

Your Cancer Council 05-06



The Cancer Council NSW Annual Report
1 October 2005 – 30 June 2006



OUR ORGANISATION



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 Cancer Council NSW'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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Message from the CEO



This report covers the period from October 2005 to June 2006, that is, the first nine months of The Cancer Council NSW's operations as an independent cancer charity. We have dubbed our "new" independent organisation, "Your Cancer Council", emphasising the community ownership and community focus of our programs and activities.

We are responding to many specific community concerns in relation to cancer, in particular issues aired at our regional forums. We have now held forums in the Hunter, Mid North Coast and Far North Coast regions to bring together different organisations, groups and individuals to foster ideas and innovations that will fulfil our mission to defeat cancer throughout the state.

The forums taught us that, for many cancer patients and carers, transport to treatment and affordable accommodation are the most pressing needs. We're currently looking into how we can expand our services in these areas, and have been instrumental in having government changes made to the qualifying criteria for travel and accommodation assistance.

We also learned that patients and carers would appreciate having a local contact to help guide them through the services in their area. To fulfil this need, we're piloting our Cancer Navigator program providing a single professional to link up with community services, to identify practical support needs and to train and mobilise volunteers to meet these needs.

When it comes to practical support, it is often financial assistance that is required. To alleviate some of the pressures experienced by cancer patients and carers, we have established a program whereby social workers can apply to The Cancer Council to provide one-off payments on their clients' behalf. This might be to pay for an overdue power bill or for car repairs. Our financial assistance program has commenced for the 2006/07 financial year.

As well as helping individuals, we continue to look for opportunities to reduce the impact of cancer on the wider community. Because smoking-related illness is still the single biggest cause of cancer death, (and of premature death generally), it is important that we develop creative new ways to further reduce smoking. Research conducted by The Cancer Council and collaborators, into tobacco-purchasing behaviour, has shown that recent quitters and young people are susceptible to impulse purchase and are more likely to buy cigarettes from pubs, petrol stations and convenience stores than regular smokers. We therefore believe that regulating the number and type of outlets where tobacco products are sold is an important next step in tackling the problem. On the basis of this evidence, we presented papers at the 3rd Australian Tobacco Control Conference and the 13th World Conference on Tobacco or Health (WCTOH) promoting regulatory reform to retail sales of tobacco.

Our behavioural researchers have also been investigating how patients recover from their cancer experiences. The results of their studies are heartening with cancer survivors reporting levels of adjustment and wellbeing, five years after their diagnosis, at least as good as people generally. While undergoing cancer treatment is definitely a challenge, it is comforting to know that for the vast majority of survivors the outcome is emotionally positive.

There have been so many highlights to the year and of course they cannot all be included in my introduction. One thing I must mention is the record spending on external research and the introduction of our new strategic research partnership grants. As the name suggests, these grants involve researchers collaborating with The Cancer Council to ensure that the benefits of research are more quickly realised by cancer patients. Our inaugural strategic grants have already seen partnerships develop around pancreatic cancer, hereditary cancer, and bowel cancer, which are having spin-off

effects for improving cancer information and support, patterns of care research, and clinical practice tools, as well as developing closer collaborations between our epidemiology groups and clinical practice. Our donors and supporters will welcome extending the value of research in this way.

The development of pledge giving has been crucial to our ability to make more expansive and long-term commitments to research. I am deeply grateful to all our pledge donors, particularly those whose monthly contribution has extended over several years. I hope you find our record of research innovation and achievement a fulfilling reason to maintain your commitment for the long term.

As this report shows, there are many other ways whereby people donate to, and support our mission – Relay For Life Committee Chairs, the Posh Auction committee, those who host Australia's Biggest Morning Tea and Girls Night In, those who organise Daffodil Day, and all other donors and volunteers – they are the ones who truly embody and enliven our vision of engaging the community.

Thank you to everyone for making us "Your Cancer Council".

A handwritten signature in black ink, appearing to read 'Dr Andrew Penman'. The signature is fluid and cursive, with a large loop at the start.

Dr Andrew Penman
CEO, The Cancer Council NSW

Message from the Board Chair

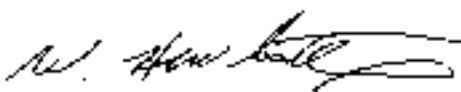


This annual report marks the completion of one journey for The Cancer Council NSW and the commencement of the next. On 30 August 2006, for the first time, an elected Board assumed governance of the organisation now registered as a company limited by guarantee.

Throughout the year the interim Board worked towards this end, building a membership base and empanelling a Members' Assembly. The Members' Assembly, under the Chairmanship of Professor Michael Barton, conducted an election in August to appoint the new Board, which in turn elected me as its Chair.

While constitutional independence opens up new opportunities for The Cancer Council, preserving a constructive relationship with the government and with cancer services and professionals is important if we are to serve the community well. Acknowledging this, The Cancer Council has entered into a formal partnership agreement with the NSW government's Cancer Institute to ensure that the roles of the organisations are complementary and collaborative.

The 2006 Annual Report demonstrates the breadth and depth of community support for The Cancer Council NSW, and our mission to defeat cancer, whether through fundraising, volunteering, partnerships in cancer control, or participation in our advocacy initiatives. This engagement with the community is at the heart of our identity as an organisation. The Annual Report is in many ways a tribute to the work of hundreds of thousands of people in NSW, without whom none of the initiatives profiled in the following pages would be possible.

A handwritten signature in black ink, which appears to read 'W. McCarthy'.

Professor William McCarthy AM
Chair, The Cancer Council NSW Board

"The 2006 Annual Report demonstrates the breadth and depth of community support for The Cancer Council NSW, and our mission to defeat cancer..."

Organisational Structure

The Cancer Council NSW Board		Chief Executive Officer: Dr Andrew Penman			Company Secretary: Ms Angela Aston	
Office of the CEO	Cancer Research Division	Marketing and Communications Division	Health Strategies Division	Cancer Information and Support Services Division	Finance and Administration Division	Statewide Services Division
	Divisional Director: Prof Freddy Sitas	Divisional Director: Mr Martin Paul	Divisional Director: Ms Anita Tang	Divisional Director: Ms Gillian Batt	Chief Financial Officer: Mr Ted Starc	Divisional Director: Ms Jenny Beach
<ul style="list-style-type: none"> • Research Strategy Unit • Medical and Scientific Issues Unit • Board Committees 	<ul style="list-style-type: none"> • Cancer Epidemiology Research Unit • Centre for Health, Research and Psycho-oncology 	<ul style="list-style-type: none"> • Media and Information • Marketing Analysis • Events Marketing • Direct Marketing • Retail 	<ul style="list-style-type: none"> • Policy and Advocacy • Nutrition Program • Skin Strategies • Tobacco Strategies 	<ul style="list-style-type: none"> • Cancer Services Unit • Supportive Care Development Unit • Navigator Program 	<ul style="list-style-type: none"> • Finance and Budgeting • Donor and Supporter Services • Events Administration • Logistics and Risk • Information Systems • Human Resources 	<ul style="list-style-type: none"> • Greater Sydney • Central Coast • Far North Coast • Hunter • Mid North Coast • North West • South West • Southern • Western

Governance

The Cancer Council NSW

On 1 October 2005, The Cancer Council NSW began operating as a company limited by guarantee complying 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

The Cancer Council NSW Board Members October 2005 to June 2006

Ms Phyllis Miller (Chair)

Director, Australian Local Government Association
Councillor, Forbes Shire

Professor Simon Chapman (Deputy Chair)

Professor of Public Health, 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 Kerryn 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

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 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.

Recognising Legitimate Interests of Stakeholders

The Cancer Council acknowledges 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 clearly stipulating 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 Cancer Council NSW as an employer of choice.

OUR ORGANISATION

Board 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.

Mr Michael Lambert
Board Director

Hon Peter Collins AM QC
Board Director

Ms Phyllis Miller
Board Director

Ms Jill Boehm (appointed 31 August 2006)
Board Director

**Professor Bill McCarthy
(appointed 31 August 2006)**
Board Director

Investment Committee

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

Mr Michael Lambert
Board Director

Professor Richard Henry
Board Director

Mr Julian Reynolds
Reynolds Stockbrokers

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 Cancer Council NSW Privacy Management Plan. During the reporting period, three committee members attended a one-day training conference led by the NHMRC in Canberra and three committee members attended a half-day training workshop organised by NSW Health.

From 1 October 2005 to 30 June 2006, ethical approval was given to seven proposals including six requesting access to Cancer Council-held records. In addition, there were 11 amendments, variations and/or additional material relating to proposals previously given ethics approval requiring ethical advice and/or approval. Topics included:

- Assessing the physical and psychosocial outcomes of prostate cancer survivors
- Evaluating an online group education and support program for carers of people with cancer using facilitator-led Internet technology

- Evaluating a telegroup counselling service for children whose parents have a diagnosis of cancer
- Exploring the concerns, self-perceived needs and psychological wellbeing of cancer carers
- Studying the impact of lifestyle factors (eg migration, physical activity, alcohol, smoking, reproductive history, occupation, screening behaviour, dietary patterns) on the development of leading cancer types
- Identifying the barriers experienced by individuals from culturally and linguistically diverse backgrounds within the Australian health care system, and any psychosocial impact on cancer patients
- Linking data to ascertain the accuracy of recorded information and the estimate of costs of bowel cancer care in NSW
- Examining survival from cancer and differences in spread of disease at diagnosis in indigenous people
- Comparing cancer treatments and patterns of care for the indigenous population, and determining treatment differences, if any, between rural/remote indigenous patients and those living in urban areas
- Comparing findings to assess changes in practice and treatment in patterns of care for lung cancer patients diagnosed in 1993 and 2002

Ethics Committee

Mr Jason Downing (Chair)
Lawyer, Wentworth Chambers

Ms Maureen Bousfield
Laywoman

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

Ms Alice Oppen
Laywoman

Mr John Tong
Layman

Ms Meghan Magnusson
Lawyer, Ebsworth & Ebsworth

Rev David Pettitt
Minister of Religion, Anglican Chaplain,
Metropolitan Reception and Remand Centre

Emeritus Professor Tom Reeve
Medical Graduate with Research Experience
Executive Officer, Australia Cancer Network

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

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.

Professor Richard Henry (Chair)
Senior Associate Dean
Faculty of Medicine, University of NSW
Board Director

Professor Phyllis Butow
NHMRC Senior Research Fellow
and Executive Director
Medical Psychology Unit, University of Sydney

Professor Simon Chapman (to February 2006)
Professor of Public Health
Department of Public Health and Community
Medicine, University of Sydney
Board Director

Ms Sally Crossing
Chair
Cancer Voices NSW

Professor Don Iverson
Faculty of Health and Behavioural Sciences
Wollongong University

Ms Roslyn Lawson (from April 2006)
Consumer Representative

Associate Professor Murray Norris
(from January 2006)
Deputy Director
Children's Cancer Institute Australia

Dr Andrew Penman
CEO
The Cancer Council NSW

Dr Roger Reddel
Head
Cancer Research Unit
Children's Medical Research Institute

Professor Sally Redman
CEO
Sax Institute

Professor Michael Reid
Director General
Ministry for Science and Medical Research
Board Director

Associate Professor Freddy Sitas
Divisional Director
Cancer Research and Registers Division, The
Cancer Council NSW

Professor John Thompson
Melanoma Unit, Royal Prince Alfred Hospital

Professor Robyn Ward
Medical Oncology, St Vincent's Hospital

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. Three research proposals were given scientific review this year:

- Tobacco retail study
- Tobacco-attributed mortality
- Fake tan use

OUR WORK



The Cancer Council's network of nine regional offices provides community-based health programs and support services throughout NSW.

The regional network has undergone a restructure to ensure our regional operations are sufficiently resourced to meet the needs of regional and rural communities. A name change accompanied the restructure with the Regional Network becoming the Statewide Services Division at the start of 2006.

Area managers have been appointed in the North Coast and Hunter/North West regions, and a full-time manager in the Southern region. Previously managers were required to fill dual roles.

The Cancer Information and Support Services Division, Health Strategies Division, and Marketing and Communications Division are heavily reliant on regional staff for the successful delivery of their programs and events. The program outcomes are discussed elsewhere in this report, while the method for achieving these results and developments in the regional offices to build capacity and community engagement will be discussed here.

Visibility has increased dramatically across the state, particularly in the areas of advocacy, patient and carer support, and Relay For Life events. The breadth and influence of external stakeholders has also grown as we involve them in setting organisational direction, delivering programs and influencing other key stakeholders.

Advisory Committees

Advisory committees are operating in the Hunter, Far North Coast and Mid North Coast regions. These committees provide the connection between the community and The Cancer Council. In the first instance, they organised regional forums to build a greater understanding of cancer and cancer control within their local communities. The committees ensure our operational plans are relevant and focused on local needs; they also administer our regional grants and provide significant support to the regional managers.

Patrons

Patrons were appointed to take a lead role at the regional forums: Barbara Gaudry, Newcastle Councillor, in the Hunter; Kerry Fraser of Coffs Harbour, in the Mid North Coast; and Liz Terracini, Northern Rivers Performing Arts General Manager, in the Far North Coast. These are high profile people who have all had cancer, and who have a strong commitment to The Cancer Council and its mission. Barbara Gaudry was instrumental in the introduction of smoking bans in outdoor dining areas in Newcastle.

Community Engagement

The growing level of community engagement is evidenced in our Community Partnerships and Regional Advocacy Networks. There are 41 Councils participating in the partnership program and seven established advocacy networks working on state and local issues. Local support groups, volunteer groups, Relay For Life organising committees and regional office volunteers also affirm our strong community links.

Information Systems

In the reporting period we undertook a thorough review of our information systems and have developed strategies aimed at better aligning our systems and technology to support organisational strategy and program delivery. We have focused on developing flexible, reusable and modular information systems to enable the organisation to constantly adapt and evolve.

Our IS strategy focuses on a number of key areas including:

- Improving Constituent Relationship Management (CRM) capabilities by integrating separate CRM systems
- Providing Data Warehouse and Business Intelligence solutions
- Improving regional office systems and facilitating better regional program delivery
- Improving operating efficiency via automation and system integration
- Providing technical training to staff and volunteers
- Improving data quality, security and integration.

A photograph of an older woman with short, curly white hair, wearing a black long-sleeved top, sitting in a meditative pose on a blue mat on a sandy beach. Her eyes are closed, and her hands are resting on her knees with palms facing up. The background is a soft-focus view of the ocean and sky.

“The Cancer Council needs to be up to date with the evidence so we can help patients make informed decisions. We’re also pushing for more research into what’s effective and why it’s effective.”

Complementary Therapies: Helping Patients Make Informed and Safe Decisions

More and more Australians are turning to complementary therapies for preventing illness, for alleviating symptoms or for generally improving their quality of life. For many cancer patients, complementary therapies are also an option for being actively involved in dealing with their cancer.

Complementary therapies are undertaken in addition to conventional treatment and shouldn’t be confused with alternative therapies that are chosen instead of conventional medical treatments. Aromatherapy, meditation and acupuncture are examples of complementary therapies.

Gillian Batt, Director of Cancer Information and Support Services says an estimated 70% of Australians, not just cancer patients, use complementary therapies of some kind including taking supplements, having therapeutic massages and so on.

“Some therapies have negative interactions with conventional medicine and so it’s important that we know what people are doing,” says Gill.

“The Cancer Council needs to be up to date with the evidence so we can help patients make informed and safe decisions. We’re also pushing for more research into what’s effective and why it’s effective.”

