



your cancer council

ANNUAL REPORT | 2006/07



contents

THE CANCER COUNCIL WAS
ESTABLISHED IN 1955 BY
AN ACT OF THE NSW
PARLIAMENT. THE ACT
EMPOWERED THE CANCER
COUNCIL TO RAISE MONEY
FROM THE PUBLIC IN ORDER
TO MEET ITS OBJECTIVES. THE
ACT HAS BEEN REPEALED AND
THE CANCER COUNCIL IS NOW
A COMPANY LIMITED
BY GUARANTEE.



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message from

THE CEO



The 2006/07 reporting year has again seen a surge of community support for the cancer cause. Along with a greater awareness of the reach and impact of cancer, there is a clear appreciation in the community that cancer is a challenge to be grasped, and that with information, understanding and commitment, our vision of Cancer Defeated can be achieved.

Our financial results for 2006/07 eloquently illustrate the community's commitment. The exceptional results in retained earnings owe much to the buoyancy of the investment markets nevertheless, our managed income streams, with few exceptions, showed strong growth over budget and over past years.

Emphasising the accountability we feel towards our many donors and supporters, the Board, in reviewing the strategic plan, underlined the importance of The Cancer Council NSW being visibly effective in pursuing its mission. We judge our effectiveness in four ways:

- Enhancements we bring about in the lives of cancer patients and carers.
- Our impact on scientific knowledge and on community understanding and behaviour.
- Changes we facilitate in society, policy, and practice, which advance cancer control.
- The productivity with which our resources are deployed.

Expanding our information and support services has been a feature of our work in the past year; translating into practice the wealth of research into patients and carers' needs that we have funded externally and conducted in our own behavioural research facility. It has been particularly satisfying

to see the advent of new transport services to help regional patients get to treatment, as well as the uptake of our grants to alleviate financial distress among cancer patients. The growing acceptance of telephone support groups for helping people in isolation, or with special needs, is also encouraging.

The Cancer Council has become a valuable partner to those who run cancer support groups throughout the state, providing training, resources and inspiration for this critical community work. We have also taken on the direct delivery of support services for people affected by pancreatic cancer.

We are laying the foundations for future enhancements of our support and information services; the expansion of metropolitan volunteer and staff numbers will enable us to provide information and practical support throughout the Sydney region. We have also commenced a patient accommodation review that will provide the basis for future developments in this area.

Research is our largest program commitment. It is not only central to improving scientific and community understanding of cancer, but to supporting all aspects of our work. In 2006/07 research expenditure once again reached record levels of \$10.5 million. Our successful Christmas appeal enabled us to fund 19 research grants; three more than we had anticipated. We made good progress towards building 21st century infrastructure for epidemiological research with our long-term investment in the 45 and Up and CLEAR studies into the causes of cancer. Our strategic partnership program is spearheading our endeavours to target more research funding to declared priorities.

The year also saw the amalgamation of The Cancer Council NSW and

Cancer Institute NSW cancer trials programs – a milestone that allows us to reflect on the profound contribution our organisation has made in embedding clinical trials in cancer practice in NSW, hastening the translation of new treatments into practice.

Our community networks are playing a vital role in bringing about changes in society, policy, and practice that advance cancer control. More than 260 trained consumer advocates are addressing issues that affect access to, and quality of, services. They are typified by the tenacity of Melanie Trethowan and her colleagues in Dubbo who focused on reducing waiting times for oncologist appointments. Local governments are also becoming important change agents, addressing issues such as smoke-free environments and shade and sun protection amenity in public places.

As always, our annual report is a record of the achievement of the NSW community whose interests we are proud to serve. The greatest privilege I have as CEO is the contact I have with donors, supporters, volunteers and program partners. Relay For Life abounds with energetic and inspirational community leaders; the Posh auction committee is a metaphor for belief, commitment and persistence; our regional community leaders are a study in community service values; and every donor has a reason for giving that illuminates our values and purpose as an organisation. May the defeat of cancer become in time a monument to them all.

A handwritten signature in black ink, appearing to read 'Andrew Penman'.

Andrew Penman
CEO

message from THE BOARD CHAIR



The 2006/07 financial year marks the first reporting period for The Cancer Council NSW under the stewardship of an independent Board elected primarily by the Members' Assembly. It has been my privilege to serve as its first Chair.

To complement the skills and expertise of the elected members, a further three members were co-opted to the Board in February 2007 and June 2007. We now have a good balance of representation and experience to fulfil our governance responsibilities.

In February 2007 the Board reviewed and updated The Cancer Council's strategic plan restating community engagement as playing a defining role in the organisation's vision of defeating cancer. We also affirmed the need for balancing research, advocacy, prevention and support activities. We are placing greater emphasis on working in partnership with healthcare providers to improve information and support for cancer patients and carers. In the coming year this will be evident in the expanded community-based practical and social support services for patients, closely linked with cancer treatment centres. The organisation will also be extending its reach, beyond the oncology disciplines, to engage general practice and other healthcare providers.

Conviction, commitment and perseverance are the hallmarks of The Cancer Council.

The conviction that cancer can, and will be defeated drives all that we do. At The Cancer Council we believe that cancer will be defeated within the lifetime of many people alive today.

This conviction is being realised in front of our eyes, not just in the extraordinary scientific discoveries that are being made but also in the experience of cancer patients. Many people owe their survival to research that has changed medical practice. But conviction is also evident in the community groundswell to take action on cancer.

It is commitment that translates conviction into the defeat of cancer. I see that commitment in the lives of people who have worked with The Cancer Council over many years. People like Martin Stockler, a medical oncologist who has given his energy to driving the development of the organisation's Cancer Trials program, recruiting hundreds to treatment trials, and making breakthroughs possible. Or it might be in the form of Cancer Council-funded researchers like Roger Reddel or Robyn Ward, who were both behind breakthrough discoveries that won international recognition last year.

Martin, Roger and Robyn show us what is possible with a combination of intellect, money and commitment. The additional ingredient to arriving at a day when cancer is defeated is perseverance – simply "sticking with it".

Every year we are indebted to thousands of volunteers and donors who, in the face of other options, choose to share The Cancer Council's vision. More than ninety percent of The Cancer Council NSW's income is derived ultimately from voluntary community donations. Without the committed contribution of our donors, supporters and volunteers we would be simply unable to contemplate the long-term efforts we need to secure vital services and research. They realise

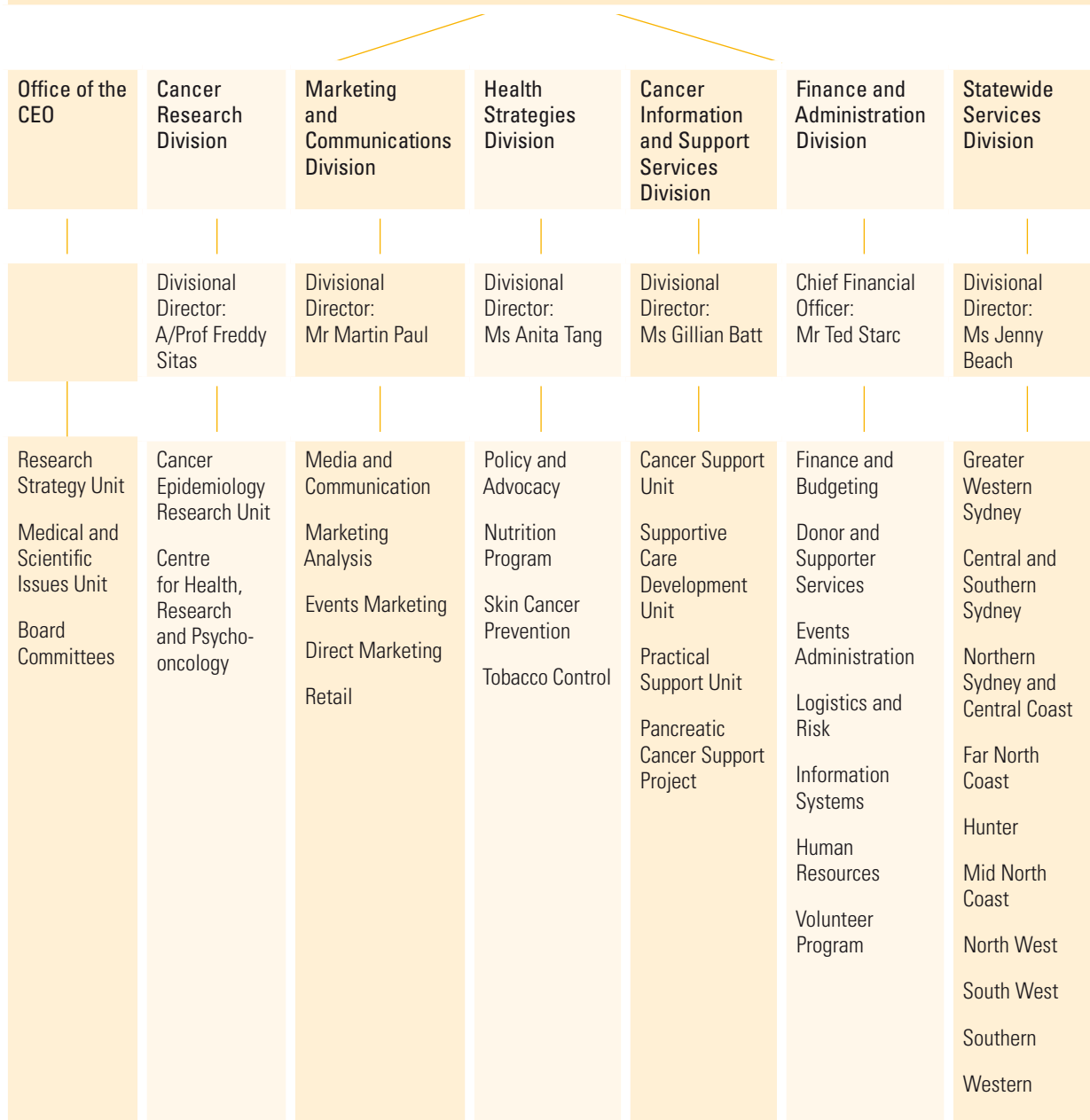
the defeat of cancer is an opportunity to grasp now. In a very real sense, what is described within the pages of this annual report is a narrative of what they have achieved through their giving.

Professor Bill McCarthy AM
Board Chair

THE CONVICTION THAT
CANCER CAN, AND WILL
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BELIEVE THAT CANCER
WILL BE DEFEATED WITHIN
THE LIFETIME OF MANY
PEOPLE ALIVE TODAY.

organisational structure

The Cancer Council NSW Board Chief Executive Officer: Dr Andrew Penman Company Secretary: Ms Angela Aston



biographies of

THE DIVISIONAL DIRECTORS



Dr Andrew Penman

Dr Andrew Penman **Chief Executive Officer**

Dr Andrew Penman has degrees in biochemistry and medicine from the University of Queensland. He completed an internship with the Auckland Hospital Board and trained in internal medicine in the United States, taking the membership exams for the American College of Physicians, prior to commencing training in public health. Andrew worked in emergency medicine and primary health care training before returning to Australia in 1983.

He spent 13 years with the Health Department of Western Australia, including roles as the Medical Officer in Halls Creek, Director of Public Health in the Pilbara region, and as Assistant Commissioner for Public Health and Chief Health Officer. In 1996, Andrew moved to NSW to work as Director of Disease Prevention and Health Promotion for the NSW Health Department, before his appointment as CEO of The Cancer Council NSW in 1998. He has a broad interest in public health, in particular in the development of programs for the control of non-communicable and chronic disease, and in the early and effective application of research into practice.



Ms Gillian Batt

Ms Gillian Batt **Director, Cancer Information and Support Services**

Gillian Batt has a Bachelor of Arts from University College, London. She has a background in performance management and health policy and planning, having spent more than 20 years working in the National Health Service (NHS) and Department of Health in England, including positions at local, regional and national level. Gillian was Private Secretary to the Minister for Health and is experienced in handling complex political environments. Before moving to Sydney in 2002, she worked closely with the NHS National Cancer Director in developing and implementing the NHS Cancer Plan. Gillian joined The Cancer Council NSW in 2003, and as the Director of Cancer Information and Support Services is responsible for ensuring that cancer patients, families and carers have timely access to appropriate information and support.

Ms Jenny Beach **Director, Statewide Services**

Jenny Beach spent her early years on family farms in the Warren district, before studying nursing in Sydney. As a registered nurse, she worked in bush, hospital and community nursing in rural and regional NSW. She has also



Ms Jenny Beach



Mr Martin Paul

worked in editorial and advertising roles in the regional print media. Jenny has been with The Cancer Council NSW for nine years firstly as a Community Development Officer/Regional Programs Coordinator for the Western region, and then as the Regional Manager based in the Orange office. Jenny was appointed as Health Strategies Manager for the Regional Network and later as the Director of Statewide Services. Jenny is particularly interested in rural health and community engagement.

Mr Martin Paul **Director, Marketing and Communications**

Martin Paul graduated from the University of Exeter in England and initially pursued a career in commercial marketing. After travelling in Africa, Asia and Australia, he resolved to employ his marketing skills in the charitable sector joining the World Wildlife Fund – UK as a Regional Coordinator, before moving to the National Trust to work on their fundraising initiatives. While at the Trust, he established the UK's largest charity raffle and completed a postgraduate diploma in marketing as well as extensive management training.

Martin emigrated to Australia in 1998 and was Director of Income Development at the National Heart

biographies of

THE DIVISIONAL DIRECTORS



Assoc Prof Freddy Sitas



Mr Ted Starc



Ms Anita Tang

Foundation and later National Director of Marketing Strategy. Martin joined The Cancer Council NSW in 2001, and as the Director of Marketing and Communications is involved in enhancing the revenue, reputation and relevance of the organisation. Martin is a regular speaker and trainer with the Fundraising Institute of Australia.

Assoc Prof Freddy Sitas **Director, Cancer Research**

Freddy Sitas has Bachelor and Masters degrees in Science from the University of the Witwatersrand (South Africa), a Masters in Epidemiology from the London School of Hygiene and Tropical Medicine, and a Doctorate in Epidemiology from the University of Oxford. In 1990, Freddy was appointed Head of the National Cancer Registry in South Africa and assisted the International Agency for Research on Cancer (IARC) in improving cancer registration in the region. In 1999, Freddy was awarded the Directorship of the South African MRC/Cancer Association WITS/NHLS Cancer Epidemiology Research Group, focusing on documenting the role of HIV and other infections on the development of cancer, and in developing a novel approach to monitoring tobacco-attributed deaths. Freddy joined The Cancer Council NSW in 2003 as Director of the Cancer Research

and Registers Division. Freddy is an Associate Professor in the Schools of Public Health at the University of Sydney and University of NSW, and is Chair of the Steering Group and Cancer Theme Committee of the 45 and Up Study. His interests include cancer and mortality surveillance, the role of infections in the development of cancer, and tobacco-attributed disease. He has published 65 papers, eight chapters and 25 books/reports.

Mr Ted Starc **Chief Financial Officer**

Ted Starc has a Bachelor of Economics from the University of Sydney, a graduate diploma in business computing from the University of Western Sydney, and a graduate diploma in applied finance and investment from the Financial Services Institute of Australia. He is a member of the Institute of Chartered Accountants, is a Registered Tax Agent, a senior member of the Australian Computer Society, a registered Justice of the Peace, and a fellow of the Financial Services Institute of Australia. Ted has auditing experience gained across primary, secondary and tertiary industries – ranging from small family operated businesses to multinationals – in the technical areas of audit, taxation and accounting services. Ted moved from the auditing environment to the

commercial arena, working in varied environments including manufacturing, wholesaling, retailing, importing, exporting, direct selling and service provision. Ted joined The Cancer Council NSW in 1998 as Chief Financial Officer.

Ms Anita Tang **Director, Health Strategies**

Anita Tang has a Bachelor of Arts and Masters in Administrative Law and Policy from the University of Sydney. She has extensive experience in reviewing human services programs, from within the non-government and government sector, and in managing public policy research and analysis projects. She has led several major inquiries and reviews in the community services area and has acted as a consultant to State and Commonwealth statutory bodies in reviewing service systems and legislation. Anita has also worked within NSW Parliament, for the Legislative Council Standing Committee on Social Issues, managing an inquiry into parent support and education issues. As Director of Health Strategies for The Cancer Council NSW, Anita is responsible for leading cancer prevention, public policy and advocacy programs.

governance

The Australian Stock Exchange Corporate Governance Principles and Recommendations are generally regarded as a benchmark for good governance, and, although we are a company limited by guarantee and some of the issues in these principles are specific to listed companies, the Board has chosen to use the principles as the basis for its own reporting on governance.

PRINCIPLE 1: LAY SOLID FOUNDATIONS FOR MANAGEMENT AND OVERSIGHT

The role of The Cancer Council NSW Board is defined by the Board Charter which is available on The Cancer Council website. In particular the purpose and role of the Board is to:

- Set the directions and strategies of The Cancer Council, in accordance with its objectives, and ensure resources are aligned accordingly.
- Review, monitor and provide direction to management on implemented strategies.
- Ensure a system of corporate governance that is compliant with the Corporations Act, the company's constitution, and good practice.
- Protect, promote and preserve The Cancer Council's reputation and standing as a community charity.
- Monitor management's performance and the company's financial results on a regular basis, and ensure the preparation of accurate financial reports and statements.
- Ensure that internal controls effectively mitigate risk and maintain appropriate accountability systems and ethical standards.

- Report to members and the community on the performance and state of the company.
- Review on a regular and continuing basis executive performance, executive development activities and executive succession planning (especially the CEO).

The role of the Chief Executive Officer and senior management is defined by contract and through a schedule of delegations. Under the schedule of delegations, the Board is responsible for evaluating the performance of the CEO, and the CEO is responsible for appointing and evaluating the performance of senior executives.

The process for evaluating the performance of the CEO is in the hands of the Remuneration Committee, which assesses the performance of the CEO against the financial and program goals of the organisation.

Individual performance plans are negotiated between the CEO and senior management. The process for an evaluation for senior managers is the performance plan negotiated in July each year and the final evaluation conducted in July of the subsequent year. All senior management performance reviews were conducted by 31 July 2007, and the CEO's performance review was undertaken by the Remuneration Committee on 8 August 2007.

PRINCIPLE 2: STRUCTURE THE BOARD TO ADD VALUE

Eight of the Board members are independent directors. Professor Jim Bishop and Ms Jill Boehm are members of the Cancer Institute NSW Board with whom we have a material contractual arrangement via a signed Memorandum of Understanding, and Associate Professor Graham Mann is the recipient of a Cancer Council research grant.

The Chair of the Board is an independent director and the CEO is not a member of the Board.

The Constitution provides for a nomination process for electing members through the Members' Assembly which in respect to elected members, serves the role of a Nominations Committee. The Board currently does not have a formal Nominations Committee for co-opted members although this is an aspect of governance under consideration by the Board's Governance Committee.

At this stage of its development, the Board has not adopted a formal process for evaluating the performance of the Board, its committees and individual directors.

The process for electing the Members' Assembly is described in the Constitution which is available on our website.

The Board has the power to seek independent professional advice.

PRINCIPLE 3: PROMOTE 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 where there is personal conflict of interest for Board members.

A full copy of our Code of Conduct is available at www.cancercouncil.com.au/codeofconduct.



THE CANCER COUNCIL NSW REPORTS TO ITS MEMBERS AND TO REGULATORS THROUGH THE MEDIUM OF AN ANNUAL REPORT ISSUED IN COMPLIANCE WITH THE CORPORATIONS ACT.

PRINCIPLE 4: SAFEGUARD INTEGRITY IN FINANCIAL REPORTING

The Board has a properly constituted Audit and Finance Committee with the following guiding principles:

- Report to the Board of The Cancer Council NSW and as such have the power to review and make recommendations to the Board.
- Be aware in its deliberation of its duty to the community and the charitable role of The Cancer Council NSW.
- Be focused on applying best practice corporate audit standards to its work.
- Maintain free and open communication between the committee, auditors and the management and Board of The Cancer Council NSW.
- Review the Audit and Finance Committee charter annually, to be amended as necessary by the Board.
- Ensure the Board evaluates its performance and the extent to which the Committee has met the requirements of the charter.
- Review the organisational policies that relate to its charter and report to the Board.

The Audit and Finance Committee comprises three Board members and is chaired by an independent director who is not the Chair of the Board.

The charter of the Audit and Finance Committee is available on our website.

The appointment of the external auditor is carried out by way of a tender process with potential external auditors making written and face-to-face presentations to the Audit and Finance

Committee. The selection of the preferred external auditor is assessed on a set of criteria, including merit and value for money, and recommended to the Board for approval. The external audit engagement partner is required to rotate within three to five years of initial engagement.

PRINCIPLE 5: MAKE TIMELY AND BALANCED DISCLOSURE

The Cancer Council NSW is not a listed company; however it reports to its members and to regulators through the medium of an annual report issued in compliance with the Corporations Act and through the Annual General Meeting.

PRINCIPLE 6: RESPECT THE RIGHTS OF "STAKEHOLDERS"

While The Cancer Council NSW has 250 (227 Ordinary, 23 Organisational) formal members, it also recognises a broader responsibility to its community of supporters who include donors, consumers and volunteers. The Cancer Council communicates with these stakeholders via its website, various newsletters and face-to-face meetings throughout the year. Stakeholders can address questions to The Cancer Council through the medium of the website. In addition to the publication of the annual report and the Annual General Meeting (see principle 5), The Cancer Council NSW communicates to its membership via the Members' Assembly which meets twice a year. The Cancer Council also enjoys additional levels of engagement from the members of Members' Assembly who in addition to their formal membership of the Assembly are active in other capacities such as advisory committees.

PRINCIPLE 7: RECOGNISE AND MANAGE RISK

On behalf of the Board, the Audit and Finance 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 NSW has a three-year internal audit plan to ensure it addresses relevant risk.

A Business Continuity and Disaster Recovery plan has commenced this year wherein key processes and maximum allowable business outages have been identified by each unit.

Operational risk workshops and analysis conducted throughout the year resulted in the preparation of an Organisational Risk Register and currently we are reviewing the register to identify risk mitigation strategies.

A review of our occupational health and safety framework has also commenced.

PRINCIPLE 8: REMUNERATE FAIRLY AND RESPONSIBLY

The Board has adopted an organisation-wide process for determining remuneration. While the responsibility for the remuneration of the CEO lies with the Board, and the responsibility for the remuneration for the rest of the staff is with the CEO, a similar process for benchmarking and evaluation is used by both. The services of an external remuneration consultant are used to conduct benchmarking.

THE CANCER COUNCIL NSW

On 1 October 2005, The Cancer Council NSW began operating as a public company limited by guarantee under the provisions of the *Corporations Act 2001*. The Cancer Council NSW is registered with the Australian Taxation Office as a health promotion charity.

board committees

JULY 2006-JUNE 2007

BOARD OF DIRECTORS (TO 31 AUGUST 2006)

Ms Phyllis Miller OAM (Chair)
Director, Australian Local
Government Association
Forbes Shire Councillor

Hon Peter Collins AM, QC
Chair, Australian Institute of Health
and Welfare
Chair, Cancer Institute NSW

Professor Richard Henry AM
Senior Associate Dean,
Faculty of Medicine
University of NSW

Mr Michael Lambert
Executive Director, ABN AMRO

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

Professor Michael Reid
Director General, Ministry for
Science & Medical Research

BOARD OF DIRECTORS (FROM 31 AUGUST 2006)

Dr Stephen Ackland
Staff Specialist, Medical Oncology
Newcastle Mater Misericordiae
Hospital

Professor Bruce Armstrong AM
(to 5 June 2007)
Director of Research, Sydney Cancer
Centre, Professor of Public Health,
Medical Foundation Fellow
University of Sydney

Professor Jim Bishop
Chief Cancer Officer
CEO, Cancer Institute NSW

Ms Jill Boehm OAM
Former Director, Can Assist

Ms Mary Chiew (from 4 June 2007)
General Manager,
Giorgio Armani Australia Pty Ltd

Ms Vivienne Gregg
Board Member and State Coordinator,
Dragons Abreast Australia

Mr Bruce Hodgkinson SC
(from 23 July 2007)
(Chair from 29 October 2007)
Barrister, Denman Chambers

Mr Paul Lahiff (from 5 February 2007)
Managing Director, Mortgage Choice

Assoc Professor Graham Mann
Westmead Institute of Cancer Research
Westmead Millennium Institute

Professor Bill McCarthy AM
(Chair to 14 September 2007)
President, Melanoma & Skin Cancer
Research Institute

Mr Stephen Roberts
(from 25 October 2007)
Managing Director, Institutional
Investment Services
Russell Investment Group

Mr Bob Sendt (from 5 February 2007)
Auditor-General of New South Wales
1999-2006, Director of the Accounting
Professional & Ethical Standards Board
Director of Australasian Reporting
Awards (Inc)

AUDIT COMMITTEE MEMBERSHIP (TO 31 AUGUST 2006)

Mr Michael Lambert (Chair)
Board Member, The Cancer Council NSW

Hon Peter Collins AM, QC
Board Member, The Cancer Council NSW

Ms Phyllis Miller OAM
Board Member, The Cancer Council NSW

AUDIT AND FINANCE COMMITTEE MEMBERSHIP (FROM 31 AUGUST 2006)

Professor Bill McCarthy AM
(Chair to 2 April 2007)
Board Member, The Cancer Council NSW

Mr Bob Sendt
(Chair from 2 April 2007)
Board Member, The Cancer Council NSW

Ms Jill Boehm OAM
Board Member, The Cancer Council NSW

In attendance:
Mr Paul Marsh
Acumen Alliance

Mr Paul Bull
PKF

Dr Andrew Penman
Chief Executive Officer,
The Cancer Council NSW

Mr Ted Starc
Chief Financial Officer,
The Cancer Council NSW

Ms Elaine Beggs
Minute Secretary

REMUNERATION COMMITTEE MEMBERSHIP (FROM 3 OCTOBER 2006)

Professor Bill McCarthy AM (Chair)
Board Member, The Cancer Council NSW

Ms Vivienne Gregg
Board Member, The Cancer Council NSW

Mr Paul Lahiff (from 5 February 2007)
Board Member, The Cancer Council NSW

Mr Bob Sendt (from 5 February 2007)
Board Member, The Cancer Council NSW

THE ETHICS COMMITTEE
ASSESSES PROPOSALS TO
USE CANCER COUNCIL-HELD
DATA THAT MAY IDENTIFY
INDIVIDUALS FOR RESEARCH
OR OTHER PURPOSES.

INVESTMENT COMMITTEE (TO 31 AUGUST 2006)

Mr Michael Lambert (Chair)
Board Member, The Cancer Council NSW

Professor Richard Henry AM
Board Member, The Cancer Council NSW

Mr Julian Reynolds
Reynolds Stockbrokers, Investment
Committee (from 1 September 2007)

(FROM 1 SEPTEMBER 2006)

Mr Paul Lahiff (Chair)
(from 5 February 2007)
Board Member, The Cancer Council NSW

Professor Bill McCarthy AM
Board Member, The Cancer Council NSW

In attendance:
Dr Andrew Penman
Chief Executive Officer,
The Cancer Council NSW

Mr Ted Starc
Chief Financial Officer,
The Cancer Council NSW

Mr Geoff Stewart
Mercer Investment

Ms Elaine Beggs
Minute Secretary

ETHICS COMMITTEE

Mr Jason Downing (Chair)
Lawyer, Wentworth Chambers

Ms Maureen Bousfield
Laywoman

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

Ms Alice Oppen
Laywoman

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

Mr John Tong
Layman

Ms Meghan Magnusson
Lawyer, Ebsworth & Ebsworth

Emeritus Professor Tom Reeve AC, CBE
Medical Graduate with Research
Experience, Executive Officer,
Australian Cancer Network

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

Ms Jill Boehm OAM
(from 3 October 2006)
Board Member, The Cancer Council NSW

Ms Laura Jakob (from 5 February 2007)
Health Professional
Cancer Information and Support
Services, The Cancer Council NSW

Dr Marianne Weber
(from 5 February 2007)
Non-Medical Graduate with
Research Experience
Cancer Epidemiology Research Unit,
The Cancer Council NSW

Rabbi Jacqueline Ninio
(from 2 April 2007)
Religious Representative
Rabbi at Temple Emanuel, Woollahra

Ms Joanne Muller (from 4 June 2007)
Lawyer

In attendance:
Ms Angela Aston
Ethics Officer

Ms Naomi Crain
Ethics Secretary

ETHICS COMMITTEE

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

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. Three committee members attended a one-day training conference led by the NHMRC in Canberra during the year and three attended a half-day training workshop organised by NSW Health.

Committee members are selected on the basis of their expertise and their demonstrated interest in the work of The Cancer Council NSW. They do not represent specific institutions, organisations or interest groups. Tenure on the Ethics Committee is for a term of two years and members may serve up to three consecutive terms.

After many years in the design process, the NHMRC introduced a National Ethics Application Form which has been adopted by The Cancer Council NSW. Although it is early days and researchers are grappling with the length of the new form, it is expected that research applications will now be more streamlined, with consistent or uniform responses. This will help ethics committees focus on the ethical issues involved in a study.

