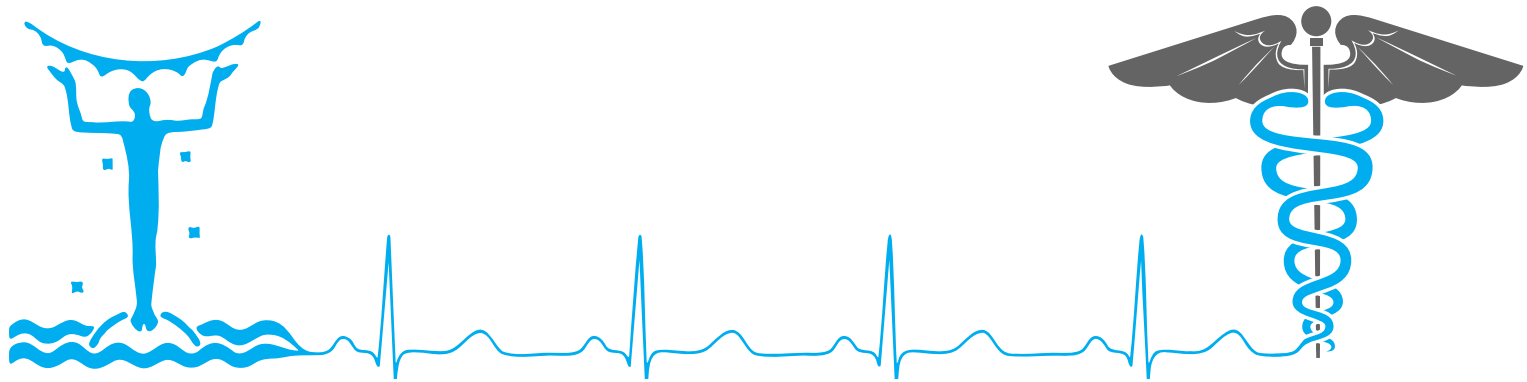


Empowering Researchers Transforming Lives 2025

Celebrating 70 Years Auckland Medical Research Foundation



Since 1955, Auckland Medical Research Foundation has been Empowering Researchers and Transforming Lives.



TE KŌHA Ō TE ŌRA
THE GIFT OF LIFE

IN OUR 70TH YEAR, we celebrate the vision and values of our forebears who founded us with the original premise of “Vitae Noscere Causas – to know or understand the reasons or nature of life.”

The 1956 logo (left), gifted by A.J.C. Fisher, the Principal of the Elam School of Art, symbolised “a man in an aspiring attitude towards light and life”. This sentiment has carried us through to today, embodying the spirit of discovery, courage and hope that continues to guide us.

As an independent charitable trust, we are uniquely positioned – led by expert volunteer governance, supported by generous donors, and committed to scientific excellence.

Our operating expenses are met by a separate charitable fund, established by the Goodfellows, so our supporters are confident that every dollar donated goes directly into our charitable purpose.



AMRF Medical Sciences Learning Centre Whakaaro Pai



In partnership with



Waipapa
Taumata Rau
University
of Auckland



Shaw and Partners
Financial Services

bluestar

In 2025, we honour seven decades
of the pursuit of knowledge that
has changed lives forever.

Thank you for being part of
our journey – and our future.

Auckland Medical Research Foundation

THE AUCKLAND MEDICAL RESEARCH FOUNDATION (AMRF) WAS FOUNDED IN 1955 AND THE ORIGINAL INTENT REMAINS OUR MISSION: TO MAKE MEDICAL RESEARCH POSSIBLE IN THE AUCKLAND AND NORTHLAND REGION.

EIGHTY FOUNDING MEMBERS contributed £50 each to establish the Foundation, laying the groundwork for what would become one of New Zealand's largest independent funders of medical research across the spectrum of all diseases and disorders.

Among the key figures in those formative years were Mr John Grierson, Sir Kenneth Myers, Sir Douglas Robb, Sir William Goodfellow, and Sir Harcourt Caughey – leaders whose foresight and commitment shaped the Foundation's early direction.

In a 1955 New Zealand Herald article, Mr John Grierson, then Chairman of the Auckland Hospital Board, declared:



AMRF funded researchers

70 years of vision, growth and impact

“This is the most important step ever taken in the medical history of Auckland. In the past Auckland had been dependent on the Medical Research Council allocating up to £60,000 of Government money and up to last year Auckland had received no grant at all.”

The first Board meeting was held on 20 March 1956, and by 28 June, John was elected the Foundation’s first President, with Sir Douglas Robb as Vice President. In 1961, Dr W.E. Henley became the inaugural Chair of the Medical Committee, establishing the rigorous peer-review process that remains central to AMRF’s funding decisions.

The Foundation’s first balance sheet in 1957 showed £6,076 in accumulated funds, and in 1958 the first grant was awarded to Sir John Staveley and then another to Dr Campbell MacLaurin in the same year.

By 1966, over £40,894 had been distributed to support medical research and in 1972, AMRF expanded its reach by funding summer student research projects, nurturing the next generation of medical scientists.

The first personal award was gifted in 1960 through The Isaacs Estate, a fund administered by the Guardian Trust (now Perpetual Guardian).

In 1975, Sir Peter Gluckman was the recipient of the Ruth Spencer Medical Research Fellowship, a prestigious award that has enabled the research careers of 20 scientists since launching in 1972.

The decade following saw exponential growth and by 1981 annual research funding had surpassed the \$1 million mark.

In 1995, AMRF became a registered charitable trust, further strengthening its governance and accountability.

In 1997, Douglas Goodfellow joined the board and became Chair of the Finance Committee. Described as ‘indefatigable’. Douglas was known for his business acumen and financial prudence, but also a great philanthropist of the time. He, along with family members,



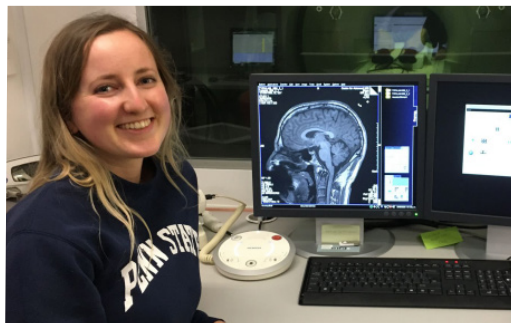
Hector, Thomas and Henry, started a benevolent fund to provide for the administration expenses so 100% of all donations could be committed to medical research – an incredible commitment that has been the bedrock of AMRF’s uniqueness.

The Goodfellows’ philanthropy knew no bounds and, in a tradition established early in the Foundation’s history, a donation was made to mark the conclusion of each president’s or medical committee chair’s tenure.

ABOVE: In 2005, the Rt Hon Helen Clark, then Prime Minister, opened the AMRF Medical Sciences Learning Centre Whakaaro Pai

AMRF | 70 years of vision, growth and impact

CONTINUED



AMRF award recipient, Dr Julia Plank

These gifts, given in honour of service and leadership, are held in perpetuity, ensuring the legacy of each individual continues to support future generations of researchers.

Among the most enduring contributions is that of Dougals Goodfellow, whose name lives on through two prestigious fellowships: the Dougals Goodfellow Repatriation Fellowship and the Douglas Goodfellow Medical Research Fellowship.

With the Goodfellow example setting a powerful precedent, significant gifts followed from other generous benefactors: in 1997 Gavin and Ann Kellaway funded a travelling medical research fellowship and in 2002, Hugh Green established a fund specifically for

diabetes and breast cancer. These generous gifts not only expanded the amount of research being funded each year, but also reinforced AMRF as a trusted steward of community investment in science.

To celebrate 50 years, AMRF donated the principal sum to establish the AMRF Medical Sciences Learning Centre Whakaaro Pai at the University of Auckland. This state-of-the-art facility – New Zealand's largest of its kind – houses over 1,500 pathology specimens with an extensive online radiology and pathology image database, providing a world-class medical educational facility.

By 2015, AMRF had committed over \$60 million to medical research, an amount made possible through partnerships with philanthropic trusts and individuals such as the Kelliher Charitable Trust; Paul Stevenson Memorial Trust; J.I. Sutherland Fund; Perpetual Guardian; James Mutch Foundation; and an anonymous donor who gifted \$5.85 million towards cancer and Parkinson's disease research.

The Hugo Charitable Trust Capital Fund was established in 2017 to support pancreatic research and the following year, the Helen Goodwin Doctoral Scholarship was launched and has been awarded to four PhD students over the last seven years.

Today, in 2025, the funding total has exceeded \$100 million, a testament to the Foundation's enduring mission and the generosity of its supporters. This funding has made possible:

- advancements in neuroscience for early detection and treatment of neurodegenerative diseases
- innovative cancer diagnostics to improve patient outcomes
- cardiovascular studies exploring brain-heart connections and more effective treatment of hypertension
- paediatric research that has led to life-saving interventions for newborns
- audiology projects to progress understanding of hearing loss and provide new therapies for tinnitus
- breakthroughs in ophthalmology, respiratory health, endocrinology and gastrointestinal medicine.

Without a doubt, AMRF's supporters have been the engine that has powered emerging and established researchers, enabling them to pursue bold ideas and transform lives.

From humble beginnings to its current status as a cornerstone of New Zealand's medical research landscape – AMRF's vision continues, steadfast as a catalyst for discovery and committed to funding world-class medical research.

The Goodfellows | Cornerstone of Auckland Medical Research Foundation



Mr William Douglas Goodfellow
(known as Douglas)

FROM THE VERY BEGINNING, THE NAME GOODFELLOW HAS BEEN SYNONYMOUS WITH AMRF. IN 1955, SIR WILLIAM GOODFELLOW STOOD ALONGSIDE OTHER VISIONARY BUSINESS AND MEDICAL LEADERS TO ESTABLISH THE FOUNDATION, DRIVEN BY A BELIEF THAT AUCKLAND NEEDED TO FUND ITS OWN MEDICAL RESEARCH.

OVER THE PAST 70 YEARS, the Goodfellow family has remained the Foundation's most steadfast and generous supporter, ensured its sustainability and enabled the scale of independent research funding that defines AMRF today.

The Goodfellows have always chosen a quiet path of service. Their philanthropy has been marked by humility and a commitment to causes they believe in—particularly in health and education.

