal is a critical resource for physicians managing patients with rare cancers, especially in rural, regional and remote locations where access to specialists is often difficult. BioGrid is proud to manage the ARC Portal to facilitate secure links for cancer specialists to expert advice, research opportunities and clinical trial options.



"Thank you to my fellow Board directors for their incredible commitment and invaluable contribution to BioGrid. We are so fortunate to have the expert guidance of our volunteer directors, who are passionate about the work BioGrid does and recognise the immense value we are able to deliver."

Finally, I'd like to extend a warm welcome to RMIT University as a member organisation, and to congratulate my esteemed colleague Professor Karin Thursky on being voted in as the Chair of BioGrid's Member Management Committee in September 2024. Professor Thursky has been a keen supporter and collaborator for many years, and I look forward to working with her during her tenure.

Sadly, long-term BioGrid Board member and Chair of BioGrid's Finance, Audit and Risk Committee David Polonsky retired from the Board at the Annual General Meeting on 26 November 2024 and Chris Arnold AM retired from the BioGrid Board in October 2025, having served for 9 and 10 years respectively. David and Chris helped guide BioGrid through a time of significant growth and unexpected challenge (COVID-19), and we are grateful for their counsel.

We did however have the pleasure of welcoming Kylie Maher to the BioGrid board in February 2025. Kylie brings to the BioGrid board extensive audit and risk management experience in the health sector and I look forward to working with her as BioGrid grows.

As ever, thank you to Maureen Turner, CEO of BioGrid Australia, and her passionate and committed team who continue to show us what is possible when you are determined to help researchers solve the challenges they face in bringing their research objectives to life.

Rob Grenfell
Chair, BioGrid Australia



CEO's Report

Welcome to BioGrid's 2025 impact report! From this year we will be reporting in a calendar year, and as a result this report covers the 18-month period from 1 July 2024 to 31 December 2025.

These 18 months have seen some unexpected impacts on the Australian medical research sector from global events. Despite this, BioGrid has progressed its agenda based on our Strategic and Business Plans, which has resulted in a surplus this financial period. BioGrid achieved revenue growth of 24% during this period, reflecting continued demand for BioGrid's secure data and research collaboration services and the successful development of new partnerships and projects with members, research institutions and industry collaborators.



The Company achieved revenue growth of

24%

Two significant initiatives were rolled out during the 2025 financial year. The first was the relaunch of the Australian Rare Cancer (ARC) Portal referral service, managed by BioGrid and funded for 4 years from 1 July 2025 by the Australian Government. The ARC Portal enhances equity by providing access to specialist rare cancer care outside of metropolitan areas by allowing everyone to access the same level of expert advice regardless of geography, reducing the need for unnecessary travel to tertiary or specialist cancer centres in capital cities. This bridges an acute unmet need for these patients; without the ARC Portal expertise, their care and treatment options are much more limited. BioGrid is honoured to be managing this program on behalf of the ARC Portal team.

The second initiative was the Snow Centre for Immune Health, which BioGrid is supporting through the provision of the Aridhia Digital Research Environment (DRE), a secure, cloud-based research platform. The DRE will securely house data and support the Snow Centre with the ethics and governance framework needed to facilitate responsible, compliant data sharing, enabling faster implementation of programs for researchers and protecting patient privacy. The Snow Centre agreement is a significant milestone for BioGrid and recognition of our expertise and accomplishments in this sector.

Both of these commitments reflect recognition of BioGrid's expertise in our sector, and the value of our research capability, data strategy and advisory.

Maureen Turner



BioGrid is no longer simply a data linkage provider – we are now firmly established as valued advisors and enablers for researchers who seek to use the significant amount of available clinical data to drive innovation in improving health outcomes.

One of our exciting new projects resulting from engagement during the grant application phase is the Perfusion Registry upgrade, which will deliver an Australian first innovation. The challenge is to deliver real-time integration of data from Heart Lung machines into the long-running Australian and New Zealand Collaborative Perfusion Registry. We worked closely with the Australia and New Zealand Collaborative Perfusion Registry (ANZCPR) Group on a solution that will enable clinicians to better understand how the duration of cardiopulmonary bypass impacts on patient outcomes.



[Members and Collaborators](#)

[Projects](#)

[Chair's Report](#)

[Technology](#)

[CEO's Report](#)

[People](#)

[About BioGrid](#)

[Governance](#)

[BioGrid's 20 year celebration](#)

[Financial Summary](#)

Another area of growth has been our consultancy for ethics and governance, a service area that has grown organically out of the work we do preparing and submitting ethics applications for the projects that we work with, which often involve multiple sites across Australia. This is a specialised skill set, one that we are now able to extend to researchers who seek assistance with ethics applications and governance specifications for data sharing requirements.

Now more than ever it is important that BioGrid's messaging is clear. In 2024 we celebrated our 20th anniversary, and in 2025 we launched a review of our Brand Voice. Our business has evolved significantly over the past two decades, with technology changing and unlocking new ways we can support researchers. Our services now span the research data life cycle and it is important to ensure our Brand Voice reflects this evolution. We engaged a brand specialist from PIXO, our digital partner, and commenced this work at the end of 2025, delving into who we are, what we provide and how best to communicate this to current and prospective members and clients. This work will be completed in 2026 and will be reflected across our communications, including the website.

During the 18 months of this report, we continued our long-running partnerships with a number of programs that aim to create better outcomes for the Australian community.

This included developing a new Sarcoma database for the Australia and New Zealand Sarcoma Association; supporting software upgrades to long-running clinical registry programs such as TRACC (Colorectal Cancer), PURPLE (Pancreatic Cancer)

"While we seek to grow new business, we also value our long-term relationships with research programs, supporting their evolution and helping them take advantage of innovations in the health sector."

and BREAST (Breast Cancer); conducting complex linkage for the landmark GenV program to securely and accurately match parents and children with their biosamples; and continuing our work with the National Cancer Cohort Platform to bring together several influential national cancer studies into one virtual location.

In 2026 we will be focusing on continuing the implementation of the Aridhia DRE for the Snow Centre for Immune Health and other research programs, which represents an exciting step forward for BioGrid, but is also one we have been working towards for a number of years. Our strategy work during 2019 and 2020 held firmly to a vision of a secure, cloud-based, integrated environment that is ready to accommodate the wide variety of clinical data that is essential for research that will elevate patient and community health outcomes now and into the future.

I am forever grateful to my dedicated team at BioGrid; without their commitment and hard work none of our success, or that of our partners, would be possible – a very sincere thank you to each team member.

I'd also like to thank the Board and the Member Management Committee, who continue to provide invaluable guidance and support. Their faith in the value of BioGrid has been very much appreciated, and I look forward to working with them again in the coming year.

Maureen Turner
CEO, BioGrid Australia



About BioGrid

BioGrid Australia Ltd is a not-for-profit service established and run by the health and medical research community, for the health and medical research community. Founded to address the challenges of fragmented data systems and complex governance, BioGrid brings together hospitals, universities and research institutes across Australia to collaborate securely and efficiently.

Our members rely on BioGrid's trusted platform to access and link diverse datasets in real time, enabling multi-site studies, reducing administrative burdens, and accelerating discoveries that make a meaningful impact on health outcomes.

By working closely with our members and partners, we ensure that our services are tailored to the real needs of researchers, supporting innovation, collaboration and the pursuit of knowledge with integrity and transparency.

For more information on how BioGrid works, what data is linked to BioGrid and how to access data, go to www.biogrid.org.au. →

Vision

Be the leading partner for clinical and research data collaboration in Australia and around the world.

Mission

To empower researchers with secure, curated and privacy-protected clinical data, accelerating discoveries that improve health outcomes for everyone.

Values



Dependable and innovative



Trustworthy and Accountable



Collaborative and Customer-focused



Members and Collaborators

Projects

Chair's Report

Technology

CEO's Report

People

About BioGrid

Governance

BioGrid's 20 year celebration

Financial Summary



BioGrid's 20 year celebration

Celebrating BioGrid's 20 year journey to becoming a leader in Australian health informatics

In November 2024, BioGrid celebrated our 20 year journey, from the original prescient idea about leveraging electronic data to now holding a unique position in the Australian health sector – as a leader in health informatics and the only not-for-profit, research sector owned Australian provider of end-to-end data solutions for novel clinical research.

BioGrid members past and present came together with the people that brought the BioGrid vision to life, to honour what BioGrid has achieved over 20 years, showcase the exciting projects BioGrid is currently working with, and explore where BioGrid's unique services can create new opportunities in the future.

At BioGrid's inception as the Molecular Medicine Informatics Model (MMIM) project in 2003, electronic medical records did not yet exist, but Peter Gibbs, Peter Colman and Terry O'Brien knew change was imminent and saw the potential benefits of creating a way to safely and securely access distributed clinical data sets for research, which resulted in BioGrid's unique federated model.

