Medical Research Future Fund Grants – announced 27 November 2026

The Hon Mark Butler MP, Minister for Health and Ageing, announced **82 new grants under the Australian Government's Medical Research Future Fund on 27 November 2026.**

These grants totalling $224.72 million, are across **9 grant opportunities**. See below.

Grant opportunities

Grant opportunity	Number of grants	Total grant value (GST exclusive)
2022 Frontier Health and Medical Research (Batch 5)	2	$24,255,180.00
2024 Clinical Trial Enabling Infrastructure	16	$54,041,092.00
2025 Brain Cancer Research	2	$3,781,449.75
2025 Genomics Health Futures	10	$45,491,231.95
2025 International Clinical Trial Collaborations (Round 25.2)	4	$6,160,142.50
2025 Maternal Health and Healthy Lifestyles	12	$28,538,510.70
2025 Research Data Infrastructure	8	$19,962,140.00
2025 Targeted Translation Research Accelerator – Cardiovascular Disease and Diabetes Models of Care	12	$25,639,268.40
2025 Targeted Translation Research Accelerator – Cardiovascular Disease and Diabetes Risk Prediction and Data Solutions	16	$16,850,559.87
TOTAL	**82**	**$224,719,575.17**

2022 Frontier Health and Medical Research (Batch 5)

Grant opportunity	Intended outcomes of the funded research	Number of grants	Total grant value
2022 Frontier Health and Medical Research (Batch 5)	The Australian Government will provide $490 million over 10 years from 2023-24 for 2022 Frontiers to support researchers pursue big ideas to develop new products and interventions and implement these into clinical practice, benefiting patients, clinicians, and the health system.	2	$24,255,180.00

List of funded grants

Project Title	Project Summary	Organisation	Applicant name	Funding amount
Polymeric IOn-implanted Neo-bonE Engineered for Reconstructive Surgery	PIONEERS-J will replace morbid bone grafts and metal plates currently used in jaw reconstruction, which have numerous complications. It can be combined with dental prosthetics for full functional restoration and is compatible with radiotherapy and surveillance imaging. Phase I trials are underway to demonstrate material safety. This proposed project will develop a streamlined manufacturing workflow, including patient-specific design, mechanical optimisation, 3D-printing, and bioactivation, and validate the workflow in preclinical models. This will expedite production to within clinically relevant timeframes for a phase II clinical trial as a key step towards a pivotal trial and commercialisation with industry partner, KLS Martin Australia.	University of Sydney	Professor Jonathan Clark	$10,793,768.00
Reset Rheumatoid Arthritis (RESET RA)	In Rheumatoid arthritis (RA), affecting 450,000 Australians, the immune system attacks the body, causing inflammation, pain, disability and early death. Current RA treatment only dampens RA inflammation and is lifelong. Since 2024 using ground-breaking patented technology, our team of world-leading experts in RA immunology and clinical trials, with consumer partners, developed ASITI-301 immune therapy to switch off RA so that treatment can be stopped. Using our sensitive new tests for breakthrough inflammation we will deliver: 1) clinical trials to test safety and preliminary effectiveness of ASITI-301 to extend remission without drugs; 2) expanded Australian biotechnology; 3) international partnerships creating global healthcare benefit.	The University of Queensland	Professor Ranjeny Thomas	$13,461,412.00

2024 Clinical Trial Enabling Infrastructure

Grant Opportunity	Intended outcomes of the funded research	Number of grants	Total grant value
2024 Clinical Trial Enabling Infrastructure	**Stream 1:** address an area of unmet medical need by promoting the development and implementation of adaptive platform trials. • **Topic A** (Incubator): conducting inception projects that build evidence and capability to demonstrate the feasibility of establishing a national adaptive platform trial that would allow for rapid assessment of pharmacological and/or non-pharmacological interventions in an area of unmet need. • **Topic B** (Targeted Call for Research): establishing a new national adaptive platform trial that addresses an area of unmet need, including set up of central infrastructure and conduct of initial launch domains.	16	$54,041,092.00

	• **Topic C** (Targeted Call for Research): expanding an existing adaptive platform trial by adding new domains that address an area of unmet need. **Stream 2** (Targeted Call for Research): conduct a registry-based randomised controlled trial in an area of unmet medical need by embedding a registry-based randomised controlled trial into a pre-existing clinical registry. **Stream 3** (Targeted Call for Research): establish a new clinical trial practice network or extend an existing clinical trial practice network to consolidate and strengthen sector capability in clinical trials and collaboration, with the aim of embedding evidence-based care in the health system and improving health outcomes, in an area of unmet medical need.		

List of funded grants

Project Title	Project Summary	Organisation	Applicant name	Funding amount
An adaptive platform trial for non-surgical treatment of endometrial cancer	Standard treatment for endometrial cancer is a hysterectomy, however, a growing number of women with endometrial cancer suffer unnecessarily from the adverse effects of standard treatment. There is a critical unmet need for safe and effective treatments that align with patient preferences and minimise medical risks. This project will build the evidence and capability to demonstrate feasibility for a national adaptive platform trial to evaluate non-surgical interventions in endometrial cancer. This will be achieved through engaging stakeholders in interviews, surveys, focus groups and workshops to gain consensus on trial design, and performing statistical simulations and cost-effectiveness modelling.	The University of Queensland	Doctor Eva Baxter	$299,510.00
BANDICOOT: Improving childhood outcomes from stem cell transplant	BANDICOOT is an international adaptive platform trial (APT) designed to identify effective therapies that improve health outcomes for critically ill children receiving a haematopoetic stem cell transplant (HCT). Building on extensive engagement with patients, their parents, and clinicians, we will launch 3 trial domains focused on exercise, nutritional supplementation, and the gut microbiome. Broad stakeholder partnerships will ensure translation of evidence into health service delivery through policy reform and education of healthcare workers. Trial infrastructure developed in this project will also accelerate future testing of HCT interventions whilst building Australian capacity to conduct APTs into other complex health issues.	Murdoch Children's Research Institute	Associate Professor Rachel Conyers	$4,988,968.00

Intraosseous Vancomycin to prevent infection after knee replacement (PIVOT)	Our multidisciplinary team will investigate the effectiveness of adding intraosseous (into bone tissue) vancomycin to guideline-recommended standard surgical antibiotic prophylaxis (cefazolin) to reduce the risk of prosthetic joint infection in people undergoing total knee replacement (TKR). Prosthetic joint infection is a devastating complication of TKR, and so finding effective interventions to prevent its occurence is critical. To address the objectives of the grant opportunity under Stream 2, the PIVOT trial will be nested in the Australian Orthopaedic Association National Joint Replacement Registry, which will allow us to conduct a cost-efficient large trial, recruiting 7,552 participants from 32 hospitals.	The University of Sydney	Doctor Giovanni Esteves Ferreira	$1,499,452.00
Time of Administration of Immunotherapy Leading to Optimal Results -TAILORs	TAILORs is a multi-centre, registry-based, regionally led, randomised controlled trial that will utilise established cancer registries (INHALE - lung, MASTER - melanoma, KRAB - kidney, BLADDA - bladder), to explore the impact of time of administration of immunotherapy on treatment outcome. The study builds on strong pre-clinical and retrospective clinical data, indicating a benefit of earlier administration time. The TAILORs trial will prospectively test this hypothesis by randomising patients receiving standard-of-care first-line immunotherapy to early versus later treatment in the day (before 11AM vs after 12PM). Primary endpoint is progression free survival, with overall survival and major adverse events as secondary endpoints.	The Walter and Eliza Hall Institute of Medical Research	Professor Peter Gibbs	$1,496,958.00
CAReNet: Collaborative Australian Research Network — Trials in Primary Care	CAReNet will establish Australia's first national research network embedded in general practice to improve access to clinical trials, particularly for people in rural, remote, and underserved communities. Building on existing regional networks, it will connect 125 practices and embed local research support and research tools that reduce clinician burden, simplify patient recruitment, and streamline trial delivery and engagement. CAReNet will facilitate at least 30 clinical trials by 2029, focused on national priorities like cancer, chronic disease, and mental health. This investment builds long-term research capacity, improves equity in trial participation, and ensures that real-world evidence better reflects the needs of all Australians.	The University of Adelaide	Associate Professor David Gonzalez-Chica	$7,000,000.00
National APT for Solid Organ Transplant Recipients at high risk of KCs	Advances in immunosuppressive therapies have markedly improved transplant outcomes for Solid Organ Transplant Recipients (SOTR), however, SOTRs have up to 200-fold higher risk of developing keratinocyte carcinomas (KC). This project will build the evidence and capability to establish Australia's first adaptive platform trial (APT) for preventing KCs in SOTRs. Overseen by leading transplant dermatologists and physicians, clinical trial methodology experts and consumers, we will define clinical research priorities and develop a master protocol and associated funding strategy to support a national APT to enable the rapid evaluation of chemopreventive strategies to improve the quality of life and life expectancy for a vulnerable population.	The University of Queensland	Professor Kiarash Khosrotehrani	$298,197.00

