

# SCOPE<sup>86</sup>

A MALAGHAN INSTITUTE PUBLICATION

**M** MALAGHAN  
INSTITUTE  
OF MEDICAL RESEARCH

## New research group taking aim at ageing immunity



### WHAT'S INSIDE

Could a forgotten vaccine help us fight both ancient diseases and modern threats?

ENABLE-2 trial expands to Christchurch and Auckland

Horizontal mitochondria transfer: 10 years on from a ground-breaking discovery



# From the Director

As I reflect on my first six months as Director of the Malaghan Institute, I'm incredibly grateful for the support and encouragement I've received from our community.

Thank you especially for the generous response to our recent annual appeal. The kindness and compassion shown during that appeal was truly moving. It reminded me how deeply connected our supporters are to the purpose that drives the Malaghan, making sure no one else has to endure what so many of us have faced through disease.

In this issue of Scope, I'm pleased to share some of the progress we've made together. You'll find an update on our CAR T-cell cancer trial, now in phase 2 and operating at sites across Auckland, Wellington and Christchurch. We hope to make this revolutionary treatment available to more New Zealanders as part of standard care.

You'll also meet some of our exceptional scientists. Dr Michelle Linterman has recently returned home to establish a lab focused on the ageing immune system, while Dr Kerry Hilligan and Dr Sotaro Ochiai are making exciting discoveries in the fields of infectious disease and skin immunity.

Every step forward we take is made possible because of people like you. If you feel inspired by what you read, I hope you'll consider continuing your support – whether through a donation, sharing our work with others, or simply staying connected with us.

Thank you for being such a vital part of our Malaghan community.

**Professor Kjesten Wiig | Director**  
BA (Hons), PhD (Otago)

# New research group taking aim at ageing immunity

Kiwi immunologist Dr Michelle Linterman, an international expert in the effects of ageing on the immune system, is heading the Malaghan's newest research group. Having recently returned home to New Zealand from the Babraham Institute in the UK, her research aims to uncover ways we can strengthen our immune system as we age.

Dr Linterman is interested in how different cell types collaborate in the germinal centre; temporary immunological structures that are created in the spleen or lymph nodes following an infection in order to generate a robust immune response. Germinal centre activity is essential to many vital immune responses, from fighting an infection to removing cancer cells – but this function weakens as we age.

Her team's work – at the Babraham and as she builds her lab here – combines preclinical research with human studies to enable us to dive deeper into the germinal centre response and ask a fundamental question: why do germinal centres become less efficient as we age?

“Germinal centres are essential for launching efficient, long-lasting immune responses to things like vaccines,” she says. “They are hubs for the immune system where immune cells come together to exchange vital information on how to protect the body from things like infection.

“The biology of the germinal centre is this highly collaborative, cellular microenvironment where

you need lots of different cells to do the right thing at the right time in the right place to get a strong immunological response.”

A successful germinal centre is hallmarked by the production of memory B-cells and antibody secreting cells, which produce antibodies needed to fight infection. However, the process of producing effective memory B and antibody secreting cells relies on the correct positioning of several key immune cells within a germinal centre so they can communicate effectively. As we age, this process of positioning becomes less effective.

Recently, Dr Linterman’s lab at the Babraham Institute published a study which found that the T follicular helper cells, which are needed to produce effective B-cell responses, move away from where they’re needed during the germinal centre response, resulting in reduced production of antibody secreting cells.

Her team is now investigating whether mRNA vaccines developed at the Malaghan and designed to stimulate the helper cells can ‘rejuvenate’ T follicular helper cells and help them support better germinal centre reactions to ultimately produce protective antibodies.

Malaghan Institute Director Professor Kjesten Wiig says attracting a researcher of Dr Linterman’s international standing back to New Zealand is both a testament to the strength of research at the Malaghan and a significant gain for New Zealand science.

“Michelle brings an element of research that very few organisations are focused on, yet has an extraordinary impact on disease outcomes. We’re very excited to have her on board.

“Michelle’s work could provide an opportunity for our research programmes to develop a real point of difference in approach so that we are able to create ever more effective immunotherapies for disease across the board. Her research has so many intersection points with ongoing research at the Malaghan,” says Prof Wiig.