Sir William Goodfellow, born in 1880, began his career in business at just 18, first working at a ship's chandlers company and then a hardware merchants. After a purchaser defaulted on paying an order of dairy equipment, his visionary leadership led to the founding of the Waikato Dairy Company, and later Amalgamated Dairies in 1927, making him a pioneer in New Zealand's dairy industry.

He was knighted in 1953 and awarded the University of Auckland's first honorary doctorate in 1963.

Dr Douglas Goodfellow, followed in his father's footsteps—both in business and in philanthropy. A Trustee of AMRF from 1977, he chaired the Finance Committee from 1984 to 2007 and was named the Foundation's first Patron upon his retirement. In 2002, through his encouragement, family members Hector, Henry, and Thomas Goodfellow matched his donation to establish a benevolent fund that covers all of AMRF's operating costs – ensuring that every dollar donated goes directly to medical research.

Dr Goodfellow was awarded an OBE in 1979, became an Honorary Fellow of the Royal New Zealand College of General Practitioners in 1983, and received an Honorary Doctorate in Laws from the University of Auckland in 1999.

The Goodfellows

CONTINUED



His philanthropic legacy has seen generations of medical researchers able to continue in their vital work.

The next generation carried on the inherent Goodfellow service philosophy and in 2006 Douglas's sons, Bruce and Peter Goodfellow, joined the AMRF Board.

Dr Bruce Goodfellow, educated at St Kentigern College and a PhD graduate in Chemical and Materials Engineering from the University of Auckland, was actively involved in the family's businesses. Alongside his commitment to AMRF, Bruce chaired The Goodfellow Foundation, served on the St Kentigern Trust Board, and founded the Auckland University Engineering Association Charitable Trust.

His early passing in 2020 was deeply felt across the many communities he served.

Peter Goodfellow, who celebrates nearly 20 years on the AMRF Board, has also led a life of service. A former student with St Kentigern College, he graduated from the University of Auckland with an Honours Degree Bachelor of

Laws, conjoint with a Bachelor of Commerce and completed an MBA at the UCLA Anderson School of Management. Peter has held numerous directorships, one as the President of the National Party from 2009 to 2022. He has also been a long-serving Trustee of the St Andrew's Retirement Village Trust.

Dr Anna King, daughter of the late Bruce Goodfellow, continues the Goodfellow legacy, joining the AMRF Board in 2021 and becoming Vice-President in 2022. Anna has more than 10 years as a respected academic in the School of Nursing at the University of Auckland and is the current chair of The Goodfellow Foundation.

AMRF owes much of its success to the Goodfellows – a family who have been the cornerstone of the Foundation. Their foresight, humility, and generosity have transformed the lives of so many. Their legacy is not only written in the history of AMRF – it lives on in every discovery, every researcher supported, and every life transformed through the power of medical research.



TOP: Dr Bruce and Mary Ann Goodfellow, and daughter, Dr Anna King (left to right)

BOTTOM: Professor Stuart Dalziel (left) with Peter Goodfellow

Empowering Researchers Transforming Lives

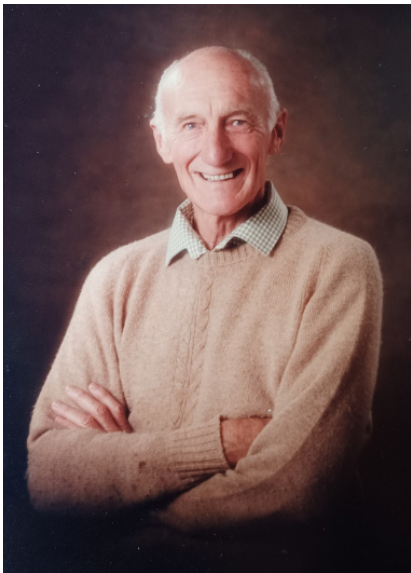
Celebrating stories of AMRF funded researchers throughout the decades

“My father acknowledged he would not have gone on to achieve what he did without the funding from AMRF. It seeded a lifetime of research and improvement and was ultimately integral to establishing the NZ Blood Service.”

Tessa Duder | Sir John (Jock) Staveley's daughter

First grant recipient – a pioneer in blood transfusions

SIR JOHN (JOCK) STAVELEY'S LEGACY IS THE NEW ZEALAND BLOOD SERVICE, AN AUDACIOUS DREAM HE SUSTAINED FOR MORE THAN 20 YEARS.



Sir John (Jock) Staveley

THE HAEMATOLOGIST was the first recipient of an AMRF grant – in 1957 – funding for work that sparked a life-changing service and earned him a knighthood in 1979.

Sir John had graduated from Otago Medical School in 1938, to become a junior resident medical officer at Auckland Hospital.

His curiosity in haematology was piqued during five years serving in World War II, having volunteered for active service. He served in Greece, escaping to Crete, then Syria, where he was made malarial control officer with Lieutenant-General Sir Bernard Freyberg's New Zealand division, before serving in Egypt, Libya and Italy.

The twice-wounded prisoner of war returned to New Zealand with a Military Cross and a determination to build a greater understanding of haematology.

"Having seen on such a scale [in field hospitals] what could be achieved by blood transfusion, my interest never wavered."

Sir John was interested in why most of the initial symptoms of malaria showed up in blood manifestations – and he became an ardent researcher in blood types and compatibility, as well as the fast-changing world of transfusions.

In 1958, with the help of the Māori Affairs' Department, he traced more than 500 pure-

blooded Māori and compared their blood types with those from other Pacific Islanders – as Sir John was intrigued by the possibility that different blood groups might indicate differing places of origin.

He concluded that the distribution of blood groups throughout the Pacific was more geographical than racial.

Sir John's funding was described by the then AMRF president, John Grierson (also Chairman of Auckland Hospital Board), in the second AMRF Annual Report: "The Foundation is now solidly on its feet. The Foundation has agreed to a grant of up to £320 for research at Green Lane Hospital and has guaranteed the expenses connected with the field work in an investigation into Māori blood grouping."

Following post graduate study in London and Edinburgh, Sir John was appointed pathologist and then haematologist to the Auckland Hospital Board and started to establish a blood bank run by the Board, and laboratories and donor rooms in all of the country's major hospitals.

Less than 10 years after AMRF supported Sir John's research, a mobile blood collection unit was established, and the Auckland Blood Transfusion Centre was opened in 1968.

Sir John (Jock) Staveley

CONTINUED

This work, achieved largely due to Sir John's passion and expertise, gained a reputation around the world.

Over two decades, demand for blood and blood products grew dramatically – including the 1960s, when Green Lane Hospital pioneered cardiac bypass surgery. At the time, medical advances for orthopaedics, obstetrics and gynaecology coupled with an escalating road toll all added to the growing demand.

Forced to take early retirement due to ill-health, at the age of 62, Sir John served as medical director of the Blood Foundation of New Zealand for 10 years.

Like many trailblazers and researchers, it takes tenacity and resilience. Sir John's vision of a NZ Blood Service was finally established in 1998, he died eight years later.

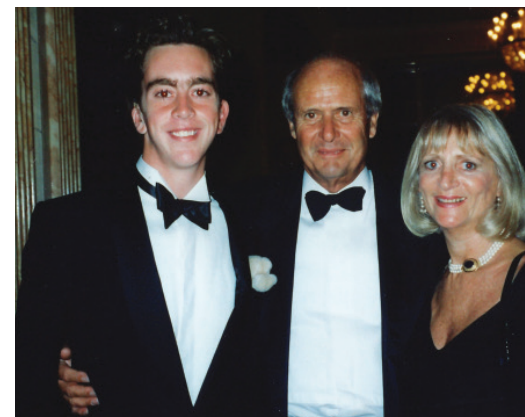
John's daughter Tessa Duder adds, "My father acknowledged he would not have gone on to achieve what he did without the funding from AMRF. It seeded a lifetime of research and improvement and was ultimately integral to establishing the NZ Blood Service."

Cutting-edge heart surgery saving lives

SIR BRIAN BARRATT-BOYES BECAME WORLD-RENOWNED IN 1958 WHEN HE PERFORMED THE FIRST OPEN-HEART SURGERY IN NEW ZEALAND ON 10-YEAR-OLD HELEN ARNOLD. IT RESULTED IN SO-CALLED 'BLUE BABIES' – CHILDREN WITH CONGENITAL HEART DEFECTS, BEING GIVEN A CHANCE TO LIVE NORMAL, HEALTHY LIVES.

HE WAS ALSO BEHIND the construction of an external pacemaker to enable the heart to be re-started after bypass surgery. The first permanent pacemaker in New Zealand was implanted in 1961. A year later he continued his ground-breaking work with the first human donor heart valve replacements.

The legacy Sir Brian left would not have been possible without medical research, and medical research would not have been possible without significant funding over prolonged periods.



Recognising the importance of harnessing Sir Brian's skills and keeping that expertise in New Zealand, in 1964, AMRF first invested in his work. Over the next 13 years the Foundation awarded 30 research grants for projects on which Sir Brian was either Principal Investigator or Co-Investigator.

Chris Batrouney was only a year old when his parents, after inconclusive testing in Melbourne, flew him to New Zealand where his deteriorating condition was diagnosed as a 'hole in the heart' and he underwent a major eight-hour surgery led by Sir Brian.

"I am truly honoured to have been a patient of Sir Brian Barratt-Boyes," he says. "Without him I would not be here."

It took many months to diagnose Chris's life-threatening condition total anomalous pulmonary venous connection, as well as an atrial septal defect, often referred to as hole in the heart. It is estimated that more than 2,500 babies a year in New Zealand have the surgery.

Chris, now 49, finds it incredible that when Sir Brian was his age, he had been knighted for his life-saving heart surgery legacy having already been awarded a CBE, and voted the

second most admired New Zealander after explorer Sir Edmund Hillary.

Chris is now married, with a family of his own. His wife Anna was also born with a hole in her heart and underwent surgery in 1979 at 18 months old. Sadly, their first child Oscar also with this genetic condition, had surgery at six months of age, but didn't survive.

"I know the devastation we felt could easily have been the same for thousands of other families if not for Sir Brian's work," Chris says.