The Cancer Council’s Complementary and Alternative Therapies information sheet explains some of the terminology, potential benefits and potential dangers of unconventional therapies and encourages patients to openly discuss their intentions with their doctor.

A complementary therapies seminar in October 2005, organised by The Cancer Council, provided a valuable forum for patients, carers, social workers, health professionals and complementary medicine practitioners to learn more about the subject. More than 300 people attended the seminar with recognised world expert, Dr Barrie Cassileth from New York’s Memorial Sloan-Kettering Cancer Centre as keynote speaker.

“Australia has a big problem with ‘quack therapies’ that make certain claims,” said Dr Cassileth. “People need to understand the difference between these therapies and complementary therapies so that patients can get the best possible treatment.”

“Complementary therapies don’t generally claim to treat the cancer. They relieve symptoms by helping patients keep strong emotionally and physically,” she said.

Supporting Patients and Families

Providing information and support to cancer patients and their families is one of The Cancer Council's primary concerns. We continue to develop and diversify our activities in this area in response to the community's needs.

Cancer Council Helpline

From 1 October 2005 to 30 June 2006, our Cancer Council Helpline received 15,230 calls: 42% from cancer patients or carers, and a further 25% from people with symptoms or concerns. The Helpline is also a valuable source of information for health professionals, who accounted for 12% of callers.

The Helpline received 5726 calls in the three months from 1 July 2005 to 30 September 2005; bringing annual call numbers up to around 21,000.

The Helpline staged two call-ins in the nine-month period. During call-ins specialists and survivors join Helpline consultants on the phones. The call-ins are heavily promoted and generally attract large numbers of calls from around the state. The prostate call-in in September 2005 generated 1171 calls and the bowel cancer call-in in June 2006 attracted 138 calls. (The average daily call rate on the Helpline ranges from 80 to 100 calls.)

Helpline Evaluation

As part of the Cancer Council Helpline quality assurance program, the Centre for Health Research and Psycho-oncology (CHeRP) was commissioned to undertake a satisfaction survey with callers to the Helpline in August 2005. A total of 177 callers completed the survey; 45% of respondents had called the Helpline seeking information about cancer treatment and management. One-fifth of callers had not discussed their issue with a health care professional, highlighting the important role that the Helpline fills for people as the "first port of call" for information and support.

- Callers' levels of satisfaction with the Helpline service had been maintained or increased since the previous survey in 1995.
- 98% of respondents found the consultants to be courteous, sympathetic, well informed and open to being asked questions.

- 92% reported that the information they got was exactly what they were after.
- Respondents also reported a high level of satisfaction with the accessibility of service, the way their call was managed, and the quality of the written material they were sent.

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 had cancer, and who can provide practical information and emotional support. People who are newly diagnosed with cancer are referred to the service, and if they choose, are matched with volunteers who have had a similar cancer experience. In the reporting period, The Cancer Council Connect peer support service took 825 breast cancer referrals and provided 414 matches; and 105 referrals for other cancer sites and made 97 matches.

In the three months from 1 July 2005 to 30 September 2006, the service took 308 breast referrals and made 173 matches; and 38 referrals for other cancer sites and made 45 matches (often multiple matches are required to meet client needs).

Cancer Council Connect endeavours to match newly diagnosed cancer patients, with any type of cancer, with trained volunteers who can provide one-to-one support. When there is no appropriate volunteer in NSW patients may be matched with interstate volunteers.

Telephone Support Groups

People affected by cancer who are unable to attend traditional support groups can benefit from Cancer Council-facilitated telephone support groups. The groups provide an opportunity to discuss and share the particular emotional and practical issues these isolated patients and carers face. During the nine-month period regular fortnightly sessions were held for the following groups:

- People with advanced cancer
- Cancer carers
- People with brain cancer
- People with lung cancer
- Young men with prostate cancer.

Telephone support group participants come from as far a field as Goulburn, Lismore, Tamworth, Wagga Wagga, Bogan, Taree, Narrabri, Bland and the ACT, as well as greater metropolitan Sydney, the South Coast, Hunter and Central Coast.

Online Support for Cancer Carers

The psychological wellbeing of people with cancer is associated with the wellbeing of their carers. Yet, there is consistent evidence that carers experience high rates of anxiety and depression, at times higher than experienced by the individuals with cancer.

With funding from the NSW Health State-wide Carers Grant Program, The Cancer Council has developed a six-week Internet-based program accessed by carers from their own homes. Participants meet as an online group with a trained facilitator; they learn about cancer, share their experiences, and find out about strategies for coping. A pilot has been conducted, with group members also receiving follow-up telephone support.

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 10,000 packs were distributed to patients through cancer treatment centres throughout NSW during the nine-month reporting period (a further 4700 packs were distributed in the three months from 1 July 2005 to 30 September 2006).

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 reporting period, *Understanding Breast Cancer* was added to the series and the following titles were revised: *Acute Leukaemia*, *Brain Tumours and Spinal Cord Tumours*, *Chemotherapy*, *Complementary and Alternative Therapies*, *Overcoming Cancer Pain*, *Palliative Care*, *Sexuality for Men with Cancer*, *Sexuality for Women with Cancer*.

The series is available in printed format and online. In the reporting period 122,125 booklets were distributed through cancer treatment centres, libraries, cancer patient accommodation facilities and other avenues (in the three months to 30 September 2005 a further 52,345 booklets were distributed). To support the display and distribution of the patient literature, accommodation and treatment centres were offered customised stands; 51 centres were provided with stands in the nine-month period.

Cancer Information Library

The Cancer Council library offers a wide range of up-to-date resources including video and audiotapes, online specialist medical and health journals, professional reference books, and consumer books and pamphlets on many cancer-related topics.

The library continues to be a vital source of information for Cancer Council personnel, including regional office staff and the behavioural research teams at the University of Newcastle; Action on Smoking and Health staff based in the Woolloomooloo office are also regular library users. External clients include patients and families, health professionals and students. Library loans are provided by post to people who are unable to visit the library. An online search function enables people to submit their search requests to the librarian via The Cancer Council website.

Living with Cancer Education Program

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

In the reporting period 25 new program facilitators were trained and Cancer Council staff conducted 12 programs. These included regional programs at Coffs Harbour (2), Gosford, Milton-Ulladulla, Moree, Port Macquarie and Tamworth; and five metropolitan programs including programs for Spanish, Arabic and Vietnamese speakers. The first program for people with advanced cancer got underway in Taree.

Support Groups Program

Cancer Council-commissioned research identified difficulties faced by support group leaders and recommended targeted training, the provision of clear guidelines, and the development of improved methods of supporting group leaders to alleviate these difficulties. The Cancer Council's support group training program addresses these issues. In the nine-month reporting period eight training sessions were held with 123 group leaders (from 1 July to 30 September 2005 a further two sessions were held with 25 participants). Participants acquire the skills and confidence to handle issues such as the death of a group member, leader burnout, succession planning and dealing with conflict.



Patient Accommodation

Low-cost accommodation for patients who must travel to undergo treatment is an often-cited need. The Cancer Council, in a joint venture with CanAssist, manage the Lilier Lodge hostel-style facility for patients in the Riverina who travel to Wagga Wagga for treatment.

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
- Hope Cottage at Nepean Hospital

Patient Transport

Having suitable transport to treatment is one of the most often cited needs of cancer patients. Our Mid North Coast and Southern offices fund and manage services transporting patients to treatment centres in Newcastle or Taree, and Wollongong respectively. Volunteer drivers and coordinators support these services.

We are currently reviewing our patient transport as we look to expand the program throughout the state.

Holidays for People with Cancer

With funding obtained through the Clubs NSW Community Development and Support Expenditure Scheme (CDSE), we have been able to provide 75 individuals from 23 financially disadvantaged families with a “break from cancer”. The families from Canterbury, Bankstown, Fairfield and Wollongong each had a seven-day Queensland holiday.

Hereditary Cancer Registers

The Cancer Council NSW continued to fund and manage the NSW and ACT Hereditary Cancer Registers till 30 June 2006 when the registers were transferred to the Cancer Institute NSW.

The Hereditary Cancer Registers work closely with Familial Cancer Clinics of NSW to support patients with selected genetic cancer conditions as well as providing 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 30 June 2006 there were approximately 900 registrants from 500 families.

During the reporting period, the registers provided a range of specialised services including:

- Screening reminders for registrants and/or their treating doctors
- Face-to-face consultations with registrants’ genetic counsellors
- Assistance for registrants in contacting at-risk relatives
- Up-to-date information on research into the various syndromes.

"... a daughter-in-law called me to say she'd found a terrific website. It was The Cancer Council site."



No. 1 Cancer Website: Up-to-date Information and Support

The Cancer Council NSW website, located at www.cancercouncil.com.au, was the number one website in Australia in the Health and Medical Organisations category at the 2005 Hitwise Online Performance Awards.

The site averaged 102,000 visits per month; a survey in March 2006 indicated around one-third of visitors were cancer patients or family members and friends of patients, and one-fifth were health professionals. More than 25% said they visited the site a few times a week or a few times a month.

When Margaret Donkin was diagnosed with bowel cancer she became a regular visitor to The Cancer Council site.

"When I heard I had cancer, I had myself dead and buried. My daughter Nicole was expecting a bub in a couple of months and I didn't think I would see that baby born," says Margaret. "Then a daughter-in-law called me to say she'd found a terrific website. It was The Cancer Council site. I read the information on bowel cancer through and through, and I thought I'm not going to die in the next couple of months. By the time I went for my appointment with the surgeon I was feeling much more relaxed."

"From then on, every time I wanted a different bit of information I would bring up the website and sit and read," she says.

"I had the treatment and I've had my 12-month check-up and been given the all clear. I have to continue to have a colonoscopy every year to make sure things stay that way."

The Cancer Council's Understanding Cancer series of booklets is available online and in printed format. These pages regularly appear among the "most visited" and "most downloaded" items on the website. Cancer patients and their families can also access an online directory of cancer services which are organised by category and regional area. The March web survey showed that regional visitors make up around one-quarter of the traffic to the site.

Preventing Cancer

Our aim is to help change the social environment and people's behaviour, to reduce the risk of cancer, and thereby improve the health and wellbeing of individuals, families and communities in NSW.

Educating the Community, to Change their Behaviour and Reduce the Risk of Cancer

We focus our efforts on those groups in the community who are at the greatest risk of developing skin cancer, tobacco-related cancers, and cancers due to poor lifestyle practices.

Early Detection of Skin Cancer Amongst Older Adults

Summer 2005/06 saw the second wave of our public education campaign targeting older adults, warning them of their risk of skin cancer, informing them how to check their own skin regularly and encouraging them to see their GP if they notice any change. Activity included:

- Community presentations (160 presentations; 5500 participants)
- Display and distribution of posters and brochures in pharmacies (10,600 items), community health centres (4300 items), caravan parks (800 items) and retirement villages (2000 items)
- Local government Australia Day promotions (1400 items distributed)
- Community service announcements (47 TV spots; 496 tracked radio spots; hourly spots for 10 days at the Tamworth Country Musical Festival)
- Cinema slides (17 participating cinemas)

- Publicity on *A Current Affair* and in *The Daily Telegraph* and *New Idea* and in suburban and regional newspapers (49 items)
- Magazine inserts (370,500 items)
- Messages with Medicare cheques (500,000)

The public awareness campaign was supported by strategies to assist GPs in dealing with skin cancer checks and diagnosis. Our GP reference guide on skin cancer was endorsed by the Royal Australian College of General Practitioners, and has been distributed to 3300 general practice surgeries in NSW, with 1300 surgeries ordering additional resources.

New Advice and Resources: Skin Cancer Prevention

We regularly review and update our information resources for the public to provide up-to-the-minute guidance on concerns about skin cancer or sun protection:

- Media stories focusing on the health impact of Vitamin D deficiency generated public concern and confusion. We developed information to help people understand how much sunlight is required for adequate Vitamin D production, without increasing the risk of skin cancer.
- Most Australian weather reports now include a UV Alert; our fact sheets explain the UV Alert and UV index, and how people can use these to help plan their outdoor activities and sun protection needs.

New Advice and Resources for the Public: Nutrition and Physical Activity

We produced new information for the public, including:

- Advice about the benefits of nutrition and physical activity for cancer survivors.
- The role of omega-3 fatty acids and fish in preventing cancer.

We also conducted regional workshops for cancer survivors on nutrition and physical activity.

Protecting Young Children from Second-hand Smoke

Our collaborative three-year social marketing campaign funded by NSW Health, Car and Home Smoke Free Zone, was in its final year. The campaign was aimed at changing the behaviour of smokers who were parents or carers of children aged 0-6 years. At the end of the campaign, nearly three-quarters of households and over 60% of cars were smoke-free compared to 47% and 43% respectively at the beginning of the campaign. In the final year of the campaign, we increased our activity aimed at GPs, child care workers, early childhood nurses, and child and family nurses, to better equip them to identify children at risk of exposure to second-hand smoke and to advise parents to keep their car and home smoke free.

Over the life of the campaign, we assisted 19 community groups to conduct culturally appropriate local projects conveying Car and Home Smoke Free Zone messages, with a total of \$270,000 in community grants.

Working with Organisations to Improve Their Policies and Practices

There are many organisations playing key roles in caring for members of the community on a day-to-day basis, or providing the environments where people spend time. By helping these organisations develop cancer smart policies and practices our work reaches many more people, protecting them from cancer risks.

SunSmart Childcare Services

We launched our SunSmart program for early childhood services, designed to encourage and support facilities to adopt comprehensive sun protection policies and practices, and to acknowledge those with good policies. Services with policies not meeting our criteria were provided with feedback and guidance on how to address any gaps. Over 50% of childcare services registered interest in the program, and we are working with over 400 services to improve their policies. More than 50 services across NSW were recognised as being SunSmart.

Smoke-free Council Playgrounds

We have been encouraging local Councils to introduce smoke-free policies for children's playgrounds and sporting fields. We provide interested Councils with an information kit outlining the key reasons why playgrounds and sporting fields should be smoke-free and with a sample resolution to be considered by Council. In some areas, concerned parents and ratepayers have used our information kit to raise the issue with their Council.

Community Partnerships

We continue to work to establish formal relationships between The Cancer Council and local Government. From 1 October 2005 to 30 June 2006, nine metropolitan and 10 regional Councils affirmed their commitment to working to reduce the impact of cancer in their communities. The Shires Association of NSW and Local Government and Shires Association also showed their commitment to building a cancer smart community. Our community partners are supported in a range of activities including formulating smoke-free playground policies, informing workers about sun-safety, and providing cancer information through local libraries.

Developing Knowledge for Cancer Prevention

We constantly strive to find new ways to help reduce the risk of cancer, and to better understand how to change the behaviour and attitudes of the community in regard to cancer risk. To do this, we invest in strategic research, and share knowledge with others in order to build a strong evidence base for new initiatives.

Australian Tobacco Control Conference

In November 2005, together with NSW Health and the Cancer Institute NSW, we convened the 3rd Australian Tobacco Control Conference. This biennial event is the pre-eminent conference for tobacco control in Australia, bringing together key thinkers, researchers, policy makers and public health professionals to consider the latest challenges and opportunities in tobacco control. More than 350 delegates from Australia and the Oceanic region gathered to hear the national and international speakers. As well as convening the conference, Cancer Council staff presented papers on tobacco product regulation; restricting retail availability of tobacco; advocating for smoke-free pubs and clubs; working with local Government for smoke-free playgrounds, and the influence of smoking in movies.