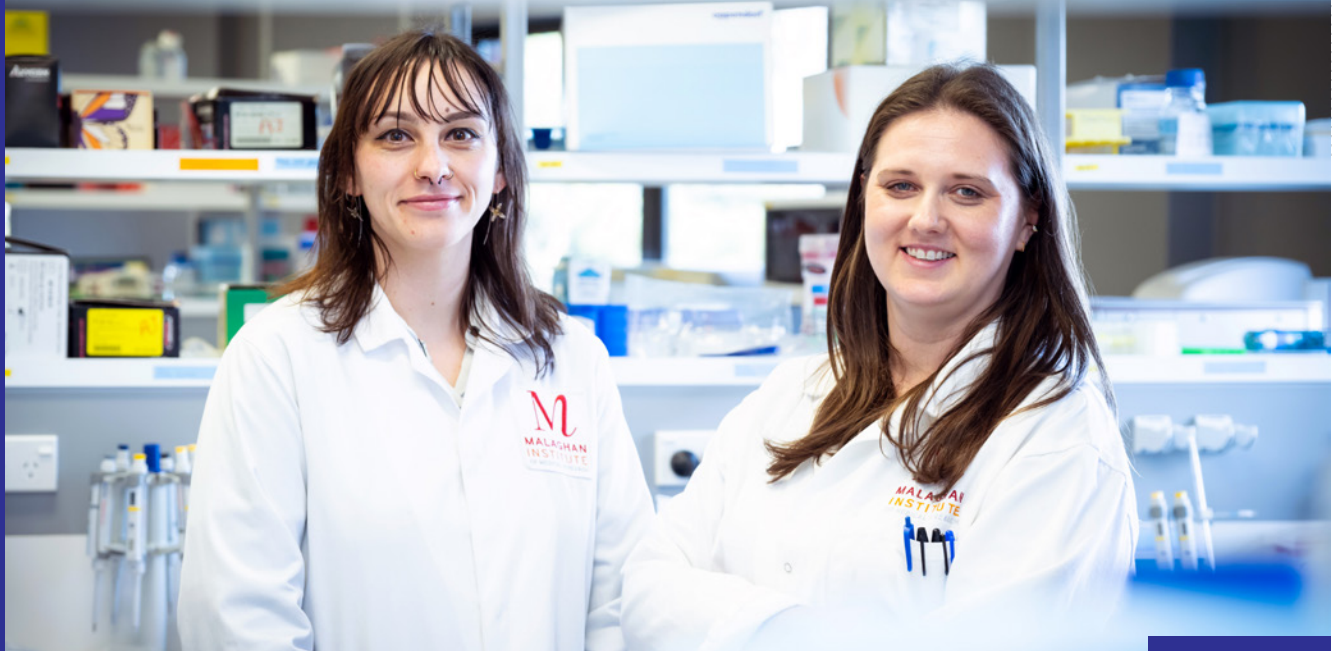
“For example, in our infectious disease work, a key question is how to produce a vaccine that will be safe and effective in all age groups, including older individuals. Michelle’s work on germinal centres and how they both contribute to an effective immune response for a vaccine, but also are less effective at doing their job as we age is key to understanding our question on developing a safe and effective vaccine for all.

“Michelle’s work also has crossover in the cancer space, as the risk of developing cancer increases as we age. This could be because of the immune system’s decreasing ability to fight or remove cancer cells – and so her work on boosting the immune systems’ effectiveness for older individuals is incredibly relevant.”



▲ Dr Michelle Linterman





▲ Caitlin Brown and Dr Kerry Hilligan

## Winter and the immune system

As temperatures drop, colds, flu and other respiratory infections become more common. Dr Kerry Hilligan and PhD student Caitlin Brown are researching respiratory diseases and their impact on the immune system. We asked them why winter takes such a toll and what we can do about it.

### WHY DO WE TEND TO GET MORE COLDS AND FLU IN WINTER?

**KERRY:** There are two main things that contribute to cold and flu season. Number one is human behaviour. Generally, transmission happens in closed indoor spaces, and when it's cold we tend to spend more time indoors and less time outside. The second factor is ventilation. When it's cold, we tend to keep our windows closed which decreases the exchange of air and contributes to transmission.

There is also evidence that humidity plays an important role. A research group based at Yale University found that humidity and temperature really affect the respiratory tract. Cooler air is drier (despite the perception of damp winter homes!) and it affects the mechanisms we have in our lungs to clear mucus that traps bugs we inhale, which can make people more susceptible to infection.

**CAITLIN:** Also, with cooler temperatures, viruses, bacteria and other pathogens tend to survive better in the environment for longer – so there are more opportunities for them to infect you.

### WHAT EFFECT DOES WINTER HAVE ON THE IMMUNE SYSTEM?

**KERRY:** The antiviral response is key to fighting winter colds and flu. Our immune system is in constant battle with viruses we breathe in and even subtle changes in our ability to produce antiviral molecules like interferon can give viruses enough of an edge to cause infection. The same Yale study found that these antiviral responses are diminished during the colder months.

### IS THERE ANYTHING WE CAN DO TO SUPPORT OUR IMMUNITY DURING WINTER?

**KERRY:** Vitamin D is very important for the body, including the immune system. It's required to regulate calcium in the body. Normally vitamin D is produced in the skin when exposed to the sun, so during winter some people can struggle to make enough to keep them and their immune system healthy.

Also making sure we get enough sleep and keep on top of basic hygiene like hand washing are important aspects for combatting infection.