He was able to thank Sir Brian at a 25th anniversary celebration of cardiac surgery in New Zealand, in 1994. Sir Brian passed away 12 years later, leaving the legacy of having saved countless babies' lives.

"Sir Brian had been such a revered figure in our family when I was growing up. He was my saviour! To be in his company was a real honour," Chris says.

"It means a lot that AMRF was a significant funder of Sir Brian's research – their donors are integral to saving so many lives. That's an incredible legacy and I am a grateful beneficiary. The AMRF grant for me has provided life".

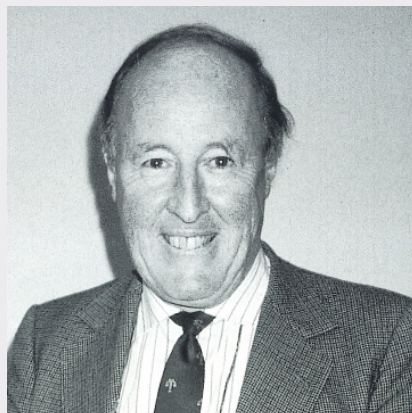
**"I am truly honoured to
have been a patient of
Sir Brian Barratt Boyes.
Without him I would
not be here."**

FAR LEFT: Young Chris, his mother, and sister with Sir Brian Barratt-Boyes

LEFT: Chris, 25-years old, with Sir Brian and Sara Barratt-Boyes

Three decades of service and a legacy fellowship

PROFESSOR GAVIN KELLAWAY WAS INTERNATIONALLY RENOWNED FOR HIS MEDICAL CAREER AND CONSIDERED BRILLIANT IN THE FIELD OF PHARMACOLOGY. HE IS CREDITED WITH DISCOVERING THE PROTECTIVE EFFECTS OF ASPIRIN.



Professor Gavin Kellaway

HE DEDICATED HIS LIFE TO HIS WORK.

When there were three government committees ratifying the introduction of specific drugs into New Zealand, Gavin chaired all three – including being a foundation member and then chairman of the Committee of Adverse Drug Reactions.

The Professor of Pharmacology started on the Board in 1967 and generously gave his time to AMRF for more than 33 years.

In 1974, Gavin was elected Vice President and appointed as Chair of the AMRF Medical Committee.

Gavin was awarded a CBE for his services to pharmacology in 1994.

He was still a serving member of the board in 1997 when he, along with his wife Ann, made a legacy donation of \$500,000 – described as “the most meritorious of gifts”. The Gavin and Ann Kellaway Medical Research Fellowship capital fund was established, with the income being distributed by AMRF since 2000.

The fellowship is specifically for senior medically-qualified or established medical researchers to further their knowledge and experience at an overseas research institution. More than \$630,000 has been invested in 22 recipients of the fellowship.

The first recipient of the prestigious Kellaway Fellowship was Professor Cameron Grant, Associate Director of Growing Up in New Zealand, the largest contemporary longitudinal study of child development in Aotearoa. It is still ongoing today.

“The Gavin and Ann Kellaway Medical Research Fellowship allowed me to spend several months at the University of Oxford and bring back recommendations to go directly to the New Zealand Director-General of Health, helping to inform sound economic decisions regarding new vaccines for pneumococcal disease,” Cameron explains.

Multi-award winner and expert physiologist, Professor Johanna Montgomery, also received a Kellaway Fellowship, in 2010, to travel to Stanford University. She worked on a groundbreaking project to better understand the mechanisms underlying autism.

Johanna has focused on uncovering how neurons communicate in the brain and nervous system. In 2015 she earned another Kellaway Fellowship, to work at Charité University, Germany, to further her successful autism research. On this fellowship she also visited Oxford University and Leicester University to begin research examining neural control of the heart.

These studies led to more funding from AMRF to look at changes in the brain's wiring and their link to heart beats and nerve cells outside the brain. Johanna's work provided insights into how brain cells interact, significant for both brain and heart health.

Her research continues to have a focus on autism and the brain, as well as atrial fibrillation in the heart.

Other grants were distributed for a range of research including improving treatments for prostate cancer, renal failure, obesity and SUDI (Sudden Unexpected Death in Infancy).

Following Gavin's death in 2000, friends and family made donations to the Kellaway Fellowship fund in memory of this incredible medical innovator.

Ann, already heavily involved with AMRF as a donor and serving member of the Board from 2001 to 2010, took up the mantle of Advisory Trustee for the Fellowship and continues in this role.

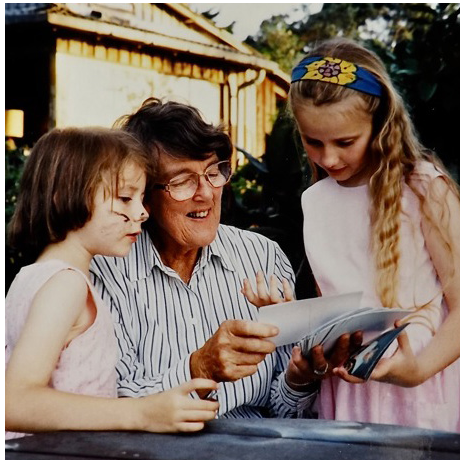
TOP: Professor Gavin Kellaway rests his chequebook on the shoulder of Stuart Blanshard (from a New Zealand Herald article, 1997)
RIGHT: Ann Kellaway with Richard Taylor, President



Ann describes the time she and Gavin have given AMRF over many years as “enriching, vital and so worthy” adding that they both valued “meeting so many interesting people and being able to give back to a research community that work so tirelessly”.

Finding the answer to 'cot deaths' and saving babies

IN THE 1970S, NEW ZEALAND RANKED SECOND OUT OF 23 COUNTRIES FOR WHAT WAS THEN KNOWN AS COT DEATH – WITH 5.6 DEATHS IN 1000 LIVE BIRTHS. ONLY THE UNITED STATES FARED WORSE, WITH 7 DEATHS PER 1000 BIRTHS.



Dr Shirley Tonkin

AUCKLAND PAEDIATRICIAN Dr Shirley Tonkin was curious to know why these tragedies were happening to young babies, and she spent time with families who had lost a child to seek an explanation. That curiosity and compassion fuelled her career-long quest to better treatment for babies and children.

Dr Tonkin received her medical degree from Otago in 1946, and worked as a general practitioner from 1950 to 1952. This was followed by study at the Institute of Child Health in London, where she completed a Diploma of Child Health.

Returning to New Zealand, Dr Tonkin was a research associate of National Women's and Wellington Hospitals. In the 1970s she realised many babies were dying from cot death. She talked to more than 100 of these families, leading her to hypothesise that the cause of death was related to obstructed airways, now the leading explanation for SIDS (Sudden Infant Death Syndrome), a term her work coined.

She received her first funding from AMRF in 1971, and continued to have support from the Foundation for her research through to 2009 – decades looking into post-neonatal deaths, causes of infant mortality and rheumatic fever. She pioneered x-ray respiratory studies on infants and the development of inserts that

support babies' heads while in car seats to reduce the risk of infants choking – a project working with Professor Alistair Gunn at the University of Auckland. She also worked with Dr Christine McIntosh, at the university, investigating the effects of pacifiers (dummies) on infants' breathing.

Internationally-renowned, she was an enthusiastic supporter of the research that led to the 'Back to Sleep' campaign in the late 1980s, resulting in a rapid 60% reduction in sudden infant deaths.

Dr Tonkin's life-long dedication resulted in the formulation of national guidelines for babies' sleeping, and her research had a profound effect around the world.

Grateful for the financial support AMRF gave her across decades, and wanting to help the next generations of researchers, in 2005 Shirley gifted the Foundation money to seed the Curtis-Tonkin Paediatric Research Fund.

She was awarded an OBE in 1985 and passed away in 2016 aged 94. Her passion for this work never wavered and Dr Tonkin left a significant bequest to the Foundation in her will ensuring life-saving research into infant health will continue now and into the future.

The Curtis-Tonkin Paediatric Research Fund has been awarded for pioneering

35 years invested to support emerging talent



Dr Christine McIntosh, Professor Alistair Gunn and Dr Shirley Tonkin (left to right)

doctoral research to investigate why pre-term babies are predisposed to a greater risk of cardiovascular disease later in life, and a study aiming to increase understanding of the causes of pre-eclampsia. Other research her generosity has helped, is into improved cooling methods as treatment for perinatal brain injury from severe oxygen deprivation and understanding the inequity outcomes of paediatric appendicitis. It is a legacy AMRF is proud to be involved in.

PROFESSOR PETER BROWETT DESCRIBES AGREEING TO HELP A COLLEAGUE AS SERENDIPITOUS. HE COULD NEVER HAVE PREDICTED THAT BEING A SUBSTITUTE AT AN AMRF MEDICAL COMMITTEE MEETING WOULD RESULT IN VOLUNTEERING HIS EXPERTISE FOR SEVERAL DECADES.



Professor Peter Browett

PETER JOINED THE AMRF BOARD and Medical Committee in 1989 at a time when the largest project grant was \$90,000. In 2025 a project is valued at \$200,000.

A Professor in Molecular Medicine and Pathology, and co-director of Te Aka Mātauranga Matepukupuku (the Centre for Cancer Research) at the University of Auckland, Peter gave his valuable expertise to AMRF for 35 years. He relinquished the role last year due to work commitments, however his passion for AMRF's work never waned.

Reflecting on the years of funding and projects, he says: "One of the things that we took a lot of pride in was the support for young investigators and developing investigators. All research funding is precious, and it's become very competitive. The group who are most vulnerable are our future leaders of medical research. And AMRF has a high success rate. That was a driver for me of wanting to stay so long – the quality of research across the whole spectrum of health."

He is cognisant that if more funding was available so much more could be achieved.

"There is reduced levels of government funding of health and medical research, and AMRF are always oversubscribed with high-quality applications.

Professor Peter Browett

CONTINUED

“The toughest bit of being on the AMRF Medical Committee is that you identify grants that are worthy of funding, but you have to draw the line due to the amount of funding that is available.

“In recent years, there have always been many grants that the panel and the international reviewers recommended for funding that were considered quality research that would have an impact, but we just didn’t have sufficient funds available to fund it all.

He applauds AMRF for two full project rounds a year and significant additional funding required for travel, scholarships and fellowships as well as other special awards.