New Evidence about Food Marketing to Children

We completed two studies into the nature and extent of food marketing to children:

- Television food advertisements were analysed to quantify the proportion of food versus non-food advertising, and the balance between core and junk food advertising; 81% of all TV food ads were for junk food, with the majority of ads aimed at children.
- Food promotions to children in the supermarket setting were assessed, including the use of giveaways and prizes, and cartoon or movie characters on packaging; 82% of promotions were for junk food, with promotions designed to appeal to children and young people.



Every year around 8900 Australians are diagnosed with melanoma and more than 1000 die from this dangerous form of skin cancer.

Save Your Own Skin: Encouraging Older Australians to Check their Skin

Every year around 8900 Australians are diagnosed with melanoma and more than 1000 die from this dangerous form of skin cancer. The good news is that the cure rate for melanoma is more than 90% if it is found and treated early.

The Cancer Council's Save Your Own Skin campaign in summer 2005/06 was aimed at getting older people, aged 55 and over, to look for changes to their skin that may mean cancer. A secondary message of the campaign was that adopting good sun safety practices even later in life reduces the risk of other skin cancers.

Radio and TV community service announcements and print publicity ensured the campaign messages were communicated to a wide audience throughout metropolitan and regional NSW. The Save Your Own Skin resources were distributed through pharmacies, community health centres, caravan parks, retirement villages, hospitals and swimming pools throughout the state.

Many community groups and clubs supported the campaign providing venues for Save Your Own Skin seminars and carrying the campaign messages in their newsletters. Around 5500 older Australians attended skin cancer seminars across NSW.

People with suspicious spots were encouraged to visit their GP in the first instance. GPs were mailed specific information to increase their skin cancer knowledge and to inform them of how and when to conduct a proper skin check. GPs were also encouraged to raise the issue of skin checks with their patients.

Informing the Public

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 providing equitable access to financial assistance to NSW patients.

The Cancer Council is a leading commentator on cancer issues in NSW. In the nine-month reporting period a total of 5575 print, television and radio items mentioned The Cancer Council (7262 in the 2005/06 financial year), an average of around 465 items per month.

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

- State Government investment in Philip Morris parent company, Altria
- Health risks associated with Vitamin D deficiency
- Brain cancer cases at Melbourne's RMIT University

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

- Consumer involvement in cancer research funding
- Smoking ban loopholes compromising public health
- Diet and exercise and improved cancer survival
- Effect of positive portrayals of smoking in movies
- Encouraging older Australians to check their skin

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 the nine-month period, the site averaged around 102,000 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 Cancer Council 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 providing equitable access to financial assistance to NSW patients.



The Isolated Patients Transport and Accommodation Assistance Scheme provides important relief to patients who were already under considerable physical, emotional and financial strain due to their illness.

Speaking Out for Country Patients

For years, NSW patients have had to travel on average 100km further for medical treatment, than patients in other states, to qualify for travel and accommodation assistance.

The Cancer Council formed the Less Distance for Assistance Alliance of 10 health, welfare and rural interest groups to advocate for changes to the distance criteria for the Isolated Patients Transport and Accommodation Assistance Scheme (IPTAAS) to provide important relief to patients who were already under considerable physical, emotional and financial strain due to their illness.

We made representations to the Minister for Health and the Treasury, and ran a public campaign collecting more than 10,000 signed-postcards asking the Government to address this inequity.

On 16 March 2006, the Premier announced changes to the IPTAAS rules effectively halving the distance criteria from 200km to 100km. The changes mean that an additional 11,000 patients annually will be able to access financial assistance if they need to travel for specialist medical care.

We welcomed the announcement but some issues remain to be addressed. The Alliance is still advocating to the Government to allow patients a choice of specialist if there will be a clinical or psychosocial benefit.

Speaking Out on Cancer Issues

We 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 cancer consumers to become active participants and advocates for better cancer control.

Influencing Public Policies and Programs through Representations to Key Decision Makers

In the reporting period, our submissions and representations were focused on:

- Urging the State Government to provide better financial assistance for country patients needing to travel for specialist medical treatment, as part of the Less Distance for Assistance Alliance
- Recommending appropriate definition of the term 'enclosed public place' under the Smoke-free Environment Act so that the regulations would lead to genuinely smoke-free pubs and clubs after 1 July 2007
- Calling on the Australian Communications and Media Authority to review the Children's Television Standards, in our role as member of the Coalition on Food Advertising to Children
- Informing the Australian Competition and Consumer Commission about misleading food advertisements, together with The Cancer Council Victoria
- Assessing the adequacy of, and challenges and opportunities for, tobacco control in NSW, through the Joint Select Committee on Tobacco Smoking
- Advising on required safeguards for nutrition and health claims on food products to the Food Standards Australia New Zealand, on behalf of The Cancer Council Australia

Supporting Community Members to Speak Out for Cancer Control

Together with the peak advocacy organisation, Cancer Voices NSW, we provide training workshops for consumer advocates across the state. In the reporting period, 30 people attended workshops, bringing the total number of people who have completed our consumer advocacy training to 190. We also provide local support for regional networks of advocates.

In May 2006, we convened a statewide conference to provide new skills and information about advocacy campaigning, and an opportunity to meet with Members of Parliament. More than 60 people from across NSW attended the conference, with the majority coming from regional areas.

In June, together with CanTeen and Camp Quality, we conducted advocacy training for young people affected by cancer. Some 14 adolescents attended the two-day training workshop to learn to speak out about issues specifically affecting young people with cancer. They were given the opportunity to practice their new lobbying and interviewing skills on a few willing politicians and journalists.

We continue to support young people interested in tobacco control advocacy through regular e-communications, training workshops and youth-focused activities. Adults with an interest in tobacco control advocacy can join our Tobacco Action Group to receive regular newsletters outlining hot issues and how they can take action; Action Alerts by email; and training opportunities.


Advising State Parliament on Tobacco Control

In February 2006, State Parliament established an Inquiry into Tobacco Smoking in NSW. The Cancer Council has made submissions to the Inquiry and appeared before the Parliamentary Committee on several occasions to provide expert evidence. The Inquiry enabled us to inform Members of Parliament about the remaining challenges in tobacco control, and opportunities for speeding up the reduction in smoking rates in the community. We highlighted the need to:

- Increase government investment in tobacco control
- Ensure all indoor workplaces are genuinely smoke free
- Reduce availability and visibility of cigarettes.

There are many opportunities for the State to help smokers who are attempting to quit and to protect young people from experimenting with smoking, by removing cigarettes from display, restricting retail availability of cigarettes, and providing more tailored assistance for those groups with very high smoking rates.

The Parliamentary Committee also invited members of the public to speak to it; eight of the 23 members of the public who addressed the Committee were members of our volunteer activist network for tobacco issues. Each spoke with passion and reason about the need for further government action to prevent people from tobacco-related harm, a reflection of the value of our investment in developing community capacity for tobacco advocacy.



"The Cancer Council website, the publications and the Helpline nurses can give you the information and support you need."

Girls Night In: Getting Together to Help Beat Women's Cancers

October is breast cancer awareness month and The Cancer Council, like a number of other charities, is active throughout October raising awareness and funds for breast cancer research and support activities.

We recognise breast cancer is an important issue – one that affects thousands of Australian women every year – however we felt other less visible women's cancers also demanded our attention. Our supporters agreed, and Girls Night In was born.

It's a simple concept. Women invite their girlfriends over for a get-together and ask them to donate, what they would have spent on a night out, to the women's cancer cause.

Girls Night In really struck a chord with NSW women who raised a massive \$500,000 in 2005 to fund our women's cancer research and support activities including:

- Providing easy-to-read and sensitively written information on gynaecological cancers, breast cancer, and sexuality issues for women with cancer
- Offering newly-diagnosed women one-to-one contact with trained volunteers who have been through a similar experience and who can provide emotional and practical support
- Supporting six gynaecological and 37 breast cancer clinical trials
- Funding research into:
 - Chemotherapy regimes for ovarian cancer
 - Surgery options for endometrial cancer

- Psychosocial impacts of familial cancers (including breast and ovarian)
- Improving our understanding of ovarian cancer
- Reducing lymphoedema
- Fertility-related decision making
- Breast cancer genes

Kate Neeson, who was diagnosed with ovarian cancer in 2004, has experienced the physical and emotional devastation of this disease first hand. "You don't have to get through it on your own," said Kate. "The Cancer Council website, the publications and the Helpline nurses can give you the information and support you need." Kate is now a Cancer Council staff member, supporting our Relay For Life activities.

Raising Funds to Fight Cancer

Through our fundraising activities we give people the opportunity to make a difference to people with cancer. During the reporting period, our income increased across every area of fundraising and in many areas we are seeing record levels of giving.

People from right across NSW demonstrated their generosity, and their willingness to support The Cancer Council's efforts to defeat cancer. Whether funds are generated through selling or buying merchandise, through hosting functions, through donations, retail purchases or community-driven fundraising, every dollar moves us closer to our goal.

Donations

Our face-to-face canvassers continue to successfully recruit people to our Breakthrough program for regular donors. In showing their long-term commitment to defeating cancer, these donors provide us with a predictable income stream for funding substantial new research programs.

The average Breakthrough donor from our face-to-face sign ups, continues their support for 3-4 years and sees more than 75% of their donations go to funding high impact research that makes a real difference to people with cancer. The 37,000 people who are already part of our Breakthrough program will contribute another \$11 million in the 2006/07 financial year.

The response to our direct mail appeals was again strong, returning \$4 million in the nine-month period.

Our face-to-face recruitment and direct mail appeals were supported by a television advertisement telling the stories of three people who had survived cancer thanks to advances in cancer research and treatment. We followed up with an invitation to our regular donors to make their gifts in honour of someone who had battled cancer; 60% chose to honour a loved one in this way.

Many people chose to make a donation to The Cancer Council in lieu of flowers at a funeral; more than 2000 people made this generous gesture donating \$527,000.

Bequests are an essential source of funding for our research, prevention and support programs; large or small gifts in people's wills are helping shape the future for people with cancer. In the nine-month reporting period, bequest income was a record \$11.9 million. The organisation is enormously grateful to those people who choose to leave a gift in their will to help defeat cancer for future generations.

Workplace giving whereby companies offer their employees the opportunity to make pre-tax donations to The Cancer Council through their payroll system continues to gain momentum.

Major Events

The people of NSW continue to enthusiastically support our fundraising events. Not only do these events generate substantial income for our cancer control activities, they give visibility to our support and prevention activities.

Relay For Life

Relay For Life showed extraordinary growth. In the nine-month period, 29 large and small communities from throughout NSW celebrated this overnight team fundraising event. Relay For Life relies upon the drive, dedication and passion of organising committees made up of local volunteers. To ensure this event continues to develop and strengthen we established a taskforce of Relay volunteers to profit from their ideas and experience. Relay For Life contributed \$3.2 million to help the fight against cancer, and more than 25,000 Relay participants shared in the triumph of the survivors' walks and the reflection of the candlelight ceremonies.

Pink Ribbon Day

October is breast cancer awareness month and Pink Ribbon Day held annually in October raises important funds for and awareness of this disease that will affect one in 11 Australian women. Pink Ribbon Day 2005 raised \$638,000 thanks to the thousands of supporters who bought and sold ribbons, badges and t-shirts; 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.



Girls Night In

After a successful pilot in October 2004, Girls Night In was launched nationally. The concept is simple. Women register to host a fun occasion for their female friends, family, colleagues or neighbours and ask them to donate the equivalent of what they would have spent on a night out. In October 2005, Girls Night In raised more than \$500,000 in NSW alone; with all funds going towards women's cancer research and support activities.

Australia's Biggest Morning Tea

After entering the Guinness Book of World Records as the largest simultaneous tea party, our May 2006 'cuppa for cancer', now dubbed the World's Biggest Morning Tea, once again set a record raising \$3.5 million from events held throughout the state.

Posh Auction

The Posh Auction in March was the most successful to date raising \$785,000. Thanks go to the 700 generous guests, the 200 companies who donated auction items, and the dedicated Posh committee: Gary Gerstle (Chair), Philip Garling, Bruce Hodgkinson, Michael Morgan, Taine Moufarrige, Nadine O'Brien, Stephen Roberts, James Tuite and John Winning. Particular acknowledgement goes to our major supporters: Sydney Rotary, PMA Solutions, Angove's, Winning Appliances, The Classic Safari Company, The Loft, Tiffany & Co, Voyages, The Westin Sydney, Orson & Burk and Vince Sorrenti.

Community Fundraising

Community fundraising is about motivated people raising funds on behalf of The Cancer Council. Community fundraising continues to build momentum with income topping \$1 million. Thanks go to the many hundreds of committed supporters who put their energy into helping fight cancer.

Some fundraisers create their own unique events like the ABN AMRO Equity Markets Dinner in Sydney or the Water Festival Queen Competition on the Central Coast. Others leverage our community fundraising activities including:

- Collecting donations in lieu of gifts through our 'In Celebration' program
- Participating in fun runs and other fitness-based events and collecting pledges as Cancer Champions
- Joining our International Treks program.

Retail

The Cancer Council retail program continues to experience excellent growth in gross sales and net profits. In the reporting period a new store opened in Penrith, providing quality sun protection products to Penrith and Lower Blue Mountains communities, and adding to the remarkable growth. The expanded range of children's clothing and hats has also been hitting the mark with shoppers with sales increasing by 30%.

In the nine-month reporting period the retail program recorded sales of \$5.958 million and for the financial year the retail program achieved a landmark \$7 million in sales, and showed a net profit of \$1.3 million or double the previous year.

All eight shops continue to prosper, and phone and Internet business has also been strong.

Funding and Conducting Research

In the reporting period we announced funding for a record number of new external grants as well as major new projects in our own behavioural and epidemiological research programs. We are confident that funding the best and brightest researchers will lead us closer to our goal of defeating cancer.

The Cancer Council funds more research than any other charity in NSW, and our investment continues to grow. In the reporting period we announced funding for a record number of new external grants as well as major new projects in our own behavioural and epidemiological research programs. We are confident that funding the best and brightest researchers will lead us closer to our goal of defeating cancer.

Strategic Research Partnerships

We have introduced an innovative grant scheme to establish working partnerships with grant recipients in an effort to shorten the time taken between research discovery and application. In 2006 we awarded three strategic partnership grants of around \$250,000 a year. In the initial stage the recipients will undertake their stated investigations in pancreatic, bowel and familial cancers and develop collaborative projects with Cancer Council staff. The second stage sees The Cancer Council working with the researchers to identify other research priorities in these areas. The third stage involves funding these priorities.

Our aim is to ensure that what is learned through research is quickly adopted into clinical practice so that patients experience the benefits.

Pancreatic Cancer

Dr Andrew Biankin
Cancer Research Program
Garvan Institute of Medical Research

NSW Pancreatic Cancer Network

Establishing an Internet-based network to facilitate communication between clinicians, researchers, patients and their families, to aid the treatment of and research into pancreatic cancer in NSW.

Hereditary Cancer

Dr Bettina Meiser
Psychosocial Research
Medical Oncology
Prince of Wales Hospital

Psychosocial impact of hereditary cancer

Assessing the impact that information about genetic cancer risk has on people's emotional and behavioural adjustment. And, developing and evaluating educational materials to help people with decision-making around genetic testing and managing their risk.

Bowel Cancer

Professor Robyn Ward
St Vincent's Clinical School
University of NSW

Integrating biomedical research in bowel cancer into patient care

Improving the accuracy of information in bowel cancer pathology reports to help patients and their doctors to better understand the report, and to ensure new research findings are incorporated into the reports.

Cancer patients have their say in project grant selection

Every year The Cancer Council NSW receives many excellent applications for funding and deciding where the money goes is a vital matter. In a world first, The Cancer Council NSW and Cancer Voices NSW, have established a process to enable cancer patients and the wider public a say about which research is funded.

