

NSW Cancer Council Annual Report

1 July 2004 - 30 September 2005



*Building a
Cancer Smart
Community*

OUR VALUES

Our values define our organisation. They underpin how we deal with each other as colleagues, with other organisations and the public. They also form the basis for our vision, planning and priorities.

The NSW Cancer Council's values are:

FAIRNESS — striving for an equitable system and being fair in all our dealings

RESPECT — recognising the worth of individuals through trust, courtesy, sensitivity and open communication

INTEGRITY — achieving ends through ethical means, with honesty and accountability

LEARNING AND CREATIVITY — seeking new knowledge and understanding, and valuing innovation

EFFECTIVENESS — pursuing quality outcomes.



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LETTER TO MINISTER

16 December 2005

THE HON FRANK SARTOR MP

Minister Assisting the Minister for Health (Cancer)
Parliament House
Macquarie Street
Sydney NSW 2000

Dear Minister Sartor

We have great pleasure in presenting the Annual Report and Financial Statements of the NSW Cancer Council for the 15 months ending 30 September 2005 for presentation to Parliament.

The report has been prepared in accordance with the provisions of the Annual Reports (Statutory Bodies) Act 1984, and the Annual Reports (Statutory Bodies) Regulation 1995.

The report details the activities and achievements of the organisation and includes the relevant statutory and financial information for the NSW Cancer Council.

Copies are being sent to the Auditor General and Treasury.

Yours sincerely



PHYLLIS MILLER
Interim Board Chair



ANDREW G PENMAN
Chief Executive Officer

MESSAGE FROM THE BOARD CHAIR

As the new Chair of the Interim Board appointed by the Minister, I am delighted to introduce this final Annual Report of the NSW Cancer Council in its role as a statutory body.

For the past 53 years, while the Cancer Council has focused its efforts on addressing the needs of cancer patients and their carers, educating health professionals and advocating for stronger cancer policies at a state and national level; there has been a significant change to the broader environment. The services of the Cancer Council have become focused on community prevention and education campaigns; patient information; support services; fundraising; research and clinical trials; developing policy and acting as a spokesperson on behalf of cancer patients and all who are committed to the defeat of cancer.

Following the establishment of the NSW Cancer Institute Act, the Minister Assisting the Minister for Health (Cancer), the Hon Frank Sartor MP, commissioned an independent committee to undertake a review of the Cancer Council and its future role in cancer control. The recommendations from this review, completed in August 2005, have provided a framework and a governance model for The Cancer Council NSW which is independent of Government, just like its sister bodies in other states and territories.

On September 30, 2005, The Cancer Council NSW became an independent company with an Interim Board appointed by the Minister until 30 June 2006. The principal function of this Interim Board will be to organise the election of the first regular Board of the company, and to develop a Memorandum of Understanding

with the Cancer Institute, a collaboration which should ensure greater benefits to the entire cancer community. I look forward in the coming months to working with The Cancer Council in consolidating its position in the community and fulfilling its mission to defeat cancer.

The response of many people in NSW to the work of the Ministerial review clearly demonstrates their fervent support for a vibrant, independent cancer charity to lead the community sector in cancer control. I am grateful to all who participated.

I would like to especially thank the outgoing Board of Directors for their work in preparing the NSW Cancer Council for the transition from statutory body to independent company. In particular, special acknowledgement must go to Mrs Deborah Page, Board Member since 1997 and Board Chair since 1998, who through her leadership, professionalism, personal resolve and steadfast loyalty ensured that the Cancer Council has remained focused on its vision to engage the community in defeating cancer.

I look forward to working with The Cancer Council NSW in the coming months and once again say thank you to the staff who have done an excellent job, the present Board and, of course, the volunteers – without you our job would be impossible.



PHYLLIS MILLER
Interim Board Chair

MESSAGE FROM THE CEO

In both our achievements of the past year and our plans for the year ahead, the Cancer Council's identity as a community-focused organisation shines. This is exemplified in our relationship with our volunteers. In 2004/05 more than 2500 people volunteered on a regular basis with head office and our nine regional offices, giving their time to help beat cancer in their communities.

These committed people perform a variety of roles including transporting cancer patients to treatment centres, distributing information, providing one-to-one support to people with cancer, publicising our events, promoting cancer prevention messages, and speaking out on cancer issues.

In addition to these regular volunteers we have thousands of people who volunteer by hosting morning teas as part of Australia's Biggest Morning Tea, who sell daffodils and merchandise, or who support our fundraising efforts in a myriad other ways; they are vital to our organisation. Our corporate volunteering program has also been given a boost with companies committing their employees to over 1500 hours of volunteer service for the cancer cause in the past year.

Showing just how seriously we view the role of volunteers in our organisation, we have recently created an executive position for a volunteer, which will lead our strategy for volunteers to be involved with the organisation at a senior level and to align volunteer activity more closely with the Cancer Council's mission and goals.

We have also embarked on a series of community cancer forums. Each of our regional offices will host a forum inviting all interested persons to come together to discuss regional needs in relation to cancer and to build a greater understanding of cancer and cancer control within their communities.

The forums are aimed at connecting people of different backgrounds, fostering ideas and innovations to support and improve cancer control and link cancer control activities across different organisations and groups.

The Cancer Council has also been involved in a number of grassroots projects benefiting people with cancer. We made major contributions to accommodation facilities for cancer patients that have opened in Coffs Harbour, Port Macquarie and the Nepean in the past year. We conducted training sessions for leaders of cancer support groups from all over the state. We reformed our multicultural cancer service to make it a more effective and comprehensive outreach service for people of different ethnic backgrounds. And we've worked with libraries around NSW to ensure people have access to up-to-date quality information about cancer.

We recognise that it is not just big organisations but individuals who can play a major role in shaping future government policy in relation to cancer. We have run training sessions for consumer advocates throughout the state, and we have conducted our own advocacy campaigns to address inequities in the Isolated Patients Transport and Accommodation Assistance Scheme (IPTAAS) and to push for truly smoke free pubs and clubs.

Relay For Life is fast becoming the organisation's new signature event. Many communities from regional and metropolitan NSW have adopted this overnight team event as their commitment to fighting cancer. Relay means different things for those who attend; for some it is an occasion to remember those lost to cancer, for others it is a celebration of survival. For others it is simply a fun day out where they can show solidarity with their community and raise funds to help fight this ubiquitous disease. Relays are also great venues for promoting cancer smart behaviour like not smoking, eating well and protecting yourself from the sun.

Once again we need to recognise the generosity of the people of NSW. Whether it is through direct donations, monthly pledges, bequests, in memoriam gifts, participation in fundraising events or through purchases of Cancer Council products every dollar donated increases our capacity to beat this disease. Through the generosity of the people of NSW we've been able to boost our budgeted research expenditure to \$10 million in the coming year. We are also increasing our commitment to providing support and information to people with cancer. We pride ourselves on being an organisation which is there at every stage of the cancer journey – providing education and prevention programs, essential and unique information and support services, and conducting and funding vital research.

We believe we are really making a difference for people with cancer. Through funding clinical trials coordinator positions in hospitals throughout the state we've facilitated recruitment of around 960 patients to 96 supported trials. We've put support and information packs in the hands of thousands of newly diagnosed patients. And we've put cancer patients in one-to-one contact with specially trained volunteers who have been through a similar cancer experience. And every day our Helpline nurses respond to calls for information and support from around the state.



ANDREW PENMAN

Chief Executive Officer
NSW Cancer Council

ORGANISATIONAL STRUCTURE

NSW CANCER COUNCIL BOARD — CHIEF EXECUTIVE OFFICER: DR ANDREW PENMAN					
CANCER RESEARCH AND REGISTERS DIVISION	MARKETING AND COMMUNICATIONS DIVISION	HEALTH STRATEGIES DIVISION	CANCER INFORMATION & SUPPORT SERVICES DIVISION	FINANCE AND ADMINISTRATION DIVISION	REGIONAL NETWORK
DIRECTOR: A/PROF FREDDY SITAS CENTRE FOR HEALTH, RESEARCH AND PSYCHO-ONCOLOGY DIRECTOR: PROF AFAF GIRGIS CANCER EPIDEMIOLOGY RESEARCH UNIT HEREDITARY CANCER REGISTERS	DIRECTOR: MR MARTIN PAUL MEDIA AND HEALTH COMMUNICATIONS MARKETING ANALYSIS EVENTS DIRECT MARKETING RETAIL	DIRECTOR: MS ANITA TANG ADVOCACY PARLIAMENTARY LIAISON COALITIONS SKIN STRATEGIES TOBACCO STRATEGIES POLICY	DIRECTOR: MS GILLIAN BATT CANCER COUNCIL HELPLINE PEER SUPPORT PROGRAMS SUPPORTIVE CARE DEVELOPMENT CARERS PROGRAMS CONSUMER LIBRARY PATIENT PUBLICATIONS	CHIEF FINANCIAL OFFICER: MR TED STARC FINANCE DONOR AND SUPPORTER SERVICES EVENTS ADMINISTRATION CENTRE LOGISTICS AND RISK INFORMATION TECHNOLOGY HUMAN RESOURCES VOLUNTEERS ESTATES MANAGEMENT	STATE MANAGER: MR BARRIE EAST HEALTH STRATEGIES MANAGER: MS JENNY BEACH GREATER SYDNEY SOUTHERN HUNTER CENTRAL COAST NORTH WEST FAR NORTH COAST MID NORTH COAST SOUTH WEST WESTERN
					OFFICE OF THE CEO CLINICAL TRIALS RESEARCH STRATEGY MEDICAL DIRECTOR BOARD COMMITTEES

GOVERNANCE

Legislation

The NSW Cancer Council was established in 1955 by an Act of the NSW Parliament which was subsequently amended in 1995 to the New South Wales Cancer Council Act 1995. However, the passage of the Cancer Act in March 2003, and establishment of the Cancer Institute NSW, set in motion a change to the relationship between the NSW Government and the NSW Cancer Council and the New South Wales Cancer Council Act 1955 has now been repealed. From October 1, 2005, The Cancer Council NSW will operate as a company limited by guarantee and will comply with all legislation regarding the Corporations Act 2001. The Cancer Council NSW is registered with the Australian Taxation Office as a health promotion charity.

A copy of the Constitution of The Cancer Council NSW is available at www.cancercouncil.com.au

BOARD MEMBERS

July 2004 - September 2005

Mrs Deborah Page (Chair)

Consultant and Company Director
Institute of Chartered Accountants nominee

Professor Simon Chapman (Deputy Chair)

Department of Public Health and Community Medicine,
University of Sydney
Australian Consumers Association/Consumers Health
Forum nominee

Professor Phyllis Butow

NHMRC Senior Research Fellow and
Executive Director, Medical Psychology Unit, University of Sydney
Clinical Oncological Society of Australia nominee

Associate Professor Christine Clarke

NHMRC Senior Research Fellow, Westmead Institute for
Cancer Research
University of Sydney nominee

Hon Peter Collins, AM, QC

Chair, Australian Institute of Health and Welfare
Law Society of NSW nominee

Ms Sally Crossing, AM

Chair, Cancer Voices NSW
Australian Consumers Association/Consumers Health Forum
nominee

Associate Professor Chris Hamilton (to September 2004)

School of Health Sciences, University of Newcastle
University of Newcastle nominee

Professor Richard Henry

Senior Associate Dean, Faculty of Medicine
University of NSW
University of NSW nominee

Hon Susan Lenehan

Fellow of the Australian Institute of Company Directors
Syndicate Chairman of the CEO Institute
Business sector nominee

Dr Michael Noel

President, Palliative Care Association of NSW and
Palliative Care Physician
Australian Medical Association nominee

Dr Andrew Penman

Chief Executive Officer, NSW Cancer Council

Professor Michael Reid

Director General, Ministry for Science and Medical Research
Minister for Health and Minister for Science and Medical
Research nominee

Dr Kendra Sundquist

Manager, Supportive Care Development Unit
NSW Cancer Council
Cancer Council staff nominee

Professor Jeanette Ward (to February 2005)

Director, Division of Population Health
South Western Area Health Service
Public Health Association of Australia nominee

Associate Professor Emma Whitelaw

School of Molecular and Microbial Biosciences
University of Sydney
Australian Society of Medical Research nominee



THE CANCER COUNCIL NSW

INTERIM BOARD MEMBERS As of September 2005

Ms Phyllis Miller (Chair)

Director, Australian Local Government Association
Forbes Shire Councillor

Professor Simon Chapman

Professor, Department of Public Health and Community Medicine
University of Sydney

Hon Peter Collins, AM, QC

Chair, Australian Institute of Health and Welfare
Chair, Cancer Institute NSW

Professor Richard Henry

Senior Associate Dean, Faculty of Medicine
University of NSW

Mr Michael Lambert

Executive Director, ABN AMRO

Professor Kerry Phelps

General Practitioner and
Adjunct Professor, Schools of Public Health and General Practice
University of Sydney

Professor Michael Reid

Director General, Ministry for Science and Medical Research

Ethical and responsible decision-making

The Board has adopted a Code of Conduct for all Board and staff members to provide an ethical framework for all decisions and actions, and to ensure that we demonstrate fairness, integrity and sound professional and ethical practice at all times. The Board also adopted a Conflict of Interest Policy that provides clear guidelines to the Board in relation to dealing with matters that involve, or are perceived to involve, situations involving personal conflict of interest for Board members.

A full copy of our code is available at www.cancercouncil.com.au

Integrity in financial reporting

As a statutory body, the financial accounts of the NSW Cancer Council must be audited by the Audit Office of NSW; a process which ensures the integrity of our public financial reporting.

Timely and balanced disclosure

The principal method for disclosure of matters concerning the NSW Cancer Council is through the Minister for Health and the Minister Assisting the Minister for Health (Cancer) to Parliament, and the primary vehicle for disclosure is the annual audit

conducted by the Audit Office of NSW and our annual report. In addition, the NSW Cancer Council is subject to the requirements of the Freedom of Information Act.

Managing risk

On behalf of the Board, the Audit Committee is authorised to oversee the adequacy and effectiveness of the accounting and financial controls, including the Cancer Council's policies and procedures to assess, monitor, and manage business risk. The Cancer Council's Fraud Policy aims to limit fraud exposure and to provide advice to employees in dealing with fraud or suspected fraud or other illegal acts involving dishonesty or damage to property. The Cancer Council has a three-year internal audit plan to ensure it addresses relevant risks.

Remunerate fairly and responsibly

The Cancer Council has adopted a company-wide benchmarking process, developed by the Human Resources unit in consultation with an external remuneration and benefits consultant, which involves grading each position and benchmarking the positions against relevant external market rates to ensure consistency and fairness in remuneration for all staff.

The Board has charged the remuneration committee with responsibility for evaluating, monitoring and benchmarking the performance of the Chief Executive Officer. The remuneration committee obtains information and advice from an external remuneration consultant who reports on relevant benchmark remuneration levels in the market.

Recognising the legitimate interests of stakeholders

The Cancer Council recognises the valuable contribution made by its many stakeholders including donors, program beneficiaries, volunteers, consumer organisations, the cancer research community, and staff. In addition to complying with relevant legislation, the Cancer Council has developed strong relationships and partnerships through such vehicles as:

- Memorandum of Understanding with Cancer Voices, the peak cancer consumer organisation in NSW;
- A Volunteer Policy that champions the rights of volunteers, and guidelines that clearly stipulate their responsibilities when working with us;
- Consumer involvement on the Ethics, Clinical Trials, Cancer Research and accommodation management committees and other specialist advisory panels;
- Staff policies and benefits that aim to position the NSW Cancer Council as an employer of choice.