**CAITLIN:** Get vaccinated. Get outside – or at least ventilate your home!

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*Caitlin is a PhD student in the Hilligan team. For her thesis she is investigating how exposure to spores from the fungus, *Aspergillus fumigatus*, impacts lung health and susceptibility to a subsequent viral infection such as influenza.*

*"I'm really interested in how this common respiratory pathogen impacts the lung environment to drive disease, and am hopeful that my research can help inform safer treatment options in the future."*

# Could a forgotten vaccine help us fight both ancient diseases and modern threats?



▲ Dr Kerry Hilligan

The BCG is one of the oldest vaccines ever developed against one of the oldest diseases plaguing humanity. Yet, despite being more than a century old, the vaccine is brimming with untapped potential that holds far-reaching implications in the fight against infectious diseases and cancer.

“The BCG vaccine has long been something of an enigma,” says Dr Kerry Hilligan, infectious disease researcher and team leader in the Ronchese Laboratory. “Originally developed to protect against tuberculosis, it provides only limited protection. Yet over the years, studies have revealed a surprising pattern: populations who receive the vaccine can be protected against more than just TB.”

“In some cases, vaccinated populations are less likely to suffer from severe respiratory infections and sepsis. These ‘off-target’ effects have long intrigued scientists and have even led to the development of BCG as the gold-standard treatment for invasive bladder cancer,” says Dr Hilligan.

**“Yet over the years, studies have revealed a surprising pattern: populations who receive the vaccine can be protected against more than just TB.”**

“What if understanding the broad immune effects of BCG could help us solve some of the biggest questions in immunology? And what if that knowledge led to more effective vaccines against tuberculosis, broader protection against infectious diseases and even new treatments for cancer?”

These are key questions driving Dr Hilligan. In a recent review published in the *Journal of Experimental Medicine*, working with her former postdoctoral supervisor Dr Alan Sher, from the National Institute of Allergy and Infectious Diseases in the United States, Dr Hilligan shines a light on the untapped potential this century-old vaccine holds. Their work traces how BCG activates multiple arms of the immune system and why fine-tuning these responses could open new doors from antiviral development, cancer treatment and to a more effective tuberculosis vaccine, something that is urgently needed to protect millions of people around the world.

**Read the full article at [malaghan.org.nz/BCG](https://malaghan.org.nz/BCG).**



▲ The first ever shipment of CAR T-cells across NZ. From left: Reigh Aguinaldo, Divya Ramanan and David Downs

## ENABLE-2 trial expands to Christchurch and Auckland

The Malaghan Institute is one step closer to its goal of making CAR T-cell therapy a standard of care in New Zealand with our phase 2 clinical trial, ENABLE-2, opening its doors in Christchurch and Auckland City Hospitals.

Clinical Director Dr Robert Weinkove says ‘site activation’ in Christchurch and Auckland marks a significant milestone for the clinical trial, and means more patients can be treated, closer to home.

“This is an exciting step for this national endeavour, as we prepare the New Zealand health system to deliver this game-changing cancer treatment. As a one-off, outpatient-based treatment, CAR T-cell therapies could help to meet an urgent unmet need while limiting pressure and costs on the health system.”

Within the ENABLE-2 trial, which got underway out of its first site at Wellington Hospital in July 2024, 60 adults with certain types of relapsed large B-cell non-Hodgkin lymphoma will be treated over two years. To date, 15 patients have been enrolled, with the pace picking up with new sites on board and skilled clinicians ready to deliver the therapy.

“With automated manufacturing of patients’ CAR T-cells by our partner BioOra, we are well positioned to scale up treatment and look to the future of CAR T-cell therapy delivery in Aotearoa for this trial and beyond,” says Dr Weinkove.

Drs Clinton Lewis and Caroline Grist, clinical haematologists and investigators for the trial at Auckland City Hospital, say they are excited to provide CAR-T therapy via a clinical trial to patients across the region.

“CAR T-cell therapy, now an international standard of care, has been limited for patients from Aotearoa to those who can travel overseas or could access the phase 1 trial in Wellington. We are incredibly grateful for the work of the Malaghan Institute which has led to the successful conclusion of ENABLE-1 and development of ENABLE-2.”

“We see this trial as an essential accelerator for the development of modern cellular therapy in New Zealand that complements our expertise and experience with stem cell transplantation. We hope that this study will be a successful pathway for our patients to access other new cancer-curing cellular therapies!”

Haematologist and investigator for ENABLE-2 at Christchurch Hospital, Dr Amy Holmes, says the expansion of the ENABLE-2 trial will greatly increase access and equity across Aotearoa.

“We hope this study will be a forerunner in access to cellular therapy within New Zealand as the technology steadily expands and finds a role in the treatment of a range of malignant conditions.”

Dr Weinkove says an important part of the trial for the Malaghan Institute and BioOra is putting in place the manufacturing, distribution and health service integration measures that could establish the CAR T-cell therapy as a standard of care if the phase 2 trial is successful.

“This is why it is so significant to have capability like this across New Zealand. One of the key objectives of the phase 2 trial is to support registration of this CAR T-cell therapy in New Zealand. We would like to maximise the chances of timely uptake within the public health system to limit gaps in treatment availability for those who need it,” says Dr Weinkove.

“As a charity, the Malaghan Institute is hugely grateful to and reliant on our funders and donors for helping us bring this ground-breaking therapy to New Zealand, and demonstrate a new way to bring innovative, affordable new treatments into the New Zealand healthcare system.”