Hundreds of applications are processed each year – investing an average of \$4 million.

“AMRF has outstanding processes – the quality of the review, and the fairness and transparency. The onus is on ensuring that, if you fund something, it has the potential to achieve what it sets out to do.

All the project applications have external reviews, with nominated expert reviewers and independent experts. There’s a whole group of dedicated clinicians and scientists that have contributed their time to AMRF. The medical committee was established very early on and I’m always grateful for the commitment from

those who have gone before and those who take us forward.”

Peter cites early researchers that went on to achieve world-first research, such as Sir Peter Gluckman – the former New Zealand Chief Science Advisor. The work achieved with those first grants allowed them to apply to national funding bodies, such as the Health Research Council, he says.

Specialising in blood cancers and bone marrow transplantation, Peter was also an early career researcher funded by AMRF. Among his successes was identifying new ways to detect residual traces of leukaemia, with next generation sequencing strategies that are used in clinics today.

“Through AMRF funding we were able to make it part of our standard care.”

He has spent decades working to improve cancer treatments, with a recent AMRF grant supporting research he was Co-Investigator on – testing a new strategy for graft versus host disease prevention following siblings donating stem cells to leukaemia patients.

The study identified a 30 percent reduction in the incidence of graft versus host disease and risk of relapse, an important and significant finding that has already changed clinical practice internationally.



“AMRF has supported research that is recognised internationally, it will change practice around the world. That wouldn’t have happened without input from AMRF. It’s meaningful research that’s had an impact.”

World-first advancements in treating tinnitus

PROFESSOR GRANT SEARCHFIELD HAS BEEN RESEARCHING TINNITUS FOR DECADES AND IS RENOWNED AROUND THE WORLD. HE CREDITS MUCH OF HIS RESEARCH SUCCESS TO FUNDING FROM AMRF, SUPPORT THAT STARTED WHEN HE WAS AN EMERGING RESEARCHER.



Professor Grant Searchfield

IMAGINE THERE IS A KETTLE whistling as it boils, and that noise is being overpowered by a train's horn blaring as a warning while it rumbles on the tracks. Now imagine that was what you heard all day, every day.

Tinnitus, also known as ringing in the ears or head, is a highly-prevalent condition impacting seven per cent of New Zealanders – approximately 370,000 people. It can range from a minor annoyance to something that prevents people from working, sleeping and enjoying everyday activities.

Grant, Head of Audiology and Deputy Head of the School of Population Health at the University of Auckland, collaborated on the creation of the Tinnitus Functional Index, internationally considered the gold standard measure on tinnitus' impact on quality of life.

"Tinnitus can be a bit of a barometer for stress, our brain is developed to use auditory information for our survival, so the brain focuses heavily on that sound, and we become more aware of it," he says.

Through the decades, AMRF funding for Grant's work has aided trial of treatments, laying the foundations for future studies. Grant says the key to effective treatments was discovering there are different types of tinnitus.

"Now we're able to identify those types and tailor treatment, we can train the brain to reverse that automatic focus to not listen into it. An end goal would be to find a cure for millions worldwide with tinnitus. If my work can contribute to this, I'd be very happy," Grant says.

"Our research has been well received internationally. We really are at the cutting edge in New Zealand. Tinnitus research is not easy. The field of tinnitus is littered by false hopes of miracle cures and treatments that overpromise but underdeliver.

"It is incredibly important that we are careful about our claims and ensure they are backed up with strong scientific evidence."

Grant acknowledges the ongoing funding from AMRF has been pivotal, enabling a reservoir of research findings and the creation of a therapy that is promising to be the biggest game-changer yet in the lives of tinnitus sufferers.

"The AMRF funding has been critical for the success of my research group. It's aided trials of new methods, laying the foundations for future studies. There are few funding opportunities internationally specific to tinnitus and the competition is very high."

Professor Grant Searchfield

CONTINUED

“The AMRF funding has been critical for the success of my research group. It’s aided trials of new methods, laying the foundations for future studies. There are few funding opportunities internationally specific to tinnitus and the competition is very high.”

Grant, who is Deputy Director of the Eisdell Moore Centre for Hearing and Balance Research in New Zealand, became passionate about audiology at a young age, as his mother wore hearing aids.

“During my first job as an audiologist I realised how few tools I had to help tinnitus sufferers. AMRF has been supportive of me as an emerging researcher where no one knows your name and research funding is a bit of a rollercoaster – you think you have good ideas, but it won’t happen unless you get funding for the research fellows and the assistants. Continuity of funding is incredibly important. We are doing world-first work here in Auckland.”



Examining the role of genetics in cancer treatment

DR SANDAR TIN TIN HAS DEDICATED HER RESEARCH CAREER TO HELP IMPROVE PATIENT OUTCOMES FOR THE THOUSANDS OF NEW ZEALANDERS EVERY YEAR WHO ARE DIAGNOSED WITH LUNG, BREAST OR ENDOMETRIAL CANCER.



Dr Sandar Tin Tin

SANDAR AIMS TO DEVELOP TOOLS applicable for a wide range of cancers and hopes her continued work will inform policy, practice and efforts to improve cancer care and outcomes.

The Senior Research Fellow in Epidemiology and Biostatistics is in no doubt that the early support she received from AMRF funding helped her to achieve a Health Research Council/Breast Cancer Foundation Partnership grant and a prestigious, highly sought-after fellowship at the University of Oxford's Cancer Epidemiology Unit, from 2019 to 2022.

AMRF has been a long-time funder of Sandar's work and in 2007, she was part of the research team that was the first to receive funding from the AMRF Hugh Green Diabetes and Breast Cancer Research Fund.

She was granted her first award in her own right in 2015 when her curiosity identified that a considerable proportion of patients could receive more targeted and effective cancer treatments after genetic testing.

To further investigate this hypothesis, Sandar received an AMRF Postdoctoral Fellowship to undertake a national population-based study of gene mutation, genetic testing and target therapy in lung cancer. In 2016, Sandar was awarded the Kelliher Charitable

Trust Emerging Researcher Start-up Award to support the working expenses of this study. "New Zealanders can get better lung cancer treatment when we know more about their genetics and their other medications. If we can target their therapy to who they are and what they already use, we can improve their chances of survival," Sandar explains.

In 2018 she went on to be awarded an AMRF project grant for her work studying multiple medication use and related consequences in New Zealand breast cancer patients.

With the support of PhD student Oliver Scott, through an AMRF Doctoral Scholarship, Sandar's project was able to rule out any association between beta blockers leading to breast cancer recurrence or death.

Further analysis, in collaboration with a researcher from Norway, revealed an exciting new finding – beta blockers may actually improve outcomes from triple negative breast cancer.

This discovery led to an international, multidisciplinary team focused on the role of the sympathetic nervous system in cancer progression – a field gaining increasing recognition, particularly following the preclinical work from Australian collaborators.

Dr Sandar Tin Tin

CONTINUED

Sandar is currently being funded by AMRF for a two-year project aiming to inform equitable cancer care for women in New Zealand being treated for ductal carcinoma.

"The findings will help identify women who are at comparatively high risk, who could benefit from more intensified follow-up, chemoprevention or other risk-reducing measures," Sandar says. "This will particularly benefit Māori and Pasifika women, often diagnosed with advanced cancer and have poorer survival outcomes. The findings will also be useful for our future work on developing predictive models for New Zealand women with DCIS (ductal carcinoma in situ).

"By establishing the most comprehensive database for DCIS in New Zealand, the research team will also be in a position to build partnerships with the international research community and develop world-leading collaborative research in this area."

Sandar is grateful to AMRF for being the springboard for her cancer research. "AMRF donors ensure there is funding for researchers like me, early in their career and so often this has kept research alive that goes on to provide incredible breakthroughs. I know I wouldn't be able to use my skills to help cancer patients without their ongoing generosity."

New research lab backed by gut instinct

JUST LIKE YOUR HEART, YOUR STOMACH HAS A NATURAL ELECTRICAL RHYTHM THAT COORDINATES ITS FUNCTION. FOR 40 PERCENT OF PEOPLE WHO LIVE WITH GASTRO-INTESTINAL DISORDERS, FROM PERSISTENT REFLUX TO DEBILITATING PAIN, THIS VITAL RHYTHM CAN FALL INTO CHAOS.



Dr Tim Angeli-Gordon

GASTROPARESIS, MORE COMMONLY KNOWN

as stomach paralysis, is much more serious than just a bad gut. When the normal contractions that move food through the stomach and gut (the gastrointestinal or 'GI' system) are disrupted, this can cause chronic nausea, pain and vomiting. It can develop into something far more problematic such as gastroparesis, where the stomach fails to empty properly.

Being unable to measure problems in the stomach prevents accurate diagnosis and timely treatments, leaving patients suffering from the chronic symptoms without answers.

So finding a way to measure the problems going on inside someone's stomach became the pivotal focus of Dr Tim Angeli-Gordon's research. And with the help of AMRF funding, Tim and his colleagues have developed a new tool that can measure and record the electrical activity in the stomach and gut without surgery.

This tool not only helps physicians get a better understanding of what's actually wrong for patients with disorders such as gastroparesis, it can also lead to better diagnosis, resulting in patients receiving quicker and more targeted treatments and therapies.

When Tim reflects on his pathway to developing this new and non-invasive way of diagnosing digestive disorders, he credits AMRF for two significant grants.

He was the recipient of the 2016 Edith C. Coan Postdoctoral Fellowship and, the following year, he received one of two Kelliher Charitable Trust Emerging Researcher Start-up Awards.

"This funding was a true enabler for my research and allowed me to conduct experiments and trials that resulted in the development of a safe and effective technique – endoscopic gastric electrical mapping – along with supporting the very important, next phase of translation of this technique to human trials," Tim says. "Helping real people with my work has always been the goal for me."

In a rare feat for the then emerging researcher, AMRF donors enabled Tim to take his promising endoscopic gastric mapping technology into the clinic as a new diagnostic tool to help patients with unexplained distress.

In late 2018, and in recognition of his ground-breaking research, Tim was awarded a prestigious Royal Society of New Zealand Rutherford Discovery Fellowship to ensure he could keep addressing the urgent need for new diagnostic and therapeutic strategies to treat GI disorders.