COMMITTEES

To devise and deliver effective programs, the Cancer Council draws on the experience and support of leaders in health, research and the wider community – including consumer representatives. The Cancer Council is extremely grateful to all those who volunteer their time, expertise and enthusiasm to serve on its committees and working groups.

Audit Committee

The Audit Committee assists the Board in discharging its responsibility to exercise due care, diligence and skill in relation to financial reporting, application of accounting policies, financial management, internal control systems, business policies and practices, compliance with statutory requirements, and monitoring and control of business risk.

Dr Michael Noel (Chair)

Board Member

Hon Peter Collins, AM, QC

Board Member

Hon Susan Lenehan

Board Member

In attendance:

Mr Brian Blood

Partner, Ernst & Young

Mr Keith Brown

Director, Audit Office NSW

Dr Andrew Penman

Chief Executive Officer, NSW Cancer Council

Mr Ted Starc

Chief Financial Officer, NSW Cancer Council

Ms Elaine Beggs

Minute Secretary

Investment Committee

The Investment Committee reviews current and future investment strategies and makes relevant recommendations to the Board.

Hon Susan Lenehan (Chair)

Board Member

Professor Richard Henry (from February 2005)

Board Member

Mr Julian Reynolds

Principal, Reynolds Stockbrokers

Professor Jeanette Ward (to February 2005)

Board Member

In attendance:

Dr Andrew Penman

Chief Executive Officer, NSW Cancer Council

Mr Ted Starc

Chief Financial Officer, NSW Cancer Council

Ms Elaine Beggs

Minute Secretary

Remuneration Committee

Mrs Deborah Page (Chair)

Board Member

Professor Simon Chapman (Deputy Chair)

Board Member

Associate Professor Christine Clarke (from April 2005)

Board Member

Professor Jeanette Ward (to February 2005)

Board Member

COMMITTEES

Ethics Committee

The Ethics Committee assesses proposals to use Cancer Council-held health data that may identify individuals for research or other purposes. The Ethics Committee also assesses proposals for research involving human subjects carried out by staff of the Cancer Council, and provides advice on proposed policies as required.

Members are selected on the basis of their expertise and their demonstrated interest in the Cancer Council's work, and therefore do not represent specific institutions, organisations or interest groups. Committee appointments are for a term of two years and members may serve up to three consecutive terms.

The Committee is guided by the National Statement Guidelines prepared by the National Health and Medical Research Council (NHMRC) and the NSW Cancer Council Privacy Management Plan. Six committee members attended a two-day training conference led by the NHMRC in Canberra during the year.

In 2004/05, the committee provided ethical approval to 16 proposals (9 requesting access to Cancer Council-held records). In addition, there were 10 amendments, variations and/or additions to proposals that had previously received ethics approval that required further ethical advice and/or approval. Topics included:

- Psychological wellbeing, quality of life and self-perceived needs of cancer carers, cancer survivors, and informal carers.
- Treatment preferences and health use/costs for prostate cancer patients.
- Unmet needs of individuals diagnosed with, or at risk of, Familial Adenomatous Polyposis (FAP).
- Impact of early intervention with androgen deprivation therapy (ADT) in prostate cancer patients.
- Role and effectiveness of peer support groups.
- Impact of lifestyle factors (ie migration, ethnicity, physical activity, alcohol, smoking, reproductive history, occupation, screening behaviour, dietary patterns) on the development of leading cancer types.
- Prostate specific antigen (PSA) testing and the decision-making process, psychological consequences, and patterns of care for men with an abnormal PSA test.
- Reducing smoking uptake in young people.
- Comparing findings to assess changes in practice and treatment in patterns of care for lung cancer patients diagnosed in 1993-2002.
- Evaluating services: Telegroup Counselling and Cancer Council Helpline.
- Assessing the impact of a cancer diagnosis on health behaviour.

- Patterns of diagnostic follow-up and care for women in relation to their Pap smear results.
- Impact of hormone replacement therapy (HRT) and oral contraception on the development of cervical cancer.

Streamlining multi-centre ethical review

A draft paper from NSW Health on streamlining the process for multi-centre ethical review nominated the Ethics Committee of the Cancer Institute NSW as the "lead ethics committee" for cancer research. At a meeting held with Ethics Committee representatives from the Cancer Institute NSW and NSW Cancer Council, a proposed protocol for implementing this change was discussed in anticipation that this process will commence in mid-2006. While the NSW Cancer Council Ethics Committee supports the suggestion for streamlining ethical review for multi-centre research, there remains uncertainty about the future impact of this change on the Committee's workload.

NSW Cancer Council Ethics Committee

Mr Jason Downing (Chair)

Lawyer, Wentworth Chambers

Ms Maureen Bousfield

Laywoman

Reverend Raymond Heslehurst (to June 2005)

Minister of Religion
University of Wollongong

Reverend Graham McKay (to February 2005)

Minister of Religion
Chaplain, Anglicare

Dr Bettina Meiser

Non-Medical Graduate with Research Experience
Department of Medical Oncology, Prince of Wales Hospital

Ms Alice Oppen

Laywoman

Reverend David Pettitt (from June 2005)

Minister of Religion
Chaplain, Anglicare Metropolitan Reception and Remand Centre

Mr John Tong

Layman

Ms Meghan Magnusson

Lawyer, Ebsworth & Ebsworth

Emeritus Professor Tom Reeve

Medical Graduate with Research Experience
Executive Officer, Australian Cancer Network

Mr Leo Simonella (to April 2005)

Layman

Dr Lyndal Trevena

Medical Graduate with Research Experience
School of Public Health, University of Sydney

In attendance:

Ms Angela Aston

Ethics Officer

Ms Naomi Crain

Ethics Secretary

Cancer Research Committee

The Cancer Research Committee serves the Board in its role of approving research policy, strategies and priorities and in determining appropriate budget for research. It provides expert advice on research issues and program evaluation, and frames the guidelines and operating brief for research grant selection.

**Associate Professor Emma Whitelaw
(Chair to September 2005)**

School of Molecular and Microbial Biosciences
University of Sydney
Board Member

Professor Bruce Armstrong (to June 2005)

Head, School of Population Health and Health Services Research
University of Sydney

Professor Phyllis Butow

NHMRC Senior Research Fellow and
Executive Director, Medical Psychology Unit
University of Sydney
Board Member

Ms Sally Crossing

Chair, Cancer Voices NSW
Board Member

Professor Don Iverson (from September 2004)

Faculty of Health and Behavioural Sciences
Wollongong University

Dr Andrew Penman

Chief Executive Officer, NSW Cancer Council
Board Member

Dr Roger Reddell

Head, Cancer Research Unit
Children's Medical Research Institute

Professor Sally Redman

Chief Executive Officer, Sax Institute

Associate Professor Freddy Sitas

Director, Cancer Research and Registers Division
NSW Cancer Council

Professor John Thompson

Melanoma Unit, Royal Prince Alfred Hospital

Professor Robyn Ward

Medical Oncology, St Vincent's Hospital

In attendance:

Mr Ron Gale

Minute Secretary

Ms Marie Malica

Manager, Research Strategy Unit
NSW Cancer Council

Cancer Research Committee Sub-committees

The Cancer Trials Steering Committee and Internal Research Review Committee are sub-committees of the Cancer Research Committee formed respectively to oversee the development and delivery of Cancer Trials NSW programs, and to provide an avenue for reviewing research proposals, prepared and funded internally within the Cancer Council, to ensure their scientific quality.

The Internal Research Review Committee arranges external peer reviews for assessing projects. Five research proposals were given scientific review this year:

- Lifestyle and Cancer Risk
- Pathways to Diagnosis of Thyroid Cancer
- Lung Cancer Patterns of Care in South Western Sydney Area Health Service (SWSAHS) 1993-2001
- Partners and Caregivers Study
- Patterns of Follow-up and Care for Abnormal Cervical Cytology and Cervical Cancer.



THE OBJECTS OF THE NEW SOUTH WALES CANCER COUNCIL

The Cancer Council was established in 1955 by an Act of the NSW Parliament. The Act empowered the Cancer Council to raise money from the public in order to meet its objectives.

Our objects:

- a) Assist and foster research and investigation into the causation, prevention, diagnosis and treatment of cancer,
- b) Assist and foster postgraduate and undergraduate education and training, and education of the public, in relation to cancer,
- c) Assist in providing training and instruction in technical matters relating to the diagnosis and treatment of cancer,
- d) Coordinate, so far as is practicable, the activities of all institutions, hospitals and other bodies engaged in research and investigation into the causation, prevention, diagnosis and treatment of cancer,
- e) Collect, process, maintain and disseminate information relating to cancer and its causes, incidence, and treatment,
- f) Provide relief for cancer patients and their families, including palliative care, rehabilitation and support and advocacy services, and to engage in other benevolent activities relating to cancer,
- g) Engage in fundraising activities (including by means of public appeals or the sale of articles to the public) and to coordinate, so far as is practicable and with the agreement of the bodies involved, such activities conducted by other bodies,
- h) Carry out the above objects in association or jointly with any organisations, societies or other bodies, whether in Australia or elsewhere, which have objects similar to the objects of the Council,
- i) In consultation with the Director-General of the Department of Health, to advise the Minister on problems relating to:
 - The provision of hospital accommodation for the treatment of persons suffering from cancer,
 - The provision of facilities for research and investigation into the causation, prevention, diagnosis and treatment of cancer,
 - The establishment of a cancer institute,
- j) Advise the Minister on such other matters relating to cancer as the Minister may from time to time require,
- k) Initiate and refer to the Minister recommendations on any matter relating to cancer.
- l) The Council may do and perform all acts and things that are necessary or convenient for giving effect to its objects.

OUR PEOPLE

Volunteers

Volunteers epitomise the Cancer Council's vision of engaging the community of NSW to reduce the impact of cancer. They provide enormous support in many areas including fundraising, transporting cancer patients to treatment centres, distributing information and administrative support, as well as in filling specialist roles.

In 2004/05, 2500 volunteers registered to regular work contributed 31,290 hours of work. Regular volunteers work in the nine regions and in head office, for the Cancer Council Connect peer support program and Relay For Life.

In addition, numerous individuals and organisations offer their professional skills and expertise through participating on committees and focus groups, and through providing pro bono consultancy services.

Special events attract the support of people of all ages and backgrounds. The Cancer Council's net fundraising results rely on the contribution of the many individuals and corporate organisations represented by:

- 10,000 Daffodil Day volunteers
- 11,000 Australia's Biggest Morning Tea hosts

In 2004/05, the Cancer Council has been developing strategies to improve and expand volunteering opportunities within the organisation with particular focus on:

- Increasing corporate volunteering
- Fostering volunteer involvement at senior levels in the organisation and closely aligning volunteer activity with the mission and goals of the organisation.

Staff

In 2004/05 the Cancer Council employed 210 full-time equivalent staff throughout the state.

All positions are evaluated and graded using the Mercer HR job evaluation system. The Cancer Council aims to be a median market payer. An increase of 4% was budgeted for in 2004/05 which was allocated depending on where employees were positioned in their grade and range.

Personnel policies and practices

The Cancer Council offers salary packaging, flexible working arrangements and an employee assistance program. A staff representative group has the brief to bring, to the attention of management, issues affecting and concerning staff.

New policies and practices introduced in 2004/05 include several new Occupational Health and Safety policies and a new Work From Home Policy.

Industrial relations policies and practices

The Cancer Council adhered to the Industrial Relations Act in its policies and practices. There have been no reported cases of harassment or discrimination.

Restructuring

One major change was initiated in 2004/05 and will be formally implemented in 2006. The Regional Network Division has undergone a substantial review to ensure effective alignment of regional roles, culture, structure and systems with organisational strategy.

Staff satisfaction and organisational culture

In May 2005, a staff survey was undertaken by Best Practice Consulting to assess and benchmark staff satisfaction, organisational culture, performance management and leadership.

The significant high-level findings from this survey include:

- 74% of staff rated the Cancer Council "a truly great place to work". (According to company benchmarks the average rating for the private sector is 41%.)
- The Cancer Council has a "culture of success" indicating large numbers of staff are positive about the organisation's future, have a strong sense of success and achievement, a "can do" mentality, and a high level of cohesiveness and focus.
- 52% of staff indicated that "what the organisation stands for" is the main factor attracting them to the Cancer Council. (The norm for the private sector is 5% and for the public sector 3%.)
- In terms of performance priorities, staff identified achieving results (26%), performing well (24%) and taking responsibility (24%) as the most important things expected of them by their managers.

OUR PEOPLE

Organisational learning

In 2004/05, 10 in-house training sessions were delivered covering a range of topics including customer service, communication skills, conflict resolution, Indigenous issues, project management, time management, and dealing with difficult callers. In addition, five DiSC team development workshops were held.

All new staff are invited to attend sessions to give them a better understanding about cancer and what the organisation is doing to defeat this disease. Topics include: What is cancer?; Prevention and Control; Information and Support; Research and Cancer Trials.

Monthly lunchtime briefing sessions are offered to inform staff about current epidemiological research, and health and support projects.

Twice-monthly IT training sessions are conducted covering applications such as Outlook, Excel, PowerPoint. The sessions are popular with staff and volunteers.

A new orientation process was developed to ensure all staff and volunteers are aware of all relevant policies and procedures and comply with them accordingly. Around 100 staff attended orientation workshops.

Performance management

More than 100 staff attended sessions covering the organisation's code of conduct, values, performance management and key practices, telephone protocols and corporate communications guidelines.

Management development program

In 2004/05, a 360-degree online assessment tool was used to assess 14 managers against the established Cancer Council management competencies. Management training was delivered on the following topics: occupational health and safety, performance management, volunteer and consumer participation, managing change, and recruitment and selection.

OUR REGIONAL NETWORK

The successful delivery of high quality, timely and appropriate cancer programs and services, to communities throughout NSW, depends to a large degree on the capacity of the regional offices.

A recent review of regional network operations identified areas where additional resources are required to meet community needs. As a first step, an events administration centre has been established in head office, releasing valuable time for regional staff to further external working relationships and to implement and service the new regional forum program.

The inaugural forum was held in Newcastle in August 2005; forums will be held throughout the regional network. The primary intention is to build a greater understanding within local communities of cancer and cancer control. The forum concept allows for wide ranging participation in a single gathering. The forums connect people of different backgrounds, fostering ideas and innovations to support and improve cancer control and link cancer control activities across different organisations and groups.

The nine regional offices helped deliver state-wide programs during the year, some examples include:

- All regional offices were involved in promoting and distributing the Support and Information Pack designed to help cancer patients and their carers during their cancer journey. In 2004/05, almost 18,000 packs were provided to patients throughout NSW via cancer treatment centres, hospitals, specialists and GPs.
- Regional office staff promoted advocacy campaigns to their local communities generating thousands of sign ups in support of the Go Smoke Free for Real campaign, to counter pressure from the hotel industry to water down pub smoking bans, and the campaign to bring the eligibility criteria for financial assistance for travel and accommodation (IPTAAS) in NSW in line with other states. Around 10,000 people from throughout the state have helped deliver the message to our politicians.
- All regional offices are implementing the Community Speakers Program that sees volunteers being trained to deliver presentations on a range of cancer topics to their local communities. This program ensures a broad audience is informed about important cancer issues.
- Regional offices have supported the Environmental Tobacco Smoke and Children project in its final phase.
- The Living With Cancer Program, providing practical information to cancer patients and carers via small group sessions, is supported throughout the regional network with around 19 programs taking place during the year. Last year the number of trained facilitators was increased by 50%.