In 2006/07, ethical approval was given to nine proposals of which six studies were requesting access to Cancer Council-held records. In addition, there were 12 amendments, variations and/or



additions to proposals previously given ethics approval requiring ethical advice and/or approval. Topics included:

- Identifying and understanding the risk factors for cancer for people aged over 45
- Identifying whether there are seasonal variations in the occurrence of, and survival from, prostate cancer
- Determining whether there is a link between the level of sun exposure, Vitamin D intake and a patient's outcome of prostate cancer
- Examining the relationships, if any, between prostate specific antigen, sun exposure and Vitamin D
- 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
- Evaluating the effectiveness of The Cancer Council NSW's Telephone Support Groups
- Developing the first pancreatic cancer support network in Australia for patients, carers and families
- Determining the benefits, if any, from workshops held for cancer and palliative care nurses, to assist them in remaining positive and active in their profession
- Focus testing a bowel cancer screening decision tool amongst general practitioners, Helpline staff and consumers.

CANCER RESEARCH COMMITTEE

Professor Richard Henry AM (Chair)
(to 3 October 2006)
Senior Associate Dean, Faculty of Medicine, University of NSW
Board Member, The Cancer Council NSW

Professor Michael Reid
(to 3 October 2006)
Director General, Ministry for Science & Medical Research
Board Member, The Cancer Council NSW

Professor Bruce Armstrong AM
(Chair) (from 3 October 2006)
Director of Research,
Sydney Cancer Centre
Professor of Public Health and Medical Foundation Fellow, University of Sydney
Board Member, The Cancer Council NSW

Dr Stephen Ackland
(from 3 October 2006)
Staff Specialist, Medical Oncology
Newcastle Mater Misericordiae Hospital, Board Member,
The Cancer Council NSW

Assoc Professor Graham Mann
(from 3 October 2006)
Westmead Institute of Cancer Research
Westmead Millennium Institute
Board Member, The Cancer Council NSW

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

Ms Sally Crossing AM
Chair, Cancer Voices NSW

Professor Don Iverson
Faculty of Health & Behavioural Sciences, Wollongong University

Ms Roslyn Lawson
Consumer Representative

Assoc Professor Murray Norris
Deputy Director, Children's Cancer Institute Australia

Dr Andrew Penman
Chief Executive Officer, The Cancer Council NSW

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

Professor Sally Redman
Chief Executive Officer, Sax Institute

Assoc Professor Freddy Sitas
Director, Cancer Research Division,
The Cancer Council NSW

Professor John Thompson
(to 7 May 2007) Melanoma Unit,
Royal Prince Alfred Hospital

Professor Robyn Ward
Medical Oncology, St Vincent's Hospital

Mr John Newsom (from 4 June 2007)
Consumer Representative

In attendance:
Ms Marie Malica
Manager, Research Strategy Unit,
The Cancer Council NSW

Mr Ron Gale
Minute Secretary

INTERNAL RESEARCH REVIEW COMMITTEE

The Internal Research Review Committee is a sub-committee of the Cancer Research Committee, which provides an avenue for reviewing research proposals that are funded entirely by The Cancer Council, to ensure their scientific quality. Dr Louisa Jorm, Director of Research, Sax Institute, chairs the committee with the involvement of Cancer Council senior managers and a cancer consumer.

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

- Understanding risk factors for cancer in the 45 and Up Study cohort
- Research into sun exposure, vitamin D and prostate cancer outcome.

our work



SERVICING THE STATE

The Statewide Services Division delivers Cancer Council programs and services to the people of NSW. In the previous year, we focused on our capacity to meet the needs of regional and rural communities and in 2006/07 we reviewed the resources for our metropolitan populations. We have started implementing the recommendations from the review, enhancing our level of service in the greater Sydney region with more staff and volunteers in more locations.

The new greater metropolitan region will be structured around the heart of the communities it serves, and will reflect the communities' needs, and the way those communities work. Cancer Council hubs will be central to the new structure; these will be vibrant, visible centres within a community.

Information centres, based at cancer treatment facilities, will form a complement to the community hubs. The centres will be staffed by specially trained volunteers providing information, referral and practical support, like car parking for people visiting the centre. The information centres will "be there" for patients at a vital time in their cancer journey.

To ensure the sustainability and suitability of the activities provided by the Statewide Services Division we are working in partnership with local communities. We continue to develop and strengthen these partnerships.

Regional Advisory Committees

Advisory committees are now operating in the Hunter, Far North Coast, Mid North Coast, Southern and Greater Western Sydney regions (see Appendix 3). By the next reporting period all regions will have active advisory committees. These committees provide the connection between the community

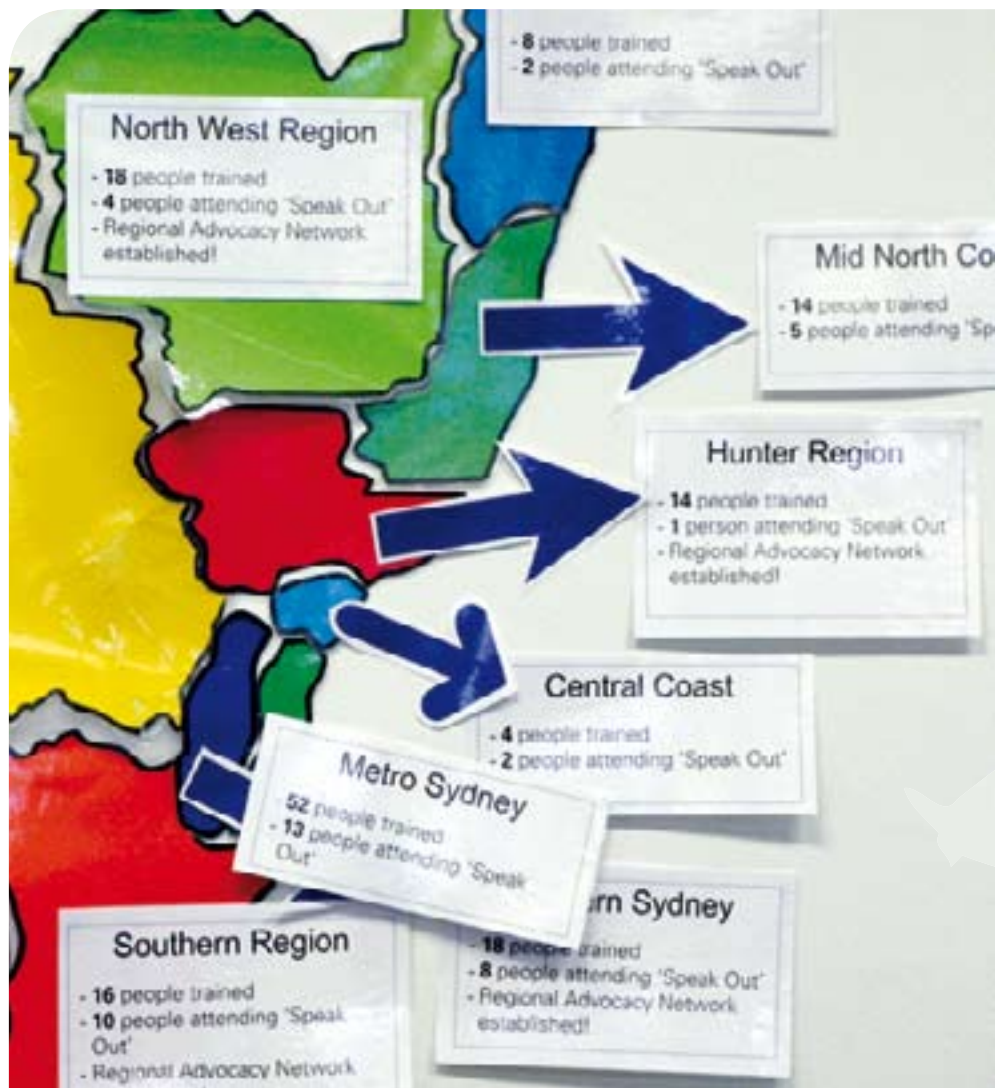
and The Cancer Council; they administer the regional grants program and provide strategic support for regional managers.

Each committee has a patron. These people are deeply committed to the cancer cause and to ensuring a better future for their community. They are the public face of The Cancer Council and their community.

Community Cancer Networks

Each region will also have a number of community cancer networks. The networks established during 2006/07 are listed in Appendix 4. These networks ensure our operational plans are relevant and focused on local needs.

A typical network would be made up of other cancer organisations, health professionals, local, State and Federal government representatives, Relay For Life Committee members, Advocates, as well as cancer carers, patients and survivors.



SUPPORTING PATIENTS AND FAMILIES

As well as delivering our core information and support programs to cancer patients and their families throughout the state, we work to better understand the needs of cancer patients and carers. We aim to meet these diverse needs through a balance of standardised and customised services. In 2006/07, we introduced a number of new services to assist people with cancer during their treatment and recovery.

INFORMATION

Cancer Council Helpline

In 2006/07, our Cancer Council Helpline consultants responded to 21,931 calls from cancer patients and carers, people with symptoms or concerns about cancer, health professionals and the general public.

In addition to the regular service, the Helpline staged two targeted call-ins to encourage patients, carers and the wider public to access information and support around lung cancer and prostate cancer. Specialists and survivors join Helpline consultants on the phones for these special Helpline events. As well as raising awareness around specific cancers, the call-ins are an excellent vehicle for raising the profile of the Helpline.

Helpline Call Back Service

Callers to the Helpline can request a follow-up call, two weeks after their initial call. Trained volunteers staff the call back service, with the aim being to ensure callers receive the information they require and any further assistance that The Cancer Council is able to provide. In 2006/07, 707 follow-up calls were made.

Cancer Council Connect

Men and women who have been diagnosed with cancer can benefit from one-to-one contact with specially

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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 2006/07, The Cancer Council Connect peer support service took 1075 referrals, and made 666 matches. 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. In 2006/07, regular fortnightly sessions were offered for:

- Patients with brain tumours, lung cancer, early breast cancer or pancreatic cancer
- People with advanced cancer of any type
- Parents with advanced cancer
- Under 55s with prostate cancer
- People caring for someone with cancer
- People who have lost someone to a cancer-related illness.

Telephone support group participants come from as far a field as Cobar, Dubbo, Evans Head, Goonellabah, Taree, Tallangatta, Tamworth, Wangaratta and Wyalong, as well as greater metropolitan Sydney, the South Coast, Hunter and the Central Coast.

RESOURCES

Support and Information Pack

These packs contain useful knowledge, for newly diagnosed cancer patients, on where to find practical and financial help and emotional support, as well as general information on treatment and care. In 2006/07, 13,874 packs were distributed throughout NSW.

Understanding Cancer series

The Understanding Cancer series offers cancer patients and their families, easy-to-read information on specific cancer sites and common topics about cancer. In 2006/07, ten titles were reviewed, revised and/or expanded and eight new booklets were developed to cover:

- Liver, bladder, pancreatic and advanced cancer
- Cancer in the school community
- Starting a support group
- Caring for those with cancer.

The series is available in printed format and online. In the reporting period 189,263 booklets were distributed throughout the state. To support the display and distribution of the patient literature, libraries, GP practices, local councils, cancer treatment centres and accommodation facilities are offered customised display stands; 204 stands were placed in 2006/07.

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 updated in consultation with cancer patients, health professionals and Helpline nurses. In 2006/07, Cancer Answers received 18,175 visits.

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 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.

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regional grants

AT WORK IN THE HUNTER

The Cancer Council's regional grants program provides small amounts of funding to groups tackling cancer issues in their local communities.



Local groups are often best placed to identify local cancer issues, and practical, realistic strategies for addressing them. The Cancer Council's regional grants program provides small amounts of funding to groups tackling cancer issues in their local communities. Applications are invited from non-profit or community organisations working in one of our cancer control priority areas: research, patient support and information, prevention and screening, or advocacy.

Regional advisory committees administer these grants. In 2006/07 grants were awarded in all Cancer Council Regions with active committees. In the Hunter, ten local groups were successful in obtaining grants, including

Dungog & District Neighbourcare Inc who made a very novel request. The organisation provides a range of neighbourly services including transport, food services and domestic assistance. Neighbourcare sought funding for purchasing two washing machines and dryers for doing cancer patients' laundry. Fisher & Paykel came to the party with a two-for-one deal; Dungog & District Neighbourcare now has four new washers and dryers.

Other grants awarded in the Hunter include:

- Training for peer support, bereavement support and palliative care volunteers

- Courses in healthy shopping, cooking and eating on a limited budget
- Post box and meeting venue hire for a support group
- Motorised recliners for cancer patients
- Portable shade structures
- A breast cancer forum, and
- A fun day for young people living with cancer.

Grants totalling \$114,644 were distributed throughout the state.



THE CANCER COUNCIL IS TACKLING THE TRANSPORT ISSUE ON MANY FRONTS INCLUDING ADVOCATING FOR BETTER SERVICES AND WORKING WITH LOCAL PARTNERS.

PRACTICAL SUPPORT

Patient Accommodation

Patients who must be away from home to attend treatment often cite low-cost accommodation as one of their most pressing needs. The Cancer Council has been supporting accommodation lodges near hospitals and treatment centres in metropolitan and country NSW for many years, including:

- Lillier Lodge in Wagga Wagga (in partnership with Can Assist)
- Shearwater Lodge in Coffs Harbour
- Rotary Lodge at Port Macquarie Base Hospital
- Alkira Lodge at the Illawarra Cancer Care Centre
- Casuarina Lodge at Westmead Hospital
- Blue Gum Lodge at Greenwich Hospital
- Hope Cottage at Nepean Hospital

Patient Transport

Accessing suitable transport to attend doctors' appointments and weeks of treatment can be a challenge for many cancer patients. The Cancer Council is tackling the transport issue on many fronts including advocating for better services and working with local partners.

- The Cancer Council's Shoalhaven Patient Transport bus conveyed 1500 passengers to the Illawarra Cancer Care Centre in Wollongong and covered 32,500km. A team of 15 volunteer drivers provided this daily service.
- In Gloucester, The Cancer Council offers reimbursement to a team of volunteers who use their own cars to convey patients to treatment. Thirty people used the service and 7200km were covered.

- In Casino, where the arrangement is similar, volunteers conveyed 11 patients and a carer to treatment and covered 8000km. (Service commenced in May 2007.)
- In the Manning Valley, The Cancer Council has provided a vehicle to transport patients to treatment in Taree and Newcastle. Volunteer drivers provide this service.
- In Port Stephens, The Cancer Council is piloting a service conveying patients to the Mater Hospital in Newcastle. In 2006/07 it covered 730km; it is anticipated that the service will cover around 10,000km annually.

Financial Assistance

Coping with cancer is difficult enough without the added burden of financial stress. The Cancer Council's financial assistance program goes some way towards easing the burden for the people who are struggling, covering the cost of essential household bills and other expenses.

- Financial assistance, of up to \$300, was provided to 916 people affected by cancer and financial disadvantage.
- Around 140 social workers based in cancer treatment centres, local hospitals and community health centres worked with The Cancer Council to assess applications and deliver benefits.
- A total of \$274,800 was distributed through this program, including \$22,000 obtained through the Clubs NSW Community Development and Support Expenditure (CDSE) scheme for Bega, Orange, Gosford and the Shoalhaven.

Holidays for People with Cancer

The Cancer Council offers disadvantaged families the opportunity to take "a break from cancer" with airfares and accommodation funded through the Clubs NSW Community Development and Support Expenditure (CDSE) scheme.

- Contributing clubs included:
Bulldogs Leagues Club
Bulli Workers Club Ltd
Cabra-Vale Ex-Active Servicemen's Club
Collegians Club
Dapto Leagues
Illawarra Master Builders
Illawarra Yacht Club
Lakemba Services Club
Revesby Workers Club Ltd
Wollongong Ex-Services Club Ltd
Wollongong RSL Bowling Club
- 99 people had a seven-day holiday; including 35 people from non-English speaking backgrounds
- Community organisations assisted in referring disadvantaged families to the program.

Assessing Community Needs

The needs of people affected by cancer in the Wollongong area, and the community's capacity to meet those needs, are being assessed in a Cancer Council pilot project. The project uses a framework developed by internationally recognised community engagement expert, Dr Jim Cavaye, PhD.

- A team of 15 volunteers have interviewed more than 100 people including patients, carers, health professionals and community leaders, using the Community Needs and Capacity Assessment Framework.
- Pending the results of the pilot, the framework will shape the way The Cancer Council works with communities across NSW.

Thank you

FOR THE PRACTICAL ASSISTANCE

"I am writing to personally thank you for the practical and much needed assistance my family and I received with the payment of an electricity bill.

Being diagnosed with, and then treated for cancer, meant I had to stop working for a considerable period of time, effectively halving the family income overnight. This has meant the bills/routine expenses I had previously anticipated being able to afford were suddenly unable to be paid.

In paying that bill you gave my family and I an emotional and financial life raft during what was a rather bleak time. Though it may seem a routine procedure, that payment was such a godsend."

Thank you for the
practical support,
understanding and
kindness you have
shown us.



SUPPORTING HEALTH PROFESSIONALS

As part of the supportive care program, The Cancer Council has developed a number of valuable resources for health professionals and educators.

Resilience in the Workplace

This new program, aimed at reducing stress and burnout, is for health professionals working in the cancer arena. Pilot sessions were conducted at Petrea King's Quest for Life retreat in Bundanoon, attended by 36 cancer and palliative care nurses from the ACT, and the Hunter New England and Greater Southern Area Health Services.

Rural and Remote Scholarships

Six scholarships were awarded to nurses to undertake the College of Nursing distance education course, Communication in Cancer Care. The course is aimed at improving clinical

practice and health outcomes for people with cancer living in rural and remote areas.

Managing Cancer Pain

This comprehensive teaching guide, comprised of a DVD and manual, is aimed at helping health professionals improve their communication skills in pain management. It was produced in consultation with experienced clinicians and consumers. Pain can be a largely controllable aspect of suffering; patient feedback has indicated that the most substantial barrier to managing pain has been poor communication. The training resource was launched at the Clinical Oncological Society of Australia 33rd Annual Scientific Meeting in Melbourne.

Nurse Education

Cancer Council staff presented four sessions at the College of Nursing Oncology Certificate Course and three sessions for the palliative care teams at St Vincent's and Calvary Hospitals.

Aboriginal Health Partnerships

In partnership with the Aboriginal Health & Medical Research Council's Aboriginal Health College, The Cancer Council has developed a three-day Cancer Awareness certificate course for Aboriginal Health Workers. The Cancer Council has also established a partnership with the Hunter New England Area Health Service to support an Aboriginal cancer care coordinator for the service, which has the largest Aboriginal population in the state.

Postgraduate Cancer Control Course

This course, offered as part of the Masters Degree in Public Health, covers the broader public health implications of cancer control, providing future science and health professionals with skills and knowledge on the scientific basis of cancer control. It has been developed and managed by The Cancer Council NSW's Medical Director, Dr Monica Robotin, (a shared appointment with Sydney University School of Public Health). It is the first of its kind to be offered in Australia.



Presentations and Publications

During the year, Cancer Council staff shared their knowledge and findings with their peers through presentations at conferences and journal publications (complete references are provided in the Publications Appendix) including:

- 'One pack a week can't hurt.' A lung cancer phone-in on the New South Wales Cancer Council Helpline. Misconceptions about risk. (Oral presentation) 14th International Conference on Cancer Nursing 2006
- 'How can I help you?' The experience of a Cancer Helpline in New South Wales, Australia. (Oral presentation) 14th International Conference on Cancer Nursing 2006
- 'Would you like a Call Back?' A follow-up service for callers to the New South Wales Cancer Council Helpline. (Poster presentation) 14th International Conference on Cancer Nursing 2006
- "What about the Leaders?" Challenges and Rewards of Cancer Support Group Leaders
- Communicating with Children about Cancer. 8th World Congress of Psycho Oncology 2006
- Connecting Carers Online. 8th World Congress of Psycho Oncology Venice 2006
- Leadership Skills Development and Support Program. 8th World Congress of Psycho Oncology Venice 2006
- Unlatching the gate: Getting cancer information through the gatekeepers. UICC World Cancer Congress 2006
- Cancer Council Helpline: Raising awareness for lung cancer. What the callers are asking and how far have we come. UICC World Cancer Congress 2006
- Enhancing Supportive Care Services on a Cancer Helpline. UICC World Cancer Congress 2006
- Looking after the leaders: How facilitator training can benefit support groups. UICC World Cancer Congress 2006
- What Do I Tell the Kids? UICC World Cancer Congress 2006.

Understanding Cancer

The Cancer Council conducts programs to assist people with cancer, as well as their carers, friends and families, in gaining an understanding of cancer and the issues surrounding a diagnosis. During the year, there has been a transition from providing the Living with Cancer Education Program, typically comprised of 4–6 weekly sessions, to the one-day Understanding Cancer program.

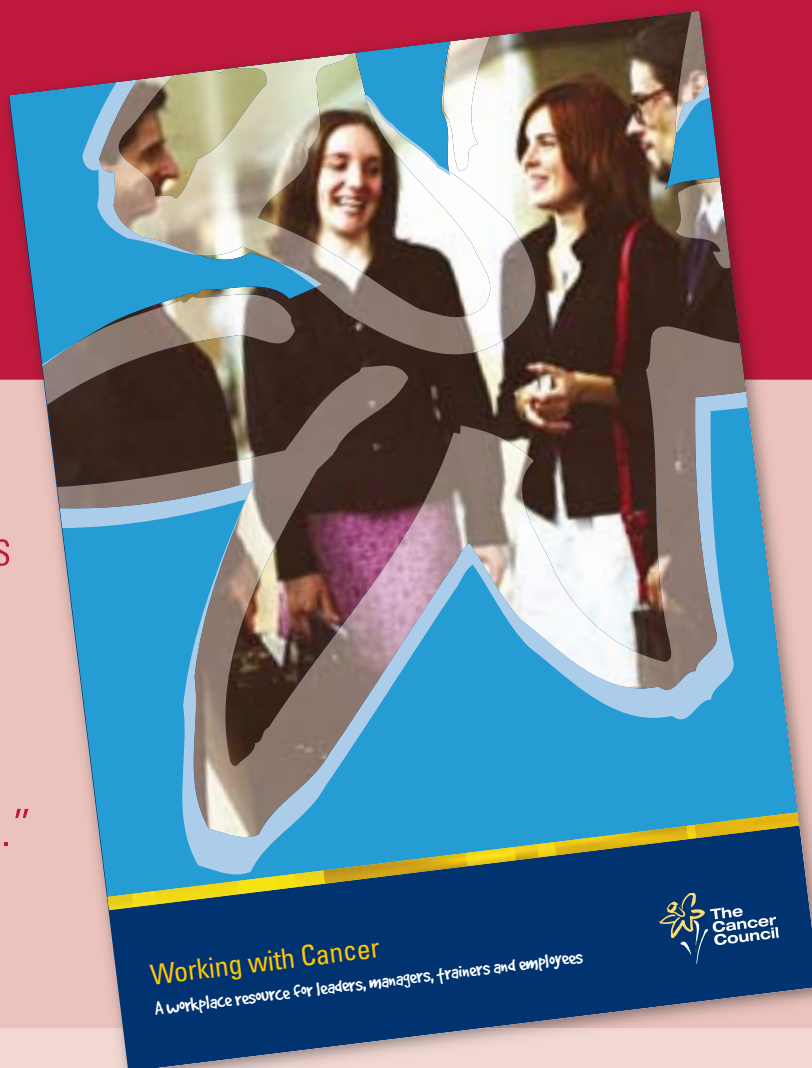
- Living with Cancer Education Programs were conducted for Mandarin, Arabic, Greek and Italian speakers.
- Understanding Cancer programs were conducted in Armidale, Bankstown, Dapto, Murwillumbah, Port Stephens and Warren. Around 170 people attended.

Working with Cancer:

A WORKPLACE RESOURCE FOR LEADERS, TRAINERS, MANAGERS AND EMPLOYEES

“The working group was delighted to receive the copies of the ‘Working with Cancer’ book. The consensus was that it is an excellent resource.”

— Ann Nield, Health and Safety Director,
Department of Immigration and Citizenship



Many cancer patients continue to work during their treatment and recovery, just as many people caring for someone with cancer are also holding down jobs. Often colleagues don't know what to say or how to help. The Cancer Council's new Working With Cancer resource helps to make attending work or returning to work easier for patients, carers and survivors and their colleagues.

Working With Cancer was developed in association with human resource professionals from some of Australia's leading companies and people diagnosed with cancer. It is suitable for companies large and small, and includes case studies, handouts and workshop materials on:

- Supporting patients and carers in the workplace
- Talking to workmates about cancer
- Developing supportive policies
- Employer responsibilities
- Helping everyone cope with cancer at work

- Balancing company and individual needs
- Coping with death and bereavement.

“My department is undertaking a project to support employees with life-threatening illnesses, and employees who care for such people. The working group for this project was delighted to receive the copies of the ‘Working with Cancer’ book. The consensus was that it is an excellent resource. It will be valuable to a whole range of people in our organisation ...

The final word comes from a member of our group who passed it to a friend in the wider community who is suffering from cancer. The friend was grateful to receive such practical advice about managing her illness in the work context.”

— Ann Nield, Health and Safety Director,
Department of Immigration and Citizenship

THE CANCER COUNCIL'S
NEW WORKING WITH
CANCER RESOURCE HELPS
TO MAKE ATTENDING
WORK OR RETURNING
TO WORK EASIER FOR
PATIENTS, CARERS AND
SURVIVORS AND THEIR
COLLEAGUES.



THE CANCER COUNCIL PROVIDES TRAINING, GUIDANCE AND ONGOING ASSISTANCE FOR PEOPLE WHO ARE INVOLVED IN ESTABLISHING OR LEADING SUPPORT GROUPS.

- Programs are often conducted in partnership with local services including community health centres or cancer treatment centres.
- Programs are free of charge to attendees, and morning tea and lunch are provided.
- Facilitation training is important in extending the reach of the program, and ensuring its sustainability.

Support Groups Program

The Cancer Council provides training, guidance and ongoing assistance for people who are involved in establishing or leading support groups. During the year, 311 people participated in 14 Cancer Council-run workshops covering:

- Facilitator Training
- Working with Carers
- Mindfulness Meditation
- Counselling and Communication
- Managing Challenges
- Making Meaning of Work
- Grief, Loss and Change.*

* Workshops in Parramatta, Orange, Tamworth, the Hunter and Illawarra; all other workshops in Sydney.

Forum

In May, The Cancer Council hosted a two-day forum at the Bayview Boulevard in Sydney for leaders and members of support groups from throughout the state. Petrea King, founder of the Quest for Life Foundation, and Dr Craig Hassed, a general practitioner and lecturer at Monash University, were among the keynote speakers. They spoke about the role that complementary medicine can play in the treatment of cancer.

Comedienne, Julie McCrossin and Channel 7 journalist and cancer survivor, Chris Reason entertained delegates at the forum dinner.

Funding Assistance

The regional grants program (see page 5) is proving to be a valued source of funding for support groups throughout the state. Groups can apply for small grants to cover the cost of transport, training etc; 10% of grants were awarded to support groups.

Insurance Cover

The public liability insurance for The Cancer Council NSW can now be extended to cover local support groups providing support group leaders with peace of mind, that members will be protected if an accident occurs.

Leaders' Debrief

Support group leaders are given the opportunity to do a monthly debrief, over the phone, with a trained counsellor and other leaders.

CANCER PREVENTION AND EARLY DETECTION

The Cancer Council aims 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 most at risk of skin cancer, tobacco-related cancers, and the link between lifestyle generally and cancer.

Early detection of skin cancer amongst older adults

Summer 2006/07, saw the third and final phase of a 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. Different approaches and messages were used for different age groups (Save Your Own Skin, and Strip Search and Save). The campaign provided resources and information to professionals and services such as pharmacies, hairdressers and beauticians, and allied health professionals (eg physiotherapists). Materials were also distributed and displayed in retirement villages, caravan parks, swimming pools and other public locations frequented by older adults. Kathy Lette provided the celebrity voice and face to the Strip Search and Save message, with appearances in print and electronic media as well as a viral email message.

The public awareness campaign was supported by strategies to assist GPs in dealing with skin cancer checks and diagnoses. The Cancer Council's skin cancer resource guide, endorsed by the Royal Australasian College of General Practitioners, was distributed to GP practices across the state. An educational workshop on skin cancer was developed together with the Australasian College of Dermatologists with the aim of increasing GP confidence and effectiveness in conducting skin checks on high-risk patients.

SunSmart centres

FORGING GOOD SUN PROTECTION PRACTICES
FROM AN EARLY AGE



At the end of the financial year, more than 2000 early childhood services were registered with our SunSmart program and around 300 had achieved SunSmart status. Kanwal Preschool and Children's Centre on the NSW Central Coast is one of our official SunSmart centres.

Kanwal is the largest of six long day care centres run by the Wyong Shire Council. Kanwal Director, Fran Neil, says that sun protection is a key priority for her centre and for all council centres in the area. "We wanted to stay up to date on sun protection issues and we thought the SunSmart program would help us do that," she said.

"Our centre is dedicated to keeping children safe when they're outside. By joining the SunSmart program, our centre receives lots of valuable information and resources."

Kanwal provides the children with an environment that gives the children time, space and opportunity.

"The emphasis is on aesthetics in the different learning centres in both the indoor and outdoor environment," said Fran. "We are planning new shade and more native plants and trees to enhance the outdoor learning area."