Today, BioGrid's expertise has expanded to encompass a solutions-based approach to working with researchers on large and diverse research programs, supporting secure and ethically governed innovation, which was illustrated with real world examples by our partner researchers during our 20th Anniversary Celebration.



[Members and Collaborators](#)

[Projects](#)

[Chair's Report](#)

[Technology](#)

[CEO's Report](#)

[People](#)

[About BioGrid](#)

[Governance](#)

[BioGrid's 20 year celebration](#)

[Financial Summary](#)

Honouring the past and the progress that has been made



Dr Amanda Caples

Our keynote speakers Louise Schaper and Amanda Caples set the scene for the day. Dr Schaper shared an eye-opening retrospective of the progress since 2004 in using medical data and electronic medical records in the context of the technological advances over 20 years and shared some thoughts on what the future might hold with the help of organisations like BioGrid.

Dr Amanda Caples, Victoria's Lead Scientist, talked about the Victorian government's commitment to the type of financial support that helped establish BioGrid. The Victorian Government was with us right at the beginning in 2003 when it funded the Molecular Medicine Informatics Model (MMIM) pilot project, and again in 2006 to establish the Australian Cancer Grid funded under the Victorian Government's Healthy Futures Initiative.

Celebrating the present – profiling the innovative work being done by biogrid's research partners

■ The Gibbs Lab – honing clinical registries for improved clinical outcomes

The Gibbs Lab team took us through some of the exciting programs they are working on utilising clinical registry data from registry software developed and linked by BioGrid. Dr Grace Gard's work on using clinical registry data to help improve patient education about their condition when they have been diagnosed has been trialled at Western Health in Melbourne with great success.

Dr Vanessa Wong spoke more broadly about the challenges of establishing registry-based clinical trials and Dr Belinda Lee shared insights with us about how clinical registry data can support translational research. Dr Kate Dunn took us through how the TRACC registry, established many years ago and with more than 3000 patients enrolled, is measuring and improving quality of care for patients with recurrent and advanced colorectal cancer.



Dr Louise Schaper



Prof Peter Gibbs

■ Real World Evidence and the benefits for the pharmaceutical industry

A/Prof Ben Tran, Dr Arsha Anton, Giles Stratton (Pfizer) and Eduardo Pimenta (Bayer) joined us for a discussion about how real world evidence can help the Australian pharmaceutical industry in developing treatments. Dr Anton also shared insights about her experience in running registry trials, particularly Real-PRO, a Registry-based study of Enzalutamide vs Abiraterone assessing cognitive function in Elderly Metastatic Castration-Resistant Prostate Cancer.



A/Prof Ben Tran



A/Prof Phillip Antippa

Infrastructure and data solutions for research questions

Prof Peter Gibbs joined us again to introduce a session on case studies about research featuring infrastructure and data solutions. Dr Miranda Smith presented on the use of virtual biobanking to enhance collaboration and specimen use in infectious diseases by making geographically separate biobanks easily accessible from a central location, in the APPRISE Virtual Biobank.

A/Prof Phillip Antippa discussed ANZTHOR, Australia and New Zealand's first thoracic surgery registry, which is being used to understand and measure continuous improvement in thoracic surgery outcomes. Dr Allison Drosdowsky took us through her project with Data Connect investigating how outcomes for cancer patients can be improved by linking data from primary care and hospital settings, as well as data from clinical registries, to study cancer from pre-diagnosis to post-treatment care. Dr Anthony Zimmerman shared the work his team is doing to equip hospitals with the tools they need to collect and manage patient information to support

diabetes clinical care, audit and research projects, based on data collected in the Diabetes Clinical and Research Database.

Projects supported by the Medical Research Future Fund (MRFF)

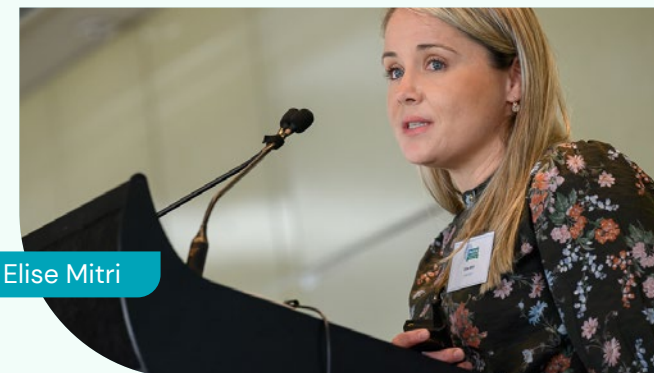
BioGrid has partnered with a number of projects funded by the MRFF under the Research Data Infrastructure Initiative, and Prof Karin Thursky convened a session focused on these exciting programs of work. A/Prof Daniel Capurro discussed the project work using artificial intelligence in antimicrobial appropriateness surveillance, using natural language processing, machine learning algorithms, and common data models for antimicrobial use metrics and infection indications.

Anna Khanina took us through the EINSTEIN project, which aims to develop an automated surveillance program for infections in cancer patients, emphasising the extraction and transformation of data from electronic medical records to create robust infection detection algorithms. A/Prof Ashley Ng then profiled the National Cancer Cohort



Anna Khanina

Program, which will create a digital asset to bring together several influential national cancer cohort studies into one virtual location, including linkages to biospecimen repositories and familial pedigrees.



Elise Mitri

Tackling antibiotic allergies and antimicrobial resistance

Prof Jason Trubiano, Elise Mitri and Dr Luke Fletcher joined us to talk about the work the iNAAN program is doing to support clinicians by developing a tool to assess antibiotic allergies, and enabling penicillin allergy delabelling for hospitalised low-risk patients. The potential benefits are confidence in the appropriate treatment for patients, and a reduction in antimicrobial resistance.



Dr Ting Dang, Dr Alex Duong, Mark Nevin, A/Prof Tam C. Nguyen, Prof Jeannie Paterson & Dr Paul Cooper

Looking to the future

■ Snow Centre for Immune Health

WEHI (Walter and Eliza Hall Institute of Medical Research) Director Prof Ken Smith and The Royal Melbourne Hospital's Prof Jo Douglass, co-leads for the new Snow Centre for Immune Health, joined our event to share the vision for the Centre, an exciting initiative that will address the increasing "tidal wave" of immune disease in modern society. In our audience we were also honoured to be joined by Prof Sir John Savill, who chairs the Provisional Science and Technical Advisory Committee (PSTAC) for the Snow Centre for Immune Health. PSTAC provides independent advice to Snow Medical and WEHI on matters relating to the operation and strategic scientific direction of the Centre.

■ Making information in clinical notes accessible to researchers through natural language processing

If you want a taste of how complex human language is, and how efficient the human brain is at understanding all the nuances of language, try training a computer to understand clinical notes! This is the challenge Prof Wendy Chapman and Dr Vlada Rozova from the University of Melbourne set our audience in their presentation on their work using natural language processing (NLP) to extract the rich, meaningful information from clinical notes.

■ Can artificial intelligence help connect fragmented healthcare data?

Artificial Intelligence (AI) is one of the hottest topics in health at the moment, and we invited experts on the topic in healthcare to delve into how AI will enhance research data connectivity. Our panel was convened by Dr Paul Cooper, who led Dr Ting Dang,

Dr Alex Duong, Mark Nevin, A/Prof Tam C. Nguyen and Prof Jeannie Paterson through a range of topics, including the impact AI will have on data collection and data quality, and what strategies could be used to ensure appropriate standards.

The panel also tackled the complex issues of ethical considerations and regulatory support – what ethical issues arise when AI is used to integrate sensitive health data, and how can we address concerns around privacy and consent? How can policymakers and regulatory bodies support the integration of AI in enhancing research data connectivity while ensuring patient rights are protected? Everyone agreed that this is a conversation that will continue for some time as the complex considerations around AI are identified and tackled.

■ 20th anniversary video

BioGrid was honoured to be joined 'virtually' by people who were instrumental in positioning BioGrid as a leader in Australian health informatics. A compilation video featured interviews with these passionate advocates of the vision that BioGrid brought to life – connecting Australia's health research ecosystem with trusted data infrastructure. You can [view the videos here](#).

Projects



Timely application of insights from data

A number of BioGrid projects support research that promotes better clinical practice through the analysis of clinical data. These projects have an impact horizon that is shorter term, providing insights that can be quickly integrated into improved clinical processes.

iNAAN: Driving international collaboration for an innovative digital penicillin allergy toolkit

Ten percent of the Australian population have a penicillin allergy – or do they? In fact, about 90% of that group are not truly allergic to penicillin, which means they are at risk of receiving the wrong treatment. In addition, on a global scale antibiotic resistance is rising to dangerously high levels, and over-use of antibiotics is a contributing factor.

Incorrect or 'false' antibiotic allergy labels result in inappropriate prescribing and increased use of broad-spectrum antibiotics, poor patient outcomes and a financial impact on the health system.

■ How can clinicians be supported in assessing antibiotic allergies?