A Novel Registry-Based Trial of Therapies Targeting Chronic Inflammation	This pragmatic, registry-based trial emulation harnesses Australia's world-leading multiple sclerosis (MS) clinical and imaging registries to evaluate how therapies impact smouldering inflammation This slow, invisible process drives long-term disability in MS. Identified by people with MS as a top research priority, smouldering inflammation remains unaddressed in current care. By integrating AI-powered imaging biomarkers with real-world clinical data, the project will generate robust evidence on treatment effectiveness. Led by a multidisciplinary team of neurologists, imaging scientists, statisticians, and consumer investigators, findings will inform policy and improve outcomes for people living with MS.	The University of Sydney	Professor Alexander Klistorner	$873,470.00
Developing the Australian Delirium Adaptive Platform Trials Collaboration	ADAPT-C will address the major unmet need of older people experiencing diseases of ageing: Delirium, a common, and dangerous neuro-cognitive condition affecting more than 32,000 older Australians annually, but without a treatment and incomplete preventive measures. ADAPT-C will build from the backbone of the Australian and New Zealand Hip Fracture Registry that captures the majority of hip fracture patients in Australia, a condition where delirium is very common and interventions translatable to all Australians developing or at risk of delirium. This project will develop outcomes, governance, consumer and first nations involvement. The result of this project will be readiness for an Adaptive Platform Trial in Delirium in Australia.	University of Melbourne	Associate Professor Peter Lange	$299,087.00
Paediatric Adaptive Sepsis Platform Trial Network extension (PASSPORT NExt)	Australia’s mental health crisis demands bold, innovative solutions. ACTION is a new national alliance uniting the three successful mental health clinical trials networks—MAGNET, GMA & AEPCC—to address unmet needs in mental health (MH) clinical trials (CTs) research across the lifespan. By providing continued funding to sustain and expand we will deliver critical shared infrastructure to support CT quality, participant recruitment and prioritise lived experience engagement. Our research and implementation will enable and optimise CT access, impact and efficiency. By overcoming fragmentation and harnessing digital tools, it will create a sustainable, innovative research ecosystem, positioning Australia as a global leader in MH research.	Murdoch Children's Research Institute	Associate Professor Elliot Long	$6,996,826.00
TRANSFORM TRAUMA: A NATIONAL PLATFORM TRIAL TO OPTIMISE TRANSFUSION SUPPORT	TRANSFORM Trauma is a national adaptive platform trial designed to improve outcomes for patients with traumatic haemorrhage. Led by a multidisciplinary team, the trial will evaluate multiple transfusion strategies and novel blood products across the full continuum of trauma care, from point of injury to recovery, in adults and children. Initial domains will test dried plasma and different major haemorrhage transfusion protocols. TRANSFORM will generate high-quality, practice-changing evidence to guide clinical care, optimise blood product use, and strengthen the resilience of Australia’s blood supply. The platform is built on extensive stakeholder and consumer input and will enable ongoing innovation and national research collaboration.	Monash University	Professor Zoe McQuilten	$4,999,708.00

Beginning with Parents: A National APT for CP Caregiver Interventions	Each year, >500 Australian families receive a diagnosis that their child has cerebral palsy (CP) which coincides with the start of a significant mental health journey for caregivers (at twice the population rate) and children with CP (1 in 3 experience mental health difficulties). There is no funded mental health support for caregivers and infants with CP at diagnosis. This unmet need will be addressed via CP-Adapt and CARE-CP - our world-first, co-designed CP adaptive platform infrastructure and trial to test 4 caregiver treatments. In combination with a health economics analysis, our policy brief is expected to inform value-based care, via our partners and CP network, with recommendations to Medicare, NDIS, and early childhood systems.	The University of Sydney	Professor Iona Novak	$4,995,794.00
Adaptive Collaborative Trial for Rheumatic Heart Disease: ACT4-RHD Incubator	Acute rheumatic fever (ARF) is a major health priority in rural and remote parts of Australia. There are currently no proven therapies to prevent cardiac damage during ARF to prevent rheumatic heart disease, but emerging discoveries about ARF pathogenesis provide insight into low-cost therapeutics to test. An adaptive platform trial to evaluate multiple treatments is ideally suited to ARF. Our incubator project will create a platform trial to enable ongoing research and innovation. We bring together Australian and international experts to finalise trial design, undertake community consultation, and build capacity in platform trials in northern Australia. Within the year, we will have a fully-scoped core protocol ready for implementation.	Menzies School of Health Research	Professor Anna Ralph	$294,270.00
An Infection Prevention Clinical Trials Network	We will establish a multidisciplinary infection prevention clinical trial network to coordinate and strengthen sector capability in trials, enabling evidence-based care and improving health outcomes by reducing the risk of healthcare-associated infections and antimicrobial resistance in health and aged care. Our team of clinician-researchers, methodologists, consumers, and committed partners will: (1) Establish a coordinated evidence ecosystem to facilitate research prioritisation and timely translation of evidence into policy and practice; (2) Incubate, accelerate and deliver practice-changing infection prevention clinical trials and; (3) Build research capacity and collaboration in the infection prevention sector.	Monash University	Associate Professor Andrew Stewardson	$6,998,967.00
STRENGTHENING INTENSIVE CARE CLINICAL TRIALS CAPACITY IN AUSTRALIA	Clinical research in ICU is currently siloed, inefficient, and slow. The COVID-19 pandemic highlighted the value of coordinated, agile data platforms to accelerate evidence generation. Traditional randomised controlled trials estimate average treatment effects, obscuring individual patient benefit or harm. This approach lacks precision and is not patient centred. Our vision is to create a national digital asset embedding clinical trials within ICU electronic medical records, enabling automated data extraction, standardised collection, and broader, equitable access. This asset will support a 33,000-patient trial testing personalised oxygen therapy using AI-driven models. This will make Australia a global leader in data-enabled ICU research.	Monash University	Professor Andrew Udy	$6,999,966.00