One of the biggest challenges in keeping the children at the Kanwal safe in the sun is ensuring they have their hats every day. "At Kanwal, the children's hats stay at the centre. We have canvas storage bags with individual pockets and each child's hat is in a pocket with their name on it. The children always know where to find their hat. It's a simple idea but it works."

Kanwal also has a supply of spare hats and the Wyong Shire Council provides staff with wide-brimmed hats so they are protected and set a good example to the children in their care.

**"OUR CENTRE IS
DEDICATED TO KEEPING
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VALUABLE INFORMATION
AND RESOURCES."**

— Fran Neil, Director of Kanwal
Preschool and Children's Centre



42% OF ALL NSW
COUNCILS ARE NOW
WORKING WITH THE
CANCER COUNCIL TO
DEFEAT CANCER IN THEIR
COMMUNITIES.

Reminding parents about sun protection for children involved in sport

In Summer 2006/07, The Cancer Council ran a campaign aimed at primary school aged children and their parents to remind them about the need for sun protection during summer weekends. A partnership with Cricket NSW enabled the inclusion of sun protection messages in presentations at more than 900 primary schools across NSW and the provision of sun protection information to children and families associated with 972 junior cricket clubs across the state.

New advice and information resources for the public – tobacco and smoking issues

In response to public interest and demand, we developed new information resources on issues such as dealing with smoke-drift in apartment buildings; and the laws and regulations around smoking restrictions in outdoor areas.

New advice and information resources for the public – nutrition

We produced new information for the public, including advice about the relationship between cancer and soy and phytoestrogens; tea; and dairy foods and calcium. Our existing information resources on topics such as alcohol and cancer, meat and cancer, physical activity and cancer were distributed to about 76,000 people. We also conducted information workshops for cancer survivors on nutrition and physical activity.

Protecting young children from second hand smoke

We have worked to maintain the positive changes from the three years of the Car and Home Smoke Free Zone

campaign aimed at smokers who are parents or carers of children aged 0-6 years. Last year we focused on getting the message to specific language groups including the Tongan, Greek and Italian speaking communities, in collaboration with Ethnic Child Care Family and Community Services. Community workers presented information to around 400 people in the target group.

WORKING WITH ORGANISATIONS TO IMPROVE THEIR POLICIES AND PRACTICES

Many organisations play a key role in caring for members of the community on a day-to-day basis, or providing the environments where people spend time. Helping these organisations develop cancer smart policies and practices means The Cancer Council's work can reach more people, ensuring more of the population can be better protected from the risk of cancer.

Helping childcare services protect children from harmful sun exposure

The SunSmart program for early childhood services is designed to encourage and support services to adopt comprehensive sun protection policies and practices, and to acknowledge services with good policies. The program provides childcare services with a comprehensive guide to good policy and practice, regular information on sun protection strategies, and complements the role of the National Childcare Accreditation Council and the Department of Community Services in its licensing function.

The program was launched in early 2006, and by the end of June 2007, 65% of services (2010 centres) had registered with the program, with just over 20% (637 centres) of services

having submitted sun protection policies for review, and 10% (307 centres) of services achieving SunSmart status. This represents a significant increase from the 47 centres that had reached SunSmart status by the end of June 2006.

Working with Councils to tackle cancer

Local Councils have many opportunities to support the fight against cancer, and over the past year, much has been achieved by working closely with local government.

- The Cancer Council Local Government Community Partnership program provides a mechanism for local Councils to formally commit to working with us to extend the reach and impact of our work, for the benefit of their communities. In 2006/07, the number of Council partners increased from 19 to 67; 42% of all NSW Councils are now working with The Cancer Council to defeat cancer in their communities.
- Councils are well placed to make a difference to their communities through providing appropriate shade. Staff from 47 different Local Councils attended Cancer Council workshops, held in nine locations across the state, to learn about the importance of shade in sun protection, and to receive guidance on shade auditing and planning.
- Councils are encouraged to adopt policies for smoke-free outdoor areas, particularly playgrounds, sporting fields and al fresco dining areas; to date 35 Councils have adopted policies that address at least some of these public areas. We developed a resource kit on smoke-free outdoor policies to assist Councils on this issue.

working with

COUNCILS TO MAKE MORE OUTDOOR AREAS SMOKE FREE



"This is an opportunity for councils to take leadership to provide their residents with a healthy environment and meet the strong community demand for smoke free outdoor areas."



WARNING HEAVY PENALTY
REGULATED UNDER S632 LOCAL GOVERNMENT ACT 1993

– Angelo Tsirekas, Mayor of Canada Bay

Councils are taking positive steps towards protecting their communities from second-hand smoke and supporting smokers who are trying to quit, through the introduction of smoke-free outdoor areas in their jurisdiction.

The Cancer Council, Heart Foundation, Action on Smoking and Health and the Australian Medical Association (NSW), compiled a resource kit to assist them in their efforts, with input from Councils and a stamp of approval from the Local Government and Shires Associations of NSW.

The kit provides guidelines and information on the health, social and environmental benefits of establishing smoke-free outdoor areas, and recommends banning smoking within 10 metres of children's playgrounds,

on sporting fields, at facilities such as swimming pools and outdoor sports centres, in alfresco dining areas on public land, and at all events run or sponsored by Council.

A Cancer Council survey found widespread support for outdoor smoking bans, with 92% of respondents supporting bans in children's playgrounds, 85% outside workplace entrances, 80% in sports stadiums and 69% in outdoor dining areas.

Mayor of Canada Bay, Angelo Tsirekas said, "This is an opportunity for Councils to take leadership to provide their residents with a healthy environment and meet the strong community demand for smoke-free outdoor areas."

Lismore mother of two, Kim Curtis, successfully lobbied her Council to make playgrounds smoke free in 2005. "Everyone has really embraced it as commonsense – there's been huge support," said Kim.



THE CANCER COUNCIL
CONSTANTLY STRIVES
TO FIND NEW WAYS OF
HELPING REDUCE THE
RISK OF CANCER.

Tobacco control and social equity

Smoking rates remain alarmingly high amongst people with a mental illness, the homeless, those with drug and alcohol problems, Aboriginal people, families under pressure and vulnerable young people. The "Lifting the Burden" strategy, launched in October 2006, is designed to work with and through social service agencies to increase their ability to deal with smoking as part of a response to social disadvantage.

Under the strategy, grants have been provided to 10 community organisations to incorporate tobacco control initiatives into their work, with a total pool of \$195,000 over two years. Each grant project is specifically tailored to the client group and service, with initiatives covering training of staff, changing organisational policies, and information or support to clients regarding smoking and quitting.

Other aspects of the strategy include funding an action research project to develop and evaluate strategies to address smoking in vulnerable young people using a specialist youth health service; raising awareness in the social service sector about the contribution of smoking to social disadvantage; and examining the evidence about tailored interventions for disadvantaged groups.

DEVELOPING AND SHARING KNOWLEDGE FOR CANCER PREVENTION

The Cancer Council constantly strives to find new ways of helping reduce the risk of cancer, and to better understand how to change the behaviour and attitudes of the community towards 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.

Publishing new evidence

In 2006/07, The Cancer Council had several articles published as a result of generating new evidence about strategies to prevent cancer:

- 'Fat chance for Mr Vegie TV Ads.' Letter to the Editor, Australian New Zealand Journal of Public Health, April 2007
- 'How much food advertising is there on Australian television?' Health Promotion International, September 2006
- 'The extent and nature of food promotions directed at children in Australian supermarkets.' Health Promotion International, December 2006
- 'Out of the smokescreen II: will an advertisement targeting the tobacco industry affect young people's perception of smoking in movies and their intention to smoke?' Tobacco Control 2007 (Joint project with the Central Coast Area Health Service)

Sharing what we know with others

In 2006/07, prevention and advocacy staff shared their knowledge and findings at conferences, seminars and scientific meetings on the following issues (complete references are provided in the Presentations Appendix):

- Improving sun protection campaigns – translating theory into practice. UICC World Cancer Congress 2006
- Role of economic analysis in influencing tobacco policy. World Conference on Tobacco or Health 2006
- Behaviour research and policy development – chicken and egg. Behavioural Research Conference in Cancer Control 2006

- Nutrition and Policy Advocacy. Collaborative Centre for Aboriginal Health
- Role of cancer organisations in promoting nutrition and physical activity policy. UICC World Cancer Congress 2006 and Behavioural Research Conference 2006
- How much food advertising is there on Australian TV? UICC World Cancer Congress 2006 and Behavioural Research Conference 2006
- How much food advertising is there on Australian TV? International Obesity Congress 2006
- Extent and nature of food promotions used in Sydney supermarkets. International Obesity Congress 2006
- Influencing fruit and vegetable purchasing decisions. International Fruit and Vegetable Congress 2007
- Eating well after cancer treatment. Northern Sydney Breast Cancer Forum 2007
- Legislating for counter-advertising to subvert pro-smoking images in films. World Conference on Tobacco or Health 2006
- Why bother with tobacco? Youth Action and Policy Association (YAPA) Workshop 2006
- Producing results from effective research, campaigns and partnerships – ETS & Kids Project. Government Marketing Conference 2007
- Smoking and Mental Illness: What can be done to meet the challenge? NSW NGO Mental Health Conference 2007
- Overcoming barriers for sustainable sun protection in childcare settings: What can a supporting health NGO do?



Australian Health Promotion Association (AHPA) Conference 2007

- There's no place like home: Challenges in practical support for home-based palliative carers. Carers NSW Conference 2007
- Consumer Advocacy in Action: Supporting the community's contribution to healthier public policy. Australian Health Promotion Association (AHPA) Conference 2007

ADVOCACY: SPEAKING OUT FOR YOU

The Cancer Council works 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 program through representations to key decision makers

In 2006/07, we made the following submissions and other representations:

- Urging Food Standards Australia New Zealand to ensure that any new standards for nutrition and health claims on food labelling are accompanied by: mechanisms for claims to be substantiated; a strong monitoring regime; an accessible complaints mechanism for the public; and a strong community education campaign.
- To Food Standards Australia New Zealand supporting tighter restrictions on the use of cyclamates (an artificial sweetener) in drinks and tabletop sweeteners.
- Highlighting concerns about the ambiguity and gaps in the draft Food and Beverages Marketing and Communications Code developed by the Australian Association of National Advertisers.
- Identifying the inadequate coverage of the proposed Advertising to Children Code developed by the Australian Association of National Advertisers.
- Advising a NSW Parliamentary Inquiry into the Correctional Services Legislation Amendment Bill about the likely impact on cancer patients of the proposal to prohibit inmates of prisons and juvenile justice facilities from providing reproductive material for storage or use.
- Highlighting to the Public Accounts Committee Inquiry into the Home and Community Care (HACC) Program the need for Home Care and other HACC services to recognise the need and eligibility of home-based cancer patients and carers for services. This would enable those with a terminal illness to remain in comfort at home if they wish, increase their quality of life and reduce the burden on carers.
- Providing input to the Consumers' Health Forum to inform its response to proposed changes to private health insurance legislation including broader health cover for services not requiring admission to hospital and requirements for insurers to provide standard product information to consumers.
- Recommending to the NSW Minister for Health that the NSW Public Health Act be amended to require the use of an anti-smoking advertisement or health warning in cinemas screening movies that depict smoking and are likely to be seen by young people.

Increasing the number and ability of community members to speak out for cancer control

The Cancer Council is investing in enabling members of the community to speak out on issues that matter to them, by providing advocacy training and supporting advocacy networks around issues of interest. Members of these advocacy networks are volunteers, who undertake a variety of activities designed to draw public attention to changes that are needed to help reduce the risk of cancer or to get a better deal for cancer patients and their carers.

In 2006/07, a further 71 people participated in our Cancer Advocacy Training workshops, conducted in collaboration with Cancer Voices NSW. There are now 260 people across the state who have completed our advocacy training since 2001.

Graduates from these training workshops can elect to put their new skills into practice by joining their local Regional Advocacy Network – we now have seven operating across the state – each identifying and campaigning on local issues. Each of these groups is led by a volunteer who has completed the advocacy training and who acts as a facilitator for the group. These groups also run local activities in support of our statewide advocacy campaigns.

win for cancer patients

IN WESTERN NSW

*“Why should patients
in rural areas have to
suffer reduced and
insufficient levels of
services?”*

— **Melanie Trethowan**, Regional Advocacy
Network coordinator



Weekly medical oncologist visits at the Dubbo Clinic have been reinstated, thanks to campaigning by The Cancer Council's Regional Advocacy Network for Western NSW.

Medical oncologists from Royal Prince Alfred Hospital in Sydney were making twice-weekly visits to the Dubbo Clinic up until late 2005. In 2006, despite increasing patient numbers, visits were cut back to twice a month.

Melanie Trethowan, Regional Advocacy Network coordinator, said, “Why should patients in rural areas have to suffer reduced and insufficient levels of services? Metropolitan cancer patients would not have to wait 13 weeks or longer to access specialists – where is the equity of access?”

In April 2007, the Western NSW Regional Advocacy Network embarked on a campaign to improve medical oncologist visitation rates at the clinic. They held a well-attended public meeting, circulated petitions, met with executives from the local health service, lobbied local parliamentarians and generated media coverage of the issue.

The reinstatement of weekly visits to Dubbo by Royal Prince Alfred Hospital oncologists is a short-term arrangement till September. The advocacy network is pursuing a long-term solution to the problem. “This is the ‘first battle’ not the ‘war’ – so we have a lot more work to do yet before we can breathe a sigh of relief,” said Ms Trethowan.

THE CANCER COUNCIL HAS RECOMMENDED THE RESTRICTION OF ADVERTISING OF UNHEALTHY FOOD TO CHILDREN.



The Cancer Council also supports several special interest advocacy networks in nutrition and tobacco.

- The Parents Jury is a web-based network of people who want to improve the food and physical activity environments for children. In 2006/07, the membership of Parents Jury tripled in NSW; we now have 766 members in NSW, up from 235 in the previous year. The Parents Jury attracted extensive media coverage of its key events such as the 2006 Parents Jury TV Food Advertising Awards.
- The Tobacco Action Group comprises around 1100 adults interested in tobacco control, and around 140 young people are on the mailing list for our youth tobacco control group, Smoke Screening. Members of these groups are encouraged to take action in support of stronger tobacco control measures by writing to MPs or participating in talkback radio.

Campaigning to give our kids a healthier future – restricting food advertising to children on television

The Australian Communications and Media Authority (ACMA) is currently reviewing the Children's Television Standards, the instrument that regulates television advertising to children, amongst other things. The Cancer Council, as part of the Coalition on Food Advertising to Children, has recommended the restriction of advertising of unhealthy food to children and has coordinated a national advocacy campaign to help achieve this objective. In addition to media advocacy and direct representations to decision-makers, the campaign focused on helping parents and other members

of the community express their views about food advertising to children. At June 30, more than 15,000 people from across Australia had signed statements calling for better regulations to protect children from food advertising.

Campaigning to protect the public from tobacco-related harm

The Cancer Council continues to advocate for more vigorous tobacco control measures, particularly measures that will help protect teenagers and young adults. The portrayal of smoking in movies increases the likelihood of teenagers taking up smoking, and there are still a high proportion of youth-oriented movies that depict smoking. We undertook a campaign to raise this issue with organisations concerned with the health and wellbeing of teenagers and almost 250 organisations provided a statement supporting our call for screening an anti-tobacco ad prior to youth-oriented movies that contain smoking. We presented a submission to Government calling for amendments to the Public Health Act to introduce such a counter-advertising strategy.

With the final phase of the changes to smoking laws in pubs and clubs coming into place on 2 July 2007, The Cancer Council continued to work towards eliminating the loophole in the regulation that permits smoking in areas that are up to 75% enclosed. We continued to make representations on this issue and highlighted the anomaly whenever possible through media advocacy.

PROVIDING ACCURATE UP-TO-DATE INFORMATION

The Cancer Council is a leading commentator on cancer issues in the NSW media and continues to be a vital source of information for the public. In the 2006/07 financial year, just over 9300 print, radio and television items mentioned The Cancer Council, an average of 775 items per month.

Throughout this period Cancer Council comment was sought for health-related topics including:

- 'Cancer clusters' and possible lifestyle and environmental factors contributing to high cancer incidence
- Benefits and issues surrounding the cervical cancer vaccine, Gardasil.

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

- The debilitating financial cost of cancer for patients and their families
- The importance of older Australians checking their skin
- Loopholes in smoking bans compromising public health
- Health impacts on children of junk food advertising
- Effects of tobacco use among disadvantaged groups.



Information on the Internet

The Cancer Council's website (www.cancercouncil.com.au) averages more than 110,000 visitors a month and plays a vital role in providing the public with reliable information about cancer and Cancer Council activities.

The most popular pages and downloads include patient information on specific cancer types; skin cancer and sun protection information for a variety of audiences; information relating to targeted fundraising, advocacy and prevention campaigns.

The website is an important mechanism for enlisting support for fundraising and advocacy campaigns. More and more people are choosing to donate, shop and register for events online. Web-based options for voicing concerns about issues, such as restricting junk food advertising during children's television programming, are also proving popular.

A survey of visitors to the site, indicated that:

- Around one-third of visitors are either cancer patients or family members and friends of cancer patients. Many are regular visitors to the site, coming back monthly, weekly or even daily.
- The vast majority of respondents (86%) found the site easy or satisfactory to use.
- Nine out of ten respondents rated the quality of information excellent or good.

Broadcast email

Mass emails are also proving to be an effective method for communicating with Cancer Council supporters, donors, advocates and potential advocates, and the general public. In-house broadcast email solutions are enabling the organisation to communicate spontaneously and cost-effectively with its various publics.

During the year, The Cancer Council broadcast a variety of emails including subscription e-newsletters, advocacy alerts, fundraising and volunteer recruitment e-flyers, and donor and supporter updates. A total of 235,565 emails were sent in 2006/07 at a cost of \$2,912.03.

Brand Management and Communications

Public recognition of The Cancer Council name and daffodil logo is an asset, as people know the information they receive is from a credible and trustworthy source. However, it is clear that many people are unaware of the breadth of the work of The Cancer Council, and of services that they may be able to access.

In the past year, there has been an increasing emphasis on communicating the range of activities undertaken by the organisation, particularly in local media, and through region-specific information leaflets and regional websites. The Cancer Council receives enormous support at a local community level, and it is important to the organisation that local communities see how they benefit from the support provided.

MEDICAL AND SCIENTIFIC ISSUES

The Cancer Council's Medical and Scientific Issues Unit (MSIU) was set up to investigate and interpret the latest research evidence on cancer and cancer control. The unit provides support to Cancer Council teams and external parties in the form of briefings, scientific newsletters, position papers and reports on emerging issues that are likely to impact the organisation's cancer control efforts. The unit is also leading a range of targeted cancer control projects and initiatives.

Regional Data Collection Project

Regional cancer information and data were collected to provide Cancer Council staff and Regional Advisory Committees with ready access to region-specific information to help inform targeted planning of local initiatives. Data collected included local cancer statistics, cancer-screening rates, cancer-related communicable disease and immunisation rates, cancer risk behaviour rates, regional demographics and cancer services in each NSW region. Volunteers assisted with data entry.

Public Queries

The MSIU responds to public and professional queries on cancer causes, treatment options and related concerns. More than 150 written responses were provided in 2006/07.

Briefing Papers

Around 60 policy papers and evidence reviews, across a wide range of cancer control issues, were developed throughout 2006/07. A monthly scientific newsletter informs staff of new research findings and highlights potential program development and direction.

Publications

In 2006/07, the following articles by MSIU staff, or collaborations including MSIU staff, appeared in peer-reviewed scientific and medical journals (complete references are provided in the Publications Appendix):

- Operationalising a model framework for consumer and community participation in health and medical research
- Beyond scientific rigour: Funding cancer research of public value

B Positive program

The Hepatitis B program (B Positive) is representative of a novel type of cancer prevention aiming to increase the proportion of people whose disease is diagnosed early.



The Hepatitis B program (B Positive) is representative of a novel type of cancer prevention, based upon scientific information indicating that treatment of chronic hepatitis B infection substantially reduces the risk of developing liver cancer.

The program was developed in direct response to the rapid rise in liver cancer incidence in NSW over the last two decades, particularly among residents born in countries where hepatitis B infection is common and occurs in early childhood.

In addition to detecting and treating chronic hepatitis B infection, the program will screen at-risk individuals for liver cancer, aiming to increase the proportion of people whose disease is diagnosed early, at a stage where it may be curable by surgical intervention.

The program is a Cancer Council-led collaboration between hospital clinicians, general practitioners, researchers and community organisations representing the affected communities. Other project-related activities include the identification of the most effective interventions to prevent liver cancer and comparing their economic costs, as well as the development of educational materials about chronic hepatitis and liver cancer for general practitioners and their patients.

THE PROGRAM IS A
CANCER COUNCIL-LED
COLLABORATION
BETWEEN HOSPITAL
CLINICIANS, GENERAL
PRACTITIONERS,
RESEARCHERS
AND COMMUNITY
ORGANISATIONS.



DURING THE YEAR, 54
NSW COMMUNITIES
HOSTED RELAY FOR LIFE
EVENTS, HONOURING
2700 SURVIVORS AND
RAISING A HUGE \$4.68M.

- Integrating complementary therapies into mainstream cancer care: which way forward?
- The use of complementary and alternative medicines by cancer patients: should surgeons care?

Ten editorials and brief reviews have also been published in health professional newsletters in the period.

Presentations

MSIU staff shared their knowledge and findings at conferences, seminars and scientific meetings, and in house presentations on the following issues (complete references are provided in the Presentations Appendix):

- Reducing the incidence of liver cancer – back to the future. Hepatitis C Think Tank 2007
- Reducing the incidence of liver cancer by treating chronic hepatitis B – way forward? General Practitioner Conference and Exhibition 2007
- Population-based cancer screening in Australia. Seminar on screening and communication, Royal Australian College of General Practitioners International Medical Group Program 2007
- Reducing the incidence of stomach cancer – should we screen populations at higher risk? Clinical Oncological Society of Australia Annual General Meeting 2006
- Towards an evidence-based framework for regulating tobacco retailing. 13th World Conference on Tobacco or Health 2006
- Regulating combustible tobacco products when every cigarette is doing you damage. 13th World Conference on Tobacco or Health 2006
- Developing cancer organisations to support the research needs of the community. UICC World Cancer Congress 2006
- The changing face of skin cancer management in Australian general practice. Clinical Oncological Society of Australia Annual General Meeting, Melbourne 2006 (Poster)
- Setting priorities in Australian cancer research: what piper plays the tune? Second International Cancer Control Congress 2006 (Poster)
- The B Positive Project: reducing the risk of hepatocellular cancer in at risk Australian populations. Second International Cancer Control Congress 2006 (Poster)

RAISING FUNDS TO FIGHT CANCER

Through fundraising everyone can contribute to the defeat of cancer. Many Cancer Council donors and supporters give to honour a family member, friend or colleague who has been affected by cancer. This desire is demonstrated in the moving tributes at Relay For Life candlelight ceremonies, the Daffodil Day messages of hope, and the monthly pledges made in the name of a loved one or friend. People are inspired to host morning teas and girls nights in, and to buy and sell event merchandise. Whether people are personally motivated to support the cancer cause, or simply wish to see a world that is cancer free, The Cancer Council is grateful for every donation and gesture of support. The Cancer Council is using these funds to work towards achieving our vision of seeing a world where lives are not cut short by cancer, or their quality diminished.

FUNDRAISING EVENTS

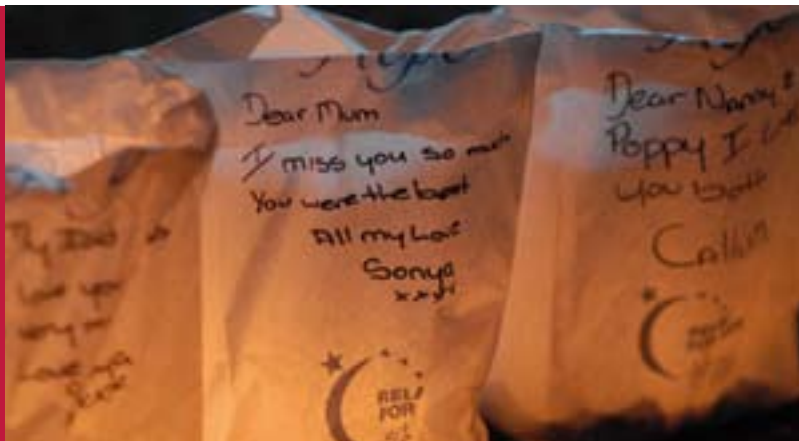
Thanks to the amazing support and enthusiasm of the people of NSW, it was a record year for The Cancer Council's fundraising events with total income of \$15m, up 14.3% on the previous year. This continued a strong five-year trend in event fundraising (see Appendix 5).

In the 2006/07 financial year, 62,634 NSW people hosted or organised fundraising events (up 15.8%) for The Cancer Council, raising an average of \$218.

- 11,000 people hosted **Australia's Biggest Morning Teas**, attended by 540,000 guests who contributed more than \$4m (up 15.6%)
- **Daffodil Day** sales of \$2.9m were marginally down on the previous year and the merchandise and promotion of this signature event has been reviewed and remodelled for August 2007. Pink Ribbon Day generated \$886,000 for breast cancer research and support programs
- **Girls Night In** guests donated \$1.3m for women's cancers.

Relay For Life

During the year, 54 NSW communities hosted Relay For Life events, honouring 2700 survivors and raising a huge \$4.68m. These overnight fundraising events are organised by local committees of volunteers. In 2006/07, there were 810 dedicated Relay For Life committee members, who together with the 38,589 Relay participants made this a remarkable community event for the cancer cause highlighted by the survivors' opening laps and dusk candlelight ceremonies.



Posh Auction

The Posh auction also has a dedicated committee of volunteers: Gary Gerstle, Philip Garling, Bruce Hodgkinson, Michael Morgan, Taine Moufarrige, Nadine O'Brien, Stephen Roberts, James Tuite and John Winning. The 2007 auction grossed \$1m thanks to the untiring committee, their generous sponsors and guests.

Posh auction sponsors, Sydney Rotary, supported Professor Robyn Ward's research into bowel cancer. (See page 36)

Community Fundraising

Many hundreds of people choose to organise their own events and activities to raise funds for The Cancer Council. In 2006/07 these motivated people raised \$1,314,615. They are grouped together under the mantle of 'community fundraising' and include:

- Cancer Champions who participate in fun runs and other fitness-based events and collect pledges
- Breast Cancer Challengers who aim to raise \$3,500 – \$1 for every woman diagnosed with breast cancer in NSW each year – through activities of their choice
- In Celebration participants who collect donations in lieu of gifts
- International Trekkers. Whilst this was a challenging and rewarding experience, the program did not attract enough participants to warrant continuing the program.
- Many other energetic people who devise a range of imaginative fundraisers for the cancer cause.

FUTURE EVENTS FUNDRAISING PRIORITIES

The Cancer Council grows and evolves its fundraising activities in tune with the community it serves. Future priorities include:

- Engaging more NSW communities and community members in Relay For Life
- Continuing to grow Girls Night In and Pink Ribbon Day
- Reducing cost to income ratios of events' fundraising
- Developing new activities, in particular those that engage men in fundraising and increase cancer awareness
- Investing in technologies to make fundraising easy, fun and cost effective.

HIGHLIGHTS

- Gross income was up slightly on the previous year, an increase of 4.2% to a total of \$50.8m. Significantly net income was up 10.5%.
- Excluding bequest income, which varies greatly from year to year, net fundraising was up 63% on the previous year.

DONATIONS

The Cancer Council has experienced strong and continuous growth in donation revenue over the past five years, driven by the success of the Breakthrough regular giving program and appeals. Bequests remain as the single largest source of income for the organisation.

Bequests

Bequest income varies substantially from year to year. In 2006/07 bequests contributed some \$9.3m, this was

significantly lower than in the previous exceptional year. To encourage more Australians to include a charity in their will, The Cancer Council initiated a campaign in partnership with the Australian Red Cross, National Heart Foundation and Mission Australia. The campaign which engages solicitors and the general public, launched in November 2006 with television, radio and print advertisements.