A trained panel of people, directly affected by cancer, assess the value of research on behalf of the community. The research applications they are invited to assess have already received expert scientific review.

Involving consumers in research grant selection enables us to fund research that is not only the best scientifically, but that also satisfies the needs of the wider community.



2006 Project grants

Professor Barry Allen	Centre for Experimental Radiation Oncology, Cancer Care Centre St George Hospital	Trialling targeted alpha therapy for the treatment of metastatic melanoma
Associate Professor Michael Boyer	Sydney Cancer Centre Royal Prince Alfred Hospital	The effects of chemotherapy on cognitive function in testicular cancer patients
Professor Samuel Breit	Centre for Immunology St Vincent's Hospital	The role of the MIC-1 gene in the biology of cancer
Professor Simon Chapman	School of Public Health University of Sydney	Examining how cancer issues are treated in television news
Dr Alla Dolnikov	Children's Cancer Institute Australia	Targeting the IRF2 gene to inhibit leukaemic cell growth
Professor Michael Friedlander	Department of Medical Oncology Prince of Wales Hospital	Chemotherapy regimes for ovarian cancer
Dr Beric Henderson	Westmead Institute for Cancer Research Westmead Millennium Institute	Examining the role of the BARD1 gene in breast cancer
Dr Russell Hogg	Gynaecological Oncology Westmead Hospital	A randomised trial comparing keyhole surgery with open surgery for endometrial cancer
Dr Sharon Kilbreath	School of Physiotherapy, Faculty of Health Sciences University of Sydney	Trialling an early exercise program for women following breast cancer surgery
Associate Professor Graham Mann	Westmead Institute for Cancer Research Westmead Millennium Institute	Genes and melanoma This research is funded by The Cancer Council's retail program
Dr Deborah Marsh	Kolling Institute for Medical Research, University of Sydney Royal North Shore Hospital	Biomarkers of cell signalling pathways in ovarian cancer
Dr Bettina Meiser	Psychosocial Research, Medical Oncology Prince of Wales Hospital	Evaluating a fertility-related decision aid for young women with early breast cancer
Associate Professor George Mendz	School of Biotechnology and Biomolecular Sciences, University of NSW	The role of pathogenic bacteria in liver cancer
Associate Professor Natalka Suchowerska	Department of Radiation Oncology Royal Prince Alfred Hospital	Predicting the most effective dose distribution for radiation therapy Prostate cancer radiotherapy: using fibre optics to determine the optimal dose
Professor Martin Tattersall	Department of Cancer Medicine University of Sydney	Enhancing cancer patient participation when discussing clinical trial enrolment
Dr Lyndal Trevena	School of Public Health University of Sydney	Trialling a meta-decision aid for evidence-based preventive activities

Funding and Conducting Research

2006 Program Grants

Recognising that breakthroughs don't happen overnight, we provide five-year program grants for researchers investigating long-term goals.

New Arsenical-based Cancer Drugs

Professor Philip Hogg
University of NSW
Children's Cancer Institute Australia

Testing two organoarsenical compounds in clinical trials in cancer patients. One of the compounds, GSAO, has the potential to turn cancer into a manageable disease, like diabetes for example. The other, GSAO-DOTA, can be used to non-invasively detect tumours.

Improved treatment outcomes for children with leukaemia

Professor Murray Norris
Children's Cancer Institute Australia

Improving treatment for childhood leukaemia through a comprehensive approach that includes clinical research into assigning appropriate treatment to patients based on detection of residual leukaemia.

Alternative lengthening of telomeres: a target for cancer treatment

Professor Roger Reddel
Cancer Research Unit
Children's Medical Research Institute

To avoid death most cancer cells need to prevent their chromosome ends (telomeres) from shortening. Some cancer cells use a process called Alternative Lengthening of Telomeres (ALT) to prevent telomere shortening. This research is investigating the molecular details of ALT in order to develop ALT inhibitors that can be used to treat cancer, and to minimise side effects of this treatment on normal cells.

Continuing Grants

The Cancer Council recognises the long-term nature of research and is committed to funding a number of project grants for up to three years, as well as five-year program grants. Researchers are also eligible to apply for consecutive grants to enable them to follow up on preliminary investigations and to pursue long-term research goals.

Cancer Council-funded studies continuing in 2005/06:

- Developing a new and effective treatment for BCC skin cancers
- Understanding the mechanisms underlying cancer cell immortality
- Providing accurate PET images for lung cancer diagnosis and assessment
- Investigating the needs of women with ovarian cancer and their partners
- Understanding how the gene mutation, BRCA1, functions in the cells
- Predicting lymphoedema following surgery for melanoma or breast cancer
- Studying immunodeficiency and lymphoma
- Cellular immunotherapy for Hodgkin's lymphoma
- Predicting how cancer patients 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
- Finding the optimal time 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
- Investigating the processes by which cancer cells grow and divide

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 more 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 staff to help run a special portfolio of trials. The Cancer Council selects the trials based on priority, impact and quality, as well as the need for support.

In the reporting period, The Cancer Council funded 40 clinical trial study nurses and data managers in hospitals throughout NSW to support participation in a portfolio of 120 selected trials; almost 700 patients were recruited to the Cancer Trials NSW selected trials.



The Cancer Council epidemiologists are conducting a number of studies into the care cancer patients receive in NSW and how well they fare.

Researching Better Outcomes for Patients

The stereotypical researcher is someone in a lab coat peering into a microscope or messing about with petri dishes and pipettes. The researchers on Level 2 in The Cancer Council's Woolloomooloo office don't fit this stereotype. They are epidemiologists and they spend most of their time at their computers, often collecting and analysing data from medical records and registries.

This type of research may appear to be very remote and impersonal, but that's not always the case. Among their various investigations, Cancer Council epidemiologists are conducting a number of studies into the care cancer patients receive in NSW and how well they fare.

Across NSW cancer survival varies considerably. This may be attributable to early detection, to variations in treatment or a combination of the two. To help uncover the reasons, researchers need good descriptive information on the diagnosis, staging and management of the key cancers.

Our epidemiologists have collected information on patterns of care for bowel and lung cancer in NSW. For prostate cancer they are also collecting data about how the side effects of different treatments affect men's quality of life.

These studies are providing information on how these major cancers are being managed and treated in NSW and how treatment varies according to a patient's age, place of residence, practitioner specialty and so on. They are also looking at how treatments compare to what is considered to be the best clinical practice.

The information our researchers have gathered is helping identify areas for possible improvements in managing bowel, lung and prostate cancer, which will lead to improvements in quality of life and survival. The information is also helping identify areas of practice where patients are not receiving accepted best clinical treatment.

Funding and Conducting Research

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.

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 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

The behavioural researchers at CHeRP are helping to build a cancer smart community by investigating ways of reducing high-risk behaviours. Projects dealing with cancer prevention and early detection included:

Implementation of a Guide for Nicotine Dependent Inpatients

Evaluating the effectiveness of an organisational-change intervention designed to increase uptake of the NSW Health Guide to the Treatment of Nicotine Dependent Inpatients in hospitals.

Tobacco investment practices of superannuation funds

Examining superannuation funds tobacco investment policies.

Trial of proactive telemarketing of smoking cessation services

Evaluating the effectiveness of telemarketing smoking cessation support for smokers in NSW.

Tobacco retailing

Exploring the relationship between tobacco outlets, tobacco purchasing, tobacco consumption and smoking relapse.

Lifestyle and cancer surveillance practices of survivors

Examining cancer survivors' lifestyle (sun protection, smoking, alcohol consumption, physical activity) and cancer surveillance practices (relating to bowel, prostate, breast and cervical cancers).

Community Smoking Survey

Analysing and disseminating the results of a recent community survey of smoking-related issues and behaviour undertaken with around 3500 NSW residents.

Survivorship

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 information, physical, psychosocial, practical and spiritual needs of people affected by cancer can best be met. Survivorship projects included:

Evaluating the effectiveness of strategies to improve the psychosocial outcomes of people with advanced cancer

Population-based longitudinal survey of the physical and psychosocial outcomes of recent cancer survivors

Examining changes in the prevalence and predictors of anxiety, depression, quality of life and perceived needs of a population-based cohort of newly diagnosed cancer survivors over the first five years since diagnosis.

Psychosocial outcomes of the partners/caregivers of cancer survivors

Examining the prevalence and predictors of anxiety, depression, quality of life and perceived needs of the partners/caregivers of cancer survivors.

Qualitative research into the factors underlying reported unmet needs by cancer patients

Disseminating the findings of qualitative research exploring the perceived needs of long-term cancer survivors and how these can best be met, and developing a long-term survivors' module for the Supportive Care Needs Survey.

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

Disseminating the findings of a survey assessing the prevalence and predictors of the perceived needs of women with lymphoedema.

Best Practice in Cancer 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 research to help build a cancer smart health care system included:

Doctors' attitudes and barriers to early involvement of local palliative care services

Disseminating information about the structural, attitudinal and practical barriers to timely and appropriate referral to specialist palliative care services in urban and regional Australia.

Palliative Care Referral guidelines

Developing and disseminating consensus-based guidelines and associated tools for the appropriate referral of cancer patients to palliative care services.

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.

Routine assessment and management of cancer patients psychosocial wellbeing

A feasibility study of the implementation of routine assessment and management of cancer patients' psychosocial wellbeing in a 'real life' clinical setting.

Consultation skills training for oncologists

Analysing and disseminating the results of the randomised controlled trial assessing the effectiveness of a training program (interactive face-to-face workshops and videoconferencing) at improving consultation skills of oncologists.

Grants and Consultancies

In the nine-month reporting period researchers at CHeRP were awarded the following grants and consultancies:

- The Honda Foundation – \$21,000 for the Optical Mark Read Scanner
- The Cancer Council Australia – \$7150 to achieve National Consensus on Cancer-related Knowledge and Attitude Survey Items
- The Cancer Council NSW – \$55,520 to conduct Tan Seeker and Solaria Focus Groups
- Centre for Chronic Disease Prevention and Health Advancement, NSW Health – \$37,579 for Follow-up of Dissemination of Solaria Guidelines to NSW Solaria

Presentations

Between 1 October 2005 and 30 June 2006 researchers from CHeRP shared their findings at conferences, seminars and scientific meetings in Australia and internationally including giving the following presentations:

- Proactive, routine monitoring and intervention to reduce the psychosocial impact of cancer and its treatment in outpatient oncology services. Improving the Management of Cancer Services Seminar 2006
- Doctors' perceptions of palliative care and triggers and barriers to referral: A qualitative investigation. European Association for Palliative Care Research Forum 2006
- Consultation Skills Training with Oncologists: Does it improve outcomes for people with cancer? Clinical Oncological Society of Australia (COSA) 32nd Annual Scientific Meeting 2005
- Needs based utilisation of palliative care services in Australia: Overview of a program of work 2003-2009. Forum as above.
- Epidemiology of Smoking and Pregnancy. Smoking and Pregnancy Workshop 2005
- Smoking Cessation: the National Experience. Forum as above.

Publications

From 1 October 2005 to 30 June 2006 CHeRP researchers published the following research articles in peer-reviewed scientific and medical journals or as stand-alone publications (complete references are provided in the Publications Appendix):

- Guidelines for the Diagnosis and Management of Lymphoma 2005 (CHeRP personnel were members of the guidelines working party)

- Proactive routine monitoring and intervention to reduce the psychosocial impact of cancer therapy
- A monetary incentive increases postal survey response rates for pharmacists

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, including 2100 men with prostate cancer (cases) and 495 men without prostate cancer (controls). Five-year follow up interviews commenced in September 2005 and the men will continue to be followed for up to 15 to 20 years after their treatment.

As well as responding to questions about their urinary, bowel and sexual function, the study participants are also asked about their methods of coping and their supportive care needs.

A new part has been added to the research whereby a sample of 422 men completed an additional telephone interview on their preferences for current treatment options. The patients' perspectives gained from this research will contribute towards the way men are informed, in the future, prior to making treatment decisions.

Funding and Conducting Research

NSW Colorectal Cancer Care Survey

This study examined the way bowel cancer patients are managed in NSW in order to identify aspects of care that could be improved. Doctors who took part in this study were able to look at how they managed their own patients in comparison to other doctors in NSW. Reports on the chemotherapy and surgical management have been published and another on radiotherapy is underway. Data from this study has also been combined with similar information from other States to contribute to a national survey of bowel cancer management.

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 Cancer Lifestyle and Evaluation of Risk (CLEAR) Study

Recruitment commenced for this study aimed at providing 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 (NHMRC).

Cervical Health Study

Recruitment commenced for this study aimed at improving medical knowledge about some of the potential causes of cervical abnormalities.

Participating women answer questions about their smoking and drinking habits, their general health, sexual history, reproductive history, and use of oral contraceptives and HRT. This study receives funding from the NHMRC.

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 auspiced 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; 36,500 NSW residents have already been recruited. Participants 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 future effect on a number of cancers and other health outcomes.

Cancer Incidence in Migrants in NSW

This report published in 2006 compares 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 Aboriginal and Torres Strait Islander Peoples in NSW

This study is comparing cancer incidence in Aboriginal and Torres Strait Islander peoples with that of the other populations in NSW.

Grants

CERU researchers were successful in gaining the following grants from 1 October 2005 and 30 June 2006:

- National Health and Medical Research Council grant \$1,151,625
The effect of exogenous hormones, smoking and HPV on the incidence of screen detected pre-invasive cervical cancer
- National Health and Medical Research Council grant \$300,475
Five-year outcomes of care for prostate cancer in NSW
- Cancer Institute NSW grant \$150,000
NSW Patterns of Care Studies
- Prostate Cancer Foundation of Australia and Andrology Australia \$118,375
Development of clinical practice guidelines and consumer guide for metastatic prostate cancer

Presentations

Between 1 October 2005 and 30 June 2006 CERU researchers gave oral and poster presentations at conferences and scientific meetings in Australia and overseas on a variety of research subjects:

Poster presentations

- Men's Preferences for Treatment of Early Stage Prostate Cancer: Developing and Piloting Discrete Choice Experiment. Clinical Oncological Society of Australia (COSA) 32nd Annual Scientific Meeting 2005
- Lung Cancer Management in New South Wales: Results for Key Practice Indicators. Forum as above.
- Lung Cancer Management in New South Wales: Diagnosis and Treatment. Forum as above.