PRESTO: PREterm Steroid Trial for dose Optimisation	We will expand our world-first, international adaptive platform trial for preterm birth called PLATIPUS (PLatform for Adaptive Trial in Perinatal UnitS), adding a new pregnancy domain, called PRESTO (PREterm Steroid Trial for dose Optimisation). PRESTO will investigate the optimal dose of antenatal corticosteroids (ACS), a life-saving drug for reducing neonatal morbidity and mortality resulting from preterm birth. PRESTO will deliver significant health, economic and social impacts by reducing dose-related harms of ACS, and increasing adherence. This will transform clinical practice, and improve health outcomes for preterm babies in the short- and long-term.	The Macfarlane Burnet Institute for Medical Research and Public Health Ltd	Professor Joshua Vogel	$2,999,990.00
Discovering new Mycobacterium abscessus therapies in the FORMaT trial	Safe, effective evidence-based approaches to manage Mycobacterium abscessus complex (MABC) infections are a critical unmet national and international need. MABC are amongst the most challenging emerging human pathogens with extreme antimicrobial resistance. The FORMaT adaptive platform trial was established to evaluate new interventions to treat MABC lung disease against standard of care (SOC) treatments that are not evidence based, use multiple antimicrobials for >12 months and are associated with significant adverse events in more than 50% of patients. This application will for the first time in partnership with patients, families, clinicians, scientists, and industry evaluate a new treatment combination to address this unmet need.	The University of Queensland	Professor Claire Wainwright	$2,999,929.00

2025 Brain Cancer Research

Grant Opportunity	Intended outcomes of the funded research	Number of grants	Total grant value
2025 Brain Cancer Research	Develop novel approaches to reduce treatment toxicity and adverse effects of brain cancer treatment for patients, to minimise the short- and/or long-term negative impacts for patients and carers.	2	$3,781,449.75

List of Funded Grants

Project Title	Project Summary	Organisation	Applicant name	Funding amount
Biologically-Guided MR-Linac Adaptive Radiotherapy and Imaging for High-Precision Therapy in Glioblastoma	This study will test a new way of giving brain radiotherapy for people with newly diagnosed glioblastoma using MR-Linac, a new radiotherapy machine with in-built MRI. It aims to better target the tumour while treating less normal brain, to reduce fatigue and thinking problems and improve tumour control. It includes hospitals across Australia, including regional and Indigenous communities, and uses advanced computer learning to help bring this treatment into everyday care if it proves effective.	La Trobe University	Associate Professor Sweet Ping Ng	$1,995,177.55

Enhancing the Safety and Efficacy of GD2-CAR T-Cell Therapy for Paediatric Diffuse Midline Glioma	Diffuse midline glioma (DMG) is a lethal childhood brain cancer with few treatment options. This project builds on promising results from GD2-CAR T-cell therapy to understand why some children respond better than others. We will combine blood and spinal fluid analysis with patient-reported outcome measures and preclinical testing to link biological responses, safety, quality of life, and tumour control. These insights will guide safer and more effective therapies for children with DMG.	University of New South Wales	Doctor Maria Tsoli	$1,786,272.20

2025 Genomics Health Futures

Grant Opportunity	Intended outcomes of the funded research	Number of grants	Total grant value
2025 Genomics Health Futures	**Stream 1** (Targeted Call for Research): develop and implement pharmacogenomic approaches to identify new medicines and enhance medication efficacy. Funding under Stream 1 is available as follows: • **Topic A**: Cancer therapies • **Topic B**: Antimicrobials • **Topic C**: Medicines for other infectious or chronic diseases **Stream 2** (Targeted Call for Research): conduct genomics research to optimise the diagnosis, treatment, monitoring and prevention of high-priority and high-burden diseases among Aboriginal and/or Torres Strait Islander peoples.	10	$45,491,231.95

List of funded grants

Project Title	Project Summary	Organisation	Applicant name	Funding amount
Eliminating life-threatening immune–mediated hypersensitivity to prevent drug-induced harm	Some people experience rare but life-threatening immune reactions to antimicrobials, often without warning and with devastating consequences. This project will identify why these reactions occur and who is at risk by combining advanced genetic and immune testing to improve prediction beyond current approaches. The research will translate these insights into practical testing and decision-support tools for routine care, helping prevent avoidable harm and improve patient outcomes across Australia.	University of Western Australia	Associate Professor Silvana Gaudieri	$1,370,734.45
PRIME: Predicting Responses to therapeutics for severe viral Infections using Machine learning and Epigenomics	People with severe viral infections can become critically ill and need care in intensive care. At present, drug treatments for critically ill patients with influenza are very limited. PRIME will use genetic and immune data with computer modelling to better match existing medicines to the right patients, aiming to improve recovery and reduce time spent in intensive care.	Monash University	Professor Kim Good-Jacobson	$2,367,096.05

mRNA signal assay: a genomics approach to evaluating infectious diseases treatments and vaccines	We urgently need vaccines and treatments for sexually transmitted infections, and we need to better measure their performance. Current diagnostic approaches do not measure important indicators of the effectiveness of treatments or vaccines. This project will develop and implement a novel next generation amplicon sequencing test to measure clinical interventions against infectious diseases. The tests will be co-developed with industry and implemented in several clinical studies in this project.	University of Melbourne	Professor Wilhelmina Huston	$2,197,679.80
Understanding the genetic basis of chronic kidney disease to improve kidney health in Indigenous Australians	Chronic kidney disease is a common and devastating illness disproportionately impacting Indigenous Australians. The genetic basis for this epidemic of kidney disease is unique to Aboriginal people, and this proposal will extend an established platform capable of identifying genes driving kidney disease to Aboriginal communities across Australia. From this program, we will identify new biomarkers and therapeutic approaches to improve kidney health in Indigenous Australians.	Australian National University	Associate Professor Simon Jiang	$9,947,829.00
Enhanced pathogen genomics using AI for pandemic vaccines and therapeutics	We will leverage a national AI resource, EPIWATCH®, a real-time epidemic early warning system that has achieved global recognition. It is a unique data resource with over 3 million global outbreak reports including detailed outcome data. This project will link pathogen genomic data with outbreak data to enhance the ability to predict pandemics, develop vaccines and therapeutics.	University of New South Wales	Professor Raina MacIntyre	$4,124,290.40
GENESIS – Genomic Exploration for NEw CKD and ESKD Interventions and Innovative Solutions	GENESIS FIRST is co-led by First Nations investigators and communities of North Queensland. It will improve access to Medicare-funded gene and medicine-response testing for First Nations adults with serious kidney disease; helping to identify causes, support prescription of safer medicines, protect transplants, and slow dialysis. Governed by First Nations and keeping data under community control, it will train doctors and develop national guidelines to improve kidney care.	James Cook University	Professor Andrew Mallett	$9,972,680.50
Scalable Access Framework for Equitable Pharmacogenomics (SAFE-PGx): Community-Guided Precision Prescribing for Indigenous Australians	This project responds to strong community requests to improve medication safety for Indigenous Australians. Many people experience side effects from medicines, yet genetic testing to guide safer prescribing is rarely available, especially in rural and remote areas. SAFE-PGx will work with communities to provide genetic testing to help doctors choose the right medicines and doses for up to 2,500 Indigenous patients, improving safety, access, and equity in everyday care.	Griffith University	Doctor Shivashankar Hiriyur Nagaraj	$3,959,717.10
Equity in Drug Response: Ensuring All Australians Benefit from Pharmacogenomics	Many medicines do not work the same way for everyone, leaving some individuals without effective medical relief. This project will study genetic differences in diverse Australians to identify individuals less likely to respond to medication, to establish clinical tests that can be used to improve prescribing. We will test new findings, educate doctors and patients, and assess whether these approaches can reduce healthcare costs while improving outcomes.	The University of Queensland	Doctor Drew Neavin	$4,497,608.05