Tim established a dedicated research facility, the TARGET (Translational Research in Gastroenterology and Emerging Technologies) Laboratory to support a range of research initiatives, aimed at developing learnings from the engineering benchtop to clinical application.



"The lab was built upon the work that I was able to do with the support of an AMRF Fellowship and was greatly helped by the generous funding that the Kelliher Charitable Trust provided. I'm extremely grateful to the donors who have made this work possible, and I hope they, and their loved ones, will benefit from my work."



The quest to detect and treat dementia earlier in life

WITH A GRANDMOTHER WHO HAD DEMENTIA, DR BRIGID RYAN KNOWS FIRST-HAND HOW DIFFICULT IT IS TO SEE SOMEONE YOU LOVE LOSE THEMSELVES TO THE CONDITION, AND IS MINDFUL IT IS MUCH HARDER TO WITNESS THIS HAPPENING EARLIER IN LIFE.



Dr Brigid Ryan

EIGHT YEARS AGO, AMRF started funding Dr Brigid Ryan's world-first research, to see if it is possible to identify dementia symptoms years before clinical diagnosis, with the hope that early intervention is possible. And her research suggests this may indeed be the case.

Brigid and her team of 13 at the University of Auckland have long-term access to an Auckland family with a rare form of young onset dementia – frontotemporal dementia (FTD) – that manifests as early as in their mid-50s.

Dr Ryan's work with this family is unprecedented, as very few researchers in the world have access to large families who have genetic FTD mutation, instead working with smaller groups of unrelated people.

The matriarch was aware that dementia was hereditary and wanted to help future generations, so when she passed away her brain was donated to the Centre for Brain Research. Medical researchers identified that her FTD was caused by a genetic mutation, with its prevalence second only to early-onset Alzheimer's in those with dementia aged 45-65.

Her children have a 50/50 chance of developing FTD. There are more than 25 children in the next generation, with another

two generations below them. Who carries the genetic mutation is not divulged.

"We have been collecting data from family members for eight years and are finding differences between mutation carriers and non-carriers even in the younger participants," Brigid reveals.

"We have completed over 500 assessments to track changes in potential early markers of disease. We broadened assessments to include hearing, balance and longitudinal eye studies, because there may be early changes in these senses.

"We identified specific small molecules and proteins in the blood that seem to be changing early in the course of disease. We have also identified changes in cognition and brain volume.

"Sadly, some of our participants have passed away. For privacy reasons we don't say if any have shown significant FTD symptoms, but the oldest participants in our study are now at the age when symptom onset would be expected in mutation carriers."

The study's youngest participants were in their mid-20s and oldest were mid-50s when assessments started and are now aged between early 30s and early 60s.

Dr Brigid Ryan

CONTINUED

"We expected previously unknown early signs may be detectable up to 30 years before expected symptom onset, based on research on FTD and related conditions, such as Alzheimer's disease. Our data supports this hypothesis. Of course, these findings need to be validated in larger groups and investigated further."

This globally-applicable work, Brigid says, would not have been possible without AMRF.

She was the recipient of the AMRF Edith C. Coan Postdoctoral Fellowship and the Kelliher Charitable Trust Emerging Researcher Start-up Award in 2018. Two years later she received the Kelliher Charitable Trust Postdoctoral Fellowship Extension as well as an AMRF COVID-19 grant – an extraordinary granting round to protect salaries of researchers during the pandemic.

"The AMRF Fellowships supported the majority of my salary from 2018 until 2023, when I was fortunate to secure a permanent position at the University of Auckland as a Senior Lecturer.

"AMRF and the Kelliher Charitable Trust also provided funding to keep the longitudinal study going from 2018 to 2022. As a result, the team has secured funding from other major bodies to continue it until 2026.

"Without AMRF's support, we would not have been able to establish and continue the study. AMRF's support has been crucial to its continued success.

"And I would not have been able to secure a permanent position as an academic in New Zealand. The support of AMRF and the Kelliher Charitable Trust has been fundamental to my ability to establish a viable career as a neuroscientist in New Zealand.

"Importantly, the Foundation is providing more than just funding, they are providing hope for the future."

"Without AMRF's support, we would not have been able to establish and continue the study. AMRF's support has been crucial to its continued success. Importantly, the Foundation is providing more than just funding, they are providing hope for the future."

Bringing our expertise back from overseas

AMRF DONORS WERE INSTRUMENTAL IN DR EMMA NOLAN, A HIGHLY-SUCCESSFUL CANCER BIOLOGIST, RETURNING TO NEW ZEALAND TO ESTABLISH A NEW RESEARCH LABORATORY.



Dr Emma Nolan

EMMA WAS AWARDED the AMRF Douglas Goodfellow Repatriation Fellowship in 2021, having made ground-breaking discoveries in a decade spent overseas.

Supported by three years of AMRF funding, Emma established the Cancer Modelling and Discovery Laboratory at the University of Auckland, a vibrant new research group that continues to grow as she attracts talented staff and students.

"It's amazing to have the opportunity to go overseas and learn cutting-edge techniques and to work alongside some of the world's leading scientists. But it's also important we return home and share those skills to help build strong research groups at home," Emma says.

In the first phase of her funding, Emma generated a new collection of small 'lab-grown' breast tumours, known as tumour organoids or 'mini-tumours in a dish'. This bank of tumour organoids was developed using tumour samples donated by New Zealand women undergoing surgery for breast cancer, and reflects the diversity of women in our country affected by this disease. It now provides a unique resource that not only underpins Emma's research but also supports scientists across the country to accelerate progress in breast cancer research.

The second part of Emma's project uses the organoids in a relatively unstudied area of breast cancer research – the link between obesity and cancer progression.

"It's well known that patients with obesity often experience worse outcomes from cancer – they have larger tumours, more advanced disease and respond less well to therapy. But it's not understood how breast cancer cells interact with fat cells and how this drives cancer growth.

By growing tumour organoids together with fat cells in the lab, we hope to uncover how cancer cells exploit a high-fat environment and explore whether this could be targeted as a new treatment for breast cancer patients.

During her PhD, Emma spent five years at Walter and Eliza Hall Institute, a world-leader in cancer research in Melbourne, where she discovered a potential preventative medication to combat the aggressive breast cancer gene mutation BRCA1. An inherited mutation, women with BRCA1 have a much higher risk of developing breast cancer, often aggressive, earlier in life. There are limited options for prevention – including regular mammograms – and often they undergo surgery to remove their breasts before cancer develops.

Dr Emma Nolan

CONTINUED

"We identified a drug that may delay or even prevent the onset of breast cancer. Currently, it is used to treat osteoporosis and breast cancer that has spread to the bone. Repurposing this existing drug as a preventative treatment could offer women who inherit this mutation an alternative to breast removal surgery, providing a far less invasive option for these young patients"

The drug is now in a phase three international breast cancer prevention trial, the first clinical trial to look directly at prevention of cancer in BRCA1 mutation carriers.

Another significant part of her international expertise, contributing to her being a worthy recipient of the AMRF repatriation fellowship, was that Emma did her postdoctoral research at the renowned Francis Crick Institute in London.

"I decided to expand my knowledge from just focusing on cancer cells to understand how they interact with other cells within an organ and how that contributes to their growth.

My research focused on how breast cancer cells interact with surrounding non-cancer cells when they spread to other organs, such as the lung. I discovered a new connection between cancer cells and a type of immune cell called a neutrophil. These neutrophils directly support the spread of breast cancer cells to the lung, and this interaction is strongly influenced by radiation therapy.

This finding could open up new avenues for cancer treatment, since targeting these immune cells may enhance the effectiveness of radiotherapy".

It also alludes to the potential in Emma's research, projects made possible due to her repatriation.

"If it hadn't been for the AMRF Douglas Goodfellow Repatriation Fellowship, I would probably still be overseas," she says.

"I'm incredibly grateful for the opportunity to return home and contribute to improved health outcomes for cancer patients in my own country."



"If it hadn't been for the AMRF Douglas Goodfellow Repatriation Fellowship, I would probably still be overseas,"

The President's Suite Leading AMRF through the decades

Presidents throughout the seven decades

“This is the most important step ever taken in the medical history of Auckland. In the past Auckland had been dependent on the Medical Research Council allocating up to £60,000 of Government money and up to last year Auckland had received no grant at all.”

Mr John Grierson, AMRF's First President | New Zealand Herald article, 1955

John Grierson CBE

A visionary inaugural president

BOARD MEMBER
PRESIDENT 1956-1964



John Grierson | 16 April 1947

Sir George Grey Special Collections,
Auckland Libraries, 34-G358

IN THE FORMATIVE YEARS OF AMRF,

John Grierson was a driving force, elected as the Foundation's first President at a Board meeting on 28 June 1956.

John brought with him not only his leadership as Chairman of the Auckland Hospital Board but also a conviction in Auckland's potential to lead in medical research and education.

John's leadership was not just philosophical – it was practical and bold. After extensive consultation with medical professionals and business leaders, he personally approached 80 prominent Aucklanders, inviting each to contribute £50 to establish the Foundation. The response was immediate and enthusiastic.

On 19 December 1955, the Auckland Medical Research Foundation was officially registered as a company limited by guarantee.

His vision was clear. In the 1957/58 Annual Report, he wrote, "I have every confidence

that the Foundation will strengthen Auckland's resolve to help itself in the vital sphere of medical research and to find the right answer to the vexed problems which face it in the no less vital and inter-related field of medical education."

By the end of his tenure in 1964, the Foundation had distributed over £23,000 in research funding and in his final Annual Report, John reflected, "Awareness of Auckland's place as a centre for medical research started with the establishment of this Foundation. What, in effect, we said at the time was: 'We have the potential here for serious medical research in brains and people; since we can't get enough money from national sources we'll provide it ourselves.'"

Sir Kenneth Myers KBE

A steward of growth

BOARD MEMBER 1956-1977
PRESIDENT 1964-1977



SIR KENNETH MYERS KBE was a founding member of AMRF in 1955, elected to the Board in 1956 as the Members' Representative, and succeeded John Grierson as President in 1964, following John's untimely passing.

Sir Kenneth brought to the role a deep commitment to the Foundation's mission and a pragmatic approach to its development.