When a patient is admitted to hospital, time is of the essence and a validated method for assessing a patient's reported penicillin allergy is an important tool for clinicians.

Standard practice in the past has been to perform a skin-test procedure before proceeding to an oral challenge dose, if the skin-test is negative. Accessing penicillin skin-testing procedures in the inpatient setting requires time, trained clinicians and resources. Given the pressures of responding to an immediate issue of infection, many clinicians were therefore unable to test if a penicillin allergy truly exists, leaving limited antibiotic choices for common infections.



“Historically, skin-testing was commonly performed before proceeding to the oral challenge.”

Elise Mitri

Project Manager, the International Network of Antibiotic Allergy Nations (iNAAN) study.

The iNAAN study wanted to find a way to support clinicians with a standardised way of assessing antibiotic allergies, enabling a risk-stratification to determine which patients are low-risk and appropriate for direct oral challenge, and then increasing the availability of penicillin allergy delabelling for hospitalised low-risk patients.

A digital penicillin allergy toolkit to help clinicians decide whether a patient has a low-risk penicillin allergy and may therefore be a good candidate for an oral challenge would potentially deliver huge benefit to both patients and the broader health system.

■ Providing the basis for improved patient care and reduction in antibiotic resistance

The National Antibiotic Allergy Network (NAAN) has developed a framework for collaborative health services research in antibiotic allergy and part of this action is the formation of a database auditing inpatient antibiotic allergy testing, known as the International Network of Antibiotic Allergy Nations (iNAAN) study.

This database provides a platform for informing a standardised assessment and oral challenge procedure and a method for capturing the resulting data, which can then be used for auditing and improving hospital procedures and national policy.

This work will provide vital data to inform the National Allergy Strategy and National Allergy Centre for Excellence (NACE) in the future.

Our Impact

BioGrid's coding of patient data to remove identifying information means partner sites and researchers can audit and analyse with confidence that no identifying information leaves the secure environment.



Our impact

Data captured at the point of care through the NAAN smartphone app is transferred directly into a REDCap database securely hosted by BioGrid — no local storage, no manual handling.



The database is complemented by a smartphone app (NAAN App) that clinicians can use to guide their decision-making. The app utilises published clinical assessment tools, such as the Antibiotic Allergy Assessment Tool and PEN-FAST clinical decision rule, to provide clinicians with a digital penicillin allergy toolkit and a platform to easily collect penicillin allergy phenotypic data, enabling a resultant risk-assessment. The app also allows oral challenge data collection at the point-of-care.



BioGrid's secure platform underpins the iNAAN study

The iNAAN project team had a choice – build their own database or find a partner with the expertise to help them. Doing it themselves would have cost triple, and BioGrid's secure data storage and handling, along with existing ethics approval for the platform, made it a compelling proposition.

"BioGrid makes the database very attractive to sites that are considering coming on board, as they tick all the boxes in terms of data security, data storage, the coding of data to remove identifying information, and the governance that exists for the platform," says Prof Jason Trubiano, Principal Investigator for iNaan.

The data collected by the app is not stored locally, but is safely transferred via the cloud to a REDCap database securely hosted by BioGrid.

Our impact

Due to BioGrid's existing data security and governance, the technical barriers to expanding the program were reduced, making it faster than expected to grow from three Australian sites in 2022 to 38 sites across seven countries in 2025.



"BioGrid makes the database very attractive to sites that are considering coming on board, as they tick all the boxes in terms of data security, data storage, the coding of data to remove identifying information, and the governance that exists for the platform."

Prof Jason Trubiano

Principal Investigator for iNAAN

Supporting health service compliance with national standards

The NAAN smartphone app launched in November 2022 at the Austin Hospital, Peter MacCallum Cancer Centre and Albury Wodonga Health. Since then, the project has expanded its participating health services to include international sites.

The project team is assessing the adoption of the digital penicillin allergy toolkit (NAAN app) to safely and effectively assess a patient's penicillin allergy and where appropriate, utilise direct oral challenge as the testing strategy.

A more extensive audit of the clinical effectiveness and sustainability of the digital penicillin allergy toolkit across all sites will be possible over time

thanks to BioGrid's platform, which will enable access to de-identified, aggregated data for the health services as they build up the data they contribute to the database.





ANZTHOR Registry: A Model for Specialty Surgical Quality Assurance in Australia

ANZTHOR is the only clinical quality registry for thoracic surgery across Australia and Aotearoa New Zealand and is, with the support of BioGrid, transforming thoracic surgery data collection and quality monitoring across the region. The registry addresses what was a critical gap for Thoracic Surgeons – the lack of comprehensive data about outcomes.

During 2025, development continued on the ANZTHOR registry to include new functionality – linking to the National Death Index to provide survivorship data through BioGrid's partnership with the [Australian Institute of Health and Welfare \(AIHW\)](#).

Linking the ANZTHOR quality registry with the National Death Index will help Thoracic Surgeons accurately assess long-term survival outcomes and the impact of surgical quality for patients undergoing thoracic surgery, especially after lung cancer screening.

Our Impact

Through BioGrid's partnership with the AIHW, ANZTHOR is now linking to the National Death Index – providing the ability to review both surgical outcomes and survivorship.

In just a few years of operation, the ANZTHOR registry has collected data on almost

3,500

thoracic surgery cases across public and private hospitals.

The ability to analyse cancer cases by tumour type provides valuable insights into case mix and outcomes across different pathologies.

Quality beyond complications

One of the most innovative features of ANZTHOR is its comprehensive approach to quality measurement, incorporating key performance indicators specifically designed for thoracic oncology.

These process-based quality indicators examine whether best practices are being followed rather

BioGrid delivered a solution that achieved the key aims of the ANZTHOR program, in particular the ability for sites contributing data to retain access to their own data set for clinician and institutional quality audits.

Our Impact

BioGrid's solution provides thoracic surgeons and their institutions with a clear picture of how they are performing, enabling transparent quality measurement.



Thoracic surgery units will also receive reports on the condition of their data sets after the annual automated data cleaning process, enabling the units to make any required changes to the source data in the registry and to improve data collection processes to ensure the data is captured according to ANZTHOR's [data requirements](#).

■ AIHW NDI data linkage enables survivorship analysis

A critical element of enabling quality measurement is linking ANZTHOR to the AIHW National Death Index (NDI).

"The ability to link NDI mortality data enables robust measurement of survival outcomes, causes of death, and performance benchmarking related to mortality across different conditions, treatments, hospitals, and geographic areas," says Associate Professor Antippa.

"This evidence is essential for evaluating and improving the safety, quality, and effectiveness of health care delivery at both the hospital and population level."

than simply measuring outcomes. Questions include whether pulmonary function tests were performed, whether PET scans were conducted appropriately, whether tissue diagnosis was obtained before resection, and whether patients were discussed in multidisciplinary meetings. This approach provides a more nuanced understanding of care quality and helps identify opportunities for improvement before they manifest as adverse outcomes.

Timeliness is an important part of surgical auditing and ANZTHOR will utilise live data reporting via SAS, which is provided as part of BioGrid's service.

■ Impressive early results

In just a few years of operation, ANZTHOR has collected data on almost 3,500 cases across public and private hospitals. The registry's ethics framework was designed to permit both prospective and retrospective data collection, allowing participating centres to include historical cases where appropriate data existed. This flexibility has accelerated the registry's growth and enhanced its analytical power.

The system successfully captures the full spectrum of thoracic surgical procedures, with lung resections representing the majority of cases alongside pleural procedures. The ability to analyse cancer cases by tumour type provides valuable insights into case mix and outcomes across different pathologies.

Our Impact

The ANZTHOR ethics framework — guided and enabled by BioGrid — permits both prospective and retrospective data collection, accelerating the registry's growth.



World-first Heart Lung Machine integration with Perfusion Registry to improve patient outcomes

An Australian and New Zealand initiative to understand the impacts of the cardiopulmonary bypass procedure, used to support patients having cardiac surgery, will deliver critical information to support better outcomes for heart and lung surgery patients.

Cardiopulmonary bypass is a procedure with inherent risks, but for many years it was not well understood how the duration of cardiopulmonary bypass impacted on patient outcomes.

■ Amplifying the power of Perfusion Registry data

One of the longest-running clinical registries, the Australian and New Zealand Collaborative Perfusion Registry (ANZCPR), established in 2006, promotes the reporting and understanding of the effect of cardiopulmonary bypass on patient outcomes. The ANZCPR Group encourages evidence-based practices, quality assurance, quality improvement and research, utilising data collected in more than 40,000 procedures in ten hospitals throughout Australia and New Zealand – a very valuable data repository unique in its inclusion of electronic perfusion data.



Built on an MS Access platform, the ANZCPR technology needed updating. The ANZCPR Group collaborated with BioGrid to develop a funding proposal for the redevelopment of the perfusion registry and introduce automation. The solution had to be designed and agreed for inclusion in the grant funding application, so BioGrid worked closely with the ANZCPR Group on the specifications for the new database and the requirements for integration with the Heart Lung Machines used to support patients during surgery.