Every gift helps take this life-changing therapy one step closer to the people who need it most. If you’d like to support this work or learn more about how you can make a meaningful contribution, we’d love to hear from you.

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# Horizontal mitochondria transfer: 10 years on from a groundbreaking discovery

In 2015, Professor Mike Berridge and his international collaborators were first in the world to confirm mitochondria could be transferred between living cells, a key strategy some cancers use to bounce back after treatment.

Now, 10 years on from discovering what is now known as horizontal mitochondrial transfer (HMT), what have we learned, and what are the clinical implications for fighting disease? Prof Berridge recently published a commentary on the state of HMT and where their field is headed.

## A WORLD-FIRST DISCOVERY

Prior to this discovery, it was thought mitochondria – the tiny little intracellular ‘batteries’ – were proprietary to the cell that made them. We now know that’s not the case.

However, the extent to which mitochondria can be bartered, traded and – in some cases – outright stolen is something which may have significant implications from cardiovascular and neurological disease to cancer treatment.

In 2015, Professor Berridge and his colleagues at the Institute of Biotechnology in the Czech Academy of Sciences discovered that mitochondria could be transferred between living cells – horizontal mitochondrial transfer. ‘Horizontal’ refers to how, unlike a parent cell donating its mitochondria to its daughters as it divides, mitochondria are being passed across from one cell to another through tiny nanotubes or extracellular vesicles.

The collaboration showed that if you mix healthy donor cells (with mitochondria) with cancer cells whose mitochondria have been damaged and rendered useless, mitochondria from the healthy cells will eventually make their way to the cancer cells in the body, and those cancer cells will start growing again.

Published in the scientific journal *Cell Metabolism*, this research opened the door to one of the many strategies cancers can use to shrug off treatments designed to kill them.

“Cancer cells can get rid of their damaged mitochondria to immune cells resulting in immunosuppression and pick up, or steal, healthy mitochondria from T-cells,



▲ Professor Mike Berridge

macrophages and stromal cells, leading to tumour proliferation,” explains Prof Berridge.

“HMT has now been shown in more than 20 cancers including lung, breast, ovarian, prostate, colon, skin and liver, as well as leukaemias and multiple myeloma. Chemotherapy and radiotherapy have been shown to promote HMT in leukaemias and glioblastoma, enhancing the fitness of the cancer cells, increasing therapeutic resistance.”

However, while HMT may be making cancer cells harder to kill, it may also be the answer to unlocking powerful new therapies. In his commentary, Prof Berridge writes about how controlling the traffic of mitochondria between cells could dramatically improve how we treat disease.

“In general, HMT promotes resistance to therapy. Pharmacological processes that interfere with HMT to and from cancer cells have the potential to halt tumour progression and improve the immune system’s antitumour response,” says Prof Berridge.

“However, in other areas, say for CAR T-cell therapy, mitochondria from healthy stromal cells could be passed to CAR T-cells to improve their metabolic fitness and counter T-cell exhaustion – a current limitation of this therapy.

“What’s more, in cardiovascular diseases and in tissue repair, HMT has been shown to have beneficial effects.”

“This area of research is very new,” says Prof Berridge. “As research continues to uncover more about the role of HMT, the specific characteristics of mitochondria being transferred and the effects on recipient cells will pave the way for strategies to disrupt HMT and potentially inhibit tumour growth and lower resistance to therapy.”

## Fighting allergic skin disease at its root

Dr Sotaro Ochiai's research is uncovering why and how atopic dermatitis develops on a cellular level. He aims to identify therapeutic targets which may be able to dampen the overactive immune cells present in the skin of those affected.

"Some of my earliest memories are of itching," says Dr Sotaro Ochiai, a Postdoctoral Research Fellow in the Ronchese Laboratory at the Malaghan Institute.

"There's a relentless irritation that demands your attention, distracting you from functioning until you finally give in and scratch. Scratching, although it brings fleeting relief, makes everything worse."

Sotaro has lived with atopic dermatitis, a type of eczema, for as long as he can remember. Coming in waves of varying severity, the chronic skin condition

starts as itchy, dry skin, which thickens and hardens, sometimes cracking. This can progress into angry, red rashes which can ooze clear fluid or blood.

"Winters can be brutal, with dry air making my skin crack and bleed, while summer often brings heat rashes," says Sotaro.

"I think the worst symptom was how much it affected my self-confidence, especially when I was a teenager."

**"There's still so much we don't understand when it comes to allergies, yet the need to know is urgent as the incidence of allergies are increasing every year."**

More than a third of Aotearoa New Zealand's population is afflicted by atopic dermatitis. Current treatments are mainly corticosteroid creams which provide temporary relief but with many side-effects.

"Atopic dermatitis is an allergic disease caused by an overactive immune response in the skin. Though so many people live with this debilitating condition, we still don't know why and how it develops."