Genetic subtyping of diabetes to reduce the burden of heart disease	Type 2 diabetes is a rapidly growing condition that causes serious heart disease, which is the main reason people with diabetes become unwell or die. Current tools cannot reliably identify who is most at risk or which treatments will work best. This program will use genetic information and simple blood tests to better identify high-risk patients and guide personalised treatment choices, helping doctors prevent heart disease more effectively and improve outcomes for people with diabetes.	The University of Queensland	Professor Nathan Palpant	$2,557,719.00
RESONATE-AI: Response Stratification using genomics-guided Artificial Intelligence to Transform Immunotherapy Effectiveness	Liver cancer (HCC) is a leading cause of cancer death in Australia. Two approved immunotherapies (A/B and STRIDE) help only 1 in 3 patients, and clinicians currently have no biomarker to guide treatment selection. Our team identified “oncofetal” cells that shape the immune response and predict treatment response. We will combine randomised trial, tissue mapping, blood tests, and AI to build a machine learning approach to match each patient to the right treatment.	University of New South Wales	Doctor Ankur Sharma	$4,495,877.60

2025 International Clinical Trial Collaborations (Round 25.2)

Grant Opportunity	Intended outcomes of the funded research	Number of grants	Total grant value
2025 International Clinical Trial Collaborations (Round 25.2)	• promote Australian involvement in international collaborative investigator-initiated clinical trials research through the establishment and co-ordination of clinical trial site/s in Australia. • provide high-quality evidence of the effectiveness of novel health treatments, drugs or devices in ‘usual care’ settings, which will support a decision on whether to deliver the intervention in an Australian setting.	4	$6,160,142.50

List of Funded Grants

Project Title	Project Summary	Organisation	Applicant name	Funding amount
Hypofractionated Alternative Radiation with Modulation of Neoadjuvant/perioperative immunotherapy in Sarcoma	Soft-tissue sarcoma is a rare cancer affecting muscles and other soft tissues. Current treatment involves 5 weeks of radiation therapy followed by surgery, but half of patients still develop cancer spread. This trial tests whether adding an immunotherapy drug (cemiplimab) improves survival, and whether 3-week radiation works just as well as 5-week treatment. 300 patients will be randomly assigned to different combinations of these treatments to find the best approach with the least side effects.	Australia and New Zealand Sarcoma Association Limited	Professor Angela Hong	$1,291,400.43

OPTIMA Premenopausal Extension	OPTIMA Premenopausal Extension will determine if a test called Prosigna can be used to identify a subgroup of premenopaual women with higher risk ER-positive, HER2-negative early breast cancer who can safely avoid chemotherapy without detriment to clinical outcomes. Participants are randomised to: 1. standard treatment with chemotherapy; or 2. test guided chemotherapy (only those with high Prosigna scores receive chemotherapy). All receive endocrine therapy with ovarian function suppression.	Breast Cancer Trials	Associate Professor Belinda Kiely	$1,914,586.77
Sustained inflation and chest compression versus 3:1 chest compression to ventilation ratio during cardiopulmonary resuscitation of asphyxiated newborns - SURV1VE 2	Cardiopulmonary resuscitation (CPR) for newborn babies has changed little for decades despite persistently poor outcomes. In Australia, 1,200–1,500 babies need CPR each year. SURV1VE-2 will test a new method of CPR, combining chest compressions with sustained breaths to address limitations of current practice. About 180 Australian infants will contribute to the total 500–600 infants needed for this trial, which, if effective, could change guidelines and reduce newborn deaths worldwide.	The University of Queensland	Professor Ju Lee Oei	$1,973,846.20
A randomized Phase 3 trial comparing stereotactic body radiotherapy (SBRT) vs conventional external beam radiotherapy (cEBRT) for individuals with painful non-spine bone metastases	The SC29 trial is an international phase 3 randomised trial comparing standard radiotherapy (control arm) vs stereotactic body radiotherapy (SBRT, a high-dose highly-precision radiotherapy) for painful non-spine bone metastases. The primary outcome is patient-reported pain response at 3 months. If SBRT is shown to be associated with better pain response, this will facilitate the adoption of SBRT as the standard of care radiotherapy approach for painful non-spine bone metastases.	Trans Tasman Radiation Oncology Group Limited	Professor Wee Loon Ong	$980,309.10

2025 Maternal Health and Healthy Lifestyles

Grant Opportunity	Intended outcomes of the funded research	Number of grants	Total grant value
2025 Maternal Health and Healthy Lifestyles	**Stream 1** (Targeted Call for Research): develop, implement and/or evaluate interventions to prevent or manage perinatal mental ill-health **Stream 2** (Targeted Call for Research): develop, implement and/or evaluate holistic approaches that support healthy development for children aged 2-5 years **Stream 3** (Targeted Call for Research): develop, implement and/or evaluate new co-designed and scalable health and wellbeing promotion and/or preventive health approaches to address modifiable risk factors in: • **Topic A**: adolescents and young adults • **Topic B**: middle-aged people.	12	$28,538,510.70

List of Funded Grants

Project Title	Project Summary	Organisation	Applicant name	Funding amount
Growing together: Evaluating Bloom, a co-produced and co-facilitated program to improve the Quality of Life and Wellbeing of young autistic children	Growing Together: Evaluating Bloom will test the effectiveness of Bloom, a co-produced parent program supporting the wellbeing and healthy development of young autistic children. Bloom helps parents build on their child's strengths, relationships, and quality of life. This project will run a large trial with families of 2–5-year-old autistic children to provide strong evidence for a supportive, neurodiversity-affirming approach to early childhood wellbeing.	La Trobe University	Professor Dawn Adams	$1,659,786.00
Better sleep, better start: co-designing and testing an interdisciplinary, consumer-partnered scaling of an evidence-based perinatal insomnia program	Insomnia affects 2 in 5 women from late pregnancy to two years after birth, affecting daily functioning, caregiving, and mental health, yet is often overlooked. Cognitive Behavioural Therapy can treat and prevent insomnia without drugs. This cross-disciplinary project built with strong consumer partnership, will co-design screening tools and referral pathways, train a skilled workforce, test real-world delivery of a healthy sleep program, and create a plan to scale accessible sleep care.	Monash University	Associate Professor Bei Bei	$2,999,006.65
Evaluating a scalable intervention to prevent mental ill health, co-occurring conditions and improve wellbeing in adolescents	Rates of mental health and substance use problems are increasing among adolescents, driving long-term health and social impacts. Prevention during early secondary school is critical. Peers strongly influence adolescent wellbeing, yet most programs fail to harness this potential. This study will evaluate the effectiveness and cost-effectiveness of a digital school-based intervention o empower young people to build peer support skills and promote help-seeking for mental health and substance use.	University of Sydney	Doctor Louise Birrell	$2,025,092.30
Healing the past by nurturing the future: Reducing birth trauma among Aboriginal and Torres Strait Islander women	Increasing evidence shows the high incidence and detrimental impact of birth trauma on perinatal mental health. Despite increased risk factors likely to compound birth trauma, there is currently no evidence or resources for Aboriginal and Torres Strait Islander women. This Aboriginal-led project aims to address this urgent unmet need to understand experiences of birth trauma among Aboriginal and Torres Strait Islander women, and co-design, implement and evaluate culturally tailored resources.	University of Melbourne	Professor Catherine Chamberlain	$2,999,977.60
Respectful Maternity Care for Maternity Clinicians (RMCfMC): A co-designed, simulation based Interprofessional training program.	Birth trauma affects 28% of Australian women, with 1 in 10 receiving disrespectful maternity care, contributing to mental ill-health. The Respectful Maternity Care for Maternity Clinicians program is a trauma-informed simulation-based program for healthcare providers, co-designed with trauma survivors and clinicians. It covers trauma informed respectful care and clinician wellbeing, offering the first evidence-based, scalable program to prevent birth trauma and mental ill-health in Australia.	Western Sydney University	Professor Hannah Dahlen	$2,389,215.20