In July 2025, the ANZCPR Group secured funding from the Australian Federal Government (under the National Clinical Quality Registry Automation and Innovation Capacity Building grant opportunity) to redevelop the existing Australia and New Zealand Collaborative Perfusion Registry to enable, for the first time, a cloud-based solution incorporating automation between Heart Lung Machines and the ANZCPR database.

The ANZCPR Group encourages evidence-based practices, quality assurance, quality improvement and research, utilising data collected in more than

40,000

procedures in ten hospitals throughout Australia and New Zealand.

Tackling the challenge of collecting real-time data

It was a technical challenge that BioGrid was confident they could solve. The data had to be collected in real time, as the Heart Lung Machine was operating, and passed through to the registry for later analysis and reporting.

Our Impact

BioGrid worked closely with the ANZCPR Group on the specifications, the integration design and the funding proposal that secured the Federal Government grant for this world-first redevelopment.



Ensuring a more sustainable resource for the Perfusion Registry participating sites

At the end of the project, the registry will be more sustainable, with significantly increased usability and build capacity for the future, making it easier for more sites to participate in providing data.

"This is an exciting project for BioGrid. Our team has extensive experience working with clinical researchers to design databases and facilitate data integration, and we're well equipped to address the unique challenge of interfacing the registry with Heart Lung Machines," says Maureen Turner, CEO of BioGrid Australia.

Our Impact

BioGrid's experience designing databases for clinical researchers, and integrating them with clinical systems, is what makes a project of this technical complexity possible.



"Use of the expanded data set, using real time data from Heart Lung Machines, will provide a world-first, and drive evidence-based perfusion practices that improve patient outcomes in cardiac surgery, support quality assurance monitoring and enable benchmarking of practices and impacts of cardiopulmonary bypass."

Prof Rob Baker

ANZCPR Chair



BioGrid

Members and Collaborators

[Projects](#)

Chair's Report

Technology

CEO's Report

People

About BioGrid

Governance

BioGrid's 20 year celebration

Financial Summary



Innovative use of patient data to drive future health benefits

Patient data is still a largely untapped research resource, providing highly valuable real world data that can be directly applied to clinical practice. To unlock the insights in patient data, great care must be taken to ensure patient confidentiality. In addition, correctly linking different types of patient data, as well as data from diverse sources, presents a challenge. BioGrid designs data solutions that address these challenges and power innovation.

GenV's 'Big Idea': Helping Solve Complex Problems Facing Children and Adults

A landmark longitudinal study in Victoria is pursuing an ambitious goal: to transform the health and wellbeing of children and their parents by understanding the factors that impact them, and finding better ways to treat and prevent these issues. BioGrid is supporting this effort with its expertise in data governance and linkage.

GenV is a whole-population longitudinal cohort study and biobank, open to all children born in Victoria between October 2021 and October 2023 and their parents. With over 124,000 participants recruited to date, it is the largest study of its kind ever undertaken in Australia, aimed at facilitating both discovery and interventional research.

Our Impact

BioGrid acted as the secure bridge between pathology providers and GenV — matching biosample identifiers to participant identifiers without exposing either side's data.



BioGrid – Enabling Secure Linkage

BioGrid supported the linkage of stored residual clinical biosamples to GenV participants. BioGrid acted as a 'secure bridge' between:

- Pathology providers (who hold biosample identifiers), and
- GenV (who hold consented participant identifiers).

Our Impact

Data linkage was conducted under specific data-sharing agreements, created by BioGrid to protect confidentiality and managed within BioGrid's secure infrastructure.



Unique collaboration creates a single virtual location for national cancer cohort studies

The National Cancer Cohort Platform (NCCP), funded by a Medical Research Future Fund (MRFF) grant, aims to create a digital asset that will bring together several influential national cancer cohort studies into one virtual location, including linkages to biospecimen repositories, and familial pedigrees.

Led by Prof Karin Thursky, the project involves a multidisciplinary team of clinicians, consumers, and researchers from health services, cancer cohorts, and digital health to establish a new research infrastructure.

The first collaboration of its kind, it incorporates KConFab, Australian Ovarian Cancer Study, Variants in Practice (ViP) Study, Lifepool, and Melanoma Research Victoria cancer cohort studies as well as BioGrid Australia, the Department of Health Services Research at Peter MacCallum Cancer Centre and the Victorian Comprehensive Cancer Centre (VCCC) Alliance.

BioGrid has extensive experience providing the digital environment to support similar research programs, and specialises in centralising access to distributed data sets and biobanks via their national data governance and connectivity platform. A key part of BioGrid's offering is the proven ability to protect patient and clinician privacy and data security. In addition, BioGrid's role includes assisting with the multi-institutional agreements needed for cohort studies come on board and join the platform, which ensures consistent data security and data privacy standards.

Our Impact

BioGrid is creating a unique resource that will be available to researchers, cohort custodians and patients, providing privacy-protected, secure tailored access to the data at different levels of access, with full control remaining in the hands of the cohort owners.



The NCCP portal will enable analysis of the cohorts in a standardised manner, allowing researchers to identify participants for future studies, including when they may be represented over several cohorts that could provide a more complete picture of participants through diagnosis and treatment.

The work will also allow development of 'data commons' as a standardised approach for data capture for participant and sample tracking that would facilitate cohort management. This includes facilitating future cohorts wanting to come onto the platform.

There is also significant potential to uplift the current data workflows and infrastructure used by the cohorts, particularly where paper or spreadsheets have been historically used, and allowing newer digital tools to be implemented, including housing such data in more secure repositories.



Enhancing Infection Surveillance to Transform Excellence In National cancer care

People who are being treated for cancer face a number of challenges in addition to the cancer. Their treatment necessarily results in their immune system being compromised which means that patients are at a greater risk of infection. It's harder to treat those infections when you don't have a functioning immune system to assist.

Infection-related mortality is the leading cause of early death for many adult Australians with blood cancers undergoing leukemia treatment or allogeneic haematopoietic stem cell transplantation. Until now, systematic surveillance of these infections in clinical settings took too long and required too many resources to be feasible.

Our Impact

With BioGrid's secure coding of patient data feeding into EINSTEIN, researchers and patients alike can be confident that no identifying information is ever exposed.



Researchers at the Peter MacCallum Cancer Centre are tackling this issue using a next-generation digital platform called EINSTEIN (Enhancing Infection Surveillance to Transform Excellence In National cancer care), a tool for providing clinicians with a platform for understanding and flagging infections. EINSTEIN draws on a digital learning health framework and data science to detect serious and emerging infections in the immune compromised cancer population.



“The earlier we can detect and treat an infection the greater our chance of stopping it from becoming life threatening. With this platform we aim to develop a national scalable system standardising digital algorithms.”

A/Prof Leon Worth

Medical Director Infection Prevention at the Peter MacCallum Cancer Centre and Principal Investigator for the project.

■ Fast identification of infections means more effective treatment

The poor outcomes for patients who contract an infection while being treated highlight the critical need for an integrated clinical data platform to systematically and quickly identify both the infection and the at-risk patient.

Harnessing artificial intelligence to facilitate multi-dimensional and enhanced monitoring systems is the only viable and sustainable approach for identification and reporting of invasive fungal infections and similar complex infection syndromes in high-risk patient populations.

■ BioGrid’s work on EINSTEIN builds on the IFIS collaboration

BioGrid previously worked with A/Prof Worth on the precursor to the EINSTEIN project – the Invasive Fungal Infections Surveillance (IFIS) Project – providing infrastructure and data curation services.

BioGrid is again providing the data sharing and linkage infrastructure and services underpinning the initiative, as well as establishing the data agreements and streamlining data governance between participating institutions with the BioGrid collaboration agreement.

Our Impact

Thanks to BioGrid, a scalable system leveraging artificial intelligence to monitor complex infection syndromes in high-risk patients can now be a reality for clinicians.





Supporting translational research

Translational research is focused on the real world implementation of new or improved treatments, and whether they can work on the large scale required in a health care setting. Translational research aims to challenge the traditional long time frames of medical research to get the benefits of research findings into the community as quickly as possible. BioGrid's solutions help researchers transform complex data into actionable information, faster.

VCCC Alliance Data Connect: Understanding cancer patients' journey of care

In an Australian first, the linking of primary care and hospital data was made possible through Data Connect, a major collaboration between the VCCC Alliance, the University of Melbourne, hospitals and BioGrid Australia.



Our Impact

The data linkages BioGrid established for VCCC Data Connect were the foundation for a growing program of research into the patient cancer journey — from pre-diagnosis to post-treatment care.



The overall objective of Data Connect is to improve outcomes for cancer patients and to inform policy decisions by bringing a data-driven lens to the entire patient journey of care. Data-driven insights into patients' journeys from diagnosis to treatment and beyond will help practitioners build a more complete picture of the patient experience, with the opportunity to identify factors that contribute to cancer outcomes.