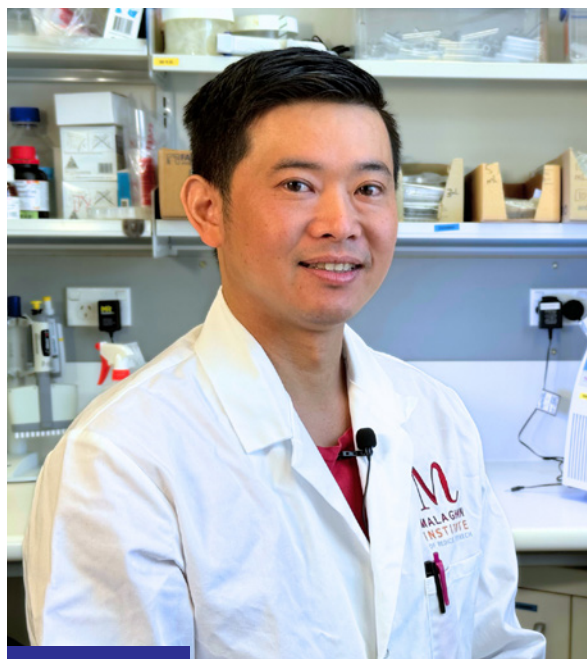
"There's still so much we don't understand when it comes to allergies, yet the need to know is urgent as the incidence of allergies are increasing every year."

Sotaro's research is uncovering the cellular processes that drive atopic dermatitis.

"The skin is a very important site when it comes to allergies. Previous work in our lab indicates that it could be the first site of allergic disease development as the early immune system learns to identify what is a threat and what is harmless," says Sotaro.

Our skin is our largest organ and serves as a vital barrier, protecting us from harmful substances in the environment. However, in some people, especially at a young age, harmless allergens like dust mites or peanut proteins can breach this barrier. When this happens, the immune system springs into action, triggering inflammation to eliminate the perceived threat.

In the process, it forms specialised immune cells called tissue-resident memory T-cells which remain in the skin



▲ Dr Sotaro Ochiai



to ‘remember’ the allergen. If the skin encounters the allergen again, these tissue-resident memory T-cells mount a faster and more intense response.

“While this mechanism is vital for fighting against real threats, it becomes problematic when the allergen is harmless and frequently encountered, leading to skin conditions such as atopic dermatitis,” says Sotaro.

Sotaro’s research focuses on finding ways to reduce the severity of skin allergic reactions, by targeting tissue-resident memory T-cells in the skin.

“To do this, we are trying to identify proteins produced by the body that are crucial for the survival of allergy-inducing tissue-resident memory T-cells in the skin, but not other cells in the body.”

This is like finding a needle in a haystack of millions of protein configurations. Luckily, Sotaro and the team have just the tools to do such a thing.

“With the help of bioinformatics and data science tools, we can find and narrow down potential targets to test.”

Sotaro will then disrupt the production of the identified targets in skin cells from donors with atopic dermatitis and observe the effect this has on the function of tissue-resident memory T-cells.

“We are ultimately working towards developing new treatments to manage atopic dermatitis by modulating the activity of tissue-resident memory T-cells in the skin,” says Sotaro.

“There’s still so much we don’t understand when it comes to allergies, yet the need to know is urgent as the incidence of allergies are increasing every year.”

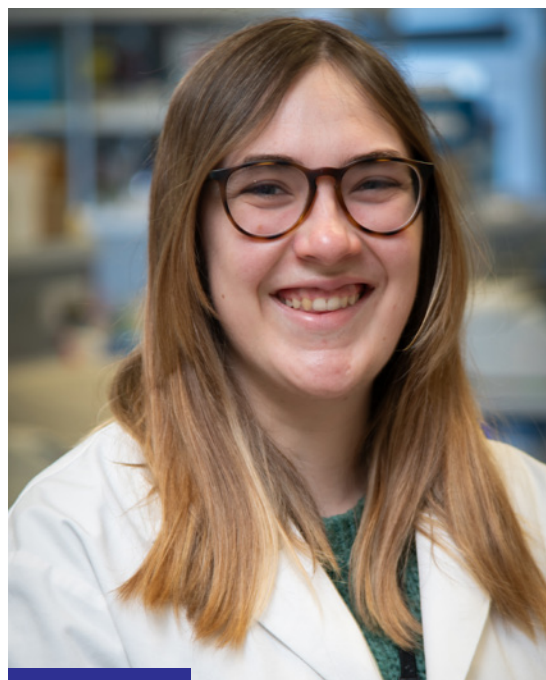
In Focus is a monthly e-update taking a close up look at our research and the scientists behind it. If you’re not already subscribed, you can sign up on our website [malaghan.org.nz](https://malaghan.org.nz)

## Support young scientists to become the leaders of tomorrow

The future of medical research relies on the next generation of scientists. Yet, early-to-mid-career researchers face some of the toughest challenges in advancing their scientific careers.

Young researchers bring fresh ideas, curiosity and determination to medical research but often lack secure funding to fulfil their potential. With the right support, their work can lead to ground-breaking discoveries and treatments that change lives.