- Estimating the Burden of Disease from Smoking in South Africa. 13th World Conference on Tobacco Or Health (WCTOH) 2006
- Patterns of Care for Lung Cancer in New South Wales. 11th World Conference on Lung Cancer 2005

Oral Presentations

- Cervical screening and vaccination. HERON Workshop: Modelling in Population Health 2005
- When to start screening and how often? Cervical Cancer – Not yet beaten and at what cost? 2005
- Patterns of Care for Lung Cancer in New South Wales. RANZCR 56th Annual Scientific Meeting 2006
- The Rates of Preinvasive and Invasive Carcinoma of the Cervix in South Africa: A Pre-Screening Policy Cytologic Survey. International Association of Cancer Registries (IARC) Meeting 2005
- The Usefulness of Case-Control Studies in Unraveling Associations between Infection and Cancer. Forum as above.
- The Supportive Care Needs of Australian Men with Prostate Cancer. COSA 32nd Annual Scientific Meeting 2005
- Differences in Cancer Incidence by Country of Birth in NSW: healthy migrants, ascertainment bias or salmon swimming upstream? Forum as above.
- Accuracy of disease stage for colorectal cancer in a population-based cancer registry, NSW. Forum as above.
- Cancer in Indigenous People in NSW 1994-2002: A growing problem. XVII World Congress of Epidemiology 2005
- Assessing the Impact of Socioeconomic Status on Cancer Survival in NSW 1996-2001. Forum as above.
- Assessing the impact of measurement error of spread of cancer on estimates of regional variation in survival from colorectal cancer. 14th Annual Scientific Meeting of the Australasian Epidemiological Association 2005
- Are urological cancer patients receiving care in accordance with good practice? Urological Society of Australasia 59th Annual Scientific Meeting 2006
- Cervical Screening in the Era of HPV Vaccination. Wartfest Conference 2006
- HPV and Cancers. Forum as above.
- Determining the optimal screening interval and age range in screening programs. Online lecture for Masters of Public Health Cancer Control course, University of Sydney 2006
- Reliability and validity of a telephone questionnaire for estimating lifetime personal sun exposure in epidemiologic studies
- Surgeon and hospital volume and the management of colorectal cancer patients in Australia
- Etiologic factors associated with p53 immunostaining in cutaneous malignant melanoma
- Cancer in Aboriginal people in New South Wales 1994-2002
- A population-based study from New South Wales, Australia 1996-2001: Area variation in survival from colorectal cancer
- Variation in incidence and fatality of melanoma by season of diagnosis in New South Wales, Australia
- Real time devices for the screening and diagnosis of cervical disease
- The agreement between self-reported cervical smear abnormalities and screening programme records
- Carcinoma of the cervix and tobacco smoking: Collaborative reanalysis of individual data on 13,541 women with carcinoma of the cervix and 23,017 women without carcinoma of the cervix from 23 epidemiological studies
- Chronic diseases of lifestyle in South Africa 1995-2005
- Disease and Mortality in Sub-Saharan Africa
- Specific infections, infection-related behavior, and risk of non-Hodgkin lymphoma in adults

Publications

Between 1 October 2005 and 30 June 2006 the following articles by CERU researchers, or collaborations including CERU researchers, appeared in peer-reviewed scientific and medical journals (complete references are provided in the Publications Appendix):

- Australian Cancer Network Clinical Practice Guidelines for the Prevention, Early Detection and Management of Colorectal Cancer 2005
- Vitamin D and vitamin D analogues for preventing fractures associated with involutional and post-menopausal osteoporosis
- Lifetime risk of melanoma in CDKN2A mutation carriers in a population-based sample
- Lung cancer rate predictions using generalised additive models
- Occupational exposure to pesticides and risk of non-Hodgkin lymphoma

OUR PEOPLE



Volunteers and Staff

Our sincere thanks go to all our volunteers throughout NSW. The continued support and provision of skills, experience and time is highly valued by Cancer Council staff and the community.

Volunteers

Every day volunteers play a vital role in helping achieve The Cancer Council's mission to defeat cancer. They are involved in projects and activities building cancer awareness and prevention, raising funds, and providing support to cancer patients and their families.

Volunteers embody the community nature of The Cancer Council. They come from all around the state and from diverse backgrounds. Volunteers provide a rich source of skills and experience to apply to general tasks right through to specialist roles.

Between 1 October 2005 and 30 June 2006 more than 2550 registered volunteers donated in excess of 28,741 hours supporting Cancer Council programs, services and events.

In addition to the work performed by our active registered volunteers, thousands more support one-off events such as Daffodil Day, Relay For Life, Australia's Biggest Morning Tea and Girls Night In.

Corporate volunteering has strengthened with 344 individuals providing 2112 hours of event administration support. In the 15-month period of our last report 265 individuals volunteered 1528 hours; on a per month basis the numbers of volunteers and the voluntary hours has more than doubled. The number of corporate organisations participating in our volunteer program also doubled from eight to 16. These were:

- American Consulate General's Office
- American Express
- ANZ
- CGU
- Citigroup
- Ernst & Young

- GE Credit
- GIO
- HSBC
- IAG
- National Australia Bank
- SC Johnson
- Sony Australia
- Suncorp Metway
- Total Advertising
- Westpac

Highlights and Achievements

Organisation-wide Volunteer Strategy

A committee was established, with representatives from all Cancer Council Divisions, to develop strategy to increase and improve volunteer participation throughout the organisation. Committee Chair, Norman Taylor, has also taken on a key role as Executive volunteer/staff partner working closely with the CEO and executive team utilising his skills gained through senior management roles in business.

Volunteer-staff Partners

Specialised volunteer-staff partner roles have been introduced throughout the organisation with staff being encouraged to engage volunteers to provide high-level support and mentoring. For instance, regional managers are encouraged to enlist a volunteer who can provide strategic management support; the volunteer may assist with budgeting, planning etc using skills gained through current or previous management roles.

Events Lead Volunteers

Relay For Life, our overnight team fundraising event, would not happen without the volunteers who lead the entire process through to logistics, entertainment, team recruitment, ceremonies and site management. Regional advisory committees and a leadership taskforce of volunteers have been established to represent their local Relay organisers, to create tactics and tools, share information and assist with training to further develop and strengthen these community events. Volunteers are increasingly planing key leadership roles in Daffodil Day.

Patient Transport Review

Our patient transport services, which have been operating for several years bussing cancer patients from the Shoalhaven area to Wollongong for treatment, and from the Mid North Coast to treatment centres in Taree and Newcastle, is being reviewed with a view to expanding the program throughout the state. A specialist volunteer is undertaking the review and developing the policies and procedures for the volunteer drivers and coordinators who will help make it happen.

Training

We have a strong commitment to training and supporting our volunteers and the staff working alongside them. The following workshops were delivered:

- Orientation for New Volunteers (Orange, Tamworth, Wagga Wagga, Newcastle, Coffs Harbour and Wolloomooloo workshops)
- Basic Computer Skills Training (6 workshops)
- Customer Service Training for Frontline Volunteers (Central Coast, Orange and Wolloomooloo workshops)

Volunteers and Staff

- Organise Your Life. Delivered by volunteer, Amanda Sarden, an organising consultant and efficiency expert.
- Communication Skills Training

Our sincere thanks go to all our volunteers throughout NSW. The continued support and provision of skills, experience and time is highly valued by Cancer Council staff and the community.

Staff and Remuneration

From 1 October 2005 to 30 June 2006, The Cancer Council employed 211.72 full-time equivalent staff throughout NSW (excluding casuals).

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 2005/06 in line with market movements. This was then allocated depending on where employees were positioned in their grade and remuneration range as well as reflecting on assessment of their performance.

Human Resources Policies and Practices

The Cancer Council offers salary packaging, flexible working arrangements and an Employee Assistance Program to all employees. Policies and practices introduced in 2005/06 include a Performance Management and Remuneration Policy linking pay and performance; a new Flexitime and time-off-in-lieu (TOIL) Policy; and a new Email and Internet Policy complying with new surveillance laws. Several guides for managers were also developed including Return to Work Guidelines and Job Evaluation Guidelines for Managers.

The HR unit submitted a report to the Equal Opportunity for Women in the Workplace Agency (EOWA) highlighting the organisation's commitment to ensuring a workplace that is female-friendly with progressive policies to ensure:

- Work/life balance
- Flexible working arrangements
- Equity of access to employment and training opportunities
- Equitable remuneration for all employees based on the role and performance

The agency commended The Cancer Council highly on its policies and practices.

Employee Self-service

Human Resources introduced an Employee Self-service System enabling staff to access their HR/Payroll information and managers to access management information on their staff. The new system has streamlined payroll processes and reduced paper flow, eg leave applications now happen through an automated email approval system.

Occupational Health and Safety

The Cancer Council successfully passed Audit 2 under the WorkCover NSW Premium Discount Scheme (PDS); The Cancer Council's Occupational Health and Safety (OH&S) Management System has earned the organisation a 15% discount on Workers Compensation Insurance. Although the PDS scheme has now been disbanded, The Cancer Council is continuing voluntary OH&S audits to ensure it maintains the high standards of safety that have been attained.

Industrial Relations Policies and Practices

In light of the Work Choices legislation, The Cancer Council reviewed its industrial relations framework and all policies and procedures. A couple of minor policy changes were made to ensure compliance with the legislation.

There have been no claims of unfair dismissal and no reported cases of harassment or discrimination in the reporting period.

Staff Satisfaction and Organisational Culture

The most recent staff survey, conducted in May 2005, found that 74% of staff rated The Cancer Council "a truly great place to work" and that overall the organisation has a "culture of success"; indicating large numbers of employees are positive about The Cancer Council's future. The survey also revealed a strong sense of achievement, a "can do" mentality, and a high level of cohesiveness and focus. The survey will be repeated again in 2007.



Organisational Learning

The Cancer Council is committed to fostering an organisational culture in which continuous learning is central to achieving its mission. Wide ranging courses are available and staff and volunteers are encouraged to attend.

Orientation

Staff receive vital information in a timely manner via the updated Orientation process.

- 4 x 1-day Orientation Workshops were held for a total of 50 new permanent staff
- 1 x ½-day Orientation was held for 5 casuals

In House Training

The following sessions were held during the reporting period:

- Time Management (1 day, 11 participants)
- Project Management (2 days, 10 participants)
- Customer Service: Dealing with Difficult Callers (½ day, 9 participants)
- Presentation Skills (2 x ½ day, 11 participants)
- Business Writing (1 day, 9 participants)
- Managing Communication: The Accidental Counsellor (1 day, 21 participants)
- Negotiation Skills (½ day, 10 participants)
- Stress Management (½ day, 9 participants)

DiSC Personal Profile System

Cancer Council teams attended eight workshops using the DiSC profile system aimed at improving work productivity, teamwork and communication. Three of these were full-day Team Development Workshops.

Management Development

A total of 25 managers were assessed against Cancer Council Management Competencies using a 360-degree online assessment tool.

The following management training sessions were also delivered:

- Recruitment and Selection (11 participants)
- Volunteer and Consumer Participation (11 participants)
- Change Management (8 participants)
- Occupational Health and Safety (6 participants)
- Coach Training for Managers pilot program (8 participants)
- Executive Coach Training program (6 participants)
- Managing Across Generations Breakfast Presentation (21 participants)

Occupational Health and Safety

The Cancer Council is committed to providing a safe working environment for staff. The following OH&S education was provided during the reporting period:

- Personal Safety briefing from Kings Cross Police (all staff)
- Ergonomics Education Sessions and Workstation Assessments (37 participants)
- OH&S Orientation (10 participants)
- WorkCover Accredited Consultation and Committee Course (2 participants)
- WorkCover Return to Work Coordination Course (2 participants)

FINANCIAL STATEMENTS



Directors' Report

The directors of The Cancer Council NSW (TCCNSW) present their report with respect to the results for the nine month financial period ended 30 June 2006 and the state of TCCNSW's affairs at that date.

Directors

The following persons were directors of TCCNSW during the whole of the nine month period and up to the date of this report:

The Hon Peter Collins AM QC
Professor Richard Henry
Mr Michael Lambert
Councillor Phyllis Miller
Professor Kerryn Phelps
Professor Michael Reid

Professor Simon Chapman was a director at the beginning of the year until his resignation on 3 April 2006.

Ms Vivienne Gregg was appointed a director on 22 May 2006 and continues in office at the date of this report.

The following persons were appointed directors on 31 August 2006 and continue in office at the date of this report:

Dr Stephen Ackland
Professor Bruce Armstrong AM
Professor Jim Bishop
Ms Jill Boehm
Professor William McCarthy AM
Associate Professor Graham Mann

Principal Activities

The principal activities of TCCNSW during the year consisted of the following initiatives and programs to defeat cancer and engage the NSW community in this mission.

1. Conducting research into the causes and natural history of cancer.
2. Conducting research into the effectiveness of diagnosis and treatment in cancer.
3. Conducting research into behavioural factors in cancer prevention and care.
4. Funding a wide range of cancer research conducted by researchers across NSW.
5. Providing information and support services for people affected by cancer.

6. Advocacy for public policies and programs that reduce the incidence and impact of cancer.
7. Promoting understanding and adoption of measures in the community to prevent cancer.
8. Engaging individuals and organisations in the community as volunteers, ambassadors, partners, and supporters.
9. Fundraising and building philanthropic support for The Cancer Council's mission.

Significant Changes

On 1 October 2005, The New South Wales Cancer Council Act (1995) was repealed in accordance with Part 5, Section 27 of the Cancer Institute NSW Act 2003. As a result all of the assets and liabilities of the New South Wales Cancer Council, a statutory body, were transferred to TCCNSW. TCCNSW was incorporated on 1 October 2005 and is a public company limited by guarantee.

Dividends

TCCNSW's constitution does not permit any dividends and therefore no dividends have been paid or declared.

Review of Operations and Results of TCCNSW

The total revenue for the nine month period ended 30 June 2006 was \$42,046,000. In the same period, expenditure was \$32,443,000, leaving a surplus of \$9,603,000.

After Balance Date Events

No matters or circumstances have arisen since the end of the financial period which could significantly affect the operations of TCCNSW in future years.

Likely Developments and Expected Results Of Operations

TCCNSW expects to maintain the present status and level of operations.

Further information on likely developments in the operations of TCCNSW and expected results of operations have not been included in this financial report because the directors believe it would be likely to result in unreasonable prejudice to TCCNSW.

Environmental Regulation

TCCNSW is not subject to any significant environmental regulation.

\$'000

The main sources of revenue were:

Bequests	11,940
Fundraising – special events	8,876
Direct marketing	8,866

The main areas of expenditure were:

Cancer research	6,984
Information and support services	3,149
Health advocacy and campaigning	2,451
Regional program delivery	3,350

Directors' Report

Information on Directors

**Professor Simon Chapman
(resigned April 2006)**

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

Skills in public health advocacy and tobacco control.

**Hon Peter Collins AM QC
(resigned August 2006)**

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

Served in the NSW Parliament from 1981 till 2003; and was Minister for Health and Minister for the Drug Offensive in 1988-1991. He initiated funding for the Rock Eisteddfod under the Quit for Life program and expanded the event statewide for both government and non-government schools. As Opposition Leader (1995-1998) he built strong working relationships with the Australian Hoteliers Association, Clubs and the Restaurant and Catering Association to pioneer policies on outdoor dining and passive smoking. He is currently a Commander in the Royal Australian Navy Reserve and serves part-time as the Fleet Legal Officer for the RAN.

Ms Vivienne Gregg (appointed May 2006)

A breast cancer survivor since 1995, Ms Vivienne Gregg has been a volunteer with The Cancer Council NSW for many years serving on the Armidale Cancer Action Group; the inaugural Armidale Relay For Life committee and subsequent Relay committees; as a Cancer Council Connect peer support volunteer; and, as a facilitator for the North West on the regional advocacy network. Ms Gregg is also a member of the Breast Cancer Action Group and the Breast Cancer Network Australia. She is founding member of the Armidale breast cancer support group, and is a board member and state coordinator of Dragons Abreast Australia.

**Professor Richard Henry
(resigned August 2006)**

Professor of Paediatrics and Senior Associate Dean in the Faculty of Medicine at the University of NSW

He also sits on the Board of Directors of the Children's Cancer Institute Australia for Medical Research.

**Mr Michael Lambert
(resigned August 2006)**

Executive Director, ABN AMRO, Investment bankers

A very experienced government adviser. He is the immediate former Secretary of the NSW Treasury. In addition he holds a number of Board and advisory positions including non-executive director positions at Energy Australia, the State Superannuation Trustee Corporation and Queensland Thoroughbred Racing Board. He is also an Adviser, Treasurer and Board member of the Asylum Seekers Centre and a pro bono adviser to The Benevolent Society.