In 2004/05, the Cancer Council funded 30 clinical trial study nurses in Albury Wodonga, Coffs Harbour, Taree, Dubbo, Lismore, Bathurst, Orange, Newcastle, Wagga Wagga, Tamworth, Tweed, Wollongong and greater metropolitan Sydney. The nurses support participation in a portfolio of 96 selected trials. Since the program 962 patients have been recruited to Cancer Trials NSW selected trials.

Regional office 2004/05 highlights

The **Far North Coast** office hosted a workshop for young women with breast cancer and their partners. The group was filmed candidly sharing their stories and experiences and a half-hour DVD was produced. The DVD is enriched with comments from health professionals about coping with the physical and emotional impact of breast cancer and is being distributed by the Northern Rivers Division of General Practice and by the Cancer Council Helpline.

Cancer patient accommodation has been established in Port Macquarie and Coffs Harbour with funds from the Cancer Council and Rotary. The **Mid North Coast** office, in partnership with local Rotarians, successfully advocated for these much needed facilities. The Mid North Coast office continues to fund and manage a service to provide regular transport to patients from the area undergoing treatment in either Newcastle or Taree.

The profile of the **Central Coast** regional office, which became a stand-alone office in the 2003/04 financial year, continues to grow with a strong focus on health program delivery and fundraising. Income for the year was 12.6% above budget showing the strong support of the local community. The Go Smoke Free for Real campaign, to counter pressure from the hotel industry to water down pub smoking bans, was well supported in the region with more than 700 residents expressing their concern to the government.

The **Hunter** office together with the area health service and other agencies undertook a number of activities to encourage local schools to make healthy food available in their canteens. Workshops were held for canteen managers, a regular newsletter produced, and a healthy school canteen food expo was held with 400 attendees. Hunter staff also successfully advocated for funds to build a quiet room at the Dungog Community Hospital for the families of cancer patients.

The **Western** office, based in Orange, covers the largest geographical area and delivers a broad range of Cancer Council activities to local communities. The training of 16 facilitators will help deliver programs to people coping with a diagnosis of cancer in remote parts of western NSW. And health professionals and support groups throughout the region are great referrers to Cancer Council support services including the Helpline. A successful partnership with the Country Women's Association saw the promotion of skin cancer awareness in 88 association branches.

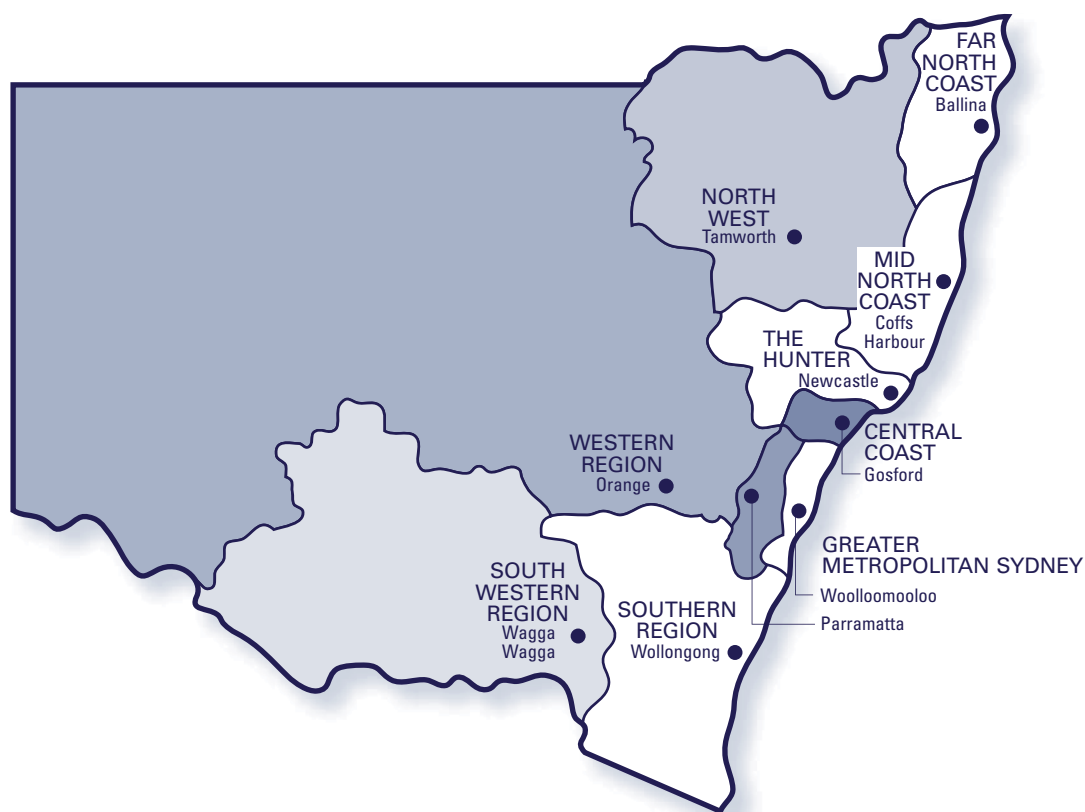
OUR REGIONAL NETWORK

The **Greater Metropolitan Sydney** office services the largest population base including many communities from culturally and linguistically diverse backgrounds. The Multicultural Cultural Information Services team has been very active in local Greek, Italian, Arabic and Chinese communities through the multicultural media, a prostate cancer call-in promoted in community languages, community presentations and resource distribution. An Australia's Biggest Morning Tea event with a multicultural theme raised significant funds and awareness of the services offered.

The **North West** office in Tamworth enjoys strong support from local Federal and State parliamentary representatives. The Cancer Council was invited to Federal MP, Tony Windsor's Vision Summit to present on bowel cancer, skin cancer, tobacco control and inequities in the Isolated Patients Transport and Accommodation Assistance Scheme (IPTAAS). All topics were well received and supported. Additionally, State Member for Tamworth, Peter Draper helped promote the advocacy campaign to bring the IPTAAS in NSW in line with other states. More than 1500 visitors to the Country Music Festival showed their support for the campaign, signing postcards to their local MPs highlighting the issue. Capitalising on the promotional opportunities of another local festival, North West staff used the annual indigenous CROC festival in Moree in September to educate children about sun protection.

The **South West** office was visited by the team conducting an independent review of the NSW Cancer Council on behalf of the Minister Assisting the Minister for Health (Cancer), Frank Sartor. The team met with local stakeholders and was impressed with the quality and depth of the organisation's local networks and partnerships. The office works closely with the team at Lillier Lodge, a 20-unit hostel for cancer patients travelling to Wagga Wagga for treatment. This joint-venture project between the Cancer Council and CanAssist opened in May 2004.

The **Southern** office team, based in Wollongong, continues to manage the service transporting patients from the Shoalhaven area to Wollongong Hospital for treatment. The team also supported the establishment of the Shoalhaven Prostate Cancer Support Group and successfully advocated for a lymphoedema facility at the Shoalhaven Oncology Service. The Southern office team attracted the highest number of sign ups in the state (4500) for the Go Smoke Free for Real campaign.



OUR WORK:

PATIENT SUPPORT AND INFORMATION

The Cancer Council continues to play a more dedicated role in supporting and informing patients, and usage of state-wide information services has increased.

Cancer Council Helpline

In 2004/05, the Cancer Council Helpline received 21,406 calls. Counselling and information was provided to 19,899 callers including people with cancer, family members and the community. Around 1500 calls were directed to an automated response around skin clinics.

The Helpline received an additional 6182 calls in July-September 2005; Helpline nurses responded to 5714 calls and 448 were redirected for an automated response.

The Helpline staged four very successful call-ins in the 15-month period. During call-ins specialists and survivors join Helpline consultants on the phones. The call-ins are heavily promoted and attract large numbers of calls from around the state. Prostate cancer call-ins in September 2004 and 2005 generated 1006 and 1171 calls respectively; and bowel and lung cancer call-ins in March and June 2005 each attracted more than 300 calls. (The average daily call rate on the Helpline ranges from 80 to 100 calls.)

Cancer Council Connect

Men and women who have been diagnosed with cancer can benefit from one-to-one contact with specially trained volunteers who have shared their experience, and who can provide practical information and emotional support. The Cancer Council Connect peer support program took 2044 referrals in the 2004/05 financial year and a further 426 referrals in July to September 2005.

The program expanded its service this year adding testicular, anal, lung and gynaecological cancers to well-established breast, prostate and bowel cancer peer support.

Cancer Council Connect partnered with the Department of Haematology and Haematopoietic Cell Transplantation Unit at Sydney's St Vincent's Hospital to train volunteers in providing peer support to patients undergoing blood stem cell transplantation.

A partnership was also formed with the Leukaemia Foundation to establish a pilot program in the Wollongong region connecting people with cancers of the blood. Cancer Council Connect will provide ongoing training for the peer support volunteers involved.

In another partnership, this time with the AIDS Council of NSW (ACON), Cancer Council Connect trained volunteers to provide peer support for lesbians with breast cancer or a gynaecological cancer.

Telephone Support Groups

People affected by cancer who are unable to attend traditional support groups can benefit from Cancer Council-facilitated telephone support groups. Monthly groups have been conducted for people with lung cancer, brain tumours and advanced

cancer. Groups for carers and for parents with cancer, were also conducted, giving them the opportunity to discuss the particular emotional and practical issues facing them. These groups have been extremely well received by people who have been unable to find any conventional support.

Due to the popularity of the telephone support groups, the program is expanding and groups will soon be run on a fortnightly basis.

Support and Information Pack

These packs are full of useful knowledge on where to find practical and financial help and emotional support, as well as providing general information on treatment and care. More and more packs are getting to patients and their families when they are first diagnosed with cancer; this is the time when they provide the greatest benefit. Around 18,000 packs were distributed to patients through cancer treatment centres throughout NSW during the year.

Cancer Answers

Cancer Answers is an easy-to-use, online tool that leads people step-by-step through questions and answers that they may be facing before, during and after treatment for cancer. The information is regularly updated in consultation with cancer patients, health professionals and Helpline nurses. Between 1000 and 1500 people visit Cancer Answers monthly.

Understanding Cancer series

The Understanding Cancer series offers cancer patients, and their families, easy-to-read information on common topics about cancer. During the year, five new titles were added to the series: *When a parent has cancer: how to talk to your kids*, *Cancer of the Uterus*, *Cancer of the Vulva*, *Cancer of the Cervix*, and *After Your Cancer Treatment – a guide for eating well and being active*.

The series is available in printed format and online. In 2004/05, 182,986 booklets were distributed through cancer treatment centres, libraries, cancer patient accommodation facilities and other avenues.

Libraries Project

Twenty libraries throughout NSW helped pilot a comprehensive cancer information service for their clients. The Cancer Council provided free information on preventing cancer, cancer treatments and supportive care, as well as customised display units and a recommended reading list. The project was evaluated favourably and external funding has been sought to expand the service to other libraries.

OUR WORK:

PATIENT SUPPORT AND INFORMATION

Cancer Information Library

The Cancer Council library offers a wide range of up-to-date resources and services for cancer patients and their families with a collection including video and audiotapes, online specialist medical and health journals, professional reference books, and consumer books and pamphlets on many cancer-related topics. For people who are unable to visit the library loans are provided by post. Library usage was up by 10% on the previous year.

This year an online search function was introduced whereby patients and families submit their search requests to the librarian via the Cancer Council website.

Living with Cancer Program

The Living with Cancer Program offers practical information for cancer patients and carers about many of the issues experienced after a diagnosis of cancer. Small groups attend weekly sessions run by trained facilitators.

In 2004/05, 50% more facilitators were trained than in the previous financial year, and 19 programs were conducted for cancer patients and carers in metropolitan and regional NSW.

Support Groups Program

In 2004/05, training was provided to 60 support group facilitators from around the state, and quarterly contact made with 220 cancer support groups. Three Communication Skills workshops were conducted for participants of support groups.

Cancer Awareness for Aboriginal Health Workers

The three most common cancers in Aboriginal Australians are liver, lung and cervical cancer; all are largely preventable. The Cancer Council provides comprehensive training for Aboriginal health workers to understand the impact of cancer in their communities, and to reduce the burden of this disease. In 2004/05 more than 40 Aboriginal health workers attended one-day workshops in rural and regional NSW.

Online Support for Cancer Carers

Caring for a person with cancer can be a lonely and stressful experience, and it is often difficult for carers to leave home to attend support groups. With funding from the NSW Health Carers Grant Program, the Cancer Council is developing a computer-based support program whereby carers can be supported in their own homes. Participants meet as a group online with a trained facilitator to learn about cancer, improve their ability to cope and to meet with others in similar situations.

Patient Accommodation

Low-cost accommodation for patients who must travel to undergo treatment is an often-cited need. This year, the Cancer Council and Rotary established accommodation facilities for cancer patients from

the Mid North Coast travelling to Port Macquarie and Coffs Harbour for treatment. Patients from the Riverina receiving treatment in Wagga Wagga can stay at Lilier Lodge, a hostel-style facility set up as a joint venture between the Cancer Council and CanAssist.

This year, the Cancer Council also committed \$200,000 towards the establishment of Hope Cottage, a patient accommodation facility at Nepean Hospital.

The Cancer Council continues to support existing facilities:

- Alkira Lodge at the Illawarra Cancer Care Centre
- Casuarina Lodge at Westmead Hospital
- Blue Gum Lodge at Greenwich Hospital for patients being treated at Royal North Shore Hospital.

Hereditary Cancer Registers

The NSW and ACT Hereditary Cancer Registers are funded and managed by the Cancer Council. The registers support patients with selected genetic cancer conditions and provide resources for genetic studies. Conditions covered by the registers are primarily hereditary bowel cancer conditions including Hereditary Non-Polyposis Colorectal Cancer (HNPCC) and Familial Adenomatous Polyposis (FAP).

Although these conditions are rare, people with these genetic conditions have a high risk of developing bowel cancer (in some cases as high as 100% unless they have prophylactic surgery). At September 30, 2005 there were 849 registrants from 479 families; there were 118 new registrations during the year.

An external advisory committee of geneticists, genetic counsellors, surgeons, gastroenterologists and community representatives governs the registers. The registers work closely with Familial Cancer Clinics of NSW.

The registers provide a ranged of specialised services including:

- Screening reminders for registrants and/or their treating doctors (744 reminder letters sent to registrants; 744 to treating doctors)
- Face-to-face consultations with registrants' genetic counsellors (185 clinic visits)
- Providing assistance for registrants in contacting at-risk relatives
- Providing up-to-date information on research into the various syndromes.

The registers are collaborating with Dr Lesley Andrews from the Hereditary Cancer Clinic at Sydney's Prince of Wales Hospital to recruit registrants, under-35 years, for a study into the psychosocial impact of having a diagnosis of FAP.

The following articles were published in collaboration with the Hereditary Cancer Registers this year:

Weir L, Spigelman A, Scott R, Kirk J, Zeckendorf S, Sitas F. The NSW & ACT Hereditary Cancer Registers. *Aust Fam Physician*. 2005 Jan-Feb; 34(1-2):53-8

Groombridge C, Burgess B, Sitas F, Spigelman A, Weir L. Informing at-risk relatives in New South Wales families with hereditary bowel cancer syndromes evaluation. *Familial Cancer*. 2005 4 (Suppl.1):47-48.

OUR WORK:

CANCER PREVENTION

The most effective way of lowering the impact of cancer is to ensure that people act to reduce their own personal risk of the disease. Accordingly the Cancer Council continues to focus its efforts on educating people about cancer prevention and early detection.