By backing emerging scientific talent, you’re helping ensure that good ideas make headway – and that talented scientists have secure, supported pathways to long and fruitful research careers that benefit us all. It’s a simple but powerful way to shape the future. If you’re interested in supporting our Young Scientist Fund, we’d love to hear from you – please contact Wendy on [wendyw@malaghan.org.nz](mailto:wendyw@malaghan.org.nz).



▲ PhD Student Hannah Boswell



▲ Chief Technology Officer, Kylie Price

## Distinguished service award for head of Hugh Green Technology Centre

The International Society for Advancement of Cytometry (ISAC) has selected Malaghan Institute Chief Technology Officer and head of the Hugh Green Technology Centre Kylie Price for their 2025 Distinguished Service Award.

This prestigious award recognises individuals who have made extraordinary contributions to the society and is a testament to Kylie’s long-standing dedication to ISAC and its members.

The nominations committee noted that as a valued member of ISAC for many years, Kylie has been an integral part of the organisation’s leadership whose contributions, particularly in her role as ISAC Secretary and tenure as a member of the Executive team, have been invaluable.

“Additionally, Kylie’s leadership in the Governance Committee, where she played a pivotal role in overhauling ISAC’s Bylaws and Policies, will have a long-lasting impact on the organization. These efforts have greatly enhanced the Society’s operations and structure, leaving a legacy that will benefit ISAC for years to come.”

Kylie was presented with the award at CYTO 2025 in Denver, Colorado in June.

## New blood processing service for clinical trials at Malaghan

The Malaghan Institute has stepped up to fill an unmet need, boosting New Zealand’s medical research capability and clinical trials sector by establishing an accredited blood processing service at its Hugh Green Technology Centre.

Chief Technology Officer Kylie Price says the Hugh Green Technology Centre’s infrastructure, state-of-the-art technology platforms, flow cytometry expertise and deep understanding of the immune system uniquely positioned it to establish a small, high-quality bioanalytical service. This service not only addresses a national need but also strengthens the Malaghan’s own biomedical research capabilities.

“The Malaghan Institute and the Hugh Green Foundation have a shared commitment to giving New Zealanders early access to breakthrough medical treatments. Building capability for clinical trials in New Zealand is one way of doing this, and the response from the clinical trials community has been overwhelmingly positive,” she says.

“This capability will directly support more investigator-led studies, enhance research translation, and make New Zealand a more attractive destination for clinical trials. It also aligns with the Hugh Green Foundation’s vision for the Hugh Green Technology Centre to become a sustainable hub of innovation.”

The Malaghan Institute’s Hugh Green Technology Centre recently received IANZ accreditation to ISO/IEC 17025 for its blood processing (for peripheral blood mononuclear cells and gDNA isolation), a gold standard in demonstrating technical competency and robust quality systems.



▲ The Bioanalytical Services team



▲ The Acme team, from left: Esra Imamoglu, Kubra San, Sophie Bartleet, Jeff Kennedy

## Acme: coffee for a cure

Acme Coffee want more New Zealanders to be proud of the fact we have world-class biomedical research right on our doorstep.

Co-founder Jeff Kennedy and his team believe that more Kiwis should get behind medical research, in whatever way they can. Leading by example, Acme have created a custom ‘Malaghan’ brew – coffee that not only fuels the researchers at the Malaghan Institute, but also contributes to research, with 15% of every sale donated to the institute.

The coffee can be found in espresso machines across the capital, with whole beans for sale at Prefab Café and Moore Wilson’s, or online from [acmeandco.co.nz](https://acmeandco.co.nz).

Acme’s goal of their partnership with the Malaghan Institute is to create a community of coffee-lovers across the country who can enjoy their daily brew knowing that each cup they make is helping find a cure for cancer and other diseases.

“We want people who make their morning coffee to feel like they’re helping. They get great coffee, and the Malaghan can keep doing great research. Everyone wins,” Jeff says.

Customers can even subscribe to the Malaghan blend with weekly deliveries; more beans = more life-saving research.

**“We want people who make their morning coffee to feel like they’re helping. They get great coffee, and the Malaghan can keep doing great research. Everyone wins.”**

Inspired by the likes of the Team New Zealand red socks campaign back in 1995, Jeff knows the collective power that can come from something as simple as socks – or coffee beans.

“The Malaghan has the potential to be on the world stage and add to the New Zealand economy, but it won’t happen if we don’t get more New Zealanders to back it. When people put on their red socks it was like they were getting on the boat with Sir Peter Blake. I want people to feel the same way with their coffee, that they’re part of something bigger.”

For the Acme team, the relationship is about supporting research that is looking ahead, to solve problems now and in the future.

“What we really like is the future thinking – not the ambulance at

the bottom of the cliff. As the world changes and health changes, the Malaghan are looking at how the immune system can be used to solve future problems – not just looking at the issues of now.”

Acme are just as committed as the Malaghan Institute to solving health problems, which is why the Malaghan blend is part of their core range – not just a gimmick or limited event.

“Anyone who buys this coffee is part of that commitment too.”