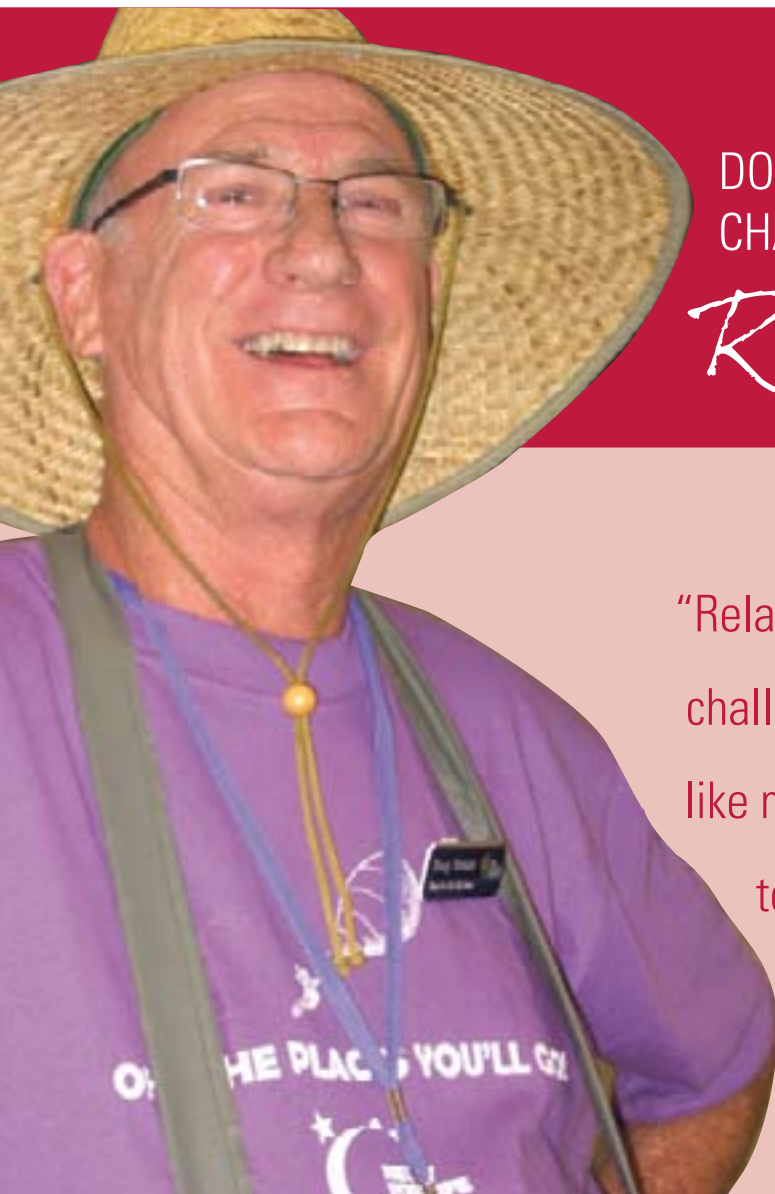
Enquiries from supporters wishing to include The Cancer Council in their will rose from 565 in the previous year to 1378. The number of people confirming that they had made the generous gesture of including the organisation in their will, quadrupled to almost 400.

Pledge Donors

The regular giving program, Breakthrough, once again attracted huge community support. The face-to-face advocates, on the streets and in shopping centres, continue to inspire people with conversations about how the organisation is working to defeat cancer. The total number of regular donors grew to 41,313, who together donated a staggering \$10.8m (up 19% on the previous year). Importantly, the cost income ratio from this fundraising activity also improved on a year-by-year basis by 38%.

Direct Mail Appeals

Net revenue from appeals was up 61%. The Christmas appeal, with Sue O'Brien's moving account of her cancer experience, drew an amazing response with donations exceeding \$1m – a first for a direct mail appeal. The above-budget income supported three additional research projects that otherwise would not have been funded.



DOUG STINSON THRIVES ON THE CHALLENGES OF

Relay For Life

“Relay continues to create challenges and this offers retirees like myself a wonderful opportunity to become involved in a very worthwhile cause.”

— Doug Stinson, Chair of Ballina Relay For Life volunteer organising committee

Doug Stinson retired from a career in hospital and health administration to the coastal climes of Lennox Head on the NSW north coast. After six months of fishing and walking, Doug found he needed something more to do and became involved in community activities, first with the Ballina District Community Services Association and later with The Cancer Council NSW.

Doug had a younger brother and his mother both die from cancer but that is not the driving force behind his involvement with The Cancer Council. “For me it’s the fun and social aspects that attract me to Relay For Life,” said Doug.

In 2003, Doug chaired the volunteer organising committee for the inaugural Ballina Relay. “Our committee was made up of friends and neighbours. We managed to recruit 70 teams who together raised about \$72,000. We mostly had teams from health, hospitals and community groups. It was similar in 2005 when we had 53 teams raise over \$80,000.”

“In 2007, we have paid more attention to recruiting local businesses and this has resulted in teams from banks, real estate agents, solicitors and other professional associations. Recruiting is one of the biggest challenges with Relay. You need to find people who are passionate about The Cancer Council mission and who are capable of encouraging people to form teams.”

Doug was invited to join the Relay For Life Taskforce to help look for new ways to develop Relay as The Cancer Council’s flagship event, not only for fundraising but also for spreading the word about its mission and services. “Relay is a terrific learning event because you are able to get to a lot of the community together at the one time and place, making it an ideal opportunity for community education about cancer.”

Doug attended the American Cancer Society’s Relay Conference in Reno to gather ideas for increasing the vibrancy of Relay in NSW. “The American conference was a real rollercoaster of emotions. At times they had everyone jumping and screaming and getting fired up, and at other times you were reaching for the tissues.”

“The Taskforce used a lot of the ideas from that conference in staging the NSW Summit earlier this year and people seemed to enjoy the upbeat event and go back to their communities invigorated and enthused about Relay. We also developed roadshows to bring the message to more volunteers, particularly in country areas.”

“Relay continues to create challenges and this offers retirees like myself a wonderful opportunity to become involved in a very worthwhile cause,” said Doug.

THE RETAIL PROGRAM
ENSURES THE
AVAILABILITY OF
AFFORDABLE, CREDIBLE,
QUALITY PRODUCTS TO
FURTHER GOOD SUN
PROTECTION PRACTICES.



Supporter Survey

Some 14,000 people completed The Cancer Council's first-ever supporter survey, resulting in 21,000 offers of help with volunteering, advocacy and participating in fundraising activities. The vast majority of respondents spoke about the favourable relationship they have with The Cancer Council and their intention to continue to give support. People were also invited to share their cancer experiences; the response was overwhelming with many very personal and inspiring stories.

Donations in Lieu of Flowers

Many people chose to make a donation to The Cancer Council in lieu of flowers at funerals; more than 2000 people made this generous gesture donating \$809,000 to the defeat of cancer.

FUTURE APPEALS PRIORITIES

The Cancer Council continues to investigate new and better ways of providing sustainable income streams for the organisation's cancer research, support, prevention and advocacy programs. Future priorities include:

- Increasing the number of supporters who include The Cancer Council in their will
- Investing in new sources of cost-effective acquisition of regular donors
- Establishing effective online giving and supporter communications
- Establishing a major gift program.

RETAIL

The Cancer Council's retail program continues to experience excellent growth in gross sales and net profits. In 2006/07 net profits rose by 20% to \$1.557m or 19.4% of sales. Returns are significantly ahead of typical retail benchmarks, underlining the importance

of having good quality products supported by The Cancer Council brand. The Bondi Junction, Warringah Mall, Chatswood and Miranda shops, all had annual turnovers of more than \$1m.

The retail shops, mail order and licensing business serve five main purposes:

- Raising net profit to fund Cancer Council programs
- Ensuring the availability of affordable, credible, quality products to further good sun protection practices
- Enhancing the brand, understanding and appreciation of The Cancer Council
- Communicating cancer prevention and early detection messages to the public
- Establishing and developing relationships with the community.

Over the past 5 years we have seen continuous growth in the net revenue from our retailing.

FUTURE RETAIL PRIORITIES

The Cancer Council continues to develop its successful retail business, with future priorities including:

- Engaging the community with health messages and Cancer Council campaigns through in store promotions
- Further improving cost efficiency through reduced stock holding and warehousing
- Continued national consolidation
- Growing income through wider distribution of Cancer Council licensed sun protection products in supermarkets and pharmacies.

CORPORATE RELATIONS

Thousands of companies, their staff and customers, support The Cancer Council each year; their contribution is significant. There has been increased interest in donations associated with sales of products, and rapid growth in workplace giving and matched donations as more companies see the value of supporting their staff in their fundraising efforts.

In kind support and sponsorship are also important components of Cancer Council events fundraising with the following companies amongst many who support our events:

- Star Track Express – Daffodil Day couriers
- CityRail – Daffodil Day site sponsors
- N Newsagents, Franklins, HCF, IGA and Vivien's Jewellers – Daffodil Day statewide merchandise outlets
- UnderCoverWear, Paramount, Fisher and Paykel, Fernwood and wagamama – sponsors of Girls Night In 2006
- Sass + Bide, Curves and jeanswest for support of Pink Ribbon Day
- PMA Solutions, Alfa Romeo, The Westin, Emirates, Angoves, burkdesign, Winning Appliances, Voyages and the other 140 companies who support the Posh Auction
- The many hundreds of businesses who support their local Relay For Life events; allowing staff to volunteer for The Cancer Council and making donations for the cause.

FIVE KEY INDICATORS OF

effective fundraising

The Cancer Council has identified five key indicators for measuring the effectiveness of its marketing and fundraising efforts:

1. **Cost to income ratio.** The cost to income ratio reflects the cost of generating income with a lower ratio being better. Given the broader social objectives for our retail business and the great variation in bequest revenue we find reporting on cost to income ratio, excluding retail and bequests, to be most meaningful. If we compare figures for 1 July 2005–30 June 2006, with 1 July 2006–30 June 2007, the cost to income ratio has improved by 12%. This includes all regional and head office staff and overhead costs associated with fundraising.
2. **\$/donor.** A key objective for The Cancer Council is to optimise the amount raised per donor and per event supporter. Over the reporting period the \$/donor increased by 14.8% and the \$/event supporter by just under 1%.
3. **\$/fundraising staff member.** It is important that we ensure a strong return on each staff member we employ to raise funds. Over the reporting period the amount raised per fundraising staff member increased by 3% to \$714k.
4. **Community recognition and appreciation.** Commissioned research indicated that The Cancer Council is recognised by more than 93% of the population and the organisation leads its counterparts in having “helped people I know” or having “made a difference to my life”. The Cancer Council also tracks an appreciation index of 15 statements about the organisation and registered a 1.6% improvement overall and a 17.6% improvement in regional NSW between November 2005 and November 2006.
5. **Community support.** The number of volunteers and community members involved in hosting or organising fundraising events for The Cancer Council increased by 15.8% to 62,634. In addition, more than 81,650 people made donations in response to appeals and as part of the regular giving program; an increase of 9.4%.

Country Energy provided a very generous donation that has enabled The Cancer Council to extend its program providing small grants to people affected by cancer and financial disadvantage. (See page 16)

The National Australia Bank is The Cancer Council’s new banking provider and is also supporting Daffodil Day, Pink Ribbon Day and Relay For Life.

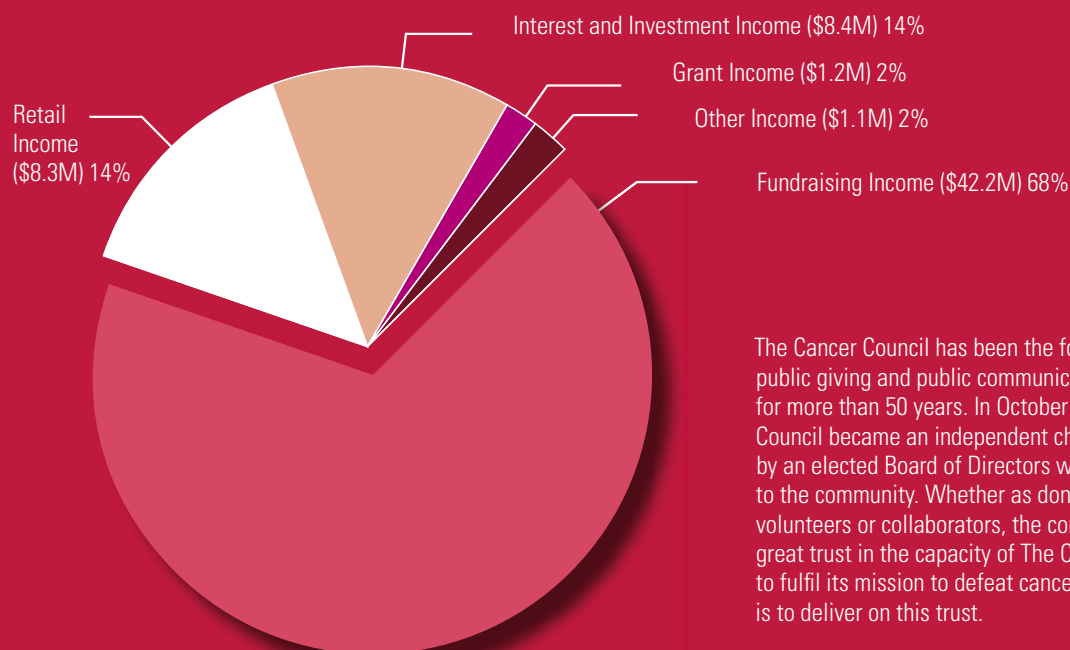
The Cancer Council has been able to “give back” to the corporate community with the launch of the Working with Cancer resource, developed to help managers and human resource professionals provide support to those facing a cancer diagnosis whilst working and their colleagues. (See page 19)

FUTURE CORPORATE RELATIONS PRIORITIES

The Cancer Council aims to further its corporate relationships with particular emphasis on:

- Increasing the number of companies that support multiple Cancer Council fundraising activities
- Increasing the number of companies who dollar-match staff donations
- Increasing the number and value of national partners, working with The Cancer Council Australia.
- Assisting companies in supporting staff who have cancer.

THE CANCER COUNCIL NSW INCOME 2006–2007

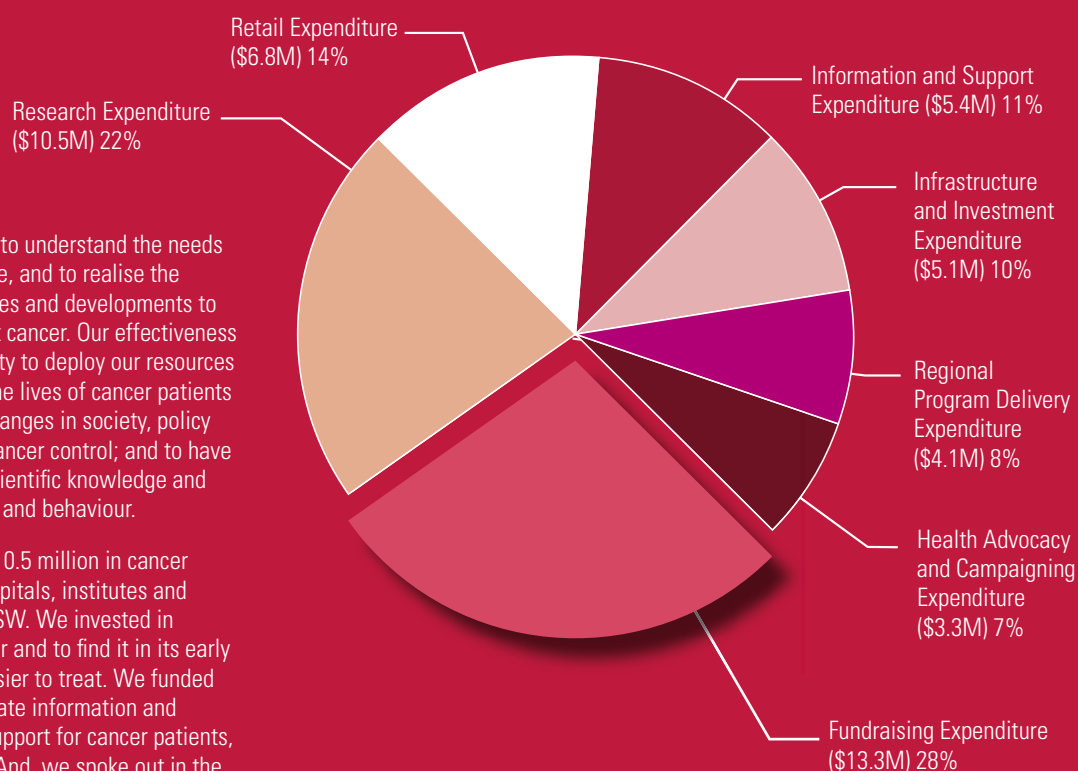


The Cancer Council has been the focus of public action, public giving and public communication about cancer for more than 50 years. In October 2005, The Cancer Council became an independent charity governed by an elected Board of Directors with responsibility to the community. Whether as donors, supporters, volunteers or collaborators, the community places great trust in the capacity of The Cancer Council NSW to fulfil its mission to defeat cancer. Our commitment is to deliver on this trust.

THE CANCER COUNCIL NSW EXPENDITURE 2006–2007

The Cancer Council works to understand the needs of the community we serve, and to realise the potential of new discoveries and developments to fulfil our mission to defeat cancer. Our effectiveness will be judged on our ability to deploy our resources productively to enhance the lives of cancer patients and carers; to facilitate changes in society, policy and practice to advance cancer control; and to have a resounding impact on scientific knowledge and community understanding and behaviour.

In 2006/07 we invested \$10.5 million in cancer research conducted in hospitals, institutes and universities throughout NSW. We invested in activities to prevent cancer and to find it in its early stages when it may be easier to treat. We funded services providing up-to-date information and practical and emotional support for cancer patients, their families and carers. And, we spoke out in the interests of the community in relation to cancer.





THE CANCER COUNCIL
FUNDS MORE CANCER
RESEARCH THAN ANY
OTHER CHARITABLE
ORGANISATION IN
THE STATE.

GROUNDBREAKING RESEARCH

The Cancer Council funds more cancer research than any other charitable organisation in the state, and the investment in research continues to grow. In 2006/07, The Cancer Council added 19 new projects to its external research portfolio. The internal research programs in epidemiology and behavioural research have also gained momentum, with many groundbreaking studies underway.

EXTERNALLY FUNDED RESEARCH

There has been particular emphasis on developing close relationships with funded researchers, and a number have spoken about their endeavours at Cancer Council functions and events. Two researchers who shared their passion for cancer research were Professor Murray Norris from the Children's Cancer Institute Australia and Professor Roger Reddel from the Children's Medical Research Institute at Westmead Hospital. Professor Norris inspired Relay For Life volunteer organisers and participants when he presented at the annual Relay summit and the Sutherland event. Professor Reddel gave an impressive speech to the committed donors who make up the Daffodil Circle, discussing his findings on the composition of human telomerase, an enzyme integral to the growth of 85% of all cancers.

Strategic Research Partnerships

In 2006, The Cancer Council 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. The following partnerships were awarded:

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.

Dr Andrew Biankin
Cancer Research Program, Garvan
Institute of Medical Research

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.

Dr Bettina Meiser
Psychosocial Research, Medical
Oncology, Prince of Wales Hospital

Integrating biomedical research in bowel cancer into patient care

Improving the accuracy of information in colorectal 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.

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

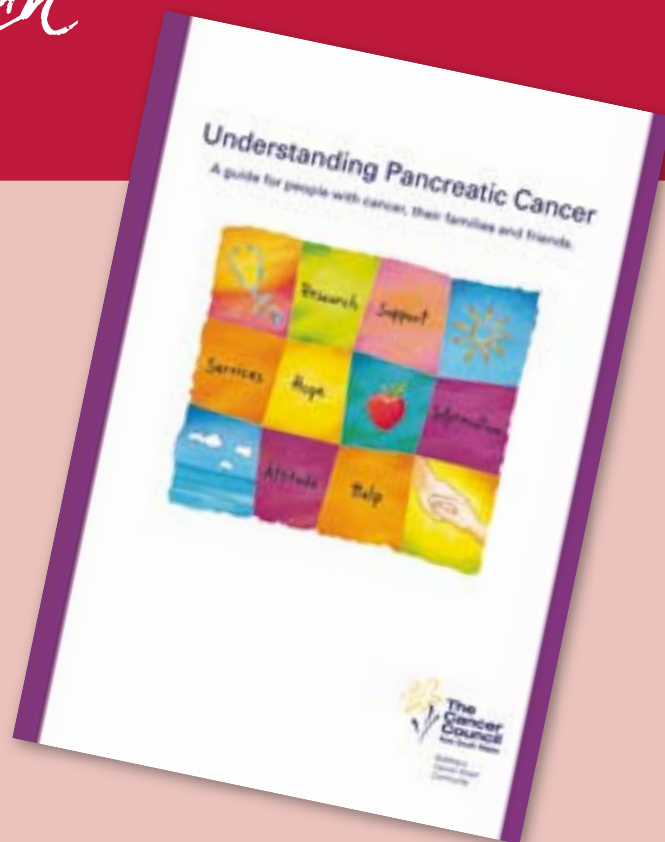
The partnership grants are also intended to facilitate dialogue between the external researchers and Cancer Council program and research staff. To date, this dialogue has seen the "bowel partners" collaborating on Cancer Council research studies such as the Cancer Lifestyle and Evaluation of Risk (CLEAR) study (see page 44). The "pancreatic partners" identified a lack of information and peer support programs for pancreatic cancer patients, which led to The Cancer Council's publishing the Understanding Pancreatic Cancer booklet and establishing pancreatic cancer support groups. The Cancer Council was successful in obtaining commonwealth funding to set up the groups.

THE PANCREATIC CANCER SUPPORT PROJECT:

*putting research
into practice*

"Pancreatic cancer is difficult to diagnose, many people are diagnosed with advanced disease, and for most people the prognosis is poor"

— Helen Gooden, Pancreatic Cancer Support Project Coordinator



In NSW, almost 700 people are diagnosed with pancreatic cancer each year and it is the fifth leading cause of cancer death. In 2006, The Cancer Council NSW provided a strategic partnership grant to help establish a network of clinicians to facilitate treatment and research for pancreatic cancer in NSW. As well as providing the information and biological samples that are essential to finding a cure for this disease, the network aims to increase patient access to clinical trials, information and support services.

Helen Gooden is the Pancreatic Cancer Support Project Coordinator based at The Cancer Council's Woolloomooloo office. Helen's role is fundamental to fulfilling many of the network's objectives.

"Pancreatic cancer is not as well resourced as other cancers, like breast and prostate cancer," said Helen. "I am working with the network to get the latest, best practice pancreatic cancer information into the general domain. I'm also speaking to people affected by

pancreatic cancer to assess their unmet needs for support and information, and to work with The Cancer Council to address these needs."

"Many of the people I've spoken to have said there was a 'black hole' when it came to looking for information and support. Indeed, at the beginning of 2007 there were no targeted services for people with pancreatic cancer in NSW. By the end of July we had an Understanding Cancer booklet for patients and families, a pancreatic cancer peer support volunteer, a face-to-face support group and an active telephone support group."

"Pancreatic cancer is difficult to diagnose, many people are diagnosed with advanced disease, and for most people the prognosis is poor," said Helen. "Quality-of-life and end-of-life issues are important topics for discussion."

"Survivorship is also an issue. Those people who do survive can feel very isolated. One patient I spoke to asked to talk to someone who had had pancreatic cancer. They were told there was no one."

In speaking to people with pancreatic cancer, Helen has found a common thread. "They are all told they are going to die — some quite brutally, it is lack of hope not loss of hope that they struggle with," she said.

Helen is finding another common thread with the people she has been telling about the support and information now available through The Cancer Council. "They are thrilled to be able to access these services and to work with us to raise the profile of this disease."



VISIT OUR WEBSITE AT
WWW.CANCERCOUNCIL.COM.AU FOR
 DESCRIPTIONS OF ALL
 THE LATEST AND
 CONTINUING STUDIES.

2007 PROJECT GRANTS

Dr Rachel Ankeny	University of Sydney	Toward a best practice in emerging technologies for paediatric transplantation
Dr Therese Becker	Westmead Millennium Institute University of Sydney	The role of p16INK4a and BRG1 genes in the development of melanoma
Professor Roger Daly	Garvan Institute of Medical Research	The role of cortactin in head and neck cancer
Dr Anna de Fazio	Westmead Institute for Cancer Research University of Sydney	Chemo-sensitising pathways in ovarian cancer
Conjoint Clinical Professor David Goldstein	University of Sydney	Trialling chemotherapy and radiotherapy for localised pancreatic cancer
Conjoint Clinical Professor David Goldstein	University of Sydney	Trialling adjuvant chemotherapies for pancreatic cancer patients
Professor David Gottlieb	University of Sydney at Westmead Hospital	Immunotherapy for stem cell transplant patients
Dr Peter Greer	University of Newcastle at Newcastle Mater Hospital	High precision MRI-based prostate radiotherapy
Dr Peter Greer	University of Newcastle at Newcastle Mater Hospital	Using flat-panel imagers to improve radiotherapy dose delivery
Dr Christopher Jordens	Centre for Values, Ethics and the Law in Medicine University of Sydney	Studying what it is like to have multiple myeloma
Dr Maria Kangas	Macquarie University	Anxiety and depression in head and neck cancer patients
Dr Guy Lyons	University of Sydney	Investigating differentiation therapy for squamous cell carcinomas
Dr Karen MacKenzie	Children's Cancer Institute Australia University of NSW	What happens in pre-cancerous cells when the p16INK4a gene is turned off?
Associate Professor Christopher Ormandy	Garvan Institute of Medical Research	Investigating whether the ELF5 gene causes breast cancer
Dr Helen Rizos	Westmead Institute of Cancer Research	Investigating the role of the ARF gene in the development of melanoma
Dr Kieran Scott	St Vincent's Clinical School University of NSW	Testing novel inhibitors to help control prostate cancer



2007 PROJECT GRANTS (CONTINUED)

Dr Daniel Sze	University of Sydney	Characterising cancer stem cells for targeted therapy for melanoma
Associate Professor Owen Ung	NSW Breast Cancer Institute Westmead Hospital	Trialling sentinel node biopsy in women with early breast cancer
Professor Robyn Ward	St Vincent's Clinical School University of NSW	Methylation in sporadic bowel cancer

Continuing Grants

The Cancer Council 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 2006/07

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 Roger Fulton	School of Physics University of Sydney	Providing accurate PET images for lung cancer diagnosis and assessment
Professor David Gottlieb	Department of Haematology Westmead Hospital	Cellular immunotherapy for Hodgkin's lymphoma
Dr Beric Henderson	Westmead Institute for Cancer Research Westmead Millennium Institute	Examining the role of the BARD1 gene in breast cancer
Professor Philip Hogg	University of NSW Children's Cancer Institute Australia	Testing arsenical compounds in clinical trials in cancer patients; GSAO for managing cancer; and GSAO-DOTA for non-invasive tumour detection



CANCER COUNCIL-FUNDED STUDIES CONTINUING IN 2006/07 (CONTINUED)

Dr Russell Hogg	Gynaecological Oncology Westmead Hospital	A randomised trial comparing keyhole surgery with open surgery for endometrial cancer
Professor Levon Khacigian	Centre for Vascular Research University of NSW	Developing a new and effective treatment for BCC skin cancers
Dr Sharon Kilbreath	School of Physiotherapy, Faculty of Health Sciences University of Sydney	Trialling an early exercise program for women following breast cancer surgery
Dr Karen MacKenzie	Stem Cell Biology Program Children's Cancer Institute Australia University of NSW	Understanding the mechanisms underlying cancer cell immortality
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
Dr Geraldine O'Neill	Oncology Research Unit Children's Hospital at Westmead University of Sydney	Investigating the processes by which cancer cells grow and divide
Professor Murray Norris	Children's Cancer Institute Australia	Improving treatment outcomes for childhood leukaemia through clinical research to detect residual disease and assign appropriate treatment
Professor Roger Reddel	Cancer Research Unit Children's Medical Research Institute	Alternative lengthening of telomeres: a target for cancer treatment
Dr Robyn Saw	Sydney Melanoma Unit University of Sydney	Predicting lymphoedema following surgery for melanoma or breast cancer
Associate Professor Natalia Suchowska	Department of Radiation Oncology Royal Prince Alfred Hospital	Predicting the most effective dose distribution for radiation therapy
Associate Professor Natalia Suchowska	Department of Radiation Oncology Royal Prince Alfred Hospital	Prostate cancer radiotherapy: using fibre optics to determine the optimal dose
Dr Stuart Tangye	Garvan Institute	Studying immunodeficiency and lymphoma

IN 2006/07, THE CANCER COUNCIL FUNDED 40 CLINICAL TRIAL STUDY NURSES AND DATA MANAGERS IN HOSPITALS THROUGHOUT NSW.



CANCER COUNCIL-FUNDED STUDIES CONTINUING IN 2006/07 (CONTINUED)

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

Supporting 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 clinical trials. The Cancer Council selects the trials based on priority, impact and quality, as well as the need for support.

In 2006/07, The Cancer Council funded 40 clinical trial study nurses and data managers in hospitals throughout NSW to support participation in a portfolio of 136 selected trials.

In 2006, the program was amalgamated with the clinical trials program of the Cancer Institute NSW.

INTERNAL 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:

- *Trial of proactive telemarketing of smoking cessation services*
Determining the costs and benefits of taking a telemarketing approach to recruiting smokers into telephone counselling for smoking cessation.
- *Implementation of a Guide for Nicotine Dependent Inpatients*
Evaluating an intervention designed to increase the uptake of the NSW Health Guide to the Treatment of Nicotine Dependent Inpatients in hospitals.
- *Smoking Review*
Undertaking a comprehensive review of descriptive research about smoking uptake and quitting among young people.
- *Lifestyle and cancer surveillance practices of survivors*
Examining cancer survivors' lifestyles (sun protection, smoking, alcohol consumption, physical activity) and cancer surveillance practices (relating to bowel, prostate, breast and cervical cancers).
- *Health and Lifestyle Study of Student Nurses and Teachers*
Surveying undergraduate nursing

and teaching students to examine their smoking and other health-related behaviours and attitudes.