Healthy Lungs For Life: "Nothing Matters When You Can't Breathe" (LUNG-life)	LUNG-life aims to help Australians aged 40–65 protect their lung health. Many people don't realise that air pollution, smoke, workplace dust, infections, vaping and inactivity can damage lungs long before respiratory symptoms appear. The project will enhance primary care capacity, raise public knowledge and awareness, reduce stigma, and support people to take preventive steps so they can breathe better and stay healthier as they age.	University of Melbourne	Professor Shyamali Dharmage	$2,999,994.85
Futureproof: Testing a novel youth-led collective action campaign for healthy eating and fairer, more sustainable food futures	Poor diet impacts adolescent growth, development, and wellbeing - and causes serious chronic disease in later life. Ultra-processed foods like junk food and soft drink contribute to poor diet and also harm the planet. This study will empower youth to come together to take action against ultra-processed foods. We will work with youth to design, test and scale a campaign that drives action against ultra-processed foods - for real-world impacts on youth diet, and our planet.	Cancer Council Victoria	Professor Sarah Durkin	$1,268,940.28
Co-designing trauma-informed sleep health care: Supporting mind, body, and spirit wellbeing for First Nations young people	Building on the success of Let's Yarn About Sleep, this project will co-create a trauma-informed, First Nations-led model of sleep care for adolescents and young adults. Drawing on cultural strengths and lived experience, it will train Peer Educators, support clinicians, embed trauma-informed care in health services, and strengthen consumer leadership to ensure lived-experience voices guide design and delivery, improving sleep, wellbeing, and life outcomes for First Nations young people.	University of the Sunshine Coast	Professor Yaqoot Fatima	$2,996,955.20
Nature's Touch: a feasibility trial of a nature-based play intervention to support children's microbiome, immune health, and development	The first five years of life are critical for children's development and building a healthy immune system, yet rising rates of developmental vulnerability, allergies and asthma are a growing concern in Australia. This research will co-create and test new nature play spaces in early childhood centres using biodiverse soils, natural materials and play-based programming. This research will explore how hands-on, outdoor play can strengthen children's gut health, development and wellbeing.	Adelaide University	Professor Carol Maher	$1,512,892.92
THRIVE-CHECK: Targeted Health Review and Identification for Vital Engagement-Connecting Health Evaluation with Care is Key for young people	We will co-design and evaluate a digitally supported intervention to help general practice deliver effective, efficient, and engaging preventive healthcare for adolescents and young people by detecting and intervening with risk factors for onset of chronic health problems (eg. poor diet, sleep and exercise, screen use, alcohol, drug and tobacco use, unprotected sex, and emotional distress) in their current and future adult life, thereby improving their health outcomes in the short and long term.	University of Melbourne	Professor Lena Sanci	$2,999,964.05
PRIME trial: Primary Care-based Healthy Lifestyle Intervention to Prevent High-Impact Chronic Back Pain in Middle-Aged Australians	Back pain is the leading cause of disability in Australia, and it has a major impact on people in midlife. The PRIME study aims to stop a short episode of back pain from turning into long-lasting, disabling pain. It will develop and test a digital program—created with input from patients and clinicians—that helps people address the risks for developing chronic back pain. The project focuses on early identification to prevent chronic back pain and its catastrophic consequences.	University of Sydney	Associate Professor Adrian Traeger	$2,704,895.35

Scaling Evidence-Based Parenting Support Through Early Childhood Services: Integrating Digital and Educator Strategies to Improve Child Emotion Regulation	Only 1 in 10 families access parenting support, despite it being one of the best ways to prevent child mental health problems. We're testing a new approach with 1,800 families: training early childhood educators to introduce an emotion-focused parenting app. Because families trust their child's educator, this reaches more parents, especially in rural and culturally diverse communities. We'll test three approaches to find what works best. If successful, this could be scaled nationally.	Deakin University	Associate Professor Elizabeth Westrupp	$1,981,790.30

2025 Research Data Infrastructure

Grant Opportunity	Intended outcomes of the funded research	Number of grants	Total grant value
2025 Research Data Infrastructure	Use novel methods to harness multiple existing data infrastructure types in developing and implementing new approaches for addressing an unmet medical need.	8	$19,962,140.00

List of Funded Grants

Project Title	Project Summary	Organisation	Applicant name	Funding amount
CKMS-LINK: Infrastructure for Cardiovascular Kidney Metabolic Syndrome Care	As many as 70% of Australians have at least one CKM (Cardiovascular, Kidney or Metabolic) condition with the burden disproportionately impacting older people and Aboriginal and Torres Strait Islander Populations. The cost is considerable at AUD$24 billion annually, yet fragmented data systems prevent early detection and coordinated care. CKMS-LINK will establish a population-wide CKM data infrastructure integrating pathology, health service (hospital, emergency and primary care), pharmaceutical and mortality data. Building on two existing data platforms, this will quantify disease burden, measure guideline-based therapy uptake, enable precision targeting of interventions and fast track translation to rural and remote health services.	Curtin University	Associate Professor Sharmani Lee Barnard	$2,497,829.00
RNA Cloud: National Infrastructure for RNA Diagnostics and Therapeutics	Pulmonary Fibrosis (PF) is a devastating, complex and untreatable lung disease with rising prevalence globally. We urgently need innovative approaches to achieve early and accurate diagnosis, reliable prognosis, and effective therapeutics. Australian Infrastructure for Research on PF (AIR-PF) will deliver an integrated, seamless multimodal data and infrastructure platform to address the lack of integration hampering PF research progress. AIR-PF will expedite this innovative research and its clinical translation by linking and expanding biobank and data repositories, leveraging national lung cancer screening and developing integrated AI-based tools, enabling rapid advances in precision diagnostics, prognostics and therapeutics.	The University of Sydney	Professor Sandra Cooper	$2,498,265.00