**Councillor Phyllis Miller
(resigned August 2006)**

Chair

Immediate Past President Shires Association of NSW and current Director of the Australian Local Government Association. Forbes Shire Councillor since 1995. Partner in a stock, station and real estate auctioneers business. Major community, rural and regional involvement.

**Professor Kerry Phelps
(resigned August 2006)**

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

She is a familiar face to many having appeared regularly over the past 20 years on TV, radio and in the print media informing the Australian public about health issues. She is currently the health writer for the *Australian Women's Weekly*, writes political commentary for *Medical Observer* magazine and is on the professional speakers' circuit. She also served as the Federal President of the Australian Medical Association for three years.

**Professor Michael Reid
(resigned August 2006)**

Director General, Ministry for Science and Medical Research

Professor Reid is Director General of the recently formed Ministry for Science and Medical Research, which has overall responsibility for planning and coordinating science, innovation and medical research in NSW. He was formerly Director of the Policy and Practice Program at the George Institute for International Health, University of Sydney. He held the position of Director General of NSW Health for five years and prior to that was Managing Director of a consulting company with government and NGO projects in Australia, Asia and the Pacific.

New Board of Directors

In accordance with Section 9.9.2 of The Cancer Council NSW Constitution, the Members' Assembly held an election to appoint Board Directors. The ballot took place on 30 August 2006, and on 31 August 2006, the following Directors were appointed to the Board:

Dr Stephen Ackland
Professor Bruce Armstrong AM
Ms Jill Boehm
Ms Vivienne Gregg
Professor William McCarthy AM
Associate Professor Graham Mann

In addition, as per section 10.8.2, Professor Jim Bishop was appointed to the Board as the Cancer Institute NSW nominee.

Company Secretary

The company secretary is Ms Angela Aston.

Directors' Benefits

No director of TCCNSW has received or has become entitled to receive a benefit in respect of their role as a director.

Meetings of Directors/Committees:

	Full meetings of Directors		Audit Committee		Investment Committee		Cancer Research Committee	
	A	B	A	B	A	B	A	B
W McCarthy – Chair (Appointed August 2006)	3	3	1	1	*	*	*	*
S Ackland (Appointed August 2006)	1	3	*	*	*	*	*	*
B Armstrong (Appointed August 2006)	2	3	*	*	*	*	*	*
J Bishop (Appointed August 2006)	3	3	*	*	*	*	*	*
J Boehm (Appointed August 2006)	3	3	1	1	*	*	*	*
S Chapman (Resigned April 2006)	5	5	*	*	*	*	2	3
P Collins (Resigned August 2006)	9	11	3	3	*	*	*	*
V Gregg (Appointed May 2006)	6	7	*	*	*	*	*	*
R Henry (Resigned August 2006)	10	11	*	*	2	4	4	4
M Lambert (Resigned August 2006)	9	11	3	3	4	4	*	*
G Mann (Appointed August 2006)	2	3	*	*	*	*	*	*
P Miller (Former Chair) (Resigned August 2006)	11	11	3	3	*	*	*	*
K Phelps (Resigned August 2006)	7	11	*	*	*	*	*	*
M Reid (Resigned August 2006)	9	11	*	*	*	*	1	4

A = Number of meetings attended.

B = Number of meetings held during the time the director held office or was a member of the committee during the year.

* = Not a member of the relevant committee.

Directors' Report

Insurance of Officers

During the financial period ended 30 June 2006, TCCNSW paid a premium of \$17,000 to insure the directors and secretary of the company and an additional \$27,000 on Professional Indemnity insurance.

The liabilities insured are legal costs that may be incurred in defending civil or criminal proceedings that may be brought against the officers in their capacity as officers of TCCNSW, and any other payments arising from liabilities incurred by the officers in connection with such proceedings. This does not include such liabilities that arise from conduct involving a wilful breach of duty by the officers or the improper use by the officers of their position or of information to gain advantage for themselves or someone else or to cause detriment to the company. It is not possible to apportion the premium between amounts relating to the insurance against legal costs and those relating to other liabilities.

Proceedings on Behalf of the Company

No person has applied to the Court under section 237 of the *Corporations Act 2001* for leave to bring proceedings on behalf of the company, or to intervene in any proceedings to which the company is a party, for the purpose of taking responsibility on behalf of the company for all or part of those proceedings.

No proceedings have been brought or intervened in on behalf of the company with leave of the Court under section 237 of the *Corporations Act 2001*.

Non-audit Services

During the financial period ended 30 June 2006, TCCNSW did not employ the auditor on assignments additional to their statutory audit duties.

Auditors' Independence Declaration

A copy of the auditors' independence declaration as required under section 307C of the *Corporations Act 2001* is set out on page 41.

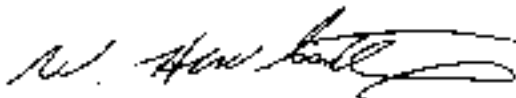
Rounding of Amounts

The company is of a kind referred to in Class Order 98/0100, issued by the Australian Securities and Investments Commission, relating to the "rounding off" of amounts in the directors' report. Amounts in the directors' report have been rounded off in accordance with that Class Order to the nearest thousand dollars, or in certain cases, to the nearest dollar.

Auditor

PKF continue in office in accordance with section 327 of the *Corporations Act 2001*.

This report is made in accordance with a resolution of directors.



Professor William McCarthy AM

Director

Sydney

27 October 2006



Ms Jill Boehm

Director

Sydney

27 October 2006

Auditors' Independence Declaration



Chartered Accountants
& Business Advisers

Auditors Independence Declaration Under section 307C of the *Corporations Act 2001*

To the Directors of The Cancer Council NSW

I declare that, to the best of my knowledge and belief, during the nine month period ended 30 June 2006 there have been:

- i. no contraventions of the auditor independence requirements as set out in the *Corporations Act 2001* in relation to the audit; and
- ii. no contraventions of any applicable code of professional conduct in relation to the audit.



PKF
New South Wales

Paul Bull
Partner

Sydney
27 October 2006

Income Statement for the Nine Month Period ended 30 June 2006

	Notes	2006 \$'000
Revenue		
Fundraising	3, 19	32,136
Retail income	3	5,958
Interest and investment income	3	2,963
Grant income	3	618
Other income	3	371
Total Revenue		42,046
Expenditure		
Fundraising expenditure		9,143
Retail expenditure		4,656
Research expenditure		6,984
Regional program delivery		3,350
Health advocacy and campaigning expenses		2,451
Information and support expenditure		3,149
Infrastructure and investment expenses		2,710
Total Expenditure		32,443
Surplus before income tax		9,603
Income tax expense	2 (c)	—
Surplus for the year		9,603
Surplus attributable to members of TCCNSW	2 (r)	9,603

The above Income Statement should be read in conjunction with the accompanying notes.

Balance Sheet as at 30 June 2006

	Notes	2006 \$'000
Assets		
Current Assets		
Cash and cash equivalents	6	15,669
Trade and other receivables	7	885
Inventories	8	1,031
Total Current Assets		17,585
Non-Current Assets		
Investment property	9	270
Other financial assets at fair value through profit or loss	10	21,583
Property, plant and equipment	11	13,343
Total Non-Current Assets		35,196
TOTAL ASSETS		52,781
Liabilities		
Current Liabilities		
Trade and other payables	12	2,331
Provisions	13	1,198
Total Current Liabilities		3,529
Non-Current Liabilities		
Provisions	13	412
Total Non-Current Liabilities		412
TOTAL LIABILITIES		3,941
NET ASSETS		48,840
Equity		
Accumulated surplus		33,951
Reserves		14,889
TOTAL EQUITY		48,840

The above Balance Sheet should be read in conjunction with the accompanying notes.

Statement of Changes in Equity for the Nine Month Period ended 30 June 2006

	Accumulated surplus \$'000	Restricted funds reserve \$'000	Asset revaluation reserve \$'000	Total equity \$'000
Opening balance as at 1 October 2005	25,795	8,257	4,913	38,965
Gain on revaluation of land and buildings	—	—	272	272
Transfer (to) / from reserves	(1,447)	1,447	—	—
Net income and expense recognised directly in equity	(1,447)	1,447	272	272
Surplus for the period	9,603	—	—	9,603
Total recognised income and expense for the period	8,156	1,447	272	9,875
Closing balance as at 30 June 2006	33,951	9,704	5,185	48,840

Nature and Purpose of Reserves

Restricted Funds Reserve

The restricted funds reserve relates to bequests and donations received by TCCNSW with a purpose specified in the bequest or by the donors. These funds are held in the restricted funds reserve until spent appropriately.

Asset Revaluation Reserve

The asset revaluation reserve is used to record increments and decrements on the revaluation of non-current assets as described in note 2 (j).

The above Statement of Changes in Equity should be read in conjunction with the accompanying notes.

Cash Flow Statement for the Nine Month Period ended 30 June 2006

	Notes	2006 \$'000
Cash flows from operating activities		
Receipts		
Receipts from supporters and funding sources (inclusive of GST)		39,283
Managed fund distributions, franking credits and interest received		610
		39,283
Payments		
Payments to suppliers and employees (inclusive of GST)		31,021
		31,021
Net cash inflow from operating activities	15	8,872
Cash flows from investing activities		
Payments for property, plant and equipment		(461)
Proceeds from sale of other financial assets at fair value through profit and loss		1,003
Proceeds from sale of property, plant and equipment		146
Net cash inflow from investing activities		688
Net increase in cash and cash equivalents		9,560
Cash and cash equivalents at 1 October 2005		6,109
Cash and cash equivalents at end of year	6	15,669

The above Cash Flow Statement should be read in conjunction with the accompanying notes.

Notes to the Financial Statements for the Nine Month Period ended 30 June 2006

1. Introduction

This financial report covers The Cancer Council NSW (TCCNSW) as an individual entity for the nine month period from 1 October 2005 to 30 June 2006. The financial report is presented in Australian currency.

On 1 October 2005, the *New South Wales Cancer Council Act (1995)* was repealed in accordance with Part 5, Section 27 of the Cancer Institute NSW Act 2003. As a result, all the assets and liabilities of the New South Wales Cancer Council, a statutory body, were transferred to TCCNSW.

TCCNSW was incorporated on 1 October 2005 and is a public company limited by guarantee, domiciled in Australia. Its registered office and principal place of business is:

The Cancer Council NSW
153 Dowling Street
Woolloomooloo NSW 2011

A description of the nature of TCCNSW's operations and its principal activities is included on page 37 in the Directors' Report.

The financial report was authorised for issue by the directors on 27 October 2006. The company has the power to amend and reissue the financial report.

2. Summary of Significant Accounting Policies

The financial report is a general purpose financial report which has been prepared in accordance with Australian equivalents to International Financial Reporting Standards (AIFRS).

The financial report has been prepared in accordance with historical cost convention, as modified by the revaluation of financial assets at fair value through profit and loss, certain classes of property, plant and equipment and investment property.

a) Compliance with IFRSs

The financial report complies with Australian Accounting standards, which include AIFRSs. Compliance with AIFRSs ensures that the financial statements and notes comply with International Financial Reporting Standards (IFRSs).

These financial statements are the first TCCNSW financial statements to be prepared in accordance with AIFRS. AASB1 *First time Adoption of Australian Equivalents to International Financial Reporting Standards* has been applied in preparing these financial statements.

Financial Statements of the New South Wales Cancer Council a statutory body, until 30 September 2005 had been prepared in accordance with previous Australian Generally Accepted Accounting principles (AGAAP). AGAAP differs in certain respects from AIFRS.

Reconciliations and a description of the effect of transition from previous AGAAP to AIFRS on TCCNSW's opening equity are given below in note 2(b).

b) Explanation of Transition to AIFRS

Reconciliation of equity reported under previous AGAAP to equity under AIFRS

Opening Position at 1 October 2005

Total equity under AGAAP	38,843
Adjustment to retained earnings (to recognise investment property at market value at transition)	122
Total equity under AIFRS	38,965

c) Income Tax

TCCNSW is exempt from income tax within the terms of Subdivision 50-5 of the *Income Tax Assessment Act 1997*.

d) Revenue Recognition

Revenue is measured at the fair value of the consideration received or receivable.

Revenue is recognised for the major business activities as follows;

Retail Income

Revenue from the sale of goods is recognised when TCCNSW has passed control of the goods to the buyer.

Fundraising

Fundraising revenue is recognised when TCCNSW has control of the contribution.

Interest and Investment Income

Interest and Investment Income is recognised on an accrual basis.

Dividends are brought to account as they are received.

Grant Income

Grants from the government and other organisations are recognised upon receiving control of the funding irrespective of whether the related costs which they are intended to compensate will occur in future periods.

e) Cash and Cash Equivalents

For cash flow presentation purposes, cash and cash equivalents include; cash on hand, deposits held at call with financial institutions, other short term highly liquid investments with original maturities of three months or less that are readily convertible to known amounts of cash and which are subject to an insignificant risk of change in value.

f) Trade Receivables

Trade receivables are recognised and carried at the original invoice amount less provision for doubtful 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. Collectability of trade receivables is reviewed on an ongoing basis. Debts which are known to be uncollectible are written off.

g) Investments and Other Financial Assets

TCCNSW classifies its investments as financial assets at fair value through profit or loss. This designation is adopted as it is consistent with TCCNSW's documented risk management strategy and information about the movements is provided on this basis to TCCNSW's key management personnel. Assets are classified as current assets if they are expected to be realised within 12 months of the balance sheet date.

Financial assets at fair value through profit or loss comprise investments in managed funds. Details of the managed funds are set out in note 10.

Financial assets carried at fair value through profit or loss are initially recognised at fair value and transaction costs are expensed in the income statement. Financial assets are derecognised when the rights to receive cash flows from the financial assets have expired or have been transferred and TCCNSW has transferred substantially all the risks and rewards of ownership.

The fair values of quoted investments are based on current bid prices. Managed funds are carried at fair value being the unit redemption price as at the reporting date. If the market for a financial asset is not active (and for unlisted securities), TCCNSW establishes fair value by using valuation techniques. These include the use of recent arm's length transactions, reference to other instruments that are substantially the same, discounted cash flow analysis, and option pricing models making maximum use of market inputs and relying as little as possible on entity specific inputs.

h) Inventory

Inventory is stated at the lower of cost and 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. Net realisable value is the estimated selling price in the ordinary course of business less the estimated costs necessary to make the sale.

i) Investment Property

Investment property comprises a property held for capital appreciation and or rental yields and is not occupied by the company. Investment property is carried at fair value, representing open-market value. Changes in fair values are recorded in the income statement as part of other income.

j) Property, Plant and Equipment

Land and buildings (except for investment properties – refer to note 2(i)) are shown at fair value, based on periodic, but at least triennial, valuations by external independent valuers, less subsequent depreciation for buildings. Any accumulated depreciation at the date of revaluation is eliminated against the gross carrying amount of the asset and the net amount is restated to the revalued amount of the asset. All other property, plant and equipment is stated at historical cost less depreciation. Historical cost includes expenditure that is directly attributable to the acquisition of the items.

Increases in the carrying amounts arising on revaluation of land and buildings are credited to other reserves in members' equity. To the extent that the increase reverses a decrease previously recognised in profit or loss, the increase is first recognised in profit or loss. Decreases that reverse previous increases of the same asset are first charged against revaluation reserves directly in equity to the extent of the remaining reserve attributable to the asset; all other decreases are charged to the income statement.

Land is not depreciated. Depreciation on other assets is calculated using the straight-line method to allocate their cost or revalued amounts, net of their residual values, over their estimated useful lives, as follows:

- | | |
|----------------------------------|----------------|
| • Buildings | 25 to 40 years |
| • Leasehold improvements | 2 to 5 years |
| • Office furniture and equipment | 5 years |
| • Motor vehicles | 5 years |

The assets' residual values and useful lives are reviewed, and adjusted if appropriate, at each balance sheet date.