- *Tobacco investment practices of superannuation funds*
Surveying major Australian superannuation firms regarding their tobacco investment policies.
- *Community Smoking Survey*
Tracking a range of tobacco-related perceptions and practices.
- *Fake Tanning Qualitative Study*
Exploring the possibility of increasing use of fake tanning products as a substitute for solarium use and outdoor tanning among women who currently engage in tanning.
- *Follow-up Study of Solarium Compliance*
Identifying current compliance with the Australian standard on solarium and assessing changes over the last two years.
- *Maximising the Benefits of NuSport Holiday Camps*
Identifying whether involvement in holiday camps increases children's interest in sporting activity. Exploring the effectiveness of a block-randomised intervention.
- *Scoping Research Priorities in Physical Education and Nutrition*
Determining priority areas for Cancer Council research activities related to cancer prevention and promotion in the areas of physical activity and nutrition.

A CANCER SMART HEALTH CARE SYSTEM IS ONE DEDICATED TO PROVIDING QUALITY CARE AND EVIDENCE-BASED PRACTICE.

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 survey of the physical and psychosocial outcomes of long-term cancer survivors*
Reporting the prevalence and predictors of anxiety, depression, quality of life and perceived needs of cancer survivors five years since diagnosis.
- *Population-based longitudinal survey of the physical and psychosocial outcomes of recent cancer survivors*
Tracking the prevalence and predictors of anxiety, depression, quality of life and perceived needs of recent cancer survivors (six months post diagnosis) over a five-year period.
- *Reporting the needs of early breast cancer patients diagnosed with lymphoedema*
- *Qualitative research into the factors underlying reported unmet needs by cancer patients*
Conducting focus groups and interviews with cancer patients participating in the survivorship studies to better understand the factors underlying the observed trends.

- *Developing and disseminating Supportive Care Needs Survey reference data for recent cancer survivors*
- *Assessing the psychosocial needs of adolescent cancer patients and their parents*
- *Psychosocial outcomes of the partners/caregivers of cancer survivors*
Continuing the five-year longitudinal study describing the prevalence and predictors of anxiety, depression, quality of life and perceived needs of the partners/caregivers of cancer survivors.
- *Identifying unmet needs and patterns of care in culturally and linguistically diverse cancer patients in Australia.*

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*
Identifying barriers to timely and appropriate referral to specialist palliative care services in urban and regional areas of NSW.
- *Consultation skills training for oncologists*
Disseminating information about an intervention based on videoconferencing to train doctors in remote areas about communication skills.
- *Evaluation of The Cancer Council NSW telephone support groups*
Survey the effectiveness of, and satisfaction with, Cancer Council telephone support groups.
- *Developing a consumer toolkit to facilitate needs-based access to palliative care*
- *Evaluation of the Cancer Council Connect peer support program*
Survey the effectiveness of, and satisfaction with, the Cancer Council Connect peer support program.
- *Palliative Care Research Program*
Evaluate the impact of the Palliative Care Needs Assessment Guidelines and Assessment Screening Tool.
- *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.
- *Clinical Pathways: Effects on professional practice, patient outcomes, length of stay and hospital costs*
Conduct a Cochrane systematic review of the effectiveness of clinical pathways.
- *Palliative Care Referral guidelines*
Developing and disseminating consensus-based guidelines and associated tools for the appropriate referral of cancer patients to palliative care services.
- *Prevalence and predictors of burnout in doctors*



Presentations

In 2006/07 researchers from CHeRP shared their findings at conferences, seminars and scientific meetings in Australia and internationally including giving the following presentations (complete references are provided in Appendix 6):

- Undertaking population-based, longitudinal survivorship research: Practicalities, challenges and solutions. 8th Biennial Behavioural Research in Cancer Control Conference 2006
- Psychosocial support in geriatric oncology. Medical Oncology Group & Faculty of Radiation Oncology (MOGA/FRO) Annual Scientific Meeting 2006
- Proactive, routine monitoring and intervention to reduce the psychosocial impact of cancer and its treatment in outpatient oncology services. 8th Biennial Behavioural Research in Cancer Control Conference 2006
- Training in communication skills from a distance: An oxymoron or reality? 8th Biennial Behavioural Research in Cancer Control Conference 2006 and 8th World Congress of Psycho-Oncology 2006
- Surviving cancer: It takes more than effective physical treatments. Cancer Services Workshop 2006 and The Cancer Council WA update series 2006
- Translating psychosocial research into benefits for cancer patients. Western Australian Clinical Oncology Group (WACOG) 2006
- Referral to specialist palliative care services: Australian doctors' perceptions and practices. 8th Biennial Behavioural Research in Cancer Control Conference 2006
- Tobacco promotion in movies and television: What does the community perceive? International Conference for Behavioural Medicine 2006
- Cancer-related Knowledge & Practices: Recommended Survey Items. 8th Biennial Behavioural Research in Cancer Control Conference 2006
- Surrounded by temptation: Retail access to tobacco and its relationship to purchasing. 8th Biennial Behavioural Research in Cancer Control Conference 2006
- Developing cancer organisations to support the research needs of the community. UICC World Cancer Congress 2006
- Who provides informal care and support to cancer survivors? A profile of partners and caregivers. 8th Biennial Behavioural Research in Cancer Control Conference 2006
- Behaviour research or policy development – chicken or egg? Research into restricting tobacco retail availability. 8th Biennial Behavioural Research in Cancer Control Conference 2006
- Telemarketing smoking cessation: a pro-active approach to non-volunteer smokers. 13th World Conference on Tobacco or Health 2006
- When willpower is not enough: quit smoking behaviours and use of quitting assistance strategies in NSW. International Conference for Behavioural Medicine 2006
- Telemarketing smoking cessation: A proactive approach to non-volunteer smokers. 8th Biennial Behavioural Research in Cancer Control Conference 2006
- Smoking cessation care for alcohol and other drug clients: "Too Hard"? 13th World Conference on Tobacco or Health 2006
- Is government action in step with public opinion on tobacco control? 8th Biennial Behavioural Research in Cancer Control Conference 2006
- Coping strategies in long-term cancer survivors. 8th Biennial Behavioural Research in Cancer Control Conference 2006 and 8th World Congress of Psycho-Oncology 2006
- Well-being of long-term cancer survivors: It's not all doom and gloom. 8th World Congress of Psycho-Oncology 2006 (Poster)
- Proactive, routine monitoring and intervention to reduce the psychosocial impact of cancer and its treatment in outpatient oncology services. 8th World Congress of Psycho-Oncology 2006 (Poster)
- Overview of a research program to improve needs based palliative care in Australia. 8th World Congress of Psycho-Oncology 2006 (Poster)
- Introducing the Australian and New Zealand Psych-Oncology Co-operative Research Group (PoCoG). 8th World Congress of Psycho-Oncology 2006 (Poster).



Publications

In 2006/07 CHeRP researchers were contributors to the following research articles in peer-reviewed scientific and medical journals or as stand-alone publications (complete references are provided in the Publications Appendix):

- Implementing the Guide for the Management of Nicotine Dependent Inpatients: A Preliminary Report for the NSW Health Promotion Demonstration Research Grants Scheme Program
- Palliative Care Needs Assessment Guidelines
- Challenges experienced by informal caregivers in cancer
- Supportive care needs: are patients with lung cancer a neglected population?
- Exploring the potential for substitutional use of fake tanning products among tan seekers and solarium users: An analysis of focus groups
- Strengthening Cancer Care – Professional Development Packages: Final Project Report Phase 1
- Illegal tobacco use in Australia: how big is the problem of chop-chop?
- Surveying university students: variability in ethics committee requirements
- Quit smoking behaviours and intentions and hard-core smoking in New South Wales.

INTERNAL EPIDEMIOLOGICAL RESEARCH

Epidemiology is the study of patterns and trends of disease in the population. Researchers in the Cancer Epidemiology Research Unit (CERU) undertake descriptive and analytical

epidemiology, and health services research. 'Descriptive' epidemiology provides information about how much disease exists in a population and how this differs between groups. 'Analytical' epidemiology endeavours to search for reasons why these differences are occurring. Health services research integrates epidemiology, economics and other sciences to evaluate the performance of health services.

DESCRIPTIVE EPIDEMIOLOGY

CERU has considerable experience in analysing large administrative data sets (eg NSW Central Cancer Registry and Pap Test Register). Our key priority is to develop novel methods for the analysis of cancer data and to apply these methods locally.

In 2006/07 Cancer Council projects in descriptive epidemiology included:

Trends in Cancer Survival in NSW

This report compares changes in cancer survival over time in NSW for a selection of the common cancer types.

Methods for forecasting cancer incidence and mortality and estimating cancer prevalence

This project falls under the aims of the NHMRC-funded Health Evaluation Research and Outcomes Network (HERON). Specific sites including bowel, lung, breast and prostate cancer are the focus of the project.

Cancer Maps for NSW 1998 to 2002

This is a comprehensive atlas of cancer across NSW by Local Government Area (LGA) for the period 1998 to 2002. It is the first report to systematically present cancer mortality maps in NSW. It includes maps of the standardised incidence ratios (SIRs) for 21 major

cancers and all cancers combined, and maps of the standardised mortality ratios (SMRs) for 11 major cancers and all cancers combined.

Prostate Cancer Screening Patterns and Trends in Prostate Cancer

This project compares trends in prostate specific antigen (PSA) testing with incidence and mortality by age groups and the effect of testing on stage of disease at presentation.

ANALYTICAL EPIDEMIOLOGY

Cancer Council researchers have made significant contributions to the understanding of the causes of cancer, current studies to further this knowledge include:

NSW Cancer Lifestyle and Evaluation of Risk (CLEAR) study

Launched in 2006, this ongoing collaborative study is examining lifestyle and genetic factors that influence cancer risk in the NSW population. Participants are asked to complete a questionnaire about aspects of their lifestyle and to provide a blood sample for future laboratory analyses. The biobank will provide a resource to test current and future hypotheses on gene-environment interactions on the risk of cancer.

Ultimately, the study will provide a better understanding of the multifactorial causes of cancer in NSW and how these differ in different cultural groups, enabling better decision-making and prediction of outcomes. The study will provide the most comprehensive information to date on the lifestyle and genetic factors that influence cancer risk in NSW, and inform public health decisions about how best to prevent cancer.

CANCER COUNCIL
RESEARCHERS HAVE
MADE SIGNIFICANT
CONTRIBUTIONS TO THE
UNDERSTANDING OF THE
CAUSES OF CANCER.



45 and Up Study

The Cancer Council NSW is a significant collaborator on this cohort study of 250,000 NSW residents, auspiced by the Sax Institute, and funded jointly by The Cancer Council NSW, the Sax Institute, Heart Foundation and NSW Health. The 45 and Up study aims to gather demographic, health and lifestyle information from 250,000 men and women aged 45 and over, across NSW, in five years. The first 37,000 individuals have 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 the effects of smoking, exercise, diet and body mass index (BMI) on a number of cancers and other health outcomes.

Cervical Health Study

This study is measuring the relative importance of hormonal contraception, hormone replacement therapy (HRT), smoking and human papillomavirus (HPV) on the development of pre-invasive cervical cancer. This study receives funding from the NHMRC.

HEALTH SERVICES RESEARCH

CERU centres its health services research on 'patterns of care' studies. Treatment patterns of cancer patients are followed up in detail through extensive record review to ascertain the treatments received, and whether they are in accordance with published clinical practice guidelines.

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. Reports on the chemotherapy and surgical management have been published and reports on radiotherapy and follow-up practices are underway.

NSW Prostate Cancer Care and Outcomes

This study involves men who were newly diagnosed with prostate cancer between September 2000 and September 2002, and who were aged under 70 years. More than 2000 men have been recruited to this study, with regular interviews continuing for five years after their diagnosis. The study aims to describe medium and long-term outcomes of treatment for prostate cancer, together with patients' supportive care needs, quality of life, and treatments received. This includes quantifying the effects of different management approaches on the quality of life of men with prostate cancer, particularly through reduction in incontinence and impotence, and on prostate cancer recurrence. This study receives funding from the NHMRC.

Lung Cancer Patterns of Care in NSW

Data has been collected from approximately 2000 patients for this study into the management and treatment of lung cancer in NSW, and analysis is underway.

Pathways to Diagnosis of Thyroid Cancer

This study examines the circumstances under which thyroid cancer is diagnosed in NSW and collects data on risk factors to determine whether the increasing incidence of this disease is related to increased diagnosis or increased risk, or both. Aspects of diet, family history, medication use, country of origin and the number of consultations preceding diagnosis will be explored.

Men's Health Study

This study is examining the effects of prostate specific antigen (PSA) testing on men in NSW. It will document decision-making processes, information needs and patterns of care for men with elevated PSA. This study receives funding from the NHMRC.

Advanced Prostate Cancer Management

With funding from Andrology Australia and the Prostate Cancer Foundation of Australia, and in collaboration with the Australian Cancer Network, CERU is conducting systematic reviews of various treatments for advanced prostate cancer. These will inform the development of recommendations to be included in NHMRC-accredited clinical practice guidelines for the management of advanced prostate cancer.

Modelling Cervical Screening Strategies

The Cervical Modelling Group is an international collaboration involving The Cancer Council NSW, Oxford University and Imperial College London. The work involves using various simulation techniques to evaluate different strategies for preventing cervical cancer. NHMRC funding has been obtained to evaluate new strategies and technologies for cervical screening in Australia in the context of the HPV vaccination program. The project is aimed at informing future decision-making about how to optimise cervical screening in Australia.



IN 2006/07 CERU RESEARCHERS GAVE ORAL AND POSTER PRESENTATIONS AT CONFERENCES AND SCIENTIFIC MEETINGS IN AUSTRALIA AND OVERSEAS.

Aboriginal Patterns of Cancer Care Study

With funding from the NHMRC, this collaborative project with the Universities of Sydney and NSW, and the Sax Institute, is investigating the quality of care and pathways to diagnosis for Aboriginal people with cancer in NSW.

PRESENTATIONS

In 2006/07 CERU researchers gave oral and poster presentations at conferences and scientific meetings in Australia and overseas on a variety of research subjects (complete references are provided in Appendix 6):

Presentations

- Optimising the interval for cervical screening in the era of HPV vaccination. 23rd International Papillomavirus Conference and Clinical Workshop 2006
- Are we up to scratch? Comparisons in lung cancer management in New South Wales between 1996 and 2002. Clinical Oncological Society of Australia 33rd Annual Scientific Meeting 2006
- The relationship between HPV-16 IgG serology and cancer of the cervix, oesophagus, oral cavity, anogenital region, and prostate in a black HIV-negative South African population. 23rd International Papillomavirus Conference and Clinical Workshop 2006
- Cancer mortality in Aboriginal people in NSW 1994 to 2002. Clinical Oncological Society of Australia 33rd Annual Scientific Meeting 2006
- Geographic variation in cancer incidence and mortality in NSW 1998 to 2002. Clinical Oncological Society of Australia 33rd Annual Scientific Meeting 2006
- Assessing the relationship between socio-economic status on cancer survival in New South Wales, 2001. Clinical Oncological Society of Australia 33rd Annual Scientific Meeting 2006
- Kaposi's Sarcoma Herpes Virus (KSHV) is not associated with sexually transmitted infections or high-risk sexual behavior in a South African heterosexual population. 14th Conference on Retroviruses and Opportunistic Infections 2007
- Patterns of care for lung cancer in NSW. Management of NSCLC Stages I & II. Inaugural Australian Lung Cancer Conference: Multidisciplinary Care 2006
- Patterns of care for lung cancer in NSW. Management of NSCLC Stages III & IV. Inaugural Australian Lung Cancer Conference: Multidisciplinary Care 2006
- The journey of lung cancer patients in NSW. Invited Presentation. Inaugural Australian Lung Cancer Conference: Multidisciplinary Care 2006 and Clinical Oncological Society of Australia 33rd Annual Scientific Meeting 2006 (Poster)
- Describing patterns of cancer care using administrative data sets. Sax Institute Workshop on Using CheReL for Research 2006
- Men's preferences for treatment of early stage prostate cancer: Results from a discrete choice experiment. Australian Prostate Cancer Collaboration Annual Meeting 2006, Clinical Oncological Society of Australia 33rd Annual Scientific Meeting 2006 and Urological Society of Australia and New Zealand Annual Scientific Meeting 2007 (Poster)
- Patterns of care for prostate cancer in NSW. Preliminary results from NSW Prostate Cancer Outcomes Study. Australian Prostate Cancer Collaboration Annual Meeting 2006
- Prostate specific antigen testing for prostate cancer. NSW Department of Health EpiSig 2007
- Quality of life and outcomes following a diagnosis of prostate cancer. Cancer Research Network Scientific Meeting 2007
- Genitourinary multidisciplinary teams: Clinician perspectives on unmet needs of younger men with prostate cancer. NSW Urological Oncology Masterclass 2007
- Modelling the impact of HPV vaccination in the context of complex patterns of cervical screening uptake. 23rd International Papillomavirus Conference and Clinical Workshop 2006 (Poster)
- The seroprevalence of IgG antibodies to human papillomavirus (HPV) types HPV-16, HPV-18 and HPV-11 capsid-antigens in mothers and their children. 23rd International Papillomavirus Conference and Clinical Workshop 2006 (Poster)
- Cancer Maps for New South Wales: Variation by Local Government Area 1998 to 2002. Clinical Oncological Society of Australia 33rd Annual Scientific Meeting 2006 (Poster)
- Patient outcomes two years after diagnosis of colorectal cancer in NSW. Clinical Oncological Society of Australia 33rd Annual Scientific Meeting 2006 (Poster)



- Direct and Indirect Measurement of Tobacco Attributed Mortality. Australasian Epidemiological Association Annual Meeting 2006 (Poster)
- The CLEAR initiative – A Cancer Biobank for NSW. Australasian Epidemiological Association Annual Meeting 2006 (Poster)
- The NSW Cancer Lifestyle Evaluation and Risk (CLEAR) Study: Design and Setting. Clinical Oncological Society of Australia 33rd Annual Scientific Meeting 2006 (Poster)

PUBLICATIONS

In 2006/07 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):

- Cancer incidence in people with hepatitis B or C infection: A large community-based linkage study
- A design for cancer case-control studies using only incident cases: experience with the GEM study of melanoma
- Antibodies against six human herpesviruses in relation to seven cancer in black South Africans: A case control study
- 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
- Cervical cancer in Australia and the United Kingdom: comparison of screening policy and uptake, and cancer incidence and mortality
- The agreement between self-reported cervical smear abnormalities and screening program 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
- Polymorphisms in nucleotide excision repair genes and risk of multiple primary melanoma: the Genes Environment and Melanoma Study
- Lifestyle-induced cancer in South Africa
- Disease and Mortality in Sub-Saharan Africa
- Specific infections, infection-related behavior, and risk of non-Hodgkin lymphoma in adults
- Trends in Cancer Survival in NSW 1980 to 1996
- Trends in survival and excess risk of death after diagnosis of cancer in 1980-1996 in New South Wales, Australia
- Comparison of risk factors for invasive squamous cell carcinoma and adenocarcinoma of the cervix: Collaborative reanalysis of individual data on 8,097 women with squamous cell carcinoma and 1,374 women with adenocarcinoma from 12 epidemiological studies
- Occupational exposure to power frequency magnetic fields and risk of non-Hodgkin lymphoma
- Transmission of Kaposi sarcoma-associated herpesvirus between mothers and children in a South African population
- The relationship between anti-HPV-16 IgG seropositivity and cancer of the cervix, anogenital organs, oral cavity and pharynx, oesophagus and prostate in a black South African population
- Concordance with national guidelines for colorectal cancer care – a population-based patterns of care study of 3095 patients
- Pathology reporting of resected colorectal cancers in New South Wales in 2000
- Clinicians' attitudes to prostate cancer peer-support groups
- Age, health, and education determine supportive care needs of men younger than 70 years with prostate cancer
- Skin cancer in general practice – impact of an early detection campaign



people and culture

VOLUNTEERS HELP MAKE ALL OF THE CANCER COUNCIL'S EFFORTS, RELATIONSHIPS, PLANS, STRATEGIES AND CULTURE SO MUCH BETTER. ON BEHALF OF ALL OF THOSE WHO ARE TOUCHED IN SOME WAY BY CANCER, THANK YOU TO ALL OUR VOLUNTEERS.

VOLUNTEERS

Volunteers continue to provide an enormous amount of time, skill and energy to The Cancer Council NSW across all programs, divisions and regions.

During the past year the organisation has seen the volunteer workforce increase by 11.5%, taking the number of formally registered volunteers to 3045. This does not include the many thousands of supporters who also contribute to the organisation through event support, involvement on committees and providing pro bono expert advice and skills to many projects and programs.

Now in its second year of operation, the Volunteer Strategy Committee, that comprises volunteers and staff, has been working on several key projects that aim to enhance the organisation's volunteer program. The committee's projects in the past year included:

- Developing an organisation-wide Volunteer Policy and Practice Statement
- Implementing volunteer resource planning by all senior staff
- Developing a volunteer leadership program involving succession planning and skills development
- Refining systems for collecting and reporting on volunteer data.

The outcomes of the work undertaken by the committee and the staff from the Volunteer Program Unit will enable The Cancer Council NSW to ensure volunteers are well managed; are involved in roles where we maximise their skills; are cared for and supported, ensuring their roles and relationships are rewarding and fulfilling.

Some other key achievements during 2006/07 included:

- A volunteer participation survey provided important feedback and information to help improve the systems for managing volunteers. This was a first for the organisation and now provides benchmarks for measuring future volunteer satisfaction.



- Enhancing the volunteer information on The Cancer Council's website, making it more comprehensive for existing and potential volunteers. Some of the new features include sections dedicated to volunteer vacancies, volunteer profiles and corporate (employee) volunteering.

The number of projects and roles requiring specialist volunteers with specific skills and professional expertise continues to grow. New volunteer roles introduced during 2006/07 included:

- Management consultants
- Newsletter editors and feature writers
- Trainers and facilitators
- Strategic management coaches
- Database expert users

With the support and skills provided by these volunteers, the organisation is able to achieve many outcomes and undertake many projects that would not otherwise be possible. Valuable skills and knowledge are shared with staff working in partnership with these volunteers.

CORPORATE VOLUNTEERING

In 2006/07, the corporate volunteering program experienced significant growth, including the addition of seven new organisations to the list of ongoing supporters.

With the ongoing support of corporate organisations and their employees, The Cancer Council was able to save many thousands of dollars on packaging and sorting event merchandise.

Other activities supported by corporate groups and individuals include administrative support, project management training, supporter kit assembly and event mail management.



Thank you to the following organisations and their employees for their support during the year:

- American Express
- National Australia Bank
- GIO
- Ernst & Young
- Suncorp-Metway
- IAG
- Westpac
- ANZ
- Esanda
- Bayer
- CGU Insurance
- Citigroup
- HSBC
- GE
- NRMA
- Zuji Pty Ltd
- MLC
- Sabre Pacific
- Total Advertising
- Pricewaterhouse Coopers
- American Consulate General's Office
- Lexis Nexis

STAFF

The Cancer Council NSW is dedicated to ensuring a healthy, happy and highly engaged working environment for staff and volunteers.

This commitment was acknowledged in 2006/07 with the following:

- A Hewitt Best Employer Award placed The Cancer Council NSW among the top 23 employers in

Australia and New Zealand with an overall employee engagement score of 76% – the first not-for-profit organisation to be included in this prestigious group of employers.

- The 2007 National Work/Life Benchmarking Study listed The Cancer Council NSW in the top 25 Best Practice Organisations for Work/Life Balance
- High commendation from Equal Opportunity for Women in the Workplace Agency (EOWA) for the organisation's equal opportunity policies and practices.

Staff surveys also reveal high levels of satisfaction and a continuing culture of success.

Staff Retention

In 2006/07, the organisation employed an average of 234 full-time equivalent staff (excluding casuals) compared to 211 in the previous year. The voluntary turnover rate was 19%; The Cancer Council aims to keep turnover below 21% – a benchmark in service organisations. (There were no claims of unfair dismissal and no reported cases of harassment or discrimination in 2006/07.)

In 2006/07 a suite of competitive new policies were introduced:

- A new Flexitime Policy enhancing the organisation's commitment to providing a flexible and outcome-oriented workplace
- A Purchase Leave program for managers enabling them to access additional leave
- Increased paid Maternity Leave provisions – 8-12 weeks based on length of service.

The Cancer Council has an active staff representative group, as well as many individual staff members, who contribute to creating a positive environment by arranging yoga, pilates, fruit, massages and much more in the workplace. These activities are organised on a voluntary basis and staff pay to participate.

Remuneration

To ensure competitive remuneration, The Cancer Council utilises the Mercer HR system for evaluating positions and allocating positions to appropriate grades. In 2006/07 a 4% increase was budgeted in line with market movements provided by Mercer. Variable increases are then allocated to individuals based on their performance review and positioning in their remuneration range.

The Cancer Council also reviewed its salary-packaging program and made changes resulting in reduced fees and greater salary packaging benefits for staff.

Workplace Giving

Staff demonstrated their strong commitment to The Cancer Council through regular workplace giving, donating \$28,415 in 2006/07 back to their organisation as their preferred charity.

ORGANISATIONAL LEARNING

The Cancer Council is committed to the principles of organisational learning and to supporting a culture in which learning is valued, and in which learning happens both formally and informally.

The organisation has a strong commitment to management development programs for Executive leaders, middle management and frontline managers. An innovative

THE CANCER COUNCIL NSW
IS DEDICATED TO ENSURING
A HEALTHY, HAPPY AND
HIGHLY ENGAGED WORKING
ENVIRONMENT FOR STAFF
AND VOLUNTEERS.



program of lunchtime learning sessions is arranged to ensure that all staff and volunteers can gain knowledge about The Cancer Council's work and key issues in cancer control from their colleagues.

In 2006/07 the following Learning and Development goals were achieved:

- Strategy developed to ensure training programs align with organisational priorities
- Core volunteer management competencies developed
- Management competencies reviewed and executive and strategic management competencies revised
- Succession plans prepared for key strategic management roles
- Group of six volunteer trainers and facilitators recruited to deliver free in house training programs
- Ten DiSC team development programs delivered (The goal was six)
- Nine management development training programs delivered (The goal was five).

The following organisational development sessions were held in 2006/07:

- Employee Orientation (5 sessions, 85 participants)
- Understanding Cancer (9 sessions, 144 participants)
- Managing Communication (1 session, 20 participants)
- Web Writing (2 sessions, 24 participants)
- NIDA Presentation Skills (1 session, 12 participants)

- Time Management (1 session, 8 participants)
- Health Evaluation (1 three-day session, 14 participants)
- Personal Effectiveness (1 session, 11 participants).

The following management training sessions were also delivered:

- Breakfast Briefings (2 sessions, 43 participants)
- Networking (1 session, 16 participants)
- Self Management (1 session, 16 participants)
- Interpersonal Skills (1 session, 18 participants)
- Managing Differences (1 two-day session, 16 participants)
- Coaching Program (1 session, 6 participants)
- Advanced Coaching (2 sessions, 15 participants)
- Mission Control Productivity (1 session, 11 participants)
- Advanced Facilitation Skills (1 session, 6 participants)
- Management Competency 360 degree Assessments (18 managers assessed).

DiSC Personal Profile System

Cancer Council teams attended 10 workshops (97 participants) using the DiSC profile system aimed at improving work productivity, teamwork and communication.

Occupational Health and Safety

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

- Fire Warden Training (1 session, 17 participants)
- Personal Safety briefing from Kings Cross Police (2 sessions, 50 participants)
- Ergonomics Briefing and Assessments (4 sessions, 38 participants)
- Manual Handling (2 sessions, 54 participants).

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"MORE THAN NINETY PERCENT OF THE CANCER COUNCIL NSW'S INCOME IS DERIVED ULTIMATELY FROM THE SUPPORT OF THE NSW COMMUNITY. WITHOUT THE COMMITTED CONTRIBUTION OF OUR DONORS, SUPPORTERS AND VOLUNTEERS WE WOULD BE SIMPLY UNABLE TO CONTEMPLATE THE LONG-TERM EFFORTS WE NEED TO SECURE VITAL SERVICES AND RESEARCH."

PROFESSOR BILL MCCARTHY AM BOARD CHAIR



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DIRECTORS' REPORT

The directors of The Cancer Council NSW (TCCNSW) present their report with respect to the results for the financial year ended 30 June 2007 and the state of TCCNSW's affairs at that date.

DIRECTORS

The following persons were directors of TCCNSW during the whole of the financial year and up to the date of this report:

V Gregg

The following persons were directors of TCCNSW from the beginning of the financial year until their resignation on the 31 August 2006:

P Collins
R Henry
M Lambert
P Miller
K Phelps
M Reid

The following persons were directors of TCCNSW from the 31 August 2006 up to the date of this report:

S Ackland
J Bishop
J Boehm
G Mann

B Armstrong was appointed a director on 31 August 2006 and was a director during the financial year until his resignation on 5 June 2007.

B McCarthy was appointed a director on 31 August 2006 and was a director during the financial year until his resignation on 14 September 2007.

P Lahiff was appointed a director on 5 February 2007 and continues in office at the date of this report.

B Sendt was appointed a director on 5 February 2007 and continues in office at the date of this report.

M Chiew was appointed a director on 4 June 2007 and continues in office at the date of this report.

B Hodgkinson was appointed a director on 23 July 2007 and continues in office at the date of this report.