AIR-PF: Australian Infrastructure for Research In Pulmonary Fibrosis	Occupational injury and disease is common and costly to Australian worker health and productivity. We will integrate data to create SCANNER, the first Australian national surveillance system for occupational injury and disease by integrating routinely-collected data: workers' compensation claims; hospitalisations; fatalities; labour force statistics and environmental exposures. Using advanced geospatial and epidemiological methods, SCANNER will identify high-risk groups, industries, occupations and regions, and track trends over time. As well as injuries, SCANNER will capture work-related illness, assault injuries, and focus on high risk groups e.g. older workers, providing comprehensive insights about burden, distribution, and hazards.	The University of Sydney	Professor Tamera Jo Corte	$2,499,067.00
Data to Direction: A Digital Twin for Personalised Neurodevelopmental Care	Our multifaceted, multicentre cluster RCT trial will provide a scalable solution that can be integrated into paediatric management services in Australia. The intervention's use of validated digital health tools and AI-driven predictive modelling offers a transformative approach to early identification, personalised care, and real-time decision support. Our intervention will focus on: 1. INTEGRATION OF AI-POWERED HEALTH PREDICTING FACTORS that enables analysis of large patient datasets using advanced machine learning algorithms. 2. UTILISATION OF INTERNATIONALLY VALIDATED DIGITAL HEALTH PLATFORM. With large digital infrastructure already in place, this model can be implemented across urban, regional, and rural paediatric clinics	Griffith University	Doctor Erin Hawkins	$2,499,448.00
WomEn's CAnceR: maximising data to achieve Equity in cancer care	There is marked inequity in cancer outcomes across groups highlighted in the Australian Cancer Plan. Our project will investigate these inequities focusing on 3 priority groups: women from rural areas; women with disabilities; and young women. To do this, we will link our existing administrative dataset of >8 million Australian women with other national, state and uniquely, clinical general practice data to create a data resource novel in size and extent. Using cutting edge analyses we will investigate aetiology, diagnosis, treatment and end-of-life care by priority group. With consumer and clinical partners, our expert multidisciplinary team will drive innovative solutions to create practice change and improve equity in cancer outcomes.	The University of Queensland	Professor Susan Jordan	$2,494,245.00
CP Detect: National infrastructure for collaborative AI model training	Too many children miss out on neurodevelopmental care because where they live, family resources, or cultural background determine how quickly their needs are identified and supported. Building national data infrastructure capable of generating a child neurodevelopmental digital twin: a virtual model that predicts each child's neurodevelopmental trajectory and support needs from their unique experiences and care histories, will facilitate earlier diagnosis and intervention for this vulnerable population. Leveraging the Tracking Cube, a culturally responsive digital system already developed and deployed across multiple service sites nationwide, this unique infrastructure will integrate data across health, education, and community sectors.	Murdoch Children's Research Institute	Doctor Elyse Passmore	$2,499,974.00

ACEMID-DATA Infrastructure for National Skin Cancer Screening	We will address a significant unmet health need, delayed or missed diagnosis of cerebral palsy (CP). We will develop secure multisite federated learning infrastructure to enable collaborative development of AI models. Stage 1 will establish a federated learning environment comprising a central server and five training nodes, allowing AI models to be trained across multi-institution datasets without moving sensitive data offsite. Stage 2 will deliver real-world validation of this infrastructure by developing and evaluating AI models that encode infant movement from video. Stage 3 will leverage these infant-movement models to predict CP risk, providing a scalable, privacy-preserving approach to population-level screening.	The University of Queensland	Professor Peter Soyer	$2,500,000.00
Data-Driven Blood-Borne Virus and Sexually Transmitted Infection Control	Atrial fibrillation (AF), the most common heart rhythm disorder, affects over 500,000 Australians and increases risk of stroke, heart failure, and dementia. Catheter ablation is the most effective treatment but outcomes vary widely due to technical and patient factors. AuRA–AF, Australia's national AF registry, benchmarks outcomes to reduce variability. This project builds AuRA–AF Atlas—the world's first federated platform linking high-resolution electroanatomic mapping (EAM) data with registry outcomes. By aggregating and analysing EAM data, the Atlas will enable AI-driven modelling and computational digital twins to optimise ablation strategies, improve safety, and deliver precision electrophysiology for Australians.	University of New South Wales	Professor Claire Melissa Vajdic	$2,473,312.00

2025 Targeted Translation Research Accelerator – Cardiovascular Disease and Diabetes Models of Care

Grant Opportunity	Intended outcomes of the funded research	Number of grants	Total grant value
2025 Targeted Translation Research Accelerator – Cardiovascular Disease and Diabetes Models of Care	**Stream 1** (Aim 2, Objective #1 of Research Plan; Targeted Call for Research): conduct large-scale multidisciplinary projects to develop, implement and validate technology-augmented patient-centred models of care for people with **cardiovascular disease *or* diabetes (types 1 or 2)**, through co-design with consumers and health services that: ○ augment face-to-face care with remote patient monitoring, digital therapeutics or devices ○ focus on an identified geographic area or priority population ○ embed co-design with consumers and health services in all aspects of research design and implementation ○ include a cost-effectiveness analysis and appropriate key health outcomes in the proposed methodology to inform progression of the research ○ may include approaches for early diagnosis, secondary and/or tertiary prevention. Four topics of funding are available based on the geographic location of the organisation undertaking the majority of the research or on the priority population identified: ○ **Topic A**: The organisation undertaking the majority of the research is based in any area according to the 2019 Modified Monash Model locator (MM 1–7) ○ **Topic B**: The organisation undertaking the majority of the research must be located in, and the Chief Investigator A and 50% or more of all Chief Investigators and all research participants must	12	$25,639,268.40

	be primarily resident in, a regional, rural or remote area according to the 2019 Modified Monash Model locator (MM 2–7) ○ **Topic C**: The proposed research focuses on the health of First Nations peoples and demonstrates leadership by First Nations researchers and communities ○ **Topic D**: The proposed research focuses on the health of people from Culturally and Linguistically Diverse backgrounds and demonstrates co-leadership by individuals from Culturally and Linguistically Diverse backgrounds in the design and implementation of the research. **Stream 2** (Aim 2, Objective #2 of Research Plan; Targeted Call for Research): conduct large-scale multidisciplinary projects to develop, implement and validate technology-augmented patient-centred models of care for people with **both cardiovascular disease and diabetes (type 1 or type 2)**, through co-design with consumers and health services that: ○ augment face-to-face care with remote patient monitoring, digital therapeutics or devices ○ focus on an identified geographic area or priority population ○ embed co-design with consumers and health services in all aspects of research design and implementation ○ include a cost-effectiveness analysis and appropriate key health outcomes in the proposed methodology to inform progression of the research ○ may include approaches for early diagnosis, secondary and/or tertiary prevention. Four topics of funding are available based on the geographic location of the organisation undertaking the majority of the research or on the priority population identified: ○ **Topic A**: The organisation undertaking the majority of the research is based in any area according to the 2019 Modified Monash Model locator (MM 1–7) ○ **Topic B**: The organisation undertaking the majority of the research must be located in, and the Chief Investigator A and 50% or more of all Chief Investigators and all research participants must be primarily resident in, a regional, rural or remote area according to the 2019 Modified Monash Model locator (MM 2–7) ○ **Topic C**: The proposed research focuses on the health of First Nations peoples and demonstrates leadership by First Nations researchers and communities ○ **Topic D**: The proposed research focuses on the health of people from Culturally and Linguistically Diverse backgrounds and demonstrates co-leadership by individuals from Culturally and Linguistically Diverse backgrounds in the design and implementation of the research.		