Skin cancer

Early detection among older adults

This public education campaign targeted older adults warning them of their skin cancer risk, informing them about how to check their skin regularly, and encouraging them to see their GPs about skin cancer checks. The components of the campaign included:

- Brochures and posters
- Radio and television community service announcements
- Magazine publicity
- Early detection resources for GPs (ordered by 850 GPs throughout NSW)
- Presentations (attended by 5500 people across NSW)

Grassroots support from pharmacies, Country Women's Associations and Rotary Clubs greatly extended the reach of this campaign.

Childcare centres

In the previous year workshops were conducted for childcare workers on the importance of providing appropriate shade in their centres. Following on from the workshops the Cancer Council assisted staff in individual centres in applying for community grants to purchase shade structures.

The Cancer Council also published the resource, *Shade for Childcare Services*; 3000 of these booklets were distributed to childcare centres throughout NSW.

Adolescent sun protection

The Cancer Council commenced a joint research project with the University of Wollongong to gain a better understanding of the behaviour, attitudes and beliefs of adolescents in relation to sun protection. This project is also looking into using evidence from successful sun protection campaigns to develop a new approach to adolescent sun protection.

An innovative new teaching resource was disseminated to secondary school teachers to highlight the dangers of tanning to adolescents. The resource was developed in response to evidence that an increasing number of young people want a tan and think they're safe if they tan and don't burn.

Research

The Cancer Council also invested in collecting and analysing quality local surveillance data on sun protection issues to inform future work.

Tobacco

The Cancer Council's focus in tobacco control has been to change people's smoking behaviour and to change community attitudes to smoking, so that smoking is less likely to be accepted as a 'normal' or desirable behaviour. The Cancer Council is also looking at changing the environment to protect non-smokers and to support smokers' decision to quit.

Environmental tobacco smoke and children

The Environmental Tobacco Smoke (ETS) and Children Project is managed by the Cancer Council on behalf of NSW Health, as funder, and in partnership with the Heart Foundation, SIDS and Kids NSW and Asthma NSW. This social marketing campaign is designed to raise awareness among parents of the dangers of tobacco smoke to young children and to encourage them to make their cars and homes smoke free. The components of the campaign included:

- Mass media advertising
- Printed information in 12 languages
- Resources for Indigenous communities
- Car and Home Smoke Free Zone website (38,000 hits received and more than 500 requests for resources)
- Promotional items – stickers, fridge magnets and key rings
- Community grants for specific campaigns within local communities (19 grants awarded)

The Car and Home Smoke Free Zone campaign has led to a significant increase in the number of cars and homes used by children aged 0-6 years that are smoke free. There has been a 56% increase in the number of totally smoke free homes with smokers and children aged 0-6 years over the campaign period. Over 73% of the target households are now completely smoke free compared to almost 47% when the project began in 2002. There has been a 42% increase in smoke free cars owned by smokers with children aged 0-6 years over the campaign period. Over 61% of cars are completely smoke free, compared to only 42% in 2002.

To ensure that the message continues after campaign activity finishes, the Cancer Council has conducted education sessions for more than 150 childcare workers and health care professionals who work with parents.

OUR WORK: CANCER PREVENTION

Smoking in Movies

There is growing evidence that the attractive portrayal of smoking in movies increases the approval of smoking amongst young people and their likelihood to start smoking. The Cancer Council developed a cinema advertisement to be shown directly before movies targeted at young people and containing attractive smoking. The advertisement ran in cinemas in January 2005 as part of a study to investigate how advertising could be used to counter the impact of high levels of smoking scenes in movies. The results were presented to the National Ministerial Council on Drug Strategy Committee and will form the basis of specific proposals to the NSW State Government.

The advertising campaign was supported by activities targeted at young people to raise their awareness of the impact of smoking in movies and encouraging them to voice their views about this and other smoking-related issues. Many young people subsequently volunteered to be involved in tobacco control activism, with 160 joining the Youth Tobacco Action Group.

Tobacco research

To inform tobacco control policy and programs the Cancer Council invested in a new community survey of smoking behaviours and attitudes, as well as research into the relationship between the broad availability of tobacco in the community and smoking behaviour.

Lifestyle and cancer

The Cancer Council focus has been on encouraging healthier eating and increased physical activity among the community, increasing awareness among health professionals of the link between lifestyle and cancer risk, and speaking out on issues that impact on nutrition and physical activity.

Resources for health professionals

The Cancer Council developed five new resources and expert papers including:

- *Eating well and being active after cancer treatment*
- *Lifestyle and cancer: What do we know?* A summary for health professionals of the key lifestyle messages and evidence for cancer prevention
- Nutritional management for cancer patients
- Omega three fatty acids and cancer
- Selenium and cancer prevention

OUR WORK: INFORMATION

The Cancer Council is the leading commentator on cancer issues in NSW. In the 2004/05 financial year a total of 5528 print, television and radio items mentioned the Cancer Council, equivalent to about 460 items per month. A further 1687 items appeared in July-September 2005, or about 560 per month.

The Cancer Council continues to be an important source of information for the public and for health journalists. Some of the leading issues where Cancer Council comment was sought included:

- A workplace cancer cluster: Could this be a random occurrence or could it relate to the workplace?
- New research linking meat consumption to bowel cancer.
- High rates of mastectomy in NSW.

The Cancer Council also actively generates media coverage for important cancer issues such as:

- Encouraging older Australians to check their skin as part of a state-wide campaign.
- Disseminating findings from Cancer Council-funded research into preventing tumours from growing in mice.
- Keeping the issue of smoking bans in pubs and clubs on the agenda
- Highlighting the prevalence of prostate cancer in NSW and promoting the Prostate Cancer Call-In.

The website at www.cancercouncil.com.au plays an important role in providing up-to-date reliable information about cancer and Cancer Council activities to anyone with access to the Internet. In 2004/05, the site averaged around 85,000 visits per month. The most popular items included information for patients on specific cancers, and skin cancer information for a variety of audiences.

The website is also an important mechanism for enlisting support for the Council's fundraising activities and advocacy campaigns. More and more people are choosing to register for events online, and are utilising web-based options for voicing their concerns about issues such as smoking bans in pubs and clubs.

OUR WORK: POLICY AND ADVOCACY

The Cancer Council continues to work to improve public policy and programs that impact on cancer control by informing and influencing key policy makers, speaking out on issues, and helping consumers become more active participants and advocates for better cancer control.

Influencing Public Policy and Regulation

In 2004/05 the NSW Cancer Council made submissions and representations to the following:

- NSW Treasurer pre-budget bid to increase funding for the Isolated Patients Travel and Accommodation Assistance Scheme (IPTAAS)
- NSW Health on the 'Transport for Health' policy framework
- Advisory Committee on Intellectual Property to exempt research from patent law
- Senate Inquiry into the Privacy Act in relation to health information from genetic tests
- Department of Health and Ageing on the Pharmaceutical Benefits Scheme review procedure
- NSW Government on the issue of smoking bans in pubs and clubs
- National Health and Medical Research Council (NHMRC) on changes to food labelling and nutrient values
- Commonwealth and State Ministers and Departments on providing stringent safeguards for any standards permitting health claims on food

The NSW Cancer Council also contributed to joint submissions with The Cancer Council Australia for the Productivity Commission Inquiry into Medical Technology in Australia and the Senate Inquiry (Cook) into Cancer Services.

Parliamentary Awareness

The Cancer Council revised its communication strategy to State Parliamentarians to provide more in-depth information through the quarterly newsletter, *One in Three*, and through invitations to visit Cancer Council offices.

Consumer Advocacy

In 2004/05, 50 cancer consumers attended consumer advocacy workshops aimed at assisting people who have been affected by cancer to be effective advocates for improved health policies and systems. This brings the total pool of trained consumer advocates to 165 across NSW. The Cancer Council provided ongoing support and development to advocates in regional NSW through the establishment of four regional advocacy networks. The Cancer Council will shortly be reviewing the training and support offered to consumer advocates following an evaluation of the program.

Local Government Partnerships

For some time, the Cancer Council has been working with Local Governments across NSW through a range of activities including smoke-free playground policies, sun-safety advice for workers, and the provision of cancer information through local libraries. This year, the Cancer Council established a community partnership program to institute formal relationships between the organisation and Local Government Areas affirming their commitment to working to reduce the impact of cancer in their communities. Twelve Councils had been formally recognised as Community Partners at 30 September 2005.

Better Financial Assistance for Country Patients

Patients in NSW have to travel 200km before any financial assistance is available to them through the Isolated Patients Transport and Accommodation Assistance Scheme (IPTAAS); in some states patients travelling as little as 80km for treatment are eligible for assistance. The Cancer Council is campaigning to change the guidelines for NSW patients so that more people can access financial reimbursement for travel and accommodation costs, and so that patients have a wider choice of treatment centres. Members of the public are being asked to support the campaign by forwarding postcards to their local Members of Parliament; at 30 September 2005 around 10,000 postcards had been forwarded. A range of health and rural interests have partnered with the Cancer Council on the campaign.

Smoke Free Pubs and Clubs

In the first phase of the 'Go Smoke Free' advocacy campaign, 26,000 NSW residents forwarded postcards and emails to their local Members of Parliament, the Premier and the Minister for Health, in support of the Cancer Council's efforts to persuade the NSW Government to amend the Smokefree Environment Act to ban smoking in pubs and clubs. In December 2004, the Premier, Mr Bob Carr, promised that pubs and clubs would be totally smoke free by July 2007. However the hotel industry is pressuring the government to agree to a loophole that would allow smoking to continue after that date in many areas that most people would consider 'enclosed'. The second phase of the 'Go Smoke Free' campaign asks the Government to stick with its promise and ban smoking in pubs and clubs – "for real".

For the campaign, the Cancer Council formed a coalition of health agencies with an interest in reducing the prevalence of smoking, joining with the Heart Foundation (NSW), Asthma NSW and the NSW branch of the Australian Medical Association.

Public Health Advocacy Conference

Around 200 delegates from Australia and New Zealand attended the conference, 'Making It Better: effective public health advocacy', to consider opportunities, barriers and strategies for public health advocacy. Delegates included consumers, staff from non-government health organisations, researchers and academics. Invited speakers included former Ministerial advisors; the former Health Complaints Commissioner; leaders in advocacy in the areas of social services, disability, HIV/AIDS and other chronic illnesses; journalists; and consumer advocates. Delegates also had the opportunity to present, based on abstract submissions. The conference was made possible with the financial support of The Cancer Council Australia, NSW Health, and the Department of Family and Community Services.

OUR WORK: FUNDRAISING

This has been an extraordinary year of giving. Like most Australians, Cancer Council staff were moved by the devastation wreaked by the Boxing Day tsunami, and so following the disaster regular donors were offered the opportunity to redirect their gifts to aid agencies working in the affected countries. People chose to maintain their level of support for the cancer cause whilst still giving unprecedented amounts to the tsunami appeal.

The generosity of the people of NSW, and their willingness to support the Cancer Council's efforts in cancer control, is demonstrated by the continued strong support drawn from right throughout the state for the organisation's fundraising initiatives.

Whether funds are generated through selling or buying merchandise, through morning teas, through donations, retail purchases or community-driven fundraising, every dollar moves the organisation closer to its goal to defeat cancer.

Thanks to Simon and Anna Ainsworth of Eden Gardens in Sydney's North Ryde, the Cancer Council now has a special place to honour its donors. The Ainsworths have created a Daffodil Garden within their centre as a place to recognise outstanding contributions to the Cancer Council; to remember loved ones lost to cancer; and for people to be inspired and hopeful of a cancer-free future.

Donations

Face-to-face recruitment continues to play an important role in the Cancer Council's regular donor program. The program prospered throughout the year with more people signing up, lower attrition, and an increase in the size of gifts. Income from the program was \$6.3 million up 64% on the previous year. This reliable source of income allows the Cancer Council to fund new research, confident in the knowledge that these donors have made a long-term commitment to defeating cancer.

People continued to respond generously to the Council's direct mail appeals which returned \$2.8 million during the year.

Gifts in wills remain the single most important source of income for the Cancer Council. This year, bequests contributed \$9.5 million towards cancer research, patient and family support and prevention activities. The organisation is enormously grateful to those people who choose to leave a gift in their will to help defeat cancer for future generations.

Many people choose to make a donation to the Cancer Council in lieu of flowers at a funeral. This year around 1000 people made this generous gesture donating \$513,000.

Workplace giving whereby companies offer their employees the opportunity to make pre-tax donations to the Cancer Council through their payroll system is also gaining momentum.

Major events

Events continue to be a strong income earner, as well as providing an excellent opportunity for increasing the visibility of the organisation and its services.

Relay For Life, now in its fifth year, united 32 communities from throughout NSW for this overnight team fundraising event. This is a truly community-driven event with dedicated committees of volunteers making their local events happen. Relay For Life contributed \$2.3 million to help the fight against cancer, and produced some very touching moments for the 20,000 participants in particular during the survivors' walks and candlelight ceremonies.

Pink Ribbon Day is held each October to raise funds for breast cancer. In 2004 funds were up 69% on the previous year thanks to the thousands of supporters who took merchandise boxes to sell, and to the dedicated people who accepted the Breast Cancer Challenge to raise \$3500 or around \$1 per woman diagnosed with breast cancer in NSW each year.

In October 2004, the Cancer Council piloted a new event called 'Girls Night In' whereby women host an occasion for their girlfriends, family members or colleagues and guests are invited to make a donation equivalent to what they may have spent on a night out. A group of specialist volunteers, involved in marketing to women, helped develop the event. The pilot was a great success and the NSW Cancer Council is managing the expansion of Girls Night In across Australia.

In 2005, Australia's Biggest Morning Tea set a fundraising record raising \$3.285 million and gained entry into the Guinness Book of Records for the largest simultaneous tea party. Average funds banked per host increased for the third year running.

Daffodils are the international symbol of hope for people touched by cancer, and Daffodil Day continues to raise awareness of cancer and vital funds for the Cancer Council. In 2004, around 10,000 people volunteered to sell daffodils and merchandise throughout NSW, and \$2.9 million was raised. At 30 September 2005 funds from the 2005 event were still being tallied.

The 2005 Posh Auction netted \$443,000, thanks to the generosity of the 700 guests who attended and 200 companies who donated auction items. Particular thanks go to the Rotary Club of Australia, PMA Solutions, Qantas, Tyrell's Wines, Winning Appliances, Orson & Burk, Eden Gardens, The Loft, Tiffany & Co, and The Westin Sydney who each made contributions in excess of \$5000.

The Cancer Council is indebted to the indefatigable Posh committee for their continued dedication to the cancer cause and who make this event a perennial success.

Thanks to friendships formed through the Posh Auction, Sydney Rotary has committed \$150,000 towards the Cancer Council's lifestyle and cancer case-control study aimed at identifying and monitoring risk factors for common and emerging cancers in NSW.

Community Fundraising

Community fundraising relies on people organising their own activities to raise funds on behalf of the Cancer Council. During the year several new initiatives to support individual fundraising efforts were launched.

The 'In Celebration' program supports people wishing to collect donations instead of receiving presents at birthdays, anniversaries and other traditional gift-giving occasions. Around 150 people took up the option and raised more than \$45,000.

The Cancer Champions program invites people taking part in fun runs, marathons, triathlons and other fitness-based events to use their participation to raise funds for the Cancer Council. Cancer Champions kicked off with the 2004 City to Surf with around 270 people raising \$40,000 in sponsorship as members of Team Cancer Council.