S Roberts was appointed a director on 25 October 2007 and continues in office to the date of this report.

PRINCIPAL ACTIVITIES

The principal activities of TCCNSW during the financial 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.

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 financial year ended 30 June 2007 was \$61,357,000. In the same period, expenditure was \$48,553,000, leaving a surplus of \$12,804,000.

\$'000

The main sources of revenue were:

Fundraising – special events	14,595
Direct marketing	13,938
Bequests	9,373
Interest and investment revenue	8,429
Retail income	8,347

The main areas of expenditure were:

Fundraising	13,353
Cancer research	10,504
Retail	6,776
Information and support services	5,431
Infrastructure and investment	5,081
Regional program delivery	4,123
Health advocacy and campaigning	3,285

MATTERS SUBSEQUENT TO THE END OF THE FINANCIAL YEAR

No matters or circumstances have arisen since the end of the financial year 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.

INFORMATION ON DIRECTORS

Dr Stephen Ackland

MB, BS, FRACP

Staff Specialist, Medical Oncology, Newcastle Mater Misericordiae Hospital. Conjoint Professor, Faculty of Health, The University of Newcastle.

Dr Ackland is also former-president of the Clinical Oncological Society of Australia (COSA), former-chair and secretary of the Medical Oncology Group of Australia, and has been a member of various other state, national and international oncology committees and working groups. Dr Ackland has had extensive involvement in cancer clinical trials, clinical pharmacokinetics of anticancer drugs and pre-clinical pharmacology of anticancer drugs and combinations. He has been principal investigator on two Australian multi-institutional randomised controlled trials, and principal investigator on a number of phase I and II trials.

Professor Bruce Armstrong AM *DPhil, FRACP, FAFPHM, FAA* (resigned 5 June 2007)

Director of Research, Sydney Cancer Centre and Professor of Public Health and Medical Foundation Fellow, The University of Sydney.

For six years, Professor Armstrong was also director of the Cancer Research and Registers Division of The Cancer Council NSW and he continues to collaborate on a range of research studies with their epidemiology research unit. He is also a board member of the Menzies School of Health Research in Darwin, and the Sax Institute. He is chair of the Cancer Institute NSW's Central Cancer Registry Advisory Committee and co-chair of NSW Health's Population Health Priorities Taskforce. Professor Armstrong has worked in cancer research for almost 30 years and has a particular interest in the relationship of sun exposure to melanoma and other skin cancers and has made important contributions to the evidence on which present sun protection messages are based.

Professor Jim Bishop

MD, MMed, MBBS, FRACP, FRCPA
Chief Cancer Officer. CEO, NSW Cancer Institute.

Professor Bishop is the Institute's nominee on The Cancer Council NSW Board. He is also the ex-deputy chair of TCCNSW Board. From 1995 to 2003, Professor Bishop was a board member of the Sydney Cancer Institute, director of the Sydney Cancer Centre at Royal Prince Alfred Hospital and Concord Hospital and director of the cancer service for the Central Sydney Area Health Service. He is the professor of cancer medicine at the University of Sydney. Professor Bishop's research interests are in clinical trials, new anticancer drug development, new cancer therapies, leukaemia, breast

cancer and lung cancer. He has coordinated national clinical trials in leukaemia, breast and lung cancer.

Ms Jill Boehm OAM

RN, DC, MMgt, FAICD

(Deputy Chair from 29 October 2007)
Acting Chair, Cancer Institute NSW.

For eight years, Ms Boehm was CEO of the Cancer Patients Assistance Society (now CanAssist), a not-for-profit organisation supporting rural cancer patients and their families. The organisation owns and operates Jean Colvin Hospital and Ecclesbourne Hostel; and in partnership with TCCNSW built and maintains Lilier Lodge in Wagga Wagga.

Ms Mary Chiew

(appointed 4 June 2007)

General Manager, Giorgio Armani Australia Pty Ltd

Ms Chiew's expertise includes marketing and communications, administration and management. Her experience also includes four years as Trustee of the National Breast Cancer Foundation. She currently serves on the Board of The Salvation Army Employment Plus.

As a cancer survivor, Ms Chiew brings her personal experience to The Cancer Council NSW and helps to maintain a focus on the interests of cancer patients in Board discussions.

Ms Vivienne Gregg

A breast cancer survivor since 1995, Ms Gregg has been a volunteer with TCCNSW 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

financial statements

Gregg is also a member of the Breast Cancer Action Group and the Breast Cancer Network Australia. Ms Gregg is founding member of the Armidale breast cancer support group, and is a board member and state coordinator of Dragons Abreast Australia.

Mr Bruce Hodgkinson SC
(appointed 23 July 2007)
(Chair from 29 October 2007)

Mr Hodgkinson has been a practising barrister at the Sydney Bar since the early 1980s. He was appointed Senior Counsel in 2001 and continues to practice extensively in the Occupational Health and Safety field. Through his practice as a barrister Mr Hodgkinson has provided advice to corporations and their boards in many legal and governance fields including corporations law, trade practices law, statutory compliance and employment law. He has been a member of the POSH committee for a number of years through which he has actively engaged in raising money for TCCNSW.

Mr Paul Lahiff
BSc Agr, FAIM
(appointed 5 February 2007)
Managing Director, Mortgage Choice

Mr Lahiff has over 25 years experience in the financial services industry. This has included roles as Managing Director of Permanent Trustee and Heritage Building Society, as well as senior executive roles with Westpac Banking Corporation (in Sydney and London) and the credit union sector. He joined Mortgage Choice as Chief Executive Officer in August 2003, was made Managing Director in May 2004 and is responsible for managing the operations of the company to ensure the continued growth and development of the business.

Professor Graham Mann
PhD FRACP

Associate Professor of Medicine, University of Sydney Westmead Institute for Cancer Research Westmead Millennium Institute.

With funding support from TCCNSW, Professor Mann's group has recruited and worked with one of the world's largest cohorts of people with a strong family history of melanoma to help locate genes that cause high melanoma risk and establish their effects. This work has been complemented by large-scale studies led by Professor Mann into the genetic and environmental causes of melanoma in the population. For the last ten years he has also worked in and helped direct multi-centre studies of the causes of breast cancer in Australia that are among the largest in the world.

Professor Bill McCarthy AM –
Former Chair
(resigned 14 September 2007)
President, Melanoma & Skin Cancer Research Institute.

Professor McCarthy is emeritus professor of surgery (melanoma and skin oncology) at the University of Sydney, president of the Melanoma and Skin Cancer Research Institute, vice-president of the Melanoma Foundation and a board member of the Sydney Cancer Institute. He has participated on numerous Cancer Council committees and received Cancer Council funding for research into melanoma.

Mr Stephen Roberts (appointed 28 October 2007)

BBus, ADA, Grad Dip (Securities)
Managing Director,
Institutional Investment Services
Russell Investment Group

As managing director of Institutional Investment Services for Russell Investment Group, in Australia, Mr

Roberts oversees integrated business comprising of asset consulting, retirement and actuarial consulting, total retirement outsourcing including the master trust, institutional fund's client service, implementation services, specialist funds including global hedge fund of funds, real estate and private equity and capital and private asset class research.

He has been an active member of the POSH committee for a number of years and engages in fundraising activities for The Cancer Council.

Mr Bob Sendt
BA (Economics) FCPA, CA, FPNA, GAICD.
(appointed 5 Feb 2007)

Mr Sendt was Auditor-General of New South Wales from 1999 to 2006. His prior career included a number of senior roles in the NSW Treasury over a 22-year period. He has tertiary qualifications in economics and environmental studies. He is a director of the Accounting Professional & Ethical Standards Board, a director of Australasian Reporting Awards (Inc) and was, from 2001 to 2005 a member of the Australian Auditing and Assurance Standards Board, including deputy chair from 2004 to 2005. He has a strong interest in governance, accountability and strategic management.

COMPANY SECRETARY

The company secretary is
Ms Angela Aston.

DIRECTORS' BENEFIT

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

MEETINGS OF DIRECTORS/ COMMITTEES:

The number of meetings of the company's board of directors and of each board committee held during the year ended 30 June 2007, and the number of meetings attended by each director were:

	Full meetings of Directors		Audit Committee		Investment Committee		Cancer Research Committee		Ethics Committee		Remuneration Committee	
	A	B	A	B	A	B	A	B	A	B	A	B
P Miller (Chair to 31/08/06)	1	2	1	1	*	*	*	*	*	*	*	*
B McCarthy (Chair from 31/08/06 to 14/09/07)	8	8	3	3	1	1	*	*	*	*	2	2
P Collins (to 31/08/06)	2	2	1	1	*	*	*	*	*	*	*	*
R Henry (to 31/08/06)	2	2	*	*	*	*	2	2	*	*	*	*
M Lambert (to 31/08/06)	2	2	1	1	*	*	*	*	*	*	*	*
K Phelps (to 31/08/06)	—	2	*	*	*	*	*	*	*	*	*	*
M Reid (to 31/08/06)	—	2	*	*	*	*	—	2	*	*	*	*
V Gregg	8	10	*	*	*	*	*	*	*	*	2	2
J Bishop (from 31/08/06)	7	8	*	*	*	*	*	*	*	*	*	*
J Boehm (from 31/08/06)	8	8	3	3	*	*	*	*	3	5	*	*
S Ackland (from 31/08/06)	6	8	*	*	*	*	3	3	*	*	*	*
G Mann (from 31/08/06)	6	8	*	*	*	*	3	3	*	*	*	*
P Lahiff (from 5/02/07)	4	4	*	*	1	1	*	*	*	*	1	1
B Sendt (from 5/02/07)	4	4	2	2	*	*	*	*	*	*	1	1
M Chiew (from 4/06/07)	1	2	*	*	*	*	*	*	*	*	*	*
B Armstrong (31/08/06 to 5/06/07)	6	8	*	*	*	*	3	3	*	*	*	*

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.

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DIRECTORS' REPORT

INSURANCE OF OFFICERS

During the financial year ended 30 June 2007, 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 year, 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 59.

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.



Mr Bob Sendt
Director
Sydney
29 October 2007



Mr Bruce Hodgkinson
Director
Sydney
29 October 2007

AUDITORS' INDEPENDENCE DECLARATION



Chartered Accountants
& Business Advisers

Auditors' independence declaration

To the Directors of The Cancer Council NSW

I declare that to the best of my knowledge and belief, during the year ended 30 June 2007, there have been:

- (a) no contraventions of the auditor independence requirements of the *Corporations Act 2001* in relation to the audit; and
- (b) no contraventions of any applicable code of professional conduct in relation to the audit.

A handwritten signature in black ink that reads 'PKF'.

PKF
New South Wales

A handwritten signature in black ink that appears to read 'Paul Bull'.

Paul Bull
Partner

Sydney
29 October 2007

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INCOME STATEMENT

For the year ended 30 June 2007

	Notes	12 months ended 30 June 2007 \$'000	9 months ended 30 June 2006 \$'000
Revenue			
Fundraising	3, 19	42,228	32,136
Retail	3	8,347	5,958
Interest and investment revenue	3	8,429	2,985
Grants	3	1,231	618
Other	3	1,122	666
Total Revenue		61,357	42,363
Expenses			
Fundraising		13,353	10,094
Retail		6,776	4,645
Research		10,504	6,987
Regional program delivery		4,123	2,582
Health advocacy and campaigning		3,285	2,131
Information and support services		5,431	3,399
Infrastructure and investment		5,081	2,820
Total Expenses		48,553	32,658
Surplus before income tax		12,804	9,705
Income tax expense	2 (c)	—	—
Surplus for the year		12,804	9,705

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

BALANCE SHEET

As at 30 June 2007

	Notes	2007 \$'000	2006 \$'000
Assets			
Current Assets			
Cash and cash equivalents	6	9,930	16,415
Trade and other receivables	7	1,560	947
Inventories	8	957	1,031
Total Current Assets		12,447	18,393
Non-Current Assets			
Investment properties	9	270	270
Other financial assets at fair value through profit or loss	10	40,772	21,583
Property, plant and equipment	11	14,400	14,082
Total Non-Current Assets		55,442	35,935
Total Assets		67,889	54,328
Liabilities			
Current Liabilities			
Trade and other payables	12	3,032	2,347
Provisions	13	1,269	1,198
Total Current Liabilities		4,301	3,545
Non-Current Liabilities			
Provisions	13	413	412
Total Non-Current Liabilities		413	412
Total Liabilities		4,714	3,957
Net Assets		63,175	50,371
Equity			
Accumulated surplus		50,319	35,482
Reserves		12,856	14,889
Total Equity		63,175	50,371

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

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STATEMENT OF CHANGES IN EQUITY

For the year ended 30 June 2007

	Notes	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
Prior period adjustment	19	1,531	—	—	1,531
Closing balance as at 30 June 2006		35,482	9,704	5,185	50,371
Opening balance as at 1 July 2006		35,482	9,704	5,185	50,371
Transfer (to)/from reserves		2,033	(2,033)	—	—
Net income and expense recognised directly in equity		2,033	(2,033)	—	—
Surplus for the period		12,804	—	—	12,804
Total recognised income and expense for the period		14,837	(2,033)	—	12,804
Closing balance as at 30 June 2007		50,319	7,671	5,185	63,175

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 TCCNSW land and buildings, as described in note 2(i).

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

CASH FLOW STATEMENT

For the year ended 30 June 2007

	Notes	12 months ended 30 June 2007 \$'000	9 months ended 30 June 2006 \$'000
Cash flows from operating activities			
Receipts			
Receipts from supporters and funding sources (inclusive of GST)		52,195	39,600
Dividends, franking credits and interest received		842	610
		53,037	40,210
Payments			
Payments to suppliers and employees (inclusive of GST)		46,730	31,236
		46,730	31,236
Net cash inflow from operating activities	15	6,307	8,974
Cash flows from investing activities			
Payments for property, plant and equipment		(1,583)	(461)
Proceeds from sale of other financial assets at fair value through profit and loss		10,812	1,003
Payments for purchase of other financial assets at fair value through profit and loss		(22,342)	—
Proceeds from sale of property, plant and equipment		321	146
Net cash (outflow)/ inflow from investing activities		(12,792)	688
Net increase/ (decrease) in cash and cash equivalents		(6,485)	9,662
Cash and cash equivalents at beginning of year		16,415	6,753
Cash and cash equivalents at end of year	6	9,930	16,415

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

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NOTES TO THE FINANCIAL STATEMENTS

For the year ended 30 June 2007

1. INTRODUCTION

This financial report covers The Cancer Council NSW (TCCNSW) as an individual entity for the year ended 30 June 2007. 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 in the directors' report, page 54.

The financial report was authorised for issue by the directors on 29 October 2007. TCCNSW has the power to amend and reissue the financial report.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

The principal accounting policies adopted in the preparation of the financial report are set out below. These policies have been consistently applied to all the years presented, unless otherwise stated.

a) Basis of Preparation

This general purpose financial report has been prepared in accordance with Australian Accounting Standards, other authoritative pronouncements of the Australian Accounting Standards Board, Urgent Issues Group (UIG) interpretations and the *Corporations Act 2001*.

Compliance with AIFRS

The financial report complies with Australian Accounting Standards, which include Australian Equivalents to International Financial Reporting Standards (AIFRS).

Historical Cost Convention

These financial statements have been prepared under the historical cost convention, as modified by the revaluation of financial assets and liabilities at fair value through profit and loss, certain classes of property, plant and equipment and investment property.

b) 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

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 Revenue

Interest and Investment income is recognised on an accrual basis.

Dividends are brought to account as they are received.

Grants

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.

c) Income Tax

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

d) 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.

e) 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.

f) 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.

g) 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.

h) Investment Property

Investment property comprises a property held for capital appreciation and or rental yields and is not occupied by TCCNSW. 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.

i) Property, Plant and Equipment

Land and buildings (except for investment property – refer to note 2(h)) 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 the asset revaluation reserve in 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 the asset revaluation reserve directly in equity to the extent of the remaining reserve attributable to the asset; all other decreases are charged to the Income Statement.

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NOTES TO THE FINANCIAL STATEMENTS

For the year ended 30 June 2007

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	3 to 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 amount. These are included in the Income Statement.

j) Payables

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

k) Employee Benefits

Provision is made for employee benefits accumulated as a result of employees rendering services up to the balance 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.

l) 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.

m) Joint Ventures

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

n) New Accounting Standards and UIG Interpretations

Certain new accounting standards and UIG interpretations have been published that are not mandatory for 30 June 2007 reporting periods. TCCNSW has reviewed the proposed accounting standards and UIG interpretations and the impact is not material, impacting disclosures only.

o) 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.

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.

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.

p) 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.

q) Financial Reporting by Segments

TCCNSW operates primarily in one segment. The principal activities consist of initiatives and programs to defeat cancer and build a cancer smart community and engaging the NSW community in this mission. TCCNSW operates in one geographical area being NSW.

r) 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.

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NOTES TO THE FINANCIAL STATEMENTS

For the year ended 30 June 2007

3. Revenue

	12 months ended 30 June 2007 \$'000	9 months ended 30 June 2006 \$'000
Fundraising		
Bequests	9,373	11,940
Donations	3,344	1,435
Direct marketing	13,938	8,866
Fundraising – special events	14,595	8,876
Community fundraising	978	1,019
	42,228	32,136
Retail		
Sale of Goods	8,347	5,958
	8,347	5,958
Interest and Investment Revenue		
Interest	609	404
Increase in fair value of managed funds	3,409	709
Managed fund distributions	4,177	1,625
Dividends received	22	–
Imputation credits received	212	247
	8,429	2,985

3. Revenue (continued)

	12 months ended 30 June 2007 \$'000	9 months ended 30 June 2006 \$'000
Grants		
Cancer Australia Support Group – Pancreatic Cancer Grant	30	–
Cancer Institute NSW – Patterns of Care Study	75	75
Community Development Support Expenditure Grants	94	10
Lilier Lodge	18	14
Monash Institute of Medical Research – Prostate Cancer Guidelines	70	56
National Breast Cancer Centre – Polo Grant	10	–
NHMRC – Prostate Specific Antigen Cohort Study	187	164
NHMRC – Cervical Invasive Neoplasia Study	236	118
NHMRC – Equipment Grant	13	–
NHMRC – Cervical Modelling Study	70	–
NSW Health – Environmental Tobacco Smoke and Kids Program	75	75
NSW Health – Breast Cancer in Rural Areas Study	10	10
NSW Health – Diet and Cancer Project	23	30
NSW Health – Food Purchasing Intervention Project	84	–
NSW Health – Primary and Community Based Services (Carers) Program	76	–
University of Sydney – Vitamin D and Prostate Cancer Study	68	–
University of Sydney – Prostate Cancer Outcome Study	92	66
	1,231	618

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NOTES TO THE FINANCIAL STATEMENTS

For the year ended 30 June 2007

3. Revenue (continued)

Unspent Grant Funds

Grant income has been recognised as revenue in the Income Statement. It includes amounts yet to be spent in the manner specified by the contributor. Unexpended amounts totalling \$763,000 have been included in the revenue and accumulated surplus at the 30 June 2007.

	Opening balance 1 July 2006 \$'000	Receipts 2007 \$'000	Payments 2007 \$'000	Closing balance 30 June 2007 \$'000
Grants				
Health promotion	76	389	222	243
Contract research grants	399	842	721	520
	475	1,231	943	763

	12 months ended 30 June 2007 \$'000	9 months ended 30 June 2006 \$'000
Other		
Accommodation fees	394	369
Membership fees	5	9
Patient transport	11	—
Promotional items	45	17
Refund of research grant	66	70
Research fees/ consultancies	280	—
Royalties	—	22
Seminars and conferences	29	14
Sponsorships – fundraising events	238	142
Net gain on disposal of property, plant and equipment	54	23
	1,122	666
Total Revenue	61,357	42,363

4. Expenses

	12 months ended 30 June 2007 \$'000	9 months ended 30 June 2006 \$'000
Surplus before income tax includes the following specific expenses:		
Employee benefits expense	18,155	11,946
Depreciation		
Building	289	—
Leasehold improvements	108	81
Office furniture and equipment	418	308
Motor vehicles	183	127
	998	516
Rental expense relating to operating leases	1,220	860
Net loss on sale of shares bequested during the year	—	47
Direct operating expenses from investment property	1	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>	30	26
Total remuneration for assurance services	30	26

6. Cash and Cash Equivalents

Cash on hand	23	29
Cash at bank	3,441	3,407
Deposits at call	6,466	12,979
	9,930	16,415

As at balance date cash at bank was earning interest of 5% p.a. (2006: 5%p.a.) and deposits at call were earning 6.35%p.a. (2006: 5.86%p.a.)

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NOTES TO THE FINANCIAL STATEMENTS

For the year ended 30 June 2007

7. Trade and Other Receivables

	12 months ended 30 June 2007 \$'000	9 months ended 30 June 2006 \$'000
Trade receivables	227	161
Provision for doubtful debts	(29)	(3)
Other receivables	603	132
GST receivable	547	458
Interest receivable	25	18
Prepayments	187	181
	1,560	947

(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
2007			
Net trade receivables	—	198	198
Other receivables	—	603	603
GST receivable	—	547	547
Interest receivable	25	—	25
	25	1,348	1,373
Weighted average interest rate (%)	6.35	—	
2006			
Net trade receivables	—	158	158
Other receivables	—	132	132
GST receivable	—	458	458
Interest receivable	18	—	18
	18	748	766
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(o) for further information on the risk management policy of TCCNSW.

8. Inventories

	12 months ended 30 June 2007 \$'000	9 months ended 30 June 2006 \$'000
Goods held for resale	957	1,031
	957	1,031

9. Investment Property

At fair value	270	270
	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 year. (2006: \$1,000)

(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 2007 valuation was based on the directors' assessment.

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NOTES TO THE FINANCIAL STATEMENTS

For the year ended 30 June 2007

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

	12 months ended 30 June 2007 \$'000	9 months ended 30 June 2006 \$'000
At beginning of year	21,583	19,250
Revaluation	3,409	708
Additions	26,592	1,625
Disposals	(10,812)	—
At end of year	40,772	21,583
Listed Securities	72	
Managed Funds		
Managed funds at the end of the financial year were invested as follows:		
BT Ethical Shares	7,705	—
Perpetual Investment	8,151	—
Mellon Global Investments	680	—
GMO Global Tactical Trust	805	—
BT Institutional Enhanced Cash Fund	8,227	—
BGI Global Ascent Fund	1,133	—
BT Wholesale Ethical Conservative Fund	—	10,603
AMP SFAS Fund	13,999	10,980
	40,772	21,583

11. Property, Plant and Equipment

	Freehold land \$'000	Buildings \$'000	Leasehold improvements \$'000	Office furniture & equipment \$'000	Motor vehicles \$'000	Total \$'000
Year ended 30 June 2007						
Opening net book amount	3,405	8,878	242	940	617	14,082
Additions	—	246	195	679	463	1,583
Disposals	—	—	—	(23)	(244)	(267)
Depreciation expense	—	(289)	(108)	(418)	(183)	(998)
Closing net book amount	3,405	8,835	329	1,178	653	14,400
At 30 June 2007						
Cost or fair value	3,405	9,303	1,139	2,812	898	17,557
Accumulated depreciation	—	(468)	(810)	(1,634)	(245)	(3,157)
Net book amount	3,405	8,835	329	1,178	653	14,400

(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 2007 valuations are based on independent assessments by members of the Australian Property Institute as at 30 June 2006. The revaluation surplus was credited to the asset revaluation reserve in 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	9,164
Accumulated depreciation	—	(387)
Net book amount	2,846	8,777

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NOTES TO THE FINANCIAL STATEMENTS

For the year ended 30 June 2007

12. Trade and Other Payables

	12 months ended 30 June 2007 \$'000	9 months ended 30 June 2006 \$'000
Trade creditors and accruals	3,032	2,347
	3,032	2,347

13. Provisions

Current Liability

Employee benefits – annual leave	1,234	1,169
Employee benefits – long service leave	35	29
	1,269	1,198

Non-Current Liability

Employee benefits – long service leave	413	412
	413	412

14. Commitments

	1 year or less \$'000	Over 1 to 5 years \$'000	Total \$'000
--	-----------------------------	--------------------------------	-----------------

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

Grant Commitments

Research Project Grants	3,127	2,408	5,535
Research Program Grants	1,166	2,735	3,901
Strategic Research Partnership Grants	802	1,357	2,159
Research 45 & Up	400	500	900
Career Development Fellowship	50	–	50
Clinical Trials Grants	1,408	5,632	7,040
	6,953	12,632	19,585
Rental Lease Commitments	1,163	2,005	3,168
Capital Commitments	1,255	–	1,255
Total Commitments	9,371	14,637	24,008

The total commitments above include input tax credits of \$2,183,000 that are expected to be recoverable from the ATO.

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

	12 months ended 30 June 2007 \$'000	9 months ended 30 June 2006 \$'000
Surplus for the period	12,804	9,705
Depreciation	998	516
Fair value gains on other financial assets at fair value through profit or loss	(3,409)	(709)
Non cash managed fund distributions	(4,177)	(1,625)
Non cash bequests	(72)	(1,050)
Net gain on sale of property, plant and equipment	(54)	(23)
Net loss on sale of shares bequested during the year	–	47
(Increase)/ decrease in prepayments	(6)	104
Decrease/ (increase) in receivables	(608)	1,152
Decrease in inventories	74	689
Increase in employee benefits	72	269
Increase/ (decrease) in trade creditors and accruals	685	(101)
Total cash flows from operating activities	6,307	8,974

16. Key Management Personnel

(a) Directors

The following persons were directors of TCCNSW during the year:

S Ackland (appointed 31 August 2006)	M Lambert (resigned 31 August 2006)
B Armstrong (appointed 31 August 2006, resigned 5 June 2007)	G Mann (appointed 31 August 2006)
J Bishop (appointed 31 August 2006)	B McCarthy (Chair) (appointed 31 August 2006, resigned 14 September 2007)
J Boehm (appointed 31 August 2006)	P Miller (Chair until resigned 31 August 2006)
M Chiew (appointed 4 June 2007)	K Phelps (resigned 31 August 2006)
P Collins (resigned 31 August 2006)	M Reid (resigned 31 August 2006)
V Gregg	B Sendt (appointed 5 February 2007)
R Henry (resigned 31 August 2006)	S Roberts (appointed 25 October 2007)
B Hodgkinson (appointed 23 July 2007)	
P Lahiff (appointed 5 February 2007)	

Remuneration of Directors

Directors received no remuneration from TCCNSW during the year.

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NOTES TO THE FINANCIAL STATEMENTS

For the year ended 30 June 2007

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 TCCN, 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
M Paul	Divisional Director, Marketing and Communications
F Sitas	Divisional Director, Cancer Research Division
A Tang	Divisional Director, Health Strategies

(c) Other Key Management Personnel Compensation

	12 months ended 30 June 2007 \$'000	9 months ended 30 June 2006 \$'000
Short term employee benefits	1,265	919
	1,265	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. Interests in Joint Ventures

TCCNSW has entered into three joint ventures to provide accommodation for cancer patients and their relatives whilst receiving radiotherapy treatment in NSW; Lilier Lodge at Wagga Wagga, Blue Gum Lodge at Greenwich and Casuarina Lodge at Westmead.

TCCNSW holds a 50% voting power in Lilier Lodge and Casuarina Lodge and 33% voting power in Blue Gum Lodge.

TCCNSW holds a 50% ownership interest in each of these joint venture operations and is entitled to a 50% share of their output.

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

18. Interests in Joint Ventures (continued)

	12 months ended 30 June 2007 \$'000	9 months ended 30 June 2006 \$'000
Current Assets		
Cash and cash equivalents	860	776
Trade and other receivables	95	81
Total Current Assets	955	857
Non-Current Assets		
Property, plant and equipment	1,930	2,009
Total Non-Current Assets	1,930	2,009
Total Assets	2,885	2,866
Current Liabilities		
Trade and other payables	44	39
Total Current Liabilities	44	39
Total Liabilities	44	39
Share of net assets employed in joint venture	2,841	2,827
Revenue		
Accommodation fees	387	358
Interest	44	22
Grant income	18	14
Total Revenue	449	394
Expenses		
Staff	183	171
Operational costs	253	130
Total Expenses	436	301
Surplus before income tax	13	93

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NOTES TO THE FINANCIAL STATEMENTS

For the year ended 30 June 2007

19. Prior Year Adjustment

TCCNSW recognised two additional joint venture operations in the financial year ended 30 June 2007. The two joint venture operations are Blue Gum lodge at Greenwich and Casuarina Lodge at Westmead, both provide accommodation for cancer patients and their relatives whilst receiving radiotherapy treatment in NSW. The operations have been in existence during prior years, however they have not been included in prior years' results. The recognition of the two additional joint venture operations has been brought to account in this financial year, being the earliest period possible.