List of Funded Grants

Project Title	Project Summary	Organisation	Applicant name	Funding amount
Technology-enabled, patient-centred models of care for managing low-risk cardiac emergencies at home	Managing cardiac patients is increasingly complex. We have shown that a delay in ambulance offloading at hospital raises the risk of death and reattendance. With >1 million ambulance calls in Victoria each year, all cardiac patients are taken to hospital regardless of risk which is costly. We're partnering with health services, government and consumers to introduce risk stratification and virtual care, allowing low-risk cardiac patients to stay at home, reducing transports to hospital and costs.	Monash University	Doctor Jocasta Ball	$2,499,503.20
Harnessing Co-design to Develop and Evaluate a Digital Health Navigator Platform for Improving Cardiovascular and Diabetes Care Pathways for People with Intellectual Disability	The Heart Journey Project will introduce a health navigator in GP clinics to help people with intellectual disability and their supporters manage heart and diabetes care across prevention, treatment, recovery, and follow-up. A codesigned navigator role will connect health and disability services. An adapted digital platform will support care plans, accessible information, reminders, messaging, and wearables, creating more inclusive, coordinated, and effective care.	University of New South Wales	Doctor Maryann Barrington	$2,498,044.55
SICK-day Medication Education to Decrease harm in people with diabetes, cardiovascular or kidney disease (SICK-MEDS)	This project aims to reduce medication-related harm in people with diabetes, heart or kidney disease. Some medicines can cause serious problems if taken during illness with vomiting or dehydration. We will test a program called SICK-MEDS, which helps people know when to pause these medicines, determine the impact on preventing kidney injury, hospitalisation, and improve safe medicine use, especially for culturally and linguistically diverse communities.	University of Sydney	Associate Professor Ronald Castelino	$1,595,261.80
HEART-2D: Health, Education and Activity for Risk factor Transformation in Type 2 diabetes and cardiovascular disease on Darkinjung Country	Diabetes is associated with high rates of heart disease and blockages in leg arteries (cardiovascular disease), however these problems are often undiagnosed and undertreated resulting in further problems including heart attack and stroke. These outcomes are far worse for First Nations Peoples. This project will develop and evaluate a technology augmented screening and risk factor management program for cardiovascular disease in First Nations Peoples with diabetes living on Darkinjung Country.	Western Sydney University	Professor Vivienne Chuter	$1,223,337.90
PROTECT: Perioperative Routine Observation and Troponin Evaluation for Cardiovascular Treatment	The PROTECT trial will test a new model of care that uses routine blood tests to detect heart injury after surgery. Hospitals will combine high-sensitivity troponin testing with structured management and digital follow-up to prevent heart attacks and heart failure, improving recovery and safety for surgical patients.	The University of Queensland	Doctor Jonathon Fanning	$2,498,306.40

iCARE Cardiometabolic: integrated, Culturally Appropriate, Research- and Evidence-based care for Cardiometabolic health in remote Aboriginal communities	Diabetes and cardiovascular disease are leading causes of health inequity for First Nations people in remote Australia. Led by an expert team of clinician academics and First Nations researchers, the iCARE Cardiometabolic project will deliver a technology-augmented, integrated model of care for people living with diabetes, cardiovascular disease and related conditions in remote Aboriginal communities in the Northern Territory.	Menzies School of Health Research	Doctor Matthew Hare	$2,498,945.30
The HF-Outreach Model of Care: Optimising Outcomes for Rural and Regional Heart Failure	This research will test implementation of a new program (“HF-Outreach”) for people with heart dysfunction (heart failure, HF) in rural and regional areas where access to high-quality HF care is limited. HF-Outreach can identify patients at highest risk, integrate artificial intelligence in ultrasound to detect heart congestion and deliver personalised care via telehealth. The program will reduce hospital visits, lower costs, and support patients and healthcare providers facing access challenges.	University of Tasmania	Associate Professor Quan Huynh	$2,499,810.30
Cardio-Diabetic AI-guided Multi-disciplinary disease management program (CD-AIM)	Heart failure is an important, and common, complication of diabetes, but there is insufficient evidence to justify a program for screening and treatment. This study will use an artificial intelligence-based screening program to target heart failure prevention to patients with diabetes who are most at risk, and therefore most likely to benefit. The anticipated outcome will be to show that a risk-guided intervention reduces HF outcomes in people with diabetes.	University of Tasmania	Professor Thomas Marwick	$2,489,786.60
A frailty-focused model of care for adults with heart failure	Frailty is common in people with heart failure, leading to loss of strength, energy, and independence, and a higher risk of rehospitalisation and death. Despite being treatable, it is often under-recognised and poorly managed. This study will partner with people living with frailty and heart failure, the Australian Cardiovascular Alliance, and the Australian Frailty Network to evaluate Heart-FIT, a nurse-led frailty management program.	University of Wollongong	Doctor Julee McDonagh	$1,915,421.60
CONNECTED-T2D: Co-Designing, Evaluation and Implementing a Digitally-Integrated, Needs-Based Virtual Clinic for Type 2 Diabetes Support	People with type 2 diabetes in rural and remote Australia face elevated health risks due to challenges in self-management and limited access to appropriate, personalised care, resulting in poor physical and mental health outcomes. This affects screening, diagnosis, GP care, referrals to and uptake of allied health support. This project will co-design and test a virtual clinic integrating allied health support and digital tools to improve access to personalised care and enhance quality of life.	Australian Catholic University	Doctor Evelyn Parr	$2,499,950.15
GENIE-HF: GENerative artificial intelligence for Identifying and AssEssing unmet palliative needs in Heart Failure	An innovative way of identifying individuals with heart failure and their caregivers with palliative care needs is through the development and evaluation of a generative AI tool to identify and assess palliative care needs. Generative AI is characterised by its conversational qualities and can respond in an empathetic tone. This can increase the time available for health professionals to plan care, leading to improved quality of life and reduced risk of hospitalisation.	Queensland University of Technology	Doctor Gursharan Singh	$1,231,593.10

OPTIMISE BP: co-designed, technology-enabled model of care to OPTIMISE Blood Pressure control among culturally and linguistically diverse Australians	OPTIMISE BP will change how high blood pressure is managed for multicultural Australians. By offering remote support from bilingual community health workers, home blood pressure monitoring, and translated, culturally tailored education, OPTIMISE BP will improve blood pressure management and reduce the risk of heart attack and stroke. Focused on multicultural communities at high risk of cardiovascular disease, this program will deliver a fair, scalable model of care that benefits all Australians.	University of Sydney	Doctor Ling Zhang	$2,189,307.50

2025 Targeted Translation Research Accelerator – Cardiovascular Disease and Diabetes Risk Prediction and Data Solutions

Grant opportunity	Intended outcomes of the funded research	Number of grants	Total grant value
2025 Targeted Translation Research Accelerator – Cardiovascular Disease and Diabetes Risk Prediction and Data Solutions	**Stream 1** (Aim 1, Objective #2 of Research Plan; Incubator): conduct small-scale projects that identify predictive markers (including, but not restricted to, biomarkers) of disease or complications in: • **Topic A**: any type of diabetes, including atypical or mixed phenotypes • **Topic B**: cardiovascular disease in patients with type 1 diabetes **[no eligible apps received]** • **Topic C**: cardiovascular disease in patients with type 2 diabetes. **Stream 2** (Aim 2, Objective #3 of Research Plan; Targeted Call for Research): conduct multidisciplinary projects that use novel methods to harness multiple existing data infrastructure types in developing and implementing new approaches for the prevention and/or treatment of cardiovascular disease, diabetes (types 1 and/or 2) and/or complications of these diseases. Two topics of funding are available, based on the disease foci: • **Topic A**: Focused on, but not limited to, cardiovascular disease • **Topic B**: Focused on, but not limited to, diabetes (type 1 or 2). **[no eligible apps received]**	16	$16,850,559.87