# It takes YOU, our community, to make life- saving research possible!

At the Malaghan Institute, we're striving to create a world where diseases can be prevented and cured by harnessing the power of the immune system. But we can't achieve this alone – we need the support of our incredible community.

By fundraising for the Malaghan Institute, you become a part of the breakthrough. From fun runs to bake stalls, every dollar you raise empowers our scientists to develop better, kinder treatments. Together, we can build a future where fewer of our loved ones suffer from or are lost to disease.

If you're interested in fundraising for the Malaghan head to our community site for some great tips and tools to make it easy.



Scan the QR code or visit  
[donate.malaghan.org.nz/raiseforresearch](https://donate.malaghan.org.nz/raiseforresearch)

A huge thank you to everyone who fundraised for #TeamMalaghan at Round the Bays in Wellington, Auckland and Christchurch!



Thanks to your amazing efforts, more than \$18,000 was raised to help fight disease. Every dollar truly makes a difference.

Whether you ran, cycled, cheered or supported from afar, your commitment is powering life-saving medical research at the Malaghan Institute.

## A huge thanks to Ken, our unicycle world record breaker!

A massive congratulations to Dr Ken Looi who recently broke the 24 hour unicycling world record, cycling over 455km in support of the Malaghan Institute.

“As a doctor, I think it’s important to support work which provides us tools to make people’s lives better. I always had an interest in medical research, but didn’t follow through after my research degree. Raising money for Malaghan is my way of doing so vicariously.”



# Ready to take on your next challenge?

Imagine crossing that finish line – not just with a sense of personal achievement, but with the knowledge that every step or pedal stroke has helped advance life-saving medical research right here in Aotearoa New Zealand.

Join us this November for the Auckland Marathon or Lake Taupō Cycle Challenge. Take on one of these iconic community endurance challenges, all while raising money to help make disease a smaller part of our lives. To learn more or register for these events visit [malaghan-institute.grassrootz.com](https://malaghan-institute.grassrootz.com)



# An update from Wendy Walker, Head of Fundraising

As we reflect on the past few months, I want to say thank you for the generosity, passion and community spirit that continues to drive us forward. From thoughtful conversations to inspiring fundraising efforts, your support has made a real and lasting difference.

Our CAR T-cell Conversation events in Wellington and Taupō brought supporters together to hear first-hand about the institute’s groundbreaking work in cancer immunotherapy. These gatherings are about sharing hope and deepening connections. We were also proud to be invited to contribute to the JBWere Bequest Report, sharing how legacy gifts can be truly transformative. In fact, it was a bequest that enabled our first CAR T-cell therapy trial to get off the ground – advancing our research from the lab into the clinic, with the vision of offering better treatment options for New Zealanders.

In November, we reached out to many of you during our thank-a-thon, an opportunity to say thanks, listen to why you support the Malaghan, have conversations and acknowledge the incredible role you play in our journey.

We also celebrated the 25th anniversary of the Wellington Friends Golf Event – a milestone made

possible by the tireless efforts of so many, including Adrienne Bushell and Susan Laurenson, who have been involved every year since 1997. We were delighted to be joined by original Friends Julie O’Connor, Faith Taylor and Carol Zame for this special occasion.

We’re incredibly grateful to Chubb Life Insurance for their matched giving support during our annual appeal in March, which once again provided the drive and inspiration to rally support for our research.

Finally, we were proud to be an official charity partner for Round the Bays 2025 in Wellington, Auckland and Christchurch. With 115 fundraisers taking part, who raised more than \$18,200, it was a wonderful way to bring together our supporters, staff, scientists and families in a fun, healthy show of unity.

In today’s challenging financial environment, your continued support means a great deal to us. We are so mindful of the trust you place in us. It inspires confidence and focus among our research teams and strengthens our shared mission. Thank you for believing in our work and helping us create a healthier, more hopeful future for all New Zealanders.

Warmest wishes,

Wendy Walker



▲ A wonderful day at the 25th anniversary of the Wellington Friends golf event



▲ Central Otago Friends of the Malaghan high tea in Arrowtown. From left: Jenny Stewart, Kelly Sutton, Kjesten Wiig, Jo Eddington and Jen Catley

# David and Katherine's legacy of hope

In 2018, David Downs was diagnosed with terminal cancer and given less than a year to live. It was the kind of news that turns life upside down. Like many families in New Zealand facing a life-threatening illness, David, his wife Katherine and their whānau suddenly found themselves in unfamiliar and frightening territory.

Then came hope – in the form of a revolutionary treatment called CAR T-cell therapy. At the time, this novel, cutting-edge treatment wasn't available in New Zealand and pursuing it seemed like a huge risk for David and his family. He had to travel a great distance overseas to access it – but the therapy saved his life. "I was incredibly lucky," David says. "But it shouldn't come down to luck. Every New Zealander should be able to access world-class treatments like CAR T right here at home, when they need them."

That belief is what led David and Katherine to the Malaghan Institute. Today, David serves as both a trustee and an ambassador, supporting the institute's mission to bring this life-saving therapy to New Zealand – and to make it available to more New Zealanders, regardless of their circumstances.