The adjustment has been made by restating each of the affected financial statement line items for the prior year as follows:

	9 months ended 30 June 2006 \$'000
a) Balance Sheet	
Cash and Cash Equivalents	
Original balance	15,669
Restated to	16,415
Understated in prior period by	746
Trade and Other Receivables	
Original balance	885
Restated to	947
Understated in prior period by	62
Property, plant and equipment	
Original balance	13,343
Restated to	14,082
Understated in prior period by	739
Trade and Other Payables	
Original balance	2,331
Restated to	2,347
Understated in prior period by	16
Accumulated Surplus	
Original balance	33,951
Restated to	35,482
Understated in prior period by	1,531

19. Prior Year Adjustment (continued)

	9 months ended 30 June 2006 \$'000
b) Income Statement	
Other Income	
Original balance	371
Restated to	666
Understated in prior period by	295
Interest and Investment Revenue	
Original balance	2,963
Restated to	2,985
Understated in prior period by	22
Information and Support Expenditure	
Original balance	3,184
Restated to	3,399
Understated in prior period by	215

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NOTES TO THE FINANCIAL STATEMENTS

For the year ended 30 June 2007

20. Fundraising Activities

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

	12 Months ended 30 June 2007 \$'000	9 Months ended 30 June 2006 \$'000
Gross proceeds from fundraising appeals (includes bequests)	42,228	32,136
Total costs of fundraising appeals	(13,353)	(10,094)
Net surplus from fundraising appeals	28,875	22,042
Net margin from fundraising appeals	68%	69%

(b) Application of Funds for Charitable Purposes

During the year TCCNSW achieved a net surplus of \$28,875,000 from fundraising appeals, a net surplus of \$1,571,000 from retail activities, \$8,429,000 from investments, \$1,231,000 from project grants and \$1,122,000 from other income. Surplus available to spend on research and support programs is \$41,228,000.

Surplus available to spend on TCCNSW projects	41,228	27,624
Less:		
Cancer research	10,504	6,987
Health advocacy and campaigning	3,285	2,131
Regional program delivery (health campaigns and information and support services)	4,123	2,582
Cancer information services	1,737	875
Multicultural information service	309	188
Supportive care	1,157	1,279
Cancer Helpline	1,204	868
Cancer Council Connect	448	189
Practical support	576	—
Infrastructure and investment costs	5,081	2,820
	28,424	17,919
Net surplus to be spent on future TCCNSW projects	12,804	9,705

NOTES TO THE FINANCIAL STATEMENTS

For the year ended 30 June 2007

20. Fundraising Activities (continued)

(c) Fundraising appeals conducted jointly with traders

	New Donor Acquisitions \$'000	12 Months ended 30 June 2007 Prior Year Acquisitions \$'000	Total \$'000
Pledge appeal donor acquisition			
Revenue	1,907	8,549	10,456
Total payments to trader	(3,285)	—	(3,285)
Other direct expenses	(99)	(158)	(257)
Gross contribution	(1,639)	6,977	6,914
Net margin from fundraising activities conducted with traders	-94%	98%	66%

	New Donor Acquisitions \$'000	9 Months ended 30 June 2006 Prior Year Acquisitions \$'000	Total \$'000
Pledge appeal 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 pledge donors.

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

(d) Fundraising appeals conducted during the year

Appeals/Events involving the sale of goods: Daffodil Day, Pink Ribbon Day.

Appeals conducted jointly with a trader: Face to face pledge appeal, Direct mail pledge appeal.

Fundraising events: Relay For Life, 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 fundraising appeals: Australia's Biggest Morning Tea, Girls Night In, International Treks, Breast Cancer Challenge, Community Fundraising, In Memoriam.

Corporate Sponsorships were received for events conducted during the reporting period including: Relay For Life, Girls Night In, POSH Auction.

financial statements

20. Fundraising Activities (continued)

(e) Comparison of monetary figures and percentages

	12 months ended 30 June 2007 \$'000	9 months ended 30 June 2006 \$'000
Total cost of fundraising/Gross proceeds from fundraising	13,353/ 42,228 = 32%	10,094/ 32,136 = 31%
Net surplus from fundraising/Gross proceeds from fundraising	28,875/ 42,228 = 68%	22,042/ 32,136 = 69%
Total cost of services/Total expenditure	23,343/ 48,553 = 48%	15,099/ 32,658 = 46%
Total cost of services/Total income	23,343/ 61,357 = 38%	15,099/ 42,363 = 36%

(f) Fundraising Revenue by Appeal/ Event

	Notes	12 months ended 30 June 2007 \$'000	9 months ended 30 June 2006 \$'000
Bequests			
Bequests		9,373	11,940
Appeals/ events involving the sale of goods			
Daffodil Day	1	2,908	242
Pink Ribbon Day		886	638
Appeals conducted with a trader			
Pledge appeal		10,456	5,584
Fundraising events			
POSH Auction		1,016	785
Relay For Life		4,636	3,248
Other fundraising appeals			
Australia's Biggest Morning Tea		4,000	3,163
Girls Night In		1,136	520
International Treks		76	141
Breast Cancer Challenge		270	255
Community Fundraising		978	1,019
Unsolicited donations		2,592	793
In Memoriam donations		809	527
Direct mail appeals		3,092	3,281
		42,228	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. The comparatives for this financial report are for the nine month period from 1 October 2005 to 30 June 2006, as such, the comparative data in this report does not include the majority of the total income which was received for this event.

[End of Audited Financial Statements]

DIRECTORS' DECLARATION

The directors of The Cancer Council NSW declare that:

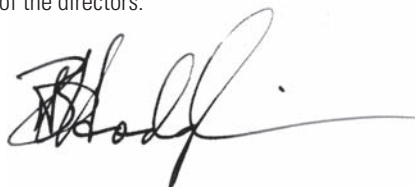
- (a) in the directors' opinion the financial statements and notes of the Company have been prepared in accordance with the Corporations Act 2001, including that they:
 - (i) comply with Australian Accounting Standards and Corporations Regulations 2001; and
 - (ii) give a true and fair view of the financial position of the company as at 30 June 2007 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.



Bob Sendt
Director

Sydney
29 October 2007



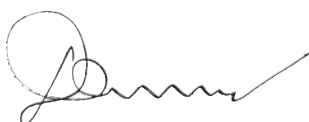
Bruce Hodgkinson
Director

Sydney
29 October 2007

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
29 October 2007



Chartered Accountants
& Business Advisers

Independent audit report to the members of The Cancer Council NSW

Report on the Financial Report

We have audited the accompanying financial report of The Cancer Council NSW (the company), which comprises the balance sheet as at 30 June 2007, and the income statement, statement of changes in equity and cash flow statement for the year ended on that date, a summary of significant accounting policies, other explanatory notes and the directors' declaration.

Directors' Responsibility for the Financial Report

The directors of the company are responsible for the preparation and fair presentation of the financial report in accordance with Australian Accounting Standards (including the Australian Accounting Interpretations), the *Corporations Act 2001*, the *Charitable Fundraising Act 1991* and the Regulations. This responsibility includes establishing and maintaining internal control relevant to the preparation and fair presentation of the financial report that is free from material misstatement, whether due to fraud or error; selecting and applying appropriate accounting policies; and making accounting estimates that are reasonable in the circumstances.

Auditor's Responsibility

Our responsibility is to express an opinion on the financial report based on our audit. Except as discussed in the qualification paragraph, we conducted our audit in accordance with Australian Auditing Standards. These Auditing Standards require that we comply with relevant ethical requirements relating to audit engagements and plan and perform the audit to obtain reasonable assurance whether the financial report is free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial report. The procedures selected depend on the auditor's judgement, including the assessment of the risks of material misstatement of the financial report, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial report in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by the directors, as well as evaluating the overall presentation of the financial report.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Independence

In conducting our audit, we have complied with the independence requirements of the *Corporations Act 2001*.

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Chartered Accountants
& Business Advisers

Basis for Qualified Auditor's Opinion

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 Auditor's Opinion

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

- (a) The financial report of The Cancer Council NSW is in accordance with the *Corporations Act 2001*, including:
 - (i) giving a true and fair view of the company's financial position as at 30 June 2007 and of its performance for the year ended on that date;
 - (ii) complying with Australian Accounting Standards (including the Australian Accounting Interpretations) and the *Corporations Regulations 2001*; and
 - (iii) giving a true and fair view, as required by the *Charitable Fundraising Act 1991*, of the financial result of fundraising appeals for the year ended 30 June 2007;
- (b) the associated records of The Cancer Council NSW have been kept in accordance with the *Charitable Fundraising Act 1991* and the Regulations for the year ended 30 June 2007;
- (c) money received as a result of fundraising appeals conducted by The Cancer Council NSW during the year ended 30 June 2007 has been properly accounted for and applied in accordance with the *Charitable Fundraising Act 1991* and the Regulations; and
- (d) 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
29 October 2007

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appendices

APPENDIX 1. PRIVACY AT THE CANCER COUNCIL NSW

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 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), and, for any health information collected, held, used or disclosed at The Cancer Council NSW, we are required to comply with the *Health Records and Information Privacy Act (HRIIPA)*.

Following a review of privacy procedures and management at The Cancer Council NSW, Acumen, the internal auditors, recommended the devolution of privacy management to individual units. Therefore a Privacy Steering Committee was formed in March 2007 to oversee privacy compliance within each unit and to ensure Cancer Council staff members have access to privacy education.

During 2006/07, 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*.

APPENDIX 2. MEMBERS' ASSEMBLY

Cancer Institute NSW nominees

Prof Jim Bishop
Ms Jill Boehm OAM
The Hon Peter Collins AM QC
Cr Phyllis Miller OAM

Cancer Organisation elected representatives

Ms Sally Crossing AM
Breast Cancer Action Group (NSW)
Incorporated

Ms Judith Harris *Can Assist*

Mr David Sandoe *Cancer Voices NSW*
(to 6 July 2007)

Mr John Newsom *Cancer Voices NSW*
(from 6 July 2007)

Health Organisation nominees

Dr Stephen Ackland *Royal Australasian
College of Physicians*

Prof Michael Barton *Royal Australian &
New Zealand College of Radiologists*

Ms Catherine Johnson *Cancer Nurses
Society of Australia*

Ms Beverley Lindley *Royal Australasian
College of Surgeons*

Dr Di O'Halloran *Royal Australian
College of General Practitioners*

Research Organisation elected representatives

Prof Robert Baxter *Kolling Institute of
Medical Research*

Dr Anna de Fazio *Westmead Institute
for Cancer Research*

Prof Michelle Haber *Children's Cancer
Institute of Australia*

Prof Peter Rowe *Children's Medical
Research Institute*

Ms Kerry Stubbs *Sisters of Charity
Health Service (NSW)*

Minister's nominees

Ms Vivienne Gregg
Mr Patrick Low (to 8 August 2007)
Ms Michelle Sparks
(from 8 August 2007)
Dr Greg Stewart
Ms Deborah Wilcox

The Cancer Council Australia nominees

Ms Letitia Lancaster
Prof Bill McCarthy AM

Ordinary members

Ms Natalie Flemming
Mr Gary Gerstle
Mr Bruce Hodgkinson
Prof Donald Iverson
Ms Rosanna Martinello
Mrs Regis McKenzie AM
Dr Kendra Sundquist
Ms Melanie Trethowan
Ms Anne-Louise Van Den Nieuwenhof
Mrs Poh Woodland

APPENDIX 3. REGIONAL ADVISORY COMMITTEES

Regional Advisory Committee – Western

Ian Armstrong, OBE (Chair)
Retired Member for Lachlan,
NSW Parliament

Steve Bradshaw
Assistant Commissioner, NSW Police
Superintendent, North West and
Western Police Division

Vickie Brandy
Access and Assessment Officer,
Aboriginal Home Care Service

Melissa Cumming
Community Nurse and
Palliative Care Coordinator,
Greater Western Area Health Service

Andrew Gilmore
Consultant Colorectal Surgeon

Nancy Gordon
Psycho-oncology Counsellor

Peta Gurdon-O'Meara
Former Mayor of Bathurst
Cancer Survivor

Stuart Porges
Retired Surgeon,
Breast Cancer Specialist

Yvonne Shaw
Cancer Support Group member
Community fundraiser,
The Cancer Council NSW

Melanie Trethowan
Members Assembly delegate,
The Cancer Council NSW
Regional Advocacy Network facilitator

Regional Advisory Committee – Southern

Narelle Shinfield (Chair)
Breast Cancer Nurse and
Women's Health Nurse

Prof Phil Clingan
Medical Oncologist

Erica Gray
Health Promotion, South Eastern
Sydney Illawarra Area Health Service

Mark Green
ACT Eden Monaro Cancer
Support Group

Shelley Hancock
Member for South Coast,
NSW Parliament

Dr Maggie Jamieson
Population Health, Greater Southern
Area Health Service

Bill Jansens
Cancer Care Coordinator,
Shoalhaven Hospital

Cr Jim McLaughlin
Mayor of Palerang

Ray McMurrich
Advisor to Noreen Hay, Member
for Wollongong

Liz Pearce
Carer
Consumer representative

Phil Smith
Shoalhaven Relay For Life Chair
Consumer representative

Paul Stocker
Southern Cancer Advocacy Network
Cancer survivor

Merewyn Partland
Southern Region Manager,
The Cancer Council NSW

Jenny Beach
Statewide Services Director,
The Cancer Council NSW

Regional Advisory Committee – Hunter

Cr Barbara Gaudry (Chair)
Councillor, Newcastle City Council

Kelly Crawford
Nurse Unit Manager, Medical Centre,
Mater Calvary Hospital

Laraine Cross
Oncology Social Worker,
Mater Calvary Hospital

Debbie Derbidge
(resigned August 2007)
Cancer Support and Palliative Care

Jill Lack
Development Manager Cancer Services,
Hunter New England Health

Luke Wolfenden
Program Manager, Population Health,
Hunter New England Health

Regional Advisory Committee – Mid North Coast

Regis McKenzie, OAM (Chair)
Members Assembly delegate,
The Cancer Council NSW
Cancer survivor

Kerrie Fraser (Patron)
Cancer survivor

Cr Kerry Child
Councillor, Deputy Mayor,
Bellingen Shire Council
Bellingen Relay For Life Co-chair

appendices

Maureen Mc Govern

(resigned August 2007)
Area Manager, Cancer Palliative Care
and BreastScreen
Integrated Cancer Services, North Coast
Area Health Service

Ken Raison

Deputy Governor Rotary District 9650
Volunteer, Manning Great Lakes
Transport Service
Carer

Grant Richmond

Managing Shareholder, Oxley Insurance
Brokers P/L Port Macquarie office
Cancer survivor

Ros Tokley

Tobacco Control Coordinator,
North Coast Area Health Service

Regional Advisory Committee – Far North Coast

John Beard

(on leave throughout 2007)

Liz Terracini (Chair)

General Manager, Northern Rivers
Performing Arts
President, ZONTA Northern Rivers
Cancer survivor

Uta Dietrich

Director of Health Promotion,
North Coast Area Health Service

Sara Hurren

Cancer Care Coordinator,
North Coast Area Health Service

Jean Isaacs (resigned June 2007)

Welfare Officer, Grafton Community
Health Palliative Care and Hospital
Oncology
North Coast Area Health Service

Marie Kingsford

(resigned August 2007)
Head of Childhood Studies,
Northern Rivers TAFE College
Carer

Dr Sue Page

Director, North Coast Medical
Education Collaboration
Chair, North Coast Area Health Care
Advisory Council
Rural General Practitioner
Visiting Medical Officer, Ballina District
Hospital and St Vincent's Hospital,
Lismore

Justina Reynolds

Former nurse
Cancer survivor

Annette Simms

Director of Nursing,
Tweed Heads Hospital

Doug Stinson

Retired CEO, Ballina Hospital
Ballina Relay For Life Chair
Relay For Life Taskforce member

Regional Advisory Committee – Greater Western Sydney Region

Cr Kathie Collins (Chair)

Councillor, Blacktown City Council
Former Blacktown Relay For Life Chair
Librarian, University of Western Sydney
Campus Ward Library

Dr Martin Berry

Director of Cancer Services,
Liverpool Cancer Therapy Centre

James Butler

Hills Relay For Life Chair
Regional Advocacy Network
co-facilitator
Consumer Representative on
The Cancer Council NSW
Research Committee

Prof Paul Harnett

Director of Cancer Services, Westmead
Integrated Cancer Care Centre

Prof Jane Ussher

Research Program Head, School of
Psychology, University of Western
Sydney
Director, Gender, Culture and Health
Research Unit: PsyHealth

Christine Newman

Transition Manager,
Deputy Director Population Health,
Sydney West Area Health Service

Alison Pryor

Senior Social Worker,
Liverpool Cancer Therapy Centre

Gunjan Tripathi

Greater Western Sydney Region
Manager, The Cancer Council NSW

Jenny Beach

Statewide Services Director,
The Cancer Council NSW

Regional Advisory Committee – South West Region

Emeritus Prof Ted Wolfe (Chair)

Retired Chair of Agriculture,
Charles Sturt University

Margaret Gandy

Clinical Nurse Consultant, Oncology,
Griffith Base Hospital

Keith McDonald

CEO Murrumbidgee Division of
General Practice

Cr Dallas Tout

Former Deputy Mayor,
Gunadagai Shire Council
Carer

Dr Peter Vine

University of NSW,
Rural Clinical School, Albury
General Practitioner

Dr Janelle Wheat
Senior Lecturer, Nuclear Medicine,
Charles Sturt University and Charles
Sturt University Centre for Inland Health

Damien Williams
Practice Manager,
Riverina Cancer Care Centre

APPENDIX 4. COMMUNITY CANCER NETWORKS

Community Cancer Network – Dubbo

John Allen
Dubbo Prostate Group

Ev Barber
Office of John Cobb,
Federal Member for Parkes

Bill Balhausen
Chairman, Western Cancer Group

Margaret Collins
Breast Care Nurse, Greater Western
Area Health Service

Jill Cross Antony
Family Planning

Alison Dawes
Palliative Care Nurse

Allaine Duncan
Dragons Abreast Breast Cancer
Support Group

David Dwyer
Dubbo City Council

Fran Ellis
Can Assist

Dr Steve Flecknoe-Brown
Health Advisory Council Greater
Western Area Health Service

Don Howe
Regional Advocacy Network member
Dubbo Cancer Support Group

Diane Kavangh
General Practitioner, Lourdes Hospital

Amy Keogh
Clinical Nurse

Helen Kinsey
Can Assist

Paul Loxley
Dubbo City Council

Lorraine McGhee
Dubbo Plains Division of
General Practice

Cr Richard Mutton
Dubbo City Council

Genelle Reid
Dubbo Cancer Support Group

John Roberts
Health Council

Brian Semler
Dubbo Prostate Group

Steven Tomos
Central Medical Practice

Julie Tremain
Commonwealth Carelink

Graham Walker

Jane Wilson
Can Assist

Community Cancer Network – Cowra

Isabel Bensley
Cancer Action Group

Edwin Carr
Retired General Surgeon

Kaye Chapman
Cowra Community Chest and
Grief Support

Natalie Dwyer
Nurse
Cancer survivor

Jenny Friend
Cowra Neighbour Aid

Prue Greenwell
General Practitioner

Carolyn Hodder
Oncology and Palliative Care Nurse

Lauren Magid (Media Liaison)

Cr Bruce Miller
Mayor, Cowra Shire Council

Barbara Newham
Cancer Action Group

Pauline Rowston
Community Nurse Coordinator

Margaret Short
Cowra Community Transport

Helen William
Cancer Action Group

David Williams
Cancer Action Group

appendices

Goulburn Mulwaree Cancer Leadership Committee

Jean Lloyd (Chair)

Teacher
District Governor, Quota

Bev Artiss

Rural Advocacy Network
Registered Nurse

Jan Browne

Palliative Care and Oncology Nurse

Cherie Puckert

Registered Nurse Oncology,
Community Health Yass

Russ Sheely

Community Health Welfare Worker

Jim Styles

Goulburn/Mulwaree Council

Loz Westley

CSG Facilitator

Dr Tony Whelan

Physician

Merewyn Partland

Southern Region Manager,
The Cancer Council NSW

Sally Cornish

Regional Programs Coordinator,
The Cancer Council NSW

Illawarra Cancer Leadership Committee

Dr Jenny Smiley (Chair)

General Practitioner

Shannon Barnes

Student, University of Wollongong

David Bullivant

Oncology Social Worker
South Eastern Sydney Illawarra Area
Health Service

Julie Errey

Team leader, Environmental Services,
Kiama Council

Theresa Gregory

Chair, Southern Cancer
Advocacy Network
Relay For Life committee member

Ian McClintock

Manager of Community Services,
Wollongong City Council

Tye McMahon

Social Planner,
Shellharbour City Council

Anica Petkovski

Multicultural Health, South Eastern
Sydney Illawarra Area Health Service

Lynn Saad

Illawarra Cancer Carers
Fundraiser, The Cancer Council NSW

Merewyn Partland

Southern Region Manager,
The Cancer Council NSW

Carolyn Dews

Regional Programs Coordinator,
The Cancer Council NSW

Southern Highlands Cancer Leadership Committee

Jonathan Purvis (Chair)

Relay For Life committee member

Graham Day

Radio 2ST

A/Prof Stephen Della Fiorentina

Director, Macarthur Cancer
Therapy Service
Medical Oncologist

Gail Forlonge

Clinical Nurse Consultant, Southern
Highlands Division of General Practice

Jane Hutton-Potts

Community Support Coordinator

Judy Mawbey

Southern Highlands Cancer Support
Group member, Cancer survivor

Margo McClelland

Social Planner, Wingecarribee Council

Jo Pearson

Practice Manager, Bowral Day Surgery

Dr Warwick Ruscoe

CEO, Southern Highlands Division of
General Practice

Merewyn Partland

Southern Region Manager,
The Cancer Council NSW

Sally Tortorici

Regional Program Coordinator,
The Cancer Council NSW

Community Cancer Network – Cessnock

Sue Buckman

Manager, Cessnock Community
Health Service

Debbie Derbidge

Cancer survivor

Jessica Forbes

Cessnock City Council

Belinda Latimore

Social Worker, Cessnock Hospital

Laraine Meredith

Cessnock Neighbour Aid

Kerrie Mowatt

Manager, Cessnock Community
Transport

Yvonne Patricks

General Manager, Lower Hunter Cluster,
Hunter New England Health

Caroline Short

Clinical Nurse Consultant

Jenny Whiting

Senior Nurse Manager,
Cessnock Hospital

Community Cancer Network – Gunnedah

Glenda Neil
National Association for Loss and Grief

Kathy Smith

Vicki Snow
Community Service, Gunnedah Council

Cr Gae Swain
Mayor of Gunnedah

Terry-Anne Wallace
Social Worker

Community Cancer Network – Port Macquarie

Di Leslie
Registered Nurse

Mary McLaren
Volunteer, The Cancer Council NSW

Karen Slater
Director of Aged Care
Registered Nurse

Suzanne Towsey
Cancer Council Connect
peer support volunteer

Community Cancer Network – Lismore

Rebekka Batista

Jill Cassegrande
Relay For Life committee member

Cr Jenny Dowell
Councillor, Lismore Council

Mary Ford
Community Speaker,
The Cancer Council NSW

Mel Gregory
Oncology Social Worker,
North Coast Area Health Service

Sara Hurren
Cancer Coordinator Far North Coast,
North Coast Area Health Service

Sue Hutton
Breast Care Nurse

Katherine Kurucsev
Division of General Practice

Neville Rogan
Lismore Relay For Life Chair

Nadine Toniello
Community Speaker,
The Cancer Council NSW

Don Whitelaw
Lecturer, Southern Cross University
Lismore Relay For Life past-Chair

Community Cancer Network – Blacktown

Robyn Atkins
Investors Club and Childfund Australia

Henry Barendregt
Cocoon Club, Blacktown Pool

Margaret Bunting
Volunteer, The Cancer Council NSW

Diane Cohen
Volunteer, The Cancer Council NSW

David De La Warr
Cocoon Club, Blacktown Pool

Grant Ennew
Volunteer, The Cancer Council NSW

Kathy Holmes

Pam Jackson

Janet Kelly
Blacktown Relay For Life
committee member

Coral Littlewood
Blacktown and District
Older Women's Network

Bob Muir
Cocoon Club, Blacktown Pool

Sandra Prout
Blacktown Older Women's Network

Franziska Von Hacht
Volunteer, The Cancer Council NSW

Rosemary Smith
Relay For Life secretary

Community Cancer Network – Penrith

David Abbay
Penrith Primary Principal's Council

Amy Atkinson
Cancer survivor

Suzanne Blessing
School Community

Decalie Broun
Health

Kerrie Dorlan
Member for Penrith

Stevenie Harman
Colyton High School Trade School
Australian Red Cross (Nepean)

Alan Moran
Nepean Blue Mountains Prostate
Cancer Support Group

Lyn Pate

Karyn Paluzzano
State Parliament

Melissa Spurrier
Cancer survivor

appendices

Community Cancer Network – Hills

Cathy Aird
Hills Relay For Life Chair
Relay For Life Taskforce member

Ruth Adsbury
Hills Relay For Life

Darren Carr
Cancer Council Connect
peer support volunteer

Ruth Didsbury
Hills Relay For Life

Colleen Newton

John Hayman
Community Health


Cr Tony Hay
Mayor, Baulkham Hills Shire Council

Bev Jordan
Hills Shire Times

Stella Panayi
YWCA Encore Coordinator, Parramatta

APPENDIX 5. FIVE-YEAR FINANCIAL SUMMARY

	2006-2007 \$'000		2005-2006 \$'000		2004-2005 \$'000		2003-2004 \$'000		2002-2003 \$'000	
Revenue										
Fundraising – Special Events	14,595	24%	12,421	23%	9,757	22%	9,722	29%	9,143	28%
Direct Marketing	13,938	22%	11,011	21%	7,924	18%	5,666	17%	3,803	13%
Donations	3,344	5%	1,821	3%	1,548	4%	1,661	5%	1,094	3%
Community Fundraising	978	2%	1,315	2%	932	2%	1,272	4%	784	2%
Bequests	9,373	15%	14,936	27%	9,496	22%	6,274	19%	10,157	31%
Retail Income	8,347	14%	7,308	13%	6,647	15%	5,879	17%	5,044	16%
Investments	8,429	14%	4,335	8%	6,258	14%	1,517	4%	543	2%
Grants	1,231	2%	903	2%	963	2%	1,017	3%	1,004	3%
Other income	1,122	2%	400	1%	506	1%	715	2%	807	2%
Total Revenue	61,357	100%	54,450	100%	44,031	100%	33,723	100%	32,379	100%
Revenue Generating Expenditure										
Direct Marketing	5,564	27%	7,116	35%	4,953	29%	3,465	25%	3,827	29%
Fundraising	5,756	29%	5,014	25%	4,668	28%	4,239	31%	3,716	28%
Indirect Fundraising / Direct Marketing Support Services	1,420	7%	1,537	8%	1,021	6%	725	5%	656	5%
Bequests	614	3%	368	2%	145	1%	167	1%	141	1%
Retail	6,776	34%	6,035	30%	6,114	36%	5,251	38%	4,706	37%
Sub-Total	20,130	100%	20,070	100%	16,901	100%	13,847	100%	13,046	100%
Net Revenue Pre Program Expenditure	41,227		34,380		27,130		19,876		19,333	



	2006-2007 \$'000		2005-2006 \$'000		2004-2005 \$'000		2003-2004 \$'000		2002-2003 \$'000	
Program Expenditure										
Research	10,504	38%	9,290	39%	7,040	34%	6,645	34%	5,405	32%
<i>Regional Program Delivery</i>										
State-wide Services	3,813	13%	3,168	14%	2,994	15%	2,728	14%	2,458	14%
Multi-cultural Cancer Information Services	309	1%	254	1%	235	1%	164	1%	222	1%
<i>Health Advocacy and Campaigning Expenses</i>										
Health Prevention and Campaigns	2,679	9%	2,297	10%	2,616	13%	2,450	13%	2,411	14%
Advocacy	606	2%	617	3%	467	2%	231	1%	—	0%
Cancer Information and Support Services (direct expenses)	5,431	20%	4,094	17%	4,015	19%	3,575	19%	3,774	22%
<i>Infrastructure and Investment Expenses</i>										
Action Smoking Health (ASH) / TCCA Contributions*	906	3%	181	1%	127	1%	268	1%	32	0%
Finance and Administration	2,384	8%	2,232	9%	2,120	10%	2,233	12%	2,060	12%
Information Systems										
Infrastructure	1,546	5%	1,156	5%	802	4%	713	4%	608	4%
Volunteer Support Services	245	1%	234	1%	228	1%	197	1%	134	1%
Total Program Expenditure	28,423	100%	23,523	100%	20,644	100%	19,204	100%	17,104	100%
Total Expenditure	48,553		43,593		37,545		33,051		30,150	
Net Surplus / (Deficit)	12,804		10,857		6,486		672		2,229	

TCCA Subscription*

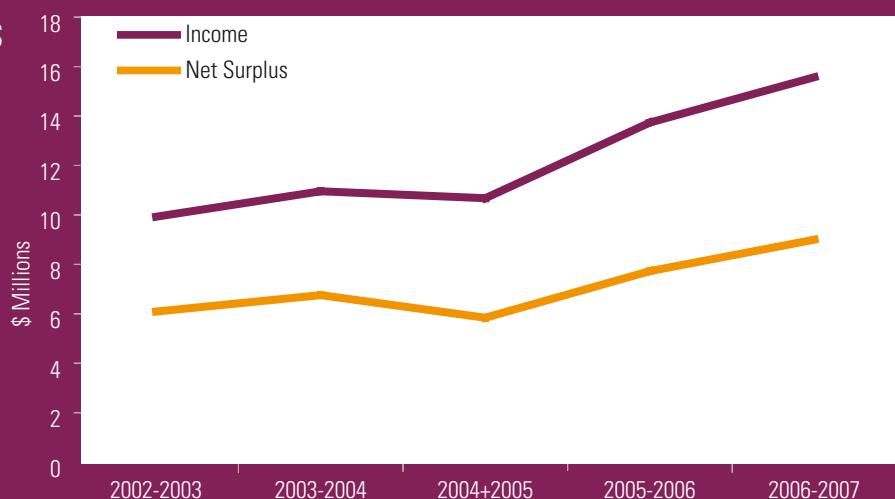
From 2006/07 the accounting treatment for the contributions made to The Cancer Council Australia (TCCA) changed. From 2006/07 contributions are grossed out to show actual payments made to the national body TCCA. In the years prior to 2006/07, these costs were netted off against national fundraising income, with the net contribution disclosed.