Since cancer and other healthcare services are delivered in multiple locations and settings, health data is often collected in isolation, siloed in separate systems, and bound by governance complexities and other challenges, preventing its use for effective, scalable health services research.

Connecting healthcare data from general practice and hospitals is therefore essential for understanding the factors that contribute to delayed cancer diagnosis and treatment.



When cancer patients are diagnosed and move from primary to hospital care, and back for post-treatment care, this can impact how their health issues are identified and solved. Bringing together data sources will help to better understand where patients access care, how they're being diagnosed and their quality of life after treatment.

■ Partnering with BioGrid to resolve linkage and governance challenges

VCCC Alliance Data Connect used BioGrid's federated data infrastructure to address these challenges by providing data through a single service. This removes the need for researchers to apply for data access through multiple different organizations, while also meeting the ethics, governance, and privacy requirements of data custodians, clinicians and patients.

BioGrid's infrastructure and unified governance processes enable the connection of primary care data from two primary care databases, hospital data from hospital admissions, emergency department presentations and outpatient care.

■ Enabling research to improve colorectal cancer outcomes

Dr Allison Drosdowsky's research is a great example of how Data Connect will help to improve outcomes for cancer patients by linking data from primary care and hospital settings, as well as data from clinical registries, to study cancer from pre-diagnosis to post-treatment care.

"We looked at variables such as gender, socioeconomic status, metropolitan and regional status, whether the person had colon or rectum cancer, and found none of these seemed to make any difference to how long diagnosis and treatment took."

Dr Allison Drosdowsky

Her study examined the role of time to diagnosis and treatment in colorectal cancer to identify where there may be opportunities to make diagnoses sooner, and at an earlier stage, to provide the best chance to improve outcomes for people with cancer. Her research is the first Australian study to look at these questions.

"The data about the use of health care in the time before diagnosis and treatment for colorectal cancer patients did show some areas to guide optimal time frames for key events in the cancer pathway – such as a patient detecting bodily changes and deciding to see their GP – and look at potential interventions to reduce times," said Dr Drosdowsky.





“There are traditionally three distinct subtypes of breast cancer, each with different prognoses and treatment options.”

Dr Sheau Wen Lok

Principal Investigator for the BREAST registry

Bringing real world evidence to tackle breast cancer

Our Impact

BioGrid was able to bring to life a vision for pulling together three disparate registries through a portal that provides a single, governed environment for researchers and clinicians.



In the past 10 years, breast cancer diagnoses in Australia have increased by 24%, partly due to improved screening and broad community education and awareness, making it the second most commonly diagnosed cancer in Australia.

Breast cancer has a devastating impact on our community as it is the most common cancer among women. Breast cancer kills more than 3300 Australians a year and one woman under the age of 40 is expected to die from it each week.

Breast cancer can be classified as early, locally advanced, or metastatic, and is further categorised by receptor status (hormone receptor positive, HER2-positive, or triple negative).

“What’s unique about breast cancer is that it’s not the one disease unlike some other types of cancers,” says Dr Sheau Wen Lok, the Principal Investigator for the BREAST registry.



BioGrid

Members and Collaborators

[Projects](#)

Chair’s Report

Technology

CEO’s Report

People

About BioGrid

Governance

BioGrid’s 20 year celebration

Financial Summary

“The aim of these registries is to provide real world evidence. Clinical trials are still the gold standard for investigating new treatments, but the clinical trial population is not necessarily the same as a real world population.”

Dr Sheau Wen Lok

For this reason, real world evidence about the efficacy of treatments, particularly when considered in the context of patient comorbidities and lifestyle factors, is an important complement to clinical trial data.

The BREAST database, developed by BioGrid, acts as a portal, bringing together three existing, independently approved standalone registries that aim to improve understanding of the treatment and outcomes of breast cancer patients, providing an important resource for researchers and clinicians.

“It’s really helpful to have the BioGrid team providing support at all stages of the development of BREAST and the sub registries,” says Dr Lok.

“We started with TABITHA, the metastatic HER2 Positive breast cancer registry. Over time we expanded to add on the other two common subtypes of breast cancer to establish ARORA

to capture hormone sensitive metastatic breast cancer, and the most recent one being TRACIE, which is a metastatic triple negative breast cancer registry,” says Dr Lok.

The idea behind BREAST was that the three individual registries could be used as standalone data sets, or investigators may ultimately wish to utilise data from a combination of these registries to investigate questions relevant to all three subtypes.

TABITHA was developed by BioGrid and the team decided that the addition of two other related data sets would also benefit from BioGrid’s expertise.

The data in all three registries is available for use for approved collaborative clinical audit and research projects via BioGrid’s data sharing platform and is already being accessed by clinicians Australia-wide at least 3 to 4 times a year.

Our Impact

Dr Lok’s team had support from BioGrid at every stage of the development of BREAST and its sub-registries — from data structure to governance to ongoing access.



“The patients who are in front of you in clinic are often older. Many do not meet clinical trial criteria as they often have comorbidities that would exclude them from standard clinical trials,” says Dr Lok.

“It’s extremely valuable to understand what actually happens to these patients in the real world, and how they respond to the drugs that have proven to be effective in clinical trials.”



Building Foundations for Diabetes Research: The BioGrid Story

When BioGrid was established, one of its pioneering initiatives was the creation of a comprehensive diabetes database under the leadership of Peter Colman. What began as a practical solution to streamline clinic operations has evolved into a valuable research resource spanning multiple states and institutions across Australia.

■ From Paper to Digital Innovation

In an era when clinical data was still collected on paper, the diabetes database represented a significant leap forward in operational efficiency. The system was thoughtfully designed to serve dual purposes—supporting both clinical care and research objectives. By replacing the traditional dictaphone system for specialist correspondence, the database introduced automated summary generation that transformed clinician workflows. With a single click, doctors could produce comprehensive visit summaries with space for additional observations, which could be sent directly to GPs and specialists. This innovation eliminated multiple steps in the documentation process, allowing clinicians to focus more time on patient care.

Our Impact

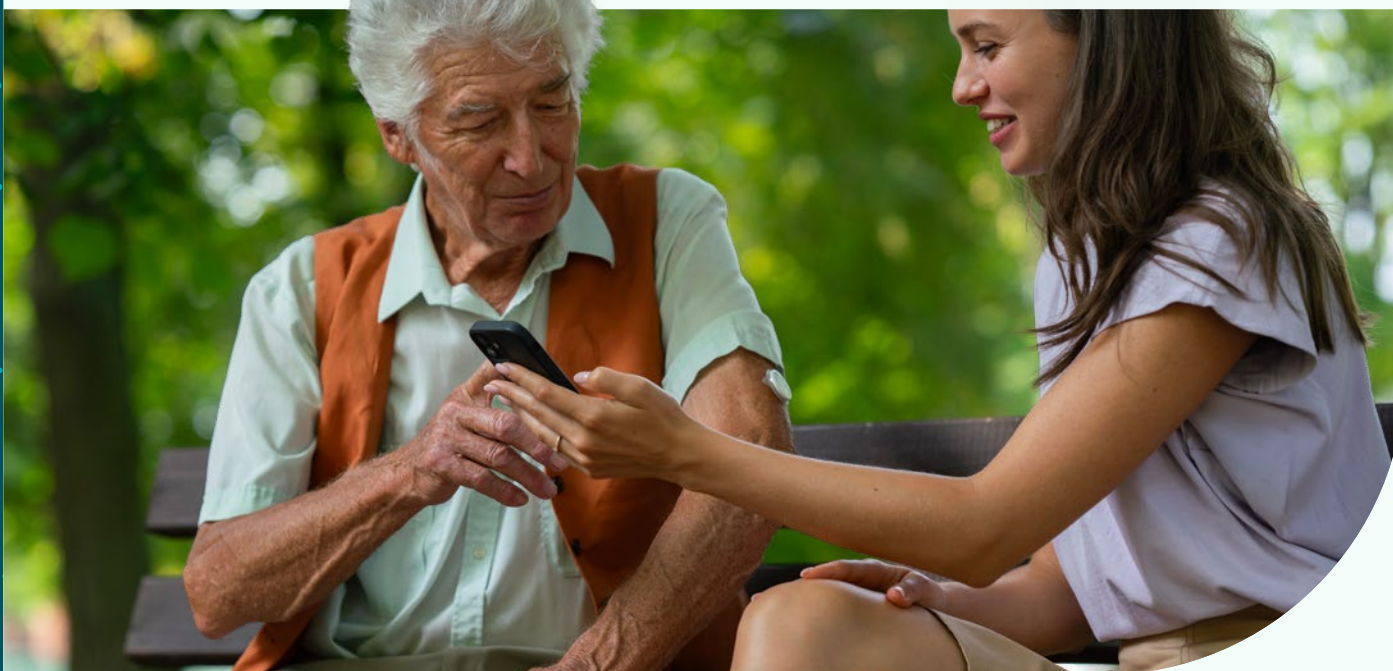
BioGrid built the diabetes database before electronic medical records to support outpatient clinics and build a lasting research resource.