An asset's carrying amount is written down immediately to its recoverable amount if the asset's carrying amount is greater than its estimated recoverable amount.

Gains and losses are determined by comparing proceeds with carrying amounts. These are included in the income statement.

k) Payables

These amounts represent liabilities for goods and services provided to the company prior to the end of the financial period and which were unpaid as at the balance date. These amounts are unsecured and are paid within the suppliers terms, usually 30 days.

l) 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 12 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 payments to be made in respect of services provided by employees up to the reporting date. In determining the present value of future payments, 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.

m) Goods and Services Tax (GST)

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

- Amount of GST incurred is not recoverable from the Australian Taxation Office (ATO). In this case it is recognised as part of the cost of acquisition of the asset or as part of the expense.
- Receivables and payables are stated inclusive of the amount of GST receivable or payable. The net amount of GST receivable from or payable to the ATO is included with other receivables or payables in the balance sheet.

n) Volunteer Support

Volunteers contributed more than 29,000 hours in this nine month financial period, at an estimated salary saving of \$725,000. This benefit is not recognised in the financial statements.

o) Joint Venture Operations

The proportionate interests in the assets, liabilities, revenue and expenses of a joint venture operation have been incorporated in the financial statements under the appropriate headings. Details of the joint venture are set out in note 18.

p) New Accounting Standards and UIG Interpretations

Certain new accounting standards and UIG interpretations have been published that are not mandatory for 30 June 2006 reporting periods. TCCNSW's assessment of the impact of these new standards and interpretations is set out below:

- (i) AASB 7 *Financial Instruments: Disclosures* and AASB 2005-10 *Amendments to Australian Accounting Standards* [AASB 132, AASB 101, AASB 114, AASB 117, AASB 133, AASB 1, AASB 4, AASB 1023 & AASB 1038] AASB 7 and AASB 2005-10 are applicable to annual reporting periods beginning on or after 1 January 2007. TCCNSW has not adopted the standards early. Application of the standards will not affect any of the amounts recognised in the financial statements, but will impact the type of information disclosed in relation to TCCNSW's financial instruments.

q) Financial Risk Management

TCCNSW's activities expose it to a variety of financial risks such as market risk (including interest rate risk), and credit risk. TCCNSW's overall risk management program focuses on the unpredictability of financial markets and seeks to minimise potential adverse effects on the financial performance of the company.

Risk management is carried out by the Investment Committee under policies approved by the Board of Directors. Independent investment advisers monitor the performance of all investments and advise the Investment Committee on investment strategy. Funds are invested with a range of major professional licenced fund managers, with a range of investment styles, investment and geographical sectors, and risk profiles.

Notes to the Financial Statements for the Nine Month Period ended 30 June 2006

i) Interest Rate Exposures

TCCNSW has exposure to interest rate risk in the following financial assets and liabilities:

- The majority of financial assets are investments in managed funds which have some exposures to underlying investments in financial assets and which may be subject to fixed and/or variable interest rates. This exposure varies and the share of exposure to TCCNSW is not readily determinable. However, it is not considered significant.
- Cash and cash equivalents are subject to variable interest rates.

ii) Credit Risk Exposures

The credit risk on financial assets which have been recognised on the Balance Sheet is the carrying amount net of any provision for doubtful debts.

iii) Net Fair Value of Financial Assets and Liabilities

The directors consider that the carrying amounts of financial assets and financial liabilities recorded in the financial statements approximate their fair value.

r) Public Company Limited by Guarantee

TCCNSW is a public company limited by guarantee. In the event of TCCNSW being wound up the liability of each member is limited to an amount not exceeding \$2.

s) Rounding Off

The company is of a kind referred to in Class Order 98/0100, issued by the Australian Securities and Investments Commission, relating to the "rounding off" of amounts in the financial report. Amounts in the financial report have been rounded off in accordance with the class order to the nearest thousand dollars, or in certain cases, the nearest dollar.

3. Revenue

	2006 \$'000
Fundraising Revenue	
Bequests	11,940
Donations	1,435
Direct marketing	8,866
Fundraising – special events	8,876
Community fundraising	1,019
	32,136
Retail Income	
Sale of goods	5,958
	5,958
Interest and Investment Income	
Interest	382
Fair value gains on other financial assets at fair value through profit or loss	709
Managed fund distributions	1,625
Imputation credits received	247
	2,963
Grant Income	
NSW Health – Environmental Tobacco Smoke and Kids	75
NSW Health – Breast Cancer in Rural Areas	10
NSW Health – Diet and Cancer	30
NHMRC – Prostate Specific Antigen Cohort Study	164
NHMRC – Prostate Cancer Outcome Study	66
NHMRC – Cervical Invasive Neoplasia Study	118
Cancer Institute NSW – Patterns of Care Study	75
Monash Institute of Medical Research – Prostate Cancer Guidelines	56
Lilier Lodge	14
Community Development Support Expenditure Grants	10
	618

Unspent Grant Funds

Grant income has been recognised as revenue in the Income Statement, which is yet to be spent in the manner specified by the contributor. Unexpended amounts totalling \$475,000 have been included in the accumulated surplus at the 30 June 2006.

Notes to the Financial Statements for the Nine Month Period ended 30 June 2006**3. Revenue (continued)**

	Opening balance 1st Oct 2005 \$'000	Receipts 2006 \$'000	Payments 2006 \$'000	Closing balance 2006 \$'000
Grants				
Health promotion	287	139	350	76
Contract research grants	638	479	718	399
	925	618	1,068	475
				2006 \$'000
Other Income				
Accommodation fees				74
Membership fees				9
Promotional items				17
Refund of research grant				70
Royalties				22
Seminars and conferences				14
Sponsorships – fundraising events				142
Net gain on disposal of property, plant and equipment				23
				371
Total Revenue				42,046

4. Expenses

Surplus before income tax includes the following specific expenses:

Employee benefits expense	11,946
Depreciation	
Leasehold improvements	81
Office furniture and equipment	308
Motor vehicles	127
	516
Rental expense relating to operating leases	859
Net loss on sale of shares bequested during the year	47
Direct operating expenses from investment property	1

5. Remuneration of Auditors

During the year the following fees were paid or payable for services provided by the auditor to TCCNSW:

a) Assurance Services

Audit Services – PKF

Audit and review of financial report under the <i>Corporations Act 2001</i>	26
Total remuneration for assurance services	26

6. Cash and Cash Equivalents

	2006 \$'000
Cash on hand	29
Cash at bank	3,229
Deposits at call	12,411
	15,669

As at balance date cash at bank was earning interest of 5% p.a. and deposits at call were earning 5.86%p.a.

7. Trade and Other Receivables

Trade receivables	99
Provision for doubtful debts	(3)
Other receivables	132
GST receivable	458
Interest receivable	18
Prepayments	181
	885

(a) Interest Rate Risk

TCCNSW's exposure to interest rate risk and the effective weighted average interest rate by maturity periods is set out in the following tables.

	Floating interest rate \$'000	Non- interest bearing \$'000	Total \$'000
2006			
Trade receivables	—	96	96
Other receivables	—	132	132
GST receivable	—	458	458
Interest receivable	18	—	18
	18	686	704
Weighted average interest rate (%)	5.86	—	—

(b) Credit Risk

There is no concentration of credit risk with respect to current and non-current receivables. Refer to note 2 (q) for more information on the risk management policy of TCCNSW.

Notes to the Financial Statements for the Nine Month Period ended 30 June 2006**8. Inventories**

	2006 \$'000
Goods held for resale	1,031
	1,031

9. Investment Property

At fair value	270
	270

(a) Amounts Recognised in Profit and Loss for Investment Property

The investment property was bequeathed to TCCNSW and is currently occupied under a life tenancy agreement. As a result no rental income is generated from the investment property. The direct operating expenses for the investment property totalled \$1,000 for the period.

(b) Valuation Basis

The basis of the valuation of the investment property is fair value, being the amounts for which the property could be exchanged between willing parties in an arm's length transaction, based on current prices in an active market for similar properties in the same location and condition. The 2006 valuation was based on the directors' assessment.

10. Other Financial Assets at Fair Value through Profit or Loss

Managed funds at unit redemption price	21,583
	21,583

Managed funds at the end of the financial period were invested as follows:

BT – Wholesale Ethical Conservative Fund	10,603
AMP – Sustainable Future Australian Share Fund	10,980
	21,583

The above financial assets are designated at fair value on initial recognition in accordance with note 2(g). For further details on the financial risk management of TCCNSW's managed funds refer to note 2(q).

11. Property, Plant and Equipment

	Freehold land \$'000	Buildings \$'000	Leasehold improvements \$'000	Office furniture & equipment \$'000	Motor vehicles \$'000	Total \$'000
Period ended 30 June 2006						
Opening net book amount	2,846	8,425	301	1,028	649	13,249
Additions	—	21	22	200	218	461
Disposals	—	—	—	—	(123)	(123)
Revaluation surplus/(deficit)	559	(287)	—	—	—	272
Depreciation Expense	—	—	(81)	(308)	(127)	(516)
Closing net book amount	3,405	8,159	242	920	617	13,343
At 30 June 2006						
Fair value	3,405	8,159	—	—	—	—
Cost	—	—	943	2,583	867	15,957
Accumulated depreciation	—	—	(701)	(1,663)	(250)	(2,614)
Net book amount	3,405	8,159	242	920	617	13,343

(a) Valuations of Land and Buildings

The valuation basis of land and buildings is fair value, being the amounts for which the assets could be exchanged between willing parties in an arm's length transaction, based on current prices in an active market for similar properties in the same location and condition. The 2006 revaluations were based on independent assessments by members of the Australian Property Institute as at 30 June 2006. The revaluation surplus was credited to other reserves in members' equity.

(b) Carrying Amounts that Would Have Been Recognised If Land and Buildings Were Stated at Cost

On the transition date of 1 October 2005 all of the New South Wales Cancer Council assets were transferred to TCCNSW at deemed cost. If freehold land and buildings were stated on the historical cost basis, the amounts would be as follows:

	Freehold Land \$'000	Buildings \$'000
At 30 June 2006		
Cost	2,846	8,425
Accumulated depreciation	—	(158)
Net book amount	2,846	8,267

Notes to the Financial Statements for the Nine Month Period ended 30 June 2006**12. Trade and other payables**

	2006 \$'000
Trade creditors and accruals	2,292
Sundry creditors	39
	2,331

13. Provisions

	2006 \$'000
Current Liability	
Employee benefits – annual leave	1,169
Employee benefits – long service leave	29
	1,198
Non Current Liability	
Employee benefits – long service leave	412
	412

14. Commitments

Grant commitments contracted for at the reporting date, but not recognised as liabilities are as follows:

	1 year or less \$'000	Over 1 to 5 years \$'000	Total \$'000
Grant Commitments			
Research Project Grants	2,282	1,832	4,114
Research Program Grants	1,158	3,902	5,060
Strategic Research Partnership Grants	808	2,159	2,967
Research 45 & Up	400	1,200	1,600
Career Development Fellowship	150	50	200
Clinical Trials Grants	1,280	5,120	6,400
	6,078	14,263	20,341
Rental lease commitments	1,116	3,466	4,582
Total Commitments	7,194	17,729	24,923

The total commitments above include input tax credits of \$2,266,000 that are expected to be recoverable from the Australian Taxation Office.

15. Reconciliation of Surplus After Income Tax to Net Cash Inflow from Operating Activities

	2006 \$'000
Surplus for the period	9,603
Depreciation	516
Fair value gains on other financial assets at fair value through profit or loss	(709)
Non-cash managed fund distributions	(1,625)
Non-cash bequests	(1,050)
Net gain on sale of assets	(23)
Net loss on sale of shares bequested during the period	47
Decrease in prepayments	104
Decrease in receivables	1,152
Decrease in inventories	689
Increase in employee benefits	269
Increase in trade creditors and accruals	(101)
Total cash flows from operating activities	8,872

16. Key Management Personnel

(a) Directors

The following persons were directors of TCCNSW during the period:

S Chapman (resigned 3 April 2006)
P Collins
V Gregg (appointed 22 May 2006)
R Henry
M Lambert
P Miller (Chair)
K Phelps
M Reid

Remuneration of Directors

Directors received no remuneration from TCCNSW during the period.

Notes to the Financial Statements for the Nine Month Period ended 30 June 2006**16. Key Management Personnel (continued)****(b) Other Key Management Personnel**

The following persons also had authority and responsibility for planning, directing and controlling the activities of TCCNSW, directly or indirectly during the period:

Executive	Position
A Penman	Chief Executive Officer
E Starc	Chief Financial Officer
G Batt	Divisional Director, Cancer Information and Support Services
J Beach	Divisional Director, Statewide Services (appointed 29 March 2006)
B East	Divisional Director, Statewide Services (resigned 3 Feb 2006)
M Paul	Divisional Director, Marketing and Communications
F Sitas	Divisional Director, Cancer Research and Registries Division
A Tang	Divisional Director, Health Strategies

(c) Other Key Management Personnel Compensation

	2006 \$'000
Short term employee benefits	919

17. Post Balance Date Events

TCCNSW was not aware of any events that have occurred after balance date which are of such significance that they need to be disclosed or recognised in the financial statements.

18. Joint Venture Operation

The Lilier Lodge accommodation facility is a joint venture operation between TCCNSW and the Cancer Patients' Assistance Society (operating under the name CanAssist). 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.

TCCNSW and the Cancer Patients' Assistance Society both hold a 50% ownership interest in the joint venture operation and are entitled to a 50% share of its output.

TCCNSW's 50% interest in the joint venture assets, liabilities, revenues and expenses were recognised in the financial statements under the following classifications:

	Notes	2006 \$'000
Current Assets		
Cash and cash equivalents		30
Trade and other receivables		19
Total Current Assets		49
Non-Current Assets		
Property, plant and equipment		1,270
Total Non-Current Assets		1,270
Total Assets		1,319
Current Liabilities		
Trade and other payables		22
Total Current Liabilities		22
Total Liabilities		22
Share of net assets employed in joint venture		1,297
Revenue		
Accommodation fees		63
Grant income		14
Total Revenue		77
Expenses		
Staff		46
Operational costs		30
Total Expenses		76
Surplus before income tax		1

Notes to the Financial Statements for the Nine Month Period ended 30 June 2006**19. Fundraising Activities**

The below is additional information furnished under the *Charitable Fundraising Act 1991* and the Office of Charities Fundraising Authority Conditions.

(a) Details of Aggregate Gross Income and Total Expenses of Fundraising Appeals

	2006 \$'000
Gross proceeds from fundraising activities	32,136
Total costs of fundraising activities	(9,143)
Net surplus from fundraising activities	22,993
Net margin from fundraising activities	72%

(b) Application of Funds for Charitable Purposes

During the nine month period TCCNSW achieved a net surplus of; \$22,993,000 from fundraising appeals; \$1,302,000 from retail activities; \$ 2,963,000 from investments; \$618,000 from project grants and \$371,000 from other income. Total net surplus available to spend on research and support programs is \$28,247,000.