In 1969, Sir Kenneth emphasised a key strategy of AMRF that is still our strength today. "The Board of the Foundation has adopted a deliberate policy of supporting people. It recognises that no research project can exist until a person has thought out a hypothesis and how he proposes to investigate it. Given the choice between a project requiring expenditure on equipment or on salaries the Board of the Foundation, advised by its expert Medical Committee, will usually opt for salaries. It will, of course, see that there is provision for equipment, but its prime concern is to support people."

He also recognised the increasing complexity of medical science and the vital role of expert peer review. In his final Annual Report, he wrote:

"The success of the Foundation is largely due to the work put in by the Medical Committee which vets all applications for grants and makes recommendations to the Board. Because of the increasing specialisation in medicine generally, it has been necessary to increase the size of the Medical Committee so that it covers a broad area of expertise."

Sir Kenneth's presidency was marked by strategic growth and a respect for the scientific process. In his last year in 1977, the Foundation had distributed over \$550,000 in research funding – a substantial figure that reflected the growing trust of the Auckland community.

In 1969, Sir Kenneth emphasised a key strategy of AMRF that is still our strength today: "its prime concern is to support people."

Sir Harcourt Caughey KBE JP

A legacy of unselfish service

BOARD MEMBER 1959-1983
PRESIDENT 1978-1983



SIR HARCOURT CAUGHEY KBE JP was a pillar of Auckland's medical and civic life, whose contributions to AMRF spanned nearly three decades.

Sir Harcourt joined the AMRF Board in 1959 bringing with him a public service philosophy and a vision for advancing healthcare in New Zealand.

In 1978, Sir Harcourt succeeded Sir Kenneth Myers as President of the Foundation, continuing a tradition of strong, community-minded leadership.

His tenure was marked by significant growth and by the time he retired in 1983, the Foundation's research funding total had surpassed \$2.6 million.

His influence extended well beyond the Foundation. Over 21 years on the Auckland Hospital Board – 15 as Chairman – Sir Harcourt oversaw transformative developments in the region's healthcare infrastructure. He also served as Chairman of the Medical Research Council of New Zealand and the Caughey Preston Trust Board, earning recognition

from the Queen in 1971/72 for his services to social welfare.

Upon his retirement in 1983, the Foundation paid tribute to his extraordinary legacy: "Few laymen in the history of medicine in New Zealand have made a greater contribution than Sir Harcourt. Public figures dedicated to the betterment of one's fellows are rare indeed. His name will always be regarded as being synonymous with unselfish service to the advancement of medicine."

In 1985, the Sir Harcourt Caughey Fund was established with a generous donation of \$100,000 to honour his contributions.

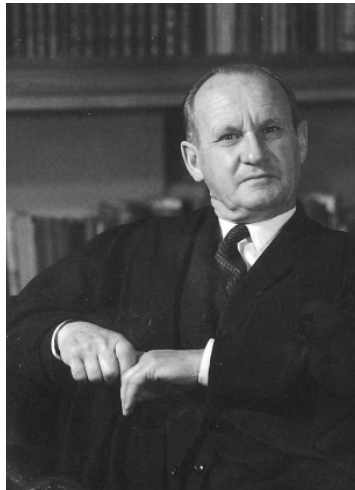
The Sir Harcourt Caughey Fund continues in perpetuity, providing salary support to New Zealand graduates returning from training overseas, medical graduates undertaking training or research abroad, and invites distinguished international researchers to Auckland ensuring that Sir Harcourt's legacy continues to inspire and elevate medical research for generations to come.

"Few laymen in the history of medicine in New Zealand have made a greater contribution than Sir Harcourt."

Sir W Henry Cooper CBE

A steady hand in challenging times

BOARD MEMBER 1982-1989
PRESIDENT 1984-1989



KNOWN FOR HIS INTEGRITY, diligence and interest in the practical applications of medical research, Sir W Henry Cooper CBE was invited to join the AMRF Board in 1982.

Just two years later, he was appointed President of the Foundation – a role he held until 1989.

Sir Henry's leadership coincided with a period of both opportunity and adversity. As a member of the Finance Committee, chaired by the "indefatigable" Douglas Goodfellow, he was known for his conscientious approach and his ability to inspire trust. Fellow Board member Stuart Blanshard described him as a man of "knowledge and trust in people."

His presidency was tested by the 1987 stock market crash, which significantly impacted the Foundation's investment portfolio and reduced available income, along with an associated decrease in donations from the community.

At the same time, demand for research funding was growing, with increasingly complex and costly applications arriving.

Despite these challenges, Sir Henry remained resolute. In his 1987 Annual Report, he expressed "cautious optimism" and in his last year of presidency in 1989, the Foundation had distributed a total of \$7.6 million in research funding – a remarkable achievement given the economic climate of the time.

Fellow Board member Stuart Blanshard described him as a man of "knowledge and trust in people."

George (Stuart) Blanshard

Navigating the changing research landscape

BOARD MEMBER 1983-2002
PRESIDENT 1990-2002



IN 1983, STUART BLANSARD joined the AMRF Board, a respected and astute businessman, with a wealth of experience in governance in his role as Chair of the Wilson & Horton Board.

Following the passing of Sir Henry Cooper in September 1990, Stuart was appointed President and in his first Annual Report, he addressed the uncertainty created by the dissolution of the Medical Research Council and the subsequent surge in research applications to the Foundation.

At the time, the Foundation's investment portfolio – comprising registered stock, term deposits, and equities – had grown to a value of nearly \$2.8 million and this helped to achieve the awarding of over \$1 million of grant funding in the year 1991.

Stuart credited much of the Foundation's success to its two Standing Committees.

He wrote: "The Finance Committee, chaired by our Hon. Treasurer, Mr W.D. Goodfellow, has met regularly to review important financial matters, particularly the Foundation's major investments. The Medical Committee, chaired by our Vice-President, Professor G.S.M. Kellaway, has also met regularly and, in particular, it has held marathon sittings on each of the two occasions on which project grant applications have been considered. The higher than usual number of grant applications has necessitated the closest scrutiny and the involvement of Committee Members over many hours."

By the time Stuart stepped down in May 2002, AMRF was awarding \$1.7 million of annual funding, and by the end of that year had distributed a total of \$25.3 million since its inception."

By the time Stuart stepped down in May 2002, AMRF was awarding \$1.7 million of annual funding.

Bruce Cole

Passion for progress

BOARD MEMBER 1991-2011
VICE PRESIDENT 2000-2002
PRESIDENT 2002-2011



IN HIS FIRST REPORT AS PRESIDENT, Bruce Cole highlighted the establishment of the Goodfellow Benevolent Fund:

“This second step has been made possible by long-term benefactors of the Foundation who have funded a trust, the proceeds from which will in future meet all of the Foundation’s administrative costs and so allow all income to be directed to research.”

In 2005, Bruce was instrumental in the Foundation’s support for the creation of the AMRF Medical Sciences Learning Centre, and in 2006, the ‘Ways & Means Committee’ evolved to become the ‘Finance & Allocations Committee’ and the ‘Development and Communications Committee’. The new committees were formed in an endeavour to grow fundraising efforts and strengthen the governance of the Foundation’s strong capital base and allocation of funds.

Under his guidance, AMRF’s annual funding commitment grew substantially. By 2008, the Foundation was awarding over \$3 million in research grants each year, with a strategic decision to increase funding by \$200,000 annually to meet growing demand and support emerging talent.

By the end of his tenure in 2011, over \$45 million of funding had been awarded to medical research in the Auckland and Northland region.

Under his guidance, AMRF’s annual funding commitment grew substantially. By 2008, the Foundation was awarding over \$3 million in research grants each year.

Jeff Todd CBE

Guiding the milestones and the mission

BOARD MEMBER 2002-2018
PRESIDENT 2011-2018



Jeff Todd (left) with AMRF Emerging Researcher Award recipient, Dr Mohanraj Krishnan

JEFF TODD CBE JOINED the AMRF Board in 2002, already an accomplished director with significant business and financial expertise, having received a CBE in 1994 for his contributions to accountancy.

Over the course of 16 years on the Board – including seven as President – Jeff provided strong leadership, continuing to shape AMRF’s strategic direction and his governance acumen was further recognised in 2013 when he was named a Distinguished Fellow of the Institute of Directors.

Jeff’s tenure saw several landmark moments, including the celebration of AMRF’s 60th anniversary and the opening of the AMRF Auditorium at the Faculty of Medical and Health Sciences, the University of Auckland.

Under his stewardship, the Foundation awarded over \$25 million in research funding, contributing to the more than \$76 million distributed since AMRF’s inception in 1955.

In his final President’s report, Jeff reaffirmed the Foundation’s enduring purpose: “Our founding mission of funding high-quality medical research to provide genuine advances in medical and health sciences remains as rock solid as ever”.

Jeff acknowledged all of those who contributed to the success of the Foundation, particularly the AMRF Medical Committee and the donors who had so generously and consistently gifted over the years.

Under his stewardship, the Foundation awarded over \$25 million in research funding, contributing to the more than \$76 million distributed since AMRF’s inception in 1955.

Richard Taylor Leading through a pandemic

BOARD MEMBER SINCE 2004
PRESIDENT SINCE 2018



Richard Taylor (right)

RICHARD TAYLOR JOINED the AMRF Board in 2004, just two years after co-founding the legal firm, TGT Legal. With expertise in private trusts and governance, Richard was welcomed for his sage legal advice and experience in trust planning.

In 2018, Richard succeeded Jeff Todd as President, expressing his humility in following in the footsteps of Jeff and other distinguished leaders before him. His presidency would soon be tested in unprecedented ways.

The global COVID-19 pandemic in 2020 brought global lockdowns and widespread disruption, delaying research projects and creating economic uncertainty. Under Richard's leadership, AMRF responded swiftly and decisively. In April 2020, the Foundation launched the COVID-19 Emergency Research Fund, allocating \$500,000 to seven projects investigating both the medical and societal impacts of the virus.

The following year, AMRF introduced the COVID-19 Relief Fund, making \$1.3 million available to support researchers whose projects faced prolonged delays. This fund ensured that vital work could continue, even as salary funding neared its end.

Now marking 21 years of voluntary service, Richard continues to guide AMRF into its 70th year, celebrating a remarkable milestone: over \$100 million awarded in medical research funding since the Foundation's inception in 1955.