■ Translating Data into Discoveries

The diabetes research journey began with a focus on young adults with Type 1 diabetes transitioning from paediatric to adult care—a critical period that can significantly impact long-term health outcomes. Through linkages with the Australian Institute of Health and Welfare (AIHW) and the National Death Index, this early research generated important insights into patient outcomes and care patterns.

During the Australasian Diabetes Data Network (ADDN) period, BioGrid supported extensive research over several years, employing data mining and benchmarking techniques to connect paediatric and adult centre information. One of the important projects that BioGrid enabled was ADDN data being utilised to provide evaluation of the government's continuous glucose monitoring (CGM) program. While the formal project has concluded, the database continues to serve as an active research platform.



■ Building the Future

Today, the diabetes database represents untapped potential for advancing our understanding of chronic disease management. Through enduring linkages with member sites, the data remains readily accessible for research initiatives. Several PhD students under the supervision of Prof Elif Ekinci at the University of Melbourne and Austin Hospital are planning research projects utilising this resource. Notably, one ambitious project aims to link Victorian diabetes data across multiple health datasets, ultimately connecting with national health information systems through partnerships with PATRON, a primary-care data repository managed by the University of Melbourne, and AIHW.

The BioGrid Diabetes User Group, now nearly 10 years in operation, continues to bring together clinicians and researchers with important questions but limited resources, working to maximize the value of the collected data.

Our Impact

Through linkages with the AIHW's National Death Index — managed by BioGrid — early research on Type 1 diabetes transition generated insights that would not have been possible from any single dataset.



■ Unique Applications and Opportunities

Beyond traditional research, the database has found innovative applications, including its use in the Centre for Digital Transformation of Health's Learning Health System Course, where obfuscated real-world medical record data has helped students understand the complexities of health data quality and completeness.

■ Looking Ahead

While diabetes research faces distinct challenges compared to other disease areas—including fewer breakthrough treatments and different funding dynamics—emerging technologies like Continuous Glucose Monitoring are opening new research avenues. Under the leadership of champions like Prof Elif Ekinci, who heads the diabetes research centre at the University of Melbourne and brings extensive research leadership experience from Austin Hospital, BioGrid's diabetes database is positioned to contribute meaningfully to improving outcomes for people living with diabetes across Australia.

The database stands as a testament to BioGrid's founding vision: creating infrastructure that serves immediate clinical needs while building lasting resources for research that can improve patient care for years to come.

Our Impact

The Diabetes data available through BioGrid now supports a new generation of PhD research, with linkages to GP data and AIHW's NDI.



Transforming diabetes care through data

In Adelaide's northern suburbs, diabetes prevalence approaches a rate of one in ten residents, presenting the Northern Adelaide Local Health Network (NALHN) diabetes service with challenges that many Australian healthcare teams would recognise all too well.

"We've got about 40,000 people with diabetes in our catchment area needing treatment," explains Dr Anthony Zimmermann, Head of Diabetes and Endocrine Services at Lyell McEwin Hospital since 2013, who also serves as Clinical Associate Professor at the Adelaide University.

The data collected by the NALHN Diabetes service team in the BioGrid Diabetes Clinical and Research Database enabled them to review their data for over

16,000
patients in real-time.



The resourcing challenges faced by health services in general, and diabetes services in particular, combined with an increasing prevalence of diabetes in the community, made it critical to find a better way to manage patients and their ongoing care. Dr Zimmermann was well aware that any change had to be supported by solid analysis of real-world data.

■ A data-driven solution emerges

The transformation began in 2015 when Dr Zimmermann secured funding for a one-year trial of BioGrid Australia's Diabetes Clinical and Research Database, which was already being used to collect clinical data for data-driven decision-making by several Australian hospitals treating adult diabetes patients.

While it took nine months to navigate clinical governance and IT approval processes, leaving just three months for the actual trial, the potential was immediately apparent.

NALHN subsequently joined the Australasian Diabetes Data Network (ADDN) collaboration, making them the first South Australian public hospital to participate.

Our Impact

With BioGrid's Diabetes database, the clinic's results were immediately obvious, enabling Dr Zimmerman to verify and support the transformation that had already commenced in managing patient care.



Joining the ADDN equipped the NALHN with something invaluable in healthcare improvement: the ability to benchmark their performance against national standards. Every six months, the service receives detailed benchmark reports comparing their outcomes with other participating centres across Australia.



Technology

BioGrid prioritises data security and privacy, simplifying access to sensitive datasets while maintaining compliance so researchers can be confident about their research outcomes. Protecting that capability is a key focus.

Cloud-based application hosting

In 2025 BioGrid implemented Microsoft Azure, which was the foundation for enabling BioGrid to offer secure cloud-based hosting for client applications including the Aridhia Digital Research Environment for the Snow Centre for Immune Health. Cloud-based hosting allows BioGrid's Infrastructure and Data Engineering team to better manage these applications and ensure uninterrupted service – most applications no longer need to be taken offline for maintenance and security patching.

Our Impact

BioGrid's move to Microsoft Azure underpins the ability to offer secure cloud-based hosting, including the Aridhia Digital Research Environment being used by the Snow Centre for Immune Health to drive groundbreaking immune health research.



BioGrid engaged Cyber CX, one of the largest security services companies in Australia, to review the environment against security controls outlined in the CIS Benchmark standard. Several improvements recommended by CyberCX to complement the security work implemented were actioned by BioGrid.

The implementation of Azure was accompanied by the organisation's move to Microsoft Office 365 in early 2025. This involved decoupling BioGrid's systems from the Royal Melbourne Hospital's Office suite, which simplified management of the BioGrid email system. Centralised file management and simplified collaboration was also enabled through the establishment of Sharepoint, providing the capability to collaborate in a more streamlined manner. Remote access was improved through use of OneDrive, removing the need for staff to remotely access a desktop located in the BioGrid office.



[Members and Collaborators](#)

[Projects](#)

[Chair's Report](#)

[Technology](#)

[CEO's Report](#)

[People](#)

[About BioGrid](#)

[Governance](#)

[BioGrid's 20 year celebration](#)

[Financial Summary](#)

Aridhia Digital Research Environment

A key element of enabling the Snow Centre for Immune Health was BioGrid's implementation of the Aridhia Digital Research Environment (DRE), a secure, cloud-based platform. This innovative, purpose-built research environment provides secure storage to easily access, share and analyse research and clinical data obtained from patients in an integrated manner.

The Aridhia DRE has been developed to address the security needs of data owners whilst providing for the analysis needs of the data scientists, clinicians and researchers who make use of the data. The Azure-based platform is ISO 27001 Information Security Management certified, ISO 27701 GDPR Privacy Information Management certified, and HITRUST certified, providing the highest levels of data security and privacy protection.

The benefit of a digital research environment is the high security it delivers, because all data, research and analysis activities occur within the DRE, eliminating the potential risk posed by the movement of data between environments.

Aridhia's industry leading research environment offers support for a wide variety of multi-modal data types including clinical data from Electronic Medical Records (EMR), medical imaging, and genomic data

"During 2026, BioGrid will be offering this capability for all BioGrid members, ensuring that researchers who wish to collaborate in a secure research environment are supported with this transformational technology, accelerating innovative use of clinical data to create novel results."

Maureen Turner, CEO BioGrid

using common data models like OMOP and SDTM. It empowers data owners to create secure access to their data collections by research teams through the ISO 27001, ISO 27701 and HITRUST certified platform.

The Aridhia DRE has a rich metadata catalogue, configurable data governance, private, airlocked collaboration workspaces and built-in analytics tools to easily explore data and build and share a cohort without writing code. Researchers and clinicians can now securely access and collaborate with national and international partners. As the scope of the Snow Centre's work with collaborators grows, this will be particularly beneficial to this globally focused work.

LinXmart

BioGrid completed the implementation of LinXmart record matching software in early 2024 and commenced using the software for conducting project-specific linkages.

The first project completed using LinXmart was the GenV program, a landmark longitudinal study in Victoria involving a whole-population longitudinal cohort study and biobank. With over 124,000 participants recruited to date, it is the largest study of its kind ever undertaken in Australia, aimed at facilitating both discovery and interventional research.

LinXmart will be rolled out to other client projects progressively during 2026.



People

BioGrid's Executive Team enjoyed a higher profile this year, with the publication of their professional biographies on the [BioGrid website](#) in June 2025. BioGrid believes it's important to provide stakeholders with an insight into the people behind the company, showcasing the level of expertise that backs up the work we do.