	2006 \$'000
Surplus available to spend on TCCNSW projects	28,247
Less:	
Cancer research	6,984
Health advocacy and campaigning	2,451
Regional program delivery (health campaigns and information and support services)	3,350
Cancer information services	840
Multicultural information service	188
Supportive care	1,064
Cancer Helpline	868
Cancer Council Connect	189
Infrastructure and investment costs	2,710
	18,644
Net surplus to be spent on future TCCNSW projects	9,603

19. Fundraising Activities (continued)

(c) Fundraising Conducted Jointly with Traders

	2006 New donor acquisitions \$'000	2006 Prior year acquisitions \$'000	2006 Total \$'000
Face to face donor acquisition			
Revenue	2,163	3,421	5,584
Total payments to trader	4,087	222	4,309
Other direct expenses		39	39
Gross contribution	(1,924)	3,160	1,236
Net margin from fundraising activities conducted with traders	-89%	92%	22%

A significant investment in future revenue streams was incurred in the acquisition of new face to face donors.

The average face to face donor continues their support for 3–4 years, with, on average, over 75% of their total donations directed to cancer research.

(d) Fundraising Appeals as Classified by the Charitable Fundraising Act 1991 Conducted During the Reporting Period

- **Appeals/events involving the sale of goods:** Daffodil Day and Pink Ribbon Day.
- **Appeals conducted jointly with a trader:** Face to face pledge appeal.
- **Fundraising events:** Relay For Life and Posh Auction.
- **Mail appeals** include the Daffodil Day mail appeal, Christmas mail appeal, Tax mail appeal, Pledge September mail appeal and the Pledge March mail appeal.
- **Other fund raising appeals:** Australia's Biggest Morning Tea, Girls Night In, International Treks, Breast Cancer Challenge, Community Fundraising and In Memoriam.
- **Corporate sponsorships** were received for events conducted during the reporting period including: Relay For Life, Girls Night In and the Posh auction.

(e) Comparison of Monetary Figures and Percentages

	2006 \$'000		2006 \$'000	%
Total cost of fundraising/gross proceeds from fundraising	9,143	/	32,136	28%
Net surplus from fundraising/gross proceeds from fundraising	22,993	/	32,136	72%
Total cost of services/total expenditure	15,934	/	32,443	49%
Total cost of services/total income	15,934	/	42,046	38%

Notes to the Financial Statements for the Nine Month Period ended 30 June 2006**19. Fundraising Activities (continued)****(f) Fundraising Revenue by Appeal/Event**

	Note	2006 \$'000
Bequests		
Bequests		11,940
Appeals/events involving the sale of goods		
Daffodil Day	1	242
Pink Ribbon Day		638
Appeals conducted with a trader		
Face to Face pledge appeal		5,584
Fundraising events		
Posh Auction		785
Relay For Life		3,248
Other fundraising appeals		
Australia's Biggest Morning Tea		3,163
Girls Night In		520
International Treks		141
Breast Cancer Challenge		255
Community fundraising		1,019
Unsolicited donations		793
In Memoriam donations		527
Direct mail appeals		3,281
		32,136

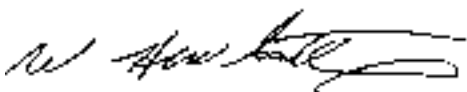
1 Daffodil Day is held in August each year with the majority of the associated revenue received in August and September of each year. This financial report is for the nine month period from 1 October 2005 to 30 June 2006, as such, this report does not include the majority of the total income which was received for this event. The costs incurred in this period however represent both the post 2005 event costs and costs incurred in preparing for the 2006 event.

Directors' Declaration

The directors of The Cancer Council NSW declare that:

- (a) In the directors' opinion the financial statements and notes of the Company have been prepared in accordance with the *Corporations Act 2001*, including that they:
 - (i) Comply with Australian Accounting Standards and Corporations Regulations 2001; and
 - (ii) Give a true and fair view of the financial position of the company as at 30 June 2006 and of their performance as represented by the results of their operations and their cash flows for the period ended on that date; and
- (b) In the directors opinion, there are reasonable grounds to believe that the Company will be able to pay its debts as and when they become due and payable.

Signed in accordance with a resolution of the directors.



Professor William McCarthy AM
Director
Sydney
27 October 2006

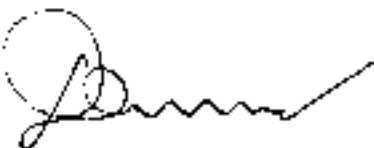


Ms Jill Boehm
Director
Sydney
27 October 2006

Declaration by Chief Executive Officer in Respect of Fundraising Appeals

I, Andrew Penman, Chief Executive Officer of The Cancer Council NSW declare that in my opinion:

- a) The income statement gives a true and fair view of all income and expenditure of The Cancer Council NSW with respect to fundraising appeals; and
- b) The balance sheet gives a true and fair view of the state of affairs with respect to fundraising appeals; and
- c) The provisions of the Charitable Fundraising Act 1991, the regulations under the Act and the conditions attached to the authority have been complied with; and
- d) The internal controls exercised by The Cancer Council NSW are appropriate and effective in accounting for all income received and applied by The Cancer Council NSW from any of its fundraising appeals



Dr Andrew Penman
Chief Executive Officer

Sydney
27 October 2006

Independent Auditor's Report



Chartered Accountants
& Business Advisers

Independent audit report to the members of The Cancer Council NSW

Scope

The financial report and directors' responsibility

The financial report comprises the balance sheet, income statement, statement of changes in equity, cash flow statement, notes to the financial statements and the directors' declaration for The Cancer Council NSW (the company), for the nine month period ended 30 June 2006.

The directors of the company are responsible for the preparation and true and fair presentation of the financial report in accordance with the *Corporations Act 2001*, the *Charitable Fundraising Act 1991* and the Regulations. This includes responsibility for the maintenance of adequate accounting records and internal controls that are designed to prevent and detect fraud and error, and for the accounting policies and accounting estimates inherent in the financial report.

Audit approach

We conducted an independent audit in order to express an opinion to the members of the company. Our audit was conducted in accordance with Australian Auditing Standards, in order to provide reasonable assurance as to whether the financial report is free of material misstatement. The nature of an audit is influenced by factors such as the use of professional judgement, selective testing, the inherent limitations of internal control, and the availability of persuasive rather than conclusive evidence. Therefore, an audit cannot guarantee that all material misstatements have been detected.

We performed procedures to assess whether in all material respects the financial report presents fairly, in accordance with the *Corporations Act 2001*, the *Charitable Fundraising Act 1991* and the Regulations, including compliance with Accounting Standards and other mandatory financial reporting requirements in Australia, a view which is consistent with our understanding of the company's financial position, and of its performance as represented by the results of its operations and cash flows.

We formed our audit opinion on the basis of these procedures, which included:

- examining, on a test basis, information to provide evidence supporting the amounts and disclosures in the financial report,
- assessing the appropriateness of the accounting policies and disclosures used and the reasonableness of significant accounting estimates made by the directors; and
- obtaining an understanding of the internal control structure for fundraising appeal activities and examination, on a test basis, of evidence supporting compliance with the accounting and associated record keeping requirements for fundraising appeal activities pursuant to the *Charitable Fundraising Act 1991* and the Regulations.

While we considered the effectiveness of management's internal controls over financial reporting when determining the nature and extent of our procedures, our audit was not designed to provide assurance on internal controls.

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Independence

In conducting our audit, we followed applicable independence requirements of Australian professional ethical pronouncements and the *Corporations Act 2001*.

Qualification

Cash from donations and other fundraising activities is a significant source of revenue for The Cancer Council NSW. Although The Cancer Council NSW has implemented systems of control to ensure that monies received at its offices are properly recorded in the accounting records, it is impractical to establish control over the collection of revenue from these sources prior to receipt at its offices. Accordingly, our audit procedures with respect to revenue from these sources had to be restricted to the amounts recorded in the financial records. As a result, we are unable to express an opinion as to whether revenue from cash donations and other fundraising activities is complete.

Qualified audit opinion

In our opinion, except for the effects on the financial report of the matter referred to in the qualification paragraph

1. the financial report of The Cancer Council NSW:
 - gives a true and fair view, as required by the *Corporations Act 2001*, of the financial position of the company as at 30 June 2006 and of its performance for the nine month period ended on that date;
 - complies with Accounting standards and other mandatory financial reporting requirements in Australia and the *Corporations Regulations 2001*;
 - gives a true and fair view, as required by the *Charitable Fundraising Act 1991* in Australia, of the financial result of fundraising appeals for the nine month period ended 30 June 2006;
2. the associated records of The Cancer Council NSW have been kept in accordance with the *Charitable Fundraising Act 1991* and the Regulations for the nine month period ended 30 June 2006;
3. money received as a result of fundraising appeals conducted by The Cancer Council NSW during the year ended 30 June 2006 has been properly accounted for and applied in accordance with the *Charitable Fundraising Act 1991* and the Regulations; and
4. there are reasonable grounds to believe that The Cancer Council NSW will be able to pay its debts as and when they fall due.



PKF
New South Wales,
Paul Bull
Partner

Sydney
27 October 2006

APPENDICES



Privacy Management

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

The Cancer Council NSW, as an independent company registered under the Corporations Act, must comply with the National Privacy Act 1988 (Cth), specifically in relation to the amendments made by the Privacy Amendment (Private Sector) Act 2000 (Cth) (Privacy Act). In addition, for any health information collected, held, used or disclosed by The Cancer Council NSW, the Council is required to also comply with the Health Records and Information Privacy Act (HRIPA).

A brief privacy statement was prepared for distribution to all staff and is now included in the new staff orientation pack as an "introduction" to privacy at The Cancer Council NSW. In addition, The Cancer Council's Privacy Management Plan (PMP) was updated to incorporate compliance with the Privacy Act and HRIPA.

Privacy interviews and audits were conducted with Cancer Council managers and implementation strategies and checklists are being established to ensure all units are equipped with the appropriate privacy protection tools and procedures. Privacy workshops have also commenced to ensure greater awareness and employment of privacy values across the organisation.

In the reporting period, there were no applications received for internal review under Division 1, section 36 of the National Privacy Act or Part 6 of the Health Records and Information Privacy Act.

Publications

The following titles were published during the financial 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 2004/05

Smart Living biannual magazine

Volunteer Voice newsletter

Research

2006 Research Profile: New projects to defeat cancer brochure

Cancer Incidence in New South Wales Migrants 1991 to 2001 report

Cancer Trials NSW newsletters

Addressing the needs of younger women with breast cancer communication skills module prepared for the National Breast Cancer Centre by the Centre for Health Research and Psycho-oncology (CHERP)

Evaluation of the Cancer Council Helpline: Caller satisfaction survey report prepared by CHERP

Advocacy

One in Three newsletter for parliamentarians

One in Three newsletter for Local Government

Distance Should Not Equal Disadvantage poster and postcard for the Less Distance for Assistance Alliance

Patient Information

Cancer Council Connect peer support brochure

Cancer Support News: Helping you care for people with cancer newsletter (2 issues)

Cancer Support News subscription postcards

Understanding Cancer series:

- Acute Leukaemia
- Brain Tumours and Spinal Cord Tumours
- Breast Cancer
- Chemotherapy
- Complementary and Alternative Therapies
- Overcoming Cancer Pain
- Palliative Care
- Sexuality for Men with Cancer
- Sexuality for Women with Cancer

10 Ways The Cancer Can Help You posters and brochures

Telephone Support Groups brochure

Appendices

Cancer Prevention and Early Detection

The Prostate: Let's talk about it brochure
Bowel Cancer: Let's talk about it brochure
Good Health for Your Breasts: Your guide to breast cancer risk and early detection brochure
Be Sun Smart and Save Your Skin brochure
Be Smoke Free and Cancer Smart brochure
Skin Cancer: Can you spot the difference? poster
Skin Cancer: Get the facts and save your own skin booklet

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, Posh Auction.

Retail

Sun protection product catalogue

Non-Cancer Council Publications

From 1 October 2005 to 30 June 2006 Cancer Council behavioural and epidemiological researchers published the following articles in peer-reviewed scientific and medical journals or as stand-alone publications.

Cancer Epidemiology Research Unit

Australian Cancer Network Clinical Practice Guidelines for the Prevention, Early Detection and Management of Colorectal Cancer. 2005.

Avenell A, Gillespie WJ, Gillespie LD, O'Connell DL. Vitamin D and vitamin D analogues for preventing fractures associated with involutional and post-menopausal osteoporosis. The Cochrane Database of Systematic Reviews 2005; Issue 3(Art. No: CD000227 DOI:10.1002/14651858.CD000227.pub2. Substantial Update).

Begg CB, Orlow I, Hummer AJ, Armstrong BK, Kricker A, Marrett LD et al. Lifetime risk of melanoma in CDKN2A mutation carriers in a population-based sample. J Natl Cancer Inst 2005; 97(20):1507-1515.

Clements MS, Armstrong BK, Moolgavkar SH. Lung cancer rate predictions using generalised additive models. Biostatistics 2005; 6(4):576-589.

Fritschi L, Benke G, Hughes AM, Kricker A, Turner J, Vajdic CM et al. Occupational exposure to pesticides and risk of non-Hodgkin lymphoma. Am J Epi 2005; 162(9):1-9.

Kricker A, Vajdic CM, Armstrong BK. Reliability and validity of a telephone questionnaire for estimating lifetime personal sun exposure in epidemiologic studies. Cancer Epidemiol Biomarkers Prev 2005; 14(10):2427-2432.

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Supramaniam R, Grindley H, Jackson Pulver L. Cancer in Aboriginal people in New South Wales 1994-2002. In Djadi #1 Monograph of the Inaugural Indigenous Health Unit Research Day. 2005.

Yu XQ, O'Connell DL, Gibberd RW, Armstrong BK. A population-based study from New South Wales, Australia 1996-2001: Area variation in survival from colorectal cancer. Eur J Cancer 2005; 41(17):2715-2721.

Boniol M, Armstrong BK, Dore JF. Variation in incidence and fatality of melanoma by season of diagnosis in New South Wales, Australia. *Cancer Epidemiol Biomarkers Prev* 2006; 15(3):524-526.

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Canfell K, Beral V, Green J, Cameron R, Baker K, Brown A. The agreement between self-reported cervical smear abnormalities and screening programme records. *J Med Screen* 2006; 13(2):72-75.

International Collaboration of Epidemiological Studies of Cervical Cancer (Incl Sitas F). Carcinoma of the cervix and tobacco smoking: Collaborative reanalysis of individual data on 13,541 women with carcinoma of the cervix and 23,017 women without carcinoma of the cervix from 23 epidemiological studies. *Int J Cancer* 2006; 118(6):1481-1495.

Norman R, Mqoqi N, Sitas F. Lifestyle-induced cancer in South Africa. In: Steyn K, Fourie J, Temple N, editors. *Chronic diseases of lifestyle in South Africa 1995-2005. Technical Report*. CapeTown: South African Medical Research Council, 2006: 142-185.

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Vajdic CM, Grulich AE, Kaldor JM, Fritschi L, Benke G, Hughes AM et al. Specific infections, infection-related behavior, and risk of non-Hodgkin lymphoma in adults. *Cancer Epidemiol Biomarkers Prev* 2006; 15(6):1102-1108.

Centre for Health Research and Psycho-oncology

Australian Cancer Network Diagnosis and Management of Lymphoma Guidelines Working Party (incl Girgis A and Tzelepis F). *Guidelines for the Diagnosis and Management of Lymphoma*. 2005.

Girgis A, Adams J, Sibbritt D. The use of complementary and alternative therapies by patients with cancer. *Oncol Res* 2005; 15(5):281-289.

Girgis A, Boyes A. Proactive routine monitoring and intervention to reduce the psychosocial impact of cancer therapy. *Clinical Psychologist* 2005; 9(2):70-73.

Paul CL, Walsh RA, Tzelepis F. A monetary incentive increases postal survey response rates for pharmacists. *J Epidemiol Community Health* 2005; 59(12):1099-1101.

Acknowledgments

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

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PKF

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