Richard heralds the contribution of those past and present – governance, medical committee and AMRF teams – for this incredible achievement and the fundamental commitment from all to 'funding world-class medical research'.

With expertise in private trusts and governance, Richard was welcomed for his sage legal advice and experience in trust planning.

Behind every President The strength of AMRF Vice-Presidents

Vice-Presidents throughout the seven decades

“Sir Douglas Robb has, from the start, been one of the prime movers of this Foundation and his enthusiasm, energy and knowledge made a large contribution to the establishment of the Foundation and to it gaining a respected place in the world of medical research.”

AMRF President's Report, 1959

Sir Douglas Robb KBE

A founding visionary and tireless advocate

BOARD MEMBER 1956-1974
VICE-PRESIDENT 1956-1974
CHAIR OF MEDICAL
COMMITTEE 1972-1974



Sir Douglas's family members: Adam Coxhead, John Robb and Sarah Coxhead (left to right)

SIR DOUGLAS ROBB KBE was one of the powerhouses behind AMRF's creation and growth. At the Foundation's first Board meeting in 1956, he was appointed Vice-President while retaining his role of Pro-Chancellor at the University of Auckland.

In 1959, Sir Douglas was honoured with a knighthood, recognising his extraordinary contributions to medicine and society. As noted in the President's Report that year:

"Sir Douglas Robb has, from the start, been one of the prime movers of this Foundation and his enthusiasm, energy and knowledge made a large contribution to the establishment of the Foundation and to it gaining a respected place in the world of medical research."

In the late 1950s, Sir Douglas recruited Sir Brian Barratt-Boyes to set up open-heart surgery at Green Lane Hospital, and they worked together until Sir Douglas's retirement in 1964 with Sir Brian succeeding him as surgeon-in-charge.

Throughout the 1960s, Sir Douglas continued to champion medical innovation and education. His influence extended to the founding of the University of Auckland's Medical School, which welcomed its first

students in 1968, and his advocacy and leadership were instrumental in securing government support for the school's establishment.

Cliff Hart, himself a pioneer in medical innovation through the development of New Zealand's first mobile x-ray machine, remembers Sir Douglas not only as a brilliant surgeon but as a compassionate and caring man. Cliff recalls a card Sir Douglas sent to the parents of the second 'blue baby' he successfully operated on and inside was a simple poem:

*Roses are red, violets are blue
carnations are pink, and now so are you*

In 1972, Sir Douglas took up the role of Chair of the Medical Committee as well as being Vice-President and continued in both roles until his passing in 1974.

Sir Douglas Robb's memory is enduring through the creation of the Sir Douglas Robb Memorial Fund.

This fund continues to support projects that reflect his wide-ranging interests – from enhancing medical libraries to bringing international speakers to New Zealand and supporting the publication of research.

Paul Keeling

Financial integrity and quiet leadership

BOARD MEMBER 2000-2022
VICE-PRESIDENT 2004-2022
TREASURER 2008-2022



Paul Keeling and AMRF Emerging Researcher Award recipient, Dr Alexandra Wallace

IN 2000, PAUL KEELING joined AMRF's Board and Finance Committee – then called the “Ways & Means Committee” – brought on for his wealth of financial and investment expertise in his role as Trust Manager at Guardian Trust.

From the outset, Paul's stewardship was marked by diligence, discretion, and deep respect for the Foundation's mission. In 2001, he became a Life Member, and in 2002, he helped to guide the establishment of a benevolent fund – a transformative initiative that ensured all administrative costs would be covered by the Goodfellow family.

Paul's custodianship of this fund over the years safeguarded the wishes of its benefactors, his approach being a mix of financial acumen with a duty of care.

In 2003, Paul became Chairman of the Finance Committee and was appointed Vice-President in 2004. He was instrumental in supporting legacy projects, including the

Foundation's donation in 2005 toward the establishment of the AMRF Medical Sciences Learning Centre at the University of Auckland.

In 2007, the committee was renamed the Finance and Allocations Committee, reflecting its evolving role in managing both funding and strategic investment.

From 2004, Paul served as Vice-President and took on the Treasurer role in 2008, roles he held until his retirement in 2022: 22 years of remarkable service.

In his typically humble and understated manner, Paul reflected on his time with the Foundation: “I always considered it a privilege to be able to assist the Foundation in any little way I could.”

“I always considered it a privilege to be able to assist the Foundation in any little way I could.”

Professor Gavin Kellaway

BOARD MEMBER 1967-2000
VICE-PRESIDENT 1974-2000
CHAIR OF MEDICAL
COMMITTEE 1974-1993

[READ PROFESSOR KELLAWAY'S
STORY PAGE 14](#)

Dr Anna King *A new generation of leadership*

BOARD MEMBER SINCE 2021
CO VICE-PRESIDENT SINCE 2022



Dr Anna King (centre) with current AMRF
Executive Director Sue Brewster (left) and
Dr Sandy Lau (right)

IN SEPTEMBER 2021, Dr Anna King joined the AMRF Board, becoming the fourth generation of the Goodfellow family to serve the Foundation.

Anna trained as a clinical nurse and has over a decade of experience in academic research, lecturing at the University of Auckland where she specialised in clinical skills teaching and older person's health.

Her work in gerontology has been widely published, contributing valuable insights to the care and wellbeing of aging populations.

As current Chair of The Goodfellow Foundation, Anna supports the Goodfellow Unit's educational and development programmes for primary healthcare professionals, helping to ensure that frontline practitioners are equipped with the latest knowledge and tools.

In 2022, following the retirement of long-serving Vice-President Paul Keeling, Anna was appointed Co Vice-President of AMRF. She brings clinical expertise, academic insight, and a commitment to community health – qualities that reflect both her personal dedication and the values of the Goodfellow family.

Katie Noble

Championing inclusion and innovation

BOARD MEMBER SINCE 2021
CO VICE-PRESIDENT SINCE 2022



IN 2021, KATIE NOBLE joined the AMRF Board, bringing with her a dynamic blend of business acumen, governance experience, and an understanding of the needs of communities with diverse abilities.

Katie's appointment was recommended by long-serving Board member Noel Davies, who recognised Katie's unique ability to bridge the worlds of commercial enterprise and social purpose.

Katie is the Managing Director of Allied Medical Limited, a company that provides assistive technology and rehabilitation equipment across New Zealand.

Her governance experience spanned commercial, government, and non-profit organisations, including roles with the Yes Disability Resource Centre Trust, Make-a-Wish New Zealand and the Lotteries Auckland Community Distribution Committee.

In 2022 Katie was appointed Co Vice-President of AMRF, contributing her invaluable expertise in organisational culture, people development, and sales and marketing.

Katie's appointment was recommended by long serving Board member Noel Davies, who recognised Katie's unique ability to bridge the worlds of commercial enterprise and social purpose.

Steering Scientific Excellence Leading the Medical Committee

Medical Committee Chairs throughout the seven decades

Dr Wilton E. Henley

A founding force in medical leadership

BOARD MEMBER
CHAIR OF MEDICAL
COMMITTEE 1961-1972



IN 1961, AMRF APPOINTED its first Chair of the Medical Committee – Dr Wilton E. Henley, a Rhodes Scholar, consulting physician, and a man whose influence on Auckland’s medical landscape would be enduring.

Dr Henley brought to the role a combination of clinical excellence and academic rigour and during his tenure, he also served as Superintendent-in-Chief of the Auckland Hospital Board, where he worked closely with Sir Douglas Robb to achieve another historic milestone: the establishment of the Auckland Medical School in 1968.

In his first year as Chair, the Foundation provided funding for four research grants, totalling £1,467 and in his last year, 30 medical research and travel grants were awarded at \$28,636.

Dr Henley’s commitment to the advancement of medicine meant his work laid the foundation for the rigorous peer-review process that remains central to AMRF’s funding model today. His leadership helped establish the credibility and scientific integrity that are synonymous with the Foundation’s reputation.

Wilton’s contribution was vast and as noted in a tribute following his passing, “An obligation a Rhodes Scholar accepts is to esteem the performance of public duty as the highest aim. Wilton Henley surely obliged.”

Professor Gavin Kellaway

BOARD MEMBER 1967-2000
VICE-PRESIDENT 1974-2000
CHAIR OF MEDICAL
COMMITTEE 1974-1993

[READ PROFESSOR KELLAWAY’S
STORY PAGE 14](#)

Associate Professor Mervyn Merrilees

A scholar, scientist and steward of research

BOARD MEMBER 1989-2007
CHAIR OF MEDICAL
COMMITTEE 1993-2007



THE YEAR 1989 marked a fortuitous chapter in AMRF's history with the arrival of Dr Mervyn Merrilees – known affectionately to all as Merv.

Merv's academic journey began at the University of Otago, where he graduated with a Bachelor of Science with Honours in 1968.

He pursued his PhD in Zoology at the University of Toronto, before returning to New Zealand to join the University of Auckland in 1978. There, he earned the title of Honorary Professional Teaching Fellow in Anatomy and Medical Imaging, and became a respected figure in both education and research.

In 1993 Merv, now an Associate Professor, succeeded Professor Gavin Kellaway as Chair of the Medical Committee, at a time when AMRF had transitioned into a charitable trust and was awarding over \$1 million in research funding annually.

Recognising the growing demands on the Medical Committee, AMRF appointed Merv as Medical Director in the early 2000s.

Then-President Bruce Cole remarked:

"An important step taken this year is seeing Associate Professor M.J. Merrilees as Medical Director of the Foundation. Associate Professor Merrilees has, for some years, chaired the Foundation's Medical Committee which is the key contributor to the evaluation and selection of research projects. Demands on the time of Medical Committee Members has grown to the point where greater support of their work must be given."

He continued to balance his administrative leadership with his own research but in October 2007, Merv stepped down after 15 years of service, with incoming Chair Dr Peter Browett paying an apt tribute: "Merv has the opportunity to continue his research on finding ways to restore elastic fibres in aged or damaged tissue in Seattle, and on behalf of the Committee and Foundation, we thank him for his outstanding efforts over many years and wish him well in his ongoing research."