BioGrid's 20th Anniversary Celebration was a great opportunity for our team to meet our members and stakeholders in a relaxed environment that showcased the results of their behind-the-scenes work. It was also the perfect way for our research partners to meet, in person, the BioGrid team members that work hard behind the scenes to deliver the solutions that empower researchers to unlock discoveries and advance health outcomes.



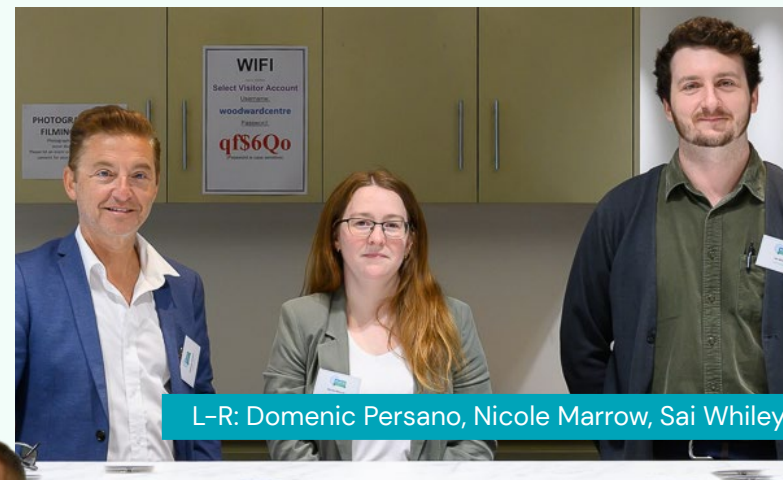
BioGrid Chair, Robert Grenfell



L-R: Lakshan Meeriyagalla, Subha Bachina, Subhashini Umasankar



BioGrid CEO, Maureen Turner



L-R: Domenic Persano, Nicole Marrow, Sai Whiley



L-R: Ping-Wen Lee, Wisam Abdelaziz, Javier Haurat, Lakshan Meeriyagalla, Liam Pietralla



BioGrid Deputy Chair, Paul Cooper



[Members and Collaborators](#)

[Projects](#)

[Chair's Report](#)

[Technology](#)

[CEO's Report](#)

[People](#)

[About BioGrid](#)

[Governance](#)

[BioGrid's 20 year celebration](#)

[Financial Summary](#)

Governance

BioGrid Australia Ltd is a not-for-profit company limited by guarantee owned by its members. The company is governed by a [Board of Directors](#) on behalf of the [members](#). Each member institution has one full voting representative on the Member Management Committee.

2024-25 snapshot



42

Members and Collaborators representing



82

institutions

Board Member Changes

After nine years, long-term BioGrid Board member and Chair of BioGrid's Finance, Audit and Risk Committee **David Polonsky** retired from the Board at the Annual General Meeting on 26 November 2024. **Chris Arnold** AM retired from the BioGrid Board in October 2025 marking 10 years' service.

BioGrid is grateful for the valuable services provided by Chris and David, who volunteered their time to help guide BioGrid's growth and sustainability with their expert advice and experience.

Kylie Maher BBus CPA GAICD joined the Board in February, filling a casual vacancy effective 26 February 2025 as a result of David Polonsky's retirement after serving on the Board since 2015 and as Chair of the Finance, Audit and Risk Committee since 2017. Ms Maher also joined the Finance, Audit and Risk Committee, taking on the role of Chair from September 2025. Kylie brings to the role extensive audit and risk management experience in the health sector.

2024 Annual General Meeting

BioGrid's 2024 Annual General Meeting was held on 26 November 2024 to coincide with the organisation's 20th Anniversary Celebration. The Board Chair, Rob Grenfell, and CEO, Maureen Turner, reflected on the organisation's 20 year journey and the success of its growth and sustainability strategy. David Polonsky led the members' approval of the financial statements for 2023-24.

Members

BioGrid welcomed RMIT University as our newest member in July 2025. RMIT University runs a substantial research program, leading or joining research collaborations that bring together investigators from universities, industry and government, both nationally and internationally. We look forward to working with RMIT University and supporting their health and medical research objectives.



[Members and Collaborators](#)

[Projects](#)

[Chair's Report](#)

[Technology](#)

[CEO's Report](#)

[People](#)

[About BioGrid](#)

[Governance](#)

[BioGrid's 20 year celebration](#)

[Financial Summary](#)

**Dr Rob Grenfell***MBBS, MPH, FAFPHM, MAICD*

Director since October 2017; Chairman since September 2018

- Chief Strategy & Regions Officer, Grampians Health (2022 – present)
- Director, Western Victoria Primary Health Network (2024 – present)
- Director, Grenfell Health Consulting (1997 – present)
- Special Health Advisor, CSIRO (2020 – 2023)
- Director – Health and Biosecurity CSIRO (2015 – 2020)
- Director, Maree Stopes Health (2011 – 2016)
- Chair, General Practice Victoria (2007 – 2010)
- Director, General Practice Victoria (1998 – 2007)

**Dr Paul Cooper***BSc, PhD, GradDip Bus, FAIDH, CHIA, AFHEA, GAICD*

Director since August 2018 and Deputy Chair since September 2018

- Director, Longboardfella Consulting Pty Ltd (2016 – present)
- Non-Executive Director, Escient Pty Ltd (2025 – present)
- Non-Executive Director, healthAbility (2024 – present)
- Member, Human Research Ethics Committee, St Vincent's Healthcare (2019 – present)
- Member, WEHI Advocacy and Support Committee (2017 – present)
- Digital Content Curator, Australasian Institute of Digital Health, Victorian Branch (2021 – 2022)
- Director, Victorian Continence Resource Centre (2015 – 2020)
- Secretary, Australasian Institute of Digital Health, Victorian Branch (2017 – 2019)
- Director, Digital Health, Department of Health and Human Services, Victorian Government (2017 – 2018)

**Mr Christopher Arnold AM***B Comm, MBA, FCPA, FAICD*

Director March 2014 to October 2025

- Principal, Hodgson Associates, 2010 – present
- Director, Scribble Therapeutics Pty Ltd (2025 – present)
- Director, Evinco Therapeutics Pty Ltd (2025 – present)
- Director, IPC Health Ltd (2022 – present)
- Deputy Chair, Melbourne Anglican Foundation (2021-present)
- Director, Human Variome Project International Ltd (2008 – 2017; 2025 – present)
- Director, Australian World Orchestra (2019 – 2023)
- Director, Melba Opera Trust (2017 – 2020)
- Director, Skin & Cancer Foundation Inc (2009 – 2019)
- Chair, Human Variome Project International Ltd (2014 – 2017)
- Chair, Telediagnosics Pty Ltd (2010 – 2016)
- Director, Philanthropy Australia (2003 – 2009)
- Director, Australian Communities Foundation (1999 – 2007)


Ms Kylie Maher

B Comm (Accounting), CPA, GAICD

Director since February 2025

- Director, Protect Risk Consulting (2018 – present)
- Member, RMIT Council (2024 – present)
- Director, IPC Health Ltd (2023 – present)
- Director, Moore Australia (2020 – 2023)
- Director, KPMG Australia (2010–2014; 2019)
- Chair, Finance, Audit and Risk Committee, City of Yarra (2021–current), Stonnington (2025–presentt)
- Member, Finance, Audit and Risk Committee, Education Services Australia (2024–present)
- Member, Finance, Audit and Risk Committee, Australian Accounting and Auditing Standards Boards (2020–present)
- Member, Finance, Audit and Risk Committee, City of Port Phillip (2018–present), Cardinia, Wyndham (2021–present)


Mr David Polonsky

B Bus, CA, TIA, MAICD

Director January 2015 to November 2024

- Director, DRP Consulting Pty Ltd, (1996 – present)
- Director, Moore Stephens (Vic) Pty Ltd (formerly Nexia Melbourne Pty Ltd), (2011–2017)
- Director, Private Ancillary Funds various to 2022
- Director Spirit of Australia Foundation (2018 – present)

2024–25 snapshot


411

journal publications reported to date that have utilised BioGrid for their research





Professor Clare Scott AM

MBBS, PhD, FRACP, FAHMS

Director since March 2020

- Head, Ovarian and Rare Cancers Laboratory, Walter and Eliza Hall Institute of Medical Research (2010 – present)
- Consultant Medical Oncologist, Peter MacCallum Cancer Centre (2016 – present), Royal Women's Hospital (2010 – present), Royal Melbourne Hospital (2006 – present)
- Chair, Australia New Zealand Gynaecology Oncology Group (ANZGOG) (2022 – present)
- Director, Australia New Zealand Gynaecology Oncology Group (ANZGOG) (2014 – present)
- Member, Executive Board of Directors, Gynaecologic Cancer Inter-Group (GCIg) (2022 – present)
- Director, Cancer Trials Australia (2021 – present)
- Member, Research Committee, Cure Cancer Australia Foundation (2020 – present)
- Chair, Gynaecological Cancer, University of Melbourne (2018 – present)
- Chair, Rare Cancers Group, Clinical Oncology Society of Australia (COSA) (2015 – present)
- Member, Scientific Advisory Board Oncology One (2021 – 2023)
- Chair, International Rare Cancer Initiative (IRCI) Board (2020 – 2025)
- Member, International Rare Cancer Initiative (IRCI) Board (2015 – 2025)
- Joint Division Head, Clinical Discovery Translation, Walter and Eliza Hall Institute of Medical Research (2019 – 2024)
- Director, Cure Cancer Australia Foundation (2010 – 2020)
- Chair, Research Committee, Cure Cancer Australia Foundation (2012 – 2020)
- Member, Research Committee, Cure Cancer Australia Foundation (2010 – 2011)