Bowling Clubs were also invited to become community fundraisers and to organise Bowl For A Cure events. Many clubs and many hundreds of other enthusiastic and committed supporters were active community fundraisers during the year, generating \$888,000 to help fight cancer.

Retail

In a year where many retailers struggled, the Cancer Council's retail program achieved record sales grossing \$6.7 million and delivering a net profit of \$600,000. This year the Cancer Council expanded its range of baby clothing, hats and sunglasses with sales figures reflecting the positive response from customers.

The Shellharbour store closed during the year, however a new store is set to open in Westfield Penrith following the successful trial of a kiosk concept at Penrith Plaza. This takes the number of outlets back to eight. As well as being a one-stop shop for sun protection items, the retail outlets are a distribution point for consumer information on cancer; customers picked up around 1600 health publications from Cancer Council stores this year.

The retail catalogue was distributed widely throughout the state and mail order and Internet business continues to thrive.

OUR WORK: RESEARCH

The Cancer Council funds more cancer research than any other charity in NSW. This year, the Cancer Council spent around \$7.4 million on internal and external research with a number of studies being interstate and international collaborations.

2005 Research Project Grants

SKIN CANCER

Professor Levon Khachigian
Centre for Vascular Research
University of NSW

Working towards delivering a new and effective treatment for BCC skin cancers.

Australia has a high incidence of basal cell carcinomas or BCC skin cancers yet treatments for these 'nasties' are still relatively limited. This study investigates using tiny molecular scissors to destroy the genes implicated in the formation of BCCs.

CHILDHOOD CANCER

Dr Karen MacKenzie
Stem Cell Biology Program
Children's Cancer Institute of Australia for Medical Research
Faculty of Medicine, University of NSW

Understanding the mechanisms underlying cell immortality to provide future opportunities to design anti-cancer therapies that work by restoring molecular programs that regulate cell lifespan in cancer cells.

One important difference between normal cells and cancer cells is that normal cells have a finite lifespan, whereas cancer cells are immortal – they grow indefinitely. These investigations will define the molecular changes that promote cell immortality, thereby turning normal cells into precancerous cells.

LUNG CANCER

Dr Roger Fulton
School of Physics
University of Sydney

Developing motion compensation techniques to provide more accurate PET images for the diagnosis and assessment of lung cancer.

Positron emission tomography (PET) is an imaging technique used to detect tumours in their early stages and to determine whether they are benign (non-cancerous) or malignant. Currently when PET is used for chest examinations, respiratory motion can lead to blurring and distortion of the images.

NON-HODGKIN LYMPHOMA

Professor Bruce Armstrong
School of Public Health
University of Sydney

Sun exposure and non-Hodgkin lymphoma (NHL): a pooled analysis.

This is a large-scale statistical analysis to examine the relationship between sun exposure and the incidence of NHL, and to test the hypothesis that sun exposure may protect against NHL.

OVARIAN CANCER

Professor Phyllis Butow
School of Psychology
University of Sydney

How and when can we effectively assist women with ovarian cancer and their partners?

Each year around 1200 Australian women are diagnosed with ovarian cancer. Often the cancer is diagnosed late, their prognosis is poor and extended treatment with significant side effects is required. This study explores the quality of life, psychosocial adjustment and unmet needs of women with ovarian cancer, and their partners or carers, over a two-year period.

BREAST CANCER

Dr Beric Henderson
Westmead Institute for Cancer Research
Millennium Institute

Increasing our understanding of how the gene mutation, BRCA1, functions in the cells.

Two genes have been identified that relate to breast cancer in families, BRCA1 and BRCA2. Women who have a faulty BRCA1 gene are more likely to develop breast cancer than women who don't, and at an earlier age. While faulty BRCA1 genes are implicated in about 2% of breast cancers, they account for about 1 in 12 cancers in women below the age of 30.

MELANOMA AND BREAST CANCER

Dr Robyn Saw
Sydney Melanoma Unit

Measuring how many people develop lymphoedema of the arm or leg after a lymph node biopsy of the armpit or groin.

A lymph node biopsy of the armpit or groin is a common procedure for people with melanoma or breast cancer; around 9000 Australians are diagnosed with melanoma and around 12,000 are diagnosed with breast cancer annually.

GASTROINTESTINAL TUMOURS

Professor John Simes
NHMRC Clinical Trials Centre
University of Sydney

Does Imatinib (or Glivec™) delay or prevent gastrointestinal stromal tumours (GIST) coming back after surgery.

Gastrointestinal stromal tumours (GIST) are a rare type of cancer that starts in the cells of the stroma, the tissue that supports the digestive organs. This study will investigate whether giving drug treatment earlier after surgery will decrease the chance of resistance and whether this is better than waiting until the disease has spread.

This is an international trial, and a multi-state project with Cancer Council funding in four states.

IMMUNODEFICIENCY AND LYMPHOMA

Dr Stuart Tangye
Centenary Institute of Cancer Medicine and Cell Biology

To identify defects in the immune system that contribute to the development of cancer in XLP patients and other individuals who develop EBV-induced cancer.

XLP is a human genetic disease that makes people highly susceptible to infection with the common virus that causes glandular fever (Epstein Barr virus or EBV). EBV infection is fatal in 50% of patients with XLP. Those patients who do survive can go on to develop lymphoma (cancer of the white blood cells), or nasopharyngeal cancer. By developing techniques to screen affected individuals and carriers, the incidence of XLP, and subsequently cancer, could either be reduced or appropriately treated.

HODGKIN'S LYMPHOMA

Dr David Gottlieb
Department of Haematology
Westmead Hospital

Cellular immunotherapy for Hodgkin's lymphoma.

Around 400 Australians, most of them between the ages of 20 and 30, are diagnosed with Hodgkin's lymphoma every year. Currently most patients can be cured with conventional chemo-radiotherapy treatments, and new more intensive dose therapies are improving outcomes for patients with advanced or relapsed disease. However, patients are exposed to the long-term side effects of their treatment and may have a reduced life expectancy.

Funding from Cancer Councils in Queensland, New South Wales and Victoria supports this seven-centre collaboration.

Continuing Grants

The Cancer Council recognises that research is a long-term activity and provides project grants of up to three years, as well as five-year program grants. Researchers can also apply for consecutive grants to enable them to follow up on preliminary investigations and to pursue long-term research goals.

In 2004/05 continuing studies included:

- *Testing whether an antidepressant can improve quality of life and survival for people with advanced cancer.*
- *Using associated PML bodies (APBs) to predict how patients with various types of cancer will respond to treatment.*
- *Testing whether targeted lymph node radiation improves survival in women with early breast cancer.*
- *Trialling a decision aid to assist people in making informed choices about genetic testing.*
- *Testing when it is best to administer hormone therapy to men with relapsed or non-curable prostate cancer.*
- *Determining the role of UVA in the development of skin cancer.*
- *Examining how people's genetic background affects their response to H. pylori infection and their likelihood of developing stomach cancer.*
- *Using magnetic resonance techniques to find thyroid cancer without the need for surgery.*
- *Australian Ovarian Cancer Study.*
- *Investigating targeted treatment for childhood acute lymphoblastic leukaemia (ALL).*
- *Investigating which cancers are more likely to develop from immunodeficiency.*
- *Trialling a new drug treatment for melanoma.*
- *Familial breast cancer.*
- *Identifying bowel polyps which may lead to cancer.*
- *Investigating the processes by which cancer cells grow and divide.*

OUR WORK: RESEARCH

Supporting clinical trials

Cancer clinical trials test new and promising treatments to see if they are safe, effective and better than the treatments currently in use. People who receive treatment on a trial usually fare better than people getting the same treatment outside of a trial. One of the best ways to improve service delivery for cancer patients is to get people on clinical trials.

The Cancer Council collaborative initiative Cancer Trials NSW was established to build capacity and infrastructure for clinical trials research. Through Cancer Trials NSW we fund hospitals to employ clinical trial study nurses to help run a special portfolio of clinical trials. The Cancer Council selects the trials based on priority, impact and quality, as well as the need for support.

In 2004/05, the Council funded 30 clinical trial study nurses in hospitals throughout NSW to support participation in a portfolio of 96 selected trials; almost 400 patients were recruited to the Cancer Trials NSW selected trials.

Cancer Council Research Teams

Behavioural Research

The Centre for Health Research and Psycho-oncology (CHeRP) is a behavioural research group established in 1988 by the NSW Cancer Council. CHeRP forms part of the Cancer Research and Registers Division of the Cancer Council and is based at The University of Newcastle.

The Cancer Council's behavioural researchers investigate strategies for preventing cancer, for improving quality of life in cancer survivors, and improving quality of care for cancer patients.

Cancer prevention and early detection

Projects in 2004/05 dealing with cancer prevention and early detection:

Implementation of a Guide for Nicotine Dependent

Inpatients: This is a collaborative project with Hunter New England Population Health to evaluate the effectiveness of an intervention designed to increase the uptake of the NSW Health Guide to the Treatment of Nicotine Dependent Inpatients in hospitals. Two intervention hospitals and two control hospitals are involved and surveys have been conducted with patients and staff. To date papers have been published in *Preventive Medicine* and the *NSW Health Bulletin*.

Tobacco investment practices of superannuation funds:

A random sample of 1158 NSW residents has been surveyed about their views on the issue of investments in tobacco by superannuation funds, with a majority objecting to their fund investing in the tobacco industry. Ninety Australian superannuation funds have also been surveyed regarding their

tobacco investment policies and the factors that influence their decisions about such investments.

Trial of pro-active telemarketing of smoking cessation

services: This is a collaborative project with Hunter New England Population Health to undertake a randomised controlled trial of telemarketing smoking cessation support for smokers in NSW. The research is funded by the National Heart Foundation and the Australian Research Council.

Smoking community survey: A routine survey of community members about smoking-related issues has been undertaken with around 3500 NSW residents; the majority supported smoking bans in various settings; and most current smokers had attempted to quit in the last two years.

Health and lifestyle study of student nurses and teachers: A survey has been undertaken with 67 undergraduate nursing and teaching students to examine their smoking and other health-related behaviours and attitudes. The data have been collected and analyses are underway.

Survivorship projects

As more and more people with cancer are successfully treated, there is an increased focus on enhancing survivors' quality of life. CHeRP undertakes research to determine how the informational, physical, psychosocial, practical and spiritual needs of people affected by cancer can best be met. Survivorship projects in 2004/05:

Lifestyle and cancer surveillance practices of survivors:

This project received funding from the Hunter Medical Research Institute and The University of Newcastle and will examine the lifestyle and cancer surveillance practices of recently diagnosed cancer survivors.

Trial of supportive strategies for patients with advanced

cancer: This is a randomised controlled trial of strategies to improve the psychosocial outcomes of people with advanced cancer and their caregivers. The strategies incorporate providing feedback on patients' psychosocial wellbeing to their health care providers and to dedicated caseworkers to encourage proactive psychosocial care. This project receives funding from the Medical Benefits Fund and the National Health and Medical Research Council.

Population-based survey of the physical and psychosocial outcomes of long-term cancer survivors:

Data from 863 long-term cancer survivors was collected and analysed to describe the prevalence and predictors of anxiety, depression, quality of life and perceived needs of cancer survivors five years after the initial diagnosis.

Prevalence of perceived needs among early breast cancer patients diagnosed with lymphoedema:

This study has surveyed 1727 women diagnosed with breast cancer to assess the

prevalence of lymphoedema-related symptoms; the prevalence of objectively assessed lymphoedema in women with symptoms; and the unmet psychosocial needs reported by women diagnosed with lymphoedema. Data have been analysed and disseminated. This project received funding from the National Breast Cancer Foundation.

Qualitative research into the factors underlying reported unmet needs by cancer patients: CHeRP conducted a focus group and interviewed 30 cancer survivors who are five to six years post their initial diagnosis, to explore their perceived psychosocial needs and how these needs might best be met.

Supportive Care Needs Survey manual: Reference data for long-term cancer survivors have been developed and disseminated to assist researchers and health care professionals to interpret the information they gather from cancer patients via the Supportive Care Needs Survey.

Improving quality of care

A cancer smart health care system is one dedicated to providing quality care and evidence-based practice. Sensitive and thoughtful communication, adequate informed consent, clear information about the disease, and good support are all part of being cancer smart. CHeRP conducts research to help build a cancer smart health care system, 2004/05 projects include:

Consultation skills training for oncologists: This randomised controlled trial assesses the effectiveness of a communication skills training program for oncologists in terms of improving psychosocial outcomes for patients and reducing doctor burnout. The innovative training program includes face-to-face workshops and videoconferencing to address the geographical barriers to participation in communication skills training programs. Data analyses are underway. This project receives funding from the National Health and Medical Research Council.

Establishing infrastructure for handling Supportive Care Needs Survey data from external sources: CHeRP has developed a web-based system to collect and summarise patient-reported information about their psychosocial wellbeing. Three hospitals have agreed to implement the system in their outpatient oncology department to determine its feasibility.

Establishing infrastructure for handling My Cancer Care Diary data: CHeRP has developed a database to facilitate the standardised analysis of the patient self-report data in *My Cancer Care Diary*.

Palliative Care Referral guidelines: As part of a six-phase program of work funded by the Australian Government Department of Health and Ageing, CHeRP has developed draft guidelines for the appropriate referral of cancer patients to palliative care services. The guidelines were subjected to a national consensus process in August 2005. Pilot testing of a palliative care needs assessment tool is planned for early 2006.

Grants

Researchers at CHeRP were awarded 15 new research grants and/or consultancies amounting to \$2 million. The most significant of these is a five-year \$803,000 funding agreement with the Australian Government Department of Health and Ageing to develop and evaluate specialist palliative care referral guidelines and a screening tool, and a national training program to support the dissemination of these resources.

Publications

During 2004/05 CHeRP researchers published 23 research articles in peer-reviewed scientific and medical journals.

Awards and Prizes

- Jane Hodgetts-Adams, CHeRP postgraduate student, awarded a PhD for work in the area of adolescent smoking.
- Therese Jones, CHeRP postgraduate student, submitted her PhD thesis in the area of adolescent smoking.
- Claire Johnson, CHeRP postgraduate student, awarded the Pulse Education Prize at the 2004 Hunter Medical Research Institute Awards to further her work in palliative care.
- Afaf Girgis, CHeRP Director, awarded a Newcastle Conference Ambassador Programme Appreciation Award by the University of Newcastle and Newcastle City Council in recognition of her contribution as a Newcastle Conference Ambassador 2001-2004 for the 'Behavioural Research in Cancer Control Conference' hosted by CHeRP in June 2004.
- Allison Boyes, CHeRP Research Academic, awarded Best Oral Presentation at the Clinical Oncological Society of Australia 2004 Annual Scientific Meeting for her presentation, 'It's not all doom and gloom: wellbeing of cancer survivors five years after diagnosis'.

Epidemiological Research

Researchers in the Cancer Epidemiological Research Unit (CERU) study patterns and trends of cancer among the population. They identify the causes of different kinds of cancer and those people who are at particular risk, and describe the care people with cancer receive in NSW. Current studies include:

NSW Prostate Cancer Care and Outcomes

This study is examining the effects of prostate cancer on quality of life and wellbeing, and the outcomes of different treatments. It involves men who were newly diagnosed with prostate cancer between September 2000 and September 2002, and who were under 70 years. The men will be followed for up to 15 to 20 years after treatment. Study recruits include 2100 men with prostate cancer (cases) and 495 men without prostate cancer (controls). Five-year follow up interviews commenced in September 2005.