**Recognising the growing demands on the Medical Committee,
AMRF appointed Merv as Medical Director in the early 2000s.**

Professor Peter Browett

BOARD MEMBER 1989-2024
CHAIR OF MEDICAL
COMMITTEE 2007-2024

[READ PROFESSOR BROWETT'S STORY
ON PAGE 17](#)

Professor Larry Chamley [Leading the next chapter of scientific review](#)

BOARD MEMBER SINCE 2022
MEDICAL COMMITTEE
SINCE 2009
CHAIR OF MEDICAL
COMMITTEE SINCE 2024



PROFESSOR LARRY CHAMLEY is Head of the Department of Obstetrics, Gynaecology and Reproductive Sciences at the University of Auckland, where he leads a research group focused on the biology and immunology of reproduction. He also serves as Director of the Hub for Extracellular Vesicles (HEVI) and is a member of the Council of the International Society for Immunology of Reproduction.

Internationally recognised for his contributions to reproductive science, Larry is Editor of *Trophoblast Research*, Associate Editor of *Reproduction*, and Chair of the Publications Committee for the American Society for Reproductive Immunology.

Larry joined AMRF's Medical Committee in 2009, became Co-Deputy Chair in 2021 and was appointed to the Board in December 2022. In 2024, he succeeded Professor Peter Browett as Chair of the Medical Committee, following Peter's 17-year tenure.

With a deep commitment to scientific excellence and integrity, Larry leads the Medical Committee in its vital role of reviewing and recommending research funding, ensuring AMRF continues to support the highest quality of medical research.

Enduring Service 15 years and beyond

Voluntary Service acknowledging those who have given 15+ years

Gerald Wakely 31 years of service

BOARD SECRETARY
1968-1987

THE FIRST REFERENCE TO Gerald Wakely's 31 years of voluntary service to AMRF was in January 1957 as the author of a memorandum to the Board concerning public relations opportunities. Gerald's work was held in very high regard throughout the years but it wasn't until 1968 he commenced in the Secretary role.

In the 1987 Annual Report the AMRF President, Sir Henry Cooper, paid tribute to Gerald's contribution: "In December, Mr Gerald Wakely, whose name for so many people was synonymous with that of the Auckland Medical Research Foundation, retired to take up residence overseas. Mr Wakely assumed the office of Secretary in 1968 and the subsequent 20 years have seen an institution, soundly based, but with only



modest assets, develop into a funding body of quite impressive proportions with a corresponding increase in the duties expected of the Secretary.

It is fitting that we should place on record our appreciation of the part Mr Wakely played in helping to bring to fruition many of the dreams of early Board Members. Replacing someone who has acquired an intimate knowledge of all aspects of the activities of the Foundation during two thirds of its existence naturally caused the Board some concern."

Douglas Brown Steadfast in business and community

BOARD MEMBER
1985-2002

DOUGLAS BROWN JOINED the AMRF Board in 1985, bringing with him a distinguished record of service – as a respected pilot and a successful businessman who founded a machinery and hand-tool wholesale business.

Known for his financial acumen, Douglas was a sought-after director and served on private and public company boards, as well as school boards. His contribution to AMRF was described by Sir Henry Cooper in the early days: "As always, we are greatly indebted to the Finance Committee headed by Mr W D Goodfellow, Mr G S Blanshard, and Mr D G E Brown, a triumvirate who would be the envy of any Board of Directors. With a committee of such strength, members and supporters



together with Trust Officers, accountants and solicitors who advise their clients in the matter of legacies and bequests can have every confidence that the funds of the Foundation are in expert hands."

Associate Professor David Christie

Lifelong commitment to science

MEDICAL COMMITTEE
1991-2016
BOARD MEMBER
1997-2016

ASSOCIATE PROFESSOR

David Christie first joined AMRF in 1991, initially covering for a colleague on leave. What began as a temporary role, evolved into 25 years of voluntary service.

His connection began even earlier when he received his first research grant in 1982, having been involved in AMRF-funded projects since 1975. His decision to join the Medical Committee was driven by a desire to contribute to the organisation that had supported his own research journey. He had a deep understanding of the rigorous evaluation that underpins AMRF's funding decisions.

In 1997, he was appointed to the Board of Trustees, and in 2008 began serving as Deputy Chair of the Medical Committee until his retirement in 2016.



His own research career started with a PhD in Biochemistry from the University of Auckland, followed by a Nuffield Dominions Fellowship at the University of Oxford. Throughout his career, his major research interest centred on creatine – a natural substance and common dietary supplement – in brain function. His work helped illuminate the importance of creatine in neurological health and contributed to a broader understanding of its potential in treating cognitive and neurodegenerative conditions.

Professor Peter Thorne CNZM

Dedicated to the research community

MEDICAL COMMITTEE
1997-2024
BOARD MEMBER
2008-2024

IN 2024, after 27 years of voluntary service on the Medical Committee – with 16 of those on the board – Professor Peter Thorne stepped down to dedicate more time to his research.

Peter joined AMRF in 1997 with an extensive background in auditory neuroscience. His academic journey began at the University of Auckland, where he earned his PhD and later undertook post-doctoral studies, also spending time at the prestigious Kresge Hearing Research Institute at the University of Michigan.

Throughout his career, Peter's work focused on the mechanisms, diagnosis, and treatment of inner ear disorders; creating deeper understanding of sensorineural deafness and noise-induced hearing damage.



Beyond his research, Peter's contributions to education and public health have included co-leading of the Aotearoa Brain Project, being a Director of the Eisdell Moore Centre for Hearing and Balance Research, and helping to introduce New Zealand's national newborn hearing screening programme.

Peter's work was recognised with the awarding of a Companion of the New Zealand Order of Merit (CNZM) for services to audiology and auditory neuroscience in 2009.

Christopher Horton CBE JP

A businessman with integrity and insight

BOARD MEMBER
2000-2015

CHRISTOPHER HORTON CBE JP, known to many simply as Chris, was a well-known company director and sharebroker when he joined the AMRF Board in 2000. His experience in financial markets and investment management made him a valued member of the Finance and Allocations Committee, where his steady guidance helped strengthen the Foundation's financial platform.

Chris's contributions extended beyond AMRF, being actively involved in a wide range of charitable organisations and holding a Justice of the Peace position. In recognition of his services to business management, he was awarded a CBE in 1994.

At the time of his passing in 2015, Chris was the longest-serving member of the



New Zealand Stock Exchange, having worked in financial markets for 54 years – a period marked by profound change in both the national economy and the broking industry.

A colleague described him as “a role model for all that a good broker should be: a gentleman who put his clients first, fair, hardworking, respected by all those he worked with, and displaying at all times the highest degree of professionalism and integrity. One of his great attributes was that he had time for people, and nothing was ever too much trouble.”

Noel Davies ONZM

Building connections, championing growth

BOARD MEMBER
2006-2022
CHAIR OF DEVELOPMENT
COMMITTEE 2007-2019

IN 2006, Noel Davies ONZM joined AMRF as a Trustee, with his experience as an entrepreneurial business leader and chair of multiple commercial organisations bringing invaluable skills to the board.

His leadership credentials were already well established – having received the Ernst & Young Entrepreneur of the Year Award in 2003 in the Manufacturing and Distribution category. In 2007, he became Chairman of the newly formed Development and Communications Committee.

Noel's contribution extended far beyond boardroom duties. He gave generously of himself and used his extensive network to forge meaningful connections that helped raise the Foundation's profile and enhance its fund-raising capacity.



Two years after his retirement from the Foundation, his commitment to AMRF and dedication to a myriad of other organisations saw Noel awarded an Officer of the New Zealand Order of Merit (ONZM) for services to engineering, business, and the community.

The origins of legacy

Founding members

Office-Bearers and Members, 1957-58

BOARD OF MANAGEMENT

President:	Mr John Grierson, C.B.E., Chairman, Auckland Hospital Board.
Vice-President:	Mr Douglas Robb, C.M.G., Pro-Chancellor, the University of Auckland.
Board:	Dr F. Russell Chisholm, British Medical Association, (Auckland Division). Mr Bruce W. Grieve, Royal College of Obstetricians and Gynaecologists. Mr H. Selwyn Kenrick, C.B., C.B.E. Superintendent-in-Chief, Auckland Hospital Board. Mr Donald McKenzie, C.M.G., Royal Australasian College of Surgeons. Mr Kenneth Myers, Members' Representative. Dr E. H. Roche, Royal Australasian College of Physicians.
Hon. Treasurer:	Mr Bruce W. Grieve.
Hon. Solicitor:	Mr E. J. V. Dyson.
Hon. Auditor:	Mr J. L. B. Stevens.

FOUNDATION MEMBERS

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Auckland University	Princes St, C.1	
Blackwell, J. H.	Glenfell Rd, Epsom, S.E.3	Company Director
Blackwell, Miss M.	Glenfell Rd, Epsom, S.E.3	Psychometrist
Bower, T. E.	N.Z. Glass Manufacturing Co. Pty Ltd Great South Rd, Penrose, S.E.6	Company Manager
British Medical Assn (Auckland Division)	per Honorary Secretary, Dr Peter Bartley, 82 Symonds St, C.1	
Butland, J. R.	J. R. Butland Pty Ltd, Dilworth Bldg, Customs St, C.1	Company Director
Carpenter, J. M.	J. H. M. Carpenter Ltd, 213 Broadway, S.E.1	Company Director
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Chisholm, Dr Russell	A.M.P. Bldg, Queen St, C.1	Physician
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Cole, Noel	P.O. Box 1133, Auckland, C.1	Building Contractor
Colegrove, Miss M. J.	50 Arney Rd, Remuera, S.E.2	
Davis, Sir Ernest	C/o Hancock & Co. Ltd, P.O. Box 21, Auckland, C.1	Company Director
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Grierson, John	130 St Stephens Ave, Farnell, C.4	Public Accountant
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Robertson, Sir Carrick	1 Alfred St, C.1	Surgeon
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Wiseman, Eric	18 O'Neill Ave, Takapuna, N.2	House Designer
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Adams, Leslie	Box 27, Ouchanga, S.E.5	Teacher
Aitken, Miss M. D.	38 Herd Rd, Hillsborough S.3	Medical Practitioner
Alexander, Dr C. J.	18 Symonds St, C.1	Assistant Tester
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Andrae, Dr G. A.	537 Parnell Rd, S.E.1	Medical Practitioner
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