List of Funded Grants

Project Title	Project Summary	Organisation	Applicant name	Funding amount
Precision health for equity: Translating cardiovascular disease discoveries into meaningful risk prediction tools for Aboriginal and Torres Strait Islander people living with type 2 diabetes	The heart health check is a first-line defence to fighting heart disease and stroke in Australia, performed in primary health care. Heart checks don't accurately identify Aboriginal and Torres Strait Islander people at risk of a heart attack or stroke. Our project will develop a more accurate heart check that draws on environment and socio-economic determinants, social and emotional wellbeing, clinical measures and genetics for Aboriginal and Torres Strait Islander adults living with diabetes.	Australian National University	Doctor Katharine Brown	$996,251.60
Integrating our validated automated machine learning platform with socioeconomic measures and novel biomarkers to predict cardiovascular and microvascular complications of type 2 diabetes	People with type 2 diabetes often develop heart, kidney, eye and nerve complications. This project will combine health professional and patient views with advanced computer models to improve early risk prediction. We will test traditional risk factors, socio-economic data, and new biological measures (including proteins, genes, mitochondrial DNA and telomere length) to better identify those at greatest risk and guide earlier, more effective treatment.	University of Sydney	Doctor Habib Francis	$998,748.98
Incorporating modern therapies and medication exposure into Cardiovascular Risk Prediction in Type 2 Diabetes	People with type 2 diabetes often take multiple medications and face higher risk of cardiovascular disease. Current cardiovascular risk calculators do not properly account for the impact of medicines or reflect contemporary practices. This project will build new medication-aware models and use them to measure how therapies such as novel cardiometabolic drugs, sex hormone therapies, and recommended adult vaccinations affect cardiovascular disease risk in this population.	University of New South Wales	Professor Blanca Gallego Luxan	$710,156.80
Biomarker Discovery for Cardiovascular Disease Risk in Type 2 Diabetes	People with type 2 diabetes are at high risk of heart disease, but current tests cannot accurately identify who is most at risk. This project will use large Australian and international health datasets to find blood-based markers that better predict a person's future risk of a heart attack or stroke. Our goal is to create a new, more accurate test to help doctors give treatment to the right person at the right time, saving lives.	La Trobe University	Doctor Corey Giles	$906,796.00
Integrated Lipidomics and Monocyte Reactivity Testing for Diabetes Complication Risk	This research will create a new blood test to predict which Type 2 Diabetes patients will develop severe complications like blindness or heart disease. Current treatments can't prevent complications in all patients. We will use advanced methods to analyse immune cells, the 'drivers' of these complications. This test will find 'warning signs' years before symptoms appear, enabling early, personalised interventions to save lives and prevent disability.	La Trobe University	Doctor Kevin Huynh	$999,820.50

Translating Folic Acid Exposure and Maternal Folate Status into Predictive and Preventive Tools to Reverse the National Rise in Gestational Diabetes	Many women take more folic acid (FA; synthetic folate) and for longer periods than health guidelines recommend. Studies link excessive FA intake and high maternal blood folate levels with gestational diabetes. Using animal studies we will establish when during pregnancy FA has the greatest impact and identify mechanisms involved. Through a large cohort study we will define a blood folate threshold for diabetes risk. The findings will guide safer, evidence-based FA recommendations for pregnancy.	Adelaide University	Doctor Tanja Jankovic-Karasoulos	$953,758.80
CardioBridge: A data-driven solution to improve post-discharge cardiovascular care in Western Victoria	CardioBridge's mission is to transform post-discharge cardiovascular care in rural Australia by redesigning how risk is identified and managed. This project will deliver a co-designed, team-based model providing timely, personalised and coordinated care, close to home and aligned with what matters to patients.	Deakin University	Associate Professor David Langsford	$2,498,801.95
Global cohorts, local impact: Transforming cardiovascular risk stratification in diabetes through a multimodal biomarker approach	We aim to improve how heart disease and stroke risk is predicted in people with type 2 diabetes. Current methods miss key blood changes linked to clotting and inflammation. Our team will test a new blood test using samples from diverse groups in Australia and Singapore. This could lead to earlier and more accurate detection, personalised care and better prevention – helping individuals with diabetes avoid serious complications, improve long-term outcomes and live longer, healthier lives.	University of Melbourne	Doctor Hui Yin Lim	$935,894.40
An immune biomarker for risk stratification in type 1 diabetes	Type 1 diabetes (T1D) is an autoimmune disease that typically afflicts children. The immune response that causes T1D starts before T1D develops T1D. Currently it is not possible to measure the immune response that causes T1D. Here we seek to validate a set of blood tests that allow us, to measure the T1D-causing immune response in children before they develop T1D. These blood tests are urgently required to diagnose children so they can receive new therapies that prevent the development of T1D.	St Vincent's Institute of Medical Research	Associate Professor Stuart Mannering	$999,408.80
Predict, Prevent, Protect: Risk Prediction Models to Transform Diabetes in Pregnancy and Beyond	We will improve care for mothers with or at risk of gestational diabetes. Using our proven risk models, we will add blood-based biomarkers to make predictions more accurate, fair and cost-effective. A simple two-step process will triage all women first, then offer targeted tests to those at higher risk. We will build and test an easy-to-use app and rollout plan so health services can adopt it, deliver earlier prevention, and reduce complications for mothers and babies.	Monash University	Doctor Yitayeh Belsti Mengistu	$999,999.00
Novel biomarkers of atherosclerotic cardiovascular disease in diabetes: the Asialoglycoprotein Receptor 1 and the glycome	Our group have revealed an exciting new role for protein 'ASGR1' in the development of fatty deposits in blood vessels that cause heart attack and stroke. We will determine if levels of ASGR1 in the blood predicts the presence of fatty deposits in heart vessels of patients with diabetes. Changes in blood sugars will also be measured in these patients. This project will pave the way to a novel blood-based marker for heart disease in people with diabetes, supported by novel sugar biomarkers.	Adelaide University	Doctor Victoria Nankivell	$926,815.10

Improving heart disease risk prediction for patients living with diabetes	This research aims to improve how we identify people with diabetes who are most at risk of developing heart disease. By analysing genetic and blood-based markers, the project will uncover hidden disease subtypes and create new, more accurate tests to predict heart risk earlier. The outcomes will support equitable, more personalised healthcare for Australians to help doctors prevent serious complications and guide treatment for people living with diabetes across all communities.	The University of Queensland	Professor Nathan Palpant	$993,846.70
Next-Generation Cardiovascular Risk Prediction Models Using Australia's First Population-Wide CKMS Cohort	This project will use linked health data from across Western Australia to create new tools that help doctors detect heart disease risk earlier, especially in people with kidney disease, diabetes, or those living in rural and Aboriginal communities. By predicting who is most at risk, and testing ways to share this information with clinicians and patients, the project aims to save lives and improve health outcomes.	Curtin University	Doctor Elizabeth Thomas	$1,366,729.00
INtegrating psychoSocial, clinical, and biomarker Predictors to Improve Risk Estimation of complications in type 2 diabetes (INSPIRE-T2D)	Our project, INSPIRE-T2D, aims to create a blueprint, for an easy-to-use tool that helps doctors predict the risk of complications in people with type 2 diabetes. Our tool will be the first to combine standard health data with psychosocial factors such as depression and stress to predict complication risks including heart attack and stroke. This will enable earlier, personalised mental health treatment to prevent or delay complications, improving patient well-being and saving healthcare costs.	Deakin University	Doctor Sharmala Thuraisingam	$988,038.74
Artificial Intelligence-driven multiomic dynamic risk prediction pipeline for diabetes	The proposed research stems from and is an expansion of our recent publication (Nature Medicine, 2025) generation of a dynamic risk score based on circulating microRNAs and age for T1D risk stratification and treatment prediction, and T1D vs T2D stratification. This proposed research will identify other dynamic multi-omic biomarkers measured in blood for diabetes (T1D and T2D) prediction, and combined together will be developed into a clinical kit used for better T1D misdiagnosis correction.	Western Sydney University	Doctor Wilson Wong	$620,167.00
Artificial Intelligence-Enabled Retinal Imaging for One-Stop, Point-of-Care Screening of Diabetes Complications in Rural Primary Care	Diabetes can cause serious eye, heart, and kidney problems, yet many Australians miss out on screening due to limited access and fragmented services, especially those living in rural areas. The eye provides a window into overall vascular health. This project will test an AI-enabled eye scan as a simple "One-Stop" tool to screen for eye, heart, and kidney diseases, aiming to improve early detection, reduce patient burden, and make screening more accessible for all.	Centre for Eye Research Australia Limited	Associate Professor Zhuoting Zhu	$955,326.50