OUR WORK: RESEARCH

NSW Colorectal Cancer Care Survey

Data collection is complete for this study into the patterns of care for bowel cancer in NSW. Reports on surgical management and chemotherapy have been released and reports on radiotherapy management and follow-up practices and outcomes are underway.

Lung Cancer Patterns of Care in NSW

Analysis is underway on data collected from approximately 2000 patients for this study into the management and treatment of lung cancer in NSW.

NSW Lifestyle and Cancer Risk

This study was in development during 2004/05 for commencement in early-2006. The study will involve the collection of information and blood samples from people newly diagnosed with cancer and their partners or spouses who are well. This study will provide the most comprehensive information to date on lifestyle and genetic factors that influence cancer risk in the NSW population. Many of these factors are not well understood, and this study aims to see which factors are important, and to see if they differ amongst various groups in the multicultural NSW community. This study receives funding from the Sydney Rotary Club.

PSA Study

This study is investigating the management after a test, decision pathways and psychological effects of testing for prostate specific antigen (PSA) levels among 2500 NSW men. This study receives funding from the National Health and Medical Research Council.

Cervical Health Study

This study was in development in 2004/05 and will commence in early-2006. Participating women will answer questions about their smoking and drinking habits, their general health, sexual history, reproductive history, and use of oral contraceptives and HRT. This study will improve medical knowledge about some of the potential causes of cervical abnormalities.

Thyroid Cancer Study

The last 10 to 15 years has seen an increase in the number of new cases of thyroid cancer in NSW. This study is investigating the reasons for the increase: is it related to improved diagnostic services or changes in exposure to risk factors for thyroid cancer, or both?

45 and Up Study

The Cancer Council NSW is a significant collaborator on this study by the Sax Institute. The study aims to involve 250,000 men and women aged 45 and over from NSW, amounting to over 10% of the NSW population in this age group. Participants will provide

information about their health and lifestyles and have their health followed over time. This study will allow the measurement, for example, of exercise, diet, body mass index (BMI), and their effect on a number of cancers and other health outcomes.

Cancer Incidence in Migrants in NSW

This report will compare cancer rates in migrants to NSW from 25 countries to Australian-born residents of NSW and people resident in their country of origin.

Trends in Cancer Survival in NSW

This report will compare changes in cancer survival over time in NSW for the major cancer sites.

Cancer in Indigenous Peoples in NSW

This study is comparing cancer incidence in Indigenous people with that of the non-Indigenous population of NSW.

Publications

During 2004/05 CERU researchers published 23 articles in peer-reviewed scientific and medical journals.

Presentations

During 2004/05 CERU researchers gave 20 presentations at conferences and meetings in Australia and overseas on a variety of research subjects including:

- Cancer survival trends in Australia
- Prostate cancer care and outcomes
- Cancer in Indigenous peoples in NSW
- Cancer in NSW by country of birth
- Lung cancer patterns of care

Grants

CERU researchers were successful in gaining the following grants in 2004/05:

- National Health and Medical Research Council Project Grant, 2005-2007, \$572,630, to investigate 'PSA testing: a population-based longitudinal study of decision-making, psychological effects and patterns of care.'
- Cancer Institute NSW Research Infrastructure Grant, 2005-2006, \$154,000 to investigate 'Linking radiation oncology databases to the NSW inpatients statistics collection.'

FINANCIAL STATEMENTS

NEW SOUTH WALES CANCER COUNCIL



*Building a
Cancer Smart
Community*

NEW SOUTH WALES CANCER COUNCIL

STATEMENT OF FINANCIAL PERFORMANCE

30 SEPTEMBER 2005

	Notes	15 mths ended 30-Sep-05 \$'000	12 mths ended 30-Jun-04 \$'000
REVENUE FROM ORDINARY ACTIVITIES			
Bequests, Donations and Fundraising	20	39,026	24,597
Government Contract Management		-	2,858
Retail Income		7,997	5,879
Investment Income	1 (e), 2	7,630	1,517
Grants	2	1,247	1,017
Sale of Non-Current Assets		398	243
Other	2	463	685
Total Revenue from Ordinary Activities		56,761	36,796
EXPENDITURE FROM ORDINARY ACTIVITIES			
Staff Costs		15,796	12,961
Purchases		3,848	2,802
Depreciation expense		1,269	668
Cost of Non-Current Assets Sold		280	215
Accommodation		1,809	1,276
Project Costs		13,863	9,832
Grants		7,298	4,424
Superannuation		1,252	1,007
Other		3,606	2,939
Total Expenditure From Ordinary Activities		49,021	36,124
SURPLUS FROM OPERATING ACTIVITIES	10	7,740	672
TOTAL REVENUES, EXPENSES AND VALUATION ADJUSTMENTS RECOGNISED DIRECTLY IN EQUITY		-	2,441
TOTAL CHANGES IN EQUITY OTHER THAN THOSE RESULTING FROM TRANSACTIONS WITH OWNERS AS OWNERS	10	7,740	3,113

The Statement of Financial Performance should be read in conjunction with the accompanying notes

NEW SOUTH WALES CANCER COUNCIL

STATEMENT OF FINANCIAL POSITION

30 SEPTEMBER 2005

	Notes	30-Sep-05 \$'000	30-Jun-04 \$'000
ASSETS			
Current Assets			
Cash	1(c), 11(a)	6,109	5,729
Receivables	4	2,140	1,578
Other Financial Assets	5	19,250	8,277
Inventory	1(f), 6	1,724	1,114
Total Current Assets		29,223	16,698
Non-Current Assets			
Other Financial Assets	1(e), 5	148	4,979
Property, Plant & Equipment	1(g), 7	13,248	13,335
Total Non-Current Assets		13,396	18,314
Total Assets		42,619	35,012
LIABILITIES			
Current Liabilities			
Payables	9	2,432	2,887
Employee Benefits	1(i), 8	1,024	789
Total Current Liabilities		3,456	3,676
Non-Current Liabilities			
Employee Benefits	1(i), 8	317	230
Total Non-Current Liabilities		317	230
Total Liabilities		3,773	3,906
Net Assets		38,846	31,106
EQUITY			
Reserves	10	4,912	4,912
Accumulated Funds	10	33,934	26,194
Total Equity		38,846	31,106

The Statement of Financial Position should be read in conjunction with the accompanying notes



NEW SOUTH WALES CANCER COUNCIL

STATEMENT OF CASH FLOWS

30 SEPTEMBER 2005

	Notes	15 mths ended 30-Sep-05 \$'000	12 mths ended 30-Jun-04 \$'000
CASH FLOWS FROM OPERATING ACTIVITIES			
Receipts			
Bequests, Donations and Fundraising		37,815	24,543
Government Contract Management		-	3,143
Retailing		8,719	6,333
Interest Received		438	466
Dividends Received		522	787
Grants		1,463	1,118
Other		2,715	1,762
		51,672	38,152
Payments			
Employee Related Costs		17,535	14,481
Payments to Suppliers		4,660	3,014
Accommodation		2,198	1,371
Project Costs		14,954	9,946
Grants		8,379	4,215
Other		3,044	2,997
		50,770	36,024
NET CASH PROVIDED BY OPERATING ACTIVITIES	11(b)	902	2,128
CASH FLOWS FROM INVESTING ACTIVITIES			
Acquisition of Managed Funds and Short Term Deposits		(18,078)	(1,229)
Acquisition of Property, Plant and Equipment		(1,463)	(2,014)
Proceeds from Sale of Investments		18,620	107
Proceeds from Sale of Property, Plant and Equipment		399	245
NET CASH (USED IN)/PROVIDED BY INVESTING ACTIVITIES	1(c)	(522)	(2,891)
Net Increase/ (decrease) in Cash Held		380	(763)
Opening Cash and Cash Equivalents		5,729	6,492
CLOSING CASH AND CASH EQUIVALENTS	1(c),11a	6,109	5,729

The Statement of Cash Flows should be read in conjunction with the accompanying notes

NEW SOUTH WALES CANCER COUNCIL

NOTES TO THE FINANCIAL STATEMENTS

30 SEPTEMBER 2005

1. Statement of Accounting Policies

The Council's financial statements are a general purpose financial report, which have been prepared on an accruals basis and in accordance with:

- Applicable Australian Accounting Standards;
- Other authoritative pronouncements of the Australian Accounting Standards Board (AASB);
- Urgent Issues Group (UIG) Consensus Views;
- The requirements of the Public Finance and Audit Act and Regulations; and
- Relevant NSW Government reporting directives.

In the absence of a specific Accounting Standard, other authoritative pronouncement of the AASB or UIG Consensus View, the hierarchy of other pronouncements as outlined in AAS 6 "Accounting Policies" is considered.

Except for certain investments and certain land and buildings, which are recorded at valuation, the financial statements are prepared in accordance with the historical cost convention.

Costs in relation to assets represent the amount of cash paid or the fair value of the asset given in exchange. The Statement of Cash Flows is prepared using the direct method.

The Council has kept proper accounts and records for all its operations as per section 41(1) of the Public Finance and Audit Act, 1983.

These statements represent the final set of financial statements prepared for the New South Wales Cancer Council as a statutory body. Approval was granted by NSW Treasury to extend the final financial reporting period to a fifteen month period, from 1 July 2004 to 30 September 2005. Effective from the 1 October the Cancer Council NSW was established as a public company limited by guarantee and the New South Wales Cancer Council Act (1995) was repealed in accordance with Part 5, section 27 of the Cancer Institute NSW Act 2003.

Following is a summary of the significant accounting policies adopted by the New South Wales Cancer Council in the preparation of the accounts, which are consistent with those of the previous year (except as otherwise stated).

a) Income Recognition

Government contract management income is recognised as income when control over the assets comprising the income is obtained. Control over the assets is normally obtained upon receipt.

Where Government contract management income has been recognised as income during the reporting period and was obtained on the condition that it should be expended in a particular manner or used over a particular period, and those conditions were undischarged as at the reporting date, the nature of and amounts pertaining to those undischarged conditions are disclosed in Note 2.

Revenue is recognised when the Council has control of the good or right to receive, it is probable that the economic benefits will flow to the Council and the amount of revenue can be measured reliably.

Revenue from the sale of goods and services comprises revenue from the provision of products or services i.e. user charges.

b) Income Tax

The New South Wales Cancer Council is exempt from income tax within the terms of Subdivision 50-5 of the Income Tax Assessment Act.

c) Cash

For the purpose of the statement of cash flows, cash includes cash on hand, at bank and on 30 day deposit.

d) Receivables

Receivables are recognised and carried at the original invoice amount less a provision for any uncollectible debts. An estimate for doubtful debts is made when collection of the full amount is no longer probable. Bad debts are written off as incurred.

e) Investments

Dividends are brought to account as they are received, and interest is brought to account on an accrual basis.

Managed Fund investments are brought to account at their market value.

Investments other than cash, bequested or donated during the year, are converted to cash at the date of receipt of the relevant bequest or donation.

f) Inventory

Inventory has been valued at the lower of cost or net realisable value. Costs incurred in bringing each product to its present location and condition is accounted for at purchase cost on a first-in-first-out basis.

NEW SOUTH WALES CANCER COUNCIL

NOTES TO THE FINANCIAL STATEMENTS (CONT.)

30 SEPTEMBER 2005

g) Property, Plant and Equipment

Land and Buildings are carried at independent valuation, with the exception of our Joint Venture property, which is shown at cost. Plant and equipment are carried at cost.

Depreciation

Depreciation is provided on a straight-line basis on all property, plant and equipment, other than freehold land, at rates calculated to allocate the cost or valuation, less estimated residual value at the end of the useful lives of the assets, against income over those estimated useful lives.

Major depreciation periods are:

* Buildings	-	25 to 40 years
* Leasehold Improvements	-	2 to 5 years
* Office furniture & equipment	-	5 years
* Motor vehicles	-	5 years
* Building Improvements	-	3 to 5 years

h) Revaluation of Physical Non-Current Assets

Land and Buildings were valued at 30 June 2004 by registered valuers. Valuations were based on current open market values reflecting vacant possession, with the exception of the Joint Venture property, which is shown at cost.

The carrying value of Plant and Equipment is considered to be a fair approximation of Market and Replacement Value for similar items in similar condition, and accordingly, formal revaluation of Plant and Equipment is not considered necessary.

i) Employee Benefits

Provision is made for employee benefits accumulated as a result of employees rendering services up to the reporting date. These benefits include wages and salaries, annual leave and long service leave.

Liabilities arising in respect of wages and salaries, annual

leave and any other employee benefits expected to be settled within twelve months of the reporting date are measured at their nominal amounts based on remuneration rates which are expected to be paid when the liability is settled. All other employee benefit liabilities are measured at the present value of the estimated future cash outflow to be made in respect of services provided by employees up to the reporting date. In determining the present value of future cash outflows, the market yield as at the reporting date on national government bonds, which have terms to maturity approximating the terms of the related liability, are used.

j) Accounting for Goods and Services Tax

Revenues, expenses and assets are recognised net of the amount of GST, except:

- The amount of GST incurred by the agency as a purchaser that is not recoverable from the Australian Taxation Office is recognised as part of the cost of acquisition of an asset or as part of an item of expense.
- Receivables and payables are stated with the amount of GST included.

k) Rounding Off

All amounts are rounded off to the nearest one thousand dollars and are expressed in Australian Currency.

l) Comparative Figures

Where necessary, figures are adjusted to conform to changes in presentation of the current year.

Cash on deposit has been reclassified in this year's report as Cash. In previous periods cash on deposit was included in Other Financial Assets. This change has been made in accordance with AASB 1026 'Statement of Cash Flows' to better represent the nature of the cash on deposit, which is in fact a short term, highly liquid investment readily converted to cash.

	15 mths ended 30-Sep-05 \$'000	12 mths ended 30-Jun-04 \$'000
2. Revenue from Ordinary Activities		
Investment Income		
Interest	424	477
Dividends	522	787
Profit on Sale of Investments	4,330	2
	5276	1,266
Unrealised Capital Gains	2,250	219
Decrease in Share Diminution	104	32
	7630	1,517
Other Revenue		
Accommodation Fees	92	11
Salary Packaging Benefit	-	206
Promotional Items	52	44
Seminars and Conferences	108	33
Charges to Contract Management Programs	-	41
Research Fees	-	350
Fundraising Fees Recouped	128	-
Health Fees Recouped	83	-
	463	685

Restrictions on Revenues

The Council received certain amounts from the Department of Health and the Commonwealth of Australia for express purposes. As required by Australian Accounting Standards, amounts have been recognised as revenues in the Statement of Financial Performance, which are yet to be spent in the manner specified by the contributor. Unexpended amounts totaling \$925,339 have been included in Accumulated Funds at the 30 September 2005.

		Opening Balance 2004 \$'000	Receipts 2005 \$'000	Payments 2005 \$'000	Closing Balance 2005 \$'000
Program	Note	\$'000	\$'000	\$'000	\$'000
Grants:					
Health Promotion		455	768	(936)	287
Contract Research Grants		440	479	(281)	638
Total Unexpended Funds		895	1,247	(1,217)	925



NOTES TO THE FINANCIAL STATEMENTS (CONT.)

30 SEPTEMBER 2005

	30-Sep-05 \$'000	30-Jun-04 \$'000
3. Auditors Remuneration		
Audit Fees	46	48
The auditors received no other benefits		
4. Receivables		
Current		
Sundry Debtors	1,510	496
GST Debtor	359	262
Prepayments	285	871
Provision for Doubtful Debts	(14)	(51)
	2,140	1,578
5. Other Financial Assets		
Current		
Managed Funds	19,250	8,277
	19,250	8,277
Non-Current		
Shares - Quoted on a prescribed stock exchange	-	4,935
Provision for Diminution	-	(104)
	-	4,831
Other	148	148
	148	4,979

The above investments with the exception of shares in listed companies which have been donated to the Council, are investments authorised by the Trustee Act, 1925 (as amended).