Transition from a Statutory Body to Public Company Limited by Guarantee

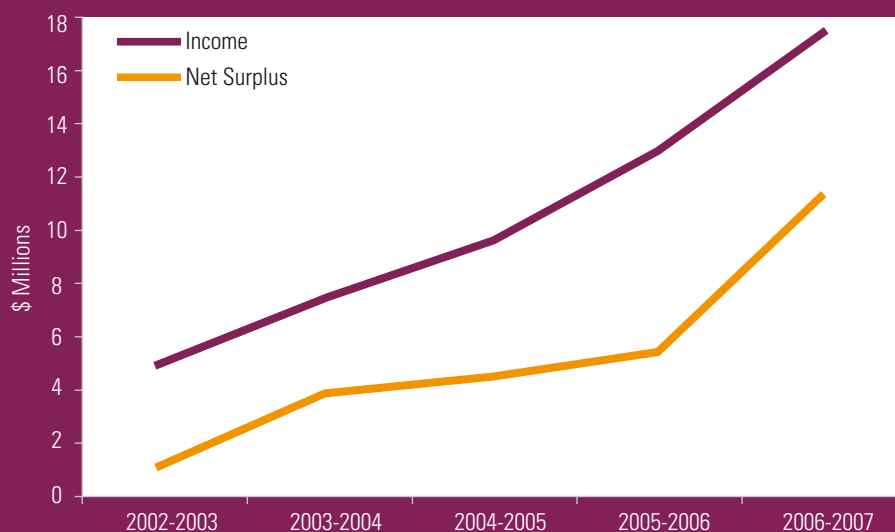
The above report covers five full financial years, from the financial year ended 30 June 2003 through to the financial year ended 30 June 2007. On 1 October 2005, *The New South Wales Cancer Council Act (1995)* was repealed in accordance with Part 5, Section 27 of the *Cancer Institute NSW Act 2003*. As a result, all the assets and liabilities of the New South Wales Cancer Council, a statutory body, were transferred to TCCNSW. This change did not impact on the operations of TCCNSW.

appendices

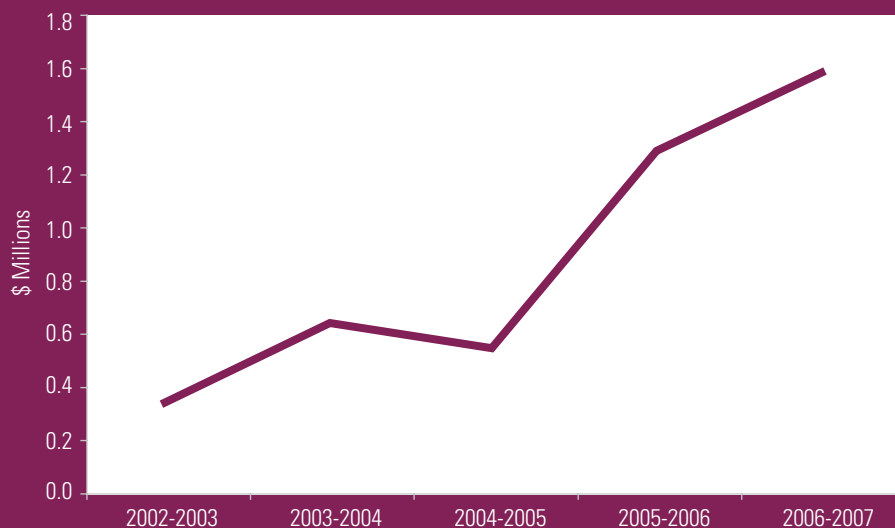
FUNDRAISING EVENTS 5-Year Growth Trends



DIRECT MARKETING 5-Year Growth Trends



RETAIL 5-Year Net Surplus Trends



APPENDIX 6. PUBLICATIONS

The following titles were published in 2006/07, 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

Your Cancer Council brochure – an annual summary of Cancer Council services and activities

Smart Living biannual magazine

Volunteer Voice newsletter

The Cancer Council at work in the (region) community – suite of nine brochures covering the activities of the regional offices, excludes the metropolitan Sydney office

Research

2007 Research Profile: Research for every stage of the cancer journey brochure

Cancer Maps for New South Wales for 1998 to 2002 report

Trends in Cancer Survival in NSW 1980 to 1986 report

Cancer Trials NSW newsletters

Advocacy

One in Three newsletter for parliamentarians

One in Three newsletter for Local Government

Pull the Plug on TV food advertising to children campaign poster and postcard

Patient information

Working with Cancer: A workplace resource for leaders, trainers, managers and employees booklet and CD

I've had cancer too peer support service brochure

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

Understanding Cancer series

- *Liver Cancer*
- *Pancreatic Cancer*
- *Advanced Cancer*
- *Caring for Those With Cancer*
- *Starting a Support Group*

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

Strip, Search and Save: your guide to early detection of skin cancer brochure

SunSmart News: SunSmart news and information for childcare services newsletter (4 issues)

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

In 2006/07 Cancer Council staff published the following articles in peer-reviewed scientific and medical journals or as stand-alone publications.

Note: All Cancer Council authors are in **bold** type.

Centre for Health Research and Psycho-oncology (ChERP) Publications

Freund M, Campbell E, **Paul C**, Sakrouge R, **Lecathelinais C**, Knight J, Wiggers J, **Walsh R**, Jones T, **Girgis A**, Nagle A. *Implementing the Guide for the Management of Nicotine Dependent Inpatients: A Preliminary Report for the NSW Health Promotion Demonstration Research Grants Scheme Program*. Hunter New England Population Health, Hunter New England Area Health Service, NSW Health Department, 2006.

Girgis A, Johnson C, Currow D, Waller A, Kristjanson L, Mitchell G, Yates P, Neil A, Kelly B, Tattersall M, Bowman D. *Palliative Care Needs Assessment Guidelines*. Canberra. Government Department of Health and Ageing, 2006.

Girgis A, Johnson C, Aoun S, Currow D. Challenges experienced by informal caregivers in cancer. *Cancer Forum*. 2006; 30(1): 21-25.

Li J, **Girgis A**. Supportive care needs: are patients with lung cancer a neglected population? *Psychooncology*. 2006; 15(6): 509-516.

Paul C, Paras L, **Girgis A**. *Exploring the potential for substitutional use of fake tanning products among tan seekers and solaria users: An analysis of focus groups*. Centre for Health Research & Psycho-Oncology (ChERP), 2006.

appendices

Project Reference Group (incl **Girgis A**). *Strengthening Cancer Care – Professional Development Packages: Final Project Report Phase 1*. Canberra. An initiative of the Commonwealth Department of Health and Ageing, 2006.

Walsh R, Paul CL, Stojanovski E. Illegal tobacco use in Australia: how big is the problem of chop-chop? *Aust NZ J Public Health*. 2006; 30(5): 484-485.

Walsh RA, Cholowski K, Tzelepis F. Surveying university students: variability in ethics committee requirements. *Aust NZ J Public Health*. 2006; 30(1): 84-85.

Walsh RA, Paul CL, Tzelepis F, Stojanovski E. Quit smoking behaviours and intentions and hard-core smoking in New South Wales. *Health Promot. J Austr*. 2006; 17(1): 54-60.

Cancer Epidemiology Research Unit (CERU) Publications

Amin J, Dore G J, O'Connell DL, Bartlett M, Tracey E, Kaldor JM, Law MG. Cancer incidence in people with hepatitis B or C infection: A large community-based linkage study. *J Hepatol*. 2006; 45(2): 197-203.

Begg CB, Hummer AJ, Mujumdar U, Armstrong BK, Kricker A, Marrett LD, Millikan RC, Gruber SB, Culver HA, Zanetti R, Gallagher RP, Dwyer T, Rebbeck TR, Busam K, From L, Berwick M. A design for cancer case-control studies using only incident cases: experience with the GEM study of melanoma. *Int J Epidemiol*. 2006; 35(3): 756-764.

Berrington-Gonzalez A, Urban MI, Sitas F, Blackburn N, Hale M, Patel M, Ruff P, Sur R, Newton R, Beral V. Antibodies against six human herpesviruses in relation to seven cancer in black South Africans: A case control study. *Infectious Agents and Cancer*. 2006; doi:10.1186/1750-9378-1-2.

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.

Canfell K, Chow C. Real time devices for the screening and diagnosis of cervical disease. In: J. Jordan, A. Singer H. Jones III and M. Shafi, eds. *The Cervix*. Oxford. Blackwells, 2006.

Canfell K, Sitas F, Beral V. Cervical cancer in Australia and the United Kingdom: comparison of screening policy and uptake, and cancer incidence and mortality. *Med J Aust*. 2006; 185(9): 482-486.

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** and **Canfell K**). 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.

International Collaboration of Epidemiological Studies of Cervical Cancer (Incl **Sitas F** and **Canfell K**). Cervical carcinoma and reproductive factors: Collaborative reanalysis of individual data on 16,563 women with cervical carcinoma and 33,542 women without cervical carcinoma from 25 epidemiological studies. *Int J Cancer*. 2006; 119(5): 1108-1124.

Millikan RC, Hummer A, Begg C, Player J, de Cotret AR, Winkel S, Mohrenweiser H, Thomas N, Armstrong B, Kricker A, Marrett LD, Gruber SB, Culver HA, Zanetti R, Gallagher RP, Dwyer T, Rebbeck TR, Busam K, From L, Mujumdar U, Berwick M. Polymorphisms in nucleotide excision repair genes and risk of multiple primary melanoma: the Genes Environment and Melanoma Study. *Carcinogenesis*. 2006; 27(3): 610-618.

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

Sitas F, Parkin, DM, Wabinga H, Stein L, and Mqoqi N. Cancer in SubSaharan Africa. In: Bos ER, Jamison DT, Baingana F, Feacham RGA, Makgoba M, Hofman KJ, Rogo HQ, eds. *Disease and Mortality in Sub-Saharan Africa*. The World Bank Group, 2006.

Steginga SK, Smith DP, Pinnock C, Metcalfe R, Gardiner RA, Dunn J. Clinicians' attitudes to prostate cancer peer-support groups. *BJU Int*. 2007 Jan;99(1):68-71.

Smith DP, Supramaniam R, King MT, Ward J, Berry M, Armstrong BK. Age, health, and education determine supportive care needs of men younger than 70 years with prostate cancer. *J Clin Oncol*. 2007 Jun 20;25(18):2560-6.

Reen B, Coppa K, Smith DP. Skin cancer in general practice – impact of an early detection campaign. *Aust Fam Physician*. 2007 Jul;36(7):574-6.

Supramaniam R, O'Connell D, Tracey EA, Sitas F. *Cancer Incidence in New South Wales Migrants 1991 to 2001*. Sydney. The Cancer Council NSW, 2006.

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

Yu XQ, O'Connell D, Armstrong B, Gibberd R. *Trends in Cancer Survival in NSW 1980 to 1996*. Sydney, Australia. The Cancer Council NSW, 2006.

Yu XQ, O'Connell DL, Gibberd RW, Coates AS, Armstrong BK. Trends in survival and excess risk of death after diagnosis of cancer in 1980-1996 in New South Wales, Australia. *Int J Cancer*. 2006; 119(4): 894-900.

International Collaboration of Epidemiological Studies of Cervical Cancer (Incl **Sitas F.** and **Canfell K.**). Comparison of risk factors for invasive squamous cell carcinoma and adenocarcinoma of the cervix: Collaborative reanalysis of individual data on 8,097 women with squamous cell carcinoma and 1,374 women with adenocarcinoma from 12 epidemiological studies. *Int J Cancer*. 2007; 120(4): 885-891.

Karipidis K, Benke G, Sim M, Fritschi L, Yost M, **Armstrong B**, Hughes AM, Grulich A, Vajdic CM, Kaldor J, Kricker A. Occupational exposure to power frequency magnetic fields and risk of non-Hodgkin lymphoma. *Occup Environ Med*. 2007; 64(1): 25-29.

Malope BI, Pfeiffer RM, Mbisa G, Stein L, Ratshikhopho EM, **O'Connell DL, Sitas F**, Macphail P, Whitby D. Transmission of Kaposi Sarcoma-Associated Herpesvirus between mothers and children in a South African population. *J Acquir Immune Defic Syndr*. 2007; 44(3): 351-355.

Sitas F, Urban M, Stein L, Beral V, Ruff B, Hale M, Patel M, O'Connell D, Yu XQ, Verjiden A, Marais D, Williamson AL. The relationship between anti-HPV-16 IgG seropositivity and cancer of the cervix, anogenital organs, oral cavity and pharynx, oesophagus and prostate in a black South African population. *Infect Agents Cancer* 2007; 2(1):6.

Young J, Leong D, **Armstrong K, O'Connell D**, et al. Concordance with national guidelines for colorectal cancer care – a population-based patterns of care study of 3095 patients. *MJA* 2007;186:292-295.

Chapuis PH, Chan C, Lin BPC, **Armstrong K, Armstrong B, Spigelman A, O'Connell DL, Leong D, Dent OF.** Pathology reporting of resected colorectal cancers in New South Wales in 2000. *ANZ J Surg* (Accepted 15 May 2007).

Medical and Scientific Issues Unit Publications

Saunders C, Crossing S, Girgis A, Butow P and Penman A. Operationalising a model framework for consumer and community participation in health and medical research. *Australia and New Zealand Health Policy* 2007, 4:13.

Saunders C, Crossing S, Girgis A, Butow P and Penman A. Beyond scientific rigour: Funding cancer research of public value. *UK Health Policy*. 2007 Jun 14; 17573144.

Robotin MR, Penman A. Integrating complementary therapies into mainstream cancer care: which way forward? *MJA* 2006; 185 (7): 377-9.

Robotin M. The use of complementary and alternative medicines by cancer patients: should surgeons care? *Surgical News* 2007; 8 (2) 24-7.

Ten editorials and brief reviews were also published in health professional newsletters.

APPENDIX 7. PRESENTATIONS

In 2006/07 Cancer Council staff made the following presentations at conferences and scientific meetings in Australia and overseas. Note: All Cancer Council staff are in bold type.

Cancer Epidemiology Research Unit Oral Presentations

O'Connell D, Simonella L. Patterns of care for lung cancer in NSW. Management of NSCLC Stages I & II. Inaugural Australian Lung Cancer Conference 2006: Multidisciplinary Care Cairns: 2006.

O'Connell D, Simonella L. Patterns of care for lung cancer in NSW. Management of NSCLC Stages III & IV. Inaugural Australian Lung Cancer Conference 2006: Multidisciplinary Care Cairns: 2006.

O'Connell D, Simonella L. The journey of lung cancer patients in NSW. Inaugural Australian Lung Cancer Conference 2006: Multidisciplinary Care Cairns: 2006.

O'Connell DL. Describing patterns of cancer care using administrative data sets. Sax Institute Workshop on Using CheReL for Research. Sydney: 2006.

appendices

Canfell K, Sitas F, Beral V. Optimising the interval for cervical screening in the era of HPV vaccination. 23rd International Papillomavirus Conference and Clinical Workshop. Prague: 2006.

Simonella L, O'Connell D. Are we up to scratch? Comparisons in lung cancer management in New South Wales between 1996 and 2002. Clinical Oncological Society of Australia 33rd Annual Scientific Meeting. Melbourne: 2006.

Sitas F, Urban M, Stein L, Beral V, Ruff P, Hale M, Patel M, O'Connell D, Yu XQ, Verzijden A, Marais D, Williamson A-L. The relationship between HPV-16 IgG serology and cancer of the cervix, oesophagus, oral cavity, anogenital region, and prostate in a black HIV-negative South African population. 23rd International Papillomavirus Conference and Clinical Workshop. Prague: 2006.

King MT, Smith DP, Fowler S, Hossain I, Viney R, Armstrong B. Men's preferences for treatment of early stage prostate cancer: Results from a discrete choice experiment. Australian Prostate Cancer Collaboration Annual Meeting. Sydney: 2006 and Clinical Oncological Society of Australia 33rd Annual Scientific Meeting Melbourne: 2006.

Smith DP, Picker J, Armstrong B. Patterns of care for prostate cancer in NSW. Preliminary results from NSW Prostate Cancer Outcomes Study. Australian Prostate Cancer Collaboration Annual Meeting. Sydney: 2006.

Smith DP. Prostate specific antigen testing for prostate cancer. NSW Department of Health EpiSig. Sydney: 2007.

Smith DP, Armstrong BK. Quality of life and outcomes following a diagnosis of prostate cancer. Cancer Research Network Scientific Meeting. Westmead Hospital: 2007.

Berry M, Smith DP, Gurney H, Brooks A, Tynan K. Genitourinary multidisciplinary teams: Clinician perspectives on unmet needs of younger men with prostate cancer. NSW Urological Oncology Masterclass. Sydney: 2007.

Supramaniam R. Cancer mortality in Aboriginal people in NSW 1994 to 2002. Clinical Oncological Society of Australia 33rd Annual Scientific Meeting. Melbourne: 2006.

Yu XQ, O'Connell DL, Gibberd RW, Armstrong BK. Assessing the relation of socio-economic status on cancer survival in New South Wales, 2001. Clinical Oncological Society of Australia 33rd Annual Scientific Meeting. Melbourne: 2006.

Malope I, Mbisa G, MacPhail C, Stein L, Ratshikhopha EM, Ndlovu L, Searle C, Sitas F, MacPhail P, Whitby D. Kaposi's Sarcoma Herpes Virus (KSHV) is not Associated with Sexually Transmitted Infections or High Risk Sexual Behavior in a South African Heterosexual Population. CROI 14th Conference on Retroviruses and Opportunistic Infections. Los Angeles: 2007.

Cancer Epidemiology Research Unit Poster Presentations

Picker J, Clements M, Yu X, Supramaniam R, Smith DP, Bovaird S, O'Connell DL. Geographic variation in cancer incidence and mortality in NSW 1998 to 2002. Clinical Oncological Society of Australia 33rd Annual Scientific Meeting Melbourne: 2006.


Canfell K, Barnabas R, Smith M, Beral V. Modelling the impact of HPV vaccination in the context of complex patterns of cervical screening uptake. 23rd International Papillomavirus Conference and Clinical Workshop. Prague: 2006.

Marais DJ, Sampson CC, Urban ML, Sitas F, Williamson A-L. The seroprevalence of IgG antibodies to human papillomavirus (HPV) types HPV-16, HPV-18 and HPV-11 capsid-antigens in mothers and their children. 23rd International Papillomavirus Conference and Clinical Workshop. Prague: 2006.

O'Connell D, Supramaniam R, Smith D, Yu XQ, Clements M, Picker J, Bovaird S. Cancer Maps for New South Wales: Variation by Local Government Area 1998 to 2002. Clinical Oncological Society of Australia 33rd Annual Scientific Meeting. Melbourne: 2006.

O'Connell D, Simonella L, McCawley L, Miller D, Armstrong BK. The lung cancer patient's journey in NSW. Clinical Oncological Society of Australia 33rd Annual Scientific Meeting. Melbourne: 2006.

O'Connell DL, Armstrong K, Leong D, Armstrong BK. Patient outcomes two years after diagnosis of colorectal cancer in NSW. Clinical Oncological Society of Australia 33rd Annual Scientific Meeting. Melbourne: 2006.



Sitas F, O'Connell D, Lopez A, Jamrozik K, Peto R. Direct and Indirect Measurement of Tobacco Attributed Mortality. Australasian Epidemiological Association Annual Meeting. Melbourne: 2006.

Sitas F, Canfell K, O'Connell D. The CLEAR initiative – A Cancer Biobank for NSW. Australasian Epidemiological Association Annual Meeting. Melbourne: 2006.

Sitas F, Canfell K, O'Connell D. The NSW CLEAR Study: Design and Setting. Clinical Oncological Society of Australasia Annual General Meeting. Melbourne: 2006.

Smith DP, King M, Fowler S, Hossein I, Viney R, Armstrong B. Men's treatment preferences for early stage prostate cancer: Results from a discrete choice experiment. Urological Society of Australia and New Zealand Annual Scientific Meeting. Adelaide: 2007.

Cancer Health Education and Psycho-oncology (CHERP) Oral Presentations

Boyes A, Zucca A, Girgis A, Lecathelinais C. Undertaking population-based, longitudinal survivorship research: Practicalities, challenges and solutions. 8th Biennial Behavioural Research in Cancer Control Conference. Brisbane: 2006.

Girgis A. Psychosocial support in geriatric oncology. Medical Oncology Group & the Faculty of Radiation Oncology (MOGA/FRO) Annual Scientific Meeting. Sanctuary Cove: 2006.

Girgis A, Boyes A, Clinton-McHarg T, Ackland S, Harnett P, Berry M. Proactive, routine monitoring and intervention to reduce the psychosocial impact of cancer and its treatment in outpatient oncology services. 8th Biennial Behavioural Research in Cancer Control Conference. Brisbane: 2006.

Girgis A, Cockburn J, Butow P, Schofield P, Tattersall M, Bowman D, Doran C, D'Este C, Stojanovski E. Training in communication skills from a distance: An oxymoron or reality? 8th Biennial Behavioural Research in Cancer Control Conference. Brisbane: 2006.

Girgis A, Cockburn J, Butow P, Schofield P, Tattersall M, Bowman D, Doran C, D'Este C, Stojanovski E. Training in communication skills from a distance: an oxymoron or reality? 8th World Congress of Psycho-Oncology. Venice: 2006.

Girgis A. Surviving cancer: It takes more than effective physical treatments. Cancer Services Workshop. Perth: 2006 and The Cancer Council WA update series. Perth: 2006.

Girgis A. Translating psychosocial research into benefits for cancer patients. WA Clinical Oncology Group (WACOG). Perth: 2006.

Johnson CE, Girgis A, Paul CL, Currow D. Referral to specialist palliative care services: Australian doctors' perceptions and practices. 8th Biennial Behavioural Research in Cancer Control Conference. Brisbane: 2006.

Paul C, Walsh RA, Tzelepis F, Tang A, Oakes W. Tobacco promotion in movies and television: What does the community perceive? International Conference for Behavioural Medicine. Thailand: 2006.

Paul C, Girgis A, Wakefield M, Greenbank S, Beckman K, White V, Slevin T, Rogers C, Jalleh G. Cancer-Related Knowledge & Practices: Recommended Survey Items. 8th Biennial Behavioural Research in Cancer Control Conference. Brisbane: 2006.

Paul CL, Walsh RA, Tzelepis F, Stacey F, Tang A, Oakes W, Girgis A. Surrounded by temptation: Retail access to tobacco and its relationship to purchasing. 8th Biennial Behavioural Research in Cancer Control Conference. Brisbane: 2006.

Saunders C, Girgis A, Butow P, Crossing S, Penman A. Developing cancer organisations to support the research needs of the community. UICC World Cancer Congress. Washington: 2006.

Stacey F, Girgis A, Neil A. Who provides informal care and support to cancer survivors? A profile of partners and caregivers. 8th Biennial Behavioural Research in Cancer Control Conference. Brisbane: 2006.

Tang A, Penman A, Paul C, Girgis A, Oakes W. Behaviour research or policy development - chicken or egg? Research into restricting tobacco retail availability. 8th Biennial Behavioural Research in Cancer Control Conference. Brisbane: 2006.

Tzelepis F, Paul C, Walsh R, Wiggers J, Neil A, Girgis A. Telemarketing smoking cessation: a pro-active approach to non-volunteer smokers. 13th World Conference on Tobacco or Health. Washington: 2006.

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Tzelepis F, Paul CL, Walsh RA, Stacey F, Girgis A. When willpower is not enough: quit smoking behaviours and use of quitting assistance strategies in NSW. International Conference for Behavioural Medicine. Thailand: 2006.

Tzelepis F, Paul CL, Walsh RA, Wiggers J, Hansen V, Daly J, Neil A, Girgis A. Telemarketing smoking cessation: A proactive approach to non-volunteer smokers. 8th Biennial Behavioural Research in Cancer Control Conference. Brisbane: 2006.

Walsh RA, Bowman JA, Tzelepis F, Lecathelinais C. Smoking cessation care for alcohol and other drug clients: "Too Hard"? 13th World Conference on Tobacco or Health. Washington: 2006.

Walsh RA, Paul CL, Tzelepis F, Girgis A, Tang A, Oakes W. Is government action in step with public opinion on tobacco control? 8th Biennial Behavioural Research in Cancer Control Conference. Brisbane: 2006.

Zucca A, Boyes A, Girgis A, Lecathelinais C. Coping strategies in long-term cancer survivors. 8th Biennial Behavioural Research in Cancer Control Conference. Brisbane: 2006 and 8th World Congress of Psycho-Oncology. Venice: 2006.

Cancer Health Education and Psycho-oncology (CHERP) Poster Presentations

Boyes A, Girgis A, Zucca A, Lecathelinais C. Well-being of long-term cancer survivors: It's not all doom & gloom. 8th World Congress of Psycho-Oncology. Venice: 2006.

Girgis A, Boyes A, Clinton-McHarg T, Ackland S, Harnett P, Berry M. Proactive, routine monitoring and intervention to reduce the psychosocial impact of

cancer and its treatment in outpatient oncology services. 8th World Congress of Psycho-Oncology. Venice: 2006.

Girgis A, Currow D, Johnson C, Waller A, Kristjanson L, Mitchell G, Yates P, Kelly B, Neil A, Tattersall M. Overview of a research program to improve needs based palliative care in Australia. 8th World Congress of Psycho-Oncology. Venice: 2006.

Hagerty R, Butow P, Girgis A, Dhillon H, PoCoG Executive Committee. Introducing the Australian and New Zealand Psych-Oncology Co-operative Research Group (PoCoG). 8th World Congress of Psycho-Oncology. Venice: 2006.

Health Strategies Division Presentations

Tang A, Johnson K, Jones S. Improving sun protection campaigns – translating theory into practice. UICC World Cancer Congress Washington: 2006.

Tang A, Penman A. Role of economic analysis in influencing tobacco policy. World Conference on Tobacco or Health Washington: 2006.

Tang A, Paul C, Girgis A, Penman A. Behaviour research and policy development – chicken and egg. Behavioural Research Conference in Cancer Control Brisbane: 2006.

Tang A, Chapman K. Nutrition and Policy Advocacy. Collaborative Centre for Aboriginal Health.

Chapman K, Slevin T, Doyle C. Role of cancer organisations in promoting nutrition and physical activity policy. UICC World Cancer Congress Washington: 2006; and Behavioural Research Conference 2006.

Chapman K, Supramaniam R, Nicholas P. How much food advertising

is there on Australian TV? UICC World Cancer Congress Washington: 2006; and Behavioural Research Conference 2006 and International Obesity Congress Sydney: 2006.

Chapman K. Extent and nature of food promotions used in Sydney supermarkets. International Obesity Congress Sydney: 2006.

Chapman K. Influencing fruit and vegetable purchasing decisions. International Fruit and Vegetable Congress Brussels: 2007.

Chapman K. Eating well after cancer treatment. Northern Sydney Breast Cancer Forum 2007.

Oakes W, Soulos G, Paul C. Legislating for counter-advertising to subvert pro-smoking images in films. World Conference on Tobacco or Health Washington: 2006.

O'Brien J, Soulos G. Why bother with tobacco? Youth Action and Policy Association (YAPA) Workshop Sydney: 2006.

Oakes W. Producing results from effective research, campaigns and partnerships – ETS & Kids Project. Government Marketing Conference Canberra: 2007.

O'Brien J, Richmond R. Smoking and Mental Illness: What can be done to meet the challenge? NSW NGO Mental Health Conference Sydney: 2007.

Read S, Coppa K. Overcoming barriers for sustainable sun protection in childcare settings: What can a supporting health NGO do? Australian Health Promotion Association (AHPA) Conference Adelaide: 2007.

Granath B. There's no place like home: Challenges in practical support for

home-based palliative carers. Carers NSW Conference Sydney 2007.

Trethowan M, Hilder J, **Williams K**. Consumer Advocacy in Action: Supporting the community's contribution to healthier public policy. Australian Health Promotion Association (AHPA) Conference Adelaide 2007.

Cancer Information and Support Services Presentations

Jakob L, Vallentine P, Ansell K, Batt G. 'One pack a week can't hurt.' A lung cancer phone-in on the New South Wales Cancer Council Helpline. Misconceptions about risk. 14th International Conference on Cancer Nursing. Toronto: 2006.

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Medical and Scientific Issues Unit Oral Presentations

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Robotin M. Reducing the Incidence of Liver Cancer – Back to the Future. Hepatitis C Think Tank, Melbourne: 2007.

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appendices

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