"We believe in the institute's vision of creating a more innovative, equitable and sustainable healthcare system – one that not only advances cutting-edge treatments like CAR T-cell therapy, but also builds the infrastructure and expertise to make these breakthroughs accessible to all Kiwis," says David.



▲ David and Katherine Downs

But breakthroughs like this don't happen overnight. They require long-term commitment – and that's why David and Katherine have chosen to include a gift in their wills to support the institute's future.

"We want to take care of our children, of course, but we also want to leave behind something bigger – a future where world-class medical research is available to all Kiwis, not just a lucky few."

For David and Katherine, their gift is about giving back – but it's also about what lies ahead.

"Our hope is that our legacy gift will contribute to this transformation, ensuring that New Zealand remains at the forefront of medical research and innovation. By supporting the Malaghan Institute, we're investing in a future where families like ours have more options, more hope, and ultimately, more time."

Legacy gifts like David and Katherine's play a vital role in shaping that future. They provide lasting support for the research and innovation that gives real people, facing real challenges, the chance to hope again.

If David and Katherine's story has inspired you to reflect on the difference your own legacy might have, I'd love to hear from you.



My name is Georgia, and I'm the Legacy Giving Specialist at the Malaghan Institute. As a non-profit, purpose driven organisation, a significant portion of our funding comes from philanthropy, particularly gifts left in wills to the Malaghan Institute. Whether you're just beginning to think about your will or already have plans in place, I'm here to support you. If you'd like to confirm your intentions for a gift, or simply explore how your legacy – no matter the size – can help empower Malaghan researchers with their work, I'd be honoured to assist. Please feel free to get in touch with me directly at [gardillwalker@malaghan.org.nz](mailto:gardillwalker@malaghan.org.nz), or visit [donate.malaghan.org.nz/giftinyourwill](https://donate.malaghan.org.nz/giftinyourwill) to learn more.



## Farewell to Di McCarthy

We are saddened to farewell Dr Dianne McCarthy CNZM CRSNZ, a tireless advocate for the Malaghan, science, and women in STEM and leadership, who died peacefully on 5 April 2025 in Blenheim, her home of many years.

A member of the Malaghan Institute Trust Board from 2015-2024, she was recognised as Distinguished Trustee in 2024.

“Di has been a tireless and effective advocate for the role of science and scientists to benefit New Zealand and safeguard us against future economic and health challenges,” says Professor Graham Le Gros, Deputy Chair and former director of the institute.

“She had amazing connections across the science sector and was very astute in finding ways to foster partnerships and collaborations. This really set her apart in what can be a competitive and siloed environment – she somehow rose above all that.”

With an academic background in experimental psychology and behavioural neuroscience, Di went on to become a professor at the University of Auckland, where she also served in many leadership roles, including Pro Vice-Chancellor. Later she was Pro Chancellor at Te Herenga Waka—Victoria University of Wellington. She was Chief Executive of the Royal Society of New Zealand from 2007–2014, and worked across a range of senior management and governance roles in the tertiary education, science and health sectors.

Professor Franca Ronchese says Di was passionate about nurturing women in science and leadership, as much as engaging and supporting those who are just starting out in their careers. She helped establish the successful New Zealand Women in Leadership programme with Te Pūkai Tara Universities New Zealand.

“She kept to that vision and was a passionate and generous advocate for women at the Malaghan and in academia, always ensuring that the achievements of women were acknowledged and given appropriate recognition. She was always 100% supportive.”



▲ Dr Dianne McCarthy

Dr Michelle Linterman, who recently returned to New Zealand to join the institute’s science leadership team, says Di came to Cambridge to “check her out” – as a sort of quality control mechanism from Graham. “She was just so supportive of me coming back, and probably more instrumental in getting me here than I realise. Her support of Kiwi women in science has broken barriers in Aotearoa, and has long-lasting meaningful impact.”

In 2008, Di was made an Officer of the New Zealand Order of Merit for services to education, and in 2016, a Companion of the New Zealand Order of Merit for services to science, business, and women. She won the Wellington Businesswoman of the Year Award in 2010.

“Di leaves an outstanding legacy of scientists, administrators and individuals from throughout our communities who have been motivated and encouraged by her passion, sincerity and incredible work rate, all matched by a ready wit and forever sparkling, twinkling smile.

“We will all miss her and commit to carrying on the work that she was so dedicated towards in helping others and making our place a better world.”

# Research is our greatest hope in the fight against disease.

At the Malaghan Institute, we’re striving to create a world where diseases can be prevented, treated and cured by harnessing the power of the immune system. But we can’t achieve this alone – we need the support of our incredible community.

When you support the Malaghan Institute, you are empowering our scientists to develop better, kinder treatments. Together, we can build a future where fewer of our loved ones suffer from or are lost to disease.



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**“The more we understand about how the immune system works, the closer we get to developing breakthrough therapies that could transform treatment for all types of disease.**

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– Dr Olivia Burn

## THANK YOU TO OUR PARTNERS