Reconciliations

Reconciliations of the carrying amounts of each class of other financial assets at the beginning and end of the previous financial year are set out below.

	Managed Funds	Other	Shares	Total
	\$'000	\$'000	\$'000	\$'000
Carrying amount at start of year	8,277	148	4,831	13,256
Additions	19,992	-	-	19,992
Disposals	(9,019)	-	(4,935)	(13,954)
Decrease in Provision for Share Diminution	-	-	104	104
Carrying amount at end of year	19,250	148	-	19,398

	30-Sep-05 \$'000	30-Jun-04 \$'000
Other Financial Assets (continued)		
Market Value Of Investments		
Shares – Valuation based on the last sale on the Australian Stock Exchange as at 30 June 2004		
Managed Funds - Valuation based on Market Value		
Current		
Managed Funds	19,250	8,277
	19,250	8,277
Non-Current		
Shares - Quoted on a prescribed stock exchange	-	7,776
Other	270	198
	270	7,974
Included in the above are investments which are restricted as to their use. These investments (at book value) are restricted by externally imposed conditions as detailed below:		
Non-Current		
Restricted Assets	2,919	2,919
Wansey Estate	-	232
	2,919	3,151

Restricted Assets

Restricted Assets relate to bequests and donations to the Cancer Council, the capital of which must be held intact and income used for the purpose specified in the bequest or by the donors.

Trust Fund in Memory of Mr & Mrs S M B Wansey

Represents a specific bequest from the Estates of Mr & Mrs S.M.B. Wansey with the stipulation that the trust funds are to be used for cancer research and treatment for the benefit of persons in the Newcastle and Hunter River area or to provide equipment in the Newcastle and Hunter River area for the treatment of such persons. During the year the Trust earned \$7,582 (2004:\$19,495) in interest and provided \$239,992 (2004:\$271,917) by way of distribution for those specific purposes, being the final distribution for this trust.

NOTES TO THE FINANCIAL STATEMENTS (CONT.)

30 SEPTEMBER 2005

	30-Sep-05 \$'000	30-Jun-04 \$'000
6. Inventory		
Goods Held for Resale	1,724	1,114
	1,724	1,114
7. Property, Plant and Equipment		
Land and Buildings		
Land - at fair value	2,846	2,846
Building - at fair value	8,739	8,491
	11,585	11,337
Accumulated Depreciation	(314)	(8)
	11,271	11,329
Leasehold Improvements		
At fair value	921	926
Accumulated Depreciation	(620)	(468)
	301	458
Office Furniture and Equipment		
At fair value	2,387	1,910
Accumulated Depreciation	(1,359)	(919)
	1,028	991
Motor Vehicles		
At fair value	884	830
Accumulated Depreciation	(236)	(273)
	648	557
Total Property, Plant and Equipment - at Net Book Value	13,248	13,335

Property, Plant and Equipment (continued)

Reconciliations

Reconciliations of the carrying amounts of each class of property, plant and equipment at the beginning and end of the current and previous financial year are set out below.

	Land	Bldngs	Leasehold Impr	Office Furn & Equip	Motor Vehicles	Total
	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000
Carrying amount at start of the year	2,846	8,483	458	991	557	13,335
Additions	-	247	88	558	570	1,463
Disposals	-	-	-	(17)	(264)	(281)
Depreciation expense	-	(305)	(245)	(504)	(215)	(1,269)
Carrying amount at end of the year	2,846	8,425	301	1,028	648	13,248

VALUATIONS:

Land and Building

Market value for both the property in Woolloomooloo, Sydney and the Property in Parramatta are as per the valuations carried out by Advanced Valuations dated 30 June 2004. The valuation of the property in Woolloomooloo was carried out by Rory Gray, (Registered Valuer No. 361). With the valuation of the Parramatta property carried out by Tim Miles, (Registered Valuer No. 6580). As the Council is a not for profit organisation and the service potential of non-current assets is not related to their ability to generate net cash inflows, a recoverable amounts test is not required to be performed on the carrying value of the non-current assets.

Motor Vehicles, Leasehold Improvements and Office Furniture and Equipment

The written down value of motor vehicles, leasehold improvements and office furniture and equipment in the opinion of the Council is a reasonable and fair estimate of the market value.

NOTES TO THE FINANCIAL STATEMENTS (CONT.)

30 SEPTEMBER 2005

8. Provision for Employee Benefits

	Opening Balance	Provision	Payments	Closing Balance
	\$'000	\$'000	\$'000	\$'000
Current Liability				
Annual Leave	756	1,003	(769)	990
Long Service Leave	33	24	(23)	34
	789	1,027	(792)	1,024
Non-current Liability				
Long Service Leave	230	87	-	317
	230	87	-	317
		30-Sep-05	30-Jun-04	
		\$'000	\$'000	

9. Payables

Trade Creditors and Accruals	2,402	2,887
Sundry Creditors	30	-
	2,432	2,887

10. Equity

	Accumulated Funds		Asset Revaluation Reserve		Total Equity	
	30-Sep-05	30-Jun-04	30-Sep-05	30-Jun-04	30-Sep-05	30-Jun-04
	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000
Balance at the beginning of the financial year	26,194	25,522	4,912	2,471	31,106	27,993
Changes in Equity - other than transactions with owners as owners						
Surplus for the year	7,740	672	-	-	7,740	672
Increment on revaluation of Land and Buildings	-	-	-	2,441	-	2,441
Balance at end of the financial year	33,934	26,194	4,912	4,912	38,846	31,106

11. Statement of Cash Flows

(a) Reconciliation of cash

For the purpose of Statement of Cash Flows, Cash includes Cash on Hand and at Bank

Cash at the end of the financial year as shown in the statement of cash flows is reconciled to the related items in the Statement of Financial Position as follows:

	30-Sep-05 \$'000	30-Jun-04 \$'000
Statement of Financial Position		
Cash at bank and on hand	6,109	5,729
Statement of Cash Flows	6,109	5,729
(b) Reconciliation of net cash provided by Operating Activities to Operating Result		
Operating Surplus	7,740	672
Decrease/(Increase) in Prepayments	586	365
Increase in Receivables	(1,162)	(73)
Decrease/(Increase) in Inventories	(610)	31
Depreciation	1,269	668
Diminution of Investments	-	(32)
Reinvestment of Invested Funds	(6,670)	(228)
Loss on Sale of Assets	(118)	(33)
Increase/(Decrease) in Employee Benefits	322	(3)
Increase/(Decrease) in Payables	(455)	761
Total cash flows from Operating Activities	902	2,128

12. Commitments

	1 Year or Less	Over 1 to 5 years	Total
Grant Commitments			
Research Project Grants	1,526	1,340	2,866
Research Project - "The 45 & Up Study"	440	1,430	1,870
Career Development Fellowship	110	220	330
Clinical Trials Grants	915	4,224	5,139
	2,991	7,214	10,205
Rental Lease Commitments	680	1,299	1,979
Project Commitments	330	83	413
Total Commitments (Including GST)	4,001	8,596	12,597

The Total Commitments above include input tax credits of \$1,145,181 (2004:\$851,743) that are expected to be recoverable from the Australian Tax Office.

NEW SOUTH WALES CANCER COUNCIL

NOTES TO THE FINANCIAL STATEMENTS (CONT.)

30 SEPTEMBER 2005

13. Consultants

The Council engaged consultants to undertake activities which required specialist or independent skills.

During the year, the total cost for consultants was \$ 324,852 (2004:\$142,771).

14. Contingent Liability and Contingent Assets

As at 30 September 2005 there were a number of estates not yet settled. Bequests due to the Cancer Council once finalised are estimated to be valued at \$3.4 million. This is an estimate only and may be subject to change depending on the outcome of the settlements.

15. Board Members' Remuneration

Board Members received no remuneration from the Council during the year, with the exception of the Chief Executive Officer and the Staff Elected Member, who received remuneration in the normal course of their employment by the Council.

16. Post Balance Date Events

Effective from 1 October 2005, the New South Wales Cancer Council ceased to exist in its current form. It was replaced by The Cancer Council NSW, established as a company under the Cancer Institute NSW Act 2003. The Cancer Council does not believe that this change will have any financial impact on the financial statements. The Cancer Council is not aware of any other events that have occurred after balance date which are of such significance that they need to be disclosed or recognised in the financial statements.

17. Interest in Joint Venture Operation

Construction on the Lillier Lodge accommodation facility was completed in April 2004, with the facility opened for operations on 1 May 2004. The purpose of the joint venture is to provide accommodation for cancer patients and their relatives whilst receiving treatment at the Radiotherapy Centre in Wagga Wagga.

The NSW Cancer Council, raises funds in the NSW community to fund research programs, cancer prevention, patient support and accommodation services. The Cancer Patients' Assistance Society (operating under the name CanAssist) provides assistance throughout NSW to cancer patients and their relatives. Both parties hold a 50% ownership interest in the joint venture operation.

At balance date, 50% of the joint ventures assets, liabilities, revenues and expenses were recognised in the financial statements as follows:

	30-Sep-05 \$'000	30-Jun-04 \$'000
Current Assets		
Cash	32	7
Receivables	12	38
	44	45
Non-Current Assets		
Property, plant and equipment	1,452	1,498
Total Assets	1,496	1,543
Current Liabilities		
Accounts payable	31	7
Total Liabilities	31	7
Net Assets	1,465	1,536
Revenue		
Donations	16	210
Accommodation fees	84	11
Other	32	7
Total Revenue	132	228
Expense		
Staff	84	10
Depreciation	59	8
Operational costs	47	18
Total Expense	190	36
Surplus/(Deficit) from Operating Activities	(58)	192

NEW SOUTH WALES CANCER COUNCIL

NOTES TO THE FINANCIAL STATEMENTS (CONT.)

30 SEPTEMBER 2005

18. Financial Instruments

a) Terms, Conditions and Accounting Policies

The Council's accounting policies, including the terms and conditions of each class of financial asset, financial liability and equity instrument, both recognised and unrecognised at the balance date, are as follows:

Recognised Financial Instruments	Statement of Financial Position Notes	Accounting Policies	Terms and Conditions
(i) Financial Assets			
Receivables – Trade	4	Trade receivables are carried at nominal amounts due less any provision for doubtful debts. A provision for doubtful debts is recognised when collection of the full nominal amount is no longer probable.	Credit sales are on 30 day terms.
Listed shares	5	Listed shares are carried at the lower of cost or recoverable amount. Dividend income is recognised when the dividends are received.	The listed shares were held as long term investments.
(ii) Financial Liabilities			
Trade creditors and accruals	9	Liabilities are recognised for amounts to be paid in the future for goods and services received, whether or not billed to the Council.	Trade liabilities and accruals are normally settled on 30 day terms.

(b) Interest Rate Risk

The Council's exposure to interest rate risks and the effective interest rates of financial assets and financial liabilities, both recognised and unrecognised at the balance date, are as follows:

Financial Instruments	Floating interest rate		Non-interest bearing		Total carrying amount as per balance sheet		Weighted average effective interest rate	
	2005 \$'000	2004 \$'000	2005 \$'000	2004 \$'000	2005 \$'000	2004 \$'000	2005 \$'000	2004 \$'000
(i) Financial Assets								
Cash	6,092	5,713	17	16	6,109	5,729	5.0%	5.0%
Receivables - Trade			34	24	34	24	N/A	N/A
Managed Funds			19,250	8,277	19,250	8,277	N/A	N/A
Listed shares			-	4,831	-	4,831	N/A	N/A
(ii) Financial Liabilities								
Trade Creditors and Accruals			2,432	2,887	2,432	2,887	N/A	N/A

(c) Net fair values

The net fair values of recognised financial assets and financial liabilities approximate their carrying values in the Statement of Financial Position.

(d) Credit Risk Exposure

The Council's maximum exposures to credit risk at balance date in relation to each class of recognised financial asset is the carrying amount of those assets as indicated in the Statement of Financial Position.

Concentrations of Credit Risk

The Council minimises concentrations of credit risk in relation to trade accounts receivable by undertaking transactions with a large number of customers. However, the majority of customers are concentrated in Australia.

Credit risk in trade receivables is managed in the following ways:

- payment terms are 30 days;
- a risk assessment process is used for customers over \$50,000

19. Impacts of Adopting Australian Equivalents to IFRS

The Council will be required to prepare financial statements that comply with Australian equivalents to International Reporting Standards (AEIFRS) for annual reporting periods beginning on or after 1 January 2005. Accordingly the Council's first annual financial report prepared under AEIFRS will be for the financial period ended 30 June 2006.

The Council has determined the key areas where changes in accounting policies are likely to impact the financial report. Some of these impacts arise because AEIFRS requirements are different from existing AASB requirements (AGAAP). Other impacts are likely to arise from options in AEIFRS.

Shown below are management's best estimates as at the date of preparing the 30 September 2005 financial report of the estimated financial impacts of A-IFRS on the Council's equity and profit/loss. The Council does not anticipate any material impacts on its cash flows.

The actual effects of the transition may differ from the estimated figures below because of pending changes to the AEIFRS, including the UIG Interpretations and/or emerging accepted practice in their interpretation and application. The Council's accounting policies may also be affected by a proposed standard to harmonise accounting standards with Government Finance Statistics (GFS). However, the impact is uncertain because it depends on when this standard is finalised and whether it can be adopted in 2005-06.

Statement of Financial Performance

- No impact on Statement of Financial Performance for the fifteen month period ended 30 September 2005.

Statement of Financial Position

	Notes	30-Sep-05 \$'000
Total equity under AGAAP		38,846
Adjustments to accumulated funds		
Effect of valuing Investment Property at Fair Value		
Adjustment to asset revaluation reserve	19a	122
Total equity under AEIFRS		38,968

a) Investment Properties

Under AASB 140 Investment Property and Treasury's indicative mandates, investment property will be recognised at fair value. Investment property recognised at fair value will not be depreciated and changes in fair value will be recognised in the operating statement rather than the asset revaluation reserve.

b) Financial Instruments

In accordance with NSW Treasury's indicative mandates, the Council will apply the exemption provided in AASB 1 First-time Adoption of Australian Equivalents to International Financial Reporting Standards not to apply the requirements of AASB 132 Financial Instruments: Presentation and Disclosures and AASB 139 Financial Instruments: Recognition and Measurement, for the fifteen month period ended 30 September 2005. These Standards will apply from 1 July 2005. None of the information provided above includes any impacts for financial instruments. However, when these Standards are applied, they are likely to impact on retained earnings (on first adoption) and the amount and volatility of profit/loss. Further, the impact of these Standards will in part depend on whether the fair value option can or will be mandated consistent with Government Finance Statistics.

c) Grant recognition for not-for-profit entities

The Council will apply the requirements in AASB 1004 Contributions regarding contributions of assets (including grants) and forgiveness of liabilities. There are no differences in the recognition requirements between the new AASB 1004 and the current AASB 1004. However, the new AASB 1004 may be amended by proposals in Exposure Draft (ED) 125 Financial Reporting by Local Governments. If the ED 125 approach is applied, revenue and/or expense recognition will not occur until either the Council supplies the related goods and services (where grants are in-substance agreements for the provision of goods and services) or until conditions are satisfied. ED 125 may therefore delay revenue recognition compared with AASB 1004, where grants are recognised when controlled. However, at this stage, the timing and dollar impact of these amendments is uncertain.