2024-25 snapshot



145

active research projects
enabled by BioGrid during
July 2024 – December 2025,
represented across all states
and the ACT



BioGrid

Members and Collaborators

Projects

Chair's Report

Technology

CEO's Report

People

About BioGrid

Governance

BioGrid's 20 year celebration

Financial Summary



Professor Karin Verspoor

BA, MSc, PhD, GCUT, FAIDH, FTSE

Director since August 2016

- Executive Dean, School of Computing Technologies, RMIT University, (2021 – present)
- Fellow, Australian Academy of Technological Sciences and Engineering (2024 – present)
- Honorary Professor, School of Computing and Information Systems, University of Melbourne (2021 – present)
- Fellow, Australasian Institute for Digital Health (2020 – present)
- Co-Founder and Victoria Node Lead, Australian Alliance for Artificial Intelligence in Healthcare (2019 – present)
- Deputy Director, ARC Industrial Transformation Training Centre in Cognitive Computing for Medical Technologies (2018 – 2025)
- Professor, School of Computing and Information Systems, University of Melbourne (2017 – 2021)
- Director of Health Technologies, Melbourne School of Engineering, University of Melbourne (2020 – 2021)
- Deputy Director, Centre for Digital Transformation of Health, University of Melbourne (2019 – 2021)
- Fellow, Centre for Business Analytics, Melbourne Business School (2015 – 2020)
- Deputy Head of School (Research), School of Computing and Information Systems, University of Melbourne (2019 – 2020)
- Deputy Head of Department (Operations), Department of Computing and Information Systems, University of Melbourne (2015 – 2019)
- Deputy Director, Health and Biomedical Informatics Centre, University of Melbourne (2014 – 2019)
- Associate Professor, School of Computing and Information Systems, University of Melbourne (2014 – 2016)
- President, Australasian Language Technology Association (ALTA) (2013 – 2014)
- Scientific Director, Health and Life Sciences, National ICT Australia (NICTA) (2012 – 2014)

Financial Summary

During this financial period BioGrid transitioned its financial reporting period from a 30 June year end to a 31 December year end to better align with the reporting cycles of key funding partners, members and stakeholders within the research and health sector.

As part of this transition, the current financial statements cover an 18-month reporting period ending 31 December 2025. Accordingly, the financial results for this period may not be directly comparable with prior financial statements which covered a 12-month reporting period. Appropriate disclosures have been included in the financial report to explain the change in reporting period and its impact on comparability.

BioGrid has strengthened its financial and operational position during this financial reporting

period. The Company recorded an operational surplus of \$13,799 for the period, reflecting strong operational performance and continued focus on disciplined financial management. This result has been supported by prudent cost management and the effective utilisation of the Company's infrastructure and service platforms.

The Company achieved revenue growth of 24%, reflecting continued demand for BioGrid's secure data and research collaboration services and the successful development of new

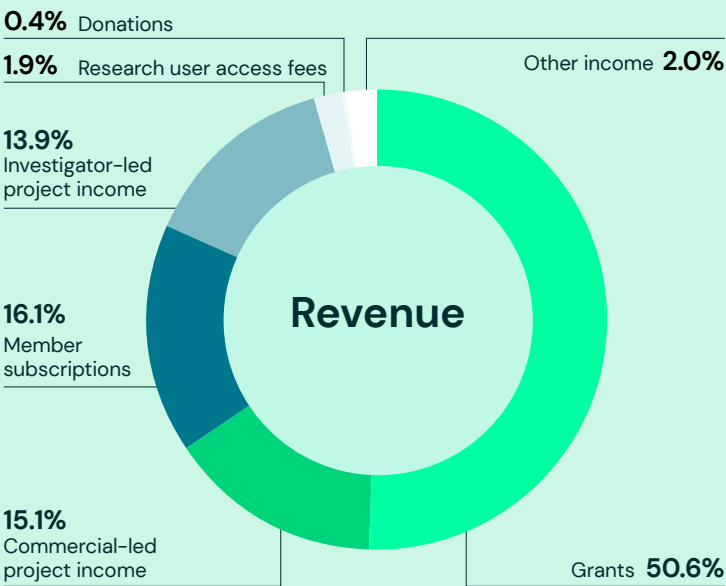
partnerships and projects with members, research institutions and industry collaborators.

Importantly, the Company has committed contracted revenue of \$4.53m over the next 12 months, providing a stable pipeline of activity and supporting confidence in the Company's ongoing operations and service delivery.

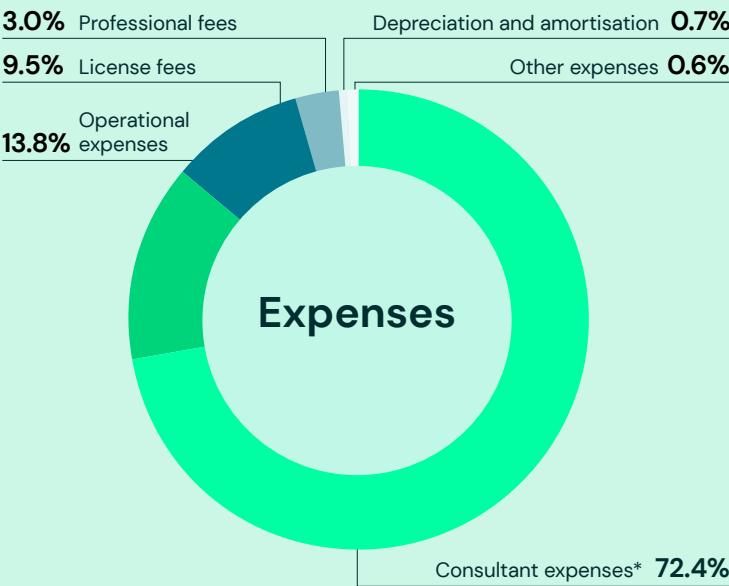
BioGrid remains the only collaboration network in Australia with the legal and ethical framework to enable the sharing of real-time health and medical data for research. Accordingly, it is well positioned to take advantage of opportunities as they arise nationally and internationally.

To assist with the realisation of our strategic objectives, BioGrid's Directors and management continued to work closely with our key stakeholders. These institutions and individuals continue to show their support for the Company and its strategic direction, which is driven by the increasing data and security needs of the research community.

1 July 2024 – 31 December 2025



1 July 2024 – 31 December 2025



* Consultant expenses include payments to Melbourne Health who provide staff contract and payroll services to BioGrid



Statement of Income and Expenditure

For the Period Ended 31 December 2025

	1 Jul 2024 – 31 Dec 2025 \$	1 Jul 2023 – 30 Jun 2024 \$
Revenue	4,871,032	2,619,220
Consultant expenses*	(3,514,671)	(2,290,967)
Operational expenses	(669,416)	(116,475)
License fees	(463,466)	(130,681)
Professional fees	(146,224)	(73,930)
Depreciation and amortisation	(33,407)	(20,691)
Other expenses	(30,049)	(4,185)
Surplus/(Deficit) for the period	13,799	(17,709)

*Consultant expenses include payments to Melbourne Health who provide staff contract and payroll services to BioGrid

Statement of Financial Position

As at 31 December 2025

	1 Jul 2024 – 31 Dec 2025 \$	1 Jul 2023 – 30 Jun 2024 \$
ASSETS		
CURRENT ASSETS		
Cash and cash equivalents	300,784	39,548
Trade and other receivables	1,381,038	789,029
Other assets	147,091	72,291
TOTAL CURRENT ASSETS	1,828,913	900,868
NON-CURRENT ASSETS		
Property, plant and equipment	6,884	11,018
Intangible assets	317,249	264,649
TOTAL NON-CURRENT ASSETS	324,133	275,667
TOTAL ASSETS	2,153,046	1,176,535
LIABILITIES		
CURRENT LIABILITIES		
Trade and other payables	491,219	651,288
Other liabilities	1,634,531	511,750
TOTAL CURRENT LIABILITIES	2,125,750	1,163,038
TOTAL LIABILITIES	2,125,750	1,163,038
NET ASSETS	27,296	13,497
EQUITY		
Accumulated surpluses	27,296	13,497
TOTAL EQUITY	27,296	13,497





BioGrid Australia

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