NEW SOUTH WALES CANCER COUNCIL

NOTES TO THE FINANCIAL STATEMENTS (CONT.)

30 SEPTEMBER 2005

20. Fundraising Activities

The New South Wales Cancer Council conducts direct fundraising.

All revenue and expenses have been recognised in the financial statements of the New South Wales Cancer Council.

Fundraising activities are dissected as follows:

	Income Raised \$'000	Direct & Indirect Expenditure \$'000	Net Proceeds \$'000
Bequests	12,492	264	12,228
Donations	1,769	96	1,673
Direct Mail / Face to Face*	10,070	6,498	3,572
Community Fundraising & Events	14,695	7,007	7,688
Sub Total	39,026	13,865	25,161
Percentage of Income Raised	100%	35.5%	64.5%
Allocated Administration Costs funded from Net Fundraising Proceeds	-	1,276	(1,276)
Total	39,026	15,141	23,885
Percentage of Income Raised	100%	38.8%	61.2%

The provisions of the Charitable Fundraising Act 1991 and the regulations under that Act have been complied with and internal controls exercised by the New South Wales Cancer Council are considered appropriate and effective in accounting for all the income.

* Significant expenditure was incurred in developing income returns for future years

END OF AUDITED FINANCIAL STATEMENTS

Pursuant to Section 41C(1B) & (1C) of the Public Finance and Audit Act, 1983, and in accordance with a resolution of the New South Wales Cancer Council, we, being members of the Council, state that:

In our opinion the accompanying financial statements exhibit a true and fair view of the financial position of the New South Wales Cancer Council as at September 30, 2005 and transactions for the 15 months ended then;

The financial statements have been prepared in accordance with the provisions of the Act, other mandatory professional reporting requirements, Public Finance and Audit (General) Regulation, 2005 and the Treasurer's Directions; and

We are not aware of any circumstances which would render any particulars included in the financial statements misleading or inaccurate.



Chair
Date 12 December 2005



Chief Executive Officer
Date 12 December 2005

NEW SOUTH WALES CANCER COUNCIL

INDEPENDENT AUDITOR'S REPORT



GPO BOX 12
Sydney NSW 2001

INDEPENDENT AUDIT REPORT

NEW SOUTH WALES CANCER COUNCIL

To Members of the New South Wales Parliament

Audit Opinion

In my opinion, the financial report of the New South Wales Cancer Council:

- (a) presents fairly the Council's financial position as at 30 September 2005 and its financial performance and cash flows for the fifteen month period ended on that date, in accordance with applicable Accounting Standards and other mandatory professional reporting requirements in Australia, and
- (b) complies with section 41B of the *Public Finance and Audit Act 1983* (the Act).

My opinion should be read in conjunction with the rest of this report.

The Board's Role

The financial report is the responsibility of the Board of the New South Wales Cancer Council. It consists of the statement of financial position, the statement of financial performance, the statement of cash flows and the accompanying notes.

The Auditor's Role and the Audit Scope

As required by the Act, I carried out an independent audit to enable me to express an opinion on the financial report. My audit provides *reasonable assurance* to Members of the New South Wales Parliament that the financial report is free of *material* misstatement.

My audit accorded with Australian Auditing and Assurance Standards and statutory requirements, and I:

- evaluated the accounting policies and significant accounting estimates used by the Board in preparing the financial report, and
- examined a sample of the evidence that supports the amounts and other disclosures in the financial report.

An audit does *not* guarantee that every amount and disclosure in the financial report is error free. The terms 'reasonable assurance' and 'material' recognise that an audit does not examine all evidence and transactions. However, the audit procedures used should identify errors or omissions significant enough to adversely affect decisions made by users of the financial report or indicate that Board members had not fulfilled their reporting obligations.

My opinion does *not* provide assurance:

- about the future viability of the New South Wales Cancer Council,
- that it has carried out its activities effectively, efficiently and economically, or
- about the effectiveness of its internal controls.

Audit Independence

The Audit Office complies with all applicable independence requirements of Australian professional ethical pronouncements. The Act further promotes independence by:

- providing that only Parliament, and not the executive government, can remove an Auditor-General, and
- mandating the Auditor-General as auditor of public sector agencies but precluding the provision of non-audit services, thus ensuring the Auditor-General and the Audit Office are not compromised in their role by the possibility of losing clients or income.

P. K. Brown

P K Brown FCPA
Director, Financial Audit Services

SYDNEY
20 December 2005

APPENDICES

Freedom of Information Act

During 2004/05 there were no requests for information under the Freedom of Information Act.

Privacy Management

The NSW Cancer Council holds a range of personal information in order to perform various functions in fundraising, retail sales, volunteer services and research. The Council's commitment to the security of confidentiality remains resolute; the Council aims to apply best practice to ensuring privacy is protected and respected.

While the NSW Cancer Council remained a statutory body of Parliament, it was required to comply with the terms of the NSW Privacy and Personal Information Protection Act 1998. However, on September 30, 2005, The Cancer Council NSW became an independent company registered under the Corporations Act, and must now comply with the National Privacy Act 1988, specifically in relation to the amendments made by the Privacy Amendment (Private Sector) Act 2000.

During the past year the Cancer Council's Privacy Management Plan has been reviewed and revised to ensure compliance with the Health Records and Information Privacy Act (2002) NSW, effective from September 2004. Plans to make the necessary amendments to the Council's Privacy Management Plan were prepared in anticipation of the Cancer Council's change in status when the organisation would become subject to national privacy regulations.

Privacy interviews and audits were conducted with Cancer Council managers, and implementation strategies and checklists are being prepared so that all units are equipped with the appropriate privacy protection tools and procedures.

During 2004/05, there were no applications received for internal review under Section 29 of the NSW Privacy and Personal Information Protection Act.

Ethnic Affairs Priority Statement

Recruitment

The Cancer Council has policies and guidelines in place to ensure that equity principles are a core component of its business. Recruitment and selection procedures are conducted in accordance with Ethnic Affairs Guidelines.

Servicing culturally and linguistically diverse communities

The Environmental Tobacco Smoke (ETS) and Children Project and the corresponding Car and Home Smoke Free Zone campaign included materials published in 12 languages, as well as materials developed specifically for Indigenous audiences.

The multicultural information service, based in the Parramatta office, provided Arabic, Chinese, Greek and Italian communities

with cancer information and support. Services include a telephone helpline and community presentations. The bilingual consultants supported the Prostate Cancer Call-In with promotion in the multicultural media and responded to the calls generated.

The Living with Cancer Program is an information and support program run by health professionals for people with cancer and their carers. Participants interact and share their experiences, learn about cancer and cancer treatments, and develop practical skills for coping. The program is offered for Arabic, Chinese, Greek, Italian, Spanish, Polish and Vietnamese-speaking communities.

Occupational Health and Safety

Best practice in occupational health and safety was actively pursued during the year through:

- Manual handling training
- Occupational Health and Safety orientation
- A personal safety briefing
- Ergonomics briefings and workstation assessments
- Fire warden training
- WorkCover accredited OHS training and First Aid training for nominated staff
- Systematic review of OHS issues by managers.

Overseas travel

The UICC World Conference for Cancer Organisations was held in Dublin in November 2004. The following NSW Cancer Council staff attended the conference:

- Mr Ted Starc, Chief Financial Officer
- Mr Martin Paul, Marketing and Communications Director
- Ms Gillian Batt, Cancer Information and Support Services Director
- Ms Anita Tang, Health Strategies Director
- Ms Jenny Crocker, Media and Information Manager
- Ms Marie Malica, Research Strategy Manager

Ms Marie Malica, Research Strategy Manager also attended meetings at, and presented to, the National Cancer Research Network in Leeds, United Kingdom in November 2004.

Mr Xue Qin Yu, a Statistician in the Cancer Epidemiology Research Unit, attended the 3rd Chinese Conference on Oncology in Guangzhou, China in November 2004. The University of Sydney funded this trip.

Mr Rajah Supramaniam, a Biostatistician in the Cancer Epidemiology Research Unit, attended the XVII IEA World Congress on Epidemiology in Bangkok, Thailand in August 2005 and made a presentation, 'Cancer in Indigenous people in NSW, Australia 1994-2002: A growing problem'.

Consultancies

Consultancies equal to or more than \$30,000

Consultant	\$ Cost
Creative Response Face to Face donor program	30,000
Mercer Investment Consulting Investment and Asset advice	46,761
Pacific Strategy Partners Review of External Research Strategy	77,839
University of Sydney Advice on clinical trials program and research grant assessments	57,000

Total Consultancies equal to or more than \$30,000 211,601

Consultancies less than \$30,000

During the year, 9 other consultants were engaged in the following areas;

Area	\$ Cost
Constituent Relationship Management Strategy	7,023
Direct Marketing	10,000
Human Resources	22,827
Evaluation Prostate Cancer Outcomes Study	23,645
Research Grant Assessments	27,570
Strategic Review of Organisation and Organisational Change	22,007
Staff Training	6,300

Total Consultancies less than \$30,000 113,251

Total Consultancies 324,852

Publications

The following titles were published during the year adding to or updating our considerable catalogue of publications on cancer and related issues. Most are available free of charge to patients and health professionals and a number are also available in bulk quantities on a cost-recovery basis. Many titles are also available on the Cancer Council's website www.cancercouncil.com.au.

Corporate

Annual Review 2003/04
Smart Living magazine
Volunteer Voice newsletter

Research

2005 Research Profile: Investing in the health of future generations brochure
Hereditary Cancer Registers newsletters
NSW Colorectal Cancer Survey 2000: Part 2 Chemotherapy management report
Cancer Trials NSW newsletters

Advocacy

One in Three newsletter for parliamentarians
One in Three newsletter for Local Government
Go Smoke Free – for real postcards to MPs
Distance should not equal disadvantage postcard to MPs re Isolated Patients Transport and Accommodation Assistance Scheme (IPTAAS)

Patient information

Cancer Council Testicular Cancer Connect brochure
Cancer Council Gynaecological Cancer Connect brochure
Understanding Cancer of the Uterus booklet
Understanding Cancer of the Vulva booklet
Understanding Cancer of the Cervix booklet
When a parent has cancer: how to talk to your kids booklet
After your cancer treatment: a guide for eating well and being active booklet
10 ways The Cancer Council can help you brochure
Cancer Support News newsletter
Cancer Information and Support Services compendium

Cancer prevention and early detection

We're working together to make our community cancer smart compendium for Local Government Community Partners
Men and Cancer brochure
Women and Cancer brochure
The Prostate: Let's talk about it brochure
Healthy Eating and Physical Activity brochure
Your Guide to Skin Clinics flyer
Skin Cancer: Can you spot the difference? poster
Skin Cancer: Get the facts and save your own skin booklet
Melanoma and other skin cancers: a guide for medical practitioners information sheet
Physical Activity and Cancer brochure
Lifestyle and cancer: What do we know? information sheet

Fundraising

Posters, mailers and other campaign collateral for our major fundraising activities: Relay For Life, Australia's Biggest Morning Tea, Pink Ribbon Day, Daffodil Day, Girls Night In, In Celebration, Cancer Champions, Bowl For A Cure
 Posh Auction catalogue

Retail

Sun protection product catalogue



APPENDICES

Acknowledgments

The NSW Cancer Council is a member of The Cancer Council Australia and the International Union Against Cancer.

Patron

Her Excellency Professor Marie Bashir AC
Governor of New South Wales

Internal auditors

Ernst & Young

External auditors

The Audit Office of New South Wales

Solicitors

Turner Freeman

Bankers

Commonwealth Bank of Australia

Website

www.cancercouncil.com.au

CONTACTS

Head Office

153 Dowling Street
Woolloomooloo Sydney NSW 2011 Australia
PO Box 572 Kings Cross NSW 1340
Ph: (02) 9334 1900

Greater Metropolitan Sydney Region

(Western Sydney Team)
Rotary House
43 Hunter St (PO Box 6226)
Parramatta NSW 2150
Ph: (02) 9687 1399
Fax: (02) 9687 1118
email: info.westernsydney@nswcc.org.au

(Metro Team)

153 Dowling St, Woolloomooloo NSW 2011
(PO Box 572, Kings Cross NSW 1340)
Ph: (02) 9334 1900
Fax: (02) 9326 9328

Southern Office (Wollongong)

1 Lowden Square
Wollongong NSW 2500
Ph: (02) 4225 3660
Fax: (02) 4225 1700
email: info.southern@nswcc.org.au

Hunter Region (Newcastle)

22 Lambton Rd
Broadmeadow NSW 2292
Ph: (02) 4961 0988
Fax: (02) 4961 0955
email: info.hunter@nswcc.org.au

Central Coast Region (Gosford)

127 Erina St (PO Box 454)
Gosford NSW 2250
Ph: (02) 4325 5444
Fax: (02) 4325 5688
email: info.centralcoast@nswcc.org.au

North West Office (Tamworth)

Shop 2, 218 Peel St (PO Box 1616)
Tamworth NSW 2340
Ph: (02) 6766 1164
Fax: (02) 6766 7053
email: info.northwest@nswcc.org.au

Far North Coast Office (Ballina)

120 Tamar Street (PO Box 35)
Ballina NSW 2478
Ph: (02) 6681 1933
Fax: (02) 6681 1936
email: info.farnorthcoast@nswcc.org.au

Mid North Coast Office (Coffs Harbour)

121 High Street
Coffs Harbour NSW 2450
Ph: (02) 6651 5732
Fax: (02) 6652 1530
email: info.midnorthcoast@nswcc.org.au

South West Office (Wagga Wagga)

40 Morrow St (PO Box 1164)
Wagga Wagga NSW 2650
Ph: (02) 6921 7760
Fax: (02) 6921 3680
email: info.southwest@nswcc.org.au

Western Office (Orange)

84 Byng Street (PO Box 1977)
Orange NSW 2800
Ph: (02) 6361 1333
Fax: (02) 6361 1863
email: info.western@nswcc.org.au

SHOPS

Bondi Junction

Shop 5042
Westfield
Oxford St Bondi Junction 2022
Ph: (02) 9369 4199
Fax: (02) 9369 3199

Chatswood

Shop 442 Level 4
Westfield Shoppingtown
Victoria Ave Chatswood 2057
Ph: (02) 9413 2046
Fax: (02) 9413 2051

Miranda

Shop 3076 Upper Level
Westfield Shoppingtown
The Kingsway Miranda 2228
Ph: (02) 9525 9209
Fax: (02) 9525 9593

Kotara

Shop 106 Garden City
Cnr Park Ave and Northcott Drv
Kotara 2289
Ph: (02) 4965 5171
Fax: (02) 4952 2604

Hornsby

Shop 3010 Westfield Shoppingtown
Pacific Hwy Hornsby 2077
Ph: (02) 9987 0662
Fax: (02) 9987 1778

Penrith

Shop 116, Westfield Penrith
Hentry Street
Penrith 2750
Ph: (02) 4722 6560
Fax: (02) 4722 6530

Sydney

Shop C35 Centrepont
184 Pitt Street Sydney 2000
Ph: (02) 9223 9430
Fax: (02) 9223 9437

Warringah Mall

Shop 273 Warringah Mall
Cnr Condamine St and Old Pittwater Rd
Brookvale 2100
Ph: (02) 9939 2668
Fax: (02) 9939 2208





*Building a
Cancer Smart
Community*

The Cancer Council NSW
153 Dowling Street
Woolloomooloo Sydney
NSW 2011 Australia
PO Box 572
Kings Cross NSW 1340
Ph: (02) 9334 1900
www.cancer